

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

2025

Drug List (Formulary)

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

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

H5859_CO2025_CFO_C

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

Formulary ID 25497, Version 15

This formulary was updated 04/01/2025. 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

CareOregon Advantage Plus

2025 Formulary

List of Covered Drugs or “Drug List”

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

FORMULARY ID 25497 VERSION 15

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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 the Drug List (formulary) for our plan which is current as of 04/01/2025. For an updated Drug List (formulary), please

contact us. Our contact information, along with the date we last updated the Drug List (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?

In this document, we use the terms Drug List and formulary to mean the same thing. 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 formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here:

www.careoregonadvantage.org/members/rx-and-drug-information/are-my-drugs-covered

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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate 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 for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the CareOregon Advantage Plus Formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later 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 remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when

adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product or move it to a different cost-sharing tier, or both. 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.

Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

- If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. 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 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 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 formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 04/01/2025. 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:

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.

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 277. The Index provides an alphabetical list of all of 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 work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars

work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

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:** CareOregon Advantage Plus requires you [or your prescriber] 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, CareOregon Advantage Plus may not cover the drug.
- **Quantity Limits:** For certain drugs, CareOregon Advantage Plus limits the amount of the drug that CareOregon Advantage Plus will cover. For example, CareOregon Advantage Plus provides 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, CareOregon Advantage Plus may not cover Drug B unless you try Drug A first. If Drug A does not work for you, CareOregon Advantage Plus 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 CareOregon Advantage Plus 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 ix 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 CareOregon Advantage Plus. 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 CareOregon Advantage Plus 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 a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, CareOregon Advantage Plus limits 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, CareOregon Advantage Plus will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

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 has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor 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 has a coverage restriction, 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). day supply of medication. If coverage is not approved, 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 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit www.medicare.gov.

CareOregon Advantage Plus Formulary

The formulary that begins on the next page 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 277.

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 Plus 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.

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 D-SNP with a Medicare/Medicaid contract. Enrollment in CareOregon Advantage Plus depends on contract renewal. The pharmacy network may change at any time. You will receive notice when necessary.

Drug Name	Drug Tier	Requirements/Limits
Anti-infective Agents		
<i>Anthelmintics</i>		
<i>albendazole tabs 200mg</i>	4	
<i>emverm chew 100mg</i>	4	PA (Mebendazole)
<i>ivermectin tabs 3mg</i>	1	
<i>praziquantel tabs 600mg</i>	1	
<i>Antibacterials</i>		
<i>amikacin sulfate inj 500mg/2ml</i>	1	
<i>amoxicillin/clavulanate potassium er tb12 1000mg; 62.5mg</i>	1	
<i>amoxicillin/clavulanate potassium chew 200mg; 28.5mg</i>	1	
<i>amoxicillin/clavulanate potassium chew 400mg; 57mg</i>	1	
<i>amoxicillin/clavulanate potassium susr 200mg/5ml; 28.5mg/5ml</i>	1	
<i>amoxicillin/clavulanate potassium susr 250mg/5ml; 62.5mg/5ml</i>	1	
<i>amoxicillin/clavulanate potassium susr 400mg/5ml; 57mg/5ml</i>	1	
<i>amoxicillin/clavulanate potassium susr 600mg/5ml; 42.9mg/5ml</i>	1	
<i>amoxicillin/clavulanate potassium tabs 250mg; 125mg</i>	1	
<i>amoxicillin/clavulanate potassium tabs 500mg; 125mg</i>	1	
<i>amoxicillin/clavulanate potassium tabs 875mg; 125mg</i>	1	
<i>amoxicillin caps 250mg</i>	1	
<i>amoxicillin caps 500mg</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>amoxicillin chew 125mg</i>	1	
<i>amoxicillin chew 250mg</i>	1	
<i>amoxicillin susr 125mg/5ml</i>	1	
<i>amoxicillin susr 200mg/5ml</i>	1	
<i>amoxicillin susr 250mg/5ml</i>	1	
<i>amoxicillin susr 400mg/5ml</i>	1	
<i>amoxicillin tabs 500mg</i>	1	
<i>amoxicillin tabs 875mg</i>	1	
<i>ampicillin sodium inj 10gm</i>	1	
<i>ampicillin sodium inj 125mg</i>	1	
<i>ampicillin sodium inj 1gm</i>	1	
<i>ampicillin sodium inj 1gm</i>	1	
<i>ampicillin sodium inj 250mg</i>	1	
<i>ampicillin sodium inj 2gm</i>	1	
<i>ampicillin sodium inj 2gm</i>	1	
<i>ampicillin sodium inj 500mg</i>	1	
<i>ampicillin-sulbactam inj 10gm; 5gm</i>	1	
<i>ampicillin-sulbactam inj 1gm; 0.5gm</i>	1	
<i>ampicillin-sulbactam inj 1gm; 0.5gm</i>	1	
<i>ampicillin/sulbactam inj 2gm; 1gm</i>	1	
<i>ampicillin caps 500mg</i>	1	
ARIKAYCE SUSP 590MG/8.4ML	4	QL (8.4 ML per 1 days) PA (Arikayce)
<i>azithromycin inj 500mg</i>	1	
<i>azithromycin susr 100mg/5ml</i>	1	
<i>azithromycin susr 200mg/5ml</i>	1	
<i>azithromycin tabs 250mg</i>	1	
<i>azithromycin tabs 250mg</i>	1	
<i>azithromycin tabs 500mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin tabs 500mg</i>	1	
<i>azithromycin tabs 600mg</i>	1	
<i>aztreonam inj 1gm</i>	1	
<i>aztreonam inj 2gm</i>	1	
BICILLIN L-A INJ 1200000UNIT/2ML	3	
BICILLIN L-A INJ 2400000UNIT/4ML	3	
BICILLIN L-A INJ 600000UNIT/ML	3	
CAYSTON SOLR 75MG	4	QL (84 ML per 28 days) PA (cayston) LA
<i>cefaclor caps 250mg</i>	1	
<i>cefaclor caps 500mg</i>	1	
<i>cefaclor susr 125mg/5ml</i>	1	
<i>cefaclor susr 250mg/5ml</i>	1	
<i>cefaclor susr 375mg/5ml</i>	1	
<i>cefadroxil caps 500mg</i>	1	
<i>cefadroxil susr 250mg/5ml</i>	1	
<i>cefadroxil susr 500mg/5ml</i>	1	
<i>cefadroxil tabs 1gm</i>	1	
<i>cefazolin sodium/dextrose inj 1gm; 4%</i>	1	
<i>cefazolin sodium/dextrose inj 2gm; 3%</i>	1	
<i>cefazolin sodium inj 100gm</i>	1	
<i>cefazolin sodium inj 10gm</i>	1	
<i>cefazolin sodium inj 1gm/50ml; 4%</i>	1	
<i>cefazolin sodium inj 1gm</i>	1	
<i>cefazolin sodium inj 1gm</i>	1	
<i>cefazolin sodium inj 300gm</i>	1	
<i>cefazolin sodium inj 500mg</i>	1	
<i>cefazolin/dextrose inj 3gm/150ml; 4%</i>	1	
<i>cefazolin inj 3gm</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>cefdinir caps 300mg</i>	1	
<i>cefdinir susr 125mg/5ml</i>	1	
<i>cefdinir susr 250mg/5ml</i>	1	
<i>cefepime hydrochloride inj 1gm</i>	1	
<i>cefepime hydrochloride inj 2gm</i>	1	
<i>cefepime/dextrose inj 1gm/50ml; 5%</i>	1	
<i>cefepime/dextrose inj 2gm/50ml; 5%</i>	1	
<i>cefepime inj 1gm</i>	1	
<i>cefepime inj 2gm/100ml</i>	1	
<i>cefepime inj 2gm</i>	1	
<i>cefixime caps 400mg</i>	1	
<i>cefixime susr 100mg/5ml</i>	1	
<i>cefixime susr 200mg/5ml</i>	1	
CEFOTAXIME SODIUM INJ 1GM	1	
<i>cefoxitin sodium inj 10gm</i>	1	
<i>cefoxitin sodium inj 1gm</i>	1	
<i>cefoxitin sodium inj 1gm; 4%</i>	3	
<i>cefoxitin sodium inj 2gm</i>	1	
<i>cefoxitin sodium inj 2gm; 2.2%</i>	3	
<i>cefpodoxime proxetil susr 100mg/5ml</i>	1	
<i>cefpodoxime proxetil susr 50mg/5ml</i>	1	
<i>cefpodoxime proxetil tabs 100mg</i>	1	
<i>cefpodoxime proxetil tabs 200mg</i>	1	
<i>cefprozil susr 125mg/5ml</i>	1	
<i>cefprozil susr 250mg/5ml</i>	1	
<i>cefprozil tabs 250mg</i>	1	
<i>cefprozil tabs 500mg</i>	1	
<i>ceftazidime/dextrose inj 1gm/50ml; 5%</i>	1	
<i>ceftazidime/dextrose inj 2gm/50ml; 5%</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>ceftazidime inj 1gm</i>	1	
<i>ceftazidime inj 2gm</i>	1	
<i>ceftazidime inj 6gm</i>	1	
<i>ceftriaxone in iso-osmotic dextrose inj 20mg/ml; 0</i>	1	
<i>ceftriaxone in iso-osmotic dextrose inj 40mg/ml; 0</i>	1	
<i>ceftriaxone sodium inj 10gm</i>	1	
<i>ceftriaxone sodium inj 1gm</i>	1	
<i>ceftriaxone sodium inj 1gm</i>	1	
<i>ceftriaxone sodium inj 250mg</i>	1	
<i>ceftriaxone sodium inj 2gm</i>	1	
<i>ceftriaxone sodium inj 2gm</i>	1	
<i>ceftriaxone sodium inj 500mg</i>	1	
<i>ceftriaxone/dextrose inj 1gm; 3.74%</i>	1	
<i>ceftriaxone/dextrose inj 2gm; 2.22%</i>	1	
<i>cefuroxime axetil tabs 250mg</i>	1	
<i>cefuroxime axetil tabs 500mg</i>	1	
<i>cefuroxime sodium inj 1.5gm</i>	1	
<i>cefuroxime sodium inj 750mg</i>	1	
<i>cephalexin caps 250mg</i>	1	
<i>cephalexin caps 500mg</i>	1	
<i>cephalexin caps 750mg</i>	1	
<i>cephalexin susr 125mg/5ml</i>	1	
<i>cephalexin susr 250mg/5ml</i>	1	
<i>chloramphenicol sodium succinate inj 1gm</i>	1	
<i>ciprofloxacin hcl tabs 100mg</i>	1	
<i>ciprofloxacin hcl tabs 750mg</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>ciprofloxacin hydrochloride tabs 250mg</i>	1	
<i>ciprofloxacin hydrochloride tabs 500mg</i>	1	
<i>ciprofloxacin hydrochloride tabs 750mg</i>	1	
<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%</i>	1	
<i>ciprofloxacin i.v.-in d5w inj 400mg/200ml; 5%</i>	1	
<i>ciprofloxacin susr 500mg/5ml</i>	1	
<i>clarithromycin er tb24 500mg</i>	1	
<i>clarithromycin susr 125mg/5ml</i>	1	
<i>clarithromycin susr 250mg/5ml</i>	1	
<i>clarithromycin tabs 250mg</i>	1	
<i>clarithromycin tabs 500mg</i>	1	
<i>clindamycin hcl caps 300mg</i>	1	
<i>clindamycin hydrochloride caps 150mg</i>	1	
<i>clindamycin hydrochloride caps 300mg</i>	1	
<i>clindamycin hydrochloride caps 75mg</i>	1	
<i>clindamycin palmitate hydrochloride solr 75mg/5ml</i>	1	
<i>clindamycin phosphate in d5w inj 300mg/50ml; 5%</i>	1	
<i>clindamycin phosphate in d5w inj 600mg/50ml; 5%</i>	1	
<i>clindamycin phosphate in d5w inj 900mg/50ml; 5%</i>	1	
<i>clindamycin phosphate/dextrose inj 300mg/50ml; 5%</i>	1	
<i>clindamycin phosphate/dextrose inj 600mg/50ml; 5%</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>clindamycin phosphate/dextrose inj 900mg/50ml; 5%</i>	1	
<i>clindamycin phosphate inj 300mg/2ml</i>	1	
<i>clindamycin phosphate inj 600mg/4ml</i>	1	
<i>clindamycin phosphate inj 9000mg/60ml</i>	1	
<i>clindamycin phosphate inj 900mg/6ml</i>	1	
<i>clindamycin phosphate inj 9gm/60ml</i>	1	
<i>colistimethate sodium inj 150mg</i>	4	
<i>daptomycin inj 350mg</i>	4	
<i>daptomycin inj 500mg</i>	4	
<i>dicloxacillin sodium caps 250mg</i>	1	
<i>dicloxacillin sodium caps 500mg</i>	1	
DIFICID SUSR 40MG/ML	4	QL (10 ML per 1 days) PA (Dificid)
DIFICID TABS 200MG	4	QL (2 EA per 1 days) PA (Dificid)
<i>doxy 100 inj 100mg</i>	1	
<i>doxycycline hyclate caps 100mg</i>	1	
<i>doxycycline hyclate caps 50mg</i>	1	
<i>doxycycline hyclate inj 100mg</i>	1	
<i>doxycycline hyclate tabs 100mg</i>	1	
<i>doxycycline hyclate tabs 20mg</i>	1	
<i>doxycycline monohydrate caps 100mg</i>	1	
<i>doxycycline monohydrate caps 150mg</i>	1	
<i>doxycycline monohydrate tabs 100mg</i>	1	
<i>doxycycline monohydrate tabs 50mg</i>	1	
<i>doxycycline monohydrate tabs 75mg</i>	1	
<i>doxycycline susr 25mg/5ml</i>	1	
E.E.S. 400 TABS 400MG	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>ertapenem sodium inj 1gm</i>	1	
<i>erythrocine lactobionate inj 500mg</i>	1	
<i>erythrocine stearate tabs 250mg</i>	3	
<i>erythromycin base tabs 250mg</i>	1	
<i>erythromycin base tabs 500mg</i>	1	
<i>erythromycin dr cpep 250mg</i>	1	
<i>erythromycin dr tbec 250mg</i>	1	
<i>erythromycin dr tbec 333mg</i>	1	
<i>erythromycin dr tbec 500mg</i>	1	
<i>erythromycin ethylsuccinate susr 200mg/5ml</i>	1	
<i>erythromycin ethylsuccinate susr 400mg/5ml</i>	1	
<i>erythromycin ethylsuccinate tabs 400mg</i>	1	
<i>erythromycin lactobionate inj 500mg</i>	1	
<i>erythromycin tabs 250mg</i>	1	
<i>erythromycin tabs 500mg</i>	1	
<i>gentamicin sulfate pediatric inj 10mg/ml</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride inj 2mg/ml; 0.9%</i>	1	
<i>gentamicin sulfate inj 40mg/ml</i>	1	
<i>imipenem/cilastatin inj 250mg; 250mg</i>	1	
<i>imipenem/cilastatin inj 500mg; 500mg</i>	1	
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	1	
<i>levofloxacin in d5w inj 5%; 250mg/50ml</i>	1	
<i>levofloxacin in d5w inj 5%; 500mg/100ml</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>levofloxacin in d5w inj 5%; 750mg/150ml</i>	1	
<i>levofloxacin inj 25mg/ml</i>	1	
<i>levofloxacin soln 25mg/ml</i>	1	
<i>levofloxacin tabs 250mg</i>	1	
<i>levofloxacin tabs 500mg</i>	1	
<i>levofloxacin tabs 750mg</i>	1	
<i>lincomycin hydrochloride inj 300mg/ml</i>	1	
<i>linezolid inj 600mg/300ml</i>	1	
<i>linezolid susr 100mg/5ml</i>	4	
<i>linezolid tabs 600mg</i>	1	
<i>meropenem/sodium chloride inj 1gm/50ml; 0.9%</i>	3	
<i>meropenem/sodium chloride inj 500mg; 0.9%</i>	3	
<i>meropenem inj 1gm</i>	1	
MEROPENEM INJ 2GM	3	
<i>meropenem inj 500mg</i>	1	
<i>minocycline hcl caps 75mg</i>	1	
<i>minocycline hcl tabs 100mg</i>	1	
<i>minocycline hcl tabs 75mg</i>	1	
<i>minocycline hydrochloride caps 100mg</i>	1	
<i>minocycline hydrochloride caps 50mg</i>	1	
<i>minocycline hydrochloride caps 75mg</i>	1	
<i>minocycline hydrochloride tabs 100mg</i>	1	
<i>minocycline hydrochloride tabs 50mg</i>	1	
<i>minocycline hydrochloride tabs 75mg</i>	1	
<i>mondoxyne nl caps 100mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>moxifloxacin hydrochloride/sodium hydrochloride inj 400mg/250ml; 0.8%</i>	1	
<i>moxifloxacin hydrochloride inj 400mg/250ml</i>	3	
<i>moxifloxacin hydrochloride tabs 400mg</i>	1	
<i>nafcillin sodium inj 10gm</i>	1	
<i>nafcillin sodium inj 1gm</i>	1	
<i>nafcillin sodium inj 1gm</i>	1	
<i>nafcillin sodium inj 2gm</i>	1	
<i>nafcillin sodium inj 2gm</i>	1	
NAFCILLIN INJ 5%; 1GM/50ML	3	
NAFCILLIN INJ 5%; 2GM/100ML	3	
<i>neomycin sulfate tabs 500mg</i>	1	
OXACILLIN SODIUM INJ 1.5GM/50ML; 1GM/50ML	3	
<i>oxacillin sodium inj 10gm</i>	1	
<i>oxacillin sodium inj 1gm</i>	1	
OXACILLIN SODIUM INJ 300MG/50ML; 2GM/50ML	3	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE INJ 0; 20000UNIT/ML	3	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE INJ 0; 40000UNIT/ML	3	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE INJ 0; 60000UNIT/ML	3	
<i>penicillin g potassium inj 20000000unit</i>	1	
<i>penicillin g potassium inj 5000000unit</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>penicillin g sodium inj 5000000unit</i>	4	
<i>penicillin v potassium solr 125mg/5ml</i>	1	
<i>penicillin v potassium solr 250mg/5ml</i>	1	
<i>penicillin v potassium tabs 250mg</i>	1	
<i>penicillin v potassium tabs 500mg</i>	1	
<i>piperacillin sodium/tazobactam sodium inj 12gm; 1.5gm</i>	1	
<i>piperacillin sodium/tazobactam sodium inj 2gm; 0.25gm</i>	1	
<i>piperacillin sodium/tazobactam sodium inj 36gm; 4.5gm</i>	1	
<i>piperacillin sodium/tazobactam sodium inj 3gm; 0.375gm</i>	1	
<i>piperacillin sodium/tazobactam sodium inj 4gm; 0.5gm</i>	1	
SIVEXTRO INJ 200MG	4	
SIVEXTRO TABS 200MG	4	
<i>streptomycin sulfate inj 1gm</i>	4	
<i>sulfadiazine tabs 500mg</i>	1	
<i>sulfamethoxazole/trimethoprim ds tabs 800mg; 160mg</i>	1	
<i>sulfamethoxazole/trimethoprim inj 400mg/5ml; 80mg/5ml</i>	1	
<i>sulfamethoxazole/trimethoprim susp 200mg/5ml; 40mg/5ml</i>	1	
<i>sulfamethoxazole/trimethoprim tabs 400mg; 80mg</i>	1	
<i>sulfasalazine tabs 500mg</i>	1	MO
<i>sulfasalazine tbec 500mg</i>	1	MO
<i>tazicef inj 1gm</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>tazicef inj 1gm</i>	1	
<i>tazicef inj 2gm</i>	1	
<i>tazicef inj 6gm</i>	1	
TEFLARO INJ 400MG	4	
TEFLARO INJ 600MG	4	
<i>tetracycline hydrochloride caps 250mg</i>	1	
<i>tetracycline hydrochloride caps 500mg</i>	1	
<i>tigecycline inj 50mg</i>	4	PA (Tigecycline)
<i>tobramycin sulfate inj 1.2gm/30ml</i>	1	
<i>tobramycin sulfate inj 1.2gm</i>	1	
<i>tobramycin sulfate inj 10mg/ml</i>	1	
<i>tobramycin sulfate inj 40mg/ml</i>	1	
<i>tobramycin sulfate inj 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	1	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE INJ 5%; 500MG/100ML	1	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE INJ 5%; 750MG/150ML	1	
<i>vancomycin hydrochloride caps 125mg</i>	1	QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hydrochloride caps 250mg</i>	1	QL (240 EA per 30 days)
<i>vancomycin hydrochloride inj 1.75gm</i>	1	
<i>vancomycin hydrochloride inj 1000mg/200ml</i>	1	
<i>vancomycin hydrochloride inj 10gm</i>	1	
VANCOMYCIN HYDROCHLORIDE INJ 1250MG/250ML	1	
<i>vancomycin hydrochloride inj 1500mg/300ml</i>	1	
VANCOMYCIN HYDROCHLORIDE INJ 1750MG/350ML	1	
<i>vancomycin hydrochloride inj 1gm</i>	1	
<i>vancomycin hydrochloride inj 2gm</i>	1	
<i>vancomycin hydrochloride inj 500mg/100ml</i>	1	
<i>vancomycin hydrochloride inj 500mg</i>	1	
<i>vancomycin hydrochloride inj 5gm</i>	1	
VANCOMYCIN HYDROCHLORIDE INJ 750MG/150ML	1	
<i>vancomycin hydrochloride inj 750mg</i>	1	
<i>vancomycin hydrochloride solr 250mg/5ml</i>	1	
<i>vancomycin hydrochloride solr 25mg/ml</i>	1	
VANCOMYCIN INJ 0.9%; 500MG/100ML	1	
VANCOMYCIN INJ 0.9%; 750MG/150ML	1	
<i>vancomycin inj 2000mg/400ml</i>	1	
XENLETA INJ 150MG/15ML	4	PA (XENLETA)

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Drug Name	Drug Tier	Requirements/Limits
XENLETA TABS 600MG	4	QL (2 EA per 1 days) PA (XENLETA)
XIFAXAN TABS 550MG	4	MO
ZERBAXA INJ 1GM; 0.5GM	4	
ZOSYN INJ 1GM/50ML; 2GM/50ML; 0.25GM/50ML	3	
ZOSYN INJ 5%; 3GM/50ML; 0.375GM/50ML	3	
ZOSYN INJ 5%; 4GM/100ML; 0.5GM/100ML	3	
Antifungals		
ABELCET INJ 5MG/ML	3	B/D
<i>amphotericin b liposome inj 50mg</i>	4	B/D
<i>amphotericin b inj 50mg</i>	1	B/D
<i>casprofungin acetate inj 50mg</i>	1	
<i>casprofungin acetate inj 70mg</i>	1	
CRESEMBA CAPS 186MG	4	PA (Cresemba)
CRESEMBA INJ 372MG	4	PA (Cresemba)
ERAXIS INJ 100MG	4	
ERAXIS INJ 50MG	4	
<i>fluconazole in nacl inj 200mg/100ml; 0.9%</i>	1	
<i>fluconazole in nacl inj 400mg/200ml; 0.9%</i>	1	
<i>fluconazole in sodium chloride inj 200mg/100ml; 0.9%</i>	1	
<i>fluconazole in sodium chloride inj 400mg/200ml; 0.9%</i>	1	
<i>fluconazole susr 10mg/ml</i>	1	
<i>fluconazole susr 40mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole tabs 100mg</i>	1	
<i>fluconazole tabs 150mg</i>	1	
<i>fluconazole tabs 200mg</i>	1	
<i>fluconazole tabs 50mg</i>	1	
<i>flucytosine caps 250mg</i>	4	
<i>flucytosine caps 500mg</i>	4	
<i>griseofulvin microsize susp 125mg/5ml</i>	1	
<i>griseofulvin microsize tabs 500mg</i>	1	
<i>griseofulvin ultramicrosize tabs 125mg</i>	1	
<i>griseofulvin ultramicrosize tabs 250mg</i>	1	
<i>itraconazole caps 100mg</i>	1	
<i>ketoconazole tabs 200mg</i>	1	
<i>micafungin/sodium chloride inj 100mg/100ml; 0.9%</i>	4	
<i>micafungin/sodium chloride inj 50mg/50ml; 0.9%</i>	4	
<i>micafungin inj 100mg</i>	1	
<i>micafungin inj 50mg</i>	1	
NOXAFIL PACK 300MG	4	PA (Noxafil)
<i>nystatin susp 100000unit/ml</i>	1	
<i>nystatin tabs 500000unit</i>	1	
<i>posaconazole dr tbec 100mg</i>	4	PA (Noxafil) MO
<i>posaconazole inj 300mg/16.7ml</i>	4	PA (Noxafil) MO
<i>posaconazole susp 40mg/ml</i>	4	PA (Noxafil) MO
<i>terbinafine hcl tabs 250mg</i>	1	
<i>terbinafine hydrochloride tabs 250mg</i>	1	
<i>voriconazole inj 200mg</i>	4	PA (Voriconazole)
<i>voriconazole susr 40mg/ml</i>	4	
<i>voriconazole tabs 200mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole tabs 50mg</i>	1	
<i>Antimycobacterials</i>		
<i>cycloserine caps 250mg</i>	4	
<i>dapsone tabs 100mg</i>	1	MO
<i>dapsone tabs 25mg</i>	1	MO
<i>ethambutol hydrochloride tabs 100mg</i>	1	
<i>ethambutol hydrochloride tabs 400mg</i>	1	
<i>isoniazid inj 100mg/ml</i>	1	
<i>isoniazid syrp 50mg/5ml</i>	1	MO
<i>isoniazid tabs 100mg</i>	1	MO
<i>isoniazid tabs 300mg</i>	1	MO
PRETOMANID TABS 200MG	1	QL (1 EA per 1 days) PA (Pretomanid)
PRIFTIN TABS 150MG	3	
<i>pyrazinamide tabs 500mg</i>	1	
<i>rifabutin caps 150mg</i>	1	
<i>rifampin caps 150mg</i>	1	
<i>rifampin caps 300mg</i>	1	
<i>rifampin inj 600mg</i>	1	
SIRTURO TABS 100MG	4	PA (sirturo)
SIRTURO TABS 20MG	4	PA (sirturo)
TRECTOR TABS 250MG	3	
<i>Antiprotozoals</i>		
<i>atovaquone/proguanil hcl tabs 62.5mg; 25mg</i>	1	
<i>atovaquone/proguanil hydrochloride tabs 250mg; 100mg</i>	1	
<i>atovaquone susp 750mg/5ml</i>	1	
BENZNIDAZOLE TABS 100MG	2	PA (Benznidazole)

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Drug Name	Drug Tier	Requirements/Limits
BENZNIDAZOLE TABS 12.5MG	2	PA (Benznidazole)
<i>chloroquine phosphate tabs 250mg</i>	1	MO
<i>chloroquine phosphate tabs 500mg</i>	1	MO
COARTEM TABS 20MG; 120MG	3	
<i>hydroxychloroquine sulfate tabs 200mg</i>	1	MO
IMPAVIDO CAPS 50MG	4	QL (3 EA per 1 days) PA (Impavido)
KRINTAFEL TABS 150MG	3	QL (4 EA per 180 days)
LAMPIT TABS 120MG	3	PA (Lampit)
LAMPIT TABS 30MG	3	PA (Lampit)
<i>mefloquine hydrochloride tabs 250mg</i>	1	MO
<i>metronidazole inj 500mg/100ml</i>	1	
<i>metronidazole tabs 250mg</i>	1	
<i>metronidazole tabs 500mg</i>	1	
<i>nitazoxanide tabs 500mg</i>	4	PA (Nitazoxanide)
<i>pentamidine isethionate inj 300mg</i>	1	PA (Pentamidine)
<i>primaquine phosphate tabs 26.3mg</i>	1	
<i>pyrimethamine tabs 25mg</i>	4	
<i>quinine sulfate caps 324mg</i>	1	QL (42 EA per 30 days) PA (quinine sulfate)
<i>tinidazole tabs 250mg</i>	1	
<i>tinidazole tabs 500mg</i>	1	
Antivirals		
<i>abacavir sulfate/lamivudine tabs 600mg; 300mg</i>	1	MO
<i>abacavir sulfate tabs 300mg</i>	1	MO
<i>abacavir soln 20mg/ml</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>abacavir tabs 300mg</i>	1	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</i>	1	
<i>acyclovir tabs 800mg</i>	1	
<i>adefovir dipivoxil tabs 10mg</i>	1	QL (1 EA per 1 days) MO
APTIVUS CAPS 250MG	4	MO
<i>atazanavir sulfate caps 150mg</i>	1	MO
<i>atazanavir sulfate caps 200mg</i>	1	MO
<i>atazanavir sulfate caps 300mg</i>	1	MO
<i>atazanavir caps 150mg</i>	1	MO
<i>atazanavir caps 200mg</i>	1	MO
BARACLUDGE SOLN 0.05MG/ML	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
CABENUVA INJ 400MG/2ML; 600MG/2ML	4	
CABENUVA INJ 600MG/3ML; 900MG/3ML	4	
<i>cidofovir inj 75mg/ml</i>	4	
CIMDUO TABS 300MG; 300MG	4	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
COMPLERA TABS 200MG; 25MG; 300MG	4	MO
<i>darunavir tabs 600mg</i>	4	MO
<i>darunavir tabs 800mg</i>	4	MO
DELSTRIGO TABS 100MG; 300MG; 300MG	4	QL (1 EA per 1 days) MO
DESCOVY TABS 120MG; 15MG	4	QL (1 EA per 1 days) MO
DESCOVY TABS 200MG; 25MG	4	QL (1 EA per 1 days) MO
DOVATO TABS 50MG; 300MG	4	QL (1 EA per 1 days) MO
EDURANT TABS 25MG	4	MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate tabs 600mg; 200mg; 300mg</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>efavirenz caps 200mg</i>	1	MO
<i>efavirenz caps 50mg</i>	1	MO
<i>efavirenz tabs 600mg</i>	1	MO
<i>emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg</i>	4	QL (1 EA per 1 days) MO
<i>emtricitabine/tenofovir disoproxil fumarate tabs 133mg; 200mg</i>	4	QL (1 EA per 1 days) MO
<i>emtricitabine/tenofovir disoproxil fumarate tabs 200mg; 300mg</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 tabs 167mg; 250mg</i>	4	QL (1 EA per 1 days) MO
<i>emtricitabine caps 200mg</i>	1	MO
EMTRIVA SOLN 10MG/ML	3	MO
<i>entecavir tabs 0.5mg</i>	1	MO
<i>entecavir tabs 1mg</i>	1	MO
EPCLUSA PACK 150MG; 37.5MG	4	QL (1 EA per 1 days) PA (Sofosbuvir/Velpatasvir)
EPCLUSA PACK 200MG; 50MG	4	QL (1 EA per 1 days) PA (Sofosbuvir/Velpatasvir)
EPCLUSA TABS 200MG; 50MG	4	QL (2 EA per 1 days) PA (Sofosbuvir/Velpatasvir)
EPIVIR HBV SOLN 5MG/ML	2	MO
<i>etravirine tabs 100mg</i>	4	MO
<i>etravirine tabs 200mg</i>	4	MO
EVOTAZ TABS 300MG; 150MG	4	MO
<i>famciclovir tabs 125mg</i>	1	
<i>famciclovir tabs 250mg</i>	1	
<i>famciclovir tabs 500mg</i>	1	
<i>fosamprenavir calcium tabs 700mg</i>	4	
FUZEON INJ 90MG	4	MO
<i>ganciclovir inj 500mg</i>	1	B/D
GENVOYA TABS 150MG; 150MG; 200MG; 10MG	4	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
INTELENCE TABS 25MG	3	MO
ISENTRESS HD TABS 600MG	4	MO
ISENTRESS CHEW 100MG	4	MO
ISENTRESS CHEW 25MG	2	MO
ISENTRESS PACK 100MG	4	MO
ISENTRESS TABS 400MG	4	MO
JULUCA TABS 50MG; 25MG	4	QL (1 EA per 1 days) MO
<i>lamivudine/zidovudine tabs 150mg; 300mg</i>	1	MO
<i>lamivudine soln 10mg/ml</i>	1	MO
<i>lamivudine tabs 100mg</i>	1	MO
<i>lamivudine tabs 150mg</i>	1	MO
<i>lamivudine tabs 300mg</i>	1	MO
LEXIVA SUSP 50MG/ML	3	MO
LIVTENCITY TABS 200MG	4	QL (12 EA per 1 days) PA (Livtencity)
<i>lopinavir/ritonavir soln 400mg/5ml; 100mg/5ml</i>	1	MO
<i>lopinavir/ritonavir tabs 100mg; 25mg</i>	1	MO
<i>lopinavir/ritonavir tabs 200mg; 50mg</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 PACK 50MG; 20MG	4	QL (6 EA per 1 days) PA (Mavyret)
MAVYRET TABS 100MG; 40MG	4	QL (3 EA per 1 days) PA (Mavyret)
<i>nevirapine er tb24 100mg</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>nevirapine er tb24 400mg</i>	1	MO
<i>nevirapine susp 50mg/5ml</i>	1	MO
<i>nevirapine tabs 200mg</i>	1	MO
NORVIR PACK 100MG	3	MO
NORVIR SOLN 80MG/ML	2	MO
ODEFSEY TABS 200MG; 25MG; 25MG	4	QL (1 EA per 1 days) MO
<i>oseltamivir phosphate caps 30mg</i>	1	
<i>oseltamivir phosphate caps 45mg</i>	1	
<i>oseltamivir phosphate caps 75mg</i>	1	
<i>oseltamivir phosphate susr 6mg/ml</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 INJ 180MCG/0.5ML	4	QL (4 ML per 28 days) PA (Pegasys)
PEGASYS INJ 180MCG/ML	4	QL (4 ML per 28 days) PA (Pegasys)
PIFELTRO TABS 100MG	4	QL (1 EA per 1 days) MO
PREVYMIS INJ 240MG/12ML	4	PA (Prevymis)
PREVYMIS INJ 480MG/24ML	4	PA (Prevymis)
PREVYMIS TABS 240MG	4	QL (1 EA per 1 days) PA (Prevymis)
PREVYMIS TABS 480MG	4	QL (1 EA per 1 days) PA (Prevymis)
PREZCOBIX TABS 150MG; 800MG	4	MO
PREZISTA SUSP 100MG/ML	4	MO
PREZISTA TABS 150MG	4	MO
PREZISTA TABS 75MG	3	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
RELENZA DISKHALER AEPB 5MG/BLISTER	3	QL (120 EA per 365 days)
RETROVIR IV INFUSION INJ 10MG/ML	3	
REYATAZ PACK 50MG	4	MO
<i>ribavirin caps 200mg</i>	1	PA (Oral Ribavirin)
<i>ribavirin tabs 200mg</i>	1	PA (Oral Ribavirin)
<i>rimantadine hydrochloride tabs 100mg</i>	1	
<i>ritonavir tabs 100mg</i>	1	MO
RUKOBIA TB12 600MG	4	QL (2 EA per 1 days)
SELZENTRY SOLN 20MG/ML	2	MO
SELZENTRY TABS 25MG	2	QL (4 EA per 1 days) MO
SELZENTRY TABS 75MG	2	QL (8 EA per 1 days) MO
SOFOSBUVIR/VELPATASVIR TABS 400MG; 100MG	4	QL (1 EA per 1 days) PA (Sofosbuvir/Velpatasvir)
<i>stavudine caps 15mg</i>	1	
<i>stavudine caps 20mg</i>	1	
<i>stavudine caps 30mg</i>	1	
<i>stavudine caps 40mg</i>	1	
STRIBILD TABS 150MG; 150MG; 200MG; 300MG	4	MO
SUNLENCA INJ 463.5MG/1.5ML	4	QL (3 ML per 180 days)
SUNLENCA TBPK 300MG	4	QL (4 EA per 180 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
SUNLENCA TBPK 300MG	4	QL (5 EA per 180 days)
SYMTUZA TABS 150MG; 800MG; 200MG; 10MG	4	QL (1 EA per 1 days) MO
SYNAGIS INJ 100MG/ML	4	PA (Synagis)
SYNAGIS INJ 50MG/0.5ML	4	PA (Synagis)
<i>tenofovir disoproxil fumarate tabs 300mg</i>	1	MO
TIVICAY PD TBSO 5MG	4	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 PD TBSO 60MG; 5MG; 30MG	2	QL (6 EA per 1 days) MO
TRIUMEQ TABS 600MG; 50MG; 300MG	4	MO
TRIZIVIR TABS 300MG; 150MG; 300MG	4	MO
<i>valacyclovir hydrochloride tabs 1gm</i>	1	
<i>valacyclovir hydrochloride tabs 500mg</i>	1	
<i>valganciclovir hydrochloride solr 50mg/ml</i>	4	MO
<i>valganciclovir tabs 450mg</i>	1	MO
VIRACEPT TABS 250MG	4	MO
VIRACEPT TABS 625MG	4	MO
VIREAD POWD 40MG/GM	4	MO
VIREAD TABS 150MG	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
VIREAD TABS 200MG	4	MO
VIREAD TABS 250MG	4	MO
VOSEVI TABS 400MG; 100MG; 100MG	4	QL (1 EA per 1 days) PA (Vosevi)
<i>zidovudine caps 100mg</i>	1	MO
<i>zidovudine syrp 50mg/5ml</i>	1	MO
<i>zidovudine tabs 300mg</i>	1	MO
Urinary Anti-infectives		
<i>fosfomycin tromethamine pack 3gm</i>	1	
<i>methenamine hippurate tabs 1gm</i>	1	
<i>nitrofurantoin macrocrystals caps 100mg</i>	1	
<i>nitrofurantoin macrocrystals caps 25mg</i>	1	
<i>nitrofurantoin macrocrystals caps 50mg</i>	1	
<i>nitrofurantoin monohydrate/macrocrystals caps 100mg</i>	1	
<i>nitrofurantoin monohydrate caps 100mg</i>	1	
<i>trimethoprim tabs 100mg</i>	1	
Antihistamine Drugs		
First Generation Antihistamines		
<i>clemastine fumarate tabs 2.68mg</i>	1	
<i>diphenhydramine hydrochloride inj 50mg/ml</i>	1	
<i>diphenhydramine hydrochloride inj 50mg/ml</i>	1	
<i>promethazine hcl inj 25mg/ml</i>	1	
<i>promethazine hcl inj 50mg/ml</i>	1	
<i>promethazine hcl supp 12.5mg</i>	1	
<i>promethazine hcl tabs 50mg</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>promethazine hydrochloride plain soln 6.25mg/5ml</i>	1	
<i>promethazine hydrochloride/phenylephrine hydrochloride syrp 5mg/5ml; 6.25mg/5ml</i>	1	
<i>promethazine hydrochloride inj 25mg/ml</i>	1	
<i>promethazine hydrochloride soln 6.25mg/5ml</i>	1	
<i>promethazine hydrochloride supp 25mg</i>	1	
<i>promethazine hydrochloride tabs 12.5mg</i>	1	
<i>promethazine hydrochloride tabs 25mg</i>	1	
<i>promethazine hydrochloride tabs 50mg</i>	1	
<i>promethazine vc syrp 5mg/5ml; 6.25mg/5ml</i>	1	
<i>promethazine/phenylephrine syrp 5mg/5ml; 6.25mg/5ml</i>	1	
Second Generation Antihistamines		
<i>desloratadine tabs 5mg</i>	1	QL (1 EA per 1 days)
<i>levocetirizine dihydrochloride tabs 5mg</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 (Cancer Drugs, new starts only)
<i>abiraterone acetate tabs 500mg</i>	4	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
ABRAXANE INJ 900MG; 100MG	4	PA (Cancer Drugs, new starts only)

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
AKEEGA TABS 500MG; 100MG	4	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
AKEEGA TABS 500MG; 50MG	4	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
ALECENSA CAPS 150MG	4	QL (8 EA per 1 days) PA (Cancer Drugs, new starts only)
ALIQOPA INJ 60MG	4	PA (Cancer Drugs, new starts only)
ALUNBRIG TABS 180MG	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
ALUNBRIG TABS 30MG	4	QL (6 EA per 1 days) PA (Cancer Drugs, new starts only)
ALUNBRIG TABS 90MG	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
ALUNBRIG TBPK 0	4	QL (30 EA per 180 days) PA (Cancer Drugs, new starts only)
<i>arsenic trioxide inj 10mg/10ml</i>	4	
<i>arsenic trioxide inj 12mg/6ml</i>	4	
AUGTYRO CAPS 160MG	4	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)

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
AUGTYRO CAPS 40MG	4	QL (8 EA per 1 days) PA (Cancer Drugs, new starts only)
AVASTIN INJ 100MG/4ML	4	PA (Cancer Drugs, new starts only)
AVASTIN INJ 400MG/16ML	4	PA (Cancer Drugs, new starts only)
AYVAKIT TABS 100MG	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
AYVAKIT TABS 200MG	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
AYVAKIT TABS 25MG	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
AYVAKIT TABS 300MG	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
AYVAKIT TABS 50MG	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
<i>azacitidine inj 100mg</i>	4	
BALVERSA TABS 3MG	4	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)
BALVERSA TABS 4MG	4	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)

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
BALVERSA TABS 5MG	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
BAVENCIO INJ 200MG/10ML	4	PA (Cancer Drugs, new starts only)
BELEODAQ INJ 500MG	4	PA (Cancer Drugs, new starts only)
<i>bendamustine hydrochloride inj 100mg</i>	4	PA (Cancer Drugs, new starts only)
<i>bendamustine hydrochloride inj 25mg</i>	4	PA (Cancer Drugs, new starts only)
BESREMI INJ 500MCG/ML	4	QL (2 ML per 28 days) PA (Cancer Drugs, new starts only)
<i>bexarotene caps 75mg</i>	4	PA (Cancer Drugs, new starts only)
<i>bicalutamide tabs 50mg</i>	1	
<i>bleomycin sulfate inj 30unit</i>	1	B/D
<i>bortezomib inj 3.5mg</i>	4	PA (Cancer Drugs, new starts only)
BORTEZOMIB INJ 3.5MG	4	PA (Cancer Drugs, new starts only)
BOSULIF CAPS 100MG	4	PA (Cancer Drugs, new starts only)
BOSULIF CAPS 50MG	4	PA (Cancer Drugs, new starts only)
BOSULIF TABS 100MG	4	PA (Cancer Drugs, new starts only)
BOSULIF TABS 400MG	4	PA (Cancer Drugs, new starts only)

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
BOSULIF TABS 500MG	4	PA (Cancer Drugs, new starts only)
BRAFTOVI CAPS 75MG	4	QL (6 EA per 1 days) PA (Cancer Drugs, new starts only)
BRUKINSA CAPS 80MG	4	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
<i>busulfan inj 6mg/ml</i>	4	PA (Cancer Drugs, new starts only)
CABOMETYX TABS 20MG	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only) LA
CABOMETYX TABS 40MG	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only) LA
CABOMETYX TABS 60MG	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only) LA
CALQUENCE CAPS 100MG	4	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
CALQUENCE TABS 100MG	4	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
CAPRELSA TABS 100MG	4	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only) 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
CAPRELSA TABS 300MG	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only) LA
<i>carboplatin inj 150mg/15ml</i>	1	
<i>carboplatin inj 450mg/45ml</i>	1	
<i>carboplatin inj 50mg/5ml</i>	1	
<i>carboplatin inj 600mg/60ml</i>	1	
<i>carmustine inj 100mg</i>	4	PA (Cancer Drugs, new starts only)
<i>cisplatin inj 100mg/100ml</i>	1	
<i>cisplatin inj 200mg/200ml</i>	1	
<i>cisplatin inj 50mg/50ml</i>	1	
<i>cladribine inj 10mg/10ml</i>	4	B/D
<i>clofarabine inj 1mg/ml</i>	4	PA (Cancer Drugs, new starts only)
COMETRIQ KIT 0	4	PA (Cancer Drugs, new starts only)
COMETRIQ KIT 0	4	PA (Cancer Drugs, new starts only)
COMETRIQ KIT 20MG	4	PA (Cancer Drugs, new starts only)
COPIKTRA CAPS 15MG	4	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
COPIKTRA CAPS 25MG	4	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
COTELLIC TABS 20MG	4	QL (63 EA per 28 days) PA (Cancer Drugs, new starts only)

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>cyclophosphamide caps 25mg</i>	1	B/D
<i>cyclophosphamide caps 50mg</i>	1	B/D
CYCLOPHOSPHAMIDE TABS 25MG	3	B/D
CYCLOPHOSPHAMIDE TABS 50MG	3	B/D
CYRAMZA INJ 100MG/10ML	4	PA (Cancer Drugs, new starts only)
CYRAMZA INJ 500MG/50ML	4	PA (Cancer Drugs, new starts only)
<i>cytarabine aqueous inj 20mg/ml</i>	1	B/D
<i>cytarabine aqueous inj 20mg/ml</i>	1	B/D
<i>cytarabine inj 100mg/ml</i>	1	B/D
<i>cytarabine inj 20mg/ml</i>	1	B/D
<i>dacarbazine inj 200mg</i>	1	PA (Cancer Drugs, new starts only)
<i>dactinomycin inj 0.5mg</i>	4	PA (Cancer Drugs, new starts only)
DANZITEN TABS 71MG	4	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
DANZITEN TABS 95MG	4	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
DARZALEX FASPRO INJ 1800MG/15ML; 30000UNIT/15ML	4	PA (Cancer Drugs, new starts only)
DARZALEX INJ 100MG/5ML	4	PA (Cancer Drugs, new starts only)
DARZALEX INJ 400MG/20ML	4	PA (Cancer Drugs, new starts only)
<i>dasatinib tabs 100mg</i>	1	PA (Cancer Drugs, new starts only)

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>dasatinib tabs 140mg</i>	1	PA (Cancer Drugs, new starts only)
<i>dasatinib tabs 20mg</i>	1	PA (Cancer Drugs, new starts only)
<i>dasatinib tabs 50mg</i>	1	PA (Cancer Drugs, new starts only)
<i>dasatinib tabs 70mg</i>	1	PA (Cancer Drugs, new starts only)
<i>dasatinib tabs 80mg</i>	1	PA (Cancer Drugs, new starts only)
<i>daunorubicin hydrochloride inj 20mg/4ml</i>	1	PA (Cancer Drugs, new starts only)
DAURISMO TABS 100MG	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
DAURISMO TABS 25MG	4	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)
<i>decitabine inj 50mg</i>	4	
<i>docetaxel inj 160mg/16ml</i>	1	PA (Cancer Drugs, new starts only)
<i>docetaxel inj 160mg/8ml</i>	4	PA (Cancer Drugs, new starts only)
<i>docetaxel inj 20mg/2ml</i>	4	PA (Cancer Drugs, new starts only)
<i>docetaxel inj 20mg/ml</i>	1	PA (Cancer Drugs, new starts only)
<i>docetaxel inj 80mg/4ml</i>	1	PA (Cancer Drugs, new starts only)

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>docetaxel inj 80mg/8ml</i>	4	PA (Cancer Drugs, new starts only)
<i>doxorubicin hcl inj 2mg/ml</i>	1	PA (Cancer Drugs, new starts only)
<i>doxorubicin hydrochloride liposomal inj 2mg/ml</i>	1	PA (Cancer Drugs, new starts only)
<i>doxorubicin hydrochloride inj 10mg</i>	1	PA (Cancer Drugs, new starts only)
DROXIA CAPS 200MG	3	MO
DROXIA CAPS 300MG	3	MO
DROXIA CAPS 400MG	3	MO
EMCYT CAPS 140MG	4	
EMPLICITI INJ 300MG	4	PA (Cancer Drugs, new starts only)
EMPLICITI INJ 400MG	4	PA (Cancer Drugs, new starts only)
ERBITUX INJ 100MG/50ML	4	PA (Cancer Drugs, new starts only)
<i>eribulin mesylate inj 1mg/2ml</i>	4	PA (Cancer Drugs, new starts only)
ERIVEDGE CAPS 150MG	4	PA (Cancer Drugs, new starts only) LA
ERLEADA TABS 240MG	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
ERLEADA TABS 60MG	4	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)

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>erlotinib hydrochloride tabs 100mg</i>	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
<i>erlotinib hydrochloride tabs 150mg</i>	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
<i>erlotinib hydrochloride tabs 25mg</i>	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
<i>etoposide inj 100mg/5ml</i>	1	
<i>etoposide inj 1gm/50ml</i>	1	
<i>etoposide inj 500mg/25ml</i>	1	
<i>everolimus tabs 10mg</i>	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
<i>everolimus tabs 2.5mg</i>	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only) MO
<i>everolimus tabs 5mg</i>	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only) MO
<i>everolimus tabs 7.5mg</i>	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only) MO
<i>everolimus tbso 2mg</i>	4	PA (Cancer Drugs, new starts only)
<i>everolimus tbso 3mg</i>	4	PA (Cancer Drugs, new starts only)
<i>everolimus tbso 5mg</i>	4	PA (Cancer Drugs, new starts only)

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
EXKIVITY CAPS 40MG	4	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
<i>fludarabine phosphate inj 50mg</i>	4	
<i>fluorouracil inj 1gm/20ml</i>	1	PA (Cancer Drugs, new starts only)
<i>fluorouracil inj 2.5gm/50ml</i>	1	PA (Cancer Drugs, new starts only)
<i>fluorouracil inj 500mg/10ml</i>	1	PA (Cancer Drugs, new starts only)
<i>fluorouracil inj 5gm/100ml</i>	1	PA (Cancer Drugs, new starts only)
<i>flutamide caps 125mg</i>	1	
FOLOTYN INJ 20MG/ML	4	PA (Cancer Drugs, new starts only)
FOLOTYN INJ 40MG/2ML	4	PA (Cancer Drugs, new starts only)
FOTIVDA CAPS 0.89MG	4	QL (21 EA per 28 days) PA (Cancer Drugs, new starts only)
FOTIVDA CAPS 1.34MG	4	QL (21 EA per 28 days) PA (Cancer Drugs, new starts only)
FRUZAQLA CAPS 1MG	4	QL (84 EA per 28 days) PA (Cancer Drugs, new starts only)
FRUZAQLA CAPS 5MG	4	QL (21 EA per 28 days) PA (Cancer Drugs, new starts only)

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
FULVESTRANT INJ 250MG/5ML	4	PA (Cancer Drugs, new starts only)
GAVRETO CAPS 100MG	4	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
<i>gefitinib tabs 250mg</i>	4	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only) MO
<i>gemcitabine hcl inj 1gm</i>	1	
<i>gemcitabine hcl inj 200mg</i>	1	
<i>gemcitabine hcl inj 2gm</i>	1	
<i>gemcitabine hydrochloride inj 1gm/26.3ml</i>	1	
<i>gemcitabine hydrochloride inj 1gm</i>	1	
<i>gemcitabine hydrochloride inj 200mg/2ml</i>	1	
<i>gemcitabine hydrochloride inj 200mg/5.26ml</i>	1	
<i>gemcitabine hydrochloride inj 200mg</i>	1	
<i>gemcitabine hydrochloride inj 2gm/20ml</i>	1	
<i>gemcitabine hydrochloride inj 2gm/52.6ml</i>	1	
GILOTRIF TABS 20MG	4	PA (Cancer Drugs, new starts only) LA
GILOTRIF TABS 30MG	4	PA (Cancer Drugs, new starts only) LA
GILOTRIF TABS 40MG	4	PA (Cancer Drugs, new starts only) LA
GLEOSTINE CAPS 100MG	4	
GLEOSTINE CAPS 10MG	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
GLEOSTINE CAPS 40MG	3	
<i>hydroxyurea caps 500mg</i>	1	
IBRANCE CAPS 100MG	4	QL (21 EA per 28 days) PA (Cancer Drugs, new starts only)
IBRANCE CAPS 125MG	4	QL (21 EA per 28 days) PA (Cancer Drugs, new starts only)
IBRANCE CAPS 75MG	4	QL (21 EA per 28 days) PA (Cancer Drugs, new starts only)
IBRANCE TABS 100MG	4	QL (21 EA per 28 days) PA (Cancer Drugs, new starts only)
IBRANCE TABS 125MG	4	QL (21 EA per 28 days) PA (Cancer Drugs, new starts only)
IBRANCE TABS 75MG	4	QL (21 EA per 28 days) PA (Cancer Drugs, new starts only)
ICLUSIG TABS 10MG	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
ICLUSIG TABS 15MG	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only) LA
ICLUSIG TABS 30MG	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)

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
ICLUSIG TABS 45MG	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only) LA
<i>idarubicin hcl inj 10mg/10ml</i>	4	PA (Cancer Drugs, new starts only)
<i>idarubicin hcl inj 20mg/20ml</i>	4	PA (Cancer Drugs, new starts only)
<i>idarubicin hcl inj 5mg/5ml</i>	4	PA (Cancer Drugs, new starts only)
<i>idarubicin hydrochloride inj 10mg/10ml</i>	4	PA (Cancer Drugs, new starts only)
<i>idarubicin hydrochloride inj 20mg/20ml</i>	4	PA (Cancer Drugs, new starts only)
<i>idarubicin hydrochloride inj 5mg/5ml</i>	4	PA (Cancer Drugs, new starts only)
IDHIFA TABS 100MG	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
IDHIFA TABS 50MG	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
<i>ifosfamide inj 1gm</i>	1	
<i>imatinib mesylate tabs 100mg</i>	1	PA (Cancer Drugs, new starts only)
<i>imatinib mesylate tabs 400mg</i>	1	PA (Cancer Drugs, new starts only)
IMBRUVICA CAPS 140MG	4	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only) 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
IMBRUVICA CAPS 70MG	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only) LA
IMBRUVICA SUSP 70MG/ML	4	QL (8 ML per 1 days) PA (Cancer Drugs, new starts only)
IMBRUVICA TABS 280MG	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only) LA
IMBRUVICA TABS 420MG	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only) LA
IMBRUVICA TABS 560MG	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only) LA
IMFINZI INJ 120MG/2.4ML	4	PA (Cancer Drugs, new starts only)
IMFINZI INJ 500MG/10ML	4	PA (Cancer Drugs, new starts only)
IMKELDI SOLN 80MG/ML	4	PA (Imkeldi, new starts only)
INLYTA TABS 1MG	4	PA (Cancer Drugs, new starts only) LA
INLYTA TABS 5MG	4	PA (Cancer Drugs, new starts only) LA
INQOVI TABS 100MG; 35MG	4	QL (5 EA per 28 days) PA (Cancer Drugs, new starts only)

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
INREBIC CAPS 100MG	4	QL (4 EA per 1 days) PA (Inrebic, new starts only)
<i>irinotecan hydrochloride inj 100mg/5ml</i>	1	
<i>irinotecan hydrochloride inj 300mg/15ml</i>	1	
<i>irinotecan hydrochloride inj 40mg/2ml</i>	1	
ITOVEBI TABS 3MG	4	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
ITOVEBI TABS 9MG	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
IWILFIN TABS 192MG	4	QL (8 EA per 1 days) PA (Cancer Drugs, new starts only)
JAKAFI TABS 10MG	4	PA (Cancer Drugs, new starts only)
JAKAFI TABS 15MG	4	PA (Cancer Drugs, new starts only)
JAKAFI TABS 20MG	4	PA (Cancer Drugs, new starts only)
JAKAFI TABS 25MG	4	PA (Cancer Drugs, new starts only)
JAKAFI TABS 5MG	4	PA (Cancer Drugs, new starts only)
JAYPIRCA TABS 100MG	4	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)

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
JAYPIRCA TABS 50MG	4	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)
JEVTANA INJ 60MG/1.5ML	4	PA (Cancer Drugs, new starts only)
JYLAMVO SOLN 2MG/ML	4	B/D
<i>kemoplat inj 50mg/50ml</i>	1	
KEYTRUDA INJ 100MG/4ML	4	PA (Cancer Drugs, new starts only)
KISQALI TBPK 200MG	4	QL (21 EA per 28 days) PA (Cancer Drugs, new starts only)
KISQALI TBPK 200MG	4	QL (42 EA per 28 days) PA (Cancer Drugs, new starts only)
KISQALI TBPK 200MG	4	QL (63 EA per 28 days) PA (Cancer Drugs, new starts only)
KOSELUGO CAPS 10MG	4	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
KOSELUGO CAPS 25MG	4	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
KRAZATI TABS 200MG	4	QL (6 EA per 1 days) PA (Cancer Drugs, new starts only)
KYPROLIS INJ 10MG	4	PA (Cancer Drugs, new starts only)

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
KYPROLIS INJ 30MG	4	PA (Cancer Drugs, new starts only)
KYPROLIS INJ 60MG	4	PA (Cancer Drugs, new starts only)
<i>lapatinib ditosylate tabs 250mg</i>	4	QL (6 EA per 1 days) PA (Cancer Drugs, new starts only)
LAZCLUZE TABS 240MG	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
LAZCLUZE TABS 80MG	4	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
<i>lenalidomide caps 10mg</i>	4	PA (Cancer Drugs, new starts only) LA
<i>lenalidomide caps 15mg</i>	4	PA (Cancer Drugs, new starts only) LA
<i>lenalidomide caps 2.5mg</i>	4	PA (Cancer Drugs, new starts only) MO
<i>lenalidomide caps 20mg</i>	4	PA (Cancer Drugs, new starts only) MO
<i>lenalidomide caps 25mg</i>	4	PA (Cancer Drugs, new starts only) LA
<i>lenalidomide caps 5mg</i>	4	PA (Cancer Drugs, new starts only) LA
LENVIMA 10 MG DAILY DOSE CPPK 10MG	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)

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 12MG DAILY DOSE CPPK 4MG	4	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)
LENVIMA 14 MG DAILY DOSE CPPK 0	4	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
LENVIMA 18 MG DAILY DOSE CPPK 0	4	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)
LENVIMA 20 MG DAILY DOSE CPPK 10MG	4	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
LENVIMA 24 MG DAILY DOSE CPPK 0	4	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)
LENVIMA 4 MG DAILY DOSE CPPK 4MG	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
LENVIMA 8 MG DAILY DOSE CPPK 4MG	4	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
LEUKERAN TABS 2MG	4	
LIBTAYO INJ 350MG/7ML	4	PA (Cancer Drugs, new starts only)
LONSURF TABS 6.14MG; 15MG	4	QL (8 EA per 1 days) PA (Cancer Drugs, new starts only)
LONSURF TABS 8.19MG; 20MG	4	QL (8 EA per 1 days) PA (Cancer Drugs, new starts only)

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
LORBRENA TABS 100MG	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
LORBRENA TABS 25MG	4	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)
LUMAKRAS TABS 120MG	4	QL (8 EA per 1 days) PA (Cancer Drugs, new starts only)
LUMAKRAS TABS 240MG	4	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
LUMAKRAS TABS 320MG	4	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)
LUMOXITI INJ 1MG	4	PA (Cancer Drugs, new starts only)
LYNPARZA TABS 100MG	4	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
LYNPARZA TABS 150MG	4	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
LYSODREN TABS 500MG	4	
LYTGOBI TBPK 4MG	4	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)
LYTGOBI TBPK 4MG	4	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)

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 (5 EA per 1 days) PA (Cancer Drugs, new starts only)
MATULANE CAPS 50MG	4	
MEKINIST SOLR 0.05MG/ML	4	PA (Cancer Drugs, new starts only)
MEKINIST TABS 0.5MG	4	PA (Cancer Drugs, new starts only)
MEKINIST TABS 2MG	4	PA (Cancer Drugs, new starts only)
MEKTOVI TABS 15MG	4	QL (6 EA per 1 days) PA (Cancer Drugs, new starts only)
<i>melphalan hydrochloride inj 50mg</i>	4	PA (Cancer Drugs, new starts only)
<i>mercaptopurine susp 2000mg/100ml</i>	4	PA (Purixan Suspension, new starts only)
<i>mercaptopurine tabs 50mg</i>	1	
<i>methotrexate sodium inj 1gm/40ml</i>	1	
<i>methotrexate sodium inj 1gm</i>	1	
<i>methotrexate sodium inj 250mg/10ml</i>	1	
<i>methotrexate sodium inj 250mg/10ml</i>	1	
<i>methotrexate sodium inj 50mg/2ml</i>	1	
<i>methotrexate sodium inj 50mg/2ml</i>	1	
<i>methotrexate sodium tabs 2.5mg</i>	1	B/D
<i>methotrexate inj 50mg/2ml</i>	1	
<i>mitomycin inj 20mg</i>	4	PA (Cancer Drugs, new starts only)

