

2023 Prescription Drug Formulary

Basic/Basic Plus



PLEASE READ:

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

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

Multi-Language Interpreter Services & Nondiscrimination Notice



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

Spanish

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

Chinese

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

German

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

Arabic

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

Pennsylvania Dutch

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

Russian

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

French

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

Vietnamese

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

Navajo

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

Oromo

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

Korean

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

Italian

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

Japanese

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

Dutch

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

Ukrainian

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

Romanian

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

Tagalog

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

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

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

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- Medical Mutual provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, etc.).
- Medical Mutual provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services or if you believe Medical Mutual failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, with respect to your health care benefits or services, you can submit a written complaint to the person listed below. Please include as much detail as possible in your written complaint to allow us to effectively research and respond.

Civil Rights Coordinator

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

Email: CivilRightsCoordinator@MedMutual.com

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

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

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



Basic/Basic Plus Formulary

What is the Basic/Basic Plus formulary?

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

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

Refer to your Summary Plan Description for information about your cost share, including copays, coinsurance and/or deductibles. Not all tiers apply to all plans.

Your plan may exclude certain medications. Please refer to your Summary Plan Description for more information.

How do I use the Basic/Basic Plus formulary?

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

1. By condition
2. By name

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

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

Depending on your plan, coverage rules such as prior authorization, step therapy or quantity limits may apply to certain medications. You, your doctor or your pharmacist can call Express Scripts at 1-800-753-2851 to begin the review process for these medications. After contacting Express Scripts, your doctor will receive a form

to fill out and fax back to Express Scripts.

Express Scripts will send you and your doctor a letter confirming if coverage has been approved (usually within three business days of receiving the necessary information).

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

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

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

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

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

How can I save money on my prescriptions?

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

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

When you visit your doctor or health provider, ask him or her to review this formulary at: [MedMutual.com/2023BasicDrugs](https://www.medmutual.com/2023BasicDrugs)

He or she can see what generic and/or plan-preferred brand medications are covered by your plan, which may help you save money

Does the Basic/Basic Plus formulary include specialty medications?

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

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

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

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

Depending on your plan, you may be required to use home delivery (mail order) for your maintenance medications (those you take for three months or more). Check your Certificate or Benefit Book for details.

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

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

1. Complete the home delivery form you received in the mail from Express Scripts, and return it with your payment in the envelope provided. If you need another form, visit [Express-Scripts.com](https://www.express-scripts.com) and click Health & Benefits Information, then Print Forms.
2. Ask your provider to call Express Scripts at 1-888-327-9791 for instructions on how to fax the prescription or use the e-prescribing system. Your provider must have your member ID number (which is on your Mutual Health Services member ID card).
3. Call the Rx Information number on your Mutual Health Services member ID card. A Member Services Representative can help you transfer your prescriptions to mail order.

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

Table of Contents

ANTI - INFECTIVES	3
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS	22
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH.....	33
CARDIOVASCULAR, HYPERTENSION & LIPIDS.....	66
DERMATOLOGICALS/TOPICAL THERAPY	81
DIAGNOSTICS & MISCELLANEOUS AGENTS	96
EAR, NOSE & THROAT MEDICATIONS.....	100
ENDOCRINE/DIABETES	102
GASTROENTEROLOGY	129
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY	140
IMMUNOLOGY	151
MUSCULOSKELETAL & RHEUMATOLOGY	151
OBSTETRICS & GYNECOLOGY.....	154
OPHTHALMOLOGY	163
RESPIRATORY, ALLERGY, COUGH & COLD	173
UROLOGICALS.....	181
VITAMINS, HEMATINICS & ELECTROLYTES	184
Index	192

List of Abbreviations

1: Generic

2: Preferred Brand

3: Non-preferred Brand

4: Specialty

5: ACA

ACA: Affordable Care Act.

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

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET INTRAVENOUS SUSPENSION	2	
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION	3	
<i>amphotericin b injection recon soln</i>	1	
<i>amphotericin b liposome intravenous suspension for reconstitution</i>	1	
ANCOBON ORAL CAPSULE	3	
CANCIDAS INTRAVENOUS RECON SOLN	3	
<i>caspofungin intravenous recon soln</i>	1	
<i>clotrimazole mucous membrane troche</i>	1	
CRESEMBA INTRAVENOUS RECON SOLN	2	
CRESEMBA ORAL CAPSULE	2	
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION	3	
DIFLUCAN ORAL TABLET 100 MG, 200 MG	3	

Drug Name	Drug Tier	Requirements / Limits
DIFLUCAN ORAL TABLET 150 MG	3	QL
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN	2	
<i>fluconazole in nacl (iso-osm) intravenous piggyback</i>	1	
<i>fluconazole oral suspension for reconstitution</i>	1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	1	
<i>fluconazole oral tablet 150 mg</i>	1	QL
<i>flucytosine oral capsule</i>	1	
<i>griseofulvin microsize oral suspension</i>	1	
<i>griseofulvin microsize oral tablet</i>	1	
<i>griseofulvin ultramicrosize oral tablet</i>	1	
<i>itraconazole oral capsule</i>	1	QL
<i>itraconazole oral solution</i>	1	QL
<i>ketoconazole oral tablet</i>	1	
<i>miconazole intravenous recon soln</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated July 1, 2023.

Drug Name	Drug Tier	Requirements / Limits
MYCAMINE INTRAVENOUS RECON SOLN	3	
NOXAFIL INTRAVENOUS SOLUTION	2	
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON	2	
NOXAFIL ORAL SUSPENSION	3	
NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC)	3	
<i>nystatin oral suspension</i>	1	
<i>nystatin oral tablet</i>	1	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET	3	
<i>posaconazole oral suspension</i>	1	
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	1	
SPORANOX ORAL CAPSULE	3	QL
SPORANOX ORAL SOLUTION	3	QL
<i>terbinafine hcl oral tablet</i>	1	
TOLSURA ORAL CAPSULE, SOLID DISPERSION	3	QL
VFEND IV INTRAVENOUS RECON SOLN	3	