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>mitomycin inj 40mg</i>	4	PA (Cancer Drugs, new starts only)
<i>mitomycin inj 5mg</i>	4	PA (Cancer Drugs, new starts only)
<i>mitoxantrone hcl inj 2mg/ml</i>	1	
<i>mitoxantrone hcl inj 2mg/ml</i>	1	
<i>mitoxantrone hcl inj 2mg/ml</i>	1	
<i>mutamycin inj 20mg</i>	4	PA (Cancer Drugs, new starts only)
<i>mutamycin inj 40mg</i>	4	PA (Cancer Drugs, new starts only)
<i>mutamycin inj 5mg</i>	4	PA (Cancer Drugs, new starts only)
MYLOTARG INJ 4.5MG	4	PA (Cancer Drugs, new starts only)
<i>nelarabine inj 5mg/ml</i>	4	PA (Cancer Drugs, new starts only)
NERLYNX TABS 40MG	4	QL (6 EA per 1 days) PA (Nerlynx, new starts only)
<i>nilutamide tabs 150mg</i>	4	
NINLARO CAPS 2.3MG	4	QL (3 EA per 28 days) PA (Cancer Drugs, new starts only)
NINLARO CAPS 3MG	4	QL (3 EA per 28 days) PA (Cancer Drugs, new starts only)
NINLARO CAPS 4MG	4	QL (3 EA per 28 days) PA (Cancer Drugs, new starts only)

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
NIPENT INJ 10MG	4	PA (Cancer Drugs, new starts only)
NUBEQA TABS 300MG	4	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
ODOMZO CAPS 200MG	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
OGSIVEO TABS 100MG	4	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
OGSIVEO TABS 150MG	4	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
OGSIVEO TABS 50MG	4	QL (6 EA per 1 days) PA (Cancer Drugs, new starts only)
OJEMDA SUSR 25MG/ML	4	QL (96 ML per 28 days) PA (Cancer Drugs, new starts only)
OJEMDA TABS 100MG	4	QL (24 EA per 28 days) PA (Cancer Drugs, new starts only)
OJEMDA TABS 100MG	4	QL (24 EA per 28 days) PA (Cancer Drugs, new starts only)
OJEMDA TABS 100MG	4	QL (24 EA per 28 days) PA (Cancer Drugs, new starts only)

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
OJJAARA TABS 100MG	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
OJJAARA TABS 150MG	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
OJJAARA TABS 200MG	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
ONUREG TABS 200MG	4	QL (14 EA per 28 days) PA (Cancer Drugs, new starts only)
ONUREG TABS 300MG	4	QL (14 EA per 28 days) PA (Cancer Drugs, new starts only)
OPDIVO INJ 100MG/10ML	4	PA (Cancer Drugs, new starts only)
OPDIVO INJ 240MG/24ML	4	PA (Cancer Drugs, new starts only)
OPDIVO INJ 40MG/4ML	4	PA (Cancer Drugs, new starts only)
ORSERDU TABS 345MG	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
ORSERDU TABS 86MG	4	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)
<i>oxaliplatin inj 100mg/20ml</i>	1	PA (Cancer Drugs, new starts only)

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>oxaliplatin inj 100mg</i>	1	PA (Cancer Drugs, new starts only)
<i>paclitaxel protein-bound particles inj 900mg; 100mg</i>	4	PA (Cancer Drugs, new starts only)
<i>paclitaxel inj 150mg/25ml</i>	1	
<i>paclitaxel inj 300mg/50ml</i>	1	
<i>paclitaxel inj 30mg/5ml</i>	1	
<i>paclitaxel inj 6mg/ml</i>	1	
<i>paraplatin inj 450mg/45ml</i>	1	
<i>paraplatin inj 50mg/5ml</i>	1	
<i>pazopanib hydrochloride tabs 200mg</i>	4	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
PEMAZYRE TABS 13.5MG	4	QL (14 EA per 21 days) PA (Cancer Drugs, new starts only)
PEMAZYRE TABS 4.5MG	4	QL (14 EA per 21 days) PA (Cancer Drugs, new starts only)
PEMAZYRE TABS 9MG	4	QL (14 EA per 21 days) PA (Cancer Drugs, new starts only)
<i>pemetrexed disodium inj 100mg</i>	4	PA (Cancer Drugs, new starts only)
<i>pemetrexed disodium inj 500mg</i>	4	PA (Cancer Drugs, new starts only)
<i>pemetrexed inj 100mg</i>	4	PA (Cancer Drugs, new starts only)
<i>pemetrexed inj 500mg</i>	4	PA (Cancer Drugs, new starts only)

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
PERJETA INJ 420MG/14ML	4	PA (Cancer Drugs, new starts only)
PIQRAY 200MG DAILY DOSE TBPK 200MG	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
PIQRAY 250MG DAILY DOSE TBPK 0	4	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
PIQRAY 300MG DAILY DOSE TBPK 150MG	4	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
POMALYST CAPS 1MG	4	PA (Cancer Drugs, new starts only)
POMALYST CAPS 2MG	4	PA (Cancer Drugs, new starts only)
POMALYST CAPS 3MG	4	PA (Cancer Drugs, new starts only)
POMALYST CAPS 4MG	4	PA (Cancer Drugs, new starts only)
PROLEUKIN INJ 22000000UNIT	4	PA (Cancer Drugs, new starts only)
PURIXAN SUSP 2000MG/100ML	4	PA (Purixan Suspension, new starts only)
QINLOCK TABS 50MG	4	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)
RETEVMO CAPS 40MG	4	QL (6 EA per 1 days) PA (Cancer Drugs, new starts only)

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
RETEVMO CAPS 80MG	4	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
RETEVMO TABS 120MG	4	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
RETEVMO TABS 160MG	4	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
RETEVMO TABS 40MG	4	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)
RETEVMO TABS 80MG	4	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
REVLIMID CAPS 10MG	4	PA (Cancer Drugs, new starts only)
REVLIMID CAPS 15MG	4	PA (Cancer Drugs, new starts only)
REVLIMID CAPS 2.5MG	4	PA (Cancer Drugs, new starts only)
REVLIMID CAPS 20MG	4	PA (Cancer Drugs, new starts only)
REVLIMID CAPS 25MG	4	PA (Cancer Drugs, new starts only)
REVLIMID CAPS 5MG	4	PA (Cancer Drugs, new starts only)
REVUFORJ TABS 110MG	4	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)

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
REVUFORJ TABS 160MG	4	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
REZLIDHIA CAPS 150MG	4	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
RIABNI INJ 100MG/10ML	4	PA (Rituximab, new starts only)
RIABNI INJ 500MG/50ML	4	PA (Rituximab, new starts only)
RITUXAN INJ 100MG/10ML	4	PA (Rituximab, new starts only)
RITUXAN INJ 500MG/50ML	4	PA (Rituximab, new starts only)
<i>romidepsin inj 10mg</i>	4	PA (Cancer Drugs, new starts only)
ROZLYTREK CAPS 100MG	4	QL (5 EA per 1 days) PA (Cancer Drugs, new starts only)
ROZLYTREK CAPS 200MG	4	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)
ROZLYTREK PACK 50MG	4	QL (12 EA per 1 days) PA (Rozlytrek Pellets, new starts only)
RUBRACA TABS 200MG	4	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)

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 TABS 250MG	4	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
RUBRACA TABS 300MG	4	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
RUXIENCE INJ 100MG/10ML	4	PA (Rituximab, new starts only)
RUXIENCE INJ 500MG/50ML	4	PA (Rituximab, new starts only)
RYDAPT CAPS 25MG	4	QL (8 EA per 1 days) PA (Cancer Drugs, new starts only)
SCEMBLIX TABS 100MG	4	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
SCEMBLIX TABS 20MG	4	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
SCEMBLIX TABS 40MG	4	QL (10 EA per 1 days) PA (Cancer Drugs, new starts only)
SIKLOS TABS 1000MG	4	PA (Siklos)
SIKLOS TABS 100MG	3	PA (Siklos)
<i>sorafenib tosylate tabs 200mg</i>	4	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
<i>sorafenib tabs 200mg</i>	4	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only) 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
STIVARGA TABS 40MG	4	PA (Cancer Drugs, new starts only) LA
<i>sunitinib malate caps 12.5mg</i>	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
<i>sunitinib malate caps 25mg</i>	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
<i>sunitinib malate caps 37.5mg</i>	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
<i>sunitinib malate caps 50mg</i>	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
SYNRIBO INJ 3.5MG	4	PA (Cancer Drugs, new starts only)
TABLOID TABS 40MG	4	
TABRECTA TABS 150MG	4	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
TABRECTA TABS 200MG	4	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
TAFINLAR CAPS 50MG	4	PA (Cancer Drugs, new starts only)
TAFINLAR CAPS 75MG	4	PA (Cancer Drugs, new starts only)
TAFINLAR TBSO 10MG	4	PA (Cancer Drugs, new starts only)

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
TAGRISSE TABS 40MG	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
TAGRISSE TABS 80MG	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
TALZENNA CAPS 0.1MG	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
TALZENNA CAPS 0.25MG	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
TALZENNA CAPS 0.35MG	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
TALZENNA CAPS 0.5MG	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
TALZENNA CAPS 0.75MG	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
TALZENNA CAPS 1MG	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
TASIGNA CAPS 150MG	4	PA (Cancer Drugs, new starts only)
TASIGNA CAPS 200MG	4	PA (Cancer Drugs, new starts only)
TASIGNA CAPS 50MG	4	PA (Cancer Drugs, new starts only)

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
TAZVERIK TABS 200MG	4	QL (8 EA per 1 days) PA (Cancer Drugs, new starts only)
TECENTRIQ HYBREZA INJ 1875MG/15ML; 30000UNIT/15ML	4	PA (Cancer Drugs, new starts only)
TECENTRIQ INJ 1200MG/20ML	4	PA (Cancer Drugs, new starts only)
TECENTRIQ INJ 840MG/14ML	4	PA (Cancer Drugs, new starts only)
<i>temsirolimus inj 25mg/ml</i>	4	PA (Cancer Drugs, new starts only)
TEPMETKO TABS 225MG	4	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
TEVIMBRA INJ 100MG/10ML	4	PA (Cancer Drugs, new starts only)
<i>thiotepa inj 15mg</i>	4	PA (Cancer Drugs, new starts only)
TIBSOVO TABS 250MG	4	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
<i>toposar inj 100mg/5ml</i>	1	
<i>toposar inj 1gm/50ml</i>	1	
<i>toposar inj 500mg/25ml</i>	1	
<i>topotecan hcl inj 4mg</i>	1	
<i>topotecan hydrochloride inj 4mg/4ml</i>	1	
<i>tretinoin caps 10mg</i>	4	PA (Cancer Drugs, new starts only)
<i>trexall tabs 10mg</i>	3	B/D
<i>trexall tabs 15mg</i>	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
<i>trexall tabs 5mg</i>	3	B/D
<i>trexall tabs 7.5mg</i>	3	B/D
TRUQAP TABS 160MG	4	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
TRUQAP TABS 200MG	4	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
TRUQAP TBPK 160MG	4	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
TRUQAP TBPK 200MG	4	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
TRUSELTIQ CPPK 0	4	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
TRUSELTIQ CPPK 100MG	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
TRUSELTIQ CPPK 25MG	4	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)
TRUSELTIQ CPPK 25MG	4	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
TRUXIMA INJ 100MG/10ML	4	PA (Rituximab, new starts only)
TRUXIMA INJ 500MG/50ML	4	PA (Rituximab, new starts only)

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
TUKYSA TABS 150MG	4	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
TUKYSA TABS 50MG	4	QL (10 EA per 1 days) PA (Cancer Drugs, new starts only)
TURALIO CAPS 125MG	4	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
TURALIO CAPS 200MG	4	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
VANFLYTA TABS 17.7MG	4	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
VANFLYTA TABS 26.5MG	4	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
VECTIBIX INJ 100MG/5ML	4	PA (Cancer Drugs, new starts only)
VENCLEXTA STARTING PACK TBPK 0	4	QL (42 EA per 180 days) PA (Cancer Drugs, new starts only)
VENCLEXTA TABS 100MG	4	QL (6 EA per 1 days) PA (Cancer Drugs, new starts only)
VENCLEXTA TABS 10MG	2	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)

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
VENCLEXTA TABS 50MG	4	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
VERZENIO TABS 100MG	4	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
VERZENIO TABS 150MG	4	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
VERZENIO TABS 200MG	4	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
VERZENIO TABS 50MG	4	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
<i>vinblastine sulfate inj 1mg/ml</i>	1	B/D
<i>vincasar pfs inj 1mg/ml</i>	1	B/D
<i>vincristine sulfate inj 1mg/ml</i>	1	B/D
<i>vinorelbine tartrate inj 50mg/5ml</i>	1	
VITRAKVI CAPS 100MG	4	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
VITRAKVI CAPS 25MG	4	QL (6 EA per 1 days) PA (Cancer Drugs, new starts only)
VITRAKVI SOLN 20MG/ML	4	QL (10 ML per 1 days) PA (Cancer Drugs, new starts only)

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Drug Name	Drug Tier	Requirements/Limits
VIZIMPRO TABS 15MG	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
VIZIMPRO TABS 30MG	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
VIZIMPRO TABS 45MG	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
VONJO CAPS 100MG	4	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
VORANIGO TABS 10MG	4	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
VORANIGO TABS 40MG	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
VYXEOS INJ 100MG; 44MG	4	PA (Cancer Drugs, new starts only)
WELIREG TABS 40MG	4	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)
XALKORI CAPS 200MG	4	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only) LA
XALKORI CAPS 250MG	4	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only) LA

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Drug Name	Drug Tier	Requirements/Limits
XALKORI CPSP 150MG	4	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only) LA
XALKORI CPSP 20MG	4	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only) LA
XALKORI CPSP 50MG	4	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only) LA
XATMEP SOLN 2.5MG/ML	3	B/D
XOSPATA TABS 40MG	4	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)
XPOVIO 60 MG TWICE WEEKLY TBPK 20MG	4	QL (24 EA per 28 days) PA (Cancer Drugs, new starts only)
XPOVIO 80 MG TWICE WEEKLY TBPK 20MG	4	QL (32 EA per 28 days) PA (Cancer Drugs, new starts only)
XPOVIO TBPK 40MG	4	QL (8 EA per 28 days) PA (Cancer Drugs, new starts only)
XPOVIO TBPK 40MG	4	QL (8 EA per 28 days) PA (Cancer Drugs, new starts only)
XPOVIO TBPK 40MG	4	QL (4 EA per 28 days) PA (Cancer Drugs, new starts only)

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 TBPK 50MG	4	QL (8 EA per 28 days) PA (Cancer Drugs, new starts only)
XPOVIO TBPK 60MG	4	QL (4 EA per 28 days) PA (Cancer Drugs, new starts only)
XTANDI CAPS 40MG	4	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
XTANDI TABS 40MG	4	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
XTANDI TABS 80MG	4	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
YERVOY INJ 200MG/40ML	4	PA (Cancer Drugs, new starts only)
YERVOY INJ 50MG/10ML	4	PA (Cancer Drugs, new starts only)
YONDELIS INJ 1MG	4	PA (Cancer Drugs, new starts only)
YONSA TABS 125MG	4	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
ZALTRAP INJ 100MG/4ML	4	PA (Cancer Drugs, new starts only)
ZALTRAP INJ 200MG/8ML	4	PA (Cancer Drugs, new starts only)
ZANOSAR INJ 1GM	4	PA (Cancer Drugs, new starts only)

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
ZEJULA CAPS 100MG	4	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)
ZEJULA TABS 100MG	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
ZEJULA TABS 200MG	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
ZEJULA TABS 300MG	4	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
ZELBORAF TABS 240MG	4	PA (Cancer Drugs, new starts only) LA
ZOLINZA CAPS 100MG	4	PA (Cancer Drugs, new starts only)
ZYDELIG TABS 100MG	4	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
ZYDELIG TABS 150MG	4	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
ZYKADIA TABS 150MG	4	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)
Antitoxins, Immune Globulins, Toxoids, and Vaccines		
<i>Allergenic Extracts</i>		
GRASTEK SUBL 2800BAU	2	PA (Oral Immunotherapy) MO

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Drug Name	Drug Tier	Requirements/Limits
ODACTRA SUBL 0; 0	2	QL (1 EA per 1 days) PA (Oral Immunotherapy) MO
RAGWITEK SUBL 12AMB A 1-U	3	PA (Oral Immunotherapy) MO
<i>Antitoxins and Immune Globulins</i>		
BIVIGAM INJ 10%	4	PA (intravenous immune globulin)
BIVIGAM INJ 5GM/50ML	4	PA (intravenous immune globulin)
FLEBOGAMMA DIF INJ 10GM/100ML	4	PA (intravenous immune globulin)
FLEBOGAMMA DIF INJ 10GM/200ML	4	PA (intravenous immune globulin)
FLEBOGAMMA DIF INJ 2.5GM/50ML	4	PA (intravenous immune globulin)
FLEBOGAMMA DIF INJ 20GM/200ML	4	PA (intravenous immune globulin)
FLEBOGAMMA DIF INJ 20GM/400ML	4	PA (intravenous immune globulin)
FLEBOGAMMA DIF INJ 5GM/100ML	4	PA (intravenous immune globulin)
FLEBOGAMMA DIF INJ 5GM/50ML	4	PA (intravenous immune globulin)
GAMASTAN INJ 0	2	PA (intravenous immune globulin)
GAMMAGARD LIQUID INJ 10GM/100ML	4	PA (intravenous immune globulin)
GAMMAGARD LIQUID INJ 1GM/10ML	4	PA (intravenous immune globulin)

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Drug Name	Drug Tier	Requirements/Limits
GAMMAGARD LIQUID INJ 2.5GM/25ML	4	PA (intravenous immune globulin)
GAMMAGARD LIQUID INJ 20GM/200ML	4	PA (intravenous immune globulin)
GAMMAGARD LIQUID INJ 30GM/300ML	4	PA (intravenous immune globulin)
GAMMAGARD LIQUID INJ 5GM/50ML	4	PA (intravenous immune globulin)
GAMMAGARD S/D IGA LESS THAN 1MCG/ML INJ 10GM	4	PA (intravenous immune globulin)
GAMMAGARD S/D IGA LESS THAN 1MCG/ML INJ 5GM	4	PA (intravenous immune globulin)
GAMMAKED INJ 10GM/100ML	4	PA (intravenous immune globulin)
GAMMAKED INJ 1GM/10ML	4	PA (intravenous immune globulin)
GAMMAKED INJ 20GM/200ML	4	PA (intravenous immune globulin)
GAMMAKED INJ 5GM/50ML	4	PA (intravenous immune globulin)
GAMMAPLEX INJ 10GM/100ML	4	PA (intravenous immune globulin)
GAMMAPLEX INJ 10GM/200ML	4	PA (intravenous immune globulin)
GAMMAPLEX INJ 20GM/200ML	4	PA (intravenous immune globulin)
GAMMAPLEX INJ 20GM/400ML	4	PA (intravenous immune globulin)
GAMMAPLEX INJ 5GM/100ML	4	PA (intravenous immune globulin)

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Drug Name	Drug Tier	Requirements/Limits
GAMMAPLEX INJ 5GM/50ML	4	PA (intravenous immune globulin)
GAMUNEX-C INJ 10GM/100ML	4	PA (intravenous immune globulin)
GAMUNEX-C INJ 1GM/10ML	4	PA (intravenous immune globulin)
GAMUNEX-C INJ 2.5GM/25ML	4	PA (intravenous immune globulin)
GAMUNEX-C INJ 20GM/200ML	4	PA (intravenous immune globulin)
GAMUNEX-C INJ 40GM/400ML	4	PA (intravenous immune globulin)
GAMUNEX-C INJ 5GM/50ML	4	PA (intravenous immune globulin)
OCTAGAM INJ 10GM/100ML	4	PA (intravenous immune globulin)
OCTAGAM INJ 10GM/200ML	4	PA (intravenous immune globulin)
OCTAGAM INJ 1GM/20ML	4	PA (intravenous immune globulin)
OCTAGAM INJ 2.5GM/50ML	4	PA (intravenous immune globulin)
OCTAGAM INJ 20GM/200ML	4	PA (intravenous immune globulin)
OCTAGAM INJ 2GM/20ML	4	PA (intravenous immune globulin)
OCTAGAM INJ 30GM/300ML	4	PA (intravenous immune globulin)
OCTAGAM INJ 5GM/100ML	4	PA (intravenous immune globulin)

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Drug Name	Drug Tier	Requirements/Limits
OCTAGAM INJ 5GM/50ML	4	PA (intravenous immune globulin)
PRIVIGEN INJ 10GM/100ML	4	PA (intravenous immune globulin)
PRIVIGEN INJ 20GM/200ML	4	PA (intravenous immune globulin)
PRIVIGEN INJ 40GM/400ML	4	PA (intravenous immune globulin)
PRIVIGEN INJ 5GM/50ML	4	PA (intravenous immune globulin)
VARIZIG INJ 125UNIT/1.2ML	4	PA (Varizig)
ZINPLAVA INJ 1000MG/40ML	4	PA (Zinplava)
<i>Toxoids</i>		
ADACEL INJ 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	2	
ADACEL INJ 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	2	
BOOSTRIX INJ 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	2	
BOOSTRIX INJ 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	2	
DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	2	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC INJ 25LFU/0.5ML; 5LFU/0.5ML	2	
INFANRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	2	
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>quadracel inj 15lfu/0.5ml; 48mcg/0.5ml; 0; 5lfu/0.5ml</i>	2	
QUADRACEL INJ 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	2	
TDVAX INJ 2LF/0.5ML; 2LF/0.5ML	2	
TENIVAC INJ 2LFU; 5LFU	2	
TENIVAC INJ 2LFU; 5LFU	2	
TETANUS/DIPHTHERIA TOXOIDS- ADSORBED ADULT INJ 2LF/0.5ML; 2LF/0.5ML	2	
Vaccines		
ABRYSVO INJ 120MCG/0.5ML	2	
ACTHIB INJ 0	2	
AREXVY INJ 120MCG/0.5ML	2	PA (RSV Vaccine)
BCG VACCINE INJ 50MG	2	
BEXSERO INJ 0	2	PA (Bexsero)
DENGVAXIA INJ 0	2	PA (Dengvaxia)
ENGERIX-B INJ 10MCG/0.5ML	2	B/D
ENGERIX-B INJ 20MCG/ML	2	B/D
ENGERIX-B INJ 20MCG/ML	2	B/D
GARDASIL 9 INJ 0	2	PA (gardasil)
GARDASIL 9 INJ 0	2	PA (gardasil)
HAVRIX INJ 1440ELU/ML	2	
HAVRIX INJ 720ELU/0.5ML	2	
HEPLISAV-B INJ 20MCG/0.5ML	2	B/D
HIBERIX INJ 10MCG	2	
IMOVAX RABIES (H.D.C.V.) INJ 2.5UNIT/ML	2	B/D
IPOL INACTIVATED IPV INJ 0	2	

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Drug Name	Drug Tier	Requirements/Limits
IXCHIQ INJ 0	2	
IXIARO INJ 0	2	
JYNNEOS INJ 0.5ML	2	
M-M-R II INJ 0; 0; 0	2	
MENACTRA INJ 0	2	
MENQUADFI INJ 0	2	
MENVEO INJ 0	2	
MENVEO INJ 0	2	
MRESVIA INJ 50MCG/0.5ML	2	PA (RSV Vaccine)
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 INJ 0; 0	2	PA (Penbraya)
PENTACEL INJ 15LFU/0.5ML; 0; 48MCG/0.5ML; 0; 5LFU/0.5ML	2	
PREHEVBRIO INJ 10MCG/ML	2	B/D
PRIORIX INJ 0; 0; 0	2	
PROQUAD INJ 0; 0; 0; 0	2	
RABAVERT INJ 0	2	B/D
RECOMBIVAX HB INJ 10MCG/ML	2	B/D
RECOMBIVAX HB INJ 10MCG/ML	2	B/D
RECOMBIVAX HB INJ 40MCG/ML	2	B/D
RECOMBIVAX HB INJ 5MCG/0.5ML	2	B/D
RECOMBIVAX HB INJ 5MCG/0.5ML	2	B/D
ROTARIX SUSP 0	2	
ROTARIX SUSR 0	2	
ROTATEQ SOLN 0	2	
SHINGRIX INJ 50MCG/0.5ML	2	

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Drug Name	Drug Tier	Requirements/Limits
STAMARIL INJ 0	2	PA (Stamaril)
TICOVAC INJ 1.2MCG/0.25ML	2	PA (Ticovac)
TICOVAC INJ 2.4MCG/0.5ML	2	PA (Ticovac)
TRUMENBA INJ 0	2	PA (Trumenba)
TWINRIX INJ 720ELU/ML; 20MCG/ML	2	
TYPHIM VI INJ 25MCG/0.5ML	2	
TYPHIM VI INJ 25MCG/0.5ML	2	
VAQTA INJ 25UNIT/0.5ML	2	
VAQTA INJ 25UNIT/0.5ML	2	
VAQTA INJ 50UNIT/ML	2	
VAQTA INJ 50UNIT/ML	2	
VARIVAX INJ 1350PFU/0.5ML	2	
VAXCHORA SUSR 0	2	PA (Vaxchora)
YF-VAX INJ 0	2	
YF-VAX INJ 0	2	
Autonomic Drugs		
<i>Anticholinergic Agents</i>		
ANORO ELLIPTA AEPB 62.5MCG/ACT; 25MCG/ACT	2	QL (2 EA per 1 days) MO
ATROPINE SULFATE INJ 0.25MG/5ML	1	
ATROVENT HFA AERS 17MCG/ACT	3	MO
<i>dicyclomine hcl soln 10mg/5ml</i>	1	
<i>dicyclomine hydrochloride caps 10mg</i>	1	
<i>dicyclomine hydrochloride soln 10mg/5ml</i>	1	
<i>dicyclomine hydrochloride tabs 20mg</i>	1	
<i>glycopyrrolate tabs 1mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>glycopyrrolate tabs 2mg</i>	1	
INCRUSE ELLIPTA AEPB 62.5MCG/INH	2	QL (30 EA per 30 days) MO
<i>ipratropium bromide soln 0.02%</i>	1	B/D MO
<i>ipratropium bromide soln 0.03%</i>	1	MO
<i>ipratropium bromide soln 0.06%</i>	1	MO
SPIRIVA RESPIMAT AERS 1.25MCG/ACT	2	QL (4 GM per 30 days) MO
SPIRIVA RESPIMAT AERS 2.5MCG/ACT	2	QL (4 GM per 30 days) MO
STIOLTO RESPIMAT AERS 2.5MCG/ACT; 2.5MCG/ACT	2	QL (4 GM per 30 days) MO
<i>tiotropium bromide caps 18mcg</i>	1	QL (30 EA per 30 days) MO
<i>Parasympathomimetic (Cholinergic) Agents</i>		
<i>bethanechol chloride tabs 10mg</i>	1	
<i>bethanechol chloride tabs 25mg</i>	1	
<i>bethanechol chloride tabs 50mg</i>	1	
<i>bethanechol chloride tabs 5mg</i>	1	
<i>cevimeline hydrochloride caps 30mg</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
<i>donepezil hydrochloride odt tbdp 5mg</i>	1	QL (1 EA per 1 days) MO

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Drug Name	Drug Tier	Requirements/Limits
<i>donepezil hydrochloride tabs 10mg</i>	1	MO
<i>donepezil hydrochloride tabs 5mg</i>	1	QL (1 EA per 1 days) MO
FIRDAPSE TABS 10MG	4	QL (8 EA per 1 days) PA (Firdapse)
<i>galantamine hydrobromide er cp24 16mg</i>	1	QL (1 EA per 1 days) MO
<i>galantamine hydrobromide er cp24 24mg</i>	1	QL (1 EA per 1 days) MO
<i>galantamine hydrobromide er cp24 8mg</i>	1	QL (1 EA per 1 days) MO
<i>galantamine hydrobromide soln 4mg/ml</i>	1	MO
<i>galantamine hydrobromide tabs 12mg</i>	1	MO
<i>galantamine hydrobromide tabs 4mg</i>	1	MO
<i>galantamine hydrobromide tabs 8mg</i>	1	MO
<i>pilocarpine hydrochloride tabs 5mg</i>	1	MO
<i>pilocarpine hydrochloride tabs 7.5mg</i>	1	MO
<i>pyridostigmine bromide er tbcr 180mg</i>	1	
<i>pyridostigmine bromide soln 60mg/5ml</i>	1	
<i>pyridostigmine bromide tabs 60mg</i>	1	
<i>regonol inj 10mg/2ml</i>	3	
<i>rivastigmine tartrate caps 1.5mg</i>	1	MO
<i>rivastigmine tartrate caps 3mg</i>	1	MO
<i>rivastigmine tartrate caps 4.5mg</i>	1	MO
<i>rivastigmine tartrate caps 6mg</i>	1	MO
<i>rivastigmine transdermal system pt24 13.3mg/24hr</i>	1	QL (1 EA per 1 days) MO
<i>rivastigmine transdermal system pt24 4.6mg/24hr</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>rivastigmine transdermal system pt24 9.5mg/24hr</i>	1	QL (1 EA per 1 days) MO
<i>Skeletal Muscle Relaxants</i>		
<i>baclofen tabs 10mg</i>	1	MO
<i>baclofen tabs 20mg</i>	1	MO
<i>baclofen tabs 5mg</i>	1	
<i>chlorzoxazone tabs 500mg</i>	1	
<i>cyclobenzaprine hydrochloride tabs 10mg</i>	1	
<i>cyclobenzaprine hydrochloride tabs 5mg</i>	1	
<i>methocarbamol tabs 500mg</i>	1	
<i>methocarbamol tabs 750mg</i>	1	
<i>tizanidine hcl tabs 2mg</i>	1	MO
<i>tizanidine hydrochloride caps 2mg</i>	1	
<i>tizanidine hydrochloride caps 4mg</i>	1	
<i>tizanidine hydrochloride caps 6mg</i>	1	
<i>tizanidine hydrochloride tabs 2mg</i>	1	
<i>tizanidine hydrochloride tabs 4mg</i>	1	MO
<i>Smoking Cessation Agents</i>		
NICOTROL INHALER INHA 10MG	3	QL (5376 EA per 365 days)
NICOTROL NS SOLN 10MG/ML	3	QL (360 ML per 365 days)
<i>varenicline starting month tbpk 0</i>	1	QL (53 EA per 180 days)
<i>varenicline tartrate tabs 0.5mg</i>	1	QL (336 EA per 365 days)
<i>varenicline tartrate tabs 1mg</i>	1	QL (336 EA per 365 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>varenicline tartrate tabs 1mg</i>	1	QL (336 EA per 365 days)
<i>Sympatholytic (Adrenergic Blocking) Agents</i>		
<i>alfuzosin hcl er tb24 10mg</i>	1	MO
<i>dihydroergotamine mesylate inj 1mg/ml</i>	4	
<i>dihydroergotamine mesylate soln 4mg/ml</i>	4	QL (8 ML per 28 days)
<i>ergoloid mesylates tabs 1mg</i>	1	MO
<i>tamsulosin hydrochloride caps 0.4mg</i>	1	MO
<i>Sympathomimetic (Adrenergic) Agents</i>		
ADVAIR HFA AERO 115MCG/ACT; 21MCG/ACT	2	QL (12 GM per 30 days) MO
ADVAIR HFA AERO 230MCG/ACT; 21MCG/ACT	2	QL (12 GM per 30 days) MO
ADVAIR HFA AERO 45MCG/ACT; 21MCG/ACT	2	QL (12 GM per 30 days) MO
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL (17 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 nebu 0.083%</i>	1	B/D MO
<i>albuterol sulfate nebu 0.63mg/3ml</i>	1	B/D MO
<i>albuterol sulfate nebu 1.25mg/3ml</i>	1	B/D MO
<i>albuterol sulfate nebu 2.5mg/0.5ml</i>	1	B/D MO
<i>albuterol sulfate syrp 2mg/5ml</i>	1	MO
<i>albuterol sulfate tabs 2mg</i>	1	MO
<i>albuterol sulfate tabs 4mg</i>	1	MO
<i>arformoterol tartrate nebu 15mcg/2ml</i>	1	B/D MO

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Drug Name	Drug Tier	Requirements/Limits
COMBIVENT RESPIMAT AERS 100MCG/ACT; 20MCG/ACT	2	QL (8 GM per 30 days) MO
<i>droxidopa caps 100mg</i>	4	QL (15 EA per 1 days) PA (Droxidopa)
<i>droxidopa caps 200mg</i>	4	QL (6 EA per 1 days) PA (Droxidopa)
<i>droxidopa caps 300mg</i>	4	QL (6 EA per 1 days) PA (Droxidopa)
<i>epinephrine inj 0.15mg/0.15ml</i>	1	
<i>epinephrine inj 0.15mg/0.3ml</i>	1	
<i>epinephrine inj 0.3mg/0.3ml</i>	1	
<i>epinephrine inj 0.3mg/0.3ml</i>	1	
<i>fluticasone propionate/salmeterol diskus aepb 100mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO
<i>fluticasone propionate/salmeterol diskus aepb 250mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO
<i>fluticasone propionate/salmeterol diskus aepb 500mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO
<i>fluticasone propionate/salmeterol aepb 100mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO
<i>fluticasone propionate/salmeterol aepb 250mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO
<i>fluticasone propionate/salmeterol aepb 500mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO
<i>ipratropium bromide/albuterol sulfate soln 2.5mg/3ml; 0.5mg/3ml</i>	1	B/D MO
<i>levalbuterol hcl nebu 0.31mg/3ml</i>	1	B/D MO
<i>levalbuterol hcl nebu 1.25mg/3ml</i>	1	B/D MO
<i>levalbuterol hydrochloride nebu 0.31mg/3ml</i>	1	B/D 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>levalbuterol hydrochloride nebu 0.63mg/3ml</i>	1	B/D MO
<i>levalbuterol hydrochloride nebu 1.25mg/3ml</i>	1	B/D MO
LEVALBUTEROL TARTRATE HFA AERO 45MCG/ACT	2	QL (30 GM per 30 days) MO
<i>levalbuterol nebu 1.25mg/0.5ml</i>	1	B/D MO
<i>lofexidine hydrochloride tabs 0.18mg</i>	1	QL (16 EA per 1 days) PA (Lucemyra)
<i>midodrine hydrochloride tabs 10mg</i>	1	
<i>midodrine hydrochloride tabs 2.5mg</i>	1	
<i>midodrine hydrochloride tabs 5mg</i>	1	
SEREVENT DISKUS AEPB 50MCG/DOSE	2	QL (60 EA per 30 days) MO
<i>terbutaline sulfate inj 1mg/ml</i>	1	
<i>terbutaline sulfate tabs 2.5mg</i>	1	
<i>terbutaline sulfate tabs 5mg</i>	1	MO
<i>wixela inhub aepb 100mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO
<i>wixela inhub aepb 250mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO
<i>wixela inhub aepb 500mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO
Blood Derivatives		
<i>Blood Derivatives</i>		
ARALAST NP INJ 1000MG	4	PA (aralast) LA
ARALAST NP INJ 500MG	4	PA (aralast) LA
PROLASTIN-C INJ 1000MG/20ML	4	PA (zemaira/prolastin) 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
PROLASTIN-C INJ 1000MG	4	PA (zemaira/prolastin) LA
ZEMAIRA INJ 1000MG	4	PA (zemaira/prolastin) LA
ZEMAIRA INJ 4000MG	4	PA (zemaira/prolastin) LA
ZEMAIRA INJ 5000MG	4	PA (zemaira/prolastin) LA
Blood Formation,Coagulation & Thrombosis Agents		
<i>Antihemorrhagic Agents</i>		
<i>tranexamic acid inj 1000mg/10ml</i>	1	
<i>tranexamic acid tabs 650mg</i>	1	
<i>Antithrombotic Agents</i>		
<i>anagrelide hydrochloride caps 0.5mg</i>	1	MO
<i>anagrelide hydrochloride caps 1mg</i>	1	MO
<i>argatroban inj 250mg/2.5ml</i>	4	
<i>aspirin/dipyridamole er cp12 25mg; 200mg</i>	1	MO
<i>aspirin/dipyridamole cp12 25mg; 200mg</i>	1	MO
BRILINTA TABS 60MG	2	QL (2 EA per 1 days) MO
BRILINTA TABS 90MG	2	QL (2 EA per 1 days) MO
CABLIVI INJ 11MG	4	QL (1 EA per 1 days) PA (CABLIVI)
<i>cilostazol tabs 100mg</i>	1	MO
<i>cilostazol tabs 50mg</i>	1	MO
<i>clopidogrel tabs 75mg</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>dabigatran etexilate caps 110mg</i>	1	QL (2 EA per 1 days) MO
<i>dabigatran etexilate caps 150mg</i>	1	QL (2 EA per 1 days) MO
<i>dabigatran etexilate caps 75mg</i>	1	QL (2 EA per 1 days) MO
ELIQUIS STARTER PACK TBPK 5MG	2	QL (74 EA per 180 days) MO
ELIQUIS TABS 2.5MG	2	QL (2 EA per 1 days) MO
ELIQUIS TABS 5MG	2	QL (4 EA per 1 days) MO
<i>enoxaparin sodium inj 100mg/ml</i>	1	
<i>enoxaparin sodium inj 120mg/0.8ml</i>	1	
<i>enoxaparin sodium inj 150mg/ml</i>	1	
<i>enoxaparin sodium inj 300mg/3ml</i>	1	
<i>enoxaparin sodium inj 30mg/0.3ml</i>	1	
<i>enoxaparin sodium inj 40mg/0.4ml</i>	1	
<i>enoxaparin sodium inj 60mg/0.6ml</i>	1	
<i>enoxaparin sodium inj 80mg/0.8ml</i>	1	
<i>fondaparinux sodium inj 10mg/0.8ml</i>	4	QL (0.8 ML per 1 days)
<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)
HEPARIN SODIUM/D5W INJ 5%; 100UNIT/ML	1	
HEPARIN SODIUM/D5W INJ 5%; 25000UNIT/500ML	1	
HEPARIN SODIUM/D5W INJ 5%; 40UNIT/ML	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
HEPARIN SODIUM/DEXTROSE INJ 5%; 25000UNIT/250ML	1	
HEPARIN SODIUM/DEXTROSE INJ 5%; 25000UNIT/500ML	1	
<i>heparin sodium/nacl 0.45% inj 12500unit/250ml; 0.45%</i>	1	
<i>heparin sodium/nacl 0.45% inj 25000unit/250ml; 0.45%</i>	1	
<i>heparin sodium/sodium chloride 0.9% premix inj 1000unit/500ml; 0.9%</i>	1	
<i>heparin sodium/sodium chloride 0.9% premix inj 2000unit/l; 0.9%</i>	1	
<i>heparin sodium/sodium chloride 0.9% inj 1000unit/500ml; 0.9%</i>	1	
<i>heparin sodium/sodium chloride 0.9% inj 2000unit/l; 0.9%</i>	1	
<i>heparin sodium/sodium chloride inj 25000unit/250ml; 0.45%</i>	1	
<i>heparin sodium/sodium chloride inj 25000unit/500ml; 0.45%</i>	1	
<i>heparin sodium inj 10000unit/ml</i>	1	
<i>heparin sodium inj 1000unit/ml</i>	1	
<i>heparin sodium inj 1000unit/ml</i>	1	
<i>heparin sodium inj 20000unit/ml</i>	1	
<i>heparin sodium inj 5000unit/0.5ml</i>	1	
<i>heparin sodium inj 5000unit/ml</i>	1	
<i>heparin sodium inj 5000unit/ml</i>	1	
<i>jantoven tabs 10mg</i>	1	MO
<i>jantoven tabs 1mg</i>	1	MO
<i>jantoven tabs 2.5mg</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>jantoven tabs 2mg</i>	1	MO
<i>jantoven tabs 3mg</i>	1	MO
<i>jantoven tabs 4mg</i>	1	MO
<i>jantoven tabs 5mg</i>	1	MO
<i>jantoven tabs 6mg</i>	1	MO
<i>jantoven tabs 7.5mg</i>	1	MO
<i>prasugrel hydrochloride tabs 10mg</i>	1	QL (1 EA per 1 days) MO
<i>prasugrel hydrochloride tabs 5mg</i>	1	QL (1 EA per 1 days) MO
<i>warfarin sodium tabs 10mg</i>	1	MO
<i>warfarin sodium tabs 1mg</i>	1	MO
<i>warfarin sodium tabs 2.5mg</i>	1	MO
<i>warfarin sodium tabs 2mg</i>	1	MO
<i>warfarin sodium tabs 3mg</i>	1	MO
<i>warfarin sodium tabs 4mg</i>	1	MO
<i>warfarin sodium tabs 5mg</i>	1	MO
<i>warfarin sodium tabs 6mg</i>	1	MO
<i>warfarin sodium tabs 7.5mg</i>	1	MO
XARELTO STARTER PACK TBPK 0	2	QL (51 EA per 180 days)
XARELTO SUSR 1MG/ML	4	PA (Xarelto Suspension) MO
XARELTO TABS 10MG	2	QL (1 EA per 1 days) MO
XARELTO TABS 15MG	2	MO
XARELTO TABS 2.5MG	2	QL (2 EA per 1 days) MO
XARELTO TABS 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
<i>Blood Formation, Coagulation, and Thrombosis Agents, Misc.</i>		
OXBRYTA TABS 300MG	4	QL (3 EA per 1 days) PA (Oxbryta) MO
OXBRYTA TABS 500MG	4	QL (3 EA per 1 days) PA (Oxbryta)
OXBRYTA TBSO 300MG	4	QL (5 EA per 1 days) PA (Oxbryta)
PYRUKYND TAPER PACK TBPK 0	4	QL (14 EA per 180 days) PA (Pyrukynd)
PYRUKYND TAPER PACK TBPK 0	4	QL (14 EA per 180 days) PA (Pyrukynd)
PYRUKYND TAPER PACK TBPK 5MG	4	QL (7 EA per 180 days) PA (Pyrukynd)
PYRUKYND TABS 20MG	4	QL (2 EA per 1 days) PA (Pyrukynd)
PYRUKYND TABS 50MG	4	QL (2 EA per 1 days) PA (Pyrukynd)
PYRUKYND TABS 5MG	4	QL (2 EA per 1 days) PA (Pyrukynd)
TAVALISSE TABS 100MG	4	QL (2 EA per 1 days) PA (Tavalisse) MO
TAVALISSE TABS 150MG	4	QL (2 EA per 1 days) PA (Tavalisse) MO
<i>Hematopoietic Agents</i>		
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML	4	PA (erythropoiesis-stimulating agents)
ARANESP ALBUMIN FREE INJ 100MCG/ML	4	PA (erythropoiesis-stimulating 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
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML	3	PA (erythropoiesis-stimulating agents)
ARANESP ALBUMIN FREE INJ 150MCG/0.3ML	4	PA (erythropoiesis-stimulating agents)
ARANESP ALBUMIN FREE INJ 200MCG/0.4ML	4	PA (erythropoiesis-stimulating agents)
ARANESP ALBUMIN FREE INJ 200MCG/ML	4	PA (erythropoiesis-stimulating agents)
ARANESP ALBUMIN FREE INJ 25MCG/0.42ML	3	PA (erythropoiesis-stimulating agents)
ARANESP ALBUMIN FREE INJ 25MCG/ML	3	PA (erythropoiesis-stimulating agents)
ARANESP ALBUMIN FREE INJ 300MCG/0.6ML	4	PA (erythropoiesis-stimulating agents)
ARANESP ALBUMIN FREE INJ 40MCG/0.4ML	3	PA (erythropoiesis-stimulating agents)
ARANESP ALBUMIN FREE INJ 40MCG/ML	3	PA (erythropoiesis-stimulating agents)
ARANESP ALBUMIN FREE INJ 500MCG/ML	4	PA (erythropoiesis-stimulating agents)
ARANESP ALBUMIN FREE INJ 60MCG/0.3ML	4	PA (erythropoiesis-stimulating agents)
ARANESP ALBUMIN FREE INJ 60MCG/ML	2	PA (erythropoiesis-stimulating agents)
DOPTELET TABS 20MG	4	QL (3 EA per 1 days) PA (Doptelet)
DOPTELET TABS 20MG	4	QL (3 EA per 1 days) PA (Doptelet)
DOPTELET TABS 20MG	4	QL (3 EA per 1 days) PA (Doptelet)

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
FULPHILA INJ 6MG/0.6ML	4	PA (colony stimulating factors)
FYLNETRA INJ 6MG/0.6ML	4	PA (colony stimulating factors)
GRANIX INJ 300MCG/0.5ML	4	PA (colony stimulating factors)
GRANIX INJ 300MCG/ML	4	PA (colony stimulating factors)
GRANIX INJ 480MCG/0.8ML	4	PA (colony stimulating factors)
GRANIX INJ 480MCG/1.6ML	4	PA (colony stimulating factors)
LEUKINE INJ 250MCG	4	PA (colony stimulating factors)
MULPLETA TABS 3MG	4	QL (1 EA per 1 days) PA (Mulpleta)
NEULASTA INJ 6MG/0.6ML	4	PA (colony stimulating factors)
NYVEPRIA INJ 6MG/0.6ML	4	PA (colony stimulating factors)
<i>plerixafor inj 24mg/1.2ml</i>	4	PA (Plerixafor)
PROCRIT INJ 10000UNIT/ML	3	PA (erythropoiesis-stimulating agents)
PROCRIT INJ 20000UNIT/ML	4	PA (erythropoiesis-stimulating agents)
PROCRIT INJ 2000UNIT/ML	3	PA (erythropoiesis-stimulating agents)
PROCRIT INJ 3000UNIT/ML	3	PA (erythropoiesis-stimulating 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
PROCRIT INJ 40000UNIT/ML	4	PA (erythropoiesis-stimulating agents)
PROCRIT INJ 4000UNIT/ML	3	PA (erythropoiesis-stimulating agents)
PROMACTA PACK 12.5MG	4	QL (6 EA per 1 days) PA (promacta) LA MO
PROMACTA PACK 25MG	4	QL (6 EA per 1 days) PA (promacta) LA MO
PROMACTA TABS 12.5MG	4	QL (1 EA per 1 days) PA (promacta) LA MO
PROMACTA TABS 25MG	4	QL (1 EA per 1 days) PA (promacta) LA MO
PROMACTA TABS 50MG	4	QL (2 EA per 1 days) PA (promacta) LA MO
PROMACTA TABS 75MG	4	QL (2 EA per 1 days) PA (promacta) LA MO
RETACRIT INJ 10000UNIT/ML	3	PA (erythropoiesis-stimulating agents)
RETACRIT INJ 20000UNIT/2ML	3	PA (erythropoiesis-stimulating agents)
RETACRIT INJ 20000UNIT/ML	3	PA (erythropoiesis-stimulating agents)
RETACRIT INJ 2000UNIT/ML	3	PA (erythropoiesis-stimulating agents)
RETACRIT INJ 3000UNIT/ML	3	PA (erythropoiesis-stimulating agents)
RETACRIT INJ 40000UNIT/ML	4	PA (erythropoiesis-stimulating agents)
RETACRIT INJ 4000UNIT/ML	3	PA (erythropoiesis-stimulating 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
ROLVEDON INJ 13.2MG/0.6ML	4	PA (colony stimulating factors)
STIMUFEND INJ 6MG/0.6ML	4	PA (colony stimulating factors)
UDENYCA ONBODY INJ 6MG/0.6ML	4	PA (colony stimulating factors)
UDENYCA INJ 6MG/0.6ML	4	PA (colony stimulating factors)
UDENYCA INJ 6MG/0.6ML	4	PA (colony stimulating factors)
XOLREMDI CAPS 100MG	4	QL (120 EA per 30 days) PA (Xolremdi)
ZARXIO INJ 300MCG/0.5ML	4	PA (colony stimulating factors)
ZARXIO INJ 480MCG/0.8ML	4	PA (colony stimulating factors)
ZIEXTENZO INJ 6MG/0.6ML	4	PA (colony stimulating factors)
<i>Hemorrhologic Agents</i>		
<i>pentoxifylline er tbc</i> 400mg	1	MO
Cardiovascular Drugs		
<i>alpha-Adrenergic Blocking Agents</i>		
<i>acebutolol hydrochloride caps</i> 200mg	1	MO
<i>acebutolol hydrochloride caps</i> 400mg	1	MO
<i>atenolol/chlorthalidone tabs</i> 100mg; 25mg	1	MO
<i>atenolol/chlorthalidone tabs</i> 50mg; 25mg	1	MO
<i>atenolol tabs</i> 100mg	1	MO
<i>atenolol tabs</i> 25mg	1	MO
<i>atenolol tabs</i> 50mg	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>bisoprolol fumarate/hydrochlorothiazide tabs 10mg; 6.25mg</i>	1	MO
<i>bisoprolol fumarate/hydrochlorothiazide tabs 2.5mg; 6.25mg</i>	1	MO
<i>bisoprolol fumarate/hydrochlorothiazide tabs 5mg; 6.25mg</i>	1	MO
<i>bisoprolol fumarate tabs 10mg</i>	1	MO
<i>bisoprolol fumarate tabs 5mg</i>	1	MO
<i>carvedilol tabs 12.5mg</i>	1	MO
<i>carvedilol tabs 25mg</i>	1	MO
<i>carvedilol tabs 3.125mg</i>	1	MO
<i>carvedilol tabs 6.25mg</i>	1	MO
<i>labetalol hydrochloride inj 10mg/2ml</i>	1	
<i>labetalol hydrochloride inj 5mg/ml</i>	1	
<i>labetalol hydrochloride tabs 100mg</i>	1	MO
<i>labetalol hydrochloride tabs 200mg</i>	1	MO
<i>labetalol hydrochloride tabs 300mg</i>	1	MO
<i>metoprolol succinate er tb24 100mg</i>	1	MO
<i>metoprolol succinate er tb24 200mg</i>	1	MO
<i>metoprolol succinate er tb24 25mg</i>	1	MO
<i>metoprolol succinate er tb24 50mg</i>	1	MO
<i>metoprolol tartrate inj 5mg/5ml</i>	1	
<i>metoprolol tartrate tabs 100mg</i>	1	MO
<i>metoprolol tartrate tabs 25mg</i>	1	MO
<i>metoprolol tartrate tabs 37.5mg</i>	1	MO
<i>metoprolol tartrate tabs 50mg</i>	1	MO
<i>metoprolol tartrate tabs 75mg</i>	1	MO
<i>metoprolol/hydrochlorothiazide tabs 25mg; 100mg</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/hydrochlorothiazide tabs 25mg; 50mg</i>	1	MO
<i>metoprolol/hydrochlorothiazide tabs 50mg; 100mg</i>	1	MO
<i>nebivolol hydrochloride tabs 10mg</i>	1	QL (3 EA per 1 days) MO
<i>nebivolol hydrochloride tabs 2.5mg</i>	1	QL (5 EA per 1 days) MO
<i>nebivolol hydrochloride tabs 20mg</i>	1	QL (2 EA per 1 days) MO
<i>nebivolol hydrochloride tabs 5mg</i>	1	QL (2 EA per 1 days) MO
<i>pindolol tabs 10mg</i>	1	MO
<i>pindolol tabs 5mg</i>	1	MO
<i>propranolol hcl soln 40mg/5ml</i>	1	MO
<i>propranolol hcl tabs 40mg</i>	1	MO
<i>propranolol hcl tabs 60mg</i>	1	MO
<i>propranolol hydrochloride er cp24 120mg</i>	1	MO
<i>propranolol hydrochloride er cp24 160mg</i>	1	MO
<i>propranolol hydrochloride er cp24 60mg</i>	1	MO
<i>propranolol hydrochloride er cp24 80mg</i>	1	MO
<i>propranolol hydrochloride soln 20mg/5ml</i>	1	MO
<i>propranolol hydrochloride tabs 10mg</i>	1	MO
<i>propranolol hydrochloride tabs 20mg</i>	1	MO
<i>propranolol hydrochloride tabs 40mg</i>	1	MO
<i>propranolol hydrochloride tabs 60mg</i>	1	MO
<i>propranolol hydrochloride tabs 80mg</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>sorine tabs 120mg</i>	1	MO
<i>sorine tabs 160mg</i>	1	MO
<i>sorine tabs 240mg</i>	1	MO
<i>sorine tabs 80mg</i>	1	MO
<i>sotalol hcl (af) tabs 120mg</i>	1	MO
<i>sotalol hcl (af) tabs 80mg</i>	1	MO
<i>sotalol hcl af tabs 160mg</i>	1	MO
<i>sotalol hcl tabs 120mg</i>	1	MO
<i>sotalol hcl tabs 160mg</i>	1	MO
<i>sotalol hcl tabs 240mg</i>	1	MO
<i>sotalol hydrochloride (af) tabs 120mg</i>	1	MO
<i>sotalol hydrochloride (af) tabs 160mg</i>	1	MO
<i>sotalol hydrochloride (af) tabs 80mg</i>	1	MO
<i>sotalol hydrochloride af tabs 160mg</i>	1	MO
<i>sotalol hydrochloride tabs 120mg</i>	1	MO
<i>sotalol hydrochloride tabs 160mg</i>	1	MO
<i>sotalol hydrochloride tabs 240mg</i>	1	MO
<i>sotalol hydrochloride tabs 80mg</i>	1	MO
SOTYLIZE SOLN 5MG/ML	3	PA (Sotylyze) MO
<i>timolol maleate tabs 10mg</i>	1	MO
<i>timolol maleate tabs 20mg</i>	1	MO
<i>timolol maleate tabs 5mg</i>	1	MO
<i>Antilipemic Agents</i>		
<i>atorvastatin calcium tabs 10mg</i>	1	QL (1 EA per 1 days) MO
<i>atorvastatin calcium tabs 20mg</i>	1	QL (1 EA per 1 days) MO
<i>atorvastatin calcium tabs 40mg</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>atorvastatin calcium tabs 80mg</i>	1	QL (1 EA per 1 days) MO
<i>cholestyramine light pack 4gm</i>	1	MO
<i>cholestyramine light powd 4gm/dose</i>	1	MO
<i>cholestyramine pack 4gm</i>	1	MO
<i>cholestyramine powd 4gm/dose</i>	1	MO
<i>colesevelam hydrochloride pack 3.75gm</i>	1	MO
<i>colesevelam hydrochloride tabs 625mg</i>	1	MO
<i>colestipol hcl gran 5gm</i>	1	MO
<i>colestipol hcl pack 5gm</i>	1	MO
<i>colestipol hcl tabs 1gm</i>	1	MO
<i>colestipol hydrochloride tabs 1gm</i>	1	MO
<i>ezetimibe/simvastatin tabs 10mg; 10mg</i>	1	QL (1 EA per 1 days) MO
<i>ezetimibe/simvastatin tabs 10mg; 20mg</i>	1	QL (1 EA per 1 days) MO
<i>ezetimibe/simvastatin tabs 10mg; 40mg</i>	1	QL (1 EA per 1 days) MO
<i>ezetimibe/simvastatin tabs 10mg; 80mg</i>	1	QL (1 EA per 1 days) MO
<i>ezetimibe tabs 10mg</i>	1	QL (1 EA per 1 days) MO
<i>fenofibrate micronized caps 134mg</i>	1	MO
<i>fenofibrate micronized caps 200mg</i>	1	MO
<i>fenofibrate micronized caps 67mg</i>	1	MO
<i>fenofibrate caps 130mg</i>	1	MO
<i>fenofibrate caps 134mg</i>	1	MO
<i>fenofibrate caps 200mg</i>	1	MO
<i>fenofibrate caps 43mg</i>	1	MO
<i>fenofibrate caps 67mg</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>fenofibrate tabs 145mg</i>	1	MO
<i>fenofibrate tabs 160mg</i>	1	MO
<i>fenofibrate tabs 48mg</i>	1	MO
<i>fenofibrate tabs 54mg</i>	1	MO
<i>fenofibric acid dr cpdr 135mg</i>	1	MO
<i>fenofibric acid dr cpdr 45mg</i>	1	MO
<i>gemfibrozil tabs 600mg</i>	1	MO
<i>icosapent ethyl caps 0.5gm</i>	1	QL (8 EA per 1 days) MO
<i>icosapent ethyl caps 1gm</i>	1	QL (4 EA per 1 days) MO
JUXTAPID CAPS 10MG	4	QL (2 EA per 1 days) PA (juxtapid) MO
JUXTAPID CAPS 20MG	4	QL (2 EA per 1 days) PA (juxtapid) MO
JUXTAPID CAPS 30MG	4	QL (2 EA per 1 days) PA (juxtapid) MO
JUXTAPID CAPS 5MG	4	QL (2 EA per 1 days) PA (juxtapid) MO
<i>lovastatin tabs 10mg</i>	1	MO
<i>lovastatin tabs 20mg</i>	1	MO
<i>lovastatin tabs 40mg</i>	1	MO
<i>niacin er tbc 1000mg</i>	1	MO
<i>niacin er tbc 500mg</i>	1	MO
<i>niacin er tbc 750mg</i>	1	MO
<i>omega-3-acid ethyl esters caps 375mg; 465mg; 1gm</i>	1	MO
PRALUENT INJ 150MG/ML	2	QL (2 ML per 28 days) PA (Praluent) 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
PRALUENT INJ 75MG/ML	2	QL (2 ML per 28 days) PA (Praluent) MO
<i>pravastatin sodium tabs 10mg</i>	1	MO
<i>pravastatin sodium tabs 20mg</i>	1	MO
<i>pravastatin sodium tabs 40mg</i>	1	MO
<i>pravastatin sodium tabs 80mg</i>	1	MO
<i>prevalite pack 4gm</i>	1	MO
<i>prevalite powd 4gm/dose</i>	1	MO
REPATHA PUSHTRONEX SYSTEM INJ 420MG/3.5ML	2	QL (3.5 ML per 30 days) PA (Repatha) MO
REPATHA SURECLICK INJ 140MG/ML	2	QL (3 ML per 30 days) PA (Repatha) MO
REPATHA INJ 140MG/ML	2	QL (3 ML per 30 days) PA (Repatha) MO
<i>rosuvastatin calcium tabs 10mg</i>	1	MO
<i>rosuvastatin calcium tabs 20mg</i>	1	MO
<i>rosuvastatin calcium tabs 40mg</i>	1	MO
<i>rosuvastatin calcium tabs 5mg</i>	1	MO
<i>simvastatin tabs 10mg</i>	1	MO
<i>simvastatin tabs 20mg</i>	1	MO
<i>simvastatin tabs 40mg</i>	1	MO
<i>simvastatin tabs 5mg</i>	1	MO
<i>simvastatin tabs 80mg</i>	1	MO
TRYNGOLZA INJ 80MG/0.8ML	4	QL (0.8 ML per 28 days) PA (Tryngolza)
<i>beta-Adrenergic Blocking Agents</i>		
<i>clonidine hydrochloride tabs 0.1mg</i>	1	MO
<i>clonidine hydrochloride tabs 0.2mg</i>	1	MO
<i>clonidine hydrochloride tabs 0.3mg</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>clonidine ptwk 0.1mg/24hr</i>	1	MO
<i>clonidine ptwk 0.2mg/24hr</i>	1	MO
<i>clonidine ptwk 0.3mg/24hr</i>	1	MO
<i>guanfacine hydrochloride tabs 1mg</i>	1	MO
<i>guanfacine hydrochloride tabs 2mg</i>	1	MO
<i>methyldopa tabs 250mg</i>	1	MO
<i>methyldopa tabs 500mg</i>	1	MO
Calcium-Channel Blocking Agents		
<i>amlodipine besylate/atorvastatin calcium tabs 10mg; 10mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate/atorvastatin calcium tabs 10mg; 20mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate/atorvastatin calcium tabs 10mg; 40mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate/atorvastatin calcium tabs 10mg; 80mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate/atorvastatin calcium tabs 2.5mg; 10mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate/atorvastatin calcium tabs 2.5mg; 20mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate/atorvastatin calcium tabs 2.5mg; 40mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate/atorvastatin calcium tabs 5mg; 10mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate/atorvastatin calcium tabs 5mg; 20mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate/atorvastatin calcium tabs 5mg; 40mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate/atorvastatin calcium tabs 5mg; 80mg</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>amlodipine besylate/benazepril hcl caps 10mg; 40mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate/benazepril hcl caps 5mg; 40mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate/benazepril hydrochloride caps 10mg; 20mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate/benazepril hydrochloride caps 10mg; 40mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate/benazepril hydrochloride caps 2.5mg; 10mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate/benazepril hydrochloride caps 5mg; 10mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate/benazepril hydrochloride caps 5mg; 20mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate/benazepril hydrochloride caps 5mg; 40mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate/valsartan tabs 10mg; 160mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate/valsartan tabs 10mg; 320mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate/valsartan tabs 5mg; 160mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate/valsartan tabs 5mg; 320mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate tabs 10mg</i>	1	MO
<i>amlodipine besylate tabs 2.5mg</i>	1	MO
<i>amlodipine besylate tabs 5mg</i>	1	MO
<i>amlodipine/olmesartan medoxomil tabs 10mg; 20mg</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>amlodipine/olmesartan medoxomil tabs 10mg; 40mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine/olmesartan medoxomil tabs 5mg; 20mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine/olmesartan medoxomil tabs 5mg; 40mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine/valsartan/hydrochlorothiazid e tabs 10mg; 12.5mg; 160mg</i>	1	MO
<i>amlodipine/valsartan/hydrochlorothiazid e tabs 10mg; 25mg; 160mg</i>	1	MO
<i>amlodipine/valsartan/hydrochlorothiazid e tabs 10mg; 25mg; 320mg</i>	1	MO
<i>amlodipine/valsartan/hydrochlorothiazid e tabs 5mg; 12.5mg; 160mg</i>	1	MO
<i>amlodipine/valsartan/hydrochlorothiazid e tabs 5mg; 25mg; 160mg</i>	1	MO
<i>cartia xt cp24 120mg</i>	1	MO
<i>cartia xt cp24 180mg</i>	1	MO
<i>cartia xt cp24 240mg</i>	1	MO
<i>cartia xt cp24 300mg</i>	1	MO
<i>dilt-xr cp24 120mg</i>	1	MO
<i>dilt-xr cp24 180mg</i>	1	MO
<i>dilt-xr cp24 240mg</i>	1	MO
<i>diltiazem hcl cd cp24 360mg</i>	1	MO
<i>diltiazem hcl er cp12 120mg</i>	1	MO
<i>diltiazem hcl er cp12 60mg</i>	1	MO
<i>diltiazem hcl er cp12 90mg</i>	1	MO
<i>diltiazem hcl er cp24 120mg</i>	1	MO
<i>diltiazem hcl er cp24 180mg</i>	1	MO
<i>diltiazem hcl er cp24 240mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl er cp24 300mg</i>	1	MO
<i>diltiazem hcl er cp24 420mg</i>	1	MO
<i>diltiazem hcl er tb24 240mg</i>	1	MO
<i>diltiazem hcl er tb24 300mg</i>	1	MO
<i>diltiazem hcl er tb24 360mg</i>	1	MO
<i>diltiazem hcl er tb24 420mg</i>	1	MO
<i>diltiazem hcl inj 100mg</i>	1	
<i>diltiazem hcl inj 25mg/5ml</i>	1	MO
<i>diltiazem hcl inj 50mg/10ml</i>	1	
<i>diltiazem hcl tabs 30mg</i>	1	MO
<i>diltiazem hcl tabs 60mg</i>	1	MO
<i>diltiazem hydrochloride er cp24 120mg</i>	1	MO
<i>diltiazem hydrochloride er cp24 120mg</i>	1	MO
<i>diltiazem hydrochloride er cp24 180mg</i>	1	MO
<i>diltiazem hydrochloride er cp24 180mg</i>	1	MO
<i>diltiazem hydrochloride er cp24 240mg</i>	1	MO
<i>diltiazem hydrochloride er cp24 240mg</i>	1	MO
<i>diltiazem hydrochloride er cp24 300mg</i>	1	MO
<i>diltiazem hydrochloride er cp24 300mg</i>	1	MO
<i>diltiazem hydrochloride er cp24 360mg</i>	1	MO
<i>diltiazem hydrochloride er cp24 360mg</i>	1	MO
<i>diltiazem hydrochloride er tb24 120mg</i>	1	MO
<i>diltiazem hydrochloride er tb24 180mg</i>	1	MO
<i>diltiazem hydrochloride er tb24 240mg</i>	1	MO
<i>diltiazem hydrochloride er tb24 300mg</i>	1	MO
<i>diltiazem hydrochloride er tb24 360mg</i>	1	MO
<i>diltiazem hydrochloride inj 125mg/25ml</i>	1	
<i>diltiazem hydrochloride inj 25mg/5ml</i>	1	
<i>diltiazem hydrochloride tabs 120mg</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 tabs 30mg</i>	1	MO
<i>diltiazem hydrochloride tabs 60mg</i>	1	MO
<i>diltiazem hydrochloride tabs 90mg</i>	1	MO
<i>diltzac cp24 300mg</i>	1	MO
<i>felodipine er tb24 10mg</i>	1	MO
<i>felodipine er tb24 2.5mg</i>	1	MO
<i>felodipine er tb24 5mg</i>	1	MO
<i>matzim la tb24 180mg</i>	1	MO
<i>matzim la tb24 240mg</i>	1	MO
<i>matzim la tb24 300mg</i>	1	MO
<i>matzim la tb24 360mg</i>	1	MO
<i>matzim la tb24 420mg</i>	1	MO
<i>nicardipine hcl caps 20mg</i>	1	MO
<i>nicardipine hcl caps 30mg</i>	1	MO
<i>nicardipine hydrochloride caps 20mg</i>	1	MO
<i>nicardipine hydrochloride caps 30mg</i>	1	MO
<i>nicardipine hydrochloride inj 2.5mg/ml</i>	1	
<i>nifedipine er tb24 30mg</i>	1	MO
<i>nifedipine er tb24 30mg</i>	1	MO
<i>nifedipine er tb24 60mg</i>	1	MO
<i>nifedipine er tb24 60mg</i>	1	MO
<i>nifedipine er tb24 90mg</i>	1	MO
<i>nifedipine er tb24 90mg</i>	1	MO
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tabs 10mg; 12.5mg; 40mg</i>	1	QL (1 EA per 1 days) MO
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tabs 10mg; 25mg; 40mg</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>olmesartan medoxomil/amlodipine/hydrochlorothiazide tabs 5mg; 12.5mg; 20mg</i>	1	QL (1 EA per 1 days) MO
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tabs 5mg; 12.5mg; 40mg</i>	1	QL (1 EA per 1 days) MO
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tabs 5mg; 25mg; 40mg</i>	1	QL (1 EA per 1 days) MO
<i>taztia xt cp24 120mg</i>	1	MO
<i>taztia xt cp24 180mg</i>	1	MO
<i>taztia xt cp24 240mg</i>	1	MO
<i>taztia xt cp24 300mg</i>	1	MO
<i>taztia xt cp24 360mg</i>	1	MO
<i>telmisartan/amlodipine tabs 10mg; 40mg</i>	1	QL (1 EA per 1 days) MO
<i>telmisartan/amlodipine tabs 10mg; 80mg</i>	1	QL (1 EA per 1 days) MO
<i>telmisartan/amlodipine tabs 5mg; 40mg</i>	1	QL (1 EA per 1 days) MO
<i>telmisartan/amlodipine tabs 5mg; 80mg</i>	1	QL (1 EA per 1 days) MO
<i>tiadytl er cp24 120mg</i>	1	MO
<i>tiadytl er cp24 180mg</i>	1	MO
<i>tiadytl er cp24 240mg</i>	1	MO
<i>tiadytl er cp24 300mg</i>	1	MO
<i>tiadytl er cp24 360mg</i>	1	MO
<i>tiadytl er cp24 420mg</i>	1	MO
<i>verapamil hcl er cp24 100mg</i>	1	MO
<i>verapamil hcl er cp24 120mg</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 hcl er cp24 180mg</i>	1	MO
<i>verapamil hcl er cp24 240mg</i>	1	MO
<i>verapamil hcl er cp24 300mg</i>	1	MO
<i>verapamil hcl er tbcr 120mg</i>	1	MO
<i>verapamil hcl sr cp24 120mg</i>	1	MO
<i>verapamil hcl sr cp24 180mg</i>	1	MO
<i>verapamil hcl sr cp24 240mg</i>	1	MO
<i>verapamil hcl sr cp24 360mg</i>	1	MO
<i>verapamil hcl tabs 40mg</i>	1	MO
<i>verapamil hcl tabs 80mg</i>	1	MO
<i>verapamil hydrochloride er cp24 200mg</i>	1	MO
<i>verapamil hydrochloride er tbcr 180mg</i>	1	MO
<i>verapamil hydrochloride er tbcr 240mg</i>	1	MO
<i>verapamil hydrochloride inj 2.5mg/ml</i>	1	
<i>verapamil hydrochloride tabs 120mg</i>	1	MO
Cardiac Drugs		
<i>amiodarone hcl tabs 400mg</i>	1	MO
<i>amiodarone hydrochloride inj 150mg/3ml</i>	1	
<i>amiodarone hydrochloride inj 150mg/3ml</i>	1	
<i>amiodarone hydrochloride inj 450mg/9ml</i>	1	
<i>amiodarone hydrochloride inj 50mg/ml</i>	1	
<i>amiodarone hydrochloride inj 50mg/ml</i>	1	
<i>amiodarone hydrochloride inj 900mg/18ml</i>	1	
<i>amiodarone hydrochloride inj 900mg/18ml</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>amiodarone hydrochloride tabs 100mg</i>	1	MO
<i>amiodarone hydrochloride tabs 200mg</i>	1	MO
<i>amiodarone hydrochloride tabs 400mg</i>	1	MO
ATTRUBY TBPK 356MG	4	QL (4 EA per 1 days) PA (Attruby)
CAMZYOS CAPS 10MG	4	QL (1 EA per 1 days) PA (Camzyos)
CAMZYOS CAPS 15MG	4	QL (1 EA per 1 days) PA (Camzyos)
CAMZYOS CAPS 2.5MG	4	QL (1 EA per 1 days) PA (Camzyos)
CAMZYOS CAPS 5MG	4	QL (1 EA per 1 days) PA (Camzyos)
CORLANOR SOLN 5MG/5ML	3	PA (Corlanor) MO
<i>digitek tabs 0.125mg</i>	1	MO
<i>digitek tabs 0.25mg</i>	1	MO
<i>digoxin inj 0.25mg/ml</i>	1	
<i>digoxin soln 0.05mg/ml</i>	1	MO
<i>digoxin tabs 125mcg</i>	1	MO
<i>digoxin tabs 250mcg</i>	1	MO
<i>disopyramide phosphate caps 100mg</i>	1	MO
<i>disopyramide phosphate caps 150mg</i>	1	MO
<i>dofetilide caps 125mcg</i>	1	MO
<i>dofetilide caps 250mcg</i>	1	MO
<i>dofetilide caps 500mcg</i>	1	MO
<i>flecainide acetate tabs 100mg</i>	1	MO
<i>flecainide acetate tabs 150mg</i>	1	MO
<i>flecainide acetate tabs 50mg</i>	1	MO
<i>ivabradine hydrochloride tabs 5mg</i>	1	QL (2 EA per 1 days) PA (Corlanor)