Drug Name	Drug Tier	Requirements / Limits
VFEND ORAL SUSPENSION FOR RECONSTITUTION	3	
VFEND ORAL TABLET	3	
VIVJOA ORAL CAPSULE	3	PA; QL
<i>voriconazole intravenous recon soln</i>	1	
<i>voriconazole oral suspension for reconstitution</i>	1	
<i>voriconazole oral tablet</i>	1	
ANTIVIRALS		
<i>abacavir oral solution</i>	1	
<i>abacavir oral tablet</i>	1	
<i>abacavir-lamivudine oral tablet</i>	1	
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet</i>	1	
<i>acyclovir sodium intravenous solution</i>	1	
<i>adefovir oral tablet</i>	1	
<i>amantadine hcl oral capsule</i>	1	
<i>amantadine hcl oral solution</i>	1	
<i>amantadine hcl oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
APTIVUS ORAL CAPSULE	2	
<i>atazanavir oral capsule</i>	1	
ATRIPLA ORAL TABLET	3	
BARACLUDE ORAL SOLUTION	2	
BARACLUDE ORAL TABLET	3	
BIKTARVY ORAL TABLET	2	
CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE	4	PA; QL
<i>cidofovir intravenous solution</i>	1	
CIMDUO ORAL TABLET	2	
COMBIVIR ORAL TABLET	3	
COMPLERA ORAL TABLET	3	
DELSTRIGO ORAL TABLET	3	
DESCOVY ORAL TABLET	2	
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	1	
DOVATO ORAL TABLET	2	
EDURANT ORAL TABLET	2	
<i>efavirenz oral capsule</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>efavirenz oral tablet</i>	1	
<i>efavirenz-emtricitabin-tenofovir oral tablet</i>	1	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet</i>	1	
<i>emtricitabine oral capsule</i>	1	
<i>emtricitabine-tenofovir (tdf) oral tablet</i>	1	
EMTRIVA ORAL CAPSULE	3	
EMTRIVA ORAL SOLUTION	2	
<i>entecavir oral tablet</i>	1	
EPCLUSA ORAL PELLETS IN PACKET	4	PA; LA; QL
EPCLUSA ORAL TABLET	4	PA; LA; QL
EPIVIR HBV ORAL SOLUTION	2	
EPIVIR HBV ORAL TABLET	3	
EPIVIR ORAL SOLUTION	3	
EPIVIR ORAL TABLET	3	
EPZICOM ORAL TABLET	3	
<i>etravirine oral tablet</i>	1	
EVOTAZ ORAL TABLET	3	
<i>famciclovir oral tablet</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
FLUMADINE ORAL TABLET	3	
<i>fosamprenavir oral tablet</i>	1	
<i>foscarnet intravenous solution</i>	1	
FOSCAVIR INTRAVENOUS SOLUTION	3	
FUZEON SUBCUTANEOUS RECON SOLN	2	QL
GANCICLOVIR INTRAVENOUS SOLUTION	3	
<i>ganciclovir sodium intravenous recon soln</i>	1	
<i>ganciclovir sodium intravenous solution</i>	1	
GENVOYA ORAL TABLET	2	
HARVONI ORAL PELLETS IN PACKET	4	PA; LA; QL
HARVONI ORAL TABLET	4	PA; LA; QL
HEPSERA ORAL TABLET	3	
INTELENCE ORAL TABLET 100 MG, 200 MG	3	
INTELENCE ORAL TABLET 25 MG	2	
ISENTRESS HD ORAL TABLET	2	
ISENTRESS ORAL POWDER IN PACKET	2	

Drug Name	Drug Tier	Requirements / Limits
ISENTRESS ORAL TABLET	2	
ISENTRESS ORAL TABLET,CHEWABLE	2	
JULUCA ORAL TABLET	2	
KALETRA ORAL SOLUTION	3	
KALETRA ORAL TABLET	3	
LAGEVRIO (EUA) ORAL CAPSULE	5	ACA; QL
<i>lamivudine oral solution</i>	1	
<i>lamivudine oral tablet</i>	1	
<i>lamivudine-zidovudine oral tablet</i>	1	
LEDIPASVIR-SOFOSBUVIR ORAL TABLET	4	PA; LA; QL
LEXIVA ORAL SUSPENSION	2	
LEXIVA ORAL TABLET	3	
LIVTENCITY ORAL TABLET	3	PA; LA; QL
<i>lopinavir-ritonavir oral solution</i>	1	
<i>lopinavir-ritonavir oral tablet</i>	1	
<i>maraviroc oral tablet</i>	1	
MAVYRET ORAL PELLETS IN PACKET	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
MAVYRET ORAL TABLET	4	PA; LA; QL
<i>nevirapine oral suspension</i>	1	
<i>nevirapine oral tablet</i>	1	
<i>nevirapine oral tablet extended release 24 hr</i>	1	
NORVIR ORAL POWDER IN PACKET	2	
NORVIR ORAL TABLET	3	
ODEFSEY ORAL TABLET	2	
<i>oseltamivir oral capsule</i>	1	QL
<i>oseltamivir oral suspension for reconstitution</i>	1	QL
PAXLOVID ORAL TABLETS,DOSE PACK	5	ACA; QL
PIFELTRO ORAL TABLET	3	
PREVYMIS INTRAVENOUS SOLUTION	2	
PREVYMIS ORAL TABLET	2	QL
PREZCOBIX ORAL TABLET	3	
PREZISTA ORAL SUSPENSION	2	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	

Drug Name	Drug Tier	Requirements / Limits
RAPIVAB (PF) INTRAVENOUS SOLUTION	2	
REGEN-COV (EUA) INTRAVENOUS SOLUTION	3	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	3	QL
RETROVIR INTRAVENOUS SOLUTION	2	
RETROVIR ORAL CAPSULE	3	
RETROVIR ORAL SYRUP	3	
REYATAZ ORAL CAPSULE 200 MG, 300 MG	3	
REYATAZ ORAL POWDER IN PACKET	2	
<i>ribavirin inhalation recon soln</i>	1	
<i>rimantadine oral tablet</i>	1	
<i>ritonavir oral tablet</i>	1	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR	3	
SELZENTRY ORAL SOLUTION	2	
SELZENTRY ORAL TABLET 150 MG, 300 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
SELZENTRY ORAL TABLET 25 MG, 75 MG	2	
SOFOSBUVIR-VELPATASVIR ORAL TABLET	4	PA; LA; QL
SOVALDI ORAL PELLETS IN PACKET	4	PA; LA; QL
SOVALDI ORAL TABLET	4	PA; LA; QL
<i>stavudine oral capsule 15 mg, 20 mg, 40 mg</i>	1	
STRIBILD ORAL TABLET	3	
SUNLENCA ORAL TABLET	4	PA; LA
SUNLENCA SUBCUTANEOUS SOLUTION	4	PA; LA
SUSTIVA ORAL TABLET	3	
SYMFI LO ORAL TABLET	2	
SYMFI ORAL TABLET	2	
SYMTUZA ORAL TABLET	2	
TAMIFLU ORAL CAPSULE	3	QL
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	3	QL
TEMBEXA ORAL SUSPENSION	3	
TEMBEXA ORAL TABLET	3	

Drug Name	Drug Tier	Requirements / Limits
<i>tenofovir disoproxil fumarate oral tablet</i>	1	
TIVICAY ORAL TABLET	2	
TIVICAY PD ORAL TABLET FOR SUSPENSION	2	
TRIUMEQ ORAL TABLET	2	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION	2	
TRIZIVIR ORAL TABLET	3	
TYBOST ORAL TABLET	3	
<i>valacyclovir oral tablet</i>	1	QL
VALCYTE ORAL RECON SOLN	3	
VALCYTE ORAL TABLET	3	
<i>valganciclovir oral recon soln</i>	1	
<i>valganciclovir oral tablet</i>	1	
VALTREX ORAL TABLET	3	QL
VEMLIDY ORAL TABLET	2	
VIEKIRA PAK ORAL TABLETS,DOSE PACK	4	PA; LA; QL
VIRACEPT ORAL TABLET	2	
VIRAZOLE INHALATION RECON SOLN	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated July 1, 2023.

Drug Name	Drug Tier	Requirements / Limits
VIREAD ORAL POWDER	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	3	
VOSEVI ORAL TABLET	4	PA; LA; QL
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	QL
ZEPATIER ORAL TABLET	4	PA; LA; QL
ZIAGEN ORAL SOLUTION	3	
ZIAGEN ORAL TABLET	3	
<i>zidovudine oral capsule</i>	1	
<i>zidovudine oral syrup</i>	1	
<i>zidovudine oral tablet</i>	1	
CEPHALOSPORINS		
AVYCAZ INTRAVENOUS RECON SOLN	2	
<i>cefaclor oral capsule</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	1	
<i>cefadroxil oral capsule</i>	1	

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

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

Drug Name	Drug Tier	Requirements / Limits
<i>cefotetan intravenous recon soln</i>	1	
<i>cefoxitin in dextrose, iso-osm intravenous piggyback</i>	1	
<i>cefoxitin intravenous recon soln</i>	1	
<i>cefpodoxime oral suspension for reconstitution</i>	1	
<i>cefpodoxime oral tablet</i>	1	
<i>cefprozil oral suspension for reconstitution</i>	1	
<i>cefprozil oral tablet</i>	1	
CEFTAZIDIME IN D5W INTRAVENOUS PIGGYBACK 2 GRAM/50 ML	2	
<i>ceftazidime injection recon soln</i>	1	
<i>ceftriaxone in dextrose,iso-os intravenous piggyback</i>	1	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	1	
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	3	
<i>ceftriaxone intravenous recon soln</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>cefuroxime axetil oral tablet</i>	1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	
<i>cefuroxime sodium intravenous recon soln</i>	1	
<i>cephalexin oral capsule</i>	1	
<i>cephalexin oral suspension for reconstitution</i>	1	
<i>cephalexin oral tablet</i>	1	
CLAFORAN INJECTION RECON SOLN 1 GRAM, 2 GRAM	3	
FETROJA INTRAVENOUS RECON SOLN	3	
SUPRAX ORAL CAPSULE	3	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION	3	
SUPRAX ORAL TABLET,CHEWABLE	3	
<i>tazicef injection recon soln</i>	1	
<i>tazicef intravenous recon soln</i>	1	
TEFLARO INTRAVENOUS RECON SOLN	2	

Drug Name	Drug Tier	Requirements / Limits
ZERBAXA INTRAVENOUS RECON SOLN	2	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin intravenous recon soln</i>	1	
<i>azithromycin oral packet</i>	1	
<i>azithromycin oral suspension for reconstitution</i>	1	
<i>azithromycin oral tablet</i>	1	
<i>clarithromycin oral suspension for reconstitution</i>	1	
<i>clarithromycin oral tablet</i>	1	
<i>clarithromycin oral tablet extended release 24 hr</i>	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	3	QL
DIFICID ORAL TABLET	3	QL
<i>e.e.s. 400 oral tablet</i>	1	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION	3	
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION	3	

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

Drug Name	Drug Tier	Requirements / Limits
ZITHROMAX INTRAVENOUS RECON SOLN	3	
ZITHROMAX ORAL PACKET	3	
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	
ZITHROMAX TRI-PAK ORAL TABLET	3	
ZITHROMAX Z-PAK ORAL TABLET	3	
MISCELLANEOUS ANTIINFECTIVES		
AEMCOLO ORAL TABLET, DELAYED RELEASE (DR/EC)	3	QL
<i>albendazole oral tablet</i>	1	QL
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	2	QL
ALINIA ORAL TABLET	3	QL
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	
ARAKODA ORAL TABLET	3	QL

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Drug Name	Drug Tier	Requirements / Limits
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION	4	PA; LA
ARTESUNATE INTRAVENOUS RECON SOLN	3	
<i>atovaquone oral suspension</i>	1	
<i>atovaquone-proguanil oral tablet</i>	1	QL
AZACTAM INJECTION RECON SOLN	3	
<i>aztreonam injection recon soln</i>	1	
<i>bacitracin intramuscular recon soln</i>	1	
BENZNIDAZOLE ORAL TABLET	2	QL
BETHKIS INHALATION SOLUTION FOR NEBULIZATION	4	LA; QL
BILTRICIDE ORAL TABLET	3	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	4	PA; LA; QL
<i>chloramphenicol sod succinate intravenous recon soln</i>	1	
<i>chloroquine phosphate oral tablet</i>	1	
CLEOCIN HCL ORAL CAPSULE	3	

Drug Name	Drug Tier	Requirements / Limits
CLEOCIN INJECTION SOLUTION	3	
CLEOCIN PEDIATRIC ORAL RECON SOLN	3	
<i>clindamycin hcl oral capsule</i>	1	
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK	3	
<i>clindamycin in 5 % dextrose intravenous piggyback</i>	1	
<i>clindamycin pediatric oral recon soln</i>	1	
<i>clindamycin phosphate injection solution</i>	1	
COARTEM ORAL TABLET	2	QL
<i>colistin (colistimethate na) injection recon soln</i>	1	
COLY-MYCIN M PARENTERAL INJECTION RECON SOLN	3	
CUBICIN RF INTRAVENOUS RECON SOLN	3	
CYCLOSERINE ORAL CAPSULE	3	
DALVANCE INTRAVENOUS SOLUTION	2	
<i>dapsone oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	3	
<i>daptomycin intravenous recon soln 500 mg</i>	1	
DARAPRIM ORAL TABLET	4	LA
EMVERM ORAL TABLET,CHEWABLE	2	QL
<i>ertapenem injection recon soln</i>	1	
<i>ethambutol oral tablet</i>	1	
FLAGYL ORAL CAPSULE	3	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	1	
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML	2	
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 120 MG/100 ML	3	
<i>gentamicin injection solution</i>	1	
<i>gentamicin sulfate (ped) (pf) injection solution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
HUMATIN ORAL CAPSULE	4	LA
<i>hydroxychloroquine oral tablet</i>	1	
<i>imipenem-cilastatin intravenous recon soln</i>	1	
IMPAVIDO ORAL CAPSULE	2	QL
INVANZ INJECTION RECON SOLN	3	
<i>isoniazid injection solution</i>	1	
<i>isoniazid oral solution</i>	1	
<i>isoniazid oral tablet</i>	1	
<i>ivermectin oral tablet</i>	1	PA; QL
KIMYRSA INTRAVENOUS RECON SOLN	3	
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION	4	LA; QL
KRINTAFEL ORAL TABLET	3	QL
LAMPIT ORAL TABLET	3	QL
LINCOCIN INJECTION SOLUTION	3	
<i>lincomycin injection solution</i>	1	
<i>linezolid in dextrose 5% intravenous piggyback</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>linezolid oral suspension for reconstitution</i>	1	
<i>linezolid oral tablet</i>	1	
<i>linezolid-0.9% sodium chloride intravenous parenteral solution</i>	1	
MALARONE ORAL TABLET	3	QL
MALARONE PEDIATRIC ORAL TABLET	3	QL
<i>mefloquine oral tablet</i>	1	QL
MEPRON ORAL SUSPENSION	3	
<i>meropenem intravenous recon soln</i>	1	
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK	2	
<i>metro i.v. intravenous piggyback</i>	1	
<i>metronidazole in nacl (iso-os) intravenous piggyback</i>	1	
<i>metronidazole oral capsule</i>	1	
<i>metronidazole oral tablet</i>	1	
MYAMBUTOL ORAL TABLET 400 MG	3	