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>ivabradine hydrochloride tabs 7.5mg</i>	1	QL (2 EA per 1 days) PA (Corlanor)
<i>lidocaine hcl in d5w inj 5%; 4mg/ml</i>	1	
<i>lidocaine hcl in d5w inj 5%; 8mg/ml</i>	1	
<i>lidocaine hcl/dextrose inj 5%; 4mg/ml</i>	1	
<i>lidocaine hcl/dextrose inj 5%; 8mg/ml</i>	1	
<i>lidocaine hcl inj 100mg/5ml</i>	1	
<i>lidocaine hcl inj 100mg/5ml</i>	1	
<i>lidocaine hcl inj 50mg/5ml</i>	1	
<i>lidocaine hcl inj 50mg/5ml</i>	1	
<i>mexiletine hydrochloride caps 150mg</i>	1	MO
<i>mexiletine hydrochloride caps 200mg</i>	1	MO
<i>mexiletine hydrochloride caps 250mg</i>	1	MO
MULTAQ TABS 400MG	2	PA (Multaq) MO
NORPACE CR CP12 100MG	3	MO
NORPACE CR CP12 150MG	3	MO
<i>pacerone tabs 100mg</i>	1	MO
<i>pacerone tabs 200mg</i>	1	MO
<i>pacerone tabs 400mg</i>	1	MO
<i>procainamide hydrochloride inj 100mg/ml</i>	1	
<i>procainamide hydrochloride inj 500mg/ml</i>	1	
<i>propafenone hcl tabs 150mg</i>	1	MO
<i>propafenone hcl tabs 225mg</i>	1	MO
<i>propafenone hcl tabs 300mg</i>	1	MO
<i>propafenone hydrochloride tabs 150mg</i>	1	MO
<i>propafenone hydrochloride tabs 225mg</i>	1	MO
<i>propafenone hydrochloride tabs 300mg</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>quinidine gluconate cr tbc</i> 324mg	1	MO
<i>quinidine gluconate er tbc</i> 324mg	1	MO
<i>quinidine sulfate tabs</i> 200mg	1	MO
<i>quinidine sulfate tabs</i> 300mg	1	MO
<i>ranolazine er tb</i> 12 1000mg	1	MO
<i>ranolazine er tb</i> 12 500mg	1	MO
VYNDAMAX CAPS 61MG	4	QL (1 EA per 1 days) PA (VYNDAQEL)
VYNDAQEL CAPS 20MG	4	QL (4 EA per 1 days) PA (VYNDAQEL)
Diuretics		
<i>acetazolamide er cp</i> 12 500mg	1	MO
<i>acetazolamide sodium inj</i> 500mg	1	
<i>acetazolamide tabs</i> 125mg	1	MO
<i>acetazolamide tabs</i> 250mg	1	MO
<i>amiloride hcl tabs</i> 5mg	1	MO
<i>amiloride hydrochloride tabs</i> 5mg	1	MO
<i>bumetanide inj</i> 0.25mg/ml	1	
<i>bumetanide tabs</i> 0.5mg	1	MO
<i>bumetanide tabs</i> 1mg	1	MO
<i>bumetanide tabs</i> 2mg	1	MO
<i>chlorothiazide sodium inj</i> 500mg	1	
<i>chlorthalidone tabs</i> 25mg	1	MO
<i>chlorthalidone tabs</i> 50mg	1	MO
<i>dichlorphenamide tabs</i> 50mg	4	QL (4 EA per 1 days) PA (Keveyis)
<i>furosemide inj</i> 10mg/ml	1	
<i>furosemide soln</i> 10mg/ml	1	MO
<i>furosemide soln</i> 40mg/5ml	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>furosemide tabs 20mg</i>	1	MO
<i>furosemide tabs 40mg</i>	1	MO
<i>furosemide tabs 80mg</i>	1	MO
<i>hydrochlorothiazide caps 12.5mg</i>	1	MO
<i>hydrochlorothiazide tabs 12.5mg</i>	1	MO
<i>hydrochlorothiazide tabs 25mg</i>	1	MO
<i>hydrochlorothiazide tabs 50mg</i>	1	MO
<i>indapamide tabs 1.25mg</i>	1	MO
<i>indapamide tabs 2.5mg</i>	1	MO
<i>methazolamide tabs 25mg</i>	1	MO
<i>methazolamide tabs 50mg</i>	1	MO
<i>metolazone tabs 10mg</i>	1	MO
<i>metolazone tabs 2.5mg</i>	1	MO
<i>metolazone tabs 5mg</i>	1	MO
<i>spironolactone tabs 100mg</i>	1	MO
<i>spironolactone tabs 25mg</i>	1	MO
<i>spironolactone tabs 50mg</i>	1	MO
<i>toremide tabs 100mg</i>	1	MO
<i>toremide tabs 10mg</i>	1	MO
<i>toremide tabs 20mg</i>	1	MO
<i>toremide tabs 5mg</i>	1	MO
<i>Hypotensive Agents</i>		
<i>hydralazine hcl inj 20mg/ml</i>	1	
<i>hydralazine hydrochloride tabs 100mg</i>	1	MO
<i>hydralazine hydrochloride tabs 10mg</i>	1	MO
<i>hydralazine hydrochloride tabs 25mg</i>	1	MO
<i>hydralazine hydrochloride tabs 50mg</i>	1	MO
<i>isosorbide dinitrate tabs 10mg</i>	1	MO
<i>isosorbide dinitrate tabs 20mg</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 30mg</i>	1	MO
<i>isosorbide dinitrate tabs 40mg</i>	1	MO
<i>isosorbide dinitrate tabs 5mg</i>	1	MO
<i>isosorbide mononitrate er tb24 120mg</i>	1	MO
<i>isosorbide mononitrate er tb24 30mg</i>	1	MO
<i>isosorbide mononitrate er tb24 60mg</i>	1	MO
<i>isosorbide mononitrate tabs 10mg</i>	1	MO
<i>isosorbide mononitrate tabs 20mg</i>	1	MO
<i>minoxidil tabs 10mg</i>	1	MO
<i>minoxidil tabs 2.5mg</i>	1	MO
<i>nitroglycerin transdermal pt24 0.1mg/hr</i>	1	MO
<i>nitroglycerin transdermal pt24 0.2mg/hr</i>	1	MO
<i>nitroglycerin transdermal pt24 0.4mg/hr</i>	1	MO
<i>nitroglycerin transdermal pt24 0.6mg/hr</i>	1	MO
<i>nitroglycerin inj 5mg/ml</i>	1	
<i>nitroglycerin soln 0.4mg/spray</i>	1	MO
<i>nitroglycerin subl 0.3mg</i>	1	MO
<i>nitroglycerin subl 0.4mg</i>	1	MO
<i>nitroglycerin subl 0.6mg</i>	1	MO
<i>sildenafil citrate tabs 100mg</i>	5	QL (6 EA per 30 days) ED
<i>sildenafil citrate tabs 25mg</i>	5	QL (6 EA per 30 days) ED
<i>sildenafil citrate tabs 50mg</i>	5	QL (6 EA per 30 days) ED
<i>sildenafil tabs 100mg</i>	5	QL (6 EA per 30 days) ED
<i>sildenafil tabs 25mg</i>	5	QL (6 EA per 30 days) ED

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>sildenafil tabs 50mg</i>	5	QL (6 EA per 30 days) ED
<i>Kallikrein-kinin System Inhibitors</i>		
<i>icatibant acetate inj 30mg/3ml</i>	4	PA (Icatibant)
ORLADEYO CAPS 110MG	4	QL (1 EA per 1 days) PA (Orladeyo)
ORLADEYO CAPS 150MG	4	QL (1 EA per 1 days) PA (Orladeyo)
<i>sajazir inj 30mg/3ml</i>	4	PA (Icatibant)
TAKHZYRO INJ 150MG/ML	4	QL (4 ML per 28 days) PA (Takhzyro)
TAKHZYRO INJ 300MG/2ML	4	QL (4 ML per 28 days) PA (Takhzyro) MO
TAKHZYRO INJ 300MG/2ML	4	QL (4 ML per 28 days) PA (Takhzyro) MO
<i>Renin-Angiotensin-Aldosterone Sys Inhib</i>		
<i>aliskiren tabs 150mg</i>	1	MO
<i>aliskiren tabs 300mg</i>	1	MO
<i>benazepril hydrochloride/hydrochlorothiazide tabs 10mg; 12.5mg</i>	1	MO
<i>benazepril hydrochloride/hydrochlorothiazide tabs 20mg; 12.5mg</i>	1	MO
<i>benazepril hydrochloride/hydrochlorothiazide tabs 20mg; 25mg</i>	1	MO
<i>benazepril hydrochloride/hydrochlorothiazide tabs 5mg; 6.25mg</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>benazepril hydrochloride tabs 10mg</i>	1	MO
<i>benazepril hydrochloride tabs 20mg</i>	1	MO
<i>benazepril hydrochloride tabs 40mg</i>	1	MO
<i>benazepril hydrochloride tabs 5mg</i>	1	MO
<i>candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg</i>	1	QL (1 EA per 1 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tabs 32mg; 12.5mg</i>	1	QL (1 EA per 1 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tabs 32mg; 25mg</i>	1	QL (1 EA per 1 days) MO
<i>candesartan cilexetil tabs 16mg</i>	1	QL (1 EA per 1 days) MO
<i>candesartan cilexetil tabs 32mg</i>	1	QL (1 EA per 1 days) MO
<i>candesartan cilexetil tabs 4mg</i>	1	QL (1 EA per 1 days) MO
<i>candesartan cilexetil tabs 8mg</i>	1	QL (1 EA per 1 days) MO
<i>captopril tabs 100mg</i>	1	MO
<i>captopril tabs 12.5mg</i>	1	MO
<i>captopril tabs 25mg</i>	1	MO
<i>captopril tabs 50mg</i>	1	MO
<i>enalapril maleate/hydrochlorothiazide tabs 10mg; 25mg</i>	1	MO
<i>enalapril maleate/hydrochlorothiazide tabs 5mg; 12.5mg</i>	1	MO
<i>enalapril maleate tabs 10mg</i>	1	MO
<i>enalapril maleate tabs 2.5mg</i>	1	MO
<i>enalapril maleate tabs 20mg</i>	1	MO
<i>enalapril maleate tabs 5mg</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
ENTRESTO TABS 24MG; 26MG	2	QL (2 EA per 1 days) MO
ENTRESTO TABS 49MG; 51MG	2	QL (2 EA per 1 days) MO
ENTRESTO TABS 97MG; 103MG	2	QL (2 EA per 1 days) MO
<i>eplerenone tabs 25mg</i>	1	MO
<i>eplerenone tabs 50mg</i>	1	MO
<i>fosinopril sodium/hydrochlorothiazide tabs 10mg; 12.5mg</i>	1	MO
<i>fosinopril sodium/hydrochlorothiazide tabs 20mg; 12.5mg</i>	1	MO
<i>fosinopril sodium tabs 10mg</i>	1	MO
<i>fosinopril sodium tabs 20mg</i>	1	MO
<i>fosinopril sodium tabs 40mg</i>	1	MO
<i>irbesartan/hydrochlorothiazide tabs 12.5mg; 150mg</i>	1	MO
<i>irbesartan/hydrochlorothiazide tabs 12.5mg; 300mg</i>	1	MO
<i>irbesartan tabs 150mg</i>	1	MO
<i>irbesartan tabs 300mg</i>	1	MO
<i>irbesartan tabs 75mg</i>	1	MO
KERENDIA TABS 10MG	3	QL (1 EA per 1 days) PA (Kerendia) MO
KERENDIA TABS 20MG	3	QL (1 EA per 1 days) PA (Kerendia) MO
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg</i>	1	MO
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 20mg</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>lisinopril/hydrochlorothiazide tabs 25mg; 20mg</i>	1	MO
<i>lisinopril tabs 10mg</i>	1	MO
<i>lisinopril tabs 2.5mg</i>	1	MO
<i>lisinopril tabs 20mg</i>	1	MO
<i>lisinopril tabs 30mg</i>	1	MO
<i>lisinopril tabs 40mg</i>	1	MO
<i>lisinopril tabs 5mg</i>	1	MO
<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 100mg</i>	1	MO
<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 50mg</i>	1	MO
<i>losartan potassium/hydrochlorothiazide tabs 25mg; 100mg</i>	1	MO
<i>losartan potassium tabs 100mg</i>	1	MO
<i>losartan potassium tabs 25mg</i>	1	MO
<i>losartan potassium tabs 50mg</i>	1	MO
<i>moexipril hcl tabs 15mg</i>	1	MO
<i>moexipril hcl tabs 7.5mg</i>	1	MO
<i>olmesartan medoxomil/hydrochlorothiazide tabs 12.5mg; 20mg</i>	1	QL (1 EA per 1 days) MO
<i>olmesartan medoxomil/hydrochlorothiazide tabs 12.5mg; 40mg</i>	1	QL (1 EA per 1 days) MO
<i>olmesartan medoxomil/hydrochlorothiazide tabs 25mg; 40mg</i>	1	QL (1 EA per 1 days) MO
<i>olmesartan medoxomil tabs 20mg</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>olmesartan medoxomil tabs 40mg</i>	1	QL (1 EA per 1 days) MO
<i>olmesartan medoxomil tabs 5mg</i>	1	QL (1 EA per 1 days) MO
<i>perindopril erbumine tabs 2mg</i>	1	MO
<i>perindopril erbumine tabs 4mg</i>	1	MO
<i>perindopril erbumine tabs 8mg</i>	1	MO
<i>quinapril hydrochloride tabs 10mg</i>	1	MO
<i>quinapril hydrochloride tabs 20mg</i>	1	MO
<i>quinapril hydrochloride tabs 40mg</i>	1	MO
<i>quinapril hydrochloride tabs 5mg</i>	1	MO
<i>quinapril/hydrochlorothiazide tabs 12.5mg; 10mg</i>	1	MO
<i>quinapril/hydrochlorothiazide tabs 12.5mg; 20mg</i>	1	MO
<i>quinapril/hydrochlorothiazide tabs 25mg; 20mg</i>	1	MO
<i>ramipril caps 1.25mg</i>	1	MO
<i>ramipril caps 10mg</i>	1	MO
<i>ramipril caps 2.5mg</i>	1	MO
<i>ramipril caps 5mg</i>	1	MO
<i>spironolactone/hydrochlorothiazide tabs 25mg; 25mg</i>	1	MO
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 40mg</i>	1	QL (1 EA per 1 days) MO
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 80mg</i>	1	QL (1 EA per 1 days) MO
<i>telmisartan/hydrochlorothiazide tabs 25mg; 80mg</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>telmisartan tabs 20mg</i>	1	QL (1 EA per 1 days) MO
<i>telmisartan tabs 40mg</i>	1	QL (1 EA per 1 days) MO
<i>telmisartan tabs 80mg</i>	1	QL (1 EA per 1 days) MO
<i>trandolapril tabs 1mg</i>	1	MO
<i>trandolapril tabs 2mg</i>	1	MO
<i>trandolapril tabs 4mg</i>	1	MO
<i>valsartan/hydrochlorothiazide tabs 12.5mg; 160mg</i>	1	MO
<i>valsartan/hydrochlorothiazide tabs 12.5mg; 320mg</i>	1	MO
<i>valsartan/hydrochlorothiazide tabs 12.5mg; 80mg</i>	1	MO
<i>valsartan/hydrochlorothiazide tabs 25mg; 160mg</i>	1	MO
<i>valsartan/hydrochlorothiazide tabs 25mg; 320mg</i>	1	MO
<i>valsartan tabs 160mg</i>	1	MO
<i>valsartan tabs 320mg</i>	1	MO
<i>valsartan tabs 40mg</i>	1	MO
<i>valsartan tabs 80mg</i>	1	MO
<i>Sclerosing Agents</i>		
<i>doxazosin mesylate tabs 1mg</i>	1	MO
<i>doxazosin mesylate tabs 2mg</i>	1	MO
<i>doxazosin mesylate tabs 4mg</i>	1	MO
<i>doxazosin mesylate tabs 8mg</i>	1	MO
<i>doxazosin tabs 2mg</i>	1	MO
<i>nadolol tabs 20mg</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>nadolol tabs 40mg</i>	1	MO
<i>nadolol tabs 80mg</i>	1	MO
<i>prazosin hydrochloride caps 1mg</i>	1	MO
<i>prazosin hydrochloride caps 2mg</i>	1	MO
<i>prazosin hydrochloride caps 5mg</i>	1	MO
<i>terazosin hcl caps 10mg</i>	1	MO
<i>terazosin hcl caps 1mg</i>	1	MO
<i>terazosin hcl caps 5mg</i>	1	MO
<i>terazosin hydrochloride caps 10mg</i>	1	MO
<i>terazosin hydrochloride caps 1mg</i>	1	MO
<i>terazosin hydrochloride caps 2mg</i>	1	MO
<i>terazosin hydrochloride caps 5mg</i>	1	MO
<i>Vasodilating Agents</i>		
<i>tadalafil tabs 5mg</i>	1	QL (1 EA per 1 days) PA (Tadalafil BPH) MO
VERQUVO TABS 10MG	3	QL (1 EA per 1 days) PA (Verquvo)
VERQUVO TABS 2.5MG	3	QL (1 EA per 1 days) PA (Verquvo)
VERQUVO TABS 5MG	3	QL (1 EA per 1 days) PA (Verquvo)
Central Nervous System Agents		
<i>Amyotrophic Lateral Sclerosis (ALS) Agents</i>		
<i>edaravone inj 30mg/100ml</i>	1	PA (Radicava)
<i>edaravone inj 60mg/100ml</i>	1	PA (Radicava)
<i>Analgesics and Antipyretics</i>		
<i>acetaminophen/codeine phosphate tabs 300mg; 15mg</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 phosphate tabs 300mg; 30mg</i>	1	QL (13 EA per 1 days)
<i>acetaminophen/codeine phosphate tabs 300mg; 60mg</i>	1	QL (13 EA per 1 days)
<i>acetaminophen/codeine soln 120mg/5ml; 12mg/5ml</i>	1	QL (166 ML per 1 days)
<i>acetaminophen/codeine tabs 300mg; 15mg</i>	1	QL (13 EA per 1 days)
<i>acetaminophen/codeine tabs 300mg; 30mg</i>	1	QL (13 EA per 1 days)
<i>acetaminophen/codeine tabs 300mg; 60mg</i>	1	QL (13 EA per 1 days)
<i>ascomp/codeine caps 325mg; 50mg; 40mg; 30mg</i>	1	
<i>bac tabs 325mg; 50mg; 40mg</i>	1	QL (12 EA per 1 days)
BRIXADI INJ 128MG/0.36ML	4	QL (0.36 ML per 28 days)
BRIXADI INJ 16MG/0.32ML	4	QL (1.28 ML per 28 days)
BRIXADI INJ 24MG/0.48ML	4	QL (1.92 ML per 28 days)
BRIXADI INJ 32MG/0.64ML	4	QL (2.56 ML per 28 days)
BRIXADI INJ 64MG/0.18ML	4	QL (0.18 ML per 28 days)
BRIXADI INJ 8MG/0.16ML	4	QL (0.64 ML per 28 days)
BRIXADI INJ 96MG/0.27ML	4	QL (0.27 ML per 28 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>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</i>	1	QL (3 EA per 1 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 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 10mcg/hr</i>	1	QL (4 EA per 28 days) PA (Buprenorphine Patch, new starts only)
<i>buprenorphine ptwk 15mcg/hr</i>	1	QL (4 EA per 28 days) PA (Buprenorphine Patch, new starts only)
<i>buprenorphine ptwk 20mcg/hr</i>	1	QL (4 EA per 28 days) PA (Buprenorphine Patch, new starts only)
<i>buprenorphine ptwk 5mcg/hr</i>	1	QL (4 EA per 28 days) PA (Buprenorphine Patch, new starts only)

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>buprenorphine ptwk 7.5mcg/hr</i>	1	QL (4 EA per 28 days) PA (Buprenorphine Patch, new starts only)
<i>butalbital/acetaminophen/caffeine/codeine caps 300mg; 50mg; 40mg; 30mg</i>	1	QL (13 EA per 1 days)
<i>butalbital/acetaminophen/caffeine/codeine caps 325mg; 50mg; 40mg; 30mg</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 caps 325mg; 50mg; 40mg</i>	1	QL (12 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 caps 325mg; 50mg; 40mg; 30mg</i>	1	
<i>celecoxib caps 100mg</i>	1	QL (2 EA per 1 days) MO
<i>celecoxib caps 200mg</i>	1	QL (2 EA per 1 days) MO
<i>celecoxib caps 400mg</i>	1	QL (2 EA per 1 days) MO
<i>celecoxib caps 50mg</i>	1	QL (2 EA per 1 days) MO
<i>codeine sulfate tabs 30mg</i>	1	
<i>codeine sulfate tabs 60mg</i>	1	
<i>diclofenac potassium tabs 50mg</i>	1	MO
<i>diclofenac sodium dr tbec 25mg</i>	1	MO
<i>diclofenac sodium dr tbec 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>diclofenac sodium dr tbec 75mg</i>	1	MO
<i>diclofenac sodium er tb24 100mg</i>	1	MO
<i>duramorph inj 0.5mg/ml</i>	1	
<i>duramorph inj 1mg/ml</i>	1	
<i>ec-naproxen tbec 375mg</i>	1	
<i>ec-naproxen tbec 500mg</i>	1	MO
<i>endocet tabs 325mg; 10mg</i>	1	QL (12 EA per 1 days)
<i>endocet tabs 325mg; 2.5mg</i>	1	QL (12 EA per 1 days)
<i>endocet tabs 325mg; 5mg</i>	1	QL (12 EA per 1 days)
<i>endocet tabs 325mg; 7.5mg</i>	1	QL (12 EA per 1 days)
<i>etodolac caps 200mg</i>	1	MO
<i>etodolac caps 300mg</i>	1	MO
<i>etodolac tabs 400mg</i>	1	MO
<i>etodolac tabs 500mg</i>	1	MO
<i>fentanyl citrate oral transmucosal lpop 1200mcg</i>	4	QL (4 EA per 1 days) PA (oral transmucosal fentanyl)
<i>fentanyl citrate oral transmucosal lpop 1600mcg</i>	4	QL (4 EA per 1 days) PA (oral transmucosal fentanyl)
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	1	QL (4 EA per 1 days) PA (oral transmucosal fentanyl)
<i>fentanyl citrate oral transmucosal lpop 400mcg</i>	4	QL (4 EA per 1 days) PA (oral transmucosal fentanyl)
<i>fentanyl citrate oral transmucosal lpop 600mcg</i>	4	QL (4 EA per 1 days) PA (oral transmucosal fentanyl)

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 800mcg</i>	4	QL (4 EA per 1 days) PA (oral transmucosal fentanyl)
<i>fentanyl pt72 100mcg/hr</i>	1	QL (10 EA per 30 days) ST (Fentanyl Patches #2, new starts only)
<i>fentanyl pt72 12mcg/hr</i>	1	QL (10 EA per 30 days) ST (Fentanyl Patches #2, new starts only)
<i>fentanyl pt72 25mcg/hr</i>	1	QL (10 EA per 30 days) ST (Fentanyl Patches #2, new starts only)
<i>fentanyl pt72 50mcg/hr</i>	1	QL (10 EA per 30 days) ST (Fentanyl Patches #2, new starts only)
<i>fentanyl pt72 75mcg/hr</i>	1	QL (10 EA per 30 days) ST (Fentanyl Patches #2, new starts only)
<i>flurbiprofen tabs 100mg</i>	1	MO
<i>flurbiprofen tabs 50mg</i>	1	
<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</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
<i>hydrocodone bitartrate/acetaminophen tabs 325mg; 2.5mg</i>	1	QL (12 EA per 1 days)
<i>hydrocodone bitartrate/acetaminophen tabs 325mg; 5mg</i>	1	QL (12 EA per 1 days)
<i>hydrocodone bitartrate/acetaminophen tabs 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</i>	1	
<i>hydrocodone/ibuprofen tabs 5mg; 200mg</i>	1	
<i>hydrocodone/ibuprofen tabs 7.5mg; 200mg</i>	1	
<i>hydromorphone hcl inj 10mg/ml</i>	1	
<i>hydromorphone hcl inj 1mg/ml</i>	1	
<i>hydromorphone hcl inj 4mg/ml</i>	1	
<i>hydromorphone hcl tabs 2mg</i>	1	
<i>hydromorphone hcl tabs 4mg</i>	1	
<i>hydromorphone hcl tabs 8mg</i>	1	
<i>hydromorphone hydrochloride inj 0.2mg/ml</i>	1	
<i>hydromorphone hydrochloride inj 1mg/ml</i>	1	
<i>hydromorphone hydrochloride inj 2mg/ml</i>	1	
<i>hydromorphone hydrochloride inj 2mg/ml</i>	1	
<i>hydromorphone hydrochloride inj 4mg/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>hydromorphone hydrochloride inj 50mg/5ml</i>	1	
<i>ibuprofen susp 100mg/5ml</i>	1	
<i>ibuprofen tabs 400mg</i>	1	MO
<i>ibuprofen tabs 600mg</i>	1	MO
<i>ibuprofen tabs 800mg</i>	1	MO
<i>ibu tabs 400mg</i>	1	MO
<i>ibu tabs 600mg</i>	1	MO
<i>ibu tabs 800mg</i>	1	MO
<i>meloxicam tabs 15mg</i>	1	MO
<i>meloxicam tabs 7.5mg</i>	1	MO
<i>methadone hcl inj 10mg/ml</i>	1	
<i>methadone hcl soln 10mg/5ml</i>	1	
<i>methadone hcl soln 5mg/5ml</i>	1	
<i>methadone hcl tabs 10mg</i>	1	
<i>methadone hcl tabs 5mg</i>	1	
<i>methadone hydrochloride intensol conc 10mg/ml</i>	1	
<i>methadone hydrochloride conc 10mg/ml</i>	1	
<i>methadone hydrochloride soln 10mg/5ml</i>	1	
<i>methadone hydrochloride soln 5mg/5ml</i>	1	
<i>methadone hydrochloride tabs 10mg</i>	1	
<i>methadone hydrochloride tabs 5mg</i>	1	
<i>methadose sugar-free conc 10mg/ml</i>	2	
METHADOSE CONC 10MG/ML	2	
<i>morphine sulfate er tbc 100mg</i>	1	QL (3 EA per 1 days)
<i>morphine sulfate er tbc 15mg</i>	1	QL (3 EA per 1 days)
<i>morphine sulfate er tbc 200mg</i>	1	QL (3 EA per 1 days)
<i>morphine sulfate er tbc 30mg</i>	1	QL (3 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>morphine sulfate er tbc</i> 60mg	1	QL (3 EA per 1 days)
<i>morphine sulfate inj</i> 0.5mg/ml	1	
<i>morphine sulfate inj</i> 10mg/ml	1	
<i>morphine sulfate inj</i> 10mg/ml	1	
<i>morphine sulfate inj</i> 10mg/ml	1	
<i>morphine sulfate inj</i> 1mg/ml	1	
<i>morphine sulfate inj</i> 2mg/ml	1	
<i>morphine sulfate inj</i> 4mg/ml	1	
<i>morphine sulfate inj</i> 4mg/ml	1	
<i>morphine sulfate inj</i> 4mg/ml	1	
<i>morphine sulfate inj</i> 50mg/ml	1	
<i>morphine sulfate inj</i> 5mg/ml	1	
<i>morphine sulfate inj</i> 8mg/ml	1	
<i>morphine sulfate soln</i> 100mg/5ml	1	
<i>morphine sulfate soln</i> 10mg/5ml	1	
<i>morphine sulfate soln</i> 20mg/5ml	1	
<i>morphine sulfate tabs</i> 15mg	1	
<i>morphine sulfate tabs</i> 30mg	1	
<i>nabumetone tabs</i> 500mg	1	
<i>nabumetone tabs</i> 750mg	1	MO
<i>nalbuphine hydrochloride inj</i> 10mg/ml	1	
<i>nalbuphine hydrochloride inj</i> 20mg/ml	1	
<i>naproxen dr tbc</i> 375mg	1	MO
<i>naproxen dr tbc</i> 500mg	1	MO
<i>naproxen susp</i> 125mg/5ml	4	MO
<i>naproxen tabs</i> 250mg	1	MO
<i>naproxen tabs</i> 375mg	1	MO
<i>naproxen tabs</i> 500mg	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
OXYCODONE HCL ER T12A 10MG	3	QL (3 EA per 1 days) PA (Oxycodone ER) MO
OXYCODONE HCL ER T12A 20MG	3	QL (3 EA per 1 days) PA (Oxycodone ER)
OXYCODONE HCL ER T12A 40MG	3	QL (3 EA per 1 days) PA (Oxycodone ER)
OXYCODONE HCL ER T12A 80MG	4	QL (3 EA per 1 days) PA (Oxycodone ER)
<i>oxycodone hcl caps 5mg</i>	1	
OXYCODONE HYDROCHLORIDE ER T12A 10MG	3	QL (3 EA per 1 days) PA (Oxycodone ER)
OXYCODONE HYDROCHLORIDE ER T12A 20MG	3	QL (3 EA per 1 days) PA (Oxycodone ER)
<i>oxycodone hydrochloride er t12a 40mg</i>	3	QL (3 EA per 1 days) PA (Oxycodone ER)
<i>oxycodone hydrochloride caps 5mg</i>	1	
<i>oxycodone hydrochloride conc 100mg/5ml</i>	1	
<i>oxycodone hydrochloride soln 5mg/5ml</i>	1	
<i>oxycodone hydrochloride tabs 10mg</i>	1	
<i>oxycodone hydrochloride tabs 15mg</i>	1	
<i>oxycodone hydrochloride tabs 20mg</i>	1	
<i>oxycodone hydrochloride tabs 30mg</i>	1	
<i>oxycodone hydrochloride tabs 5mg</i>	1	
<i>oxycodone/acetaminophen tabs 325mg; 10mg</i>	1	QL (12 EA per 1 days)
<i>oxycodone/acetaminophen tabs 325mg; 2.5mg</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
<i>oxycodone/acetaminophen tabs 325mg; 5mg</i>	1	QL (12 EA per 1 days)
<i>oxycodone/acetaminophen tabs 325mg; 7.5mg</i>	1	QL (12 EA per 1 days)
OXYCONTIN T12A 10MG	3	QL (3 EA per 1 days) PA (Oxycodone ER)
OXYCONTIN T12A 15MG	3	QL (3 EA per 1 days) PA (Oxycodone ER)
OXYCONTIN T12A 20MG	3	QL (3 EA per 1 days) PA (Oxycodone ER)
OXYCONTIN T12A 30MG	3	QL (3 EA per 1 days) PA (Oxycodone ER)
OXYCONTIN T12A 40MG	3	QL (3 EA per 1 days) PA (Oxycodone ER)
OXYCONTIN T12A 60MG	3	QL (3 EA per 1 days) PA (Oxycodone ER)
OXYCONTIN T12A 80MG	4	QL (3 EA per 1 days) PA (Oxycodone ER)
<i>piroxicam caps 10mg</i>	1	MO
<i>piroxicam caps 20mg</i>	1	MO
SUBLOCADE INJ 100MG/0.5ML	4	QL (0.5 ML per 28 days)
SUBLOCADE INJ 300MG/1.5ML	4	QL (1.5 ML per 28 days)
<i>sulindac tabs 150mg</i>	1	MO
<i>sulindac tabs 200mg</i>	1	MO
<i>tencon tabs 325mg; 50mg</i>	1	QL (12 EA per 1 days)
<i>tramadol hydrochloride/acetaminophen tabs 325mg; 37.5mg</i>	1	QL (8 EA per 1 days)
<i>tramadol hydrochloride tabs 50mg</i>	1	QL (8 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>Anorexigenic Agents and Respiratory and CNS Stimulants</i>		
<i>amphetamine/dextroamphetamine cp24 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	1	QL (2 EA per 1 days) MO
<i>amphetamine/dextroamphetamine cp24 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	1	QL (2 EA per 1 days) MO
<i>amphetamine/dextroamphetamine cp24 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	1	QL (2 EA per 1 days) MO
<i>amphetamine/dextroamphetamine cp24 5mg; 5mg; 5mg; 5mg</i>	1	QL (2 EA per 1 days) MO
<i>amphetamine/dextroamphetamine cp24 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	1	QL (2 EA per 1 days) MO
<i>amphetamine/dextroamphetamine cp24 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	1	QL (2 EA per 1 days) MO
<i>amphetamine/dextroamphetamine tabs 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	1	MO
<i>amphetamine/dextroamphetamine tabs 1.875mg; 1.875mg; 1.875mg; 1.875mg</i>	1	MO
<i>amphetamine/dextroamphetamine tabs 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	1	MO
<i>amphetamine/dextroamphetamine tabs 3.125mg; 3.125mg; 3.125mg; 3.125mg</i>	1	MO
<i>amphetamine/dextroamphetamine tabs 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	1	MO
<i>amphetamine/dextroamphetamine tabs 5mg; 5mg; 5mg; 5mg</i>	1	MO
<i>amphetamine/dextroamphetamine tabs 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	1	MO
<i>armodafinil tabs 150mg</i>	1	QL (1 EA per 1 days) PA (Armodafinil) 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>armodafinil tabs 200mg</i>	1	QL (1 EA per 1 days) PA (Armodafinil) MO
<i>armodafinil tabs 250mg</i>	1	QL (1 EA per 1 days) PA (Armodafinil) MO
<i>armodafinil tabs 50mg</i>	1	QL (3 EA per 1 days) PA (Armodafinil) MO
<i>dexmethylphenidate hcl er cp24 20mg</i>	1	QL (2 EA per 1 days)
<i>dexmethylphenidate hcl er cp24 35mg</i>	1	QL (2 EA per 1 days)
<i>dexmethylphenidate hcl tabs 10mg</i>	1	MO
<i>dexmethylphenidate hcl tabs 5mg</i>	1	MO
<i>dexmethylphenidate hydrochloride er cp24 10mg</i>	1	QL (2 EA per 1 days)
<i>dexmethylphenidate hydrochloride er cp24 15mg</i>	1	QL (2 EA per 1 days)
<i>dexmethylphenidate hydrochloride er cp24 30mg</i>	1	QL (2 EA per 1 days)
<i>dexmethylphenidate hydrochloride er cp24 40mg</i>	1	QL (2 EA per 1 days)
<i>dexmethylphenidate hydrochloride er cp24 5mg</i>	1	QL (2 EA per 1 days)
<i>dexmethylphenidate hydrochloride cp24 25mg</i>	1	QL (2 EA per 1 days)
<i>dexmethylphenidate hydrochloride tabs 10mg</i>	1	MO
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	1	MO
<i>dexmethylphenidate hydrochloride tabs 5mg</i>	1	MO
<i>dextroamphetamine sulfate er cp24 10mg</i>	1	MO
<i>dextroamphetamine sulfate er cp24 15mg</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>dextroamphetamine sulfate er cp24 5mg</i>	1	MO
<i>dextroamphetamine sulfate tabs 10mg</i>	1	MO
<i>dextroamphetamine sulfate tabs 5mg</i>	1	MO
<i>lisdexamfetamine dimesylate caps 10mg</i>	1	QL (2 EA per 1 days) ST (Lisdexamfetamine #2)
<i>lisdexamfetamine dimesylate caps 20mg</i>	1	QL (2 EA per 1 days) ST (Lisdexamfetamine #2)
<i>lisdexamfetamine dimesylate caps 30mg</i>	1	QL (2 EA per 1 days) ST (Lisdexamfetamine #2)
<i>lisdexamfetamine dimesylate caps 40mg</i>	1	QL (2 EA per 1 days) ST (Lisdexamfetamine #2)
<i>lisdexamfetamine dimesylate caps 50mg</i>	1	QL (2 EA per 1 days) ST (Lisdexamfetamine #2)
<i>lisdexamfetamine dimesylate caps 60mg</i>	1	QL (2 EA per 1 days) ST (Lisdexamfetamine #2)
<i>lisdexamfetamine dimesylate caps 70mg</i>	1	QL (2 EA per 1 days) ST (Lisdexamfetamine #2)
<i>methylphenidate hydrochloride cd cpcr 10mg</i>	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride cd cpcr 20mg</i>	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride cd cpcr 30mg</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>methylphenidate hydrochloride cd cpcr 50mg</i>	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride cd cpcr 60mg</i>	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er cp24 10mg</i>	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er cp24 20mg</i>	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er cp24 30mg</i>	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er cp24 40mg</i>	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er cpcr 10mg</i>	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er cpcr 30mg</i>	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er cpcr 40mg</i>	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er cpcr 60mg</i>	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er tb24 18mg</i>	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er tb24 27mg</i>	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er tb24 36mg</i>	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er tb24 54mg</i>	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er tbcr 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>methylphenidate hydrochloride er tbc</i> 18mg	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er tbc</i> 20mg	1	MO
<i>methylphenidate hydrochloride er tbc</i> 27mg	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er tbc</i> 27mg	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er tbc</i> 36mg	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er tbc</i> 36mg	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er tbc</i> 54mg	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er tbc</i> 54mg	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride tabs</i> 10mg	1	MO
<i>methylphenidate hydrochloride tabs</i> 20mg	1	MO
<i>methylphenidate hydrochloride tabs</i> 5mg	1	MO
<i>modafinil tabs</i> 100mg	1	QL (1 EA per 1 days) PA (Modafinil) MO
<i>modafinil tabs</i> 200mg	1	QL (2 EA per 1 days) PA (Modafinil) MO
WAKIX TABS 17.8MG	4	QL (2 EA per 1 days) PA (Wakix)
WAKIX TABS 4.45MG	4	QL (4 EA per 1 days) PA (Wakix)
<i>Anticonvulsants</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
APTIOM TABS 200MG	4	QL (1 EA per 1 days) PA (Aptiom, new starts only) MO
APTIOM TABS 400MG	4	QL (1 EA per 1 days) PA (Aptiom, new starts only) MO
APTIOM TABS 600MG	4	QL (2 EA per 1 days) PA (Aptiom, new starts only) MO
APTIOM TABS 800MG	4	QL (1 EA per 1 days) PA (Aptiom, new starts only) MO
BRIVIACT INJ 50MG/5ML	4	PA (Briviact, new starts only)
BRIVIACT SOLN 10MG/ML	4	PA (Briviact, new starts only) MO
BRIVIACT TABS 100MG	4	QL (2 EA per 1 days) PA (Briviact, new starts only) MO
BRIVIACT TABS 10MG	4	QL (2 EA per 1 days) PA (Briviact, new starts only) MO
BRIVIACT TABS 25MG	4	QL (2 EA per 1 days) PA (Briviact, new starts only) MO
BRIVIACT TABS 50MG	4	QL (2 EA per 1 days) PA (Briviact, new starts only) 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
BRIVIACT TABS 75MG	4	QL (2 EA per 1 days) PA (Briviact, new starts only) MO
<i>carbamazepine er cp12 100mg</i>	1	MO
<i>carbamazepine er cp12 200mg</i>	1	MO
<i>carbamazepine er cp12 300mg</i>	1	MO
<i>carbamazepine er tb12 100mg</i>	1	MO
<i>carbamazepine er tb12 200mg</i>	1	MO
<i>carbamazepine er tb12 400mg</i>	1	MO
<i>carbamazepine chew 100mg</i>	1	MO
<i>carbamazepine chew 200mg</i>	1	
<i>carbamazepine susp 100mg/5ml</i>	1	MO
<i>carbamazepine tabs 200mg</i>	1	MO
<i>clobazam susp 2.5mg/ml</i>	1	PA (clobazam, new starts only) MO
<i>clobazam tabs 10mg</i>	1	MO
<i>clobazam tabs 20mg</i>	1	MO
<i>clonazepam odt tbdp 0.125mg</i>	1	MO
<i>clonazepam odt tbdp 0.25mg</i>	1	MO
<i>clonazepam odt tbdp 0.5mg</i>	1	MO
<i>clonazepam odt tbdp 1mg</i>	1	MO
<i>clonazepam odt tbdp 2mg</i>	1	MO
<i>clonazepam tabs 0.5mg</i>	1	MO
<i>clonazepam tabs 1mg</i>	1	MO
<i>clonazepam tabs 2mg</i>	1	MO
DIACOMIT CAPS 250MG	4	PA (Diacomit, new starts only) MO
DIACOMIT CAPS 500MG	4	PA (Diacomit, new starts only) 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
DIACOMIT PACK 250MG	4	PA (Diacomit, new starts only) MO
DIACOMIT PACK 500MG	4	PA (Diacomit, new starts only) MO
DIAZEPAM RECTAL GEL GEL 10MG	1	
DIAZEPAM RECTAL GEL GEL 2.5MG	1	
DIAZEPAM RECTAL GEL GEL 20MG	1	
DILANTIN INFATABS CHEW 50MG	2	MO
DILANTIN-125 SUSP 125MG/5ML	2	MO
DILANTIN CAPS 100MG	2	MO
DILANTIN CAPS 30MG	2	MO
<i>divalproex sodium dr csdr 125mg</i>	1	MO
<i>divalproex sodium dr tbec 125mg</i>	1	MO
<i>divalproex sodium dr tbec 250mg</i>	1	MO
<i>divalproex sodium dr tbec 500mg</i>	1	MO
<i>divalproex sodium er tb24 250mg</i>	1	MO
<i>divalproex sodium er tb24 500mg</i>	1	MO
EPIDIOLEX SOLN 100MG/ML	4	PA (Epidiolex, new starts only) MO
<i>epitol tabs 200mg</i>	1	MO
EPRONTIA SOLN 25MG/ML	3	QL (16 ML per 1 days) PA (Eprontia, new starts only)
<i>ethosuximide caps 250mg</i>	1	MO
<i>ethosuximide soln 250mg/5ml</i>	1	MO
<i>felbamate susp 600mg/5ml</i>	2	MO
<i>felbamate tabs 400mg</i>	1	MO
<i>felbamate tabs 600mg</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
FINTEPLA SOLN 2.2MG/ML	4	QL (11.82 ML per 1 days) PA (Fintepla, new starts only)
<i>fosphenytoin sodium inj 100mg pe/2ml</i>	1	
<i>fosphenytoin sodium inj 500mg pe/10ml</i>	1	
FYCOMPA SUSP 0.5MG/ML	4	QL (24 ML per 1 days) PA (Fycompa, new starts only) MO
FYCOMPA TABS 10MG	4	QL (1 EA per 1 days) PA (Fycompa, new starts only) MO
FYCOMPA TABS 12MG	4	QL (1 EA per 1 days) PA (Fycompa, new starts only) MO
FYCOMPA TABS 2MG	3	QL (1 EA per 1 days) PA (Fycompa, new starts only) MO
FYCOMPA TABS 4MG	4	QL (1 EA per 1 days) PA (Fycompa, new starts only) MO
FYCOMPA TABS 6MG	4	QL (1 EA per 1 days) PA (Fycompa, new starts only) MO
FYCOMPA TABS 8MG	4	QL (1 EA per 1 days) PA (Fycompa, new starts only) MO
<i>gabapentin caps 100mg</i>	1	MO
<i>gabapentin caps 300mg</i>	1	MO
<i>gabapentin caps 400mg</i>	1	MO
<i>gabapentin soln 250mg/5ml</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>gabapentin tabs 600mg</i>	1	MO
<i>gabapentin tabs 800mg</i>	1	MO
<i>lacosamide inj 200mg/20ml</i>	4	
<i>lacosamide soln 10mg/ml</i>	1	MO
<i>lacosamide tabs 100mg</i>	1	QL (2 EA per 1 days) MO
<i>lacosamide tabs 150mg</i>	1	QL (2 EA per 1 days) MO
<i>lacosamide tabs 200mg</i>	1	QL (2 EA per 1 days) MO
<i>lacosamide tabs 50mg</i>	1	QL (2 EA per 1 days) MO
<i>lamotrigine er tb24 100mg</i>	1	ST (Lamotrigine ER #2, new starts only)
<i>lamotrigine er tb24 200mg</i>	1	ST (Lamotrigine ER #2, new starts only)
<i>lamotrigine er tb24 250mg</i>	1	ST (Lamotrigine ER #2, new starts only)
<i>lamotrigine er tb24 25mg</i>	1	ST (Lamotrigine ER #2, new starts only)
<i>lamotrigine er tb24 300mg</i>	1	ST (Lamotrigine ER #2, new starts only)
<i>lamotrigine er tb24 50mg</i>	1	ST (Lamotrigine ER #2, new starts only)
<i>lamotrigine odt tbdp 100mg</i>	1	MO
<i>lamotrigine odt tbdp 200mg</i>	1	MO
<i>lamotrigine odt tbdp 25mg</i>	1	MO
<i>lamotrigine odt tbdp 50mg</i>	1	MO
<i>lamotrigine starter kit/blue kit 25mg</i>	1	QL (35 EA per 180 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>lamotrigine starter kit/green kit 0</i>	1	QL (98 EA per 180 days)
<i>lamotrigine starter kit/orange kit 0</i>	1	QL (49 EA per 180 days)
<i>lamotrigine chew 25mg</i>	1	MO
<i>lamotrigine chew 5mg</i>	1	MO
<i>lamotrigine tabs 100mg</i>	1	MO
<i>lamotrigine tabs 150mg</i>	1	MO
<i>lamotrigine tabs 200mg</i>	1	MO
<i>lamotrigine tabs 25mg</i>	1	MO
<i>levetiracetam er tb24 500mg</i>	1	MO
<i>levetiracetam er tb24 750mg</i>	1	MO
<i>levetiracetam/sodium chloride inj 1000mg/100ml; 750mg/100ml</i>	1	
<i>levetiracetam/sodium chloride inj 1500mg/100ml; 540mg/100ml</i>	1	
<i>levetiracetam/sodium chloride inj 500mg/100ml; 820mg/100ml</i>	1	
<i>levetiracetam inj 1000mg/100ml; 750mg/100ml</i>	1	
<i>levetiracetam inj 1500mg/100ml; 540mg/100ml</i>	1	
<i>levetiracetam inj 500mg/100ml; 820mg/100ml</i>	1	
<i>levetiracetam inj 500mg/5ml</i>	1	
<i>levetiracetam soln 100mg/ml</i>	1	MO
<i>levetiracetam tabs 1000mg</i>	1	MO
<i>levetiracetam tabs 250mg</i>	1	MO
<i>levetiracetam tabs 500mg</i>	1	MO
<i>levetiracetam tabs 750mg</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 tb3d 250mg</i>	3	QL (2 EA per 1 days) PA (Spritam, new starts only) MO
LIBERVANT FILM 10MG	3	QL (10 EA per 30 days) PA (Libervant, new starts only)
LIBERVANT FILM 12.5MG	3	QL (10 EA per 30 days) PA (Libervant, new starts only)
LIBERVANT FILM 15MG	3	QL (10 EA per 30 days) PA (Libervant, new starts only)
LIBERVANT FILM 5MG	3	QL (10 EA per 30 days) PA (Libervant, new starts only)
LIBERVANT FILM 7.5MG	3	QL (10 EA per 30 days) PA (Libervant, new starts only)
<i>magnesium sulfate inj 20gm/500ml</i>	1	
<i>magnesium sulfate inj 2gm/50ml</i>	1	
<i>magnesium sulfate inj 40gm/1000ml</i>	1	
<i>magnesium sulfate inj 4gm/100ml</i>	1	
<i>magnesium sulfate inj 50%</i>	1	
<i>magnesium sulfate inj 50%</i>	1	
<i>methsuximide caps 300mg</i>	1	MO
NAYZILAM SOLN 5MG/0.1ML	3	QL (10 EA per 30 days)
<i>oxcarbazepine susp 300mg/5ml</i>	1	MO
<i>oxcarbazepine tabs 150mg</i>	1	MO
<i>oxcarbazepine tabs 300mg</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>oxcarbazepine tabs 600mg</i>	1	MO
<i>phenytek caps 200mg</i>	1	
<i>phenytek caps 300mg</i>	1	
<i>phenytoin infatabs chew 50mg</i>	1	MO
<i>phenytoin sodium extended caps 100mg</i>	1	MO
<i>phenytoin sodium extended caps 200mg</i>	1	MO
<i>phenytoin sodium extended caps 300mg</i>	1	MO
<i>phenytoin sodium inj 50mg/ml</i>	1	
<i>phenytoin chew 50mg</i>	1	MO
<i>phenytoin susp 125mg/5ml</i>	1	MO
<i>pregabalin caps 100mg</i>	1	MO
<i>pregabalin caps 150mg</i>	1	MO
<i>pregabalin caps 200mg</i>	1	MO
<i>pregabalin caps 225mg</i>	1	MO
<i>pregabalin caps 25mg</i>	1	MO
<i>pregabalin caps 300mg</i>	1	MO
<i>pregabalin caps 50mg</i>	1	MO
<i>pregabalin caps 75mg</i>	1	MO
<i>pregabalin soln 20mg/ml</i>	1	MO
<i>primidone tabs 125mg</i>	1	MO
<i>primidone tabs 250mg</i>	1	MO
<i>primidone tabs 50mg</i>	1	MO
ROWEEPRA TABS 500MG	1	MO
<i>rufinamide susp 40mg/ml</i>	4	PA (Rufinamide suspension, new starts only) 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	3	QL (2 EA per 1 days) PA (Spritam, new starts only) MO
SPRITAM TB3D 500MG	3	QL (2 EA per 1 days) PA (Spritam, new starts only) MO
SPRITAM TB3D 750MG	3	QL (4 EA per 1 days) PA (Spritam, new starts only) MO
<i>subvenite tabs 100mg</i>	1	MO
<i>subvenite tabs 150mg</i>	1	MO
<i>subvenite tabs 200mg</i>	1	MO
<i>subvenite tabs 25mg</i>	1	MO
SYMPAZAN FILM 10MG	4	QL (2 EA per 1 days) PA (Sympazan, new starts only)
SYMPAZAN FILM 20MG	4	QL (2 EA per 1 days) PA (Sympazan, new starts only)
SYMPAZAN FILM 5MG	4	QL (2 EA per 1 days) PA (Sympazan, new starts only)
<i>tiagabine hydrochloride tabs 12mg</i>	1	MO
<i>tiagabine hydrochloride tabs 16mg</i>	1	MO
<i>tiagabine hydrochloride tabs 2mg</i>	1	MO
<i>tiagabine hydrochloride tabs 4mg</i>	1	MO
<i>topiramate csp 15mg</i>	1	MO
<i>topiramate csp 25mg</i>	1	MO
<i>topiramate csp 50mg</i>	1	MO
<i>topiramate tabs 100mg</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>topiramate tabs 200mg</i>	1	MO
<i>topiramate tabs 25mg</i>	1	MO
<i>topiramate tabs 50mg</i>	1	MO
<i>valproate sodium inj 100mg/ml</i>	1	
<i>valproic acid caps 250mg</i>	1	MO
<i>valproic acid soln 250mg/5ml</i>	1	MO
VALTOCO 10 MG DOSE LIQD 10MG/0.1ML	4	QL (10 EA per 30 days)
VALTOCO 15 MG DOSE LQPK 7.5MG/0.1ML	4	QL (20 EA per 30 days)
VALTOCO 20 MG DOSE LQPK 10MG/0.1ML	4	QL (20 EA per 30 days)
VALTOCO 5 MG DOSE LIQD 5MG/0.1ML	4	QL (10 EA per 30 days)
<i>vigabatrin pack 500mg</i>	4	PA (Vigabatrin, new starts only) LA MO
<i>vigabatrin tabs 500mg</i>	4	PA (Vigabatrin, new starts only) LA MO
<i>vigadrone pack 500mg</i>	4	PA (Vigabatrin, new starts only) LA MO
<i>vigadrone tabs 500mg</i>	4	PA (Vigabatrin, new starts only) LA MO
VIGAFYDE SOLN 100MG/ML	4	PA (Vigabatrin, new starts only)
<i>vigpoder pack 500mg</i>	4	PA (Vigabatrin, new starts only)
XCOPRI TABS 100MG	4	QL (1 EA per 1 days) PA (Xcopri, new starts only)