Drug Name	Drug Tier	Requirements / Limits
MYCOBUTIN ORAL CAPSULE	3	
NEBUPENT INHALATION RECON SOLN	3	QL
<i>neomycin oral tablet</i>	1	
<i>nitazoxanide oral tablet</i>	1	QL
ORBACTIV INTRAVENOUS RECON SOLN	2	
<i>paromomycin oral capsule</i>	1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET	3	
PENTAM INJECTION RECON SOLN	3	
<i>pentamidine inhalation recon soln</i>	1	QL
<i>pentamidine injection recon soln</i>	1	
PLAQUENIL ORAL TABLET	3	
<i>polymyxin b sulfate injection recon soln</i>	1	
<i>praziquantel oral tablet</i>	1	
PRETOMANID ORAL TABLET	3	
PRIFTIN ORAL TABLET	2	
<i>primaquine oral tablet</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	3	
<i>pyrazinamide oral tablet</i>	1	
<i>pyrimethamine oral tablet</i>	4	LA
QUALAQUIN ORAL CAPSULE	3	QL
<i>quinine sulfate oral capsule</i>	1	QL
RECARBRIO INTRAVENOUS RECON SOLN	3	
<i>rifabutin oral capsule</i>	1	
RIFADIN INTRAVENOUS RECON SOLN	3	
<i>rifampin intravenous recon soln</i>	1	
<i>rifampin oral capsule</i>	1	
SIRTURO ORAL TABLET	2	
SIVEXTRO INTRAVENOUS RECON SOLN	3	
SIVEXTRO ORAL TABLET	3	
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET	2	QL
STREPTOMYCIN INTRAMUSCULAR RECON SOLN	2	

Drug Name	Drug Tier	Requirements / Limits
STROMEKTOL ORAL TABLET	3	PA; QL
<i>tigecycline intravenous recon soln</i>	1	
<i>tinidazole oral tablet</i>	1	QL
TOBI INHALATION SOLUTION FOR NEBULIZATION	4	LA; QL
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	4	PA; LA; QL
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization</i>	4	LA; QL
<i>tobramycin inhalation solution for nebulization</i>	4	LA; QL
<i>tobramycin sulfate injection recon soln</i>	1	
<i>tobramycin sulfate injection solution</i>	1	
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION	4	LA; QL
TRECATOR ORAL TABLET	3	
TYGACIL INTRAVENOUS RECON SOLN	3	
VABOMERE INTRAVENOUS RECON SOLN	3	

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Drug Name	Drug Tier	Requirements / Limits
XENLETA INTRAVENOUS SOLUTION	3	
XENLETA ORAL TABLET	3	
XIFAXAN ORAL TABLET	2	QL
ZEMDRI INTRAVENOUS SOLUTION	3	
ZYVOX INTRAVENOUS PIGGYBACK	3	
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION	3	
ZYVOX ORAL TABLET	3	
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension for reconstitution</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	1	
<i>amoxicillin-pot clavulanate oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection recon soln</i>	1	
<i>ampicillin sodium intravenous recon soln</i>	1	
<i>ampicillin-sulbactam injection recon soln</i>	1	
<i>ampicillin-sulbactam intravenous recon soln</i>	1	
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION	3	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR	3	
BICILLIN C-R INTRAMUSCULAR SYRINGE	2	
BICILLIN L-A INTRAMUSCULAR SYRINGE	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>dicloxacillin oral capsule</i>	1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR	3	
<i>nafcillin in dextrose iso-osm intravenous piggyback</i>	1	
<i>nafcillin injection recon soln</i>	1	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback</i>	1	
<i>oxacillin injection recon soln</i>	1	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK	2	
<i>penicillin g potassium injection recon soln</i>	1	
<i>penicillin g sodium injection recon soln</i>	1	
<i>penicillin v potassium oral recon soln</i>	1	
<i>penicillin v potassium oral tablet</i>	1	
<i>pfizerpen-g injection recon soln</i>	1	
<i>piperacillin-tazobactam intravenous recon soln</i>	1	

Drug Name	Drug Tier	Requirements / Limits
UNASYN INJECTION RECON SOLN	3	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK	2	
QUINOLONES		
AVELOX IN NACL (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK	3	
BAXDELA INTRAVENOUS RECON SOLN	2	
BAXDELA ORAL TABLET	2	QL
CIPRO ORAL SUSPENSION,MIC ROCAPSULE RECON	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	
<i>ciprofloxacin hcl oral tablet</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback</i>	1	
<i>ciprofloxacin oral suspension,microcapsule recon</i>	1	
FACTIVE ORAL TABLET	3	
<i>levofloxacin in d5w intravenous piggyback</i>	1	
<i>levofloxacin intravenous solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>levofloxacin oral solution</i>	1	
<i>levofloxacin oral tablet</i>	1	
<i>moxifloxacin oral tablet</i>	1	
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK	2	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
SULFA'S & RELATED AGENTS		
BACTRIM DS ORAL TABLET	3	
BACTRIM ORAL TABLET	3	
<i>sulfadiazine oral tablet</i>	1	
<i>sulfamethoxazole-trimethoprim intravenous solution</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
<i>sulfatrim oral suspension</i>	1	
TETRACYCLINES		
ACTICLATE ORAL TABLET	3	ST

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

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Drug Name	Drug Tier	Requirements / Limits
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE,IR - DELAY REL,BIPHASE	3	ST
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
LYMEPAK ORAL TABLET	3	
MINOCIN INTRAVENOUS RECON SOLN	2	
<i>minocycline oral capsule</i>	1	
MINOCYCLINE ORAL CAPSULE,EXTENDED RELEASE 24HR	3	ST
<i>minocycline oral tablet</i>	1	
<i>minocycline oral tablet extended release 24 hr</i>	1	ST
MINOCYCLINE ORAL TABLET, IR - ER, BIPHASIC 24HR	3	ST
MINOLIRA ER ORAL TABLET, IR - ER, BIPHASIC 24HR	3	ST
<i>mondoxylene nl oral capsule</i>	1	

Drug Name	Drug Tier	Requirements / Limits
MONODOX ORAL CAPSULE	3	ST
MORGIDOX 1X 50 KIT	3	ST
MORGIDOX 1X100 KIT	3	ST
<i>morgidox oral capsule 100 mg</i>	1	
NUZYRA INTRAVENOUS RECON SOLN	3	
NUZYRA ORAL TABLET	3	QL
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE	3	ST
SEYSARA ORAL TABLET	3	ST
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	ST
TARGADOX ORAL TABLET	3	ST
<i>tetracycline oral capsule</i>	1	
VIBRAMYCIN (CALCIUM) ORAL SYRUP	3	ST
VIBRAMYCIN ORAL CAPSULE 100 MG	3	ST
XERAVA INTRAVENOUS RECON SOLN	3	

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Drug Name	Drug Tier	Requirements / Limits
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine oral packet</i>	1	
FURADANTIN ORAL SUSPENSION	3	
HIPREX ORAL TABLET	3	
MACROBID ORAL CAPSULE	3	
MACRODANTIN ORAL CAPSULE	3	
<i>methenamine hippurate oral tablet</i>	1	
<i>methenamine mandelate oral tablet</i>	1	
MONUROL ORAL PACKET	3	
<i>nitrofurantoin macrocrystal oral capsule</i>	1	
<i>nitrofurantoin monohyd/m-cryst oral capsule</i>	1	
<i>nitrofurantoin oral suspension</i>	1	
PRIMSOL ORAL SOLUTION	3	
<i>trimethoprim oral tablet</i>	1	
VANCOMYCIN		
FIRVANQ ORAL RECON SOLN	3	QL
VANCOCIN ORAL CAPSULE	3	QL