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
XCOPRI TABS 150MG	4	QL (2 EA per 1 days) PA (Xcopri, new starts only)
XCOPRI TABS 200MG	4	QL (2 EA per 1 days) PA (Xcopri, new starts only)
XCOPRI TABS 25MG	4	QL (1 EA per 1 days) PA (Xcopri, new starts only)
XCOPRI TABS 50MG	4	QL (1 EA per 1 days) PA (Xcopri, new starts only)
XCOPRI TBPK 0	3	QL (28 EA per 180 days) PA (Xcopri, new starts only)
XCOPRI TBPK 0	4	QL (28 EA per 180 days) PA (Xcopri, new starts only)
XCOPRI TBPK 0	4	QL (2 EA per 1 days) PA (Xcopri, new starts only)
XCOPRI TBPK 0	4	QL (28 EA per 180 days) PA (Xcopri, new starts only)
XCOPRI TBPK 0	4	QL (2 EA per 1 days) PA (Xcopri, new starts only)
ZONISADE SUSP 100MG/5ML	3	QL (20 ML per 1 days) PA (Zonisade, new starts only) MO

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Drug Name	Drug Tier	Requirements/Limits
<i>zonisamide caps 100mg</i>	1	MO
<i>zonisamide caps 25mg</i>	1	MO
<i>zonisamide caps 50mg</i>	1	MO
ZTALMY SUSP 50MG/ML	4	PA (Ztalmy, new starts only) MO
<i>Antimanic Agents</i>		
<i>lithium carbonate er tbcr 300mg</i>	1	MO
<i>lithium carbonate er tbcr 450mg</i>	1	MO
<i>lithium carbonate caps 150mg</i>	1	MO
<i>lithium carbonate caps 300mg</i>	1	MO
<i>lithium carbonate caps 600mg</i>	1	MO
<i>lithium carbonate tabs 300mg</i>	1	MO
LITHIUM SOLN 8MEQ/5ML	2	PA (Lithium Solution, new starts only)
<i>Antimigraine Agents</i>		
AIMOVIG INJ 140MG/ML	2	QL (1 ML per 30 days) PA (Aimovig) MO
AIMOVIG INJ 70MG/ML	2	QL (1 ML per 30 days) PA (Aimovig) MO
<i>eletriptan hydrobromide tabs 20mg</i>	1	QL (12 EA per 30 days)
<i>eletriptan hydrobromide tabs 40mg</i>	1	QL (12 EA per 30 days)
EMGALITY INJ 100MG/ML	2	PA (Emgality)
EMGALITY INJ 120MG/ML	2	PA (Emgality)
EMGALITY INJ 120MG/ML	2	PA (Emgality)
<i>migergot supp 100mg; 2mg</i>	4	
<i>naratriptan hcl tabs 1mg</i>	1	QL (9 EA per 30 days)
<i>naratriptan hcl tabs 2.5mg</i>	1	QL (9 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
REYVOW TABS 100MG	2	QL (8 EA per 30 days) PA (Reyvow)
REYVOW TABS 50MG	2	QL (4 EA per 30 days) PA (Reyvow)
<i>rizatriptan benzoate odt tbdp 10mg</i>	1	QL (12 EA per 30 days)
<i>rizatriptan benzoate odt tbdp 5mg</i>	1	QL (12 EA per 30 days)
<i>rizatriptan benzoate tabs 10mg</i>	1	QL (18 EA per 30 days)
<i>rizatriptan benzoate tabs 5mg</i>	1	QL (18 EA per 30 days)
<i>sumatriptan succinate refill inj 4mg/0.5ml</i>	1	QL (4 ML per 30 days)
<i>sumatriptan succinate refill inj 6mg/0.5ml</i>	1	QL (4 ML per 30 days)
<i>sumatriptan succinate inj 4mg/0.5ml</i>	1	QL (4 ML per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	1	QL (4 ML per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	1	QL (4 ML per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	1	QL (4 ML per 30 days)
<i>sumatriptan succinate tabs 100mg</i>	1	QL (9 EA per 30 days)
<i>sumatriptan succinate tabs 25mg</i>	1	QL (9 EA per 30 days)
<i>sumatriptan succinate tabs 50mg</i>	1	QL (9 EA per 30 days)
<i>sumatriptan soln 20mg/act</i>	1	QL (12 EA per 30 days)
<i>sumatriptan soln 5mg/act</i>	1	QL (12 EA per 30 days)
UBRELVY TABS 100MG	4	QL (16 EA per 30 days) PA (Ubrelyvy)

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
UBRELVY TABS 50MG	4	QL (16 EA per 30 days) PA (Ubrelyvy)
<i>zolmitriptan odt tbdp 2.5mg</i>	1	QL (12 EA per 30 days)
<i>zolmitriptan odt tbdp 5mg</i>	1	QL (12 EA per 30 days)
<i>zolmitriptan tabs 2.5mg</i>	1	QL (12 EA per 30 days)
<i>zolmitriptan tabs 5mg</i>	1	QL (12 EA per 30 days)
<i>Antiparkinsonian Agents</i>		
<i>amantadine hcl caps 100mg</i>	1	MO
<i>amantadine hcl soln 50mg/5ml</i>	1	MO
<i>amantadine hcl tabs 100mg</i>	1	MO
<i>amantadine hydrochloride tabs 100mg</i>	1	MO
<i>apomorphine hydrochloride inj 30mg/3ml</i>	4	PA (apokyn)
<i>benztropine mesylate tabs 0.5mg</i>	1	MO
<i>benztropine mesylate tabs 1mg</i>	1	MO
<i>benztropine mesylate tabs 2mg</i>	1	MO
<i>bromocriptine mesylate caps 5mg</i>	1	MO
<i>bromocriptine mesylate tabs 2.5mg</i>	1	MO
<i>cabergoline tabs 0.5mg</i>	1	
<i>carbidopa/levodopa er tbc 25mg; 100mg</i>	1	MO
<i>carbidopa/levodopa er tbc 50mg; 200mg</i>	1	MO
<i>carbidopa/levodopa/entacapone tabs 12.5mg; 200mg; 50mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa/levodopa/entacapone tabs 18.75mg; 200mg; 75mg</i>	1	MO
<i>carbidopa/levodopa/entacapone tabs 25mg; 200mg; 100mg</i>	1	MO
<i>carbidopa/levodopa/entacapone tabs 31.25mg; 200mg; 125mg</i>	1	MO
<i>carbidopa/levodopa/entacapone tabs 37.5mg; 200mg; 150mg</i>	1	MO
<i>carbidopa/levodopa/entacapone tabs 50mg; 200mg; 200mg</i>	1	MO
<i>carbidopa/levodopa tabs 10mg; 100mg</i>	1	MO
<i>carbidopa/levodopa tabs 25mg; 100mg</i>	1	MO
<i>carbidopa/levodopa tabs 25mg; 250mg</i>	1	MO
<i>carbidopa tabs 25mg</i>	1	MO
EMSAM PT24 12MG/24HR	4	QL (1 EA per 1 days) PA (emsam, new starts only) MO
EMSAM PT24 6MG/24HR	4	QL (1 EA per 1 days) PA (emsam, new starts only) MO
EMSAM PT24 9MG/24HR	4	QL (1 EA per 1 days) PA (emsam, new starts only) MO
<i>entacapone tabs 200mg</i>	1	MO
INBRIJA CAPS 42MG	4	PA (INBRIJA)
KYNMOBI TITRATION KIT KIT 0	4	PA (Kynmobi)
KYNMOBI FILM 10MG	4	PA (Kynmobi)
KYNMOBI FILM 15MG	4	PA (Kynmobi)
KYNMOBI FILM 20MG	4	PA (Kynmobi)
KYNMOBI FILM 25MG	4	PA (Kynmobi)

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Drug Name	Drug Tier	Requirements/Limits
KYNMOBI FILM 30MG	4	PA (Kynmobi)
ONGENTYS CAPS 25MG	2	QL (1 EA per 1 days) ST (Ongentys #2) MO
ONGENTYS CAPS 50MG	2	QL (1 EA per 1 days) ST (Ongentys #2) MO
<i>pramipexole dihydrochloride tabs 0.125mg</i>	1	MO
<i>pramipexole dihydrochloride tabs 0.25mg</i>	1	MO
<i>pramipexole dihydrochloride tabs 0.5mg</i>	1	MO
<i>pramipexole dihydrochloride tabs 0.75mg</i>	1	MO
<i>pramipexole dihydrochloride tabs 1.5mg</i>	1	MO
<i>pramipexole dihydrochloride tabs 1mg</i>	1	MO
<i>rasagiline mesylate tabs 0.5mg</i>	1	QL (1 EA per 1 days) ST (Rasagiline #2) MO
<i>rasagiline mesylate tabs 1mg</i>	1	QL (1 EA per 1 days) ST (Rasagiline #2) MO
<i>ropinirole hcl tabs 0.5mg</i>	1	MO
<i>ropinirole hcl tabs 1mg</i>	1	MO
<i>ropinirole hcl tabs 2mg</i>	1	MO
<i>ropinirole hcl tabs 4mg</i>	1	MO
<i>ropinirole hcl tabs 5mg</i>	1	MO
<i>ropinirole hydrochloride tabs 0.25mg</i>	1	MO
<i>ropinirole hydrochloride tabs 0.5mg</i>	1	MO
<i>ropinirole hydrochloride tabs 1mg</i>	1	MO
<i>ropinirole hydrochloride tabs 2mg</i>	1	MO
<i>ropinirole hydrochloride tabs 3mg</i>	1	MO
<i>ropinirole hydrochloride tabs 4mg</i>	1	MO
<i>ropinirole hydrochloride tabs 5mg</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
RYTARY CPCR 23.75MG; 95MG	3	QL (12 EA per 1 days) PA (Rytary) MO
RYTARY CPCR 36.25MG; 145MG	3	QL (9 EA per 1 days) PA (Rytary) MO
RYTARY CPCR 48.75MG; 195MG	3	QL (12 EA per 1 days) PA (Rytary) MO
RYTARY CPCR 61.25MG; 245MG	3	QL (10 EA per 1 days) PA (Rytary) MO
<i>selegiline hcl caps 5mg</i>	1	MO
<i>selegiline hcl tabs 5mg</i>	1	MO
<i>selegiline hydrochloride caps 5mg</i>	1	MO
<i>selegiline hydrochloride tabs 5mg</i>	1	MO
<i>trihexyphenidyl hcl soln 0.4mg/ml</i>	1	MO
<i>trihexyphenidyl hydrochloride tabs 2mg</i>	1	MO
<i>trihexyphenidyl hydrochloride tabs 5mg</i>	1	MO
<i>Anxiolytics, Sedatives, and Hypnotics</i>		
<i>alprazolam intensol conc 1mg/ml</i>	1	
<i>alprazolam tabs 0.25mg</i>	1	
<i>alprazolam tabs 0.5mg</i>	1	
<i>alprazolam tabs 1mg</i>	1	
<i>alprazolam tabs 2mg</i>	1	
<i>bupirone hcl tabs 15mg</i>	1	
<i>bupirone hydrochloride tabs 10mg</i>	1	
<i>bupirone hydrochloride tabs 15mg</i>	1	
<i>bupirone hydrochloride tabs 30mg</i>	1	
<i>bupirone hydrochloride tabs 5mg</i>	1	
<i>bupirone hydrochloride tabs 7.5mg</i>	1	
<i>chlordiazepoxide hcl caps 10mg</i>	1	
<i>chlordiazepoxide hcl caps 5mg</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>chlordiazepoxide hydrochloride caps 10mg</i>	1	
<i>chlordiazepoxide hydrochloride caps 25mg</i>	1	
<i>chlordiazepoxide hydrochloride caps 5mg</i>	1	
<i>clorazepate dipotassium tabs 15mg</i>	1	
<i>clorazepate dipotassium tabs 3.75mg</i>	1	
<i>clorazepate dipotassium tabs 7.5mg</i>	1	
<i>diazepam intensol conc 5mg/ml</i>	1	
<i>diazepam conc 5mg/ml</i>	1	
<i>diazepam inj 5mg/ml</i>	1	
<i>diazepam soln 5mg/5ml</i>	1	
<i>diazepam tabs 10mg</i>	1	
<i>diazepam tabs 2mg</i>	1	
<i>diazepam tabs 5mg</i>	1	
<i>eszopiclone tabs 1mg</i>	1	QL (1 EA per 1 days)
<i>eszopiclone tabs 2mg</i>	1	QL (1 EA per 1 days)
<i>eszopiclone tabs 3mg</i>	1	QL (1 EA per 1 days)
HETLIOZ LQ SUSP 4MG/ML	4	QL (5 ML per 1 days) PA (HETLIOZ)
<i>hydroxyzine hcl inj 25mg/ml</i>	1	
<i>hydroxyzine hcl tabs 50mg</i>	1	
<i>hydroxyzine hydrochloride inj 50mg/ml</i>	1	
<i>hydroxyzine hydrochloride syrp 10mg/5ml</i>	1	
<i>hydroxyzine hydrochloride tabs 10mg</i>	1	
<i>hydroxyzine hydrochloride tabs 25mg</i>	1	
<i>hydroxyzine hydrochloride tabs 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>hydroxyzine pamoate caps 100mg</i>	1	
<i>hydroxyzine pamoate caps 25mg</i>	1	MO
<i>hydroxyzine pamoate caps 50mg</i>	1	MO
<i>lorazepam intensol conc 2mg/ml</i>	1	
<i>lorazepam conc 2mg/ml</i>	1	
<i>lorazepam tabs 0.5mg</i>	1	
<i>lorazepam tabs 1mg</i>	1	
<i>lorazepam tabs 2mg</i>	1	
<i>midazolam hcl inj 10mg/2ml</i>	1	
<i>midazolam hcl inj 25mg/5ml</i>	1	
<i>midazolam hcl inj 50mg/10ml</i>	1	
<i>midazolam hcl inj 5mg/5ml</i>	1	
<i>midazolam hcl inj 5mg/ml</i>	1	
<i>midazolam hcl inj 5mg/ml</i>	1	
<i>midazolam hydrochloride inj 10mg/10ml</i>	1	
<i>midazolam hydrochloride inj 10mg/10ml</i>	1	
<i>midazolam hydrochloride inj 10mg/2ml</i>	1	
<i>midazolam hydrochloride inj 25mg/5ml</i>	1	
<i>midazolam hydrochloride inj 2mg/2ml</i>	1	
<i>midazolam hydrochloride inj 2mg/2ml</i>	1	
<i>midazolam hydrochloride inj 50mg/10ml</i>	1	
<i>midazolam hydrochloride inj 5mg/5ml</i>	1	
<i>midazolam hydrochloride inj 5mg/ml</i>	1	
<i>phenobarbital elix 20mg/5ml</i>	1	MO
<i>phenobarbital tabs 100mg</i>	1	MO
<i>phenobarbital tabs 15mg</i>	1	MO
<i>phenobarbital tabs 16.2mg</i>	1	MO
<i>phenobarbital tabs 30mg</i>	1	MO
<i>phenobarbital tabs 32.4mg</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>phenobarbital tabs 60mg</i>	1	MO
<i>phenobarbital tabs 64.8mg</i>	1	MO
<i>phenobarbital tabs 97.2mg</i>	1	MO
<i>ramelteon tabs 8mg</i>	1	ST (Ramelteon #2) MO
<i>tasimelteon caps 20mg</i>	4	QL (1 EA per 1 days) PA (HETLIOZ) MO
<i>temazepam caps 15mg</i>	1	QL (1 EA per 1 days)
<i>temazepam caps 22.5mg</i>	1	QL (1 EA per 1 days)
<i>temazepam caps 30mg</i>	1	QL (1 EA per 1 days)
<i>temazepam caps 7.5mg</i>	1	QL (1 EA per 1 days)
<i>zaleplon caps 10mg</i>	1	QL (1 EA per 1 days)
<i>zaleplon caps 5mg</i>	1	QL (1 EA per 1 days)
<i>zolpidem tartrate tabs 10mg</i>	1	QL (1 EA per 1 days)
<i>zolpidem tartrate tabs 5mg</i>	1	QL (1 EA per 1 days)
Central Nervous System Agents, Misc		
<i>acamprosate calcium dr tbec 333mg</i>	1	MO
<i>atomoxetine hydrochloride caps 100mg</i>	1	QL (1 EA per 1 days) MO
<i>atomoxetine hydrochloride caps 10mg</i>	1	QL (3 EA per 1 days) MO
<i>atomoxetine hydrochloride caps 18mg</i>	1	QL (5 EA per 1 days) MO
<i>atomoxetine hydrochloride caps 25mg</i>	1	QL (3 EA per 1 days) MO
<i>atomoxetine hydrochloride caps 40mg</i>	1	QL (1 EA per 1 days) MO
<i>atomoxetine hydrochloride caps 60mg</i>	1	QL (1 EA per 1 days) MO
<i>atomoxetine hydrochloride caps 80mg</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>atomoxetine caps 100mg</i>	1	QL (1 EA per 1 days) MO
<i>atomoxetine caps 10mg</i>	1	QL (3 EA per 1 days) MO
<i>atomoxetine caps 18mg</i>	1	QL (5 EA per 1 days) MO
<i>atomoxetine caps 25mg</i>	1	QL (3 EA per 1 days) MO
<i>atomoxetine caps 40mg</i>	1	QL (1 EA per 1 days) MO
<i>atomoxetine caps 60mg</i>	1	QL (1 EA per 1 days) MO
<i>atomoxetine caps 80mg</i>	1	QL (1 EA per 1 days) MO
DAYBUE SOLN 200MG/ML	4	QL (120 ML per 1 days) PA (Daybue)
<i>guanfacine hydrochloride er tb24 1mg</i>	1	QL (1 EA per 1 days) MO
<i>guanfacine hydrochloride er tb24 2mg</i>	1	QL (1 EA per 1 days) MO
<i>guanfacine hydrochloride er tb24 3mg</i>	1	QL (2 EA per 1 days) MO
<i>guanfacine hydrochloride er tb24 4mg</i>	1	QL (1 EA per 1 days) MO
<i>memantine hcl titration pak tabs 0</i>	1	
<i>memantine hydrochloride soln 2mg/ml</i>	1	MO
<i>memantine hydrochloride tabs 10mg</i>	1	MO
<i>memantine hydrochloride tabs 5mg</i>	1	MO
NUEDEXTA CAPS 20MG; 10MG	4	QL (2 EA per 1 days) PA (Nuedexta) 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
RADICAVA ORS STARTER KIT SUSP 105MG/5ML	4	QL (70 ML per 180 days) PA (Radicava)
RADICAVA ORS SUSP 105MG/5ML	4	QL (50 ML per 28 days) PA (Radicava)
RADICAVA INJ 30MG/100ML	4	PA (Radicava) MO
RELYVRIO PACK 3GM; 1GM	4	QL (2 EA per 1 days) PA (Relyvrio)
<i>riluzole tabs 50mg</i>	1	MO
<i>sodium oxybate soln 500mg/ml</i>	4	PA (xyrem) LA
VEOZAH TABS 45MG	2	QL (1 EA per 1 days) PA (Veozah) MO
XYREM SOLN 500MG/ML	4	PA (xyrem) LA
XYWAV SOLN 234MG/ML; 96MG/ML; 130MG/ML; 40MG/ML	4	QL (18 ML per 1 days) PA (Xywav)
<i>Fibromyalgia Agents</i>		
SAVELLA TITRATION PACK MISC 0	2	QL (55 EA per 180 days) PA (Savella)
SAVELLA TABS 100MG	2	QL (2 EA per 1 days) PA (Savella) MO
SAVELLA TABS 12.5MG	2	QL (2 EA per 1 days) PA (Savella) MO
SAVELLA TABS 25MG	2	QL (2 EA per 1 days) PA (Savella) MO
SAVELLA TABS 50MG	2	QL (2 EA per 1 days) PA (Savella) MO
<i>Opiate Antagonists</i>		
KLOXXADO LIQD 8MG/0.1ML	2	
<i>naloxone hcl inj 4mg/10ml</i>	1	
<i>naloxone hydrochloride inj 0.4mg/ml</i>	1	
<i>naloxone hydrochloride inj 0.4mg/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>naloxone hydrochloride inj 2mg/2ml</i>	1	
<i>naloxone hydrochloride liqd 4mg/0.1ml</i>	1	
<i>naltrexone hydrochloride tabs 50mg</i>	1	
OPVEE SOLN 2.7MG/0.1ML	2	
ZIMHI INJ 5MG/0.5ML	2	
<i>Opioid Antagonists</i>		
VIVITROL INJ 380MG	4	QL (1 EA per 28 days)
<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)
ABILIFY MAINTENA INJ 300MG	4	MO
ABILIFY MAINTENA INJ 300MG	4	MO
ABILIFY MAINTENA INJ 400MG	4	MO
ABILIFY MAINTENA INJ 400MG	4	MO
ABILIFY MYCITE MAINTENANCE KIT TBPK 10MG	4	QL (1 EA per 1 days) PA (Abilify Mycite, new starts only)
ABILIFY MYCITE MAINTENANCE KIT TBPK 15MG	4	QL (1 EA per 1 days) PA (Abilify Mycite, new starts only) MO
ABILIFY MYCITE MAINTENANCE KIT TBPK 20MG	4	QL (1 EA per 1 days) PA (Abilify Mycite, new starts only) MO
ABILIFY MYCITE MAINTENANCE KIT TBPK 2MG	4	QL (1 EA per 1 days) PA (Abilify Mycite, new starts only) 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
ABILIFY MYCITE MAINTENANCE KIT TBPK 30MG	4	QL (1 EA per 1 days) PA (Abilify Mycite, new starts only)
ABILIFY MYCITE MAINTENANCE KIT TBPK 5MG	4	QL (1 EA per 1 days) PA (Abilify Mycite, new starts only) MO
ABILIFY MYCITE STARTER KIT TBPK 10MG	4	QL (1 EA per 1 days) PA (Abilify Mycite, new starts only) MO
ABILIFY MYCITE STARTER KIT TBPK 15MG	4	QL (1 EA per 1 days) PA (Abilify Mycite, new starts only)
ABILIFY MYCITE STARTER KIT TBPK 20MG	4	QL (1 EA per 1 days) PA (Abilify Mycite, new starts only)
ABILIFY MYCITE STARTER KIT TBPK 2MG	4	QL (1 EA per 1 days) PA (Abilify Mycite, new starts only)
ABILIFY MYCITE STARTER KIT TBPK 30MG	4	QL (1 EA per 1 days) PA (Abilify Mycite, new starts only)
ABILIFY MYCITE STARTER KIT TBPK 5MG	4	QL (1 EA per 1 days) PA (Abilify Mycite, new starts only)
<i>amitriptyline hcl tabs 100mg</i>	1	MO
<i>amitriptyline hcl tabs 150mg</i>	1	MO
<i>amitriptyline hcl tabs 25mg</i>	1	MO
<i>amitriptyline hcl tabs 75mg</i>	1	MO
<i>amitriptyline hydrochloride tabs 100mg</i>	1	MO
<i>amitriptyline hydrochloride tabs 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>amitriptyline hydrochloride tabs 150mg</i>	1	MO
<i>amitriptyline hydrochloride tabs 25mg</i>	1	MO
<i>amitriptyline hydrochloride tabs 50mg</i>	1	MO
<i>amitriptyline hydrochloride tabs 75mg</i>	1	MO
<i>amoxapine tabs 100mg</i>	1	MO
<i>amoxapine tabs 150mg</i>	1	MO
<i>amoxapine tabs 25mg</i>	1	MO
<i>amoxapine tabs 50mg</i>	1	MO
<i>aripiprazole odt tbdp 10mg</i>	4	MO
<i>aripiprazole odt tbdp 15mg</i>	1	MO
<i>aripiprazole soln 1mg/ml</i>	1	MO
<i>aripiprazole tabs 10mg</i>	1	MO
<i>aripiprazole tabs 15mg</i>	1	MO
<i>aripiprazole tabs 20mg</i>	1	MO
<i>aripiprazole tabs 2mg</i>	1	MO
<i>aripiprazole tabs 30mg</i>	1	MO
<i>aripiprazole tabs 5mg</i>	1	MO
ARISTADA INITIO INJ 675MG/2.4ML	4	QL (2.4 ML per 180 days) PA (Aristada, new starts only)
ARISTADA INJ 1064MG/3.9ML	4	QL (3.9 ML per 60 days) PA (Aristada, new starts only) MO
ARISTADA INJ 441MG/1.6ML	4	PA (Aristada, new starts only) MO
ARISTADA INJ 662MG/2.4ML	4	PA (Aristada, new starts only) MO
ARISTADA INJ 882MG/3.2ML	4	PA (Aristada, new starts only) 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>asenapine maleate sl subl 10mg</i>	1	ST (atypical antipsychotics #2, new starts only) MO
<i>asenapine maleate sl subl 2.5mg</i>	1	ST (atypical antipsychotics #2, new starts only) MO
<i>asenapine maleate sl subl 5mg</i>	1	ST (atypical antipsychotics #2, new starts only) MO
AUVELITY TBCR 105MG; 45MG	4	QL (2 EA per 1 days) PA (Auvelity, new starts only) MO
<i>bupropion hydrochloride er (sr) tb12 100mg</i>	1	MO
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	1	
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	1	MO
<i>bupropion hydrochloride er (sr) tb12 200mg</i>	1	MO
<i>bupropion hydrochloride er (xl) tb24 150mg</i>	1	MO
<i>bupropion hydrochloride er (xl) tb24 300mg</i>	1	MO
<i>bupropion hydrochloride tabs 100mg</i>	1	MO
<i>bupropion hydrochloride tabs 75mg</i>	1	MO
CAPLYTA CAPS 10.5MG	4	QL (1 EA per 1 days) PA (Caplyta, new starts only) 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
CAPLYTA CAPS 21MG	4	QL (1 EA per 1 days) PA (Caplyta, new starts only) MO
CAPLYTA CAPS 42MG	4	QL (1 EA per 1 days) PA (Caplyta, new starts only) MO
<i>chlordiazepoxide/amitriptyline tabs 12.5mg; 5mg</i>	1	MO
<i>chlordiazepoxide/amitriptyline tabs 25mg; 10mg</i>	1	MO
<i>chlorpromazine hcl inj 25mg/ml</i>	1	
<i>chlorpromazine hcl inj 50mg/2ml</i>	1	
<i>chlorpromazine hcl tabs 100mg</i>	1	MO
<i>chlorpromazine hcl tabs 10mg</i>	1	MO
<i>chlorpromazine hcl tabs 200mg</i>	1	MO
<i>chlorpromazine hcl tabs 25mg</i>	1	MO
<i>chlorpromazine hcl tabs 50mg</i>	1	MO
<i>chlorpromazine hydrochloride inj 25mg/ml</i>	1	
<i>chlorpromazine hydrochloride tabs 100mg</i>	1	MO
<i>chlorpromazine hydrochloride tabs 10mg</i>	1	MO
<i>chlorpromazine hydrochloride tabs 200mg</i>	1	MO
<i>chlorpromazine hydrochloride tabs 25mg</i>	1	MO
<i>chlorpromazine hydrochloride tabs 50mg</i>	1	MO
<i>citalopram hydrobromide soln 10mg/5ml</i>	1	MO
<i>citalopram hydrobromide tabs 10mg</i>	1	QL (1.5 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>citalopram hydrobromide tabs 20mg</i>	1	QL (1.5 EA per 1 days) MO
<i>citalopram hydrobromide tabs 40mg</i>	1	QL (1 EA per 1 days) PA (Citalopram 40mg, new starts only) MO
<i>clomipramine hcl caps 25mg</i>	1	MO
<i>clomipramine hcl caps 50mg</i>	1	MO
<i>clomipramine hcl caps 75mg</i>	1	MO
<i>clomipramine hydrochloride caps 25mg</i>	1	MO
<i>clomipramine hydrochloride caps 50mg</i>	1	MO
<i>clomipramine hydrochloride caps 75mg</i>	1	MO
<i>clozapine odt tbdp 100mg</i>	1	ST (clozapine odt #2, new starts only)
<i>clozapine odt tbdp 12.5mg</i>	1	ST (clozapine odt #2, new starts only)
<i>clozapine odt tbdp 150mg</i>	1	ST (clozapine odt #2, new starts only)
<i>clozapine odt tbdp 200mg</i>	1	ST (clozapine odt #2, new starts only)
<i>clozapine odt tbdp 25mg</i>	1	ST (clozapine odt #2, new starts only)
<i>clozapine tabs 100mg</i>	1	
<i>clozapine tabs 200mg</i>	1	
<i>clozapine tabs 25mg</i>	1	
<i>clozapine tabs 50mg</i>	1	
COBENFY STARTER PACK CPPK 20MG; 0	4	QL (56 EA per 180 days) PA (Cobenfy, new starts only)

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
COBENFY CAPS 20MG; 100MG	4	QL (2 EA per 1 days) PA (Cobenfy, new starts only) MO
COBENFY CAPS 20MG; 50MG	4	QL (2 EA per 1 days) PA (Cobenfy, new starts only) MO
COBENFY CAPS 30MG; 125MG	4	QL (2 EA per 1 days) PA (Cobenfy, new starts only) MO
<i>compro supp 25mg</i>	1	
<i>desipramine hcl tabs 100mg</i>	1	MO
<i>desipramine hcl tabs 10mg</i>	1	MO
<i>desipramine hcl tabs 150mg</i>	1	MO
<i>desipramine hcl tabs 25mg</i>	1	MO
<i>desipramine hcl tabs 50mg</i>	1	MO
<i>desipramine hcl tabs 75mg</i>	1	MO
<i>desipramine hydrochloride tabs 100mg</i>	1	MO
<i>desipramine hydrochloride tabs 10mg</i>	1	MO
<i>desipramine hydrochloride tabs 150mg</i>	1	MO
<i>desipramine hydrochloride tabs 25mg</i>	1	MO
<i>desipramine hydrochloride tabs 50mg</i>	1	MO
<i>desipramine hydrochloride tabs 75mg</i>	1	MO
<i>desvenlafaxine er tb24 100mg</i>	1	QL (1 EA per 1 days) MO
<i>desvenlafaxine er tb24 25mg</i>	1	QL (1 EA per 1 days) MO
<i>desvenlafaxine er tb24 50mg</i>	1	QL (1 EA per 1 days) MO
<i>doxepin hcl caps 100mg</i>	1	MO
<i>doxepin hcl caps 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>doxepin hcl caps 50mg</i>	1	MO
<i>doxepin hcl caps 75mg</i>	1	MO
<i>doxepin hcl conc 10mg/ml</i>	1	MO
<i>doxepin hydrochloride caps 100mg</i>	1	MO
<i>doxepin hydrochloride caps 10mg</i>	1	MO
<i>doxepin hydrochloride caps 150mg</i>	1	MO
<i>doxepin hydrochloride caps 25mg</i>	1	MO
<i>doxepin hydrochloride caps 50mg</i>	1	MO
<i>doxepin hydrochloride caps 75mg</i>	1	MO
<i>doxepin hydrochloride tabs 3mg</i>	1	QL (1 EA per 1 days) ST (Doxepin #2) MO
<i>doxepin hydrochloride tabs 6mg</i>	1	QL (1 EA per 1 days) ST (Doxepin #2) MO
DRIZALMA SPRINKLE CSDR 20MG	3	QL (2 EA per 1 days) PA (Drizalma, new starts only) MO
DRIZALMA SPRINKLE CSDR 30MG	3	QL (1 EA per 1 days) PA (Drizalma, new starts only) MO
DRIZALMA SPRINKLE CSDR 40MG	3	QL (1 EA per 1 days) PA (Drizalma, new starts only) MO
DRIZALMA SPRINKLE CSDR 60MG	3	QL (2 EA per 1 days) PA (Drizalma, new starts only) MO
<i>duloxetine hcl cpep 30mg</i>	1	MO
<i>duloxetine hcl cpep 40mg</i>	1	MO
<i>duloxetine hydrochloride cpep 20mg</i>	1	MO
<i>duloxetine hydrochloride cpep 30mg</i>	1	MO
<i>duloxetine hydrochloride cpep 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>duloxetine hydrochloride cpep 60mg</i>	1	MO
<i>escitalopram oxalate soln 5mg/5ml</i>	1	MO
<i>escitalopram oxalate tabs 10mg</i>	1	MO
<i>escitalopram oxalate tabs 20mg</i>	1	MO
<i>escitalopram oxalate tabs 5mg</i>	1	MO
FANAPT TITRATION PACK TABS 0	3	QL (8 EA per 180 days) ST (atypical antipsychotics #2, new starts only)
FANAPT TABS 10MG	4	QL (2 EA per 1 days) ST (atypical antipsychotics #2, new starts only)
FANAPT TABS 12MG	4	QL (2 EA per 1 days) ST (atypical antipsychotics #2, new starts only)
FANAPT TABS 1MG	4	QL (2 EA per 1 days) ST (atypical antipsychotics #2, new starts only)
FANAPT TABS 2MG	4	QL (2 EA per 1 days) ST (atypical antipsychotics #2, new starts only)
FANAPT TABS 4MG	4	QL (2 EA per 1 days) ST (atypical antipsychotics #2, new starts only)

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
FANAPT TABS 6MG	4	QL (2 EA per 1 days) ST (atypical antipsychotics #2, new starts only)
FANAPT TABS 8MG	4	QL (2 EA per 1 days) ST (atypical antipsychotics #2, new starts only)
FETZIMA TITRATION PACK C4PK 0	3	PA (Fetzima, new starts only)
FETZIMA CP24 120MG	3	QL (1 EA per 1 days) PA (Fetzima, new starts only) MO
FETZIMA CP24 20MG	3	QL (1 EA per 1 days) PA (Fetzima, new starts only) MO
FETZIMA CP24 40MG	3	QL (1 EA per 1 days) PA (Fetzima, new starts only) MO
FETZIMA CP24 80MG	3	QL (1 EA per 1 days) PA (Fetzima, new starts only) MO
<i>fluoxetine dr cpdr 90mg</i>	1	MO
<i>fluoxetine hydrochloride caps 10mg</i>	1	MO
<i>fluoxetine hydrochloride caps 20mg</i>	1	MO
<i>fluoxetine hydrochloride caps 40mg</i>	1	MO
<i>fluoxetine hydrochloride soln 20mg/5ml</i>	1	MO
<i>fluoxetine hydrochloride tabs 10mg</i>	1	MO
<i>fluoxetine hydrochloride tabs 20mg</i>	1	MO
<i>fluoxetine hydrochloride tabs 60mg</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>fluphenazine decanoate inj 25mg/ml</i>	1	
<i>fluphenazine hcl conc 5mg/ml</i>	1	MO
<i>fluphenazine hydrochloride elix 2.5mg/5ml</i>	1	MO
<i>fluphenazine hydrochloride inj 2.5mg/ml</i>	1	
<i>fluphenazine hydrochloride tabs 10mg</i>	1	MO
<i>fluphenazine hydrochloride tabs 1mg</i>	1	MO
<i>fluphenazine hydrochloride tabs 2.5mg</i>	1	MO
<i>fluphenazine hydrochloride tabs 5mg</i>	1	MO
<i>fluvoxamine maleate tabs 100mg</i>	1	MO
<i>fluvoxamine maleate tabs 25mg</i>	1	MO
<i>fluvoxamine maleate tabs 50mg</i>	1	MO
<i>haloperidol decanoate inj 100mg/ml</i>	1	
<i>haloperidol decanoate inj 100mg/ml</i>	1	
<i>haloperidol decanoate inj 50mg/ml</i>	1	
<i>haloperidol decanoate inj 50mg/ml</i>	1	
<i>haloperidol lactate inj 5mg/ml</i>	1	
<i>haloperidol conc 2mg/ml</i>	1	MO
<i>haloperidol tabs 0.5mg</i>	1	MO
<i>haloperidol tabs 10mg</i>	1	MO
<i>haloperidol tabs 1mg</i>	1	MO
<i>haloperidol tabs 20mg</i>	1	MO
<i>haloperidol tabs 2mg</i>	1	MO
<i>haloperidol tabs 5mg</i>	1	MO
<i>imipramine hcl tabs 10mg</i>	1	MO
<i>imipramine hcl tabs 25mg</i>	1	MO
<i>imipramine hcl tabs 50mg</i>	1	MO
<i>imipramine hydrochloride tabs 10mg</i>	1	MO
<i>imipramine hydrochloride tabs 25mg</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>imipramine hydrochloride tabs 50mg</i>	1	MO
INVEGA HAFYERA INJ 1092MG/3.5ML	4	QL (3.5 ML per 180 days) PA (Paliperidone ER Injection, new starts only)
INVEGA HAFYERA INJ 1560MG/5ML	4	QL (5 ML per 180 days) PA (Paliperidone ER Injection, new starts only)
INVEGA SUSTENNA INJ 117MG/0.75ML	4	
INVEGA SUSTENNA INJ 156MG/ML	4	
INVEGA SUSTENNA INJ 234MG/1.5ML	4	
INVEGA SUSTENNA INJ 39MG/0.25ML	3	
INVEGA SUSTENNA INJ 78MG/0.5ML	4	
INVEGA TRINZA INJ 273MG/0.88ML	4	PA (Paliperidone ER Injection, new starts only)
INVEGA TRINZA INJ 410MG/1.32ML	4	PA (Paliperidone ER Injection, new starts only)
INVEGA TRINZA INJ 546MG/1.75ML	4	PA (Paliperidone ER Injection, new starts only)
INVEGA TRINZA INJ 819MG/2.63ML	4	PA (Paliperidone ER Injection, new starts only)

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>loxapine succinate caps 10mg</i>	1	MO
<i>loxapine succinate caps 25mg</i>	1	MO
<i>loxapine succinate caps 50mg</i>	1	MO
<i>loxapine succinate caps 5mg</i>	1	MO
<i>loxapine caps 10mg</i>	1	MO
<i>loxapine caps 25mg</i>	1	MO
<i>loxapine caps 50mg</i>	1	MO
<i>loxapine caps 5mg</i>	1	MO
<i>lurasidone hydrochloride tabs 120mg</i>	1	QL (1 EA per 1 days) MO
<i>lurasidone hydrochloride tabs 20mg</i>	1	QL (1 EA per 1 days) MO
<i>lurasidone hydrochloride tabs 40mg</i>	1	QL (1 EA per 1 days) MO
<i>lurasidone hydrochloride tabs 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 TABS 10MG; 10MG	4	QL (1 EA per 1 days) PA (Lybalvi, new starts only) MO
LYBALVI TABS 15MG; 10MG	4	QL (1 EA per 1 days) PA (Lybalvi, new starts only) MO
LYBALVI TABS 20MG; 10MG	4	QL (1 EA per 1 days) PA (Lybalvi, new starts only) MO
LYBALVI TABS 5MG; 10MG	4	QL (1 EA per 1 days) PA (Lybalvi, new starts only) 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
MARPLAN TABS 10MG	3	MO
<i>mirtazapine odt tbdp 15mg</i>	1	MO
<i>mirtazapine odt tbdp 30mg</i>	1	MO
<i>mirtazapine odt tbdp 45mg</i>	1	MO
<i>mirtazapine tabs 15mg</i>	1	MO
<i>mirtazapine tabs 30mg</i>	1	MO
<i>mirtazapine tabs 45mg</i>	1	MO
<i>mirtazapine tabs 7.5mg</i>	1	MO
<i>molindone hydrochloride tabs 10mg</i>	1	MO
<i>molindone hydrochloride tabs 25mg</i>	1	MO
<i>molindone hydrochloride tabs 5mg</i>	1	MO
<i>nefazodone hydrochloride tabs 100mg</i>	1	MO
<i>nefazodone hydrochloride tabs 150mg</i>	1	MO
<i>nefazodone hydrochloride tabs 200mg</i>	1	MO
<i>nefazodone hydrochloride tabs 250mg</i>	1	MO
<i>nefazodone hydrochloride tabs 50mg</i>	1	MO
<i>nortriptyline hcl caps 25mg</i>	1	MO
<i>nortriptyline hcl caps 75mg</i>	1	MO
<i>nortriptyline hcl soln 10mg/5ml</i>	1	MO
<i>nortriptyline hydrochloride caps 10mg</i>	1	MO
<i>nortriptyline hydrochloride caps 25mg</i>	1	MO
<i>nortriptyline hydrochloride caps 50mg</i>	1	MO
<i>nortriptyline hydrochloride caps 75mg</i>	1	MO
NUPLAZID CAPS 34MG	4	QL (1 EA per 1 days) PA (Nuplazid, new starts only) MO
NUPLAZID TABS 10MG	4	QL (1 EA per 1 days) PA (Nuplazid, new starts only) 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>olanzapine odt tbdp 10mg</i>	1	MO
<i>olanzapine odt tbdp 15mg</i>	1	MO
<i>olanzapine odt tbdp 20mg</i>	1	MO
<i>olanzapine odt tbdp 5mg</i>	1	MO
<i>olanzapine/fluoxetine caps 25mg; 12mg</i>	1	QL (1 EA per 1 days) MO
<i>olanzapine/fluoxetine caps 25mg; 3mg</i>	1	QL (1 EA per 1 days) MO
<i>olanzapine/fluoxetine caps 25mg; 6mg</i>	1	QL (1 EA per 1 days) MO
<i>olanzapine/fluoxetine caps 50mg; 12mg</i>	1	QL (1 EA per 1 days) MO
<i>olanzapine/fluoxetine caps 50mg; 6mg</i>	1	QL (1 EA per 1 days) MO
<i>olanzapine inj 10mg</i>	1	
<i>olanzapine tabs 10mg</i>	1	MO
<i>olanzapine tabs 15mg</i>	1	MO
<i>olanzapine tabs 2.5mg</i>	1	MO
<i>olanzapine tabs 20mg</i>	1	MO
<i>olanzapine tabs 5mg</i>	1	MO
<i>olanzapine tabs 7.5mg</i>	1	MO
OPIPZA FILM 10MG	4	QL (3 EA per 1 days) PA (Opipza, new starts only)
OPIPZA FILM 2MG	4	QL (1 EA per 1 days) PA (Opipza, new starts only)
OPIPZA FILM 5MG	4	QL (3 EA per 1 days) PA (Opipza, new starts only)

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>paliperidone er tb24 1.5mg</i>	1	ST (atypical antipsychotics #2, new starts only) MO
<i>paliperidone er tb24 3mg</i>	1	ST (atypical antipsychotics #2, new starts only) MO
<i>paliperidone er tb24 6mg</i>	1	ST (atypical antipsychotics #2, new starts only) MO
<i>paliperidone er tb24 9mg</i>	1	ST (atypical antipsychotics #2, new starts only) MO
<i>paroxetine hcl tabs 30mg</i>	1	MO
<i>paroxetine hcl tabs 40mg</i>	1	MO
<i>paroxetine hydrochloride susp 10mg/5ml</i>	1	PA (Paroxetine suspension, new starts only) MO
<i>paroxetine hydrochloride tabs 10mg</i>	1	MO
<i>paroxetine hydrochloride tabs 20mg</i>	1	MO
<i>paroxetine hydrochloride tabs 30mg</i>	1	MO
<i>paroxetine hydrochloride tabs 40mg</i>	1	MO
<i>paroxetine caps 7.5mg</i>	1	QL (1 EA per 1 days) MO
<i>perphenazine/amitriptyline tabs 10mg; 2mg</i>	1	MO
<i>perphenazine/amitriptyline tabs 10mg; 4mg</i>	1	MO
<i>perphenazine/amitriptyline tabs 25mg; 2mg</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>perphenazine/amitriptyline tabs 25mg; 4mg</i>	1	MO
<i>perphenazine/amitriptyline tabs 50mg; 4mg</i>	1	MO
<i>perphenazine tabs 16mg</i>	1	MO
<i>perphenazine tabs 2mg</i>	1	MO
<i>perphenazine tabs 4mg</i>	1	MO
<i>perphenazine tabs 8mg</i>	1	MO
<i>phenelzine sulfate tabs 15mg</i>	1	MO
<i>pimozide tabs 1mg</i>	1	MO
<i>pimozide tabs 2mg</i>	1	MO
<i>prochlorperazine edisylate inj 10mg/2ml</i>	1	
<i>prochlorperazine maleate tabs 10mg</i>	1	MO
<i>prochlorperazine maleate tabs 5mg</i>	1	MO
<i>prochlorperazine supp 25mg</i>	1	
<i>protriptyline hcl tabs 10mg</i>	1	MO
<i>protriptyline hcl tabs 5mg</i>	1	MO
<i>quetiapine fumarate er tb24 150mg</i>	1	MO
<i>quetiapine fumarate er tb24 200mg</i>	1	MO
<i>quetiapine fumarate er tb24 300mg</i>	1	MO
<i>quetiapine fumarate er tb24 400mg</i>	1	MO
<i>quetiapine fumarate er tb24 50mg</i>	1	MO
<i>quetiapine fumarate tabs 100mg</i>	1	MO
<i>quetiapine fumarate tabs 150mg</i>	1	MO
<i>quetiapine fumarate tabs 200mg</i>	1	MO
<i>quetiapine fumarate tabs 25mg</i>	1	MO
<i>quetiapine fumarate tabs 300mg</i>	1	MO
<i>quetiapine fumarate tabs 400mg</i>	1	MO
<i>quetiapine fumarate tabs 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
REXULTI TABS 0.25MG	4	QL (1 EA per 1 days) MO
REXULTI TABS 0.5MG	4	QL (1 EA per 1 days) MO
REXULTI TABS 1MG	4	QL (1 EA per 1 days) MO
REXULTI TABS 2MG	4	QL (1 EA per 1 days) MO
REXULTI TABS 3MG	4	QL (1 EA per 1 days) MO
REXULTI TABS 4MG	4	QL (1 EA per 1 days) MO
<i>risperidone er inj 12.5mg</i>	1	
<i>risperidone er inj 25mg</i>	1	
<i>risperidone er inj 37.5mg</i>	4	
<i>risperidone er inj 50mg</i>	4	
<i>risperidone odt tbdp 0.25mg</i>	1	MO
<i>risperidone odt tbdp 0.5mg</i>	1	MO
<i>risperidone odt tbdp 1mg</i>	1	MO
<i>risperidone odt tbdp 2mg</i>	1	MO
<i>risperidone odt tbdp 3mg</i>	1	MO
<i>risperidone odt tbdp 4mg</i>	1	MO
<i>risperidone soln 1mg/ml</i>	1	MO
<i>risperidone tabs 0.25mg</i>	1	MO
<i>risperidone tabs 0.5mg</i>	1	MO
<i>risperidone tabs 1mg</i>	1	MO
<i>risperidone tabs 2mg</i>	1	MO
<i>risperidone tabs 3mg</i>	1	MO
<i>risperidone tabs 4mg</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
SECUADO PT24 3.8MG/24HR	4	QL (1 EA per 1 days) PA (Secuado, new starts only)
SECUADO PT24 5.7MG/24HR	4	QL (1 EA per 1 days) PA (Secuado, new starts only)
SECUADO PT24 7.6MG/24HR	4	QL (1 EA per 1 days) PA (Secuado, new starts only)
<i>sertraline hcl conc 20mg/ml</i>	1	MO
<i>sertraline hcl tabs 50mg</i>	1	MO
<i>sertraline hydrochloride conc 20mg/ml</i>	1	MO
<i>sertraline hydrochloride tabs 100mg</i>	1	MO
<i>sertraline hydrochloride tabs 25mg</i>	1	MO
<i>sertraline hydrochloride tabs 50mg</i>	1	MO
SPRAVATO 56MG DOSE SOPK 0	4	PA (Spravato, new starts only)
SPRAVATO 84MG DOSE SOPK 0	4	PA (Spravato, new starts only)
<i>thioridazine hydrochloride tabs 100mg</i>	1	MO
<i>thioridazine hydrochloride tabs 10mg</i>	1	MO
<i>thioridazine hydrochloride tabs 25mg</i>	1	MO
<i>thioridazine hydrochloride tabs 50mg</i>	1	MO
<i>thiothixene caps 10mg</i>	1	MO
<i>thiothixene caps 1mg</i>	1	MO
<i>thiothixene caps 2mg</i>	1	MO
<i>thiothixene caps 5mg</i>	1	MO
<i>tranylcypromine sulfate tabs 10mg</i>	1	MO
<i>trazodone hydrochloride tabs 100mg</i>	1	MO
<i>trazodone hydrochloride tabs 150mg</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>trazodone hydrochloride tabs 300mg</i>	1	MO
<i>trazodone hydrochloride tabs 50mg</i>	1	MO
<i>trifluoperazine hcl tabs 10mg</i>	1	MO
<i>trifluoperazine hcl tabs 1mg</i>	1	MO
<i>trifluoperazine hcl tabs 2mg</i>	1	MO
<i>trifluoperazine hcl tabs 5mg</i>	1	MO
<i>trifluoperazine hydrochloride tabs 10mg</i>	1	MO
<i>trifluoperazine hydrochloride tabs 1mg</i>	1	MO
<i>trifluoperazine hydrochloride tabs 2mg</i>	1	MO
<i>trifluoperazine hydrochloride tabs 5mg</i>	1	MO
<i>trimipramine maleate caps 100mg</i>	1	MO
<i>trimipramine maleate caps 25mg</i>	1	MO
<i>trimipramine maleate caps 50mg</i>	1	MO
TRINTELLIX TABS 10MG	3	QL (1 EA per 1 days) PA (Trintellix, new starts only) MO
TRINTELLIX TABS 20MG	3	QL (1 EA per 1 days) PA (Trintellix, new starts only) MO
TRINTELLIX TABS 5MG	3	QL (1 EA per 1 days) PA (Trintellix, new starts only) MO
UZEDY INJ 100MG/0.28ML	4	QL (0.28 ML per 30 days) PA (Uzedy, new starts only)
UZEDY INJ 125MG/0.35ML	4	QL (0.35 ML per 30 days) PA (Uzedy, new starts only)

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Drug Name	Drug Tier	Requirements/Limits
UZEDY INJ 150MG/0.42ML	4	QL (0.42 ML per 56 days) PA (Uzedy, new starts only)
UZEDY INJ 200MG/0.56ML	4	QL (0.56 ML per 56 days) PA (Uzedy, new starts only)
UZEDY INJ 250MG/0.7ML	4	QL (0.7 ML per 56 days) PA (Uzedy, new starts only)
UZEDY INJ 50MG/0.14ML	4	QL (0.14 ML per 30 days) PA (Uzedy, new starts only)
UZEDY INJ 75MG/0.21ML	4	QL (0.21 ML per 30 days) PA (Uzedy, new starts only)
VENLAFAXINE BESYLATE ER TB24 112.5MG	3	QL (1 EA per 1 days) MO
<i>venlafaxine hcl tabs 37.5mg</i>	1	MO
<i>venlafaxine hydrochloride er cp24 150mg</i>	1	MO
<i>venlafaxine hydrochloride er cp24 37.5mg</i>	1	MO
<i>venlafaxine hydrochloride er cp24 75mg</i>	1	MO
<i>venlafaxine hydrochloride er tb24 225mg</i>	1	QL (1 EA per 1 days) MO
<i>venlafaxine hydrochloride tabs 100mg</i>	1	MO
<i>venlafaxine hydrochloride tabs 25mg</i>	1	MO
<i>venlafaxine hydrochloride tabs 37.5mg</i>	1	MO
<i>venlafaxine hydrochloride tabs 50mg</i>	1	MO
<i>venlafaxine hydrochloride tabs 75mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
VERSACLOZ SUSP 50MG/ML	4	PA (Versacloz, new starts only)
VIIBRYD STARTER PACK KIT 0	3	PA (viibryd, new starts only)
<i>vilazodone hydrochloride tabs 10mg</i>	1	QL (1 EA per 1 days) PA (viibryd, new starts only) MO
<i>vilazodone hydrochloride tabs 20mg</i>	1	QL (1 EA per 1 days) PA (viibryd, new starts only) MO
<i>vilazodone hydrochloride tabs 40mg</i>	1	QL (1 EA per 1 days) PA (viibryd, new starts only) MO
VRAYLAR CAPS 1.5MG	4	QL (1 EA per 1 days) MO
VRAYLAR CAPS 3MG	4	QL (1 EA per 1 days) MO
VRAYLAR CAPS 4.5MG	4	QL (1 EA per 1 days) MO
VRAYLAR CAPS 6MG	4	QL (1 EA per 1 days) MO
VRAYLAR CPPK 0	3	QL (7 EA per 180 days)
<i>ziprasidone hcl caps 20mg</i>	1	MO
<i>ziprasidone hcl caps 40mg</i>	1	MO
<i>ziprasidone hcl caps 60mg</i>	1	MO
<i>ziprasidone hcl caps 80mg</i>	1	MO
<i>ziprasidone hydrochloride caps 20mg</i>	1	MO
<i>ziprasidone hydrochloride caps 40mg</i>	1	MO
<i>ziprasidone hydrochloride caps 60mg</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>ziprasidone hydrochloride caps 80mg</i>	1	MO
<i>ziprasidone mesylate inj 20mg</i>	1	
ZURZUVAE CAPS 20MG	4	QL (2 EA per 1 days) PA (Zurzuvae, new starts only) MO
ZURZUVAE CAPS 25MG	4	QL (2 EA per 1 days) PA (Zurzuvae, new starts only) MO
ZURZUVAE CAPS 30MG	4	QL (1 EA per 1 days) PA (Zurzuvae, new starts only) MO
ZYPREXA RELPREVV INJ 210MG	2	PA (zyprexa relprevv, new starts only)
ZYPREXA RELPREVV INJ 300MG	4	PA (zyprexa relprevv, new starts only)
ZYPREXA RELPREVV INJ 405MG	4	PA (zyprexa relprevv, new starts only)
<i>Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors</i>		
AUSTEDO TABS 12MG	4	QL (4 EA per 1 days) PA (Austedo) MO
AUSTEDO TABS 6MG	4	QL (2 EA per 1 days) PA (Austedo) MO
AUSTEDO TABS 9MG	4	QL (4 EA per 1 days) PA (Austedo) MO
INGREZZA CAPS 40MG	4	QL (1 EA per 1 days) PA (Ingrezza) MO
INGREZZA CAPS 60MG	4	QL (1 EA per 1 days) PA (Ingrezza) 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 80MG	4	QL (1 EA per 1 days) PA (Ingrezza) MO
INGREZZA CPPK 0	4	QL (28 EA per 180 days) PA (Ingrezza) MO
INGREZZA CPSP 40MG	4	QL (1 EA per 1 days) PA (Ingrezza)
INGREZZA CPSP 60MG	4	QL (1 EA per 1 days) PA (Ingrezza)
INGREZZA CPSP 80MG	4	QL (1 EA per 1 days) PA (Ingrezza)
<i>tetrabenazine tabs 12.5mg</i>	1	QL (8 EA per 1 days) PA (Tetrabenazine) MO
<i>tetrabenazine tabs 25mg</i>	4	QL (4 EA per 1 days) PA (Tetrabenazine) MO
Dental Agents		
<i>Nutritional supplement</i>		
<i>fraiche 5000 dental gel 1.1%</i>	1	
Devices		
<i>Devices</i>		
ALCOHOL PREP PADS PADS 70%	2	
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" MISC	2	QL (200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" MISC	2	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 12.7MM MISC	2	QL (200 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
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM MISC	2	QL (200 EA per 30 days)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISC	2	QL (200 EA per 30 days)
CURITY GAUZE PADS 2"X2" 12 PLY PADS	2	
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5) KIT	2	QL (3 EA per 365 days) PA (Omnipod)
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5) MISC	2	QL (10 EA per 30 days) PA (Omnipod)
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5) MISC	2	QL (10 EA per 30 days) PA (Omnipod)
OMNIPOD 5 G7 INTRO KIT (GEN 5) KIT	2	QL (3 EA per 365 days) PA (Omnipod)
OMNIPOD 5 G7 PODS (GEN 5) MISC	2	QL (10 EA per 30 days) PA (Omnipod)
OMNIPOD 5 LIBRE2 PLUS G6 PODS MISC	2	QL (10 EA per 30 days) PA (Omnipod)
OMNIPOD 5 LIBRE2 PLUS G6 KIT	2	QL (3 EA per 365 days) PA (Omnipod)
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3) KIT	2	QL (3 EA per 365 days) PA (Omnipod)
OMNIPOD CLASSIC PODS (GEN 3) MISC	2	QL (10 EA per 30 days) PA (Omnipod)
OMNIPOD DASH INTRO KIT (GEN 4) KIT	2	QL (3 EA per 365 days) PA (Omnipod)
OMNIPOD DASH PDM KIT (GEN 4) KIT	2	QL (3 EA per 365 days) PA (Omnipod)
OMNIPOD DASH PODS (GEN 4) MISC	2	QL (10 EA per 30 days) PA (Omnipod)

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Drug Name	Drug Tier	Requirements/Limits
Diagnostic Agents		
<i>Cardiac Function</i>		
<i>dipyridamole tabs 25mg</i>	1	MO
<i>dipyridamole tabs 50mg</i>	1	MO
<i>dipyridamole tabs 75mg</i>	1	MO
<i>Pheochromocytoma</i>		
<i>metyrosine caps 250mg</i>	4	PA (Metyrosine)
Electrolytic, Caloric, and Water Balance		
<i>Alkalinizing Agents</i>		
<i>potassium citrate er tbc 1080mg</i>	1	
<i>potassium citrate er tbc 15meq</i>	1	
<i>potassium citrate er tbc 540mg</i>	1	
<i>sodium bicarbonate inj 4.2%</i>	1	
<i>sodium bicarbonate inj 7.5%</i>	1	
<i>sodium bicarbonate inj 8.4%</i>	1	
<i>Ammonia Detoxicants</i>		
<i>carglumic acid tbs 200mg</i>	4	PA (carbglu) LA MO
<i>constulose soln 10gm/15ml</i>	1	MO
<i>enulose soln 10gm/15ml</i>	1	MO
<i>generlac soln 10gm/15ml</i>	1	MO
<i>lactulose soln 10gm/15ml</i>	1	MO
<i>lactulose soln 10gm/15ml</i>	1	MO
RAVICTI LIQD 1.1GM/ML	4	PA (ravicti) MO
<i>sodium phenylbutyrate powd 3gm/tsp</i>	4	PA (buphenyl) MO
<i>sodium phenylbutyrate tabs 500mg</i>	4	PA (buphenyl) MO
<i>Caloric Agents</i>		