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

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Drug Name	Drug Tier	Requirements / Limits
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM	3	
<i>vancomycin oral capsule</i>	1	QL
VANCOMYCIN ORAL RECON SOLN 25 MG/ML	3	QL
<i>vancomycin oral recon soln 50 mg/ml</i>	1	QL
VANCOMYCIN-DILUENT COMBO NO.1 INTRAVENOUS PIGGYBACK	3	
VIBATIV INTRAVENOUS RECON SOLN 750 MG	2	

ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS

ADJUNCTIVE AGENTS

<i>dexrazoxane hcl intravenous recon soln</i>	1	
ETHYOL INTRAVENOUS RECON SOLN	3	
KEPIVANCE INTRAVENOUS RECON SOLN	4	LA
KHAPZORY INTRAVENOUS RECON SOLN	3	
<i>leucovorin calcium injection recon soln</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>leucovorin calcium injection solution</i>	1	
<i>leucovorin calcium oral tablet</i>	1	
<i>levoleucovorin calcium intravenous recon soln</i>	1	
<i>levoleucovorin calcium intravenous solution</i>	1	
<i>mesna intravenous solution</i>	1	
MESNEX INTRAVENOUS SOLUTION	3	
MESNEX ORAL TABLET	2	
TOTECT INTRAVENOUS RECON SOLN	3	
VISTOGARD ORAL GRANULES IN PACKET	4	LA; QL
VORAXAZE INTRAVENOUS RECON SOLN	2	
XGEVA SUBCUTANEOUS SOLUTION	4	PA; LA; QL
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet</i>	4	PA; LA; QL
ADAKVEO INTRAVENOUS SOLUTION	4	PA; LA
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION	4	PA; LA; QL
AFINITOR ORAL TABLET	4	PA; LA; QL
ALECENSA ORAL CAPSULE	4	PA; LA; QL
ALIQOPA INTRAVENOUS RECON SOLN	4	LA
ALKERAN (AS HCL) INTRAVENOUS RECON SOLN	3	
ALKERAN ORAL TABLET	3	
ALUNBRIG ORAL TABLET	4	PA; LA; QL
ALUNBRIG ORAL TABLETS,DOSE PACK	4	PA; LA; QL
<i>anastrozole oral tablet</i>	5	ACA
ARIMIDEX ORAL TABLET	3	
AROMASIN ORAL TABLET	3	
ASPARLAS INTRAVENOUS SOLUTION	4	LA
ASTAGRAF XL ORAL CAPSULE,EXTEN DED RELEASE 24HR	3	PA
AYVAKIT ORAL TABLET	4	PA; LA; QL
AZASAN ORAL TABLET	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>azathioprine oral tablet</i>	1	
<i>azathioprine sodium injection recon soln</i>	1	
BALVERSA ORAL TABLET	4	PA; LA
BELEODAQ INTRAVENOUS RECON SOLN	4	LA
<i>bexarotene oral capsule</i>	4	PA; LA
<i>bexarotene topical gel</i>	4	PA; LA
<i>bicalutamide oral tablet</i>	1	
BICNU INTRAVENOUS RECON SOLN	3	
<i>bleomycin injection recon soln</i>	1	
BOSULIF ORAL TABLET	4	PA; LA; QL
BRAFTOVI ORAL CAPSULE 75 MG	4	PA; LA; QL
BRUKINSA ORAL CAPSULE	4	PA; LA
<i>busulfan intravenous solution</i>	1	
BUSULFEX INTRAVENOUS SOLUTION	3	
CABOMETYX ORAL TABLET	4	PA; LA; QL
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET	4	PA; LA; QL
CALQUENCE ORAL CAPSULE	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE	4	PA; LA
CAMPTOSAR INTRAVENOUS SOLUTION	3	
<i>capecitabine oral tablet</i>	4	LA; QL
CAPRELSA ORAL TABLET	4	PA; LA; QL
<i>carboplatin intravenous recon soln</i>	1	
<i>carboplatin intravenous solution</i>	1	
<i>carmustine intravenous recon soln 100 mg</i>	1	
CARMUSTINE INTRAVENOUS RECON SOLN 300 MG, 50 MG	3	
CASODEX ORAL TABLET	3	
CELLCEPT INTRAVENOUS INTRAVENOUS RECON SOLN	3	
CELLCEPT ORAL CAPSULE	3	ST
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	3	ST
CELLCEPT ORAL TABLET	3	ST
CISPLATIN INTRAVENOUS RECON SOLN	3	

Drug Name	Drug Tier	Requirements / Limits
<i>cisplatin intravenous solution</i>	1	
<i>cladribine intravenous solution</i>	1	
<i>clofarabine intravenous solution</i>	1	
CLOLAR INTRAVENOUS SOLUTION	3	
COMETRIQ ORAL CAPSULE	4	PA; LA; QL
COPIKTRA ORAL CAPSULE	4	PA; LA; QL
COSMEGEN INTRAVENOUS RECON SOLN	3	
COTELLIC ORAL TABLET	4	PA; LA; QL
<i>cyclophosphamide oral capsule</i>	1	
CYCLOPHOSPHAMIDE ORAL TABLET	3	
<i>cyclosporine intravenous solution</i>	1	
<i>cyclosporine modified oral capsule</i>	1	
<i>cyclosporine modified oral solution</i>	1	
<i>cyclosporine oral capsule</i>	1	
<i>cytarabine (pf) injection solution</i>	1	
<i>cytarabine injection solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>dacarbazine intravenous recon soln</i>	1	
<i>dactinomycin intravenous recon soln</i>	1	
DARZALEX FASPRO SUBCUTANEOUS SOLUTION	4	PA; LA
<i>daunorubicin intravenous solution</i>	1	
DAURISMO ORAL TABLET	4	PA; LA; QL
DROXIA ORAL CAPSULE	2	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE	4	PA; LA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE	4	PA; LA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE	4	PA; LA
ELIGARD SUBCUTANEOUS SYRINGE	4	PA; LA
ELLENCES INTRAVENOUS SOLUTION	3	
ELZONRIS INTRAVENOUS SOLUTION	4	LA
EMCYT ORAL CAPSULE	2	

Drug Name	Drug Tier	Requirements / Limits
ENHERTU INTRAVENOUS RECON SOLN	4	LA
ENSPRYNG SUBCUTANEOUS SYRINGE	4	PA; LA
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR	3	PA
<i>epirubicin intravenous solution 200 mg/100 ml</i>	1	
ERIVEDGE ORAL CAPSULE	4	PA; LA; QL
ERLEADA ORAL TABLET 240 MG	4	PA; LA
ERLEADA ORAL TABLET 60 MG	4	PA; LA; QL
<i>erlotinib oral tablet</i>	4	PA; LA; QL
ETOPOPHOS INTRAVENOUS RECON SOLN	2	
<i>etoposide intravenous solution</i>	1	
<i>etoposide oral capsule</i>	1	
EULEXIN ORAL CAPSULE	3	
<i>everolimus (antineoplastic) oral tablet</i>	4	PA; LA; QL
<i>everolimus (antineoplastic) oral tablet for suspension</i>	4	PA; LA; QL
<i>everolimus (immunosuppressive) oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
EVOMELA INTRAVENOUS RECON SOLN	4	LA
<i>exemestane oral tablet</i>	5	ACA
EXKIVITY ORAL CAPSULE	4	PA; LA; QL
FARESTON ORAL TABLET	3	
FEMARA ORAL TABLET	3	
FENSOLVI SUBCUTANEOUS SYRINGE	4	PA; LA
<i>fludarabine intravenous recon soln</i>	1	
<i>fludarabine intravenous solution</i>	1	
<i>fluorouracil intravenous solution</i>	1	
FOLOTYN INTRAVENOUS SOLUTION	4	LA
FOTIVDA ORAL CAPSULE	4	PA; LA; QL
GAMIFANT INTRAVENOUS SOLUTION	4	PA; LA
GAVRETO ORAL CAPSULE	4	PA; LA; QL
<i>gefitinib oral tablet</i>	4	PA; LA; QL
<i>gengraf oral capsule</i>	1	
<i>gengraf oral solution</i>	1	
GILOTRIF ORAL TABLET	4	PA; LA; QL
GLEEVEC ORAL TABLET	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
GLEOSTINE ORAL CAPSULE	2	
GLIADEL WAFER IMPLANT WAFER	3	
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION	4	LA
HYCAMTIN INTRAVENOUS RECON SOLN	4	LA
HYCAMTIN ORAL CAPSULE	4	LA
HYDREA ORAL CAPSULE	3	
<i>hydroxyurea oral capsule</i>	1	
IBRANCE ORAL CAPSULE	4	PA; LA; QL
IBRANCE ORAL TABLET	4	PA; LA; QL
ICLUSIG ORAL TABLET	4	PA; LA; QL
IDAMYCIN PFS INTRAVENOUS SOLUTION	3	
<i>idarubicin intravenous solution</i>	1	
IDHIFA ORAL TABLET	4	PA; LA; QL
IFEX INTRAVENOUS RECON SOLN	3	
<i>ifosfamide intravenous recon soln</i>	1	
<i>ifosfamide intravenous solution</i>	1	
<i>imatinib oral tablet</i>	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
IMBRUVICA ORAL CAPSULE	4	PA; LA; QL
IMBRUVICA ORAL SUSPENSION	4	PA; LA; QL
IMBRUVICA ORAL TABLET 420 MG, 560 MG	4	PA; LA; QL
IMURAN ORAL TABLET	3	ST
INLYTA ORAL TABLET	4	PA; LA; QL
INQOVI ORAL TABLET	4	PA; LA; QL
INREBIC ORAL CAPSULE	4	PA; LA; QL
IODOPEN INTRAVENOUS SOLUTION	2	
IRESSA ORAL TABLET	4	PA; LA; QL
<i>irinotecan intravenous solution</i>	1	
JAKAFI ORAL TABLET	4	PA; LA; QL
JAYPIRCA ORAL TABLET	4	PA; LA; QL
JELMYTO INTRA-PYELOCALYCEAL KIT	4	LA
KISQALI FEMARA CO-PACK ORAL TABLET	4	PA; LA; QL
KISQALI ORAL TABLET	4	PA; LA; QL
KLISYRI TOPICAL OINTMENT IN PACKET	3	ST

Drug Name	Drug Tier	Requirements / Limits
KOSELUGO ORAL CAPSULE	4	PA; LA
KRAZATI ORAL TABLET	4	PA; LA; QL
LANREOTIDE SUBCUTANEOUS SYRINGE	4	PA; LA; QL
<i>lapatinib oral tablet</i>	4	PA; LA; QL
<i>lenalidomide oral capsule</i>	4	PA; LA; QL
LENVIMA ORAL CAPSULE	4	PA; LA; QL
<i>letrozole oral tablet</i>	1	
LEUKERAN ORAL TABLET	2	
LEUPROLIDE (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA
<i>leuprolide subcutaneous kit</i>	4	PA; LA
LIBTAYO INTRAVENOUS SOLUTION	4	PA; LA
LONSURF ORAL TABLET	4	PA; LA
LORBRENA ORAL TABLET	4	PA; LA; QL
LUMAKRAS ORAL TABLET	4	PA; LA
LUMOXITI INTRAVENOUS RECON SOLN	4	LA
LUPKYNIS ORAL CAPSULE	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA; LA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA; LA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA; LA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT	4	PA; LA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA; LA
LUPRON DEPOT-PED INTRAMUSCULAR KIT	4	PA; LA
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT	4	PA; LA
LYNPARZA ORAL TABLET	4	PA; LA; QL
LYSODREN ORAL TABLET	4	LA
LYTGOBI ORAL TABLET	4	PA; LA
MATULANE ORAL CAPSULE	4	LA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>megestrol oral tablet</i>	1	
MEKINIST ORAL RECON SOLN	3	PA; LA
MEKINIST ORAL TABLET	4	PA; LA; QL
MEKTOVI ORAL TABLET	4	PA; LA; QL
<i>melphalan hcl intravenous recon soln</i>	1	
<i>melphalan oral tablet</i>	1	
<i>mercaptopurine oral tablet</i>	1	
<i>methotrexate sodium (pf) injection recon soln</i>	1	
<i>methotrexate sodium (pf) injection solution</i>	1	
<i>methotrexate sodium injection solution</i>	1	
<i>methotrexate sodium oral tablet</i>	1	
<i>mitomycin intravenous recon soln</i>	1	
<i>mitoxantrone intravenous concentrate</i>	4	LA
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC)	4	PA; LA; QL
<i>mycophenolate mofetil (hcl) intravenous recon soln</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>mycophenolate mofetil oral capsule</i>	1	
<i>mycophenolate mofetil oral suspension for reconstitution</i>	1	
<i>mycophenolate mofetil oral tablet</i>	1	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec)</i>	1	
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC)	3	ST
MYLERAN ORAL TABLET	2	
NEORAL ORAL CAPSULE	3	ST
NEORAL ORAL SOLUTION	3	ST
NERLYNX ORAL TABLET	4	PA; LA
NEXAVAR ORAL TABLET	4	PA; LA; QL
NILANDRON ORAL TABLET	3	
<i>nilutamide oral tablet</i>	1	
NINLARO ORAL CAPSULE	4	PA; LA; QL
NIPENT INTRAVENOUS RECON SOLN	3	
NUBEQA ORAL TABLET	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
NULOJIX INTRAVENOUS RECON SOLN	2	
ODOMZO ORAL CAPSULE	4	PA; LA; QL
ONCASPASPAR INJECTION SOLUTION	2	
ONUREG ORAL TABLET	4	PA; LA; QL
ORGOVYX ORAL TABLET	4	PA; LA; QL
ORSERDU ORAL TABLET	4	PA; LA; QL
<i>paclitaxel intravenous concentrate</i>	1	
<i>paraplatin intravenous solution</i>	1	
PEMAZYRE ORAL TABLET	4	PA; LA; QL
PHESGO SUBCUTANEOUS SOLUTION	4	PA; LA
PHOTOFRIN INTRAVENOUS RECON SOLN	2	
PIQRAY ORAL TABLET	4	PA; LA
POLIVY INTRAVENOUS RECON SOLN	4	LA
POMALYST ORAL CAPSULE	4	PA; LA
POTELIGEO INTRAVENOUS SOLUTION	4	LA