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Drug Name	Drug Tier	Requirements/Limits
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	2	B/D
AMINOSYN-PF 7% INJ 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 300MG/100ML; 570MG/100ML; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	2	B/D
CLINIMIX 4.25%/DEXTROSE 10% INJ 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 10GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	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 4.25%/DEXTROSE 5% INJ 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 5GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	3	B/D
CLINIMIX 5%/DEXTROSE 15% INJ 42MEQ/1000ML; 1035MG/100ML; 575MG/100ML; 20MEQ/1000ML; 15GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	3	B/D
CLINIMIX 5%/DEXTROSE 20% INJ 42MEQ/L; 1035MG/100ML; 575MG/100ML; 20MEQ/L; 20GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	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 2.75%/DEXTROSE 5% INJ 570MG/100ML; 316MG/100ML; 33MG/100ML; 5GM/100ML; 515MG/100ML; 132MG/100ML; 165MG/100ML; 201MG/100ML; 159MG/100ML; 51MG/100ML; 110MG/100ML; 454MG/100ML; 154MG/100ML; 261MG/100ML; 187MG/100ML; 138MG/100ML; 217MG/100ML; 112MG/100ML; 116MG/100ML; 50MG/100ML; 11MG/100ML; 160MG/100ML	3	B/D
CLINIMIX E 4.25%/DEXTROSE 10% INJ 880MG/100ML; 489MG/100ML; 33MG/100ML; 10GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 51MG/100ML; 170MG/100ML; 702MG/100ML; 238MG/100ML; 261MG/100ML; 289MG/100ML; 213MG/100ML; 297MG/100ML; 77MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	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 5% INJ 880MG/100ML; 489MG/100ML; 33MG/100ML; 5GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 51MG/100ML; 170MG/100ML; 702MG/100ML; 238MG/100ML; 261MG/100ML; 289MG/100ML; 213MG/100ML; 297MG/100ML; 77MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	3	B/D
CLINIMIX E 5%/DEXTROSE 15% INJ 1035MG/100ML; 575MG/100ML; 33MG/100ML; 15GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 51MG/100ML; 200MG/100ML; 826MG/100ML; 280MG/100ML; 261MG/100ML; 340MG/100ML; 250MG/100ML; 340MG/100ML; 59MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	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 5%/DEXTROSE 20% INJ 1035MG/100ML; 575MG/100ML; 33MG/100ML; 20GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 51MG/100ML; 200MG/100ML; 826MG/100ML; 280MG/100ML; 261MG/100ML; 340MG/100ML; 250MG/100ML; 340MG/100ML; 59MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	3	B/D
<i>clinisol sf 15% inj 151meq/l;</i> <i>2170mg/100ml; 1470mg/100ml;</i> <i>434mg/100ml; 749mg/100ml;</i> <i>1040mg/100ml; 894mg/100ml;</i> <i>749mg/100ml; 1040mg/100ml;</i> <i>1180mg/100ml; 749mg/100ml;</i> <i>1040mg/100ml; 894mg/100ml;</i> <i>592mg/100ml; 749mg/100ml;</i> <i>250mg/100ml; 39mg/100ml;</i> <i>960mg/100ml</i>	1	B/D
<i>clinolipid inj 1.2gm/100ml;</i> <i>2.25gm/100ml; 16gm/100ml; 4gm/100ml</i>	4	B/D
<i>dextrose 10% inj 10%</i>	1	
<i>dextrose 25% inj 250mg/ml</i>	1	
<i>dextrose 30% inj 30%</i>	1	
<i>dextrose 5% inj 5%</i>	1	
<i>dextrose 50% inj 50%</i>	1	
<i>dextrose 70% inj 70%</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>dextrose inj 40%</i>	1	
DOJOLVI LIQD 100%	4	PA (Dojolvi)
<i>glucose (dextrose) 50% inj 50%</i>	1	
<i>glucose (dextrose) 70% inj 70%</i>	1	
INTRALIPID INJ 20GM/100ML	2	B/D
NUTRILIPID INJ 20GM/100ML	2	B/D
<i>plenamine inj 147.4meq/l; 2.17gm/100ml; 1.47gm/100ml; 434mg/100ml; 749mg/100ml; 1.04gm/100ml; 894mg/100ml; 749mg/100ml; 1.04gm/100ml; 1.18gm/100ml; 749mg/100ml; 1.04gm/100ml; 894mg/100ml; 592mg/100ml; 749mg/100ml; 250mg/100ml; 39mg/100ml; 960mg/100ml</i>	1	B/D
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	2	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
PROSOL INJ 140MEQ/100ML; 2.76GM/100ML; 1.96GM/100ML; 600MG/100ML; 1.02GM/100ML; 2.06GM/100ML; 1.18GM/100ML; 1.08GM/100ML; 1.08GM/100ML; 1.35GM/100ML; 760MG/100ML; 1GM/100ML; 1.34GM/100ML; 1.02GM/100ML; 980MG/100ML; 320MG/100ML; 50MG/100ML; 1.44GM/100ML	2	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	2	B/D
TROPHAMINE INJ 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	2	B/D
<i>Diuretics</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>amiloride/hydrochlorothiazide tabs 5mg; 50mg</i>	1	MO
JYNARQUE TABS 15MG	4	QL (4 EA per 1 days) PA (Jynarque) MO
JYNARQUE TABS 30MG	4	QL (4 EA per 1 days) PA (Jynarque) MO
JYNARQUE TBPK 0	4	QL (2 EA per 1 days) PA (Jynarque)
JYNARQUE TBPK 0	4	QL (2 EA per 1 days) PA (Jynarque)
JYNARQUE TBPK 0	4	QL (2 EA per 1 days) PA (Jynarque)
JYNARQUE TBPK 0	4	QL (2 EA per 1 days) PA (Jynarque) MO
JYNARQUE TBPK 15MG	4	QL (2 EA per 1 days) PA (Jynarque) MO
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	1	MO
<i>triamterene/hydrochlorothiazide tabs 25mg; 37.5mg</i>	1	MO
<i>triamterene/hydrochlorothiazide tabs 50mg; 75mg</i>	1	MO
<i>Ion-removing Agents</i>		
FOSRENOL PACK 1000MG	3	ST (Lanthanum #2, new starts only) MO
FOSRENOL PACK 750MG	3	ST (Lanthanum #2, new starts only) MO
<i>kionex susp 15gm/60ml</i>	1	
LANTHANUM CARBONATE CHEW 1000MG	4	ST (Lanthanum #2, new starts only) 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
LANTHANUM CARBONATE CHEW 500MG	4	ST (Lanthanum #2, new starts only) MO
LANTHANUM CARBONATE CHEW 750MG	4	ST (Lanthanum #2, new starts only) MO
LOKELMA PACK 10GM	3	QL (3 EA per 1 days) PA (Lokelma) MO
LOKELMA PACK 5GM	3	QL (3 EA per 1 days) PA (Lokelma) MO
<i>sodium polystyrene sulfonate powd 0</i>	1	
<i>sps susp 15gm/60ml</i>	1	
<i>sps susp 15gm/60ml</i>	1	
VELTASSA PACK 16.8GM	3	QL (1 EA per 1 days) PA (Veltassa)
VELTASSA PACK 1GM	3	QL (4 EA per 1 days) PA (Veltassa)
VELTASSA PACK 25.2GM	3	QL (1 EA per 1 days) PA (Veltassa)
VELTASSA PACK 8.4GM	3	QL (1 EA per 1 days) PA (Veltassa)
<i>Irrigating Solutions</i>		
<i>ringers irrigation soln 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	1	
<i>sodium chloride 0.9% soln 0.9%</i>	1	
<i>sterile water for irrigation soln 0</i>	1	
<i>tis-u-sol soln 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	1	
<i>Replacement Preparations</i>		
<i>calcium acetate caps 667mg</i>	1	MO
<i>calcium acetate tabs 667mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX INJ 24MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	3	
<i>dextrose 10%/sodium chloride 0.2% inj 10%; 0.2%</i>	1	
<i>dextrose 10%/sodium chloride 0.45% inj 10%; 0.45%</i>	1	
<i>dextrose 2.5%/sodium chloride 0.45% inj 2.5%; 0.45%</i>	1	
<i>dextrose 5%/lactated ringers inj 2.7meq/l; 109meq/l; 5%; 28meq/l; 4meq/l; 130meq/l</i>	1	
<i>dextrose 5%/sodium chloride 0.2% inj 5%; 0.2%</i>	1	
<i>dextrose 5%/sodium chloride 0.33% inj 5%; 0.33%</i>	1	
<i>dextrose 5%/sodium chloride 0.45% inj 5%; 0.45%</i>	1	
<i>dextrose 5%/sodium chloride 0.9% inj 5%; 0.9%</i>	1	
<i>dextrose/sodium chloride inj 5%; 0.225%</i>	1	
ISOLYTE-P/DEXTROSE 5% INJ 23MEQ/L; 23MEQ/L; 5%; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	3	
ISOLYTE-S PH 7.4 INJ 27MEQ/1000ML; 98MEQ/1000ML; 23MEQ/1000ML; 3MEQ/1000ML; 1MEQ/1000ML; 5MEQ/1000ML; 141MEQ/1000ML	3	

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Drug Name	Drug Tier	Requirements/Limits
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% inj 5%; 20meq/l; 0.2%</i>	1	
KCL 0.15%/D5W/NACL 0.225% INJ 5%; 20MEQ/L; 0.225%	1	
<i>kcl 0.15%/d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.9% inj 5%; 20meq/l; 0.9%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.45% inj 5%; 40meq/l; 0.45%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.9% inj 5%; 40meq/l; 0.9%</i>	1	
<i>klor-con 10 tbc 10meq</i>	1	MO
<i>klor-con 8 tbc 8meq</i>	1	MO
<i>klor-con m10 tbc 10meq</i>	1	MO
<i>klor-con m15 tbc 15meq</i>	1	MO
<i>klor-con m20 tbc 20meq</i>	1	MO
<i>klor-con pack 20meq</i>	1	
<i>lactated ringers inj 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	1	
<i>multiple electrolytes injection type 1 inj 27meq/l; 98meq/l; 23meq/l; 3meq/l; 5meq/l; 140meq/l</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>multiple electrolytes injection type 1 inj 27meq/l; 98meq/l; 23meq/l; 3meq/l; 5meq/l; 140meq/l</i>	1	
NORMOSOL -R INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	2	
NORMOSOL-M/D5W INJ 16MEQ/L; 40MEQ/L; 5%; 3MEQ/L; 13MEQ/L; 40MEQ/L	2	
NORMOSOL-R INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	2	
<i>potassium chloride cr tbc 10meq</i>	1	MO
<i>potassium chloride er cpcr 10meq</i>	1	MO
<i>potassium chloride er cpcr 8meq</i>	1	MO
<i>potassium chloride er tbc 10meq</i>	1	MO
<i>potassium chloride er tbc 10meq</i>	1	MO
<i>potassium chloride er tbc 15meq</i>	1	
<i>potassium chloride er tbc 15meq</i>	1	MO
<i>potassium chloride er tbc 20meq</i>	1	MO
<i>potassium chloride er tbc 20meq</i>	1	MO
<i>potassium chloride er tbc 8meq</i>	1	MO
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS INJ 3MEQ/L; 149MEQ/L; 5%; 28MEQ/L; 24MEQ/L; 130MEQ/L	1	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 10meq/l; 0.45%</i>	1	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 20meq/l; 0.45%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride/dextrose/sodium chloride inj 5%; 20meq/l; 0.9%</i>	1	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 30meq/l; 0.45%</i>	1	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 40meq/l; 0.45%</i>	1	
<i>potassium chloride/dextrose/sodium chloride inj 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%</i>	1	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%</i>	1	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.9%</i>	1	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.9%</i>	1	
<i>potassium chloride/sodium chloride inj 40meq/l; 0.9%</i>	1	
<i>potassium chloride/sodium chloride inj 40meq/l; 0.9%</i>	1	
<i>potassium chloride inj 10meq/100ml</i>	1	
<i>potassium chloride inj 20meq/100ml</i>	1	
<i>potassium chloride inj 2meq/ml</i>	1	
<i>potassium chloride inj 2meq/ml</i>	1	
<i>potassium chloride inj 40meq/100ml</i>	1	
<i>potassium chloride pack 20meq</i>	1	
<i>potassium chloride soln 10%</i>	1	
<i>potassium chloride soln 20%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ringers injection inj 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	1	
<i>sodium chloride 0.45% inj 0.45%</i>	1	
<i>sodium chloride inj 0.45%</i>	1	
<i>sodium chloride inj 0.9%</i>	1	
<i>sodium chloride inj 0.9%</i>	1	
<i>sodium chloride inj 2.5meq/ml</i>	1	
<i>sodium chloride inj 3%</i>	1	
<i>sodium chloride inj 5%</i>	1	
TPN ELECTROLYTES INJ 29.5MEQ/20ML; 4.5MEQ/20ML; 35MEQ/20ML; 5MEQ/20ML; 20MEQ/20ML; 35MEQ/20ML	3	
<i>Uricosuric Agents</i>		
<i>probenecid/colchicine tabs 0.5mg; 500mg</i>	1	MO
<i>probenecid tabs 500mg</i>	1	MO
Enzymes		
<i>Enzyme Cofactors/Chaperones</i>		
MIPLYFFA CAPS 124MG	4	QL (3 EA per 1 days) PA (Miplyffa)
MIPLYFFA CAPS 47MG	4	QL (3 EA per 1 days) PA (Miplyffa)
MIPLYFFA CAPS 62MG	4	QL (3 EA per 1 days) PA (Miplyffa)
MIPLYFFA CAPS 93MG	4	QL (3 EA per 1 days) PA (Miplyffa)
<i>Enzymes</i>		
ALDURAZYME INJ 2.9MG/5ML	4	PA (aldurazyme) LA
CEREZYME INJ 400UNIT	4	PA (cerezyme)

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Drug Name	Drug Tier	Requirements/Limits
ELAPRASE INJ 6MG/3ML	4	PA (elaprase) LA
FABRAZYME INJ 35MG	4	PA (fabrazyme) LA
FABRAZYME INJ 5MG	4	PA (fabrazyme) LA
LUMIZYME INJ 50MG	4	PA (lumizyme) LA
NAGLAZYME INJ 1MG/ML	4	PA (naglazyme) LA
PALYNZIQ INJ 10MG/0.5ML	4	QL (1 ML per 1 days) PA (Palynziq) MO
PALYNZIQ INJ 2.5MG/0.5ML	4	QL (1 ML per 1 days) PA (Palynziq) MO
PALYNZIQ INJ 20MG/ML	4	QL (2 ML per 1 days) PA (Palynziq) MO
REVCОВI INJ 2.4MG/1.5ML	4	PA (Revcovi)
STRENSIQ INJ 18MG/0.45ML	4	PA (Strensiq) MO
STRENSIQ INJ 28MG/0.7ML	4	PA (Strensiq) MO
STRENSIQ INJ 40MG/ML	4	PA (Strensiq) MO
STRENSIQ INJ 80MG/0.8ML	4	PA (Strensiq) MO
SUCRAID SOLN 8500UNIT/ML	4	PA (sucraid) LA MO
VPRIV INJ 400UNIT	4	PA (vpriv)
Eye, Ear, Nose & Throat Preparations		
<i>Anti-infectives</i>		
<i>bacitracin/polymyxin b oint 500unit/gm; 10000unit/gm</i>	1	
<i>bacitracin oint 500unit/gm</i>	1	
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<i>ciprofloxacin hydrochloride soln 0.3%</i>	1	
CIPROFLOXACIN SOLN 0.2%	1	
<i>erythromycin oint 5mg/gm</i>	1	
<i>gatifloxacin soln 0.5%</i>	1	
<i>gentak oint 0.3%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin sulfate soln 0.3%</i>	1	
<i>levofloxacin soln 0.5%</i>	1	
<i>moxifloxacin hydrochloride soln 0.5%</i>	1	
NATACYN SUSP 5%	3	
<i>neo-polycin oint 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	1	
<i>neomycin/bacitracin/polymyxin oint 400unit/gm; 5mg/gm; 10000unit/gm</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 soln 0.025mg/ml; 1.75mg/ml; 10000unit/ml</i>	1	
<i>ofloxacin soln 0.3%</i>	1	
<i>ofloxacin soln 0.3%</i>	1	
PERIOGARD SOLN 0.12%	1	
<i>polycin oint 500unit/gm; 10000unit/gm</i>	1	
<i>polymyxin b sulfate/trimethoprim sulfate soln 10000unit/ml; 0.1%</i>	1	
<i>sulfacetamide sodium oint 10%</i>	1	
<i>sulfacetamide sodium soln 10%</i>	1	
<i>tobramycin sulfate soln 0.3%</i>	1	
<i>tobramycin soln 0.3%</i>	1	
<i>trifluridine soln 1%</i>	1	
<i>trimethoprim sulfate/polymyxin b sulfate soln 10000unit/ml; 0.1%</i>	1	
XDEMZY SOLN 0.25%	4	QL (10 ML per 30 days) PA (Xdemzy)
ZIRGAN GEL 0.15%	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>Anti-inflammatory Agents</i>		
<i>blephamide s.o.p. oint 0.2%; 10%</i>	3	
<i>ciprofloxacin/dexamethasone susp 0.3%; 0.1%</i>	1	
<i>cyclosporine emul 0.05%</i>	1	QL (60 EA per 30 days) MO
<i>dexamethasone sodium phosphate soln 0.1%</i>	1	
<i>diclofenac sodium soln 0.1%</i>	1	
<i>difluprednate emul 0.05%</i>	1	ST (Difluprednate #2)
<i>flac oil 0.01%</i>	1	
<i>flunisolide soln 0.025%</i>	1	
<i>fluocinolone acetonide ear drops oil 0.01%</i>	1	
<i>fluocinolone acetonide oil 0.01%</i>	1	
<i>fluorometholone susp 0.1%</i>	1	
<i>flurbiprofen sodium soln 0.03%</i>	1	
<i>fluticasone propionate susp 50mcg/act</i>	1	
FML FORTE SUSP 0.25%	3	
FML OINT 0.1%	3	
<i>hydrocortisone/acetic acid soln 2%; 1%</i>	1	
<i>ketorolac tromethamine soln 0.4%</i>	1	
<i>ketorolac tromethamine soln 0.5%</i>	1	
MAXIDEX SUSP 0.1%	3	
<i>neo-polycin hc oint 400unit/gm; 1%; 3.5mg/gm; 10000unit/gm</i>	1	
<i>neomycin/polymyxin/bacitracin/hydrocortisone oint 400unit/gm; 1%; 0.5%; 10000unit/gm</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 oint</i> 0.1%; 3.5mg/gm; 10000unit/gm	1	
<i>neomycin/polymyxin/dexamethasone susp</i> 0.1%; 3.5mg/ml; 10000unit/ml	1	
<i>neomycin/polymyxin/hc soln</i> 1%; 3.5mg/ml; 10000unit/ml	1	
<i>neomycin/polymyxin/hydrocortisone soln</i> 1%; 3.5mg/ml; 10000unit/ml	1	
<i>neomycin/polymyxin/hydrocortisone susp</i> 1%; 3.5mg/ml; 10000unit/ml	1	
<i>neomycin/polymyxin/hydrocortisone susp</i> 1%; 3.5mg/ml; 10000unit/ml	1	
PRED MILD SUSP 0.12%	3	
PREDNISOLONE ACETATE SUSP 1%	1	
<i>prednisolone sodium phosphate soln</i> 1%	1	
<i>sulfacetamide sodium/prednisolone</i> <i>sodium phosphate soln</i> 0.23%; 10%	1	
TOBRADEX ST SUSP 0.05%; 0.3%	3	
TOBRADEX OINT 0.1%; 0.3%	3	
<i>tobramycin/dexamethasone susp</i> 0.1%; 0.3%	1	
VERKAZIA EMUL 0.1%	4	QL (4 EA per 1 days) PA (Verkazia)
XIIDRA SOLN 5%	2	QL (2 EA per 1 days) ST (Xiidra #2)
Antiallergic Agents		
<i>azelastine hcl soln</i> 0.05%	1	
<i>azelastine hydrochloride soln</i> 0.1%	1	QL (60 ML per 30 days)
<i>azelastine hydrochloride soln</i> 0.05%	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium soln 4%</i>	1	
<i>epinastine hcl soln 0.05%</i>	1	
<i>olopatadine hydrochloride soln 0.1%</i>	1	
Antiglaucoma Agents		
<i>betaxolol hcl soln 0.5%</i>	1	MO
<i>brimonidine tartrate/timolol maleate soln 0.2%; 0.5%</i>	1	ST (Brimonidine/timolol #2) MO
<i>brimonidine tartrate soln 0.15%</i>	1	MO
<i>brimonidine tartrate soln 0.2%</i>	1	MO
<i>brinzolamide susp 1%</i>	1	MO
<i>carteolol hcl soln 1%</i>	1	MO
<i>dorzolamide hcl/timolol maleate soln 22.3mg/ml; 6.8mg/ml</i>	1	MO
<i>dorzolamide hydrochloride soln 2%</i>	1	MO
<i>latanoprost soln 0.005%</i>	1	MO
<i>levobunolol hcl soln 0.5%</i>	1	MO
LUMIGAN SOLN 0.01%	2	ST (Lumigan #2) MO
<i>pilocarpine hcl soln 1%</i>	1	MO
<i>pilocarpine hcl soln 2%</i>	1	MO
<i>pilocarpine hcl soln 4%</i>	1	MO
RHOPRESSA SOLN 0.02%	2	ST (Rhopressa #2) MO
ROCKLATAN SOLN 0.005%; 0.02%	2	QL (5 ML per 28 days) ST (Rocklatan #2) MO
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLG 0.25%	1	MO
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLG 0.5%	1	MO
<i>timolol maleate soln 0.25%</i>	1	MO
<i>timolol maleate soln 0.5%</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>travoprost soln 0.004%</i>	1	ST (Travoprost #2) MO
VUITY SOLN 1.25%	3	QL (0.09 ML per 1 days)
<i>EENT Drugs, Miscellaneous</i>		
<i>acetic acid soln 2%</i>	1	
<i>apraclonidine soln 0.5%</i>	1	
CYSTADROPS SOLN 0.37%	4	QL (20 ML per 28 days) PA (Cysteamine) MO
CYSTARAN SOLN 0.44%	4	PA (Cysteamine) MO
IOPIDINE SOLN 1%	3	
OXERVATE SOLN 0.002%	4	QL (1 ML per 1 days) PA (Oxervate)
<i>Local Anesthetics</i>		
<i>lidocaine hydrochloride viscous soln 2%</i>	1	
<i>lidocaine viscous soln 2%</i>	1	
<i>proparacaine hcl soln 0.5%</i>	1	
<i>Mydriatics</i>		
ATROPINE SULFATE SOLN 1%	1	MO
<i>cyclopentolate hcl soln 1%</i>	1	
Gastrointestinal Drugs		
<i>Anti-inflammatory Agents</i>		
<i>alosetron hydrochloride tabs 0.5mg</i>	1	PA (Alosetron) MO
<i>alosetron hydrochloride tabs 1mg</i>	4	PA (Alosetron) MO
<i>balsalazide disodium caps 750mg</i>	1	
DIPENTUM CAPS 250MG	4	MO
<i>mesalamine dr cpdr 400mg</i>	1	MO
<i>mesalamine dr tbec 1.2gm</i>	1	
<i>mesalamine dr tbec 800mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine er cpcr 500mg</i>	1	MO
<i>mesalamine enem 4gm</i>	1	
<i>mesalamine kit 4gm</i>	1	
<i>mesalamine supp 1000mg</i>	1	
Antidiarrhea Agents		
<i>diphenoxylate hydrochloride/atropine sulfate tabs 0.025mg; 2.5mg</i>	1	
<i>diphenoxylate/atropine liqd 0.025mg/5ml; 2.5mg/5ml</i>	1	
<i>loperamide hydrochloride caps 2mg</i>	1	
<i>opium tincture tinc 1%</i>	1	QL (2.4 ML per 1 days) PA (Opium Tincture)
<i>opium tinc 1%</i>	1	QL (2.4 ML per 1 days) PA (Opium Tincture)
XERMELO TABS 250MG	4	QL (3 EA per 1 days) PA (Xermelo) MO
Antiemetics		
<i>aprepitant caps 0</i>	1	QL (6 EA per 30 days) PA (emend)
<i>aprepitant caps 125mg</i>	1	QL (2 EA per 30 days) PA (emend)
<i>aprepitant caps 40mg</i>	1	QL (1 EA per 30 days) PA (emend)
<i>aprepitant caps 80mg</i>	1	QL (4 EA per 30 days) PA (emend)
<i>dronabinol caps 10mg</i>	1	QL (4 EA per 1 days) PA (dronabinol)
<i>dronabinol caps 2.5mg</i>	1	QL (4 EA per 1 days) PA (dronabinol)

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>dronabinol caps 5mg</i>	1	QL (4 EA per 1 days) PA (dronabinol)
EMEND SUSR 125MG/5ML	3	QL (2 EA per 30 days) PA (emend)
<i>granisetron hcl inj 1mg/ml</i>	1	PA (Granisetron)
<i>granisetron hydrochloride inj 1mg/ml</i>	1	PA (Granisetron)
<i>granisetron hydrochloride tabs 1mg</i>	1	QL (2 EA per 1 days) PA (Granisetron)
<i>meclizine hcl tabs 12.5mg</i>	1	
<i>meclizine hcl tabs 25mg</i>	1	
<i>meclizine hydrochloride tabs 12.5mg</i>	1	
<i>meclizine hydrochloride tabs 25mg</i>	1	
<i>ondansetron hcl soln 4mg/5ml</i>	1	B/D
<i>ondansetron hcl tabs 24mg</i>	1	B/D
<i>ondansetron hydrochloride inj 40mg/20ml</i>	1	
<i>ondansetron hydrochloride inj 4mg/2ml</i>	1	
<i>ondansetron hydrochloride inj 4mg/2ml</i>	1	
<i>ondansetron hydrochloride soln 4mg/5ml</i>	1	B/D
<i>ondansetron hydrochloride tabs 4mg</i>	1	B/D
<i>ondansetron hydrochloride tabs 8mg</i>	1	B/D
<i>ondansetron odt tbdp 4mg</i>	1	B/D
<i>ondansetron odt tbdp 8mg</i>	1	B/D
<i>scopolamine pt72 1mg/3days</i>	1	PA (Scopolamine)
<i>Antiulcer Agents and Acid Suppressants</i>		
<i>cimetidine hcl soln 300mg/5ml</i>	1	MO
<i>cimetidine hydrochloride soln 300mg/5ml</i>	1	MO
<i>cimetidine tabs 200mg</i>	1	
<i>cimetidine tabs 300mg</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>cimetidine tabs 400mg</i>	1	MO
<i>cimetidine tabs 800mg</i>	1	MO
<i>esomeprazole magnesium cpdr 20mg</i>	1	MO
<i>esomeprazole magnesium cpdr 40mg</i>	1	MO
<i>famotidine inj 200mg/20ml</i>	1	
<i>famotidine inj 20mg/2ml</i>	1	
<i>famotidine inj 40mg/4ml</i>	1	
<i>famotidine susr 40mg/5ml</i>	1	
<i>famotidine tabs 20mg</i>	1	MO
<i>famotidine tabs 40mg</i>	1	MO
<i>lansoprazole odt tbdd 15mg</i>	1	MO
<i>lansoprazole odt tbdd 30mg</i>	1	MO
<i>lansoprazole cpdr 15mg</i>	1	MO
<i>lansoprazole cpdr 30mg</i>	1	MO
<i>lansoprazole tbdd 15mg</i>	1	MO
<i>lansoprazole tbdd 30mg</i>	1	MO
<i>misoprostol tabs 100mcg</i>	1	MO
<i>misoprostol tabs 200mcg</i>	1	MO
<i>omeprazole dr cpdr 10mg</i>	1	MO
<i>omeprazole dr cpdr 40mg</i>	1	MO
<i>omeprazole cpdr 10mg</i>	1	MO
<i>omeprazole cpdr 20mg</i>	1	MO
<i>omeprazole cpdr 40mg</i>	1	MO
<i>pantoprazole sodium inj 40mg</i>	1	
<i>pantoprazole sodium tbec 20mg</i>	1	MO
<i>pantoprazole sodium tbec 40mg</i>	1	MO
<i>rabeprazole sodium tbec 20mg</i>	1	MO
<i>sucralfate susp 1gm/10ml</i>	1	MO
<i>sucralfate tabs 1gm</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>Cathartics and Laxatives</i>		
<i>gavilyte-c solr 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	1	
<i>gavilyte-g solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	1	
<i>gavilyte-n/flavor pack solr 420gm; 1.48gm; 5.72gm; 11.2gm</i>	1	
OSMOPREP TABS 0.398GM; 1.102GM	3	
<i>peg-3350/electrolytes solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	1	
<i>peg-3350/nacl/na bicarbonate/kcl solr 420gm; 1.48gm; 5.72gm; 11.2gm</i>	1	
<i>sodium sulfate/potassium sulfate/magnesium sulfate soln 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml</i>	1	
<i>sodium sulfate/potassium sulfate/magnesium sulfate soln 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml</i>	1	
<i>Cholelitholytic Agents</i>		
<i>chenodal tabs 250mg</i>	4	PA (CHENODAL)
IQIRVO TABS 80MG	4	QL (1 EA per 1 days) PA (Iqirvo)
LIVDELZI CAPS 10MG	4	QL (1 EA per 1 days) PA (Livdelzi)
LIVMARLI SOLN 19MG/ML	4	QL (2 ML per 1 days) PA (Livmarli)
<i>ursodiol caps 300mg</i>	1	MO
<i>ursodiol tabs 250mg</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>ursodiol tabs 500mg</i>	1	MO
<i>Digestants</i>		
CREON CPEP 12000UNIT; 24000UNIT; 76000UNIT	2	MO
CREON CPEP 15000UNIT; 3000UNIT; 9500UNIT	2	MO
CREON CPEP 18000UNIT; 36000UNIT; 114000UNIT	2	MO
CREON CPEP 30000UNIT; 6000UNIT; 19000UNIT	2	MO
CREON CPEP 60000UNIT; 12000UNIT; 38000UNIT	2	MO
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT	2	MO
ZENPEP CPEP 14000UNIT; 3000UNIT; 10000UNIT	2	MO
ZENPEP CPEP 168000UNIT; 40000UNIT; 126000UNIT	2	MO
ZENPEP CPEP 24000UNIT; 5000UNIT; 17000UNIT	2	MO
ZENPEP CPEP 252600UNIT; 60000UNIT; 189600UNIT	2	
ZENPEP CPEP 42000UNIT; 10000UNIT; 32000UNIT	2	
ZENPEP CPEP 63000UNIT; 15000UNIT; 47000UNIT	2	MO
ZENPEP CPEP 84000UNIT; 20000UNIT; 63000UNIT	2	MO
<i>GI Drugs, Miscellaneous</i>		
BYLVAY (PELLETS) CPSP 200MCG	4	PA (Bylvay)

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
BYLVAY (PELLETS) CPSP 600MCG	4	PA (Bylvay)
BYLVAY CAPS 1200MCG	4	PA (Bylvay)
BYLVAY CAPS 400MCG	4	PA (Bylvay)
CHOLBAM CAPS 250MG	4	PA (Cholbam) MO
CHOLBAM CAPS 50MG	4	PA (Cholbam) MO
ENTYVIO PEN INJ 108MG/0.68ML	4	QL (1.36 ML per 28 days) PA (Entyvio)
GATTEX INJ 5MG	4	PA (GATTEX) MO
LINZESS CAPS 145MCG	2	QL (1 EA per 1 days) MO
LINZESS CAPS 290MCG	2	QL (1 EA per 1 days) MO
LINZESS CAPS 72MCG	2	QL (1 EA per 1 days) MO
LIVMARLI SOLN 9.5MG/ML	4	QL (3 ML per 1 days) PA (Livmarli)
LUBIPROSTONE CAPS 24MCG	1	QL (2 EA per 1 days) MO
LUBIPROSTONE CAPS 8MCG	1	QL (2 EA per 1 days) MO
MOVANTIK TABS 12.5MG	3	QL (1 EA per 1 days) PA (Movantik) MO
MOVANTIK TABS 25MG	3	QL (1 EA per 1 days) PA (Movantik) MO
OCALIVA TABS 10MG	4	QL (1 EA per 1 days) PA (Ocaliva) MO
OCALIVA TABS 5MG	4	QL (1 EA per 1 days) PA (Ocaliva) MO
<i>prucalopride tabs 1mg</i>	1	QL (1 EA per 1 days) PA (Motegrity) 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>prucalopride tabs 2mg</i>	1	QL (1 EA per 1 days) PA (Motegrity) MO
RELISTOR INJ 12MG/0.6ML	4	PA (relistor)
RELISTOR INJ 12MG/0.6ML	4	PA (relistor)
RELISTOR INJ 8MG/0.4ML	4	PA (relistor)
RELISTOR TABS 150MG	4	QL (3 EA per 1 days) PA (relistor)
SKYRIZI INJ 180MG/1.2ML	4	QL (1.2 ML per 56 days) PA (Skyrizi)
SKYRIZI INJ 360MG/2.4ML	4	QL (2.4 ML per 56 days) PA (Skyrizi) MO
SKYRIZI INJ 600MG/10ML	4	QL (30 ML per 180 days) PA (Skyrizi)
SYMPROIC TABS 0.2MG	3	QL (1 EA per 1 days) PA (Symproic)
VIBERZI TABS 100MG	4	QL (2 EA per 1 days) PA (Viberzi) MO
VIBERZI TABS 75MG	4	QL (2 EA per 1 days) PA (Viberzi) MO
<i>Prokinetic Agents</i>		
<i>metoclopramide hcl soln 5mg/5ml</i>	1	
<i>metoclopramide hydrochloride inj 5mg/ml</i>	1	
<i>metoclopramide hydrochloride soln 10mg/10ml</i>	1	
<i>metoclopramide hydrochloride tabs 10mg</i>	1	
<i>metoclopramide hydrochloride tabs 5mg</i>	1	
Gold Compounds		
<i>Gold Compounds</i>		

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Drug Name	Drug Tier	Requirements/Limits
AURANOFIN CAPS 3MG	4	MO
RIDAURA CAPS 3MG	4	MO
Heavy Metal Antagonists		
<i>Heavy Metal Antagonists</i>		
CUVRIOR TABS 300MG	4	PA (Cuvrior)
<i>deferasirox pack 180mg</i>	4	PA (Iron chelator)
<i>deferasirox pack 360mg</i>	4	PA (Iron chelator)
<i>deferasirox pack 90mg</i>	4	PA (Iron chelator)
<i>deferasirox tabs 180mg</i>	1	PA (Iron chelator) MO
<i>deferasirox tabs 360mg</i>	1	PA (Iron chelator)
<i>deferasirox tabs 90mg</i>	1	PA (Iron chelator)
<i>deferasirox tbso 125mg</i>	1	PA (Iron chelator) MO
<i>deferasirox tbso 250mg</i>	4	PA (Iron chelator) MO
<i>deferasirox tbso 500mg</i>	4	PA (Iron chelator) MO
<i>deferiprone tabs 1000mg</i>	4	PA (Iron chelator) MO
<i>deferiprone tabs 500mg</i>	4	PA (Iron chelator) MO
FERRIPROX SOLN 100MG/ML	4	PA (Iron chelator) MO
<i>penicillamine tabs 250mg</i>	4	
<i>trientine hydrochloride caps 250mg</i>	4	
Hormones and Synthetic Substitutes		
<i>Adrenals</i>		
AGAMREE SUSP 40MG/ML	4	QL (300 ML per 30 days) PA (Agamree)
ARNUIITY ELLIPTA AEPB 100MCG/ACT	2	QL (30 EA per 30 days) MO
ARNUIITY ELLIPTA AEPB 200MCG/ACT	2	QL (30 EA per 30 days) MO
ARNUIITY ELLIPTA AEPB 50MCG/ACT	2	QL (30 EA per 30 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
BREO ELLIPTA AEPB 100MCG/ACT; 25MCG/ACT	2	QL (60 EA per 30 days) MO
BREO ELLIPTA AEPB 200MCG/INH; 25MCG/INH	2	QL (60 EA per 30 days) MO
BREO ELLIPTA AEPB 50MCG/INH; 25MCG/INH	2	QL (60 EA per 30 days) MO
<i>breyana aero 160mcg/act; 4.5mcg/act</i>	1	QL (20.4 GM per 30 days) MO
<i>breyana aero 80mcg/act; 4.5mcg/act</i>	1	QL (20.4 GM per 30 days) MO
BREZTRI AEROSPHERE AERO 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	2	QL (10.7 GM per 30 days) MO
<i>budesonide/formoterol fumarate dihydrate aero 160mcg/act; 4.5mcg/act</i>	1	QL (20.4 GM per 30 days) MO
<i>budesonide/formoterol fumarate dihydrate aero 80mcg/act; 4.5mcg/act</i>	1	QL (20.4 GM per 30 days) MO
<i>budesonide cpep 3mg</i>	1	
<i>budesonide susp 0.25mg/2ml</i>	1	B/D MO
<i>budesonide susp 0.5mg/2ml</i>	1	B/D MO
<i>budesonide susp 1mg/2ml</i>	1	B/D MO
CORTISONE ACETATE TABS 25MG	4	
<i>deflazacort susp 22.75mg/ml</i>	1	PA (Deflazacort)
<i>deflazacort tabs 18mg</i>	4	PA (Deflazacort)
<i>deflazacort tabs 30mg</i>	4	PA (Deflazacort)
<i>deflazacort tabs 36mg</i>	4	PA (Deflazacort)
<i>deflazacort tabs 6mg</i>	4	PA (Deflazacort)
DEPO-MEDROL INJ 20MG/ML	3	B/D
<i>dexamethasone 10-day dose pack tbpk 1.5mg</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>dexamethasone 13-day dose pack tbpk 1.5mg</i>	1	
<i>dexamethasone 6-day dose pack tbpk 1.5mg</i>	1	
<i>dexamethasone 6-day therapy pack tbpk 1.5mg</i>	1	
<i>dexamethasone intensol conc 1mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 10mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 10mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 120mg/30ml</i>	1	
<i>dexamethasone elix 0.5mg/5ml</i>	1	
<i>dexamethasone soln 0.5mg/5ml</i>	1	
<i>dexamethasone tabs 0.5mg</i>	1	
<i>dexamethasone tabs 0.75mg</i>	1	
<i>dexamethasone tabs 1.5mg</i>	1	
<i>dexamethasone tabs 1mg</i>	1	
<i>dexamethasone tabs 2mg</i>	1	
<i>dexamethasone tabs 4mg</i>	1	
<i>dexamethasone tabs 6mg</i>	1	
<i>dxevo 11-day tbpk 1.5mg</i>	3	
EOHILIA SUSP 2MG/10ML	4	QL (20 ML per 1 days) PA (Eohilia)
<i>fludrocortisone acetate tabs 0.1mg</i>	1	MO
FLUTICASONE PROPIONATE/SALMETEROL AEPB 113MCG/ACT; 14MCG/ACT	3	QL (2 EA per 30 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
FLUTICASONE PROPIONATE/SALMETEROL AEPB 232MCG/ACT; 14MCG/ACT	3	QL (2 EA per 30 days) MO
FLUTICASONE PROPIONATE/SALMETEROL AEPB 55MCG/ACT; 14MCG/ACT	3	QL (2 EA per 30 days) MO
<i>fluticasone propionate crea 0.05%</i>	1	
<i>fluticasone propionate oint 0.005%</i>	1	
<i>hydrocortisone sodium succinate inj 100mg</i>	1	
<i>hydrocortisone tabs 10mg</i>	1	
<i>hydrocortisone tabs 20mg</i>	1	
<i>hydrocortisone tabs 5mg</i>	1	
KENALOG-10 INJ 10MG/ML	3	
<i>methylprednisolone dose pack tbpk 4mg</i>	1	
<i>methylprednisolone sodium succinate inj 1000mg</i>	1	B/D
<i>methylprednisolone sodium succinate inj 125mg</i>	1	B/D
<i>methylprednisolone sodium succinate inj 500mg</i>	1	B/D
<i>methylprednisolone sodiumsuccinate inj 40mg</i>	1	B/D
<i>methylprednisolone tabs 16mg</i>	1	B/D
<i>methylprednisolone tabs 32mg</i>	1	B/D
<i>methylprednisolone tabs 4mg</i>	1	B/D
<i>methylprednisolone tabs 8mg</i>	1	B/D
<i>prednisolone sodium phosphate soln 15mg/5ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate soln 25mg/5ml</i>	1	
<i>prednisolone sodium phosphate soln 5mg/5ml</i>	1	
<i>prednisolone soln 15mg/5ml</i>	1	
<i>prednisone soln 5mg/5ml</i>	1	B/D
<i>prednisone tabs 10mg</i>	1	B/D
<i>prednisone tabs 1mg</i>	1	B/D
<i>prednisone tabs 2.5mg</i>	1	B/D
<i>prednisone tabs 20mg</i>	1	B/D
<i>prednisone tabs 50mg</i>	1	B/D
<i>prednisone tabs 5mg</i>	1	B/D
<i>prednisone tbpk 10mg</i>	1	
<i>prednisone tbpk 10mg</i>	1	
<i>prednisone tbpk 5mg</i>	1	
<i>prednisone tbpk 5mg</i>	1	
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	3	
SOLU-CORTEF INJ 250MG	3	
SOLU-MEDROL INJ 500MG	2	B/D
TARPEYO CPDR 4MG	4	QL (4 EA per 1 days) PA (Tarpeyo)
TRELEGY ELLIPTA AEPB 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT	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
TRELEGY ELLIPTA AEPB 200MCG/INH; 62.5MCG/INH; 25MCG/INH	2	QL (2 EA per 1 days) MO
<i>triamcinolone acetonide inj 40mg/ml</i>	1	
Androgens		
ANDRODERM PT24 2MG/24HR	3	MO
ANDRODERM PT24 4MG/24HR	3	MO
<i>danazol caps 100mg</i>	1	
<i>danazol caps 200mg</i>	1	
<i>danazol caps 50mg</i>	1	
METHITEST TABS 10MG	3	PA (testosterone- systemic) MO
<i>testosterone cypionate inj 100mg/ml</i>	1	
<i>testosterone cypionate inj 200mg/ml</i>	1	
<i>testosterone cypionate inj 200mg/ml</i>	1	
<i>testosterone enanthate inj 200mg/ml</i>	1	
<i>testosterone pump gel 1%</i>	1	MO
<i>testosterone pump gel 1.62%</i>	1	MO
<i>testosterone gel 1.62%</i>	1	MO
<i>testosterone gel 10mg/act</i>	1	MO
<i>testosterone gel 20.25mg/1.25gm</i>	1	MO
<i>testosterone gel 25mg/2.5gm</i>	1	MO
<i>testosterone gel 40.5mg/2.5gm</i>	1	MO
<i>testosterone gel 50mg/5gm</i>	1	MO
Antidiabetic Agents		
<i>acarbose tabs 100mg</i>	1	QL (3 EA per 1 days) MO
<i>acarbose tabs 25mg</i>	1	QL (3 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>acarbose tabs 50mg</i>	1	QL (3 EA per 1 days) MO
<i>alogliptin/metformin hcl tabs 12.5mg; 500mg</i>	2	QL (1 EA per 1 days) MO
<i>alogliptin/metformin hydrochloride tabs 12.5mg; 1000mg</i>	2	QL (2 EA per 1 days) MO
<i>alogliptin/pioglitazone tabs 12.5mg; 30mg</i>	2	QL (1 EA per 1 days) MO
<i>alogliptin/pioglitazone tabs 25mg; 15mg</i>	2	QL (1 EA per 1 days) MO
<i>alogliptin/pioglitazone tabs 25mg; 30mg</i>	2	QL (1 EA per 1 days) MO
<i>alogliptin/pioglitazone tabs 25mg; 45mg</i>	2	QL (1 EA per 1 days) MO
<i>alogliptin tabs 12.5mg</i>	2	QL (1 EA per 1 days) MO
<i>alogliptin tabs 25mg</i>	2	QL (1 EA per 1 days) MO
<i>alogliptin tabs 6.25mg</i>	2	QL (1 EA per 1 days) MO
BASAGLAR KWIKPEN INJ 100UNIT/ML	2	MO
BYDUREON BCISE INJ 2MG/0.85ML	2	QL (4 ML per 28 days) PA (Exenatide) MO
BYETTA INJ 10MCG/0.04ML	2	QL (2.4 ML per 30 days) PA (Exenatide) MO
BYETTA INJ 5MCG/0.02ML	2	QL (1.2 ML per 30 days) PA (Exenatide) 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
CYCLOSET TABS 0.8MG	3	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
DAPAGLIFLOZIN PROPANEDIOL TABS 10MG	2	QL (1 EA per 1 days) MO
DAPAGLIFLOZIN PROPANEDIOL TABS 5MG	2	QL (1 EA per 1 days) MO
FARXIGA TABS 10MG	2	QL (1 EA per 1 days) MO
FARXIGA TABS 5MG	2	QL (1 EA per 1 days) MO
FIASP FLEXTOUCH INJ 100UNIT/ML	2	MO
FIASP PENFILL INJ 100UNIT/ML	2	MO
FIASP INJ 100UNIT/ML	2	MO
<i>glimepiride tabs 1mg</i>	1	QL (8 EA per 1 days) MO
<i>glimepiride tabs 2mg</i>	1	QL (4 EA per 1 days) MO
<i>glimepiride tabs 4mg</i>	1	QL (2 EA per 1 days) MO
<i>glipizide er tb24 10mg</i>	1	QL (2 EA per 1 days) MO
<i>glipizide er tb24 2.5mg</i>	1	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
<i>glipizide er tb24 5mg</i>	1	QL (4 EA per 1 days) MO
<i>glipizide xl tb24 10mg</i>	1	QL (2 EA per 1 days) MO
<i>glipizide xl tb24 2.5mg</i>	1	QL (8 EA per 1 days) MO
<i>glipizide xl tb24 5mg</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/metformin hydrochloride tabs 2.5mg; 500mg</i>	1	QL (4 EA per 1 days) MO
<i>glipizide/metformin hydrochloride tabs 5mg; 500mg</i>	1	QL (4 EA per 1 days) MO
<i>glipizide tabs 10mg</i>	1	QL (4 EA per 1 days) MO
<i>glipizide tabs 2.5mg</i>	1	QL (2 EA per 1 days) MO
<i>glipizide tabs 5mg</i>	1	QL (8 EA per 1 days) MO
GLYXAMBI TABS 10MG; 5MG	2	QL (1 EA per 1 days) MO
GLYXAMBI TABS 25MG; 5MG	2	QL (1 EA per 1 days) MO
INSULIN ASPART FLEXPEN INJ 100UNIT/ML	2	MO
INSULIN ASPART PENFILL INJ 100UNIT/ML	2	

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 INJ 30UNIT/ML; 70UNIT/ML	2	
INSULIN ASPART PROTAMINE/INSULIN ASPART INJ 30%; 70%	2	MO
INSULIN ASPART INJ 100UNIT/ML	2	MO
INSULIN DEGLUDEC FLEXTOUCH INJ 100UNIT/ML	3	
INSULIN DEGLUDEC FLEXTOUCH INJ 200UNIT/ML	3	
INSULIN DEGLUDEC INJ 100UNIT/ML	3	
INSULIN LISPRO JUNIOR KWIKPEN INJ 100UNIT/ML	2	
INSULIN LISPRO KWIKPEN INJ 100UNIT/ML	2	MO
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN INJ 25UNIT/ML; 75UNIT/ML	2	
INSULIN LISPRO INJ 100UNIT/ML	2	MO
JANUMET XR TB24 1000MG; 100MG	2	QL (1 EA per 1 days) MO
JANUMET XR TB24 1000MG; 50MG	2	QL (2 EA per 1 days) MO
JANUMET XR TB24 500MG; 50MG	2	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
JANUMET TABS 1000MG; 50MG	2	QL (2 EA per 1 days) MO
JANUMET TABS 500MG; 50MG	2	QL (2 EA per 1 days) MO
JANUVIA TABS 100MG	2	QL (1 EA per 1 days) MO
JANUVIA TABS 25MG	2	QL (1 EA per 1 days) MO
JANUVIA TABS 50MG	2	QL (1 EA per 1 days) MO
JARDIANCE TABS 10MG	2	QL (1 EA per 1 days) MO
JARDIANCE TABS 25MG	2	QL (1 EA per 1 days) MO
LANTUS SOLOSTAR INJ 100UNIT/ML	2	MO
LANTUS INJ 100UNIT/ML	2	MO
<i>liraglutide inj 6mg/ml</i>	1	QL (9 ML per 30 days) PA (Liraglutide)
<i>metformin hydrochloride er tb24 500mg</i>	1	QL (4 EA per 1 days) MO
<i>metformin hydrochloride er tb24 750mg</i>	1	QL (2 EA per 1 days) MO
<i>metformin hydrochloride tabs 1000mg</i>	1	QL (2.5 EA per 1 days) MO
<i>metformin hydrochloride tabs 500mg</i>	1	QL (5 EA per 1 days) MO
<i>metformin hydrochloride tabs 850mg</i>	1	QL (3 EA per 1 days) MO
<i>mifepristone tabs 300mg</i>	4	PA (Korlym)

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>miglitol tabs 100mg</i>	1	QL (3 EA per 1 days) MO
<i>miglitol tabs 25mg</i>	1	QL (3 EA per 1 days) MO
<i>miglitol tabs 50mg</i>	1	QL (3 EA per 1 days) MO
MOUNJARO INJ 10MG/0.5ML	2	QL (2 ML per 28 days) PA (Mounjaro) MO
MOUNJARO INJ 12.5MG/0.5ML	2	QL (2 ML per 28 days) PA (Mounjaro) MO
MOUNJARO INJ 15MG/0.5ML	2	QL (2 ML per 28 days) PA (Mounjaro) MO
MOUNJARO INJ 2.5MG/0.5ML	2	QL (2 ML per 28 days) PA (Mounjaro) MO
MOUNJARO INJ 5MG/0.5ML	2	QL (2 ML per 28 days) PA (Mounjaro) MO
MOUNJARO INJ 7.5MG/0.5ML	2	QL (2 ML per 28 days) PA (Mounjaro) MO
<i>nateglinide tabs 120mg</i>	1	QL (3 EA per 1 days) MO
<i>nateglinide tabs 60mg</i>	1	QL (3 EA per 1 days) MO
NOVOLIN 70/30 FLEXPEN INJ 30UNIT/ML; 70UNIT/ML	2	MO
NOVOLIN 70/30 INJ 30UNIT/ML; 70UNIT/ML	2	MO
NOVOLIN N FLEXPEN INJ 100UNIT/ML	2	MO
NOVOLIN N INJ 100UNIT/ML	2	MO

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Drug Name	Drug Tier	Requirements/Limits
NOVOLIN R FLEXPEN INJ 100UNIT/ML	2	MO
NOVOLIN R INJ 100UNIT/ML	2	MO
NOVOLOG FLEXPEN RELION INJ 100UNIT/ML	2	MO
NOVOLOG FLEXPEN INJ 100UNIT/ML	2	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION INJ 30UNIT/ML; 70UNIT/ML	2	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJ 30UNIT/ML; 70UNIT/ML	2	MO
NOVOLOG MIX 70/30 RELION INJ 30UNIT/ML; 70UNIT/ML	2	MO
NOVOLOG MIX 70/30 INJ 30UNIT/ML; 70UNIT/ML	2	MO
NOVOLOG PENFILL INJ 100UNIT/ML	2	MO
NOVOLOG RELION INJ 100UNIT/ML	2	MO
NOVOLOG INJ 100UNIT/ML	2	MO
OZEMPIC INJ 2MG/3ML	2	QL (3 ML per 28 days) PA (Ozempic) MO
OZEMPIC INJ 4MG/3ML	2	QL (3 ML per 28 days) PA (Ozempic) MO
OZEMPIC INJ 8MG/3ML	2	QL (3 ML per 28 days) PA (Ozempic) MO
<i>pioglitazone hcl/metformin hcl tabs 500mg; 15mg</i>	1	QL (3 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>pioglitazone hcl/metformin hcl tabs 850mg; 15mg</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 tabs 15mg</i>	1	QL (1 EA per 1 days) MO
<i>pioglitazone hydrochloride tabs 30mg</i>	1	QL (1 EA per 1 days) MO
<i>pioglitazone hydrochloride tabs 45mg</i>	1	QL (1 EA per 1 days) MO
QTERN TABS 10MG; 5MG	3	QL (1 EA per 1 days) MO
QTERN TABS 5MG; 5MG	3	QL (1 EA per 1 days) MO
<i>repaglinide tabs 0.5mg</i>	1	QL (4 EA per 1 days) MO
<i>repaglinide tabs 1mg</i>	1	QL (4 EA per 1 days) MO
<i>repaglinide tabs 2mg</i>	1	QL (8 EA per 1 days) MO
RYBELSUS TABS 14MG	2	QL (1 EA per 1 days) PA (Rybelsus) MO
RYBELSUS TABS 3MG	2	QL (1 EA per 1 days) PA (Rybelsus) MO
RYBELSUS TABS 7MG	2	QL (1 EA per 1 days) PA (Rybelsus) MO
<i>saxagliptin hydrochloride/metformin hydrochloride er tb24 1000mg; 2.5mg</i>	1	QL (2 EA per 1 days) MO
<i>saxagliptin hydrochloride/metformin hydrochloride er tb24 1000mg; 5mg</i>	1	QL (1 EA per 1 days) MO

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Drug Name	Drug Tier	Requirements/Limits
<i>saxagliptin hydrochloride/metformin hydrochloride er tb24 500mg; 5mg</i>	1	QL (1 EA per 1 days) MO
<i>saxagliptin hydrochloride tabs 2.5mg</i>	1	QL (1 EA per 1 days) MO
<i>saxagliptin hydrochloride tabs 5mg</i>	1	QL (1 EA per 1 days) MO
SYMLINPEN 120 INJ 2700MCG/2.7ML	4	MO
SYMLINPEN 60 INJ 1500MCG/1.5ML	4	MO
SYNJARDY XR TB24 10MG; 1000MG	2	QL (2 EA per 1 days) MO
SYNJARDY XR TB24 12.5MG; 1000MG	2	QL (2 EA per 1 days) MO
SYNJARDY XR TB24 25MG; 1000MG	2	QL (1 EA per 1 days) MO
SYNJARDY XR TB24 5MG; 1000MG	2	QL (2 EA per 1 days) MO
SYNJARDY TABS 12.5MG; 1000MG	2	QL (2 EA per 1 days) MO
SYNJARDY TABS 12.5MG; 500MG	2	QL (2 EA per 1 days) MO
SYNJARDY TABS 5MG; 1000MG	2	QL (2 EA per 1 days) MO
SYNJARDY TABS 5MG; 500MG	2	QL (2 EA per 1 days) MO
TOUJEO MAX SOLOSTAR INJ 300UNIT/ML	2	MO
TOUJEO SOLOSTAR INJ 300UNIT/ML	2	MO
TRIJARDY XR TB24 10MG; 5MG; 1000MG	2	QL (1 EA per 1 days) MO