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Drug Name	Drug Tier	Requirements / Limits
PRALATREXATE INTRAVENOUS SOLUTION	4	LA
PROGRAF INTRAVENOUS SOLUTION	2	
PROGRAF ORAL CAPSULE	3	ST
PROGRAF ORAL GRANULES IN PACKET	2	ST
PURIXAN ORAL SUSPENSION	4	LA
QINLOCK ORAL TABLET	4	PA; LA; QL
RAPAMUNE ORAL SOLUTION	3	ST
RAPAMUNE ORAL TABLET	3	ST
RETEVMO ORAL CAPSULE	4	PA; LA; QL
REVLIMID ORAL CAPSULE	4	PA; LA; QL
REZLIDHIA ORAL CAPSULE	4	PA; LA; QL
REZUROCK ORAL TABLET	3	PA; LA; QL
RIABNI INTRAVENOUS SOLUTION	4	PA; LA
RITUXAN INTRAVENOUS CONCENTRATE	4	PA; LA
ROZLYTREK ORAL CAPSULE	4	PA; LA; QL
RUBRACA ORAL TABLET	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
RUXIENCE INTRAVENOUS SOLUTION	4	PA; LA
RYDAPT ORAL CAPSULE	4	PA; LA; QL
SANDIMMUNE INTRAVENOUS SOLUTION	3	
SANDIMMUNE ORAL CAPSULE	3	ST
SANDIMMUNE ORAL SOLUTION	2	ST
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE	4	PA; LA; QL
SCEMBLIX ORAL TABLET	4	PA; LA; QL
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA; LA; QL
SIGNIFOR SUBCUTANEOUS SOLUTION	4	LA
SIKLOS ORAL TABLET	3	PA
SIMULECT INTRAVENOUS RECON SOLN	2	
<i>sirolimus oral solution</i>	1	
<i>sirolimus oral tablet</i>	1	
SOLTAMOX ORAL SOLUTION	3	ACA

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Drug Name	Drug Tier	Requirements / Limits
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE	4	PA; LA; QL
<i>sorafenib oral tablet</i>	4	PA; LA; QL
SPRYCEL ORAL TABLET	4	PA; LA; QL
STIVARGA ORAL TABLET	4	PA; LA; QL
<i>sunitinib malate oral capsule</i>	4	PA; LA; QL
SUPPRELIN LA IMPLANT KIT	4	PA; LA
SUTENT ORAL CAPSULE	4	PA; LA; QL
SYLVANT INTRAVENOUS RECON SOLN	4	LA
SYNRIBO SUBCUTANEOUS RECON SOLN	4	LA
TABLOID ORAL TABLET	3	
TABRECTA ORAL TABLET	4	PA; LA
<i>tacrolimus oral capsule</i>	1	
TAFINLAR ORAL CAPSULE	4	PA; LA; QL
TAFINLAR ORAL TABLET FOR SUSPENSION	3	PA; LA
TAGRISSO ORAL TABLET	4	PA; LA; QL
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	4	PA; LA; QL
<i>tamoxifen oral tablet</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
TARCEVA ORAL TABLET	4	PA; LA; QL
TARGRETIN ORAL CAPSULE	4	PA; LA
TARGRETIN TOPICAL GEL	4	PA; LA
TASIGNA ORAL CAPSULE	4	PA; LA; QL
TAZVERIK ORAL TABLET	4	PA; LA
TEMODAR INTRAVENOUS RECON SOLN	4	PA; LA
<i>temozolomide oral capsule</i>	4	PA; LA
<i>temsirolimus intravenous recon soln</i>	4	LA
TENIPOSIDE INTRAVENOUS SOLUTION	2	
TEPADINA INJECTION RECON SOLN	3	
TEPMETKO ORAL TABLET	4	PA; LA
THALOMID ORAL CAPSULE	4	PA; LA; QL
<i>thiotepa injection recon soln</i>	1	
TIBSOVO ORAL TABLET	4	PA; LA
<i>toposar intravenous solution</i>	1	
<i>topotecan intravenous recon soln</i>	4	LA

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Drug Name	Drug Tier	Requirements / Limits
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	4	LA
<i>toremifene oral tablet</i>	1	
TORISEL INTRAVENOUS RECON SOLN	4	LA
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	PA
<i>tretinoin (antineoplastic) oral capsule</i>	1	
TREXALL ORAL TABLET	3	
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA; LA
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1), 125 MG/DAY(100 MG X1-25MG X1)	4	PA; LA; QL
TRUXIMA INTRAVENOUS SOLUTION	4	PA; LA
TUKYSA ORAL TABLET	4	PA; LA; QL
TURALIO ORAL CAPSULE	4	PA; LA; QL
TYKERB ORAL TABLET	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
UNITUXIN INTRAVENOUS SOLUTION	4	LA
VENCLEXTA ORAL TABLET	4	PA; LA; QL
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK	4	PA; LA; QL
VERZENIO ORAL TABLET	4	PA; LA; QL
VIJOICE ORAL TABLET	4	PA; LA; QL
<i>vinblastine intravenous solution</i>	1	
<i>vincasar pfs intravenous solution</i>	1	
<i>vincristine intravenous solution</i>	1	
<i>vinorelbine intravenous solution</i>	1	
VITRAKVI ORAL CAPSULE	4	PA; LA; QL
VITRAKVI ORAL SOLUTION	4	PA; LA; QL
VIZIMPRO ORAL TABLET	4	PA; LA; QL
VONJO ORAL CAPSULE	4	PA; LA; QL
VOTRIENT ORAL TABLET	4	PA; LA; QL
WELIREG ORAL TABLET	4	PA; LA
XALKORI ORAL CAPSULE	4	PA; LA; QL
XATMEP ORAL SOLUTION	3	PA

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Drug Name	Drug Tier	Requirements / Limits
XELODA ORAL TABLET	4	ST; LA; QL
XERMELO ORAL TABLET	4	PA; LA; QL
XOSPATA ORAL TABLET	4	PA; LA; QL
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	4	PA; LA
XTANDI ORAL CAPSULE	4	PA; LA; QL
XTANDI ORAL TABLET	4	PA; LA; QL
YONSA ORAL TABLET	4	PA; LA; QL
ZANOSAR INTRAVENOUS RECON SOLN	2	
ZEJULA ORAL CAPSULE	4	PA; LA; QL
ZELBORAF ORAL TABLET	4	PA; LA; QL
ZEVALIN (Y-90) INTRAVENOUS KIT	2	
ZOLADEX SUBCUTANEOUS IMPLANT	4	LA

Drug Name	Drug Tier	Requirements / Limits
ZOLINZA ORAL CAPSULE	4	PA; LA; QL
ZORTRESS ORAL TABLET	3	ST
ZYDELIG ORAL TABLET	4	PA; LA; QL
ZYKADIA ORAL TABLET	4	PA; LA; QL
ZYTIGA ORAL TABLET	4	PA; LA; QL

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONVULSANTS

APTOM ORAL TABLET	3	
BANZEL ORAL SUSPENSION	3	PA
BANZEL ORAL TABLET	3	PA
BRIVIACT INTRAVENOUS SOLUTION	3	
BRIVIACT ORAL SOLUTION	3	ST
BRIVIACT ORAL TABLET	3	ST
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	1	
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet extended release 12 hr</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>carbamazepine oral tablet,chewable</i>	1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR	3	
CELONTIN ORAL CAPSULE 300 MG	2	
CEREBYX INJECTION SOLUTION	3	
<i>clobazam oral suspension</i>	1	
<i>clobazam oral tablet</i>	1	
<i>clonazepam oral tablet</i>	1	
<i>clonazepam oral tablet,disintegrating</i>	1	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR	3	
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC)	3	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE	3	
DIACOMIT ORAL CAPSULE	4	PA; LA
DIACOMIT ORAL POWDER IN PACKET	4	PA; LA
DIASTAT ACUDIAL RECTAL KIT	3	