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Drug Name	Drug Tier	Requirements/Limits
TRIJARDY XR TB24 12.5MG; 2.5MG; 1000MG	2	QL (2 EA per 1 days) MO
TRIJARDY XR TB24 25MG; 5MG; 1000MG	2	QL (1 EA per 1 days) MO
TRIJARDY XR TB24 5MG; 2.5MG; 1000MG	2	QL (2 EA per 1 days) MO
TRULICITY INJ 0.75MG/0.5ML	2	QL (2 ML per 28 days) PA (Trulicity) MO
TRULICITY INJ 1.5MG/0.5ML	2	QL (2 ML per 28 days) PA (Trulicity) MO
TRULICITY INJ 3MG/0.5ML	2	QL (2 ML per 28 days) PA (Trulicity) MO
TRULICITY INJ 4.5MG/0.5ML	2	QL (2 ML per 28 days) PA (Trulicity) MO
WEGOVY INJ 0.25MG/0.5ML	4	QL (2 ML per 28 days) PA (Wegovy)
WEGOVY INJ 0.5MG/0.5ML	4	QL (2 ML per 28 days) PA (Wegovy)
WEGOVY INJ 1.7MG/0.75ML	4	QL (3 ML per 28 days) PA (Wegovy)
WEGOVY INJ 1MG/0.5ML	4	QL (2 ML per 28 days) PA (Wegovy)
WEGOVY INJ 2.4MG/0.75ML	4	QL (3 ML per 28 days) PA (Wegovy)
XIGDUO XR TB24 10MG; 1000MG	2	QL (1 EA per 1 days) MO
XIGDUO XR TB24 10MG; 500MG	2	QL (1 EA per 1 days) MO
XIGDUO XR TB24 2.5MG; 1000MG	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
XIGDUO XR TB24 5MG; 1000MG	2	QL (2 EA per 1 days) MO
XIGDUO XR TB24 5MG; 500MG	2	QL (1 EA per 1 days) MO
ZEPBOUND INJ 10MG/0.5ML	4	QL (2 ML per 28 days) PA (Zepbound)
ZEPBOUND INJ 10MG/0.5ML	4	QL (2 ML per 28 days) PA (Zepbound)
ZEPBOUND INJ 12.5MG/0.5ML	4	QL (2 ML per 28 days) PA (Zepbound)
ZEPBOUND INJ 15MG/0.5ML	4	QL (2 ML per 28 days) PA (Zepbound)
ZEPBOUND INJ 2.5MG/0.5ML	4	QL (2 ML per 28 days) PA (Zepbound)
ZEPBOUND INJ 2.5MG/0.5ML	4	QL (2 ML per 28 days) PA (Zepbound)
ZEPBOUND INJ 5MG/0.5ML	4	QL (2 ML per 28 days) PA (Zepbound)
ZEPBOUND INJ 5MG/0.5ML	4	QL (2 ML per 28 days) PA (Zepbound)
ZEPBOUND INJ 7.5MG/0.5ML	4	QL (2 ML per 28 days) PA (Zepbound)
ZEPBOUND INJ 7.5MG/0.5ML	4	QL (2 ML per 28 days) PA (Zepbound)
<i>Antihypoglycemic Agents</i>		
BAQSIMI ONE PACK POWD 3MG/DOSE	2	
BAQSIMI TWO PACK POWD 3MG/DOSE	2	
<i>diazoxide susp 50mg/ml</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
GLUCAGEN HYPOKIT INJ 1MG	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJ 1MG/ML	2	
<i>glucagon emergency kit for low blood sugar inj 1mg</i>	1	
GLUCAGON EMERGENCY KIT INJ 1MG	1	
GVOKE HYPOPEN 1-PACK INJ 0.5MG/0.1ML	3	
GVOKE HYPOPEN 1-PACK INJ 1MG/0.2ML	3	
GVOKE HYPOPEN 2-PACK INJ 0.5MG/0.1ML	3	
GVOKE HYPOPEN 2-PACK INJ 1MG/0.2ML	3	
GVOKE KIT INJ 1MG/0.2ML	3	
GVOKE PFS INJ 0.5MG/0.1ML	3	
GVOKE PFS INJ 1MG/0.2ML	3	
ZEGALOGUE INJ 0.6MG/0.6ML	3	
ZEGALOGUE INJ 0.6MG/0.6ML	3	
Contraceptives		
<i>afirmelle tabs 20mcg; 0.1mg</i>	1	
<i>altavera tabs 30mcg; 0.15mg</i>	1	MO
<i>alyacen 1/35 tabs 35mcg; 1mg</i>	1	MO
<i>alyacen 7/7/7 tabs 0; 0</i>	1	MO
<i>amethia tabs 0; 0</i>	1	MO
<i>amethyst tabs 20mcg; 90mcg</i>	1	MO
<i>apri tabs 0.15mg; 30mcg</i>	1	MO
<i>aranelle tabs 0; 0</i>	1	MO
<i>ashlyna tabs 0; 0</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>aubra eq tabs 20mcg; 0.1mg</i>	1	MO
<i>aubra tabs 20mcg; 0.1mg</i>	1	MO
<i>aurovela 1.5/30 tabs 30mcg; 1.5mg</i>	1	MO
<i>aurovela 1/20 tabs 20mcg; 1mg</i>	1	MO
<i>aurovela 24 fe tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>aurovela fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	1	MO
<i>aurovela fe 1/20 tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>aviane tabs 20mcg; 0.1mg</i>	1	MO
<i>ayuna tabs 0.03mg; 0.15mg</i>	1	MO
<i>azurette tabs 0; 0</i>	1	MO
<i>balziva tabs 35mcg; 0.4mg</i>	1	MO
<i>blisovi 24 fe tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>blisovi fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	1	MO
<i>blisovi fe 1/20 tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>briellyn tabs 35mcg; 0.4mg</i>	1	MO
<i>camila tabs 0.35mg</i>	1	MO
<i>camrese lo tabs 0; 0</i>	1	MO
<i>camrese tabs 0; 0</i>	1	MO
<i>charlotte 24 fe chew 20mcg; 75mg; 1mg</i>	1	MO
<i>chateal eq tabs 30mcg; 0.15mg</i>	1	MO
<i>chateal tabs 0.03mg; 0.15mg</i>	1	MO
<i>cryselle-28 tabs 30mcg; 0.3mg</i>	1	MO
<i>cyred eq tabs 0.15mg; 30mcg</i>	1	MO
<i>cyred tabs 0.15mg; 30mcg</i>	1	MO
<i>dasetta 1/35 tabs 35mcg; 1mg</i>	1	MO
<i>dasetta 7/7/7 tabs 0; 0</i>	1	MO
<i>daysee tabs 0; 0</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>deblitane tabs 0.35mg</i>	1	MO
<i>delyla tabs 20mcg; 0.1mg</i>	1	MO
<i>desogestrel/ethinyl estradiol tabs 0.15mg; 30mcg</i>	1	MO
<i>desogestrel/ethinyl estradiol tabs 0; 0</i>	1	MO
<i>dolishale tabs 20mcg; 90mcg</i>	1	MO
<i>drospirenone/ethinyl estradiol/levomefolate calcium tabs 3mg; 0.02mg; 0.451mg</i>	1	MO
<i>drospirenone/ethinyl estradiol/levomefolate calcium tabs 3mg; 0.03mg; 0.451mg</i>	1	MO
<i>drospirenone/ethinyl estradiol tabs 3mg; 0.02mg</i>	1	MO
<i>drospirenone/ethinyl estradiol tabs 3mg; 0.03mg</i>	1	MO
<i>elinest tabs 30mcg; 0.3mg</i>	1	MO
<i>eluryng ring 0.015mg/24hr; 0.12mg/24hr</i>	1	MO
<i>emzahh tabs 0.35mg</i>	1	MO
<i>enilloring ring 0.015mg/24hr; 0.12mg/24hr</i>	1	MO
<i>enpresse-28 tabs 0; 0</i>	1	MO
<i>enskyce tabs 0.15mg; 0.03mg</i>	1	MO
<i>errin tabs 0.35mg</i>	1	MO
<i>estarylla tabs 35mcg; 0.25mg</i>	1	MO
<i>ethynodiol diacetate/ethinyl estradiol tabs 35mcg; 1mg</i>	1	MO
<i>ethynodiol diacetate/ethinyl estradiol tabs 50mcg; 1mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>etonogestrel/ethinyl estradiol ring 0.015mg/24hr; 0.12mg/24hr</i>	1	MO
<i>falmina tabs 20mcg; 0.1mg</i>	1	MO
<i>fayosim tabs 0; 0</i>	1	MO
<i>femynor tabs 35mcg; 0.25mg</i>	1	MO
<i>finzala chew 20mcg; 75mg; 1mg</i>	1	MO
<i>gemmily caps 20mcg; 75mg; 1mg</i>	1	MO
<i>hailey 1.5/30 tabs 30mcg; 1.5mg</i>	1	MO
<i>hailey 24 fe tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>hailey fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	1	MO
<i>hailey fe 1/20 tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>haloette ring 0.015mg/24hr; 0.12mg/24hr</i>	1	MO
<i>heather tabs 0.35mg</i>	1	MO
<i>iclevia tabs 0.03mg; 0.15mg</i>	1	MO
<i>incassia tabs 0.35mg</i>	1	MO
<i>introvale tabs 0.03mg; 0.15mg</i>	1	MO
<i>isibloom tabs 0.15mg; 30mcg</i>	1	MO
<i>jaimiess tabs 0; 0</i>	1	MO
<i>jasmiel tabs 3mg; 0.02mg</i>	1	MO
<i>jencycla tabs 0.35mg</i>	1	MO
<i>jolessa tabs 0.03mg; 0.15mg</i>	1	MO
<i>juleber tabs 0.15mg; 30mcg</i>	1	MO
<i>junel 1.5/30 tabs 30mcg; 1.5mg</i>	1	MO
<i>junel 1/20 tabs 20mcg; 1mg</i>	1	MO
<i>junel fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	1	MO
<i>junel fe 1/20 tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>junel fe 24 tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>kaitlib fe chew 25mcg; 75mg; 0.8mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>kalliga tabs 0.15mg; 30mcg</i>	1	MO
<i>kariva tabs 0; 0</i>	1	MO
<i>kelnor 1/35 tabs 35mcg; 1mg</i>	1	MO
<i>kelnor 1/50 tabs 50mcg; 1mg</i>	1	MO
<i>kurvelo tabs 0.03mg; 0.15mg</i>	1	MO
KYLEENA IUD 19.5MG	2	QL (1 EA per 365 days)
<i>larin 1.5/30 tabs 30mcg; 1.5mg</i>	1	MO
<i>larin 1/20 tabs 20mcg; 1mg</i>	1	MO
<i>larin 24 fe tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>larin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	1	MO
<i>larin fe 1/20 tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>layolis fe chew 25mcg; 75mg; 0.8mg</i>	1	MO
<i>leena tabs 0; 0</i>	1	MO
<i>lessina tabs 20mcg; 0.1mg</i>	1	MO
<i>levonest tabs 0; 0</i>	1	MO
<i>levonorgestrel and ethinyl estradiol tabs 0; 0</i>	1	MO
<i>levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg</i>	1	MO
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg</i>	1	MO
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg</i>	1	MO
<i>levonorgestrel/ethinyl estradiol tabs 0; 0</i>	1	MO
<i>levonorgestrel/ethinyl estradiol tabs 0; 0</i>	1	MO
<i>levonorgestrel/ethinyl estradiol tabs 0; 0</i>	1	MO
<i>levonorgestrel/ethinyl estradiol tabs 20mcg; 0.1mg</i>	1	MO
<i>levora 0.15/30-28 tabs 0.03mg; 0.15mg</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
LILETTA IUD 20.1MCG/DAY	2	QL (1 EA per 365 days)
LO LOESTRIN FE TABS 10MCG; 75MG; 1MG	3	MO
<i>lo-zumandimine tabs 3mg; 0.02mg</i>	1	MO
<i>lojaimiess tabs 0; 0</i>	1	MO
<i>loryna tabs 3mg; 0.02mg</i>	1	MO
<i>low-ogestrel tabs 30mcg; 0.3mg</i>	1	MO
<i>lutera tabs 20mcg; 0.1mg</i>	1	MO
<i>lyleq tabs 0.35mg</i>	1	MO
<i>lyza tabs 0.35mg</i>	1	MO
<i>marlissa tabs 0.03mg; 0.15mg</i>	1	MO
<i>merzee caps 20mcg; 75mg; 1mg</i>	1	MO
<i>mibelas 24 fe chew 20mcg; 75mg; 1mg</i>	1	MO
<i>microgestin 1.5/30 tabs 30mcg; 1.5mg</i>	1	MO
<i>microgestin 1/20 tabs 20mcg; 1mg</i>	1	MO
<i>microgestin 24 fe tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>microgestin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	1	MO
<i>microgestin fe 1/20 tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>mili tabs 35mcg; 0.25mg</i>	1	MO
MIRENA IUD 20MCG/DAY	2	QL (1 EA per 365 days)
<i>mono-linyah tabs 35mcg; 0.25mg</i>	1	MO
NATAZIA TABS 0; 0	3	MO
<i>necon 0.5/35-28 tabs 35mcg; 0.5mg</i>	1	MO
NEXPLANON INJ 68MG	2	QL (1 EA per 365 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>nikki tabs 3mg; 0.02mg</i>	1	MO
<i>nora-be tabs 0.35mg</i>	1	MO
<i>norelgestromin/ethinyl estradiol ptwk 35mcg/24hr; 150mcg/24hr</i>	1	MO
<i>norethindrone & ethinyl estradiol ferrous fumarate chew 25mcg; 75mg; 0.8mg</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate caps 20mcg; 75mg; 1mg</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate chew 20mcg; 75mg; 1mg</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 0; 75mg; 1mg</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 30mcg; 75mg; 1.5mg</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol tabs 30mcg; 1.5mg</i>	1	MO
<i>norethindrone/ethinyl estradiol/ferrous fumarate chew 35mcg; 0; 0.4mg</i>	1	MO
<i>norethindrone tabs 0.35mg</i>	1	MO
<i>norgestimate/ethinyl estradiol tabs 0; 0</i>	1	MO
<i>norgestimate/ethinyl estradiol tabs 0; 0</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>norgestimate/ethinyl estradiol tabs 35mcg; 0.25mg</i>	1	MO
<i>norlyroc tabs 0.35mg</i>	1	MO
<i>nortrel 0.5/35 (28) tabs 35mcg; 0.5mg</i>	1	MO
<i>nortrel 1/35 tabs 35mcg; 1mg</i>	1	MO
<i>nortrel 1/35 tabs 35mcg; 1mg</i>	1	MO
<i>nortrel 7/7/7 tabs 0; 0</i>	1	MO
<i>nylia 1/35 tabs 35mcg; 1mg</i>	1	MO
<i>nylia 7/7/7 tabs 0; 0</i>	1	MO
<i>nymyo tabs 35mcg; 0.25mg</i>	1	
<i>ocella tabs 3mg; 0.03mg</i>	1	MO
<i>philith tabs 35mcg; 0.4mg</i>	1	MO
<i>pimtrea tabs 0; 0</i>	1	MO
<i>portia-28 tabs 0.03mg; 0.15mg</i>	1	MO
<i>reclipsen tabs 0.15mg; 0.03mg</i>	1	MO
<i>rivelsa tabs 0; 0</i>	1	MO
<i>setlakin tabs 0.03mg; 0.15mg</i>	1	MO
<i>sharobel tabs 0.35mg</i>	1	MO
<i>simliya tabs 0; 0</i>	1	MO
<i>simpesse tabs 0; 0</i>	1	MO
SKYLA IUD 13.5MG	2	QL (1 EA per 365 days)
<i>sprintec 28 tabs 35mcg; 0.25mg</i>	1	MO
<i>sronyx tabs 20mcg; 0.1mg</i>	1	MO
<i>syeda tabs 3mg; 0.03mg</i>	1	MO
<i>tarina 24 fe tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>tarina fe 1/20 eq tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>tarina fe 1/20 tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>taysofy caps 20mcg; 75mg; 1mg</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>tilia fe tabs 0; 75mg; 1mg</i>	1	MO
<i>tri-estarylla tabs 0; 0</i>	1	MO
<i>tri-legest fe tabs 0; 75mg; 1mg</i>	1	MO
<i>tri-linyah tabs 0; 0</i>	1	MO
<i>tri-lo-estarylla tabs 0; 0</i>	1	MO
<i>tri-lo-marzia tabs 0; 0</i>	1	MO
<i>tri-lo-mili tabs 0; 0</i>	1	MO
<i>tri-lo-sprintec tabs 0; 0</i>	1	MO
<i>tri-mili tabs 0; 0</i>	1	MO
<i>tri-nymyo tabs 0; 0</i>	1	MO
<i>tri-sprintec tabs 0; 0</i>	1	MO
<i>tri-vylibra lo tabs 0; 0</i>	1	MO
<i>tri-vylibra tabs 0; 0</i>	1	MO
<i>trivora-28 tabs 0; 0</i>	1	MO
<i>turqoz tabs 30mcg; 0.3mg</i>	1	MO
<i>tyblume chew 20mcg; 0.1mg</i>	1	MO
<i>tydemy tabs 3mg; 0.03mg; 0.451mg</i>	1	MO
<i>velivet tabs 0; 0</i>	1	MO
<i>vestura tabs 3mg; 0.02mg</i>	1	MO
<i>vienva tabs 20mcg; 0.1mg</i>	1	MO
<i>viorele tabs 0; 0</i>	1	MO
<i>volnea tabs 0; 0</i>	1	MO
<i>vyfemla tabs 35mcg; 0.4mg</i>	1	MO
<i>vylibra tabs 35mcg; 0.25mg</i>	1	MO
<i>wera tabs 35mcg; 0.5mg</i>	1	MO
<i>wymzya fe chew 35mcg; 0; 0.4mg</i>	1	MO
<i>xulane ptwk 35mcg/24hr; 150mcg/24hr</i>	1	MO
<i>zafemy ptwk 35mcg/24hr; 150mcg/24hr</i>	1	MO
<i>zovia 1/35 tabs 35mcg; 1mg</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>zumandimine tabs 3mg; 0.03mg</i>	1	MO
<i>Estrogens, Antiestrogens & Estrogen Agonist-Antagonists</i>		
<i>amabelz tabs 0.5mg; 0.1mg</i>	1	MO
<i>amabelz tabs 1mg; 0.5mg</i>	1	MO
<i>anastrozole tabs 1mg</i>	1	MO
<i>dotti pttw 0.025mg/24hr</i>	1	QL (16 EA per 28 days) MO
<i>dotti pttw 0.0375mg/24hr</i>	1	QL (16 EA per 28 days) MO
<i>dotti pttw 0.05mg/24hr</i>	1	QL (16 EA per 28 days) MO
<i>dotti pttw 0.075mg/24hr</i>	1	QL (16 EA per 28 days) MO
<i>dotti pttw 0.1mg/24hr</i>	1	QL (16 EA per 28 days) MO
<i>estradiol valerate inj 10mg/ml</i>	1	
<i>estradiol valerate inj 20mg/ml</i>	1	
<i>estradiol valerate inj 40mg/ml</i>	1	
<i>estradiol/norethindrone acetate tabs 0.5mg; 0.1mg</i>	1	MO
<i>estradiol/norethindrone acetate tabs 1mg; 0.5mg</i>	1	MO
<i>estradiol crea 0.1mg/gm</i>	1	MO
<i>estradiol pttw 0.025mg/24hr</i>	1	QL (16 EA per 28 days) MO
<i>estradiol pttw 0.0375mg/24hr</i>	1	QL (16 EA per 28 days) MO
<i>estradiol pttw 0.05mg/24hr</i>	1	QL (16 EA 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
<i>estradiol pttw 0.075mg/24hr</i>	1	QL (16 EA per 28 days) MO
<i>estradiol pttw 0.1mg/24hr</i>	1	QL (16 EA per 28 days) MO
<i>estradiol ptwk 0.025mg/24hr</i>	1	QL (4 EA per 28 days) MO
<i>estradiol ptwk 0.05mg/24hr</i>	1	QL (4 EA per 28 days) MO
<i>estradiol ptwk 0.06mg/24hr</i>	1	QL (4 EA per 28 days) MO
<i>estradiol ptwk 0.075mg/24hr</i>	1	QL (4 EA per 28 days) MO
<i>estradiol ptwk 0.1mg/24hr</i>	1	QL (4 EA per 28 days) MO
<i>estradiol ptwk 37.5mcg/24hr</i>	1	QL (4 EA per 28 days) MO
<i>estradiol tabs 0.5mg</i>	1	MO
<i>estradiol tabs 1mg</i>	1	MO
<i>estradiol tabs 2mg</i>	1	MO
<i>estradiol tabs 10mcg</i>	1	MO
ESTRING RING 7.5MCG/24HR	3	MO
<i>exemestane tabs 25mg</i>	1	MO
KISQALI FEMARA 200 DOSE TBPK 2.5MG; 200MG	4	QL (49 EA per 28 days) PA (Cancer Drugs, new starts only)
KISQALI FEMARA 400 DOSE TBPK 2.5MG; 200MG	4	QL (70 EA per 28 days) PA (Cancer Drugs, new starts only)

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
KISQALI FEMARA 600 DOSE TBPK 2.5MG; 200MG	4	QL (91 EA per 28 days) PA (Cancer Drugs, new starts only)
<i>letrozole tabs 2.5mg</i>	1	MO
<i>lyllana pttw 0.025mg/24hr</i>	1	QL (16 EA per 28 days) MO
<i>lyllana pttw 0.0375mg/24hr</i>	1	QL (16 EA per 28 days) MO
<i>lyllana pttw 0.05mg/24hr</i>	1	QL (16 EA per 28 days) MO
<i>lyllana pttw 0.075mg/24hr</i>	1	QL (16 EA per 28 days) MO
<i>lyllana pttw 0.1mg/24hr</i>	1	QL (16 EA per 28 days) MO
<i>menest tabs 0.3mg</i>	3	MO
<i>menest tabs 0.625mg</i>	3	MO
<i>menest tabs 1.25mg</i>	3	MO
<i>mimvey tabs 1mg; 0.5mg</i>	1	MO
<i>prefest tabs 0; 0</i>	3	MO
PREMARIN CREA 0.625MG/GM	3	MO
<i>raloxifene hydrochloride tabs 60mg</i>	1	MO
SOLTAMOX SOLN 10MG/5ML	4	PA (Soltamox, new starts only) MO
<i>tamoxifen citrate tabs 10mg</i>	1	MO
<i>tamoxifen citrate tabs 20mg</i>	1	MO
<i>toremifene citrate tabs 60mg</i>	4	PA (Cancer Drugs, new starts only) MO
<i>yuvafem tabs 10mcg</i>	1	MO
<i>Gonadotropins and Antigonadotropins</i>		

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Drug Name	Drug Tier	Requirements/Limits
ELIGARD INJ 22.5MG	2	PA (leuprolide, new starts only)
ELIGARD INJ 30MG	2	PA (leuprolide, new starts only)
ELIGARD INJ 45MG	2	PA (leuprolide, new starts only)
ELIGARD INJ 7.5MG	2	PA (leuprolide, new starts only)
FIRMAGON INJ 120MG/VIAL	4	PA (Cancer Drugs, new starts only)
FIRMAGON INJ 80MG	3	PA (Cancer Drugs, new starts only)
<i>leuprolide acetate inj 1mg/0.2ml</i>	1	PA (leuprolide, new starts only)
LEUPROLIDE ACETATE INJ 22.5MG	1	PA (leuprolide, new starts only)
LUPRON DEPOT (1-MONTH) INJ 3.75MG	4	PA (leuprolide)
LUPRON DEPOT (1-MONTH) INJ 7.5MG	4	PA (leuprolide, new starts only)
LUPRON DEPOT (3-MONTH) INJ 11.25MG	4	PA (leuprolide)
LUPRON DEPOT (3-MONTH) INJ 22.5MG	4	PA (leuprolide, new starts only)
LUPRON DEPOT (4-MONTH) INJ 30MG	4	PA (leuprolide, new starts only)
LUPRON DEPOT (6-MONTH) INJ 45MG	4	PA (leuprolide, new starts only)
LUPRON DEPOT-PED (1-MONTH) INJ 11.25MG	4	PA (leuprolide)

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
LUPRON DEPOT-PED (1-MONTH) INJ 15MG	4	PA (leuprolide)
LUPRON DEPOT-PED (1-MONTH) INJ 7.5MG	4	PA (leuprolide)
LUPRON DEPOT-PED (3-MONTH) INJ 11.25MG	4	PA (leuprolide)
LUPRON DEPOT-PED (3-MONTH) INJ 30MG	4	PA (leuprolide)
MYFEMBREE TABS 1MG; 0.5MG; 40MG	4	QL (1 EA per 1 days) PA (Myfembree)
ORGOVYX TABS 120MG	4	PA (Orgovyx, new starts only)
ORIAHNN CPPK 300MG; 1MG; 0.5MG	4	QL (2 EA per 1 days) PA (OriaHnn)
ORILISSA TABS 150MG	4	QL (1 EA per 1 days) PA (Orilissa)
ORILISSA TABS 200MG	4	QL (2 EA per 1 days) PA (Orilissa)
SYNAREL SOLN 2MG/ML	4	PA (synarel)
TRELSTAR MIXJECT INJ 11.25MG	2	PA (Cancer Drugs, new starts only)
TRELSTAR MIXJECT INJ 22.5MG	2	PA (Cancer Drugs, new starts only)
TRELSTAR MIXJECT INJ 3.75MG	2	PA (Cancer Drugs, new starts only)
<i>Leptins</i>		
MYALEPT INJ 11.3MG	4	PA (Myalept) MO
<i>Parathyroid and Antiparathyroid Agents</i>		
<i>calcitonin salmon inj 200unit/ml</i>	4	
<i>calcitonin salmon soln 200unit/act</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>calcitonin-salmon soln 200unit/act</i>	1	MO
<i>cinacalcet hydrochloride tabs 30mg</i>	1	MO
<i>cinacalcet hydrochloride tabs 60mg</i>	1	MO
<i>cinacalcet hydrochloride tabs 90mg</i>	1	MO
<i>teriparatide inj 600mcg/2.4ml</i>	4	QL (2.4 ML per 28 days) PA (Teriparatide) MO
TERIPARATIDE INJ 620MCG/2.48ML	4	QL (2.48 ML per 28 days) PA (Teriparatide) MO
TYMLOS INJ 3120MCG/1.56ML	4	QL (1.56 ML per 30 days) PA (Tymlos) MO
YORVIPATH INJ 168MCG/0.56ML	4	QL (1.12 ML per 28 days) PA (Yorvipath)
YORVIPATH INJ 294MCG/0.98ML	4	QL (1.96 ML per 28 days) PA (Yorvipath)
YORVIPATH INJ 420MCG/1.4ML	4	QL (2.8 ML per 28 days) PA (Yorvipath)
<i>Pituitary</i>		
ACTHAR INJ 80UNIT/ML	4	PA (Acthar HP)
<i>cortrophin inj 80unit/ml</i>	4	PA (Acthar HP)
CRENESSITY CAPS 100MG	4	QL (2 EA per 1 days) PA (Crenessity)
CRENESSITY CAPS 50MG	4	QL (2 EA per 1 days) PA (Crenessity)
<i>desmopressin acetate inj 4mcg/ml</i>	4	
<i>desmopressin acetate inj 4mcg/ml</i>	4	MO
<i>desmopressin acetate soln 0.01%</i>	1	MO
<i>desmopressin acetate soln 0.01%</i>	1	MO
<i>desmopressin acetate tabs 0.1mg</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>desmopressin acetate tabs 0.2mg</i>	1	MO
<i>Progestins</i>		
DEPO-SUBQ PROVERA 104 INJ 104MG/0.65ML	2	QL (0.65 ML per 84 days)
<i>gallifrey tabs 5mg</i>	1	
<i>medroxyprogesterone acetate inj 150mg/ml</i>	1	
<i>medroxyprogesterone acetate inj 150mg/ml</i>	1	
<i>medroxyprogesterone acetate tabs 10mg</i>	1	MO
<i>medroxyprogesterone acetate tabs 2.5mg</i>	1	MO
<i>medroxyprogesterone acetate tabs 5mg</i>	1	MO
<i>megestrol acetate susp 40mg/ml</i>	1	
<i>megestrol acetate susp 625mg/5ml</i>	1	
<i>megestrol acetate tabs 20mg</i>	1	
<i>megestrol acetate tabs 40mg</i>	1	
<i>norethindrone acetate tabs 5mg</i>	1	MO
<i>progesterone caps 100mg</i>	1	MO
<i>progesterone caps 200mg</i>	1	MO
<i>Somatostatin Agonists and Antagonists</i>		
<i>lanreotide acetate inj 120mg/0.5ml</i>	4	PA (somatuline depot, new starts only)
MYCAPSSA CPDR 20MG	4	QL (4 EA per 1 days) PA (Mycapssa)
<i>octreotide acetate inj 1000mcg/ml</i>	4	MO
<i>octreotide acetate inj 100mcg/ml</i>	1	MO
<i>octreotide acetate inj 200mcg/ml</i>	1	MO
<i>octreotide acetate inj 20mg</i>	4	PA (Sandostatin LAR)
<i>octreotide acetate inj 30mg</i>	4	PA (Sandostatin LAR)

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Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate inj 500mcg/ml</i>	4	MO
<i>octreotide acetate inj 50mcg/ml</i>	1	MO
SANDOSTATIN LAR DEPOT INJ 10MG	4	PA (Sandostatin LAR)
SANDOSTATIN LAR DEPOT INJ 20MG	4	PA (Sandostatin LAR)
SANDOSTATIN LAR DEPOT INJ 30MG	4	PA (Sandostatin LAR)
SIGNIFOR INJ 0.3MG/ML	4	PA (Signifor) MO
SIGNIFOR INJ 0.6MG/ML	4	PA (Signifor) MO
SIGNIFOR INJ 0.9MG/ML	4	PA (Signifor) MO
SOMATULINE DEPOT INJ 120MG/0.5ML	4	PA (somatuline depot, new starts only)
SOMATULINE DEPOT INJ 60MG/0.2ML	4	PA (somatuline depot)
SOMATULINE DEPOT INJ 90MG/0.3ML	4	PA (somatuline depot)
<i>Somatotropin Agonists and Antagonists</i>		
EGRIFTA SV INJ 2MG	4	QL (1 EA per 1 days) PA (egrifta)
GENOTROPIN MINIQUICK INJ 0.2MG	2	PA (somatropins) MO
GENOTROPIN MINIQUICK INJ 0.4MG	4	PA (somatropins) MO
GENOTROPIN MINIQUICK INJ 0.6MG	4	PA (somatropins) MO
GENOTROPIN MINIQUICK INJ 0.8MG	4	PA (somatropins) MO
GENOTROPIN MINIQUICK INJ 1.2MG	4	PA (somatropins) 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
GENOTROPIN MINIQUICK INJ 1.4MG	4	PA (somatropins) MO
GENOTROPIN MINIQUICK INJ 1.6MG	4	PA (somatropins) MO
GENOTROPIN MINIQUICK INJ 1.8MG	4	PA (somatropins) MO
GENOTROPIN MINIQUICK INJ 1MG	4	PA (somatropins) MO
GENOTROPIN MINIQUICK INJ 2MG	4	PA (somatropins) MO
GENOTROPIN INJ 12MG	4	PA (somatropins) MO
GENOTROPIN INJ 5MG	4	PA (somatropins) MO
HUMATROPE INJ 12MG	4	PA (somatropins) MO
HUMATROPE INJ 24MG	4	PA (somatropins) MO
HUMATROPE INJ 6MG	4	PA (somatropins) MO
INCRELEX INJ 40MG/4ML	4	PA (increlex) LA MO
NORDITROPIN FLEXPRO INJ 10MG/1.5ML	4	PA (somatropins) MO
NORDITROPIN FLEXPRO INJ 15MG/1.5ML	4	PA (somatropins) MO
NORDITROPIN FLEXPRO INJ 30MG/3ML	4	PA (somatropins) MO
NORDITROPIN FLEXPRO INJ 5MG/1.5ML	4	PA (somatropins) MO
NUTROPIN AQ NUSPIN 10 INJ 10MG/2ML	4	PA (somatropins) MO
NUTROPIN AQ NUSPIN 20 INJ 20MG/2ML	4	PA (somatropins) MO
NUTROPIN AQ NUSPIN 5 INJ 5MG/2ML	4	PA (somatropins) MO
OMNITROPE INJ 10MG/1.5ML	4	PA (somatropins) MO
OMNITROPE INJ 5.8MG	4	PA (somatropins) MO

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Drug Name	Drug Tier	Requirements/Limits
OMNITROPE INJ 5MG/1.5ML	4	PA (somatropins) MO
SAIZEN INJ 5MG	4	PA (somatropins) MO
SAIZEN INJ 8.8MG	4	PA (somatropins) MO
SAIZENPREP RECONSTITUTIONKIT INJ 8.8MG	4	PA (somatropins) MO
SOMAVERT INJ 10MG	4	PA (somavert) LA MO
SOMAVERT INJ 15MG	4	PA (somavert) LA MO
SOMAVERT INJ 20MG	4	PA (somavert) LA MO
SOMAVERT INJ 25MG	4	PA (somavert) LA MO
SOMAVERT INJ 30MG	4	PA (somavert) LA MO
ZORBTIVE INJ 8.8MG	4	PA (somatropins) LA MO
<i>Thyroid and Antithyroid Agents</i>		
ADTHYZA TABS 120MG	3	MO
ADTHYZA TABS 15MG	3	MO
ADTHYZA TABS 30MG	3	MO
ADTHYZA TABS 60MG	3	MO
ADTHYZA TABS 90MG	3	MO
ARMOUR THYROID TABS 120MG	3	MO
ARMOUR THYROID TABS 15MG	3	MO
ARMOUR THYROID TABS 180MG	3	MO
ARMOUR THYROID TABS 240MG	3	MO
ARMOUR THYROID TABS 300MG	3	MO
ARMOUR THYROID TABS 30MG	3	MO
ARMOUR THYROID TABS 60MG	3	MO
ARMOUR THYROID TABS 90MG	3	MO
<i>euthyrox tabs 100mcg</i>	2	MO
<i>euthyrox tabs 112mcg</i>	2	MO
<i>euthyrox tabs 125mcg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>euthyrox tabs 137mcg</i>	2	MO
<i>euthyrox tabs 150mcg</i>	2	MO
<i>euthyrox tabs 175mcg</i>	2	MO
<i>euthyrox tabs 200mcg</i>	2	MO
<i>euthyrox tabs 25mcg</i>	2	MO
<i>euthyrox tabs 50mcg</i>	2	MO
<i>euthyrox tabs 75mcg</i>	2	MO
<i>euthyrox tabs 88mcg</i>	2	MO
<i>levo-t tabs 100mcg</i>	2	MO
<i>levo-t tabs 112mcg</i>	2	MO
<i>levo-t tabs 125mcg</i>	2	MO
<i>levo-t tabs 137mcg</i>	2	MO
<i>levo-t tabs 150mcg</i>	2	MO
<i>levo-t tabs 175mcg</i>	2	MO
<i>levo-t tabs 200mcg</i>	2	MO
<i>levo-t tabs 25mcg</i>	2	MO
<i>levo-t tabs 300mcg</i>	2	MO
<i>levo-t tabs 50mcg</i>	2	MO
<i>levo-t tabs 75mcg</i>	2	MO
<i>levo-t tabs 88mcg</i>	2	MO
<i>levothyroxine sodium inj 100mcg</i>	4	
<i>levothyroxine sodium inj 200mcg</i>	4	
<i>levothyroxine sodium inj 500mcg</i>	4	
<i>levothyroxine sodium tabs 100mcg</i>	1	MO
<i>levothyroxine sodium tabs 112mcg</i>	1	MO
<i>levothyroxine sodium tabs 125mcg</i>	1	MO
<i>levothyroxine sodium tabs 137mcg</i>	1	MO
<i>levothyroxine sodium tabs 150mcg</i>	1	MO
<i>levothyroxine sodium tabs 175mcg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium tabs 200mcg</i>	1	MO
<i>levothyroxine sodium tabs 25mcg</i>	1	MO
<i>levothyroxine sodium tabs 300mcg</i>	1	MO
<i>levothyroxine sodium tabs 50mcg</i>	1	MO
<i>levothyroxine sodium tabs 75mcg</i>	1	MO
<i>levothyroxine sodium tabs 88mcg</i>	1	MO
<i>levoxyl tabs 100mcg</i>	2	MO
<i>levoxyl tabs 112mcg</i>	2	MO
<i>levoxyl tabs 125mcg</i>	2	MO
<i>levoxyl tabs 137mcg</i>	2	MO
<i>levoxyl tabs 150mcg</i>	2	MO
<i>levoxyl tabs 175mcg</i>	2	MO
<i>levoxyl tabs 200mcg</i>	2	MO
<i>levoxyl tabs 25mcg</i>	2	MO
<i>levoxyl tabs 50mcg</i>	2	MO
<i>levoxyl tabs 75mcg</i>	2	MO
<i>levoxyl tabs 88mcg</i>	2	MO
<i>liothyronine sodium tabs 25mcg</i>	1	MO
<i>liothyronine sodium tabs 50mcg</i>	1	MO
<i>liothyronine sodium tabs 5mcg</i>	1	MO
<i>methimazole tabs 10mg</i>	1	MO
<i>methimazole tabs 5mg</i>	1	MO
<i>np thyroid 120 tabs 120mg</i>	1	MO
<i>np thyroid 15 tabs 15mg</i>	1	MO
<i>np thyroid 30 tabs 30mg</i>	1	MO
<i>np thyroid 60 tabs 60mg</i>	1	MO
<i>np thyroid 90 tabs 90mg</i>	1	MO
<i>propylthiouracil tabs 50mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
REZDIFFRA TABS 100MG	4	QL (1 EA per 1 days) PA (Rezdiffra)
REZDIFFRA TABS 60MG	4	QL (1 EA per 1 days) PA (Rezdiffra)
REZDIFFRA TABS 80MG	4	QL (1 EA per 1 days) PA (Rezdiffra)
SYNTHROID TABS 100MCG	2	MO
SYNTHROID TABS 112MCG	2	MO
SYNTHROID TABS 125MCG	2	MO
SYNTHROID TABS 137MCG	2	MO
SYNTHROID TABS 150MCG	2	MO
SYNTHROID TABS 175MCG	2	MO
SYNTHROID TABS 200MCG	2	MO
SYNTHROID TABS 25MCG	2	MO
SYNTHROID TABS 300MCG	2	MO
SYNTHROID TABS 50MCG	2	MO
SYNTHROID TABS 75MCG	2	MO
SYNTHROID TABS 88MCG	2	MO
TIROSINT-SOL SOLN 100MCG/ML	3	PA (Tirosint Solution) MO
TIROSINT-SOL SOLN 112MCG/ML	3	PA (Tirosint Solution) MO
TIROSINT-SOL SOLN 125MCG/ML	3	PA (Tirosint Solution) MO
TIROSINT-SOL SOLN 137MCG/ML	3	PA (Tirosint Solution) MO
TIROSINT-SOL SOLN 13MCG/ML	3	PA (Tirosint Solution) MO
TIROSINT-SOL SOLN 150MCG/ML	3	PA (Tirosint Solution) 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
TIROSINT-SOL SOLN 175MCG/ML	3	PA (Tirosint Solution) MO
TIROSINT-SOL SOLN 200MCG/ML	3	PA (Tirosint Solution) MO
TIROSINT-SOL SOLN 25MCG/ML	3	PA (Tirosint Solution) MO
TIROSINT-SOL SOLN 37.5MCG/ML	3	PA (Tirosint Solution) MO
TIROSINT-SOL SOLN 44MCG/ML	3	PA (Tirosint Solution) MO
TIROSINT-SOL SOLN 50MCG/ML	3	PA (Tirosint Solution) MO
TIROSINT-SOL SOLN 62.5MCG/ML	3	PA (Tirosint Solution) MO
TIROSINT-SOL SOLN 75MCG/ML	3	PA (Tirosint Solution) MO
TIROSINT-SOL SOLN 88MCG/ML	3	PA (Tirosint Solution) MO
<i>unithroid tabs 100mcg</i>	2	MO
<i>unithroid tabs 112mcg</i>	2	MO
<i>unithroid tabs 125mcg</i>	2	MO
<i>unithroid tabs 137mcg</i>	2	MO
<i>unithroid tabs 150mcg</i>	2	MO
<i>unithroid tabs 175mcg</i>	2	MO
<i>unithroid tabs 200mcg</i>	2	MO
<i>unithroid tabs 25mcg</i>	2	MO
<i>unithroid tabs 300mcg</i>	2	MO
<i>unithroid tabs 50mcg</i>	2	MO
<i>unithroid tabs 75mcg</i>	2	MO
<i>unithroid tabs 88mcg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
Immunomodulatory Agents		
<i>Disease-modifying Antirheumatic Drugs</i>		
ADALIMUMAB-AATY 1-PEN KIT INJ 40MG/0.4ML	4	QL (4 EA per 28 days) PA (Adalimumab)
ADALIMUMAB-AATY 1-PEN KIT INJ 80MG/0.8ML	4	QL (2 EA per 28 days) PA (Adalimumab)
ADALIMUMAB-AATY 2-PEN KIT INJ 40MG/0.4ML	4	QL (2 EA per 28 days) PA (Adalimumab)
ADALIMUMAB-AATY 2-SYRINGE KIT INJ 20MG/0.2ML	4	QL (1 EA per 28 days) PA (Adalimumab)
ADALIMUMAB-AATY 2-SYRINGE KIT INJ 40MG/0.4ML	4	QL (2 EA per 28 days) PA (Adalimumab)
OTEZLA TABS 20MG	4	QL (2 EA per 1 days) PA (Otezla)
OTEZLA TBPK 0	4	QL (110 EA per 365 days) PA (Otezla)
RINVOQ LQ SOLN 1MG/ML	4	QL (12 ML per 1 days) PA (Rinvoq)
TALTZ INJ 20MG/0.25ML	4	PA (Taltz)
TALTZ INJ 40MG/0.5ML	4	PA (Taltz)
<i>Immunosuppressive Therapy</i>		
<i>cyclosporine inj 50mg/ml</i>	4	B/D
PROGRAF INJ 5MG/ML	3	B/D
SIMULECT INJ 10MG	4	B/D
SIMULECT INJ 20MG	4	B/D
Local Anesthetics		
<i>Local Anesthetics</i>		
<i>lidocaine hcl inj 0.5%</i>	1	
<i>lidocaine hcl inj 0.5%</i>	1	
<i>lidocaine hcl inj 1.5%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl inj 4%</i>	1	
<i>lidocaine hydrochloride inj 1%</i>	1	
<i>lidocaine hydrochloride inj 1%</i>	1	
<i>lidocaine hydrochloride inj 2%</i>	1	
<i>lidocaine hydrochloride inj 2%</i>	1	
Miscellaneous Therapeutic Agents		
5-alpha-Reductase Inhibitors		
<i>dutasteride caps 0.5mg</i>	1	MO
<i>finasteride tabs 5mg</i>	1	MO
Alcohol Deterrents		
<i>disulfiram tabs 250mg</i>	1	MO
<i>disulfiram tabs 500mg</i>	1	MO
Antidotes		
<i>acetylcysteine soln 10%</i>	1	B/D
<i>acetylcysteine soln 20%</i>	1	B/D
<i>leucovorin calcium inj 100mg</i>	1	
<i>leucovorin calcium inj 200mg</i>	1	
<i>leucovorin calcium inj 350mg</i>	1	
<i>leucovorin calcium inj 500mg</i>	1	
<i>leucovorin calcium inj 50mg</i>	1	
<i>leucovorin calcium tabs 10mg</i>	1	
<i>leucovorin calcium tabs 15mg</i>	1	
<i>leucovorin calcium tabs 25mg</i>	1	
<i>leucovorin calcium tabs 5mg</i>	1	
<i>levoleucovorin calcium inj 175mg/17.5ml</i>	4	PA (levoleucovorin, new starts only)
<i>levoleucovorin calcium inj 250mg/25ml</i>	4	PA (levoleucovorin, new starts only)

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Drug Name	Drug Tier	Requirements/Limits
<i>levoleucovorin inj 50mg</i>	4	PA (levoleucovorin, new starts only)
<i>Antigout Agents</i>		
<i>allopurinol tabs 100mg</i>	1	MO
<i>allopurinol tabs 300mg</i>	1	MO
<i>colchicine tabs 0.6mg</i>	1	
<i>febuxostat tabs 40mg</i>	1	QL (1 EA per 1 days) MO
<i>febuxostat tabs 80mg</i>	1	QL (1 EA per 1 days) MO
<i>Antisense Oligonucleotides</i>		
EXONDYS 51 INJ 100MG/2ML	4	PA (Exondys)
EXONDYS 51 INJ 500MG/10ML	4	PA (Exondys)
TEGSEDI INJ 284MG/1.5ML	4	QL (6 ML per 28 days) PA (Tegsedi) MO
WAINUA INJ 45MG/0.8ML	4	QL (0.8 ML per 28 days) PA (Wainua)
<i>Bone Anabolic Agents</i>		
EVENITY INJ 105MG/1.17ML	4	QL (2.34 ML per 28 days) PA (EVENITY)
<i>Bone Resorption Inhibitors</i>		
<i>alendronate sodium soln 70mg/75ml</i>	1	MO
<i>alendronate sodium tabs 10mg</i>	1	QL (1 EA per 1 days) MO
<i>alendronate sodium tabs 35mg</i>	1	QL (4 EA per 28 days) MO
ALENDRONATE SODIUM TABS 5MG	1	QL (1 EA per 1 days)
<i>alendronate sodium tabs 70mg</i>	1	QL (4 EA 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
<i>ibandronate sodium inj 3mg/3ml</i>	1	
<i>ibandronate sodium tabs 150mg</i>	1	QL (1 EA per 28 days) MO
<i>pamidronate disodium inj 30mg/10ml</i>	1	PA (parenteral bisphosphonates)
<i>pamidronate disodium inj 6mg/ml</i>	1	PA (parenteral bisphosphonates)
<i>pamidronate disodium inj 90mg/10ml</i>	1	PA (parenteral bisphosphonates)
PROLIA INJ 60MG/ML	3	QL (1 ML per 180 days)
<i>risedronate sodium tabs 150mg</i>	1	ST (risedronate #2) MO
<i>risedronate sodium tabs 30mg</i>	1	ST (risedronate #2)
<i>risedronate sodium tabs 35mg</i>	1	QL (4 EA per 28 days) ST (risedronate #2) MO
<i>risedronate sodium tabs 35mg</i>	1	QL (4 EA per 28 days) ST (risedronate #2) MO
<i>risedronate sodium tabs 35mg</i>	1	QL (4 EA per 28 days) ST (risedronate #2) MO
<i>risedronate sodium tabs 5mg</i>	1	ST (risedronate #2) MO
XGEVA INJ 120MG/1.7ML	4	PA (Xgeva)
<i>zoledronic acid inj 4mg/100ml</i>	1	PA (parenteral bisphosphonates, new starts only)

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>zoledronic acid inj 4mg/5ml</i>	1	PA (parenteral bisphosphonates, new starts only)
<i>zoledronic acid inj 5mg/100ml</i>	1	PA (parenteral bisphosphonates)
<i>Cariostatic Agents</i>		
<i>dentagel gel 1.1%</i>	1	
<i>fluoride chew 1mg</i>	1	
<i>nafrinse chew 2.2mg</i>	1	
<i>prevident 5000 dry mouth gel 1.1%</i>	1	
<i>prevident fluoride gel 1.1%</i>	1	
<i>sf 5000 plus crea 1.1%</i>	1	
<i>sf gel 1.1%</i>	1	
<i>sodium fluoride 5000 plus crea 1.1%</i>	1	
<i>sodium fluoride 5000 ppm dry mouth gel 1.1%</i>	1	
<i>sodium fluoride 5000 ppm crea 1.1%</i>	1	
<i>sodium fluoride 5000 ppm pste 1.1%</i>	1	
SODIUM FLUORIDE CHEW 1MG	1	MO
<i>sodium fluoride crea 1.1%</i>	1	
<i>sodium fluoride gel 1.1%</i>	1	
<i>Disease-modifying Antirheumatic Drugs</i>		
ACTEMRA ACTPEN INJ 162MG/0.9ML	4	PA (Actemra)
ACTEMRA INJ 162MG/0.9ML	4	PA (Actemra)
<i>adalimumab-adbm crohns/uc/hs starter inj 40mg/0.8ml</i>	4	QL (6 EA per 180 days) PA (Adalimumab)

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>adalimumab-adbm psoriasis/uveitis starter inj 40mg/0.8ml</i>	4	QL (4 EA per 180 days) PA (Adalimumab)
ADALIMUMAB-ADBM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS INJ 40MG/0.4ML	4	QL (6 EA per 180 days) PA (Adalimumab)
ADALIMUMAB-ADBM STARTER PACKAGE FOR PSORIASIS/UVEITIS INJ 40MG/0.4ML	4	QL (4 EA per 180 days) PA (Adalimumab)
<i>adalimumab-adbm inj 10mg/0.2ml</i>	4	QL (2 EA per 28 days) PA (Adalimumab)
<i>adalimumab-adbm inj 20mg/0.4ml</i>	4	QL (2 EA per 28 days) PA (Adalimumab)
ADALIMUMAB-ADBM INJ 40MG/0.4ML	4	QL (4 EA per 28 days) PA (Adalimumab)
ADALIMUMAB-ADBM INJ 40MG/0.4ML	4	QL (4 EA per 28 days) PA (Adalimumab)
<i>adalimumab-adbm inj 40mg/0.8ml</i>	4	QL (4 EA per 28 days) PA (Adalimumab)
AVSOLA INJ 100MG	4	PA (Infliximab)
CIMZIA STARTER KIT INJ 200MG/ML	4	QL (3 EA per 180 days) PA (Cimzia) MO
CIMZIA INJ 200MG/ML	4	QL (1 EA per 28 days) PA (Cimzia) MO
CIMZIA INJ 200MG	4	QL (1 EA per 28 days) PA (Cimzia)
COSENTYX SENSOREADY PEN INJ 150MG/ML	4	PA (Cosentyx) MO
COSENTYX UNOREADY INJ 300MG/2ML	4	PA (Cosentyx)

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Drug Name	Drug Tier	Requirements/Limits
COSENTYX INJ 125MG/5ML	4	PA (Cosentyx)
COSENTYX INJ 150MG/ML	4	PA (Cosentyx) MO
ENBREL MINI INJ 50MG/ML	4	QL (8 ML per 28 days) PA (enbrel) MO
ENBREL SURECLICK INJ 50MG/ML	4	QL (8 ML per 28 days) PA (enbrel) MO
ENBREL INJ 25MG/0.5ML	4	QL (4 ML per 28 days) PA (enbrel) MO
ENBREL INJ 25MG/0.5ML	4	QL (4 ML per 28 days) PA (enbrel)
ENBREL INJ 50MG/ML	4	QL (8 ML per 28 days) PA (enbrel) MO
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 0	4	QL (2 EA per 180 days) PA (Adalimumab) MO
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 80MG/0.8ML	4	QL (3 EA per 180 days) PA (Adalimumab) MO
HUMIRA PEN-CD/UC/HS STARTER INJ 40MG/0.8ML	4	QL (6 EA per 180 days) PA (Adalimumab) MO
HUMIRA PEN-CD/UC/HS STARTER INJ 80MG/0.8ML	4	QL (3 EA per 180 days) PA (Adalimumab) MO
HUMIRA PEN-PEDIATRIC UC STARTER PACK INJ 80MG/0.8ML	4	QL (4 EA per 180 days) PA (Adalimumab) MO
HUMIRA PEN-PS/UV STARTER INJ 0	4	QL (3 EA per 180 days) PA (Adalimumab) 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-PS/UV STARTER INJ 40MG/0.8ML	4	QL (4 EA per 180 days) PA (Adalimumab) MO
HUMIRA PEN INJ 40MG/0.4ML	4	QL (4 EA per 28 days) PA (Adalimumab) MO
HUMIRA PEN INJ 40MG/0.8ML	4	QL (4 EA per 28 days) PA (Adalimumab) MO
HUMIRA PEN INJ 80MG/0.8ML	4	QL (2 EA per 28 days) PA (Adalimumab) MO
HUMIRA INJ 10MG/0.1ML	4	QL (2 EA per 28 days) PA (Adalimumab) MO
HUMIRA INJ 20MG/0.2ML	4	QL (2 EA per 28 days) PA (Adalimumab) MO
HUMIRA INJ 40MG/0.4ML	4	QL (4 EA per 28 days) PA (Adalimumab) MO
HUMIRA INJ 40MG/0.8ML	4	QL (4 EA per 28 days) PA (Adalimumab) MO
INFLECTRA INJ 100MG	4	PA (Infliximab)
KINERET INJ 100MG/0.67ML	4	QL (18.76 ML per 28 days) PA (kineret) MO
<i>leflunomide tabs 10mg</i>	1	MO
<i>leflunomide tabs 20mg</i>	1	MO
ORENCIA CLICKJECT INJ 125MG/ML	4	PA (orencia) MO
ORENCIA INJ 125MG/ML	4	PA (orencia) MO
ORENCIA INJ 250MG	4	PA (orencia) MO
ORENCIA INJ 50MG/0.4ML	4	PA (orencia) MO
ORENCIA INJ 87.5MG/0.7ML	4	PA (orencia) MO
OTEZLA TABS 30MG	4	QL (60 EA per 30 days) PA (Otezla) 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
OTEZLA TBPK 0	4	QL (55 EA per 180 days) PA (Otezla)
RINVOQ TB24 15MG	4	QL (1 EA per 1 days) PA (Rinvoq) MO
RINVOQ TB24 30MG	4	QL (1 EA per 1 days) PA (Rinvoq) MO
RINVOQ TB24 45MG	4	QL (1 EA per 1 days) PA (Rinvoq) MO
SIMPONI ARIA INJ 50MG/4ML	4	PA (Simponi) MO
SIMPONI INJ 100MG/ML	4	QL (1 ML per 28 days) PA (Simponi) MO
SIMPONI INJ 100MG/ML	4	QL (1 ML per 28 days) PA (Simponi) MO
SIMPONI INJ 50MG/0.5ML	4	QL (0.5 ML per 30 days) PA (Simponi) MO
SIMPONI INJ 50MG/0.5ML	4	QL (0.5 ML per 30 days) PA (Simponi) MO
XELJANZ XR TB24 11MG	4	QL (1 EA per 1 days) PA (Xeljanz)
XELJANZ XR TB24 22MG	4	QL (1 EA per 1 days) PA (Xeljanz)
XELJANZ SOLN 1MG/ML	4	PA (Xeljanz)
XELJANZ TABS 10MG	4	QL (2 EA per 1 days) PA (Xeljanz)
XELJANZ TABS 5MG	4	QL (2 EA per 1 days) PA (Xeljanz)
<i>Immunomodulatory 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
ACTIMMUNE INJ 100MCG/0.5ML	4	PA (Actimmune, new starts only) LA MO
AVONEX PEN INJ 30MCG/0.5ML	4	QL (4 EA per 28 days) MO
AVONEX INJ 30MCG/0.5ML	4	QL (1 EA per 28 days) MO
BETASERON INJ 0.3MG	4	QL (14 EA per 28 days) MO
<i>dimethyl fumarate starterpack cdpk 0</i>	4	
<i>dimethyl fumarate cpdr 120mg</i>	1	MO
<i>dimethyl fumarate cpdr 240mg</i>	1	MO
ENSPRYNG INJ 120MG/ML	4	QL (3 ML per 28 days) PA (Enspryng)
EXTAVIA INJ 0.3MG	4	QL (15 EA per 30 days) MO
<i>fingolimod hydrochloride caps 0.5mg</i>	4	QL (1 EA per 1 days) PA (Fingolimod) MO
GILENYA CAPS 0.25MG	4	QL (1 EA per 1 days) PA (Fingolimod)
<i>glatiramer acetate inj 20mg/ml</i>	4	QL (1 ML per 1 days) MO
<i>glatiramer acetate inj 40mg/ml</i>	4	QL (12 ML per 28 days) MO
<i>glatopa inj 20mg/ml</i>	4	QL (1 ML per 1 days) MO
<i>glatopa inj 40mg/ml</i>	4	QL (12 ML per 28 days) MO
JOENJA TABS 70MG	4	QL (2 EA per 1 days) PA (Joenja)

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
MAYZENT STARTER PACK TBPK 0.25MG	2	QL (7 EA per 180 days) PA (MAYZENT)
MAYZENT STARTER PACK TBPK 0.25MG	4	QL (12 EA per 180 days) PA (MAYZENT)
MAYZENT TABS 0.25MG	4	QL (4 EA per 1 days) PA (MAYZENT) MO
MAYZENT TABS 1MG	4	QL (1 EA per 1 days) PA (MAYZENT)
MAYZENT TABS 2MG	4	QL (1 EA per 1 days) PA (MAYZENT) MO
OCREVUS ZUNOVO INJ 23000UNIT/23ML; 920MG/23ML	4	QL (23 ML per 180 days) PA (Ocrevus)
OCREVUS INJ 300MG/10ML	4	QL (20 ML per 180 days) PA (Ocrevus)
PLEGRIDY STARTER PACK INJ 0	4	QL (1 ML per 180 days)
PLEGRIDY STARTER PACK INJ 0	4	QL (1 ML per 180 days)
PLEGRIDY INJ 125MCG/0.5ML	4	QL (1 ML per 28 days) MO
PLEGRIDY INJ 125MCG/0.5ML	4	QL (1 ML per 28 days) MO
PLEGRIDY INJ 125MCG/0.5ML	4	QL (1 ML per 28 days) MO
REBIF REBIDOSE TITRATION PACK INJ 0	4	QL (4.2 ML per 180 days) MO
REBIF REBIDOSE INJ 22MCG/0.5ML	4	QL (6 ML per 28 days) MO
REBIF REBIDOSE INJ 44MCG/0.5ML	4	QL (6 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
REBIF TITRATION PACK INJ 0	4	QL (4.2 ML per 180 days) MO
REBIF INJ 22MCG/0.5ML	4	QL (6 ML per 28 days) MO
REBIF INJ 44MCG/0.5ML	4	QL (6 ML per 28 days) MO
<i>teriflunomide tabs 14mg</i>	4	PA (Teriflunomide) MO
<i>teriflunomide tabs 7mg</i>	4	PA (Teriflunomide) MO
THALOMID CAPS 100MG	4	PA (thalomid, new starts only) MO
THALOMID CAPS 150MG	4	PA (thalomid, new starts only) MO
THALOMID CAPS 200MG	4	PA (thalomid, new starts only) MO
THALOMID CAPS 50MG	4	PA (thalomid, new starts only) MO
TYSABRI INJ 300MG/15ML	4	PA (tysabri) LA
<i>Immunosuppressive Agents</i>		
ASTAGRAF XL CP24 0.5MG	3	PA (ASTAGRAF, new starts only) MO
ASTAGRAF XL CP24 1MG	3	PA (ASTAGRAF, new starts only) MO
ASTAGRAF XL CP24 5MG	4	PA (ASTAGRAF, new starts only) MO
ATGAM INJ 50MG/ML	4	PA (intravenous immune globulin, new starts only)
<i>azathioprine inj 100mg</i>	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>azathioprine tabs 100mg</i>	1	B/D MO
<i>azathioprine tabs 50mg</i>	1	B/D MO
<i>azathioprine tabs 75mg</i>	1	B/D MO
BENLYSTA INJ 120MG	4	PA (benlysta)
BENLYSTA INJ 200MG/ML	4	QL (8 ML per 28 days) PA (benlysta) MO
BENLYSTA INJ 200MG/ML	4	QL (8 ML per 28 days) PA (benlysta) MO
BENLYSTA INJ 400MG	4	PA (benlysta)
<i>cyclosporine modified caps 100mg</i>	1	B/D MO
<i>cyclosporine modified caps 25mg</i>	1	B/D MO
<i>cyclosporine modified caps 50mg</i>	1	B/D MO
<i>cyclosporine modified soln 100mg/ml</i>	1	B/D MO
<i>cyclosporine caps 100mg</i>	1	B/D MO
<i>cyclosporine caps 25mg</i>	1	B/D MO
<i>everolimus tabs 0.25mg</i>	4	B/D MO
<i>everolimus tabs 0.5mg</i>	4	B/D MO
<i>everolimus tabs 0.75mg</i>	4	B/D MO
<i>everolimus tabs 1mg</i>	4	B/D MO
<i>gengraf caps 100mg</i>	1	B/D MO
<i>gengraf caps 25mg</i>	1	B/D MO
<i>gengraf soln 100mg/ml</i>	1	B/D MO
LUPKYNIS CAPS 7.9MG	4	QL (6 EA per 1 days) PA (Lupkynis)
<i>mycophenolate mofetil caps 250mg</i>	1	B/D MO
<i>mycophenolate mofetil inj 500mg</i>	1	B/D
<i>mycophenolate mofetil susr 200mg/ml</i>	4	B/D MO
<i>mycophenolate mofetil tabs 500mg</i>	1	B/D MO
<i>mycophenolic acid dr tbec 180mg</i>	1	B/D MO

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Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolic acid dr tbec 360mg</i>	1	B/D MO
MYHIBBIN SUSP 200MG/ML	4	B/D
NULOJIX INJ 250MG	4	PA (nulojix, new starts only)
PROGRAF PACK 0.2MG	3	B/D MO
PROGRAF PACK 1MG	3	B/D MO
SAPHNELO INJ 300MG/2ML	4	PA (Saphnelo)
<i>sirolimus soln 1mg/ml</i>	4	B/D MO
<i>sirolimus tabs 0.5mg</i>	1	B/D MO
<i>sirolimus tabs 1mg</i>	1	B/D MO
<i>sirolimus tabs 2mg</i>	1	B/D MO
<i>tacrolimus caps 0.5mg</i>	1	B/D MO
<i>tacrolimus caps 1mg</i>	1	B/D MO
<i>tacrolimus caps 5mg</i>	1	B/D MO
THYMOGLOBULIN INJ 25MG	4	PA (intravenous immune globulin, new starts only)
<i>Kallikrein-Kinin System Inhibitors</i>		
CINRYZE INJ 500UNIT	4	PA (CINRYZE)
FABHALTA CAPS 200MG	4	QL (2 EA per 1 days) PA (Fabhalta)
HAEGARDA INJ 2000UNIT	4	PA (Haegarda)
HAEGARDA INJ 3000UNIT	4	PA (Haegarda)
TAVNEOS CAPS 10MG	4	QL (6 EA per 1 days) PA (Tavneos)
VOYDEYA TABS 100MG	4	QL (6 EA per 1 days) PA (Voydeya)
VOYDEYA TBPK 0	4	QL (6 EA per 1 days) PA (Voydeya)

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
ZILBRYSQ INJ 16.6MG/0.416ML	4	QL (0.42 ML per 1 days) PA (Zilbrysq)
ZILBRYSQ INJ 23MG/0.574ML	4	QL (0.58 ML per 1 days) PA (Zilbrysq)
ZILBRYSQ INJ 32.4MG/0.81ML	4	QL (0.81 ML per 1 days) PA (Zilbrysq)
<i>Other Miscellaneous Therapeutic Agents</i>		
AQNEURSA PACK 1GM	4	PA (Aqneursa)
ARCALYST INJ 220MG	4	PA (arcalyst) LA MO
<i>betaine anhydrous powd 0</i>	4	PA (cystadane) MO
BOTOX INJ 100UNIT	3	PA (botulinum toxin)
BOTOX INJ 200UNIT	3	PA (botulinum toxin)
CERDELGA CAPS 84MG	4	QL (2 EA per 1 days) PA (Cerdelga) MO
CYSTAGON CAPS 150MG	3	LA MO
CYSTAGON CAPS 50MG	3	LA MO
<i>dalfampridine er tb12 10mg</i>	1	QL (2 EA per 1 days) PA (Dalfampridine) MO
DUVYZAT SUSP 8.86MG/ML	4	QL (12 ML per 1 days) PA (Duvyzat)
ELMIRON CAPS 100MG	4	PA (ELMIRON)
EVRYSDI SOLR 0.75MG/ML	4	QL (6.67 ML per 1 days) PA (Evrysdi)
GALAFOLD CAPS 123MG	4	QL (0.5 EA per 1 days) PA (GALAFOLD) MO
<i>javygtor pack 500mg</i>	4	PA (Sapropterin) MO
<i>javygtor tabs 100mg</i>	4	PA (Sapropterin) MO
<i>l-glutamine pack 5gm</i>	4	PA (Endari)
<i>levocarnitine sf soln 1gm/10ml</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>levocarnitine soln 1gm/10ml</i>	1	MO
<i>levocarnitine tabs 330mg</i>	1	MO
LODOCO TABS 0.5MG	3	QL (1 EA per 1 days) PA (Lodoco) MO
<i>miglustat caps 100mg</i>	4	PA (zavesca) LA MO
<i>nitisinone caps 10mg</i>	4	PA (Orfadin) MO
<i>nitisinone caps 20mg</i>	4	PA (Orfadin) MO
<i>nitisinone caps 2mg</i>	4	PA (Orfadin) MO
<i>nitisinone caps 5mg</i>	4	PA (Orfadin) MO
NITYR TABS 10MG	4	PA (Nityr) LA
NITYR TABS 2MG	4	PA (Nityr) LA
NITYR TABS 5MG	4	PA (Nityr) LA
OPFOLDA CAPS 65MG	2	QL (8 EA per 28 days) PA (Opfolda)
ORFADIN SUSP 4MG/ML	4	PA (Orfadin) MO
REZUROCK TABS 200MG	4	QL (2 EA per 1 days) PA (Rezurock)
RIVFLOZA INJ 128MG/0.8ML	4	QL (0.8 ML per 28 days) PA (Rivfloza)
RIVFLOZA INJ 160MG/ML	4	QL (1 ML per 28 days) PA (Rivfloza)
RIVFLOZA INJ 80MG/0.5ML	4	QL (1 ML per 28 days) PA (Rivfloza)
<i>sapropterin dihydrochloride pack 100mg</i>	4	PA (Sapropterin) MO
<i>sapropterin dihydrochloride pack 500mg</i>	4	PA (Sapropterin) MO
<i>sapropterin dihydrochloride tabs 100mg</i>	4	PA (Sapropterin) MO
SKYCLARYS CAPS 50MG	4	QL (3 EA per 1 days) PA (Skyclarys)
SOHONOS CAPS 1MG	4	QL (20 EA per 1 days) PA (Sohonos)

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Drug Name	Drug Tier	Requirements/Limits
TYBOST TABS 150MG	2	MO
VIJOICE PACK 50MG	4	QL (1 EA per 1 days) PA (Vioice)
VIJOICE TBPK 0	4	QL (2 EA per 1 days) PA (Vioice)
VIJOICE TBPK 125MG	4	QL (1 EA per 1 days) PA (Vioice)
VIJOICE TBPK 50MG	4	QL (1 EA per 1 days) PA (Vioice)
VOWST CAPS 0	4	QL (4 EA per 1 days) PA (Vowst)
VOXZOGO INJ 0.4MG	4	QL (1 EA per 1 days) PA (Voxzogo)
VOXZOGO INJ 0.56MG	4	QL (1 EA per 1 days) PA (Voxzogo)
VOXZOGO INJ 1.2MG	4	QL (1 EA per 1 days) PA (Voxzogo)
XEOMIN INJ 100UNIT	3	PA (botulinum toxin)
XEOMIN INJ 200UNIT	4	PA (botulinum toxin)
XEOMIN INJ 50UNIT	3	PA (botulinum toxin)
XURIDEN PACK 2GM	4	QL (8 EA per 1 days) PA (Xuriden) MO
<i>yargesa caps 100mg</i>	4	PA (zavesca) MO
ZOKINVY CAPS 50MG	4	PA (Zokinvy)
ZOKINVY CAPS 75MG	4	PA (Zokinvy)
Protective Agents		
<i>dexrazoxane inj 250mg</i>	4	
<i>dexrazoxane inj 500mg</i>	4	
<i>mesna tabs 400mg</i>	4	
Oxytocics		

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Drug Name	Drug Tier	Requirements/Limits
<i>Oxytocics</i>		
<i>mifepristone tabs 200mg</i>	1	QL (1 EA per 1 days)
Respiratory Tract Agents		
<i>Anti-inflammatory Agents</i>		
<i>cromolyn sodium conc 100mg/5ml</i>	1	MO
<i>cromolyn sodium nebu 20mg/2ml</i>	1	B/D MO
DUPIXENT INJ 100MG/0.67ML	4	QL (1.34 ML per 28 days) PA (Dupixent)
DUPIXENT INJ 200MG/1.14ML	4	PA (Dupixent)
FASENRA PEN INJ 30MG/ML	4	PA (Fasenra)
FASENRA INJ 10MG/0.5ML	3	PA (Fasenra)
FASENRA INJ 30MG/ML	4	PA (Fasenra)
<i>montelukast sodium chew 4mg</i>	1	QL (1 EA per 1 days) MO
<i>montelukast sodium chew 5mg</i>	1	QL (1 EA per 1 days) MO
<i>montelukast sodium pack 4mg</i>	1	QL (1 EA per 1 days) MO
<i>montelukast sodium tabs 10mg</i>	1	QL (1 EA per 1 days) MO
NUCALA INJ 100MG/ML	4	QL (3 ML per 28 days) PA (Nucala) MO
NUCALA INJ 100MG/ML	4	QL (3 ML per 28 days) PA (Nucala) MO
NUCALA INJ 100MG	4	QL (3 EA per 28 days) PA (Nucala) MO
NUCALA INJ 40MG/0.4ML	4	QL (0.4 ML per 28 days) PA (Nucala) MO
<i>zafirlukast tabs 10mg</i>	1	QL (2 EA per 1 days) MO

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Drug Name	Drug Tier	Requirements/Limits
<i>zafirlukast tabs 20mg</i>	1	QL (2 EA per 1 days) MO
<i>Antifibrotic Agents</i>		
OFEV CAPS 100MG	4	QL (2 EA per 1 days) PA (Pulmonary Fibrosis Agents) MO
OFEV CAPS 150MG	4	QL (2 EA per 1 days) PA (Pulmonary Fibrosis Agents) MO
<i>pirfenidone caps 267mg</i>	4	QL (9 EA per 1 days) PA (Pulmonary Fibrosis Agents) MO
<i>pirfenidone tabs 267mg</i>	4	QL (6 EA per 1 days) PA (Pulmonary Fibrosis Agents) MO
PIRFENIDONE TABS 534MG	4	QL (3 EA per 1 days) PA (Pulmonary Fibrosis Agents) MO
<i>pirfenidone tabs 801mg</i>	4	QL (3 EA per 1 days) PA (Pulmonary Fibrosis Agents) MO
<i>Antitussives</i>		
<i>promethazine dm syrp 15mg/5ml; 6.25mg/5ml</i>	5	QL (420 ML per 30 days) ED
<i>promethazine hydrochloride/dextromethorphan hydrobromide syrp 15mg/5ml; 6.25mg/5ml</i>	5	QL (420 ML per 30 days) ED
<i>promethazine vc/codeine syrp 10mg/5ml; 5mg/5ml; 6.25mg/5ml</i>	5	QL (420 ML per 30 days) ED

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Drug Name	Drug Tier	Requirements/Limits
<i>promethazine/codeine soln 10mg/5ml; 6.25mg/5ml</i>	5	QL (420 ML per 30 days) ED
<i>promethazine/dextromethorphan syrup 15mg/5ml; 6.25mg/5ml</i>	5	QL (420 ML per 30 days) ED
<i>promethazine/phenylephrine/codeine syrup 10mg/5ml; 5mg/5ml; 6.25mg/5ml</i>	5	QL (420 ML per 30 days) ED
<i>Cystic Fibrosis Transmembrane Conductance Regulator Modulators</i>		
ALYFTREK TABS 125MG; 50MG; 10MG	4	QL (2 EA per 1 days) PA (Alyftrek)
ALYFTREK TABS 50MG; 20MG; 4MG	4	QL (3 EA per 1 days) PA (Alyftrek)
KALYDECO PACK 13.4MG	4	QL (2 EA per 1 days) PA (kalydeco) MO
KALYDECO PACK 25MG	4	QL (2 EA per 1 days) PA (kalydeco) MO
KALYDECO PACK 5.8MG	4	QL (2 EA per 1 days) PA (kalydeco) MO
KALYDECO PACK 50MG	4	QL (2 EA per 1 days) PA (kalydeco) MO
KALYDECO PACK 75MG	4	QL (2 EA per 1 days) PA (kalydeco) MO
KALYDECO TABS 150MG	4	QL (2 EA per 1 days) PA (kalydeco) MO
ORKAMBI PACK 125MG; 100MG	4	QL (2 EA per 1 days) PA (Orkambi) MO
ORKAMBI PACK 188MG; 150MG	4	QL (2 EA per 1 days) PA (Orkambi) MO
ORKAMBI PACK 94MG; 75MG	4	QL (2 EA per 1 days) PA (Orkambi) 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
ORKAMBI TABS 125MG; 100MG	4	QL (4 EA per 1 days) PA (Orkambi) MO
ORKAMBI TABS 125MG; 200MG	4	QL (4 EA per 1 days) PA (Orkambi) MO
SYMDEKO TBPK 150MG; 100MG	4	QL (2 EA per 1 days) PA (Symdeko) MO
SYMDEKO TBPK 75MG; 50MG	4	QL (2 EA per 1 days) PA (Symdeko) MO
TRIKAFTA TBPK 100MG; 0; 50MG	4	QL (3 EA per 1 days) PA (TRIKAFTA) MO
TRIKAFTA TBPK 50MG; 0; 25MG	4	QL (3 EA per 1 days) PA (TRIKAFTA) MO
TRIKAFTA THPK 100MG; 0; 50MG	4	QL (2 EA per 1 days) PA (TRIKAFTA) MO
TRIKAFTA THPK 80MG; 0; 40MG	4	QL (2 EA per 1 days) PA (TRIKAFTA) MO
<i>Mucolytic Agents</i>		
PULMOZYME SOLN 2.5MG/2.5ML	4	QL (150 ML per 30 days) B/D MO
<i>Phosphodiesterase Type 4 Inhibitors</i>		
<i>roflumilast tabs 250mcg</i>	1	QL (1 EA per 1 days) MO
<i>roflumilast tabs 500mcg</i>	1	QL (1 EA per 1 days) MO
<i>Respiratory Tract Agents, Miscellaneous</i>		
BRONCHITOL CAPS 40MG	4	QL (560 EA per 28 days) PA (Bronchitol)
WINREVAIR INJ 0	4	QL (1 EA per 21 days) PA (Winrevair)

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Drug Name	Drug Tier	Requirements/Limits
WINREVAIR INJ 0	4	QL (1 EA per 21 days) PA (Winrevair)
WINREVAIR INJ 45MG	4	QL (1 EA per 21 days) PA (Winrevair)
WINREVAIR INJ 60MG	4	QL (1 EA per 21 days) PA (Winrevair)
XOLAIR INJ 150MG/ML	4	PA (xolair)
XOLAIR INJ 150MG/ML	4	PA (xolair) LA
XOLAIR INJ 150MG	4	PA (xolair) LA
XOLAIR INJ 300MG/2ML	4	PA (xolair)
XOLAIR INJ 300MG/2ML	4	PA (xolair)
XOLAIR INJ 75MG/0.5ML	4	PA (xolair)
XOLAIR INJ 75MG/0.5ML	4	PA (xolair) LA
<i>Vasodilating Agents</i>		
ADEMPAS TABS 0.5MG	4	PA (Adempas) MO
ADEMPAS TABS 1.5MG	4	PA (Adempas) MO
ADEMPAS TABS 1MG	4	PA (Adempas) MO
ADEMPAS TABS 2.5MG	4	PA (Adempas) MO
ADEMPAS TABS 2MG	4	PA (Adempas) MO
<i>alyq tabs 20mg</i>	1	QL (2 EA per 1 days) PA (Tadalafil) MO
<i>ambrisentan tabs 10mg</i>	4	PA (Ambrisentan) LA MO
<i>ambrisentan tabs 5mg</i>	4	PA (Ambrisentan) LA MO
<i>bosentan tabs 125mg</i>	4	PA (Bosentan) LA MO
<i>bosentan tabs 62.5mg</i>	4	PA (Bosentan) LA MO
FILSPARI TABS 200MG	4	QL (1 EA per 1 days) PA (Filspari)

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Drug Name	Drug Tier	Requirements/Limits
FILSPARI TABS 400MG	4	QL (1 EA per 1 days) PA (Filspari)
OPSUMIT TABS 10MG	4	QL (1 EA per 1 days) PA (opsumit) MO
<i>sildenafil citrate susr 10mg/ml</i>	4	QL (6 ML per 1 days) PA (Sildenafil) MO
<i>sildenafil citrate tabs 20mg</i>	1	QL (3 EA per 1 days) PA (Sildenafil) MO
<i>tadalafil tabs 20mg</i>	1	QL (2 EA per 1 days) PA (Tadalafil) MO
TADLIQ SUSP 20MG/5ML	4	QL (10 ML per 1 days) PA (Tadliq)
TRACLEER TBSO 32MG	4	QL (4 EA per 1 days) PA (Bosentan) LA MO
<i>treprostinil inj 100mg/20ml</i>	4	PA (Treprostinil) LA
<i>treprostinil inj 200mg/20ml</i>	4	PA (Treprostinil) LA
<i>treprostinil inj 20mg/20ml</i>	4	PA (Treprostinil) LA
<i>treprostinil inj 50mg/20ml</i>	4	PA (Treprostinil) LA
TRYVIO TABS 12.5MG	3	QL (1 EA per 1 days) PA (Tryvio) MO
VENTAVIS SOLN 10MCG/ML	4	PA (Ventavis) MO
VENTAVIS SOLN 20MCG/ML	4	PA (Ventavis) MO
Skin and Mucous Membrane Agents		
<i>Anti-infectives</i>		
<i>acyclovir crea 5%</i>	1	PA (topical antivirals)
<i>acyclovir oint 5%</i>	1	PA (topical antivirals)
<i>ciclodan soln 8%</i>	1	
<i>ciclopirox nail lacquer soln 8%</i>	1	
<i>ciclopirox olamine crea 0.77%</i>	1	
<i>ciclopirox gel 0.77%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox sham 1%</i>	1	
<i>ciclopirox susp 0.77%</i>	1	
<i>clindamycin phosphate crea 2%</i>	1	
<i>clindamycin phosphate gel 1%</i>	1	
<i>clindamycin phosphate gel 1%</i>	1	
<i>clindamycin phosphate lotn 1%</i>	1	
<i>clindamycin phosphate soln 1%</i>	1	
<i>clotrimazole/betamethasone dipropionate crea 0.05%; 1%</i>	1	
<i>clotrimazole/betamethasone dipropionate lotn 0.05%; 1%</i>	1	
<i>clotrimazole crea 1%</i>	1	
<i>clotrimazole soln 1%</i>	1	
<i>clotrimazole troc 10mg</i>	1	
<i>econazole nitrate crea 1%</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>klayesta powd 100000unit/gm</i>	1	
<i>metronidazole vaginal gel 0.75%</i>	3	
<i>metronidazole crea 0.75%</i>	1	
<i>metronidazole gel 0.75%</i>	1	
<i>metronidazole gel 1%</i>	1	
<i>metronidazole lotn 0.75%</i>	1	
<i>miconazole 3 supp 200mg</i>	1	
<i>mupirocin oint 2%</i>	1	
<i>nyamyc powd 100000unit/gm</i>	1	
<i>nystatin crea 100000unit/gm</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>nystatin oint 100000unit/gm</i>	1	
<i>nystatin powd 100000unit/gm</i>	1	
<i>nystop powd 100000unit/gm</i>	1	
<i>penciclovir crea 1%</i>	1	PA (topical antivirals)
<i>permethrin crea 5%</i>	1	
<i>rosadan crea 0.75%</i>	1	
<i>rosadan gel 0.75%</i>	1	
<i>selenium sulfide lotn 2.5%</i>	1	
<i>silver sulfadiazine crea 1%</i>	1	
<i>ssd crea 1%</i>	1	
<i>terconazole crea 0.4%</i>	1	
<i>terconazole crea 0.8%</i>	1	
<i>Anti-inflammatory Agents</i>		
ADBRY INJ 300MG/2ML	4	QL (6 ML per 28 days) PA (Adbry)
<i>ala-cort crea 1%</i>	1	
<i>ala-cort crea 2.5%</i>	1	
<i>alclometasone dipropionate crea 0.05%</i>	1	
<i>alclometasone dipropionate oint 0.05%</i>	1	
<i>amcinonide lotn 0.1%</i>	1	
<i>amcinonide oint 0.1%</i>	1	
<i>betamethasone dipropionate augmented crea 0.05%</i>	1	
<i>betamethasone dipropionate augmented gel 0.05%</i>	1	
<i>betamethasone dipropionate augmented lotn 0.05%</i>	1	
<i>betamethasone dipropionate augmented oint 0.05%</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>betamethasone dipropionate crea 0.05%</i>	1	
<i>betamethasone dipropionate lotn 0.05%</i>	1	
<i>betamethasone dipropionate oint 0.05%</i>	1	
<i>betamethasone valerate crea 0.1%</i>	1	
<i>betamethasone valerate lotn 0.1%</i>	1	
<i>betamethasone valerate oint 0.1%</i>	1	
<i>budesonide foam 2mg</i>	1	
<i>clobetasol propionate e crea 0.05%</i>	1	
<i>clobetasol propionate emollient crea 0.05%</i>	1	
<i>clobetasol propionate emollient foam 0.05%</i>	1	
<i>clobetasol propionate crea 0.05%</i>	1	
<i>clobetasol propionate crea 0.05%</i>	1	
<i>clobetasol propionate foam 0.05%</i>	1	
<i>clobetasol propionate foam 0.05%</i>	1	
<i>clobetasol propionate gel 0.05%</i>	1	
<i>clobetasol propionate lotn 0.05%</i>	1	
<i>clobetasol propionate oint 0.05%</i>	1	
<i>clobetasol propionate sham 0.05%</i>	1	
<i>clobetasol propionate soln 0.05%</i>	1	
<i>clodan sham 0.05%</i>	1	
<i>desonide crea 0.05%</i>	1	
<i>desonide lotn 0.05%</i>	1	
<i>desonide oint 0.05%</i>	1	
<i>diclofenac sodium gel 3%</i>	1	QL (100 GM per 30 days) PA (diclofenac 3% gel)

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Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium soln 1.5%</i>	1	PA (Diclofenac sodium solution)
<i>fluocinolone acetonide body oil 0.01%</i>	1	
<i>fluocinolone acetonide scalp oil 0.01%</i>	1	
<i>fluocinolone acetonide topical oil 0.01%</i>	1	
<i>fluocinolone acetonide crea 0.01%</i>	1	
<i>fluocinolone acetonide crea 0.025%</i>	1	
<i>fluocinolone acetonide oint 0.025%</i>	1	
<i>fluocinolone acetonide soln 0.01%</i>	1	
<i>fluocinonide emulsified base crea 0.05%</i>	1	
<i>fluocinonide crea 0.05%</i>	1	
<i>fluocinonide gel 0.05%</i>	1	
<i>fluocinonide oint 0.05%</i>	1	
<i>fluocinonide soln 0.05%</i>	1	
<i>halobetasol propionate crea 0.05%</i>	1	
<i>halobetasol propionate oint 0.05%</i>	1	
<i>hydrocortisone butyrate crea 0.1%</i>	1	
<i>hydrocortisone butyrate oint 0.1%</i>	1	
<i>hydrocortisone butyrate soln 0.1%</i>	1	
<i>hydrocortisone valerate crea 0.2%</i>	1	
<i>hydrocortisone valerate oint 0.2%</i>	1	
<i>hydrocortisone crea 1%</i>	1	
<i>hydrocortisone crea 1%</i>	1	
<i>hydrocortisone crea 2.5%</i>	1	
<i>hydrocortisone crea 2.5%</i>	1	
<i>hydrocortisone enem 100mg/60ml</i>	1	
<i>hydrocortisone lotn 2.5%</i>	1	
<i>hydrocortisone oint 1%</i>	1	QL (100 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone oint 2.5%</i>	1	
<i>kourzeq pste 0.1%</i>	1	
<i>mometasone furoate crea 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate soln 0.1%</i>	1	
NEMLUVIO INJ 30MG	4	QL (2 EA per 28 days) PA (Nemluvio)
<i>nystatin/triamcinolone acetonide crea 100000unit/gm; 1mg/gm</i>	1	
<i>nystatin/triamcinolone acetonide oint 100000unit/gm; 0.1%</i>	1	
<i>nystatin/triamcinolone crea 100000unit/gm; 1mg/gm</i>	1	
<i>nystatin/triamcinolone oint 100000unit/gm; 0.1%</i>	1	
<i>oralone dental paste pste 0.1%</i>	1	
<i>prednicarbate oint 0.1%</i>	1	
<i>procto-med hc crea 2.5%</i>	1	
<i>proctosol hc crea 2.5%</i>	1	
<i>proctozone-hc crea 2.5%</i>	1	
<i>tovet foam 0.05%</i>	1	
<i>triamcinolone acetonide dental paste pste 0.1%</i>	1	
<i>triamcinolone acetonide crea 0.025%</i>	1	
<i>triamcinolone acetonide crea 0.1%</i>	1	
<i>triamcinolone acetonide crea 0.5%</i>	1	
<i>triamcinolone acetonide lotn 0.025%</i>	1	
<i>triamcinolone acetonide lotn 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.025%</i>	1	
<i>triamcinolone acetonide oint 0.1%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide oint 0.5%</i>	1	
<i>triderm crea 0.1%</i>	1	
<i>triderm crea 0.5%</i>	1	
Antiproliferants		
<i>bexarotene gel 1%</i>	4	PA (Cancer Drugs, new starts only)
PANRETIN GEL 0.1%	4	PA (Panretin, new starts only)
Antipruritics and Local Anesthetics		
DOXEPIN HYDROCHLORIDE CREA 5%	1	QL (90 GM per 30 days)
<i>glydo prsy 2%</i>	1	
<i>lidocaine hcl jelly prsy 2%</i>	1	
<i>lidocaine hcl prsy 2%</i>	1	
<i>lidocaine hydrochloride jelly gel 2%</i>	1	QL (60 ML per 30 days)
<i>lidocaine hydrochloride soln 4%</i>	1	QL (250 ML per 30 days)
<i>lidocaine patch 5% ptch 5%</i>	1	QL (3 EA per 1 days) PA (lidocaine patches)
<i>lidocaine/prilocaine crea 2.5%; 2.5%</i>	1	QL (60 GM per 30 days)
<i>lidocaine oint 5%</i>	1	QL (70.88 GM per 30 days)
<i>lidocaine ptch 5%</i>	1	QL (3 EA per 1 days) PA (lidocaine patches)
<i>phenazopyridine hydrochloride tabs 100mg</i>	1	
<i>phenazopyridine hydrochloride tabs 200mg</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>premium lidocaine oint 5%</i>	1	QL (70.88 GM per 30 days)
<i>Cell Stimulants and Proliferants</i>		
<i>finasteride tabs 1mg</i>	5	QL (1 EA per 1 days) ED
KEPIVANCE INJ 6.25MG	4	PA (palifermin) LA
<i>tretinoin crea 0.025%</i>	1	QL (45 GM per 30 days)
<i>tretinoin crea 0.05%</i>	1	QL (45 GM per 30 days)
<i>tretinoin crea 0.1%</i>	1	QL (45 GM per 30 days)
<i>tretinoin gel 0.01%</i>	1	QL (45 GM per 30 days)
<i>tretinoin gel 0.025%</i>	1	QL (45 GM per 30 days)
<i>Depigmenting and Pigmenting Agents</i>		
<i>methoxsalen caps 10mg</i>	4	
<i>Emollients, Demulcents, and Protectants</i>		
<i>ammonium lactate crea 12%</i>	1	
<i>ammonium lactate lotn 12%</i>	1	
<i>calcipotriene crea 0.005%</i>	1	QL (120 GM per 30 days)
<i>calcipotriene oint 0.005%</i>	1	QL (120 GM per 30 days)
<i>calcipotriene soln 0.005%</i>	1	QL (120 ML per 30 days)
<i>calcitrene oint 0.005%</i>	1	QL (120 GM per 30 days)
SANTYL OINT 250UNIT/GM	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>Keratolytic Agents</i>		
<i>acitretin caps 10mg</i>	1	
<i>acitretin caps 17.5mg</i>	1	
<i>acitretin caps 25mg</i>	1	
<i>adapalene gel 0.3%</i>	1	
<i>Skin and Mucous Membrane Agents, Misc</i>		
<i>accutane caps 10mg</i>	1	PA (isotretinoin)
<i>accutane caps 20mg</i>	1	PA (isotretinoin)
<i>accutane caps 30mg</i>	1	PA (isotretinoin)
<i>accutane caps 40mg</i>	1	PA (isotretinoin)
ADBRY INJ 150MG/ML	4	QL (6 ML per 28 days) PA (Adbry) MO
<i>amnesteem caps 10mg</i>	1	PA (isotretinoin)
<i>amnesteem caps 20mg</i>	1	PA (isotretinoin)
<i>amnesteem caps 40mg</i>	1	PA (isotretinoin)
<i>claravis caps 10mg</i>	1	PA (isotretinoin)
DUPIXENT INJ 200MG/1.14ML	4	PA (Dupixent) MO
DUPIXENT INJ 300MG/2ML	4	PA (Dupixent)
DUPIXENT INJ 300MG/2ML	4	PA (Dupixent)
FILSUVEZ GEL 10%	4	PA (Filsuvez)
<i>fluorouracil crea 5%</i>	1	
<i>fluorouracil soln 2%</i>	1	
<i>fluorouracil soln 5%</i>	1	
HYFTOR GEL 0.2%	4	PA (Hyftor)
<i>imiquimod crea 5%</i>	1	
<i>isotretinoin caps 10mg</i>	1	PA (isotretinoin)
<i>isotretinoin caps 20mg</i>	1	PA (isotretinoin)
<i>isotretinoin caps 30mg</i>	1	PA (isotretinoin)
<i>isotretinoin caps 40mg</i>	1	PA (isotretinoin)

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>myorisan caps 10mg</i>	1	PA (isotretinoin)
<i>myorisan caps 20mg</i>	1	PA (isotretinoin)
<i>myorisan caps 30mg</i>	1	PA (isotretinoin)
<i>myorisan caps 40mg</i>	1	PA (isotretinoin)
<i>nitroglycerin oint 0.4%</i>	1	QL (30 GM per 30 days)
<i>pimecrolimus crea 1%</i>	1	PA (Pimecrolimus)
<i>podofilox soln 0.5%</i>	1	
QBREXZA PADS 2.4%	3	QL (1 EA per 1 days) PA (Qbrexza)
REGRANEX GEL 0.01%	4	QL (15 GM per 30 days) PA (regranex)
SKYRIZI PEN INJ 150MG/ML	4	QL (1 ML per 28 days) PA (Skyrizi) MO
SKYRIZI INJ 150MG/ML	4	QL (1 ML per 28 days) PA (Skyrizi) MO
<i>tacrolimus oint 0.03%</i>	1	
<i>tacrolimus oint 0.1%</i>	1	
TALTZ INJ 80MG/ML	4	PA (Taltz) MO
TALTZ INJ 80MG/ML	4	PA (Taltz) MO
<i>tazarotene crea 0.1%</i>	1	PA (tazorac)
<i>tazarotene gel 0.05%</i>	1	QL (30 GM per 30 days) PA (tazorac)
<i>tazarotene gel 0.1%</i>	1	QL (30 GM per 30 days) PA (tazorac)
VALCHLOR GEL 0.016%	4	PA (Cancer Drugs, new starts only)
VEREGEN OINT 15%	4	
<i>wezlana inj 130mg/26ml</i>	4	QL (104 ML per 180 days) PA (Stelara)

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>wezlana inj 45mg/0.5ml</i>	4	QL (1.5 ML per 84 days) PA (Stelara)
<i>wezlana inj 45mg/0.5ml</i>	4	QL (1.5 ML per 84 days) PA (Stelara)
<i>wezlana inj 90mg/ml</i>	4	QL (2 ML per 56 days) PA (Stelara)
<i>zenatane caps 10mg</i>	1	PA (isotretinoin)
<i>zenatane caps 20mg</i>	1	PA (isotretinoin)
<i>zenatane caps 30mg</i>	1	PA (isotretinoin)
<i>zenatane caps 40mg</i>	1	PA (isotretinoin)
Smooth Muscle Relaxants		
<i>Genitourinary Smooth Muscle Relaxants</i>		
<i>flavoxate hcl tabs 100mg</i>	1	MO
GEMTESA TABS 75MG	3	QL (1 EA per 1 days) PA (Gemtesa) MO
MYRBETRIQ TB24 25MG	2	QL (1 EA per 1 days) MO
MYRBETRIQ TB24 50MG	2	QL (1 EA per 1 days) MO
<i>oxybutynin chloride er tb24 10mg</i>	1	MO
<i>oxybutynin chloride er tb24 15mg</i>	1	MO
<i>oxybutynin chloride er tb24 5mg</i>	1	MO
<i>oxybutynin chloride soln 5mg/5ml</i>	1	MO
<i>oxybutynin chloride tabs 5mg</i>	1	MO
<i>solifenacin succinate tabs 10mg</i>	1	QL (1 EA per 1 days) MO
<i>solifenacin succinate tabs 5mg</i>	1	QL (1 EA per 1 days) MO
<i>tolterodine tartrate er cp24 2mg</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>tolterodine tartrate er cp24 4mg</i>	1	QL (1 EA per 1 days) MO
<i>tolterodine tartrate tabs 1mg</i>	1	QL (2 EA per 1 days) MO
<i>tolterodine tartrate tabs 2mg</i>	1	QL (2 EA per 1 days) MO
<i>tropium chloride er cp24 60mg</i>	1	QL (1 EA per 1 days) MO
<i>tropium chloride tabs 20mg</i>	1	QL (2 EA per 1 days) MO
VESICARE LS SUSP 5MG/5ML	3	PA (Vesicare LS) MO
<i>Respiratory Smooth Muscle Relaxants</i>		
<i>aminophylline inj 25mg/ml</i>	1	
<i>theo-24 cp24 100mg</i>	3	MO
<i>theo-24 cp24 200mg</i>	3	MO
<i>theo-24 cp24 300mg</i>	3	MO
<i>theo-24 cp24 400mg</i>	3	MO
<i>theophylline er tb12 100mg</i>	1	MO
THEOPHYLLINE ER TB12 200MG	1	MO
<i>theophylline er tb12 300mg</i>	1	MO
<i>theophylline er tb12 450mg</i>	1	MO
<i>theophylline er tb24 400mg</i>	1	MO
<i>theophylline er tb24 600mg</i>	1	MO
<i>theophylline elix 80mg/15ml</i>	1	MO
<i>theophylline soln 80mg/15ml</i>	1	MO
Vitamins		
<i>Multivitamin 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>pnv prenatal plus multivitamin + dha misc 120mg; 0; 200mg; 400unit; 2mg; 12mcg; 250mg; 27mg; 1mg; 20mg; 312mg; 10mg; 4000unit; 3mg; 1.84mg; 22mg; 25mg</i>	1	PA (prenatal vitamins)
<i>prenatal tabs 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	1	PA (prenatal vitamins)
Vitamin D		
<i>calcitriol caps 0.25mcg</i>	1	MO
<i>calcitriol caps 0.5mcg</i>	1	MO
<i>calcitriol inj 1mcg/ml</i>	1	
<i>calcitriol soln 1mcg/ml</i>	1	MO
<i>doxercalciferol caps 0.5mcg</i>	1	MO
<i>doxercalciferol caps 1mcg</i>	1	MO
<i>doxercalciferol caps 2.5mcg</i>	1	MO
<i>doxercalciferol inj 4mcg/2ml</i>	1	
<i>paricalcitol caps 1mcg</i>	1	PA (Paricalcitol) MO
<i>paricalcitol caps 2mcg</i>	1	PA (Paricalcitol) MO
<i>paricalcitol caps 4mcg</i>	1	PA (Paricalcitol) MO
<i>paricalcitol inj 2mcg/ml</i>	1	PA (Paricalcitol)
<i>paricalcitol inj 5mcg/ml</i>	1	PA (Paricalcitol)

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>	17
<i>abacavir sulfate</i>	17
<i>abacavir sulfate/lamivudine</i>	17
ABELCET	14
ABILIFY ASIMTUFII	149
ABILIFY MAINTENA	149
ABILIFY MYCITE	149
MAINTENANCE KIT	
ABILIFY MYCITE	150
STARTER KIT	
<i>abiraterone acetate</i>	26
ABRAXANE	26
ABRYSVO	69
<i>acamprosate calcium dr</i>	146
<i>acarbose</i>	207
<i>accutane</i>	272
<i>acebutolol hydrochloride</i>	86
<i>acetaminophen/codeine</i>	112
<i>acetaminophen/codeine</i>	111
<i>phosphate</i>	
<i>acetazolamide</i>	102
<i>acetazolamide er</i>	102
<i>acetazolamide sodium</i>	102
<i>acetic acid</i>	194
<i>acetylcysteine</i>	243
<i>acitretin</i>	272
ACTEMRA	246
ACTEMRA ACTPEN	246
ACTHAR	233
ACTHIB	69

Drug Name	Page #
ACTIMMUNE	251
<i>acyclovir</i>	18
<i>acyclovir</i>	264
<i>acyclovir sodium</i>	18
ADACEL	68
ADALIMUMAB-AATY 1- PEN KIT	242
ADALIMUMAB-AATY 2- PEN KIT	242
ADALIMUMAB-AATY 2- SYRINGE KIT	242
<i>adalimumab-adbm</i>	247
<i>adalimumab-adbm</i>	246
<i>crohns/uc/hs starter</i>	
<i>adalimumab-adbm</i>	247
<i>psoriasis/uveitis starter</i>	
ADALIMUMAB-ADBM	247
STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	
ADALIMUMAB-ADBM	247
STARTER PACKAGE FOR PSORIASIS/UEITIS	
<i>adapalene</i>	272
ADBRY	266
ADBRY	272
<i>adefovir dipivoxil</i>	18
ADEMPAS	263
ADTHYZA	237
ADVAIR HFA	75
<i>afirmelle</i>	219
AGAMREE	202
AIMOVIG	138

Drug Name	Page #
AKEEGA	27
<i>ala-cort</i>	266
<i>albendazole</i>	1
<i>albuterol sulfate</i>	75
<i>albuterol sulfate hfa</i>	75
<i>alclometasone dipropionate</i>	266
ALCOHOL PREP PADS	172
ALDURAZYME	188
ALECENSA	27
<i>alendronate sodium</i>	244
<i>alfuzosin hcl er</i>	75
ALIQOPA	27
<i>aliskiren</i>	105
<i>allopurinol</i>	244
<i>alogliptin</i>	208
<i>alogliptin/metformin hcl</i>	208
<i>alogliptin/metformin hydrochloride</i>	208
<i>alogliptin/pioglitazone</i>	208
<i>alosectron hydrochloride</i>	194
<i>alprazolam</i>	143
<i>alprazolam intensol</i>	143
<i>altavera</i>	219
ALUNBRIG	27
<i>alyacen 1/35</i>	219
<i>alyacen 7/7/7</i>	219
ALYFTREK	261
<i>alyq</i>	263
<i>amabelz</i>	228
<i>amantadine hcl</i>	140
<i>amantadine hydrochloride</i>	140
<i>ambrisentan</i>	263

Drug Name	Page #
<i>amcinonide</i>	266
<i>amethia</i>	219
<i>amethyst</i>	219
<i>amikacin sulfate</i>	1
<i>amiloride hcl</i>	102
<i>amiloride hydrochloride</i>	102
<i>amiloride/hydrochlorothiazid e</i>	182
<i>aminophylline</i>	275
AMINOSYN II	175
AMINOSYN-PF 7%	175
<i>amiodarone hcl</i>	99
<i>amiodarone hydrochloride</i>	99
<i>amitriptyline hcl</i>	150
<i>amitriptyline hydrochloride</i>	150
<i>amlodipine besylate</i>	94
<i>amlodipine besylate/atorvastatin calcium</i>	94
<i>amlodipine besylate/benazepril hcl</i>	94
<i>amlodipine besylate/benazepril hydrochloride</i>	94
<i>amlodipine besylate/valsartan</i>	94
<i>amlodipine/olmesartan medoxomil</i>	94
<i>amlodipine/valsartan/hydrochlorothiazide</i>	95
<i>ammonium lactate</i>	271
<i>amnesteem</i>	272
<i>amoxapine</i>	151

Drug Name	Page #
<i>amoxicillin</i>	1
<i>amoxicillin/clavulanate potassium</i>	1
<i>amoxicillin/clavulanate potassium er</i>	1
<i>amphetamine/dextroamphetamine</i>	122
<i>amphotericin b</i>	14
<i>amphotericin b liposome</i>	14
<i>ampicillin</i>	2
<i>ampicillin sodium</i>	2
<i>ampicillin/sulbactam</i>	2
<i>ampicillin-sulbactam</i>	2
<i>anagrelide hydrochloride</i>	78
<i>anastrozole</i>	228
ANDRODERM	207
ANORO ELLIPTA	71
<i>apomorphine hydrochloride</i>	140
<i>apraclonidine</i>	194
<i>aprepitant</i>	195
<i>apri</i>	219
APTIOM	127
APTIVUS	18
AQNEURSA	256
ARALAST NP	77
<i>aranelle</i>	219
ARANESP ALBUMIN FREE	82
ARCALYST	256
AREXVY	69
<i>arformoterol tartrate</i>	75
<i>argatroban</i>	78

Drug Name	Page #
ARIKAYCE	2
<i>aripiprazole</i>	151
<i>aripiprazole odt</i>	151
ARISTADA	151
ARISTADA INITIO	151
<i>armodafinil</i>	122
ARMOUR THYROID	237
ARNUITY ELLIPTA	202
<i>arsenic trioxide</i>	27
<i>ascomp/codeine</i>	112
<i>asenapine maleate sl</i>	152
<i>ashlyna</i>	219
<i>aspirin/dipyridamole</i>	78
<i>aspirin/dipyridamole er</i>	78
ASTAGRAF XL	253
<i>atazanavir</i>	18
<i>atazanavir sulfate</i>	18
<i>atenolol</i>	86
<i>atenolol/chlorthalidone</i>	86
ATGAM	253
<i>atomoxetine</i>	147
<i>atomoxetine hydrochloride</i>	146
<i>atorvastatin calcium</i>	89
<i>atovaquone</i>	16
<i>atovaquone/proguanil hcl</i>	16
<i>atovaquone/proguanil hydrochloride</i>	16
ATROPINE SULFATE	71
ATROPINE SULFATE	194
ATROVENT HFA	71
ATTRUBY	100
<i>aubra</i>	220

Drug Name	Page #
<i>aubra eq</i>	220
AUGTYRO	27
AURANOFIN	202
<i>aurovela 1.5/30</i>	220
<i>aurovela 1/20</i>	220
<i>aurovela 24 fe</i>	220
<i>aurovela fe 1.5/30</i>	220
<i>aurovela fe 1/20</i>	220
AUSTEDO	171
AUVELITY	152
AVASTIN	28
<i>aviane</i>	220
AVONEX	251
AVONEX PEN	251
AVSOLA	247
<i>ayuna</i>	220
AYVAKIT	28
<i>azacitidine</i>	28
<i>azathioprine</i>	253
<i>azelastine hcl</i>	192
<i>azelastine hydrochloride</i>	192
<i>azithromycin</i>	2
<i>aztreonam</i>	3
<i>azurette</i>	220
<i>bac</i>	112
<i>bacitracin</i>	189
<i>bacitracin/polymyxin b</i>	189
<i>baclofen</i>	74
<i>balsalazide disodium</i>	194
BALVERSA	28
<i>balziva</i>	220
BAQSIMI ONE PACK	218

Drug Name	Page #
BAQSIMI TWO PACK	218
BARACLUDE	18
BASAGLAR KWIKPEN	208
BAVENCIO	29
BCG VACCINE	69
BD INSULIN SYRINGE	172
SAFETYGLIDE/1ML/29G X 1/2"	
B-D INSULIN SYRINGE	172
ULTRAFINE II/0.3ML/31G X 5/16"	
BD INSULIN SYRINGE	172
ULTRA-FINE/0.5ML/30G X 12.7MM	
BD INSULIN SYRINGE	173
ULTRA-FINE/1ML/31G X 8MM	
BD PEN	173
NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	
BELEODAQ	29
<i>benazepril hydrochloride</i>	106
<i>benazepril hydrochloride/hydrochlorothiazide</i>	105
<i>azide</i>	
<i>bendamustine hydrochloride</i>	29
BENLYSTA	254
BENZNIDAZOLE	16
<i>benztropine mesylate</i>	140
BESREMI	29
<i>betaine anhydrous</i>	256
<i>betamethasone dipropionate</i>	267

Drug Name	Page #
<i>betamethasone dipropionate</i>	266
<i>augmented</i>	
<i>betamethasone valerate</i>	267
BETASERON	251
<i>betaxolol hcl</i>	193
<i>bethanechol chloride</i>	72
<i>bexarotene</i>	29
<i>bexarotene</i>	270
BEXSERO	69
BEYFORTUS	18
<i>bicalutamide</i>	29
BICILLIN L-A	3
BIKTARVY	18
<i>bisoprolol fumarate</i>	87
<i>bisoprolol</i>	87
<i>fumarate/hydrochlorothiazid</i>	
<i>e</i>	
BIVIGAM	65
<i>bleomycin sulfate</i>	29
<i>blephamide s.o.p.</i>	191
<i>blisovi 24 fe</i>	220
<i>blisovi fe 1.5/30</i>	220
<i>blisovi fe 1/20</i>	220
BOOSTRIX	68
<i>bortezomib</i>	29
<i>bosentan</i>	263
BOSULIF	29
BOTOX	256
BRAFTOVI	30
BREO ELLIPTA	203
<i>breyna</i>	203
BREZTRI AEROSPHERE	203

Drug Name	Page #
<i>briellyn</i>	220
BRILINTA	78
<i>brimonidine tartrate</i>	193
<i>brimonidine tartrate/timolol</i>	193
<i>maleate</i>	
<i>brinzolamide</i>	193
BRIVIACT	127
BRIXADI	112
<i>bromocriptine mesylate</i>	140
BRONCHITOL	262
BRUKINSA	30
<i>budesonide</i>	203
<i>budesonide</i>	267
<i>budesonide/formoterol</i>	203
<i>fumarate dihydrate</i>	
<i>bumetanide</i>	102
<i>buprenorphine</i>	113
<i>buprenorphine hcl</i>	113
<i>buprenorphine hcl/naloxone</i>	113
<i>hcl</i>	
<i>buprenorphine</i>	113
<i>hydrochloride/naloxone</i>	
<i>hydrochloride</i>	
<i>bupropion hydrochloride</i>	152
<i>bupropion hydrochloride er</i>	152
<i>(sr)</i>	
<i>bupropion hydrochloride er</i>	152
<i>(xl)</i>	
<i>bupirone hcl</i>	143
<i>bupirone hydrochloride</i>	143
<i>busulfan</i>	30
<i>butalbital/acetaminophen</i>	114

Drug Name	Page #
<i>butalbital/acetaminophen/caffeine</i>	114
<i>butalbital/acetaminophen/caffeine/codeine</i>	114
<i>butalbital/acetaminophen/caffeine/codeine</i>	114
BYDUREON BCISE	208
BYETTA	208
BYLVAY	200
BYLVAY (PELLETS)	199
CABENUVA	18
<i>cabergoline</i>	140
CABLIVI	78
CABOMETYX	30
<i>calcipotriene</i>	271
<i>calcitonin salmon</i>	232
<i>calcitonin-salmon</i>	233
<i>calcitrene</i>	271
<i>calcitriol</i>	276
<i>calcium acetate</i>	183
CALQUENCE	30
<i>camila</i>	220
<i>camrese</i>	220
<i>camrese lo</i>	220
CAMZYOS	100
<i>candesartan cilexetil</i>	106
<i>candesartan</i>	106
<i>cilexetil/hydrochlorothiazide</i>	
CAPLYTA	152
CAPRELSA	30
<i>captopril</i>	106
<i>carbamazepine</i>	128

Drug Name	Page #
<i>carbamazepine er</i>	128
<i>carbidopa</i>	141
<i>carbidopa/levodopa</i>	141
<i>carbidopa/levodopa er</i>	140
<i>carbidopa/levodopa/entacapone</i>	140
<i>carboplatin</i>	31
<i>carglumic acid</i>	174
<i>carmustine</i>	31
<i>carteolol hcl</i>	193
<i>cartia xt</i>	95
<i>carvedilol</i>	87
<i>caspofungin acetate</i>	14
CAYSTON	3
<i>cefaclor</i>	3
<i>cefadroxil</i>	3
<i>cefazolin</i>	3
<i>cefazolin sodium</i>	3
<i>cefazolin sodium/dextrose</i>	3
<i>cefazolin/dextrose</i>	3
<i>cefdinir</i>	4
<i>cefepime</i>	4
<i>cefepime hydrochloride</i>	4
<i>cefepime/dextrose</i>	4
<i>cefixime</i>	4
CEFOTAXIME SODIUM	4
<i>cefoxitin sodium</i>	4
<i>cefpodoxime proxetil</i>	4
<i>cefprozil</i>	4
<i>ceftazidime</i>	5
<i>ceftazidime/dextrose</i>	4

Drug Name	Page #
<i>ceftriaxone in iso-osmotic dextrose</i>	5
<i>ceftriaxone sodium</i>	5
<i>ceftriaxone/dextrose</i>	5
<i>cefuroxime axetil</i>	5
<i>cefuroxime sodium</i>	5
<i>celecoxib</i>	114
<i>cephalexin</i>	5
CERDELGA	256
CEREZYME	188
<i>cevimeline hydrochloride</i>	72
<i>charlotte 24 fe</i>	220
<i>chateal</i>	220
<i>chateal eq</i>	220
<i>chenodal</i>	198
<i>chloramphenicol sodium succinate</i>	5
<i>chlordiazepoxide hcl</i>	143
<i>chlordiazepoxide hydrochloride</i>	144
<i>chlordiazepoxide/amitriptylin e</i>	153
<i>chlorhexidine gluconate</i>	189
<i>chloroquine phosphate</i>	17
<i>chlorothiazide sodium</i>	102
<i>chlorpromazine hcl</i>	153
<i>chlorpromazine hydrochloride</i>	153
<i>chlorthalidone</i>	102
<i>chlorzoxazone</i>	74
CHOLBAM	200
<i>cholestyramine</i>	90

Drug Name	Page #
<i>cholestyramine light</i>	90
<i>ciclodan</i>	264
<i>ciclopirox</i>	264
<i>ciclopirox nail lacquer</i>	264
<i>ciclopirox olamine</i>	264
<i>cidofovir</i>	18
<i>cilostazol</i>	78
CIMDUO	18
<i>cimetidine</i>	196
<i>cimetidine hcl</i>	196
<i>cimetidine hydrochloride</i>	196
CIMZIA	247
CIMZIA STARTER KIT	247
<i>cinacalcet hydrochloride</i>	233
CINRYZE	255
<i>ciprofloxacin</i>	6
CIPROFLOXACIN	189
<i>ciprofloxacin hcl</i>	5
<i>ciprofloxacin hydrochloride</i>	6
<i>ciprofloxacin hydrochloride</i>	189
<i>ciprofloxacin i.v.-in d5w</i>	6
<i>ciprofloxacin/dexamethasone</i>	191
<i>cisplatin</i>	31
<i>citalopram hydrobromide</i>	153
<i>cladribine</i>	31
<i>claravis</i>	272
<i>clarithromycin</i>	6
<i>clarithromycin er</i>	6
<i>clemastine fumarate</i>	25
<i>clindamycin hcl</i>	6
<i>clindamycin hydrochloride</i>	6

Drug Name	Page #
<i>clindamycin palmitate hydrochloride</i>	6
<i>clindamycin phosphate</i>	7
<i>clindamycin phosphate</i>	265
<i>clindamycin phosphate in d5w</i>	6
<i>clindamycin phosphate/dextrose</i>	6
CLINIMIX 4.25%/DEXTROSE 10%	175
CLINIMIX 4.25%/DEXTROSE 5%	176
CLINIMIX 5%/DEXTROSE 15%	176
CLINIMIX 5%/DEXTROSE 20%	176
CLINIMIX E 2.75%/DEXTROSE 5%	177
CLINIMIX E 4.25%/DEXTROSE 10%	177
CLINIMIX E 4.25%/DEXTROSE 5%	178
CLINIMIX E 5%/DEXTROSE 15%	178
CLINIMIX E 5%/DEXTROSE 20%	179
<i>clinisol sf 15%</i>	179
<i>clinolipid</i>	179
<i>clobazam</i>	128
<i>clobetasol propionate</i>	267
<i>clobetasol propionate e</i>	267

Drug Name	Page #
<i>clobetasol propionate emollient</i>	267
<i>clodan</i>	267
<i>clofarabine</i>	31
<i>clomipramine hcl</i>	154
<i>clomipramine hydrochloride</i>	154
<i>clonazepam</i>	128
<i>clonazepam odt</i>	128
<i>clonidine</i>	93
<i>clonidine hydrochloride</i>	92
<i>clopidogrel</i>	78
<i>clorazepate dipotassium</i>	144
<i>clotrimazole</i>	265
<i>clotrimazole/betamethasone dipropionate</i>	265
<i>clozapine</i>	154
<i>clozapine odt</i>	154
COARTEM	17
COBENFY	155
COBENFY STARTER PACK	154
<i>codeine sulfate</i>	114
<i>colchicine</i>	244
<i>colesevelam hydrochloride</i>	90
<i>colestipol hcl</i>	90
<i>colestipol hydrochloride</i>	90
<i>colistimethate sodium</i>	7
COMBIVENT RESPIMAT	76
COMETRIQ	31
COMPLERA	19
<i>compro</i>	155
<i>constulose</i>	174

Drug Name	Page #
COPIKTRA	31
CORLANOR	100
CORTISONE ACETATE	203
<i>cortrophin</i>	233
COSENTYX	248
COSENTYX	247
SENSOREADY PEN	
COSENTYX UNOREADY	247
COTELLIC	31
CRENESSITY	233
CREON	199
CRESEMBA	14
<i>cromolyn sodium</i>	193
<i>cromolyn sodium</i>	259
<i>cryselle-28</i>	220
CURITY GAUZE PADS 2"X2" 12 PLY	173
CUVRIOR	202
<i>cyclobenzaprine hydrochloride</i>	74
<i>cyclopentolate hcl</i>	194
<i>cyclophosphamide</i>	32
<i>cycloserine</i>	16
CYCLOSET	209
<i>cyclosporine</i>	191
<i>cyclosporine</i>	242
<i>cyclosporine</i>	254
<i>cyclosporine modified</i>	254
CYRAMZA	32
<i>cyred</i>	220
<i>cyred eq</i>	220
CYSTADROPS	194

Drug Name	Page #
CYSTAGON	256
CYSTARAN	194
<i>cytarabine</i>	32
<i>cytarabine aqueous</i>	32
<i>dabigatran etexilate</i>	79
<i>dacarbazine</i>	32
<i>dactinomycin</i>	32
<i>dalfampridine er</i>	256
<i>danazol</i>	207
DANZITEN	32
DAPAGLIFLOZIN	209
PROPANEDIOL	
DAPAGLIFLOZIN	209
PROPANEDIOL/METFOR MIN HYDROCHLORIDE	
<i>dapsone</i>	16
DAPTACEL	68
<i>daptomycin</i>	7
<i>darunavir</i>	19
DARZALEX	32
DARZALEX FASPRO	32
<i>dasatinib</i>	32
<i>dasetta 1/35</i>	220
<i>dasetta 7/7/7</i>	220
<i>daunorubicin hydrochloride</i>	33
DAURISMO	33
DAYBUE	147
<i>daysee</i>	220
<i>deblitane</i>	221
<i>decitabine</i>	33
<i>deferasirox</i>	202
<i>deferiprone</i>	202

Drug Name	Page #
<i>deflazacort</i>	203
DELSTRIGO	19
<i>delyla</i>	221
DENGVAXIA	69
<i>dentagel</i>	246
DEPO-MEDROL	203
DEPO-SUBQ PROVERA	234
104	
DESCOVY	19
<i>desipramine hcl</i>	155
<i>desipramine hydrochloride</i>	155
<i>desloratadine</i>	26
<i>desmopressin acetate</i>	233
<i>desogestrel/ethinyl estradiol</i>	221
<i>desonide</i>	267
<i>desvenlafaxine er</i>	155
<i>dexamethasone</i>	204
<i>dexamethasone 10-day dose pack</i>	203
<i>dexamethasone 13-day dose pack</i>	204
<i>dexamethasone 6-day dose pack</i>	204
<i>dexamethasone 6-day therapy pack</i>	204
<i>dexamethasone intensol</i>	204
<i>dexamethasone sodium phosphate</i>	191
<i>dexamethasone sodium phosphate</i>	204
<i>dexamethylphenidate hcl</i>	123
<i>dexamethylphenidate hcl er</i>	123

Drug Name	Page #
<i>dexamethylphenidate hydrochloride</i>	123
<i>dexamethylphenidate hydrochloride er</i>	123
<i>dexrazoxane</i>	258
<i>dextroamphetamine sulfate</i>	124
<i>dextroamphetamine sulfate er</i>	123
<i>dextrose</i>	180
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	184
<i>dextrose 10%</i>	179
<i>dextrose 10%/sodium chloride 0.2%</i>	184
<i>dextrose 10%/sodium chloride 0.45%</i>	184
<i>dextrose 2.5%/sodium chloride 0.45%</i>	184
<i>dextrose 25%</i>	179
<i>dextrose 30%</i>	179
<i>dextrose 5%</i>	179
<i>dextrose 5%/lactated ringers</i>	184
<i>dextrose 5%/sodium chloride 0.2%</i>	184
<i>dextrose 5%/sodium chloride 0.33%</i>	184
<i>dextrose 5%/sodium chloride 0.45%</i>	184
<i>dextrose 5%/sodium chloride 0.9%</i>	184
<i>dextrose 50%</i>	179
<i>dextrose 70%</i>	179

Drug Name	Page #
<i>dextrose/sodium chloride</i>	184
DIACOMIT	128
<i>diazepam</i>	144
<i>diazepam intensol</i>	144
DIAZEPAM RECTAL GEL	129
<i>diazoxide</i>	218
<i>dichlorphenamide</i>	102
<i>diclofenac potassium</i>	114
<i>diclofenac sodium</i>	191
<i>diclofenac sodium</i>	267
<i>diclofenac sodium dr</i>	114
<i>diclofenac sodium er</i>	115
<i>dicloxacillin sodium</i>	7
<i>dicyclomine hcl</i>	71
<i>dicyclomine hydrochloride</i>	71
DIFICID	7
<i>difluprednate</i>	191
<i>digitek</i>	100
<i>digoxin</i>	100
<i>dihydroergotamine mesylate</i>	75
DILANTIN	129
DILANTIN INFATABS	129
DILANTIN-125	129
<i>diltiazem hcl</i>	96
<i>diltiazem hcl cd</i>	95
<i>diltiazem hcl er</i>	95
<i>diltiazem hydrochloride</i>	96
<i>diltiazem hydrochloride er</i>	96
<i>dilt-xr</i>	95
<i>diltzac</i>	97
<i>dimethyl fumarate</i>	251

Drug Name	Page #
<i>dimethyl fumarate</i>	251
<i>starterpack</i>	
DIPENTUM	194
<i>diphenhydramine</i>	25
<i>hydrochloride</i>	
<i>diphenoxylate</i>	195
<i>hydrochloride/atropine</i>	
<i>sulfate</i>	
<i>diphenoxylate/atropine</i>	195
DIPHThERIA/TETANUS	68
TOXOIDS ADSORBED	
PEDIATRIC	
<i>dipyridamole</i>	174
<i>disopyramide phosphate</i>	100
<i>disulfiram</i>	243
<i>divalproex sodium dr</i>	129
<i>divalproex sodium er</i>	129
<i>docetaxel</i>	33
<i>dofetilide</i>	100
DOJOLVI	180
<i>dolishale</i>	221
<i>donepezil hcl</i>	72
<i>donepezil hydrochloride</i>	73
<i>donepezil hydrochloride odt</i>	72
DOPTELET	83
<i>dorzolamide hcl/timolol</i>	193
<i>maleate</i>	
<i>dorzolamide hydrochloride</i>	193
<i>dotti</i>	228
DOVATO	19
<i>doxazosin</i>	110
<i>doxazosin mesylate</i>	110

Drug Name	Page #
<i>doxepin hcl</i>	155
<i>doxepin hydrochloride</i>	156
DOXEPIN	270
HYDROCHLORIDE	
<i>doxercalciferol</i>	276
<i>doxorubicin hcl</i>	34
<i>doxorubicin hydrochloride</i>	34
<i>doxorubicin hydrochloride liposomal</i>	34
<i>doxy 100</i>	7
<i>doxycycline</i>	7
<i>doxycycline hyclate</i>	7
<i>doxycycline monohydrate</i>	7
DRIZALMA SPRINKLE	156
<i>dronabinol</i>	195
<i>drospirenone/ethinyl estradiol</i>	221
<i>drospirenone/ethinyl estradiol/levomefolate calcium</i>	221
DROXIA	34
<i>droxidopa</i>	76
<i>duloxetine hcl</i>	156
<i>duloxetine hydrochloride</i>	156
DUPIXENT	259
DUPIXENT	272
<i>duramorph</i>	115
<i>dutasteride</i>	243
DUVYZAT	256
<i>dxevo 11-day</i>	204
E.E.S. 400	7
<i>ec-naproxen</i>	115

Drug Name	Page #
<i>econazole nitrate</i>	265
<i>edaravone</i>	111
EDURANT	19
<i>efavirenz</i>	19
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	19
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	19
EGRIFTA SV	235
ELAPRASE	189
<i>eletriptan hydrobromide</i>	138
ELIGARD	231
<i>elinest</i>	221
ELIQUIS	79
ELIQUIS STARTER PACK	79
ELMIRON	256
<i>eluryng</i>	221
EMCYT	34
EMEND	196
EMGALITY	138
EMPLICITI	34
EMSAM	141
<i>emtricitabine</i>	20
<i>emtricitabine/tenofovir disoproxil fumarate</i>	20
<i>emtricitabine/tenofovir disoproxil fumarate</i>	19
EMTRIVA	20
<i>emverm</i>	1
<i>emzahh</i>	221
<i>enalapril maleate</i>	106

Drug Name	Page #
<i>enalapril</i>	106
<i>maleate/hydrochlorothiazide</i>	
ENBREL	248
ENBREL MINI	248
ENBREL SURECLICK	248
<i>endocet</i>	115
ENGERIX-B	69
<i>enilloring</i>	221
<i>enoxaparin sodium</i>	79
<i>enpresse-28</i>	221
<i>enskyce</i>	221
ENSPRYNG	251
<i>entacapone</i>	141
<i>entecavir</i>	20
ENTRESTO	107
ENTYVIO PEN	200
<i>enulose</i>	174
EOHILIA	204
EPCLUSA	20
EPIDIOLEX	129
<i>epinastine hcl</i>	193
<i>epinephrine</i>	76
<i>epitol</i>	129
EPIVIR HBV	20
<i>eplerenone</i>	107
EPRONTIA	129
ERAXIS	14
ERBITUX	34
<i>ergoloid mesylates</i>	75
<i>eribulin mesylate</i>	34
ERIVEDGE	34
ERLEADA	34

Drug Name	Page #
<i>erlotinib hydrochloride</i>	35
<i>errin</i>	221
<i>ertapenem sodium</i>	8
<i>erythrocin lactobionate</i>	8
<i>erythrocin stearate</i>	8
<i>erythromycin</i>	8
<i>erythromycin</i>	189
<i>erythromycin base</i>	8
<i>erythromycin dr</i>	8
<i>erythromycin ethylsuccinate</i>	8
<i>erythromycin lactobionate</i>	8
<i>escitalopram oxalate</i>	157
<i>esomeprazole magnesium</i>	197
<i>estarylla</i>	221
<i>estradiol</i>	228
<i>estradiol valerate</i>	228
<i>estradiol/norethindrone acetate</i>	228
ESTRING	229
<i>eszopiclone</i>	144
<i>ethambutol hydrochloride</i>	16
<i>ethosuximide</i>	129
<i>ethynodiol diacetate/ethinyl</i>	221
<i>estradiol</i>	
<i>etodolac</i>	115
<i>etonogestrel/ethinyl estradiol</i>	222
<i>etoposide</i>	35
<i>etravirine</i>	20
<i>euthyrox</i>	237
EVENITY	244
<i>everolimus</i>	35
<i>everolimus</i>	254

Drug Name	Page #	Drug Name	Page #
EVOTAZ	20	FETZIMA TITRATION	158
EVRYSDI	256	PACK	
<i>exemestane</i>	229	FIASP	209
EXKIVITY	36	FIASP FLEXTOUCH	209
EXONDYS 51	244	FIASP PENFILL	209
EXTAVIA	251	FILSPARI	263
<i>ezetimibe</i>	90	FILSUVEZ	272
<i>ezetimibe/simvastatin</i>	90	<i>finasteride</i>	243
FABHALTA	255	<i>finasteride</i>	271
FABRAZYME	189	<i>fingolimod hydrochloride</i>	251
<i>falmina</i>	222	FINTEPLA	130
<i>famciclovir</i>	20	<i>finzala</i>	222
<i>famotidine</i>	197	FIRDAPSE	73
FANAPT	157	FIRMAGON	231
FANAPT TITRATION	157	<i>flac</i>	191
PACK		<i>flavoxate hcl</i>	274
FARXIGA	209	FLEBOGAMMA DIF	65
FASENRA	259	<i>flecainide acetate</i>	100
FASENRA PEN	259	<i>fluconazole</i>	14
<i>fayosim</i>	222	<i>fluconazole in nacl</i>	14
<i>febuxostat</i>	244	<i>fluconazole in sodium</i>	14
<i>felbamate</i>	129	<i>chloride</i>	
<i>felodipine er</i>	97	<i>flucytosine</i>	15
<i>femynor</i>	222	<i>fludarabine phosphate</i>	36
<i>fenofibrate</i>	90	<i>fludrocortisone acetate</i>	204
<i>fenofibrate micronized</i>	90	<i>flunisolide</i>	191
<i>fenofibric acid dr</i>	91	<i>fluocinolone acetonide</i>	191
<i>fentanyl</i>	116	<i>fluocinolone acetonide</i>	268
<i>fentanyl citrate oral</i>	115	<i>fluocinolone acetonide body</i>	268
<i>transmucosal</i>		<i>fluocinolone acetonide ear</i>	191
FERRIPROX	202	<i>drops</i>	
FETZIMA	158	<i>fluocinolone acetonide scalp</i>	268

Drug Name	Page #
<i>fluocinolone acetonide topical</i>	268
<i>fluocinonide</i>	268
<i>fluocinonide emulsified base</i>	268
<i>fluoride</i>	246
<i>fluorometholone</i>	191
<i>fluorouracil</i>	36
<i>fluorouracil</i>	272
<i>fluoxetine dr</i>	158
<i>fluoxetine hydrochloride</i>	158
<i>fluphenazine decanoate</i>	159
<i>fluphenazine hcl</i>	159
<i>fluphenazine hydrochloride</i>	159
<i>flurbiprofen</i>	116
<i>flurbiprofen sodium</i>	191
<i>flutamide</i>	36
<i>fluticasone propionate</i>	191
<i>fluticasone propionate</i>	205
<i>fluticasone</i>	76
<i>propionate/salmeterol</i>	
FLUTICASONE	204
PROPIONATE/SALMETEROL	
<i>fluticasone</i>	76
<i>propionate/salmeterol diskus</i>	
<i>fluvoxamine maleate</i>	159
FML	191
FML FORTE	191
FOLOTYN	36
<i>fondaparinux sodium</i>	79
<i>fosamprenavir calcium</i>	20
<i>fosfomycin tromethamine</i>	25

Drug Name	Page #
<i>fosinopril sodium</i>	107
<i>fosinopril</i>	107
<i>sodium/hydrochlorothiazide</i>	
<i>fosphenytoin sodium</i>	130
FOSRENOL	182
FOTIVDA	36
<i>fraiche 5000 dental</i>	172
FRUZAQLA	36
FULPHILA	84
FULVESTRANT	37
<i>furosemide</i>	102
FUZEON	20
FYCOMPA	130
FYLNETRA	84
<i>gabapentin</i>	130
GALAFOLD	256
<i>galantamine hydrobromide</i>	73
<i>galantamine hydrobromide</i>	73
<i>er</i>	
<i>gallifrey</i>	234
GAMASTAN	65
GAMMAGARD LIQUID	65
GAMMAGARD S/D IGA	66
LESS THAN 1MCG/ML	
GAMMAKED	66
GAMMAPLEX	66
GAMUNEX-C	67
<i>ganciclovir</i>	20
GARDASIL 9	69
<i>gatifloxacin</i>	189
GATTEX	200
<i>gavilyte-c</i>	198

Drug Name	Page #
<i>gavilyte-g</i>	198
<i>gavilyte-n/flavor pack</i>	198
GAVRETO	37
<i>gefitinib</i>	37
<i>gemcitabine hcl</i>	37
<i>gemcitabine hydrochloride</i>	37
<i>gemfibrozil</i>	91
<i>gemmily</i>	222
GEMTESA	274
<i>generlac</i>	174
<i>gengraf</i>	254
GENOTROPIN	236
GENOTROPIN	235
MINIQUICK	
<i>gentak</i>	189
<i>gentamicin sulfate</i>	8
<i>gentamicin sulfate</i>	190
<i>gentamicin sulfate</i>	265
<i>gentamicin sulfate pediatric</i>	8
<i>gentamicin sulfate/0.9%</i>	8
<i>sodium chloride</i>	
GENVOYA	20
GILENYA	251
GILOTRIF	37
<i>glatiramer acetate</i>	251
<i>glatopa</i>	251
GLEOSTINE	37
<i>glimepiride</i>	209
<i>glipizide</i>	210
<i>glipizide er</i>	209
<i>glipizide xl</i>	210

Drug Name	Page #
<i>glipizide/metformin hydrochloride</i>	210
GLUCAGEN HYPOKIT	219
GLUCAGON	219
EMERGENCY KIT	
GLUCAGON	219
EMERGENCY KIT FOR LOW BLOOD SUGAR	
<i>glucose (dextrose) 50%</i>	180
<i>glucose (dextrose) 70%</i>	180
<i>glycopyrrolate</i>	71
<i>glydo</i>	270
GLYXAMBI	210
<i>granisetron hcl</i>	196
<i>granisetron hydrochloride</i>	196
GRANIX	84
GRASTEK	64
<i>griseofulvin microsize</i>	15
<i>griseofulvin ultramicrosize</i>	15
<i>guanfacine hydrochloride</i>	93
<i>guanfacine hydrochloride er</i>	147
GVOKE HYPOPEN 1-PACK	219
GVOKE HYPOPEN 2-PACK	219
GVOKE KIT	219
GVOKE PFS	219
HAEGARDA	255
<i>hailey 1.5/30</i>	222
<i>hailey 24 fe</i>	222
<i>hailey fe 1.5/30</i>	222
<i>hailey fe 1/20</i>	222

Drug Name	Page #
<i>halobetasol propionate</i>	268
<i>haloette</i>	222
<i>haloperidol</i>	159
<i>haloperidol decanoate</i>	159
<i>haloperidol lactate</i>	159
HAVRIX	69
<i>heather</i>	222
<i>heparin sodium</i>	80
HEPARIN SODIUM/D5W	79
HEPARIN SODIUM/DEXTROSE	80
<i>heparin sodium/nacl 0.45%</i>	80
<i>heparin sodium/sodium chloride</i>	80
<i>heparin sodium/sodium chloride 0.9%</i>	80
<i>heparin sodium/sodium chloride 0.9% premix</i>	80
HEPLISAV-B	69
HETLIOZ LQ	144
HIBERIX	69
HUMATROPE	236
HUMIRA	249
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	248
HUMIRA PEN	249
HUMIRA PEN-CD/UC/HS STARTER	248
HUMIRA PEN-PEDIATRIC UC STARTER PACK	248

Drug Name	Page #
HUMIRA PEN-PS/UV STARTER	248
<i>hydralazine hcl</i>	103
<i>hydralazine hydrochloride</i>	103
<i>hydrochlorothiazide</i>	103
<i>hydrocodone bitartrate/acetaminophen</i>	116
<i>hydrocodone/acetaminophen</i>	117
<i>hydrocodone/ibuprofen</i>	117
<i>hydrocortisone</i>	205
<i>hydrocortisone</i>	268
<i>hydrocortisone butyrate</i>	268
<i>hydrocortisone sodium succinate</i>	205
<i>hydrocortisone valerate</i>	268
<i>hydrocortisone/acetic acid</i>	191
<i>hydromorphone hcl</i>	117
<i>hydromorphone hydrochloride</i>	117
<i>hydroxychloroquine sulfate</i>	17
<i>hydroxyurea</i>	38
<i>hydroxyzine hcl</i>	144
<i>hydroxyzine hydrochloride</i>	144
<i>hydroxyzine pamoate</i>	145
HYFTOR	272
<i>ibandronate sodium</i>	245
IBRANCE	38
<i>ibu</i>	118
<i>ibuprofen</i>	118
<i>icatibant acetate</i>	105
<i>iclevia</i>	222
ICLUSIG	38

Drug Name	Page #
<i>icosapent ethyl</i>	91
<i>idarubicin hcl</i>	39
<i>idarubicin hydrochloride</i>	39
IDHIFA	39
<i>ifosfamide</i>	39
<i>imatinib mesylate</i>	39
IMBRUVICA	39
IMFINZI	40
<i>imipenem/cilastatin</i>	8
<i>imipramine hcl</i>	159
<i>imipramine hydrochloride</i>	159
<i>imiquimod</i>	272
IMKELDI	40
IMOVAX RABIES (H.D.C.V.)	69
IMPAVIDO	17
INBRIJA	141
<i>incassia</i>	222
INCRELEX	236
INCRUSE ELLIPTA	72
<i>indapamide</i>	103
INFANRIX	68
INFLECTRA	249
INGREZZA	171
INLYTA	40
INQOVI	40
INREBIC	41
INSULIN ASPART	211
INSULIN ASPART FLEXPEN	210
INSULIN ASPART PENFILL	210

Drug Name	Page #
INSULIN ASPART	211
PROTAMINE/INSULIN ASPART	
INSULIN ASPART	211
PROTAMINE/INSULIN ASPART FLEXPEN	
INSULIN DEGLUDEC	211
INSULIN DEGLUDEC FLEXTOUCH	211
INSULIN LISPRO	211
INSULIN LISPRO JUNIOR	211
KWIKPEN	
INSULIN LISPRO	211
KWIKPEN	
INSULIN LISPRO	211
PROTAMINE/INSULIN LISPRO KWIKPEN	
INTELENCE	21
INTRALIPID	180
<i>introvale</i>	222
INVEGA HAFYERA	160
INVEGA SUSTENNA	160
INVEGA TRINZA	160
IOPIDINE	194
IPOL INACTIVATED IPV	69
<i>ipratropium bromide</i>	72
<i>ipratropium bromide/albuterol sulfate</i>	76
IQIRVO	198
<i>irbesartan</i>	107
<i>irbesartan/hydrochlorothiazide</i>	107

Drug Name	Page #
<i>irinotecan hydrochloride</i>	41
ISENTRESS	21
ISENTRESS HD	21
<i>isibloom</i>	222
ISOLYTE-P/DEXTROSE 5%	184
ISOLYTE-S	185
ISOLYTE-S PH 7.4	184
<i>isoniazid</i>	16
<i>isosorbide dinitrate</i>	103
<i>isosorbide mononitrate</i>	104
<i>isosorbide mononitrate er</i>	104
<i>isotonic gentamicin</i>	8
<i>isotretinoin</i>	272
ITOVEBI	41
<i>itraconazole</i>	15
<i>ivabradine hydrochloride</i>	100
<i>ivermectin</i>	1
IWILFIN	41
IXCHIQ	70
IXIARO	70
<i>jaimiess</i>	222
JAKAFI	41
<i>jantoven</i>	80
JANUMET	212
JANUMET XR	211
JANUVIA	212
JARDIANCE	212
<i>jasmiel</i>	222
<i>javygtor</i>	256
JAYPIRCA	41
<i>jencycla</i>	222

Drug Name	Page #
JEVTANA	42
JOENJA	251
<i>jolessa</i>	222
<i>juleber</i>	222
JULUCA	21
<i>junel 1.5/30</i>	222
<i>junel 1/20</i>	222
<i>junel fe 1.5/30</i>	222
<i>junel fe 1/20</i>	222
<i>junel fe 24</i>	222
JUXTAPID	91
JYLAMVO	42
JYNARQUE	182
JYNNEOS	70
<i>kaitlib fe</i>	222
<i>kalliga</i>	223
KALYDECO	261
<i>kariva</i>	223
<i>kcl 0.075%/d5w/nacl 0.45%</i>	185
<i>kcl 0.15%/d5w/nacl 0.2%</i>	185
KCL 0.15%/D5W/NACL 0.225%	185
<i>kcl 0.15%/d5w/nacl 0.45%</i>	185
<i>kcl 0.15%/d5w/nacl 0.9%</i>	185
<i>kcl 0.3%/d5w/nacl 0.45%</i>	185
<i>kcl 0.3%/d5w/nacl 0.9%</i>	185
<i>kelnor 1/35</i>	223
<i>kelnor 1/50</i>	223
<i>kemoplat</i>	42
KENALOG-10	205
KEPIVANCE	271
KERENDIA	107

Drug Name	Page #
<i>ketoconazole</i>	15
<i>ketoconazole</i>	265
<i>ketorolac tromethamine</i>	191
KEYTRUDA	42
KINERET	249
KINRIX	68
<i>kionex</i>	182
KISQALI	42
KISQALI FEMARA 200 DOSE	229
KISQALI FEMARA 400 DOSE	229
KISQALI FEMARA 600 DOSE	230
<i>klayesta</i>	265
<i>klor-con</i>	185
<i>klor-con 10</i>	185
<i>klor-con 8</i>	185
<i>klor-con m10</i>	185
<i>klor-con m15</i>	185
<i>klor-con m20</i>	185
KLOXXADO	148
KOSELUGO	42
<i>kourzeq</i>	269
KRAZATI	42
KRINTAFEL	17
<i>kurvelo</i>	223
KYLEENA	223
KYNMOBI	141
KYNMOBI TITRATION KIT	141
KYPROLIS	42

Drug Name	Page #
<i>labetalol hydrochloride</i>	87
<i>lacosamide</i>	131
<i>lactated ringers</i>	185
<i>lactulose</i>	174
<i>lamivudine</i>	21
<i>lamivudine/zidovudine</i>	21
<i>lamotrigine</i>	132
<i>lamotrigine er</i>	131
<i>lamotrigine odt</i>	131
<i>lamotrigine starter kit/blue</i>	131
<i>lamotrigine starter kit/green</i>	132
<i>lamotrigine starter kit/orange</i>	132
LAMPIT	17
<i>lanreotide acetate</i>	234
<i>lansoprazole</i>	197
<i>lansoprazole odt</i>	197
LANTHANUM CARBONATE	182
LANTUS	212
LANTUS SOLOSTAR	212
<i>lapatinib ditosylate</i>	43
<i>larin 1.5/30</i>	223
<i>larin 1/20</i>	223
<i>larin 24 fe</i>	223
<i>larin fe 1.5/30</i>	223
<i>larin fe 1/20</i>	223
<i>latanoprost</i>	193
<i>layolis fe</i>	223
LAZCLUZE	43
<i>leena</i>	223
<i>leflunomide</i>	249
<i>lenalidomide</i>	43

Drug Name	Page #
LENVIMA 10 MG DAILY DOSE	43
LENVIMA 12MG DAILY DOSE	44
LENVIMA 14 MG DAILY DOSE	44
LENVIMA 18 MG DAILY DOSE	44
LENVIMA 20 MG DAILY DOSE	44
LENVIMA 24 MG DAILY DOSE	44
LENVIMA 4 MG DAILY DOSE	44
LENVIMA 8 MG DAILY DOSE	44
<i>lessina</i>	223
<i>letrozole</i>	230
<i>leucovorin calcium</i>	243
LEUKERAN	44
LEUKINE	84
<i>leuprolide acetate</i>	231
<i>levalbuterol</i>	77
<i>levalbuterol hcl</i>	76
<i>levalbuterol hydrochloride</i>	76
LEVALBUTEROL TARTRATE HFA	77
<i>levetiracetam</i>	132
<i>levetiracetam er</i>	132
<i>levetiracetam/sodium chloride</i>	132
<i>levobunolol hcl</i>	193

Drug Name	Page #
<i>levocarnitine</i>	257
<i>levocarnitine sf</i>	256
<i>levocetirizine dihydrochloride</i>	26
<i>levofloxacin</i>	9
<i>levofloxacin</i>	190
<i>levofloxacin in d5w</i>	8
<i>levoleucovorin</i>	244
<i>levoleucovorin calcium</i>	243
<i>levonest</i>	223
<i>levonorgestrel and ethinyl estradiol</i>	223
<i>levonorgestrel/ethinyl estradiol</i>	223
<i>levora 0.15/30-28</i>	223
<i>levo-t</i>	238
<i>levothyroxine sodium</i>	238
<i>levoxyl</i>	239
LEXIVA	21
<i>l-glutamine</i>	256
LIBERVANT	133
LIBTAYO	44
<i>lidocaine</i>	270
<i>lidocaine hcl</i>	101
<i>lidocaine hcl</i>	242
<i>lidocaine hcl</i>	270
<i>lidocaine hcl in d5w</i>	101
<i>lidocaine hcl jelly</i>	270
<i>lidocaine hcl/dextrose</i>	101
<i>lidocaine hydrochloride</i>	243
<i>lidocaine hydrochloride</i>	270
<i>lidocaine hydrochloride jelly</i>	270

Drug Name	Page #
<i>lidocaine hydrochloride viscous</i>	194
<i>lidocaine patch 5%</i>	270
<i>lidocaine viscous</i>	194
<i>lidocaine/prilocaine</i>	270
LILETTA	224
<i>lincomycin hydrochloride</i>	9
<i>linezolid</i>	9
LINZESS	200
<i>liothyronine sodium</i>	239
<i>liraglutide</i>	212
<i>lisdexamfetamine dimesylate</i>	124
<i>lisinopril</i>	108
<i>lisinopril/hydrochlorothiazid e</i>	107
LITHIUM	138
<i>lithium carbonate</i>	138
<i>lithium carbonate er</i>	138
LIVDELZI	198
LIVMARLI	198
LIVMARLI	200
LIVTENCITY	21
LO LOESTRIN FE	224
LODOCO	257
<i>lofexidine hydrochloride</i>	77
<i>lojaimiess</i>	224
LOKELMA	183
LONSURF	44
<i>loperamide hydrochloride</i>	195
<i>lopinavir/ritonavir</i>	21
<i>lorazepam</i>	145
<i>lorazepam intensol</i>	145

Drug Name	Page #
LORBRENA	45
<i>loryna</i>	224
<i>losartan potassium</i>	108
<i>losartan</i>	108
<i>potassium/hydrochlorothiazid e</i>	
<i>lovastatin</i>	91
<i>low-ogestrel</i>	224
<i>loxapine</i>	161
<i>loxapine succinate</i>	161
<i>lo-zumandimine</i>	224
LUBIPROSTONE	200
LUMAKRAS	45
LUMIGAN	193
LUMIZYME	189
LUMOXITI	45
LUPKYNIS	254
LUPRON DEPOT (1-MONTH)	231
LUPRON DEPOT (3-MONTH)	231
LUPRON DEPOT (4-MONTH)	231
LUPRON DEPOT (6-MONTH)	231
LUPRON DEPOT-PED (1-MONTH)	231
LUPRON DEPOT-PED (3-MONTH)	232
<i>lurasidone hydrochloride</i>	161
<i>lutra</i>	224
LYBALVI	161

Drug Name	Page #
<i>lyleq</i>	224
<i>lyllana</i>	230
LYNPARZA	45
LYSODREN	45
LYTGOBI	45
<i>lyza</i>	224
<i>magnesium sulfate</i>	133
<i>maraviroc</i>	21
<i>marlissa</i>	224
MARPLAN	162
MATULANE	46
<i>matzim la</i>	97
MAVYRET	21
MAXIDEX	191
MAYZENT	252
MAYZENT STARTER PACK	252
<i>meclizine hcl</i>	196
<i>meclizine hydrochloride</i>	196
<i>medroxyprogesterone acetate</i>	234
<i>mefloquine hydrochloride</i>	17
<i>megestrol acetate</i>	234
MEKINIST	46
MEKTOVI	46
<i>meloxicam</i>	118
<i>melphalan hydrochloride</i>	46
<i>memantine hcl titration pak</i>	147
<i>memantine hydrochloride</i>	147
MENACTRA	70
<i>menest</i>	230
MENQUADFI	70
MENVEO	70

Drug Name	Page #
<i>mercaptapurine</i>	46
<i>meropenem</i>	9
<i>meropenem/sodium chloride</i>	9
<i>merzee</i>	224
<i>mesalamine</i>	195
<i>mesalamine dr</i>	194
<i>mesalamine er</i>	195
<i>mesna</i>	258
<i>metformin hydrochloride</i>	212
<i>metformin hydrochloride er</i>	212
<i>methadone hcl</i>	118
<i>methadone hydrochloride</i>	118
<i>methadone hydrochloride intensol</i>	118
METHADOSE	118
<i>methadose sugar-free</i>	118
<i>methazolamide</i>	103
<i>methenamine hippurate</i>	25
<i>methimazole</i>	239
METHITEST	207
<i>methocarbamol</i>	74
<i>methotrexate</i>	46
<i>methotrexate sodium</i>	46
<i>methoxsalen</i>	271
<i>methsuximide</i>	133
<i>methyldopa</i>	93
<i>methylphenidate hydrochloride</i>	126
<i>methylphenidate hydrochloride cd</i>	124
<i>methylphenidate hydrochloride er</i>	125

Drug Name	Page #
<i>methylprednisolone</i>	205
<i>methylprednisolone dose pack</i>	205
<i>methylprednisolone sodium succinate</i>	205
<i>methylprednisolone sodiumsuccinate</i>	205
<i>metoclopramide hcl</i>	201
<i>metoclopramide hydrochloride</i>	201
<i>metolazone</i>	103
<i>metoprolol succinate er</i>	87
<i>metoprolol tartrate</i>	87
<i>metoprolol/hydrochlorothiazide</i>	87
<i>metronidazole</i>	17
<i>metronidazole</i>	265
<i>metronidazole vaginal</i>	265
<i>metyrosine</i>	174
<i>mexiletine hydrochloride</i>	101
<i>mibelas 24 fe</i>	224
<i>micafungin</i>	15
<i>micafungin/sodium chloride</i>	15
<i>miconazole 3</i>	265
<i>microgestin 1.5/30</i>	224
<i>microgestin 1/20</i>	224
<i>microgestin 24 fe</i>	224
<i>microgestin fe 1.5/30</i>	224
<i>microgestin fe 1/20</i>	224
<i>midazolam hcl</i>	145
<i>midazolam hydrochloride</i>	145
<i>midodrine hydrochloride</i>	77

Drug Name	Page #
<i>mifepristone</i>	212
<i>mifepristone</i>	259
<i>migergot</i>	138
<i>miglitol</i>	213
<i>miglustat</i>	257
<i>mili</i>	224
<i>mimvey</i>	230
<i>minocycline hcl</i>	9
<i>minocycline hydrochloride</i>	9
<i>minoxidil</i>	104
MIPLYFFA	188
MIRENA	224
<i>mirtazapine</i>	162
<i>mirtazapine odt</i>	162
<i>misoprostol</i>	197
<i>mitomycin</i>	46
<i>mitoxantrone hcl</i>	47
M-M-R II	70
<i>modafinil</i>	126
<i>moexipril hcl</i>	108
<i>molindone hydrochloride</i>	162
<i>mometasone furoate</i>	269
<i>mondoxyne nl</i>	9
<i>mono-linyah</i>	224
<i>montelukast sodium</i>	259
<i>morphine sulfate</i>	119
<i>morphine sulfate er</i>	118
MOUNJARO	213
MOVANTIK	200
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	10

Drug Name	Page #
<i>moxifloxacin hydrochloride</i>	10
<i>moxifloxacin hydrochloride</i>	190
MRESVIA	70
MULPLETA	84
MULTAQ	101
<i>multiple electrolytes injection type 1</i>	185
<i>mupirocin</i>	265
<i>mutamycin</i>	47
MYALEPT	232
MYCAPSSA	234
<i>mycophenolate mofetil</i>	254
<i>mycophenolic acid dr</i>	254
MYFEMBREE	232
MYHIBBIN	255
MYLOTARG	47
<i>myorisan</i>	273
MYRBETRIQ	274
<i>nabumetone</i>	119
<i>nadolol</i>	110
NAFCILLIN	10
<i>nafcillin sodium</i>	10
<i>nafrinse</i>	246
NAGLAZYME	189
<i>nalbuphine hydrochloride</i>	119
<i>naloxone hcl</i>	148
<i>naloxone hydrochloride</i>	148
<i>naltrexone hydrochloride</i>	149
<i>naproxen</i>	119
<i>naproxen dr</i>	119
<i>naratriptan hcl</i>	138
NATACYN	190

Drug Name	Page #
NATAZIA	224
<i>nateglinide</i>	213
NAYZILAM	133
<i>nebivolol hydrochloride</i>	88
<i>necon 0.5/35-28</i>	224
<i>nefazodone hydrochloride</i>	162
<i>nelarabine</i>	47
NEMLUVIO	269
<i>neomycin sulfate</i>	10
<i>neomycin/bacitracin/polymyx in</i>	190
<i>neomycin/polymyxin/bacitrac in</i>	190
<i>neomycin/polymyxin/bacitrac in zinc</i>	190
<i>neomycin/polymyxin/bacitrac in/hydrocortisone</i>	191
<i>neomycin/polymyxin/dexamet hasone</i>	192
<i>neomycin/polymyxin/gramicidin</i>	190
<i>neomycin/polymyxin/hc</i>	192
<i>neomycin/polymyxin/hydrocortisone</i>	192
<i>neo-polycin</i>	190
<i>neo-polycin hc</i>	191
NERLYNX	47
NEULASTA	84
<i>nevirapine</i>	22
<i>nevirapine er</i>	21
NEXPLANON	224
<i>niacin er</i>	91

Drug Name	Page #
<i>nicardipine hcl</i>	97
<i>nicardipine hydrochloride</i>	97
NICOTROL INHALER	74
NICOTROL NS	74
<i>nifedipine er</i>	97
<i>nikki</i>	225
<i>nilutamide</i>	47
NINLARO	47
NIPENT	48
<i>nitazoxanide</i>	17
<i>nitisinone</i>	257
<i>nitrofurantoin macrocrystals</i>	25
<i>nitrofurantoin monohydrate</i>	25
<i>nitrofurantoin monohydrate/macrocrystals</i>	25
<i>nitroglycerin</i>	104
<i>nitroglycerin</i>	273
<i>nitroglycerin transdermal</i>	104
NITYR	257
<i>nora-be</i>	225
NORDITROPIN FLEXPEN	236
<i>norelgestromin/ethinyl estradiol</i>	225
<i>norethindrone</i>	225
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	225
<i>norethindrone acetate</i>	234
<i>norethindrone acetate/ethinyl estradiol</i>	225
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	225

Drug Name	Page #
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	225
<i>norgestimate/ethinyl estradiol</i>	225
<i>norlyroc</i>	226
NORMOSOL -R	186
NORMOSOL-M/D5W	186
NORMOSOL-R	186
NORPACE CR	101
<i>nortrel 0.5/35 (28)</i>	226
<i>nortrel 1/35</i>	226
<i>nortrel 7/7/7</i>	226
<i>nortriptyline hcl</i>	162
<i>nortriptyline hydrochloride</i>	162
NORVIR	22
NOVOLIN 70/30	213
NOVOLIN 70/30 FLEXPEN	213
NOVOLIN N	213
NOVOLIN N FLEXPEN	213
NOVOLIN R	214
NOVOLIN R FLEXPEN	214
NOVOLOG	214
NOVOLOG FLEXPEN	214
NOVOLOG FLEXPEN	214
RELION	
NOVOLOG MIX 70/30	214
NOVOLOG MIX 70/30	214
PREFILLED FLEXPEN	
NOVOLOG MIX 70/30	214
PREFILLED FLEXPEN	
RELION	

Drug Name	Page #
NOVOLOG MIX 70/30	214
RELION	
NOVOLOG PENFILL	214
NOVOLOG RELION	214
NOXAFIL	15
<i>np thyroid 120</i>	239
<i>np thyroid 15</i>	239
<i>np thyroid 30</i>	239
<i>np thyroid 60</i>	239
<i>np thyroid 90</i>	239
NUBEQA	48
NUCALA	259
NUEDEXTA	147
NULOJIX	255
NUPLAZID	162
NUTRILIPID	180
NUTROPIN AQ NUSPIN 10	236
NUTROPIN AQ NUSPIN 20	236
NUTROPIN AQ NUSPIN 5	236
<i>nyamyc</i>	265
<i>nylia 1/35</i>	226
<i>nylia 7/7/7</i>	226
<i>nymyo</i>	226
<i>nystatin</i>	15
<i>nystatin</i>	265
<i>nystatin/triamcinolone</i>	269
<i>nystatin/triamcinolone acetonide</i>	269
<i>nystop</i>	266
NYVEPRIA	84
OICALIVA	200
<i>ocella</i>	226

Drug Name	Page #
OCREVUS	252
OCREVUS ZUNOVO	252
OCTAGAM	67
<i>octreotide acetate</i>	234
ODACTRA	65
ODEFSEY	22
ODOMZO	48
OFEV	260
<i>ofloxacin</i>	190
OGSIVEO	48
OJEMDA	48
OJJAARA	49
<i>olanzapine</i>	163
<i>olanzapine odt</i>	163
<i>olanzapine/fluoxetine</i>	163
<i>olmesartan medoxomil</i>	108
<i>olmesartan</i>	97
<i>medoxomil/amlodipine/hydrochlorothiazide</i>	
<i>olmesartan</i>	108
<i>medoxomil/hydrochlorothiazide</i>	
<i>olopatadine hydrochloride</i>	193
<i>omega-3-acid ethyl esters</i>	91
<i>omeprazole</i>	197
<i>omeprazole dr</i>	197
OMNIPOD 5 DEXCOM	173
G7G6 INTRO KIT (GEN 5)	
OMNIPOD 5 DEXCOM	173
G7G6 PODS (GEN 5)	
OMNIPOD 5 G7 INTRO KIT (GEN 5)	173

Drug Name	Page #
OMNIPOD 5 G7 PODS (GEN 5)	173
OMNIPOD 5 LIBRE2 PLUS G6	173
OMNIPOD 5 LIBRE2 PLUS G6 PODS	173
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	173
OMNIPOD CLASSIC PODS (GEN 3)	173
OMNIPOD DASH INTRO KIT (GEN 4)	173
OMNIPOD DASH PDM KIT (GEN 4)	173
OMNIPOD DASH PODS (GEN 4)	173
OMNITROPE	236
<i>ondansetron hcl</i>	196
<i>ondansetron hydrochloride</i>	196
<i>ondansetron odt</i>	196
ONGENTYS	142
ONUREG	49
OPDIVO	49
OPFOLDA	257
OPIPZA	163
<i>opium</i>	195
<i>opium tincture</i>	195
OPSUMIT	264
OPVEE	149
<i>oralone dental paste</i>	269
ORENCIA	249
ORENCIA CLICKJECT	249

Drug Name	Page #
ORFADIN	257
ORGOVYX	232
ORIAHNN	232
ORLISSA	232
ORKAMBI	261
ORLADEYO	105
ORSERDU	49
<i>oseltamivir phosphate</i>	22
OSMOPREP	198
OTEZLA	242
OTEZLA	249
OXACILLIN SODIUM	10
<i>oxaliplatin</i>	49
OXBRYTA	82
<i>oxcarbazepine</i>	133
OXERVATE	194
<i>oxybutynin chloride</i>	274
<i>oxybutynin chloride er</i>	274
<i>oxycodone hcl</i>	120
OXYCODONE HCL ER	120
<i>oxycodone hydrochloride</i>	120
OXYCODONE HYDROCHLORIDE ER	120
<i>oxycodone/acetaminophen</i>	120
OXYCONTIN	121
OZEMPIC	214
<i>pacerone</i>	101
<i>paclitaxel</i>	50
<i>paclitaxel protein-bound particles</i>	50
<i>paliperidone er</i>	164
PALYNZIQ	189

Drug Name	Page #
<i>pamidronate disodium</i>	245
PANRETIN	270
<i>pantoprazole sodium</i>	197
<i>paraplatin</i>	50
<i>paricalcitol</i>	276
<i>paroxetine</i>	164
<i>paroxetine hcl</i>	164
<i>paroxetine hydrochloride</i>	164
PAXLOVID	22
<i>pazopanib hydrochloride</i>	50
PEDIARIX	70
PEDVAX HIB	70
<i>peg-3350/electrolytes</i>	198
<i>peg-3350/nacl/na bicarbonate/kcl</i>	198
PEGASYS	22
PEMAZYRE	50
<i>pemetrexed</i>	50
<i>pemetrexed disodium</i>	50
PENBRAYA	70
<i>penciclovir</i>	266
<i>penicillamine</i>	202
<i>penicillin g potassium</i>	10
PENICILLIN G	10
POTASSIUM IN ISO-OSMOTIC DEXTROSE	
<i>penicillin g sodium</i>	11
<i>penicillin v potassium</i>	11
PENTACEL	70
<i>pentamidine isethionate</i>	17
<i>pentoxifylline er</i>	86
<i>perindopril erbumine</i>	109

Drug Name	Page #
PERIOGARD	190
PERJETA	51
<i>permethrin</i>	266
<i>perphenazine</i>	165
<i>perphenazine/amitriptyline</i>	164
<i>phenazopyridine hydrochloride</i>	270
<i>phenelzine sulfate</i>	165
<i>phenobarbital</i>	145
<i>phenytek</i>	134
<i>phenytoin</i>	134
<i>phenytoin infatabs</i>	134
<i>phenytoin sodium</i>	134
<i>phenytoin sodium extended</i>	134
<i>philith</i>	226
PIFELTRO	22
<i>pilocarpine hcl</i>	193
<i>pilocarpine hydrochloride</i>	73
<i>pimecrolimus</i>	273
<i>pimozide</i>	165
<i>pimtrea</i>	226
<i>pindolol</i>	88
<i>pioglitazone hcl</i>	215
<i>pioglitazone hcl/metformin hcl</i>	214
<i>pioglitazone hydrochloride</i>	215
<i>piperacillin sodium/tazobactam sodium</i>	11
PIQRAY 200MG DAILY DOSE	51
PIQRAY 250MG DAILY DOSE	51

Drug Name	Page #
PIQRAY 300MG DAILY DOSE	51
<i>pirfenidone</i>	260
<i>piroxicam</i>	121
PLEGRIDY	252
PLEGRIDY STARTER PACK	252
<i>plenamine</i>	180
<i>plerixafor</i>	84
<i>pnv prenatal plus multivitamin + dha</i>	276
<i>podofilox</i>	273
<i>polycin</i>	190
<i>polymyxin b sulfate/trimethoprim sulfate</i>	190
POMALYST	51
<i>portia-28</i>	226
<i>posaconazole</i>	15
<i>posaconazole dr</i>	15
<i>potassium chloride</i>	187
<i>potassium chloride cr</i>	186
<i>potassium chloride er</i>	186
<i>potassium chloride/dextrose</i>	187
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	186
<i>potassium chloride/dextrose/sodium chloride</i>	186
<i>potassium chloride/sodium chloride</i>	187
<i>potassium citrate er</i>	174

Drug Name	Page #
PRALUENT	91
<i>pramipexole dihydrochloride</i>	142
<i>prasugrel hydrochloride</i>	81
<i>pravastatin sodium</i>	92
<i>praziquantel</i>	1
<i>prazosin hydrochloride</i>	111
PRED MILD	192
<i>prednicarbate</i>	269
<i>prednisolone</i>	206
PREDNISOLONE ACETATE	192
<i>prednisolone sodium phosphate</i>	192
<i>prednisolone sodium phosphate</i>	205
<i>prednisone</i>	206
<i>prefest</i>	230
<i>pregabalin</i>	134
PREHEVBRIO	70
PREMARIN	230
PREMASOL	180
<i>premium lidocaine</i>	271
<i>prenatal</i>	276
PRETOMANID	16
<i>prevalite</i>	92
<i>prevident 5000 dry mouth</i>	246
<i>prevident fluoride</i>	246
PREVYMIS	22
PREZCOBIX	22
PREZISTA	22
PRIFTIN	16
<i>primaquine phosphate</i>	17

Drug Name	Page #
<i>primidone</i>	134
PRIORIX	70
PRIVIGEN	68
<i>probenecid</i>	188
<i>probenecid/colchicine</i>	188
<i>procainamide hydrochloride</i>	101
<i>prochlorperazine</i>	165
<i>prochlorperazine edisylate</i>	165
<i>prochlorperazine maleate</i>	165
PROCRIT	84
<i>procto-med hc</i>	269
<i>proctosol hc</i>	269
<i>proctozone-hc</i>	269
<i>progesterone</i>	234
PROGRAF	242
PROGRAF	255
PROLASTIN-C	77
PROLEUKIN	51
PROLIA	245
PROMACTA	85
<i>promethazine dm</i>	260
<i>promethazine hcl</i>	25
<i>promethazine hydrochloride</i>	26
<i>promethazine hydrochloride plain</i>	26
<i>promethazine hydrochloride/dextromethorphan hydrobromide</i>	260
<i>promethazine hydrochloride/phenylephrine hydrochloride</i>	26
<i>promethazine vc</i>	26

Drug Name	Page #
<i>promethazine vc/codeine</i>	260
<i>promethazine/codeine</i>	261
<i>promethazine/dextromethorphan</i>	261
<i>promethazine/phenylephrine</i>	26
<i>promethazine/phenylephrine/codeine</i>	261
<i>propafenone hcl</i>	101
<i>propafenone hydrochloride</i>	101
<i>proparacaine hcl</i>	194
<i>propranolol hcl</i>	88
<i>propranolol hydrochloride</i>	88
<i>propranolol hydrochloride er</i>	88
<i>propylthiouracil</i>	239
PROQUAD	70
PROSOL	181
<i>protriptyline hcl</i>	165
<i>prucalopride</i>	200
PULMOZYME	262
PURIXAN	51
<i>pyrazinamide</i>	16
<i>pyridostigmine bromide</i>	73
<i>pyridostigmine bromide er</i>	73
<i>pyrimethamine</i>	17
PYRUKYND	82
PYRUKYND TAPER PACK	82
QBREXZA	273
QINLOCK	51
QTERN	215
<i>quadracel</i>	69
<i>quetiapine fumarate</i>	165
<i>quetiapine fumarate er</i>	165

Drug Name	Page #
<i>quinapril hydrochloride</i>	109
<i>quinapril/hydrochlorothiazid e</i>	109
<i>quinidine gluconate cr</i>	102
<i>quinidine gluconate er</i>	102
<i>quinidine sulfate</i>	102
<i>quinine sulfate</i>	17
QVAR REDIHALER	206
RABAVERT	70
<i>rabeprazole sodium</i>	197
RADICAVA	148
RADICAVA ORS	148
RADICAVA ORS STARTER KIT	148
RAGWITEK	65
<i>raloxifene hydrochloride</i>	230
<i>ramelteon</i>	146
<i>ramipril</i>	109
<i>ranolazine er</i>	102
<i>rasagiline mesylate</i>	142
RAVICTI	174
REBIF	253
REBIF REBIDOSE	252
REBIF REBIDOSE TITRATION PACK	252
REBIF TITRATION PACK	253
<i>reclipsen</i>	226
RECOMBIVAX HB	70
<i>regonol</i>	73
REGRANEX	273
RELENZA DISKHALER	23
RELISTOR	201

Drug Name	Page #
RELYVRIO	148
<i>repaglinide</i>	215
REPATHA	92
REPATHA PUSHTRONEX SYSTEM	92
REPATHA SURECLICK	92
RETACRIT	85
RETEVMO	51
RETROVIR IV INFUSION	23
REVCOVI	189
REVLIMID	52
REVUFORJ	52
REXULTI	166
REYATAZ	23
REYVOW	139
REZDIFFRA	240
REZLIDHIA	53
REZUROCK	257
RHOPRESSA	193
RIABNI	53
<i>ribavirin</i>	23
RIDAURA	202
<i>rifabutin</i>	16
<i>rifampin</i>	16
<i>riluzole</i>	148
<i>rimantadine hydrochloride</i>	23
<i>ringers injection</i>	188
<i>ringers irrigation</i>	183
RINVOQ	250
RINVOQ LQ	242
<i>risedronate sodium</i>	245
<i>risperidone</i>	166

Drug Name	Page #
<i>risperidone er</i>	166
<i>risperidone odt</i>	166
<i>ritonavir</i>	23
RITUXAN	53
<i>rivastigmine tartrate</i>	73
<i>rivastigmine transdermal system</i>	73
<i>rivelsa</i>	226
RIVFLOZA	257
<i>rizatriptan benzoate</i>	139
<i>rizatriptan benzoate odt</i>	139
ROCKLATAN	193
<i>roflumilast</i>	262
ROLVEDON	86
<i>romidepsin</i>	53
<i>ropinirole hcl</i>	142
<i>ropinirole hydrochloride</i>	142
<i>rosadan</i>	266
<i>rosuvastatin calcium</i>	92
ROTARIX	70
ROTATEQ	70
ROWEEPRA	134
ROZLYTREK	53
RUBRACA	53
<i>rufinamide</i>	134
RUKOBIA	23
RUXIENCE	54
RYBELSUS	215
RYDAPT	54
RYTARY	143
SAIZEN	237

Drug Name	Page #
SAIZENPREP	237
RECONSTITUTIONKIT	
<i>sajazir</i>	105
SANDOSTATIN LAR DEPOT	235
SANTYL	271
SAPHNELO	255
<i>sapropterin dihydrochloride</i>	257
SAVELLA	148
SAVELLA TITRATION PACK	148
<i>saxagliptin hydrochloride</i>	216
<i>saxagliptin hydrochloride/metformin hydrochloride er</i>	215
SCSEMBLIX	54
<i>scopolamine</i>	196
SECUADO	167
<i>selegiline hcl</i>	143
<i>selegiline hydrochloride</i>	143
<i>selenium sulfide</i>	266
SELZENTRY	23
SEREVENT DISKUS	77
<i>sertraline hcl</i>	167
<i>sertraline hydrochloride</i>	167
<i>setlakin</i>	226
<i>sf</i>	246
<i>sf 5000 plus</i>	246
<i>sharobel</i>	226
SHINGRIX	70
SIGNIFOR	235
SIKLOS	54

Drug Name	Page #
<i>sildenafil</i>	104
<i>sildenafil citrate</i>	104
<i>sildenafil citrate</i>	264
<i>silver sulfadiazine</i>	266
<i>simliya</i>	226
<i>simpesse</i>	226
SIMPONI	250
SIMPONI ARIA	250
SIMULECT	242
<i>simvastatin</i>	92
<i>sirolimus</i>	255
SIRTURO	16
SIVEXTRO	11
SKYCLARYS	257
SKYLA	226
SKYRIZI	201
SKYRIZI	273
SKYRIZI PEN	273
<i>sodium bicarbonate</i>	174
<i>sodium chloride</i>	188
<i>sodium chloride 0.45%</i>	188
<i>sodium chloride 0.9%</i>	183
SODIUM FLUORIDE	246
<i>sodium fluoride 5000 plus</i>	246
<i>sodium fluoride 5000 ppm</i>	246
<i>sodium fluoride 5000 ppm</i>	246
<i>dry mouth</i>	
<i>sodium oxybate</i>	148
<i>sodium phenylbutyrate</i>	174
<i>sodium polystyrene sulfonate</i>	183
<i>sodium sulfate/potassium</i>	198
<i>sulfate/magnesium sulfate</i>	

Drug Name	Page #
SOFOSBUVIR/VELPATAS	23
VIR	
SOHONOS	257
<i>solifenacin succinate</i>	274
SOLTAMOX	230
SOLU-CORTEF	206
SOLU-MEDROL	206
SOMATULINE DEPOT	235
SOMAVERT	237
<i>sorafenib</i>	54
<i>sorafenib tosylate</i>	54
<i>sorine</i>	89
<i>sotalol hcl</i>	89
<i>sotalol hcl (af)</i>	89
<i>sotalol hcl af</i>	89
<i>sotalol hydrochloride</i>	89
<i>sotalol hydrochloride (af)</i>	89
<i>sotalol hydrochloride af</i>	89
SOTYLIZE	89
SPIRIVA RESPIMAT	72
<i>spironolactone</i>	103
<i>spironolactone/hydrochlorot</i>	109
<i>hiazide</i>	
SPRAVATO 56MG DOSE	167
SPRAVATO 84MG DOSE	167
<i>sprintec 28</i>	226
SPRITAM	135
<i>sps</i>	183
<i>sronyx</i>	226
<i>ssd</i>	266
STAMARIL	71
<i>stavudine</i>	23

Drug Name	Page #
<i>sterile water for irrigation</i>	183
STIMUFEND	86
STIOLTO RESPIMAT	72
STIVARGA	55
STRENSIQ	189
<i>streptomycin sulfate</i>	11
STRIBILD	23
SUBLOCADE	121
<i>subvenite</i>	135
SUCRAID	189
<i>sucralfate</i>	197
<i>sulfacetamide sodium</i>	190
<i>sulfacetamide</i>	192
<i>sodium/prednisolone sodium phosphate</i>	
<i>sulfadiazine</i>	11
<i>sulfamethoxazole/trimethoprim</i>	11
<i>sulfamethoxazole/trimethoprim ds</i>	11
<i>sulfasalazine</i>	11
<i>sulindac</i>	121
<i>sumatriptan</i>	139
<i>sumatriptan succinate</i>	139
<i>sumatriptan succinate refill</i>	139
<i>sunitinib malate</i>	55
SUNLENCA	23
<i>syeda</i>	226
SYMDEKO	262
SYMLINPEN 120	216
SYMLINPEN 60	216
SYMPAZAN	135

Drug Name	Page #
SYMPROIC	201
SYMTUZA	24
SYNAGIS	24
SYNAREL	232
SYNJARDY	216
SYNJARDY XR	216
SYNRIBO	55
SYNTHROID	240
TABLOID	55
TABRECTA	55
<i>tacrolimus</i>	255
<i>tacrolimus</i>	273
<i>tadalafil</i>	111
<i>tadalafil</i>	264
TADLIQ	264
TAFINLAR	55
TAGRISO	56
TAKHZYRO	105
TALTZ	242
TALTZ	273
TALZENNA	56
<i>tamoxifen citrate</i>	230
<i>tamsulosin hydrochloride</i>	75
<i>tarina 24 fe</i>	226
<i>tarina fe 1/20</i>	226
<i>tarina fe 1/20 eq</i>	226
TARPEYO	206
TASIGNA	56
<i>tasimelteon</i>	146
TAVALISSE	82
TAVNEOS	255
<i>taysofy</i>	226

Drug Name	Page #
<i>tazarotene</i>	273
<i>tazicef</i>	11
<i>taztia xt</i>	98
TAZVERIK	57
TDVAX	69
TECENTRIQ	57
TECENTRIQ HYBREZA	57
TEFLARO	12
TEGSEDI	244
<i>telmisartan</i>	110
<i>telmisartan/amlodipine</i>	98
<i>telmisartan/hydrochlorothiazide</i>	109
<i>temazepam</i>	146
<i>temsirolimus</i>	57
<i>tencon</i>	121
TENIVAC	69
<i>tenofovir disoproxil fumarate</i>	24
TEPMETKO	57
<i>terazosin hcl</i>	111
<i>terazosin hydrochloride</i>	111
<i>terbinafine hcl</i>	15
<i>terbinafine hydrochloride</i>	15
<i>terbutaline sulfate</i>	77
<i>terconazole</i>	266
<i>teriflunomide</i>	253
<i>teriparatide</i>	233
<i>testosterone</i>	207
<i>testosterone cypionate</i>	207
<i>testosterone enanthate</i>	207
<i>testosterone pump</i>	207

Drug Name	Page #
TETANUS/DIPHTHERIA	69
TOXOIDS-ADSORBED ADULT	
<i>tetrabenazine</i>	172
<i>tetracycline hydrochloride</i>	12
TEVIMBRA	57
THALOMID	253
<i>theo-24</i>	275
<i>theophylline</i>	275
<i>theophylline er</i>	275
<i>thioridazine hydrochloride</i>	167
<i>thiotepa</i>	57
<i>thiothixene</i>	167
THYMOGLOBULIN	255
<i>tiadylt er</i>	98
<i>tiagabine hydrochloride</i>	135
TIBSOVO	57
TICOVAC	71
<i>tigecycline</i>	12
<i>tilia fe</i>	227
<i>timolol maleate</i>	89
<i>timolol maleate</i>	193
TIMOLOL MALEATE OPHTHALMIC GEL FORMING	193
<i>tinidazole</i>	17
<i>tiotropium bromide</i>	72
TIROSINT-SOL	240
<i>tis-u-sol</i>	183
TIVICAY	24
TIVICAY PD	24
<i>tizanidine hcl</i>	74

Drug Name	Page #
<i>tizanidine hydrochloride</i>	74
TOBRADEX	192
TOBRADEX ST	192
<i>tobramycin</i>	12
<i>tobramycin</i>	190
<i>tobramycin sulfate</i>	12
<i>tobramycin sulfate</i>	190
<i>tobramycin/dexamethasone</i>	192
<i>tolterodine tartrate</i>	275
<i>tolterodine tartrate er</i>	274
<i>topiramate</i>	135
<i>toposar</i>	57
<i>topotecan hcl</i>	57
<i>topotecan hydrochloride</i>	57
<i>toremifene citrate</i>	230
<i>torseamide</i>	103
TOUJEO MAX SOLOSTAR	216
TOUJEO SOLOSTAR	216
<i>tovet</i>	269
TPN ELECTROLYTES	188
TRACLEER	264
<i>tramadol hydrochloride</i>	121
<i>tramadol hydrochloride/acetaminophen</i>	121
<i>trandolapril</i>	110
<i>tranexamic acid</i>	78
<i>tranylcypromine sulfate</i>	167
TRAVASOL	181
<i>travoprost</i>	194
<i>trazodone hydrochloride</i>	167
TRECTOR	16

Drug Name	Page #
TRELEGY ELLIPTA	206
TRELSTAR MIXJECT	232
<i>treprostinil</i>	264
<i>tretinoin</i>	57
<i>tretinoin</i>	271
<i>trexall</i>	57
<i>triamcinolone acetonide</i>	207
<i>triamcinolone acetonide</i>	269
<i>triamcinolone acetonide dental paste</i>	269
<i>triamterene/hydrochlorothiazide</i>	182
<i>triderm</i>	270
<i>trientine hydrochloride</i>	202
<i>tri-estarylla</i>	227
<i>trifluoperazine hcl</i>	168
<i>trifluoperazine hydrochloride</i>	168
<i>trifluridine</i>	190
<i>trihexyphenidyl hcl</i>	143
<i>trihexyphenidyl hydrochloride</i>	143
TRIJARDY XR	216
TRIKAFTA	262
<i>tri-legest fe</i>	227
<i>tri-lynyah</i>	227
<i>tri-lo-estarylla</i>	227
<i>tri-lo-marzia</i>	227
<i>tri-lo-mili</i>	227
<i>tri-lo-sprintec</i>	227
<i>trimethoprim</i>	25
<i>trimethoprim sulfate/polymyxin b sulfate</i>	190

Drug Name	Page #
<i>tri-mili</i>	227
<i>trimipramine maleate</i>	168
TRINTELLIX	168
<i>tri-nymyo</i>	227
<i>tri-sprintec</i>	227
TRIUMEQ	24
TRIUMEQ PD	24
<i>trivora-28</i>	227
<i>tri-vylibra</i>	227
<i>tri-vylibra lo</i>	227
TRIZIVIR	24
TROPHAMINE	181
<i>trospium chloride</i>	275
<i>trospium chloride er</i>	275
TRULICITY	217
TRUMENBA	71
TRUQAP	58
TRUSELTIQ	58
TRUXIMA	58
TRYNGOLZA	92
TRYVIO	264
TUKYSA	59
TURALIO	59
<i>turqoz</i>	227
TWINRIX	71
<i>tyblume</i>	227
TYBOST	258
<i>tydemy</i>	227
TYMLOS	233
TYPHIM VI	71
TYSABRI	253
UBRELVY	139

Drug Name	Page #
UDENYCA	86
UDENYCA ONBODY	86
<i>unithroid</i>	241
<i>ursodiol</i>	198
UZEDY	168
<i>valacyclovir hydrochloride</i>	24
VALCHLOR	273
<i>valganciclovir</i>	24
<i>valganciclovir hydrochloride</i>	24
<i>valproate sodium</i>	136
<i>valproic acid</i>	136
<i>valsartan</i>	110
<i>valsartan/hydrochlorothiazid</i>	110
<i>e</i>	
VALTOCO 10 MG DOSE	136
VALTOCO 15 MG DOSE	136
VALTOCO 20 MG DOSE	136
VALTOCO 5 MG DOSE	136
VANCOMYCIN	13
VANCOMYCIN HCL	12
<i>vancomycin hydrochloride</i>	12
VANCOMYCIN	12
HYDROCHLORIDE/DEXT	
ROSE	
VANFLYTA	59
VAQTA	71
<i>varenicline starting month</i>	74
<i>varenicline tartrate</i>	74
VARIVAX	71
VARIZIG	68
VAXCHORA	71
VECTIBIX	59

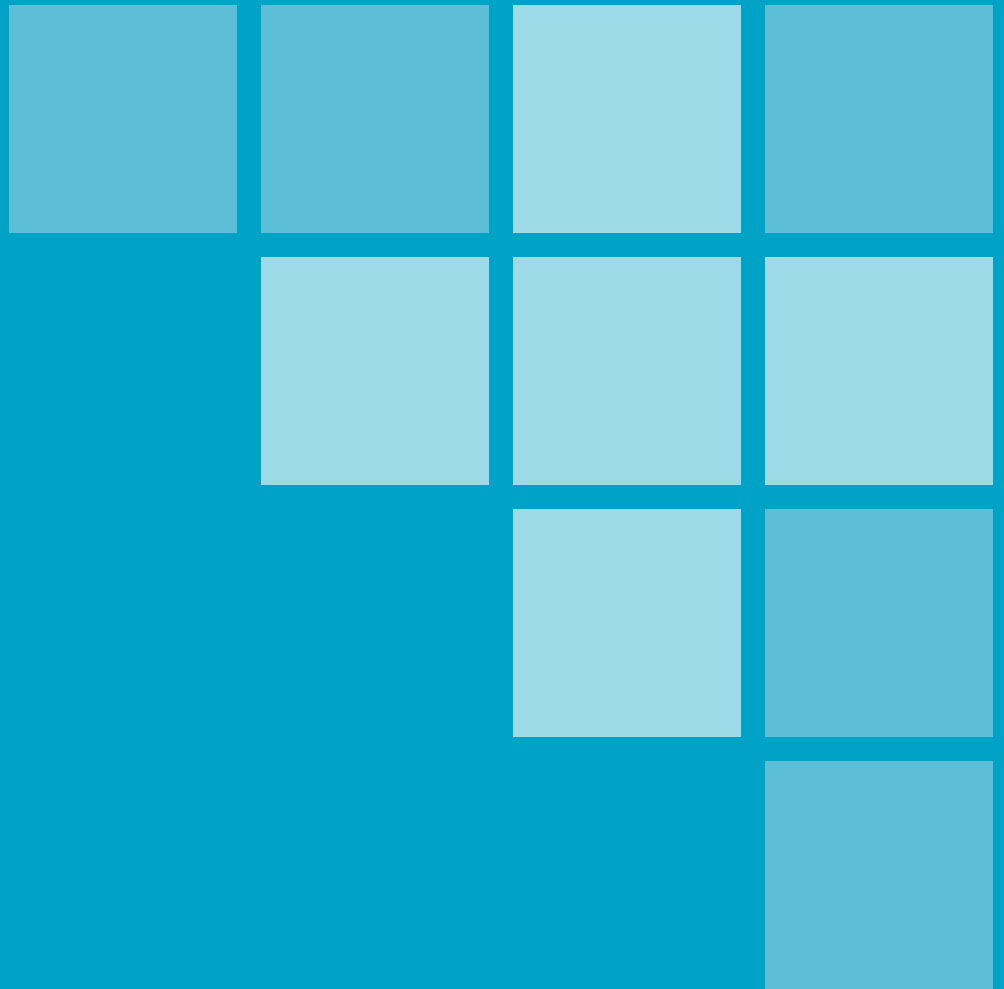
Drug Name	Page #
<i>velivet</i>	227
VELTASSA	183
VENCLEXTA	59
VENCLEXTA STARTING PACK	59
VENLAFAXINE	169
BESYLATE ER	
<i>venlafaxine hcl</i>	169
<i>venlafaxine hydrochloride</i>	169
<i>venlafaxine hydrochloride er</i>	169
VENTAVIS	264
VEOZAH	148
<i>verapamil hcl</i>	99
<i>verapamil hcl er</i>	98
<i>verapamil hcl sr</i>	99
<i>verapamil hydrochloride</i>	99
<i>verapamil hydrochloride er</i>	99
VEREGEN	273
VERKAZIA	192
VERQUVO	111
VERSACLOZ	170
VERZENIO	60
VESICARE LS	275
<i>vestura</i>	227
VIBERZI	201
<i>vienna</i>	227
<i>vigabatrin</i>	136
<i>vigadrone</i>	136
VIGAFYDE	136
<i>vigpoder</i>	136
VIIBRYD STARTER PACK	170
VIJOICE	258

Drug Name	Page #
<i>vilazodone hydrochloride</i>	170
<i>vinblastine sulfate</i>	60
<i>vincasar pfs</i>	60
<i>vincristine sulfate</i>	60
<i>vinorelbine tartrate</i>	60
<i>viorele</i>	227
VIRACEPT	24
VIREAD	24
VITRAKVI	60
VIVITROL	149
VIZIMPRO	61
<i>volnea</i>	227
VONJO	61
VORANIGO	61
<i>voriconazole</i>	15
VOSEVI	25
VOWST	258
VOXZOGO	258
VOYDEYA	255
VPRIV	189
VRAYLAR	170
VUITY	194
<i>vyfemla</i>	227
<i>vylibra</i>	227
VYNDAMAX	102
VYNDAQEL	102
VYXEOS	61
WAINUA	244
WAKIX	126
<i>warfarin sodium</i>	81
WEGOVY	217
WELIREG	61

Drug Name	Page #
<i>wera</i>	227
<i>wezlana</i>	273
WINREVAIR	262
<i>wixela inhub</i>	77
<i>wymzya fe</i>	227
XALKORI	61
XARELTO	81
XARELTO STARTER PACK	81
XATMEP	62
XCOPRI	136
XDEMVY	190
XELJANZ	250
XELJANZ XR	250
XENLETA	13
XEOMIN	258
XERMELO	195
XGEVA	245
XIFAXAN	14
XIGDUO XR	217
XIIDRA	192
XOLAIR	263
XOLREMDI	86
XOSPATA	62
XPOVIO	62
XPOVIO 60 MG TWICE WEEKLY	62
XPOVIO 80 MG TWICE WEEKLY	62
XTANDI	63
<i>xulane</i>	227
XURIDEN	258

Drug Name	Page #
XYREM	148
XYWAV	148
<i>yargesa</i>	258
YERVOY	63
YF-VAX	71
YONDELIS	63
YONSA	63
YORVIPATH	233
<i>yuvafem</i>	230
<i>zafemy</i>	227
<i>zafirlukast</i>	259
<i>zaleplon</i>	146
ZALTRAP	63
ZANOSAR	63
ZARXIO	86
ZEGALOGUE	219
ZEJULA	64
ZELBORAF	64
ZEMAIRA	78
<i>zenatane</i>	274
ZENPEP	199
ZEPBOUND	218
ZERBAXA	14
<i>zidovudine</i>	25
ZIEXTENZO	86
ZILBRYSQ	256
ZIMHI	149
ZINPLAVA	68
<i>ziprasidone hcl</i>	170
<i>ziprasidone hydrochloride</i>	170
<i>ziprasidone mesylate</i>	171
ZIRGAN	190

Drug Name	Page #
ZOKINVY	258
<i>zoledronic acid</i>	245
ZOLINZA	64
<i>zolmitriptan</i>	140
<i>zolmitriptan odt</i>	140
<i>zolpidem tartrate</i>	146
ZONISADE	137
<i>zonisamide</i>	138
ZORBTIVE	237
ZOSYN	14
<i>zovia 1/35</i>	227
ZTALMY	138
<i>zumandimine</i>	228
ZURZUVAE	171
ZYDELIG	64
ZYKADIA	64
ZYPREXA RELPREVV	171



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 25497, Version 15

This formulary was updated 4/1/2025. 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.