Drug Name	Drug Tier	Requirements / Limits
DIASTAT RECTAL KIT	3	
<i>diazepam rectal kit</i>	1	
DILANTIN EXTENDED ORAL CAPSULE	3	
DILANTIN INFATABS ORAL TABLET,CHEWABLE	3	
DILANTIN ORAL CAPSULE	2	
DILANTIN-125 ORAL SUSPENSION	3	
<i>divalproex oral capsule, delayed rel sprinkle</i>	1	
<i>divalproex oral tablet extended release 24 hr</i>	1	
<i>divalproex oral tablet,delayed release (dr/ec)</i>	1	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR	3	ST
EPIDIOLEX ORAL SOLUTION	4	PA; LA
<i>epitol oral tablet</i>	1	
EPRONTIA ORAL SOLUTION	3	ST
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR	3	
<i>ethosuximide oral capsule</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>ethosuximide oral solution</i>	1	
<i>felbamate oral suspension</i>	1	
<i>felbamate oral tablet</i>	1	
FELBATOL ORAL SUSPENSION	3	
FELBATOL ORAL TABLET	3	
FINTEPLA ORAL SOLUTION	4	PA; LA; QL
<i>fosphenytoin injection solution</i>	1	
FYCOMPA ORAL SUSPENSION	2	
FYCOMPA ORAL TABLET	2	
<i>gabapentin oral capsule</i>	1	
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
GABITRIL ORAL TABLET	3	
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR	3	ST
KEPPRA INTRAVENOUS SOLUTION	3	ST
KEPPRA ORAL SOLUTION	3	ST
KEPPRA ORAL TABLET	3	ST

Drug Name	Drug Tier	Requirements / Limits
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR	3	ST
KLONOPIN ORAL TABLET	3	
<i>lacosamide intravenous solution</i>	1	
<i>lacosamide oral solution</i>	1	
<i>lacosamide oral tablet</i>	1	
LAMICTAL ODT ORAL TABLET, DISINTEGRATING	3	
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK	3	
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK	3	
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK	3	
LAMICTAL ORAL TABLET	3	
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated July 1, 2023.

Drug Name	Drug Tier	Requirements / Limits
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK	3	
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK	3	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR	3	
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK	3	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK	3	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK	3	
<i>lamotrigine oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>lamotrigine oral tablet disintegrating, dose pk</i>	1	
<i>lamotrigine oral tablet extended release 24hr</i>	1	
<i>lamotrigine oral tablet, chewable dispersible</i>	1	
<i>lamotrigine oral tablet,disintegrating</i>	1	
<i>lamotrigine oral tablets,dose pack</i>	1	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i>	1	
LEVETIRACETAM IN NACL (ISO-OS) INTRAVENOUS PIGGYBACK 250 MG/50 ML	3	
<i>levetiracetam intravenous solution</i>	1	
<i>levetiracetam oral solution</i>	1	
<i>levetiracetam oral tablet</i>	1	
<i>levetiracetam oral tablet extended release 24 hr</i>	1	
<i>methsuximide oral capsule</i>	1	
MYSOLINE ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements / Limits
NAYZILAM NASAL SPRAY, NON-AEROSOL	2	PA; QL
ONFI ORAL SUSPENSION	3	
ONFI ORAL TABLET	3	
<i>oxcarbazepine oral suspension</i>	1	
<i>oxcarbazepine oral tablet</i>	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR	3	ST
<i>phenobarbital oral elixir</i>	1	
<i>phenobarbital oral tablet</i>	1	
PHENYTEK ORAL CAPSULE	3	
<i>phenytoin oral suspension</i>	1	
<i>phenytoin oral tablet, chewable</i>	1	
<i>phenytoin sodium extended oral capsule</i>	1	
<i>phenytoin sodium intravenous solution</i>	1	
<i>phenytoin sodium intravenous syringe</i>	1	
<i>pregabalin oral capsule</i>	1	ST
<i>pregabalin oral solution</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
<i>pregabalin oral tablet extended release 24 hr</i>	1	PA
PRIMIDONE ORAL TABLET 125 MG	3	
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR	3	ST
<i>roweepra oral tablet 500 mg</i>	1	
<i>rufinamide oral suspension</i>	1	PA
<i>rufinamide oral tablet</i>	1	PA
SABRIL ORAL POWDER IN PACKET	4	LA; QL
SABRIL ORAL TABLET	4	LA; QL
SPRITAM ORAL TABLET FOR SUSPENSION	3	ST
<i>subvenite oral tablet</i>	1	
<i>subvenite starter (blue) kit oral tablets, dose pack</i>	1	
<i>subvenite starter (green) kit oral tablets, dose pack</i>	1	
<i>subvenite starter (orange) kit oral tablets, dose pack</i>	1	
SYMPAZAN ORAL FILM	3	

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Drug Name	Drug Tier	Requirements / Limits
TEGRETOL ORAL SUSPENSION	3	
TEGRETOL ORAL TABLET	3	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR	3	
<i>tiagabine oral tablet</i>	1	
TOPAMAX ORAL CAPSULE, SPRINKLE	3	ST
TOPAMAX ORAL TABLET	3	ST
<i>topiramate oral capsule, sprinkle</i>	1	
<i>topiramate oral capsule, extended release 24hr</i>	1	ST
<i>topiramate oral capsule, sprinkle, er 24hr</i>	1	ST
<i>topiramate oral tablet</i>	1	
TRILEPTAL ORAL SUSPENSION	3	ST
TRILEPTAL ORAL TABLET	3	ST
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR	3	ST
<i>valproate sodium intravenous solution</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>valproic acid oral capsule</i>	1	
VALTOCO NASAL SPRAY, NON-AEROSOL	3	PA; QL
<i>vigabatrin oral powder in packet</i>	4	LA; QL
<i>vigabatrin oral tablet</i>	4	LA; QL
<i>vigadrone oral powder in packet</i>	4	LA; QL
VIMPAT INTRAVENOUS SOLUTION	3	
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	3	PA; QL
XCOPRI ORAL TABLET	3	PA; QL
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK	3	PA; QL
ZARONTIN ORAL CAPSULE	3	
ZARONTIN ORAL SOLUTION	3	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	
ZONISADE ORAL SUSPENSION	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>zonisamide oral capsule</i>	1	
ZTALMY ORAL SUSPENSION	4	PA; LA
ANTIPARKINSONISM AGENTS		
APOKYN SUBCUTANEOUS CARTRIDGE	4	PA; LA; QL
<i>apomorphine subcutaneous cartridge</i>	4	PA; LA; QL
AZILECT ORAL TABLET	3	
<i>benztropine injection solution</i>	1	
<i>benztropine oral tablet</i>	1	
<i>bromocriptine oral capsule</i>	1	
<i>bromocriptine oral tablet</i>	1	
<i>carbidopa oral tablet</i>	1	
<i>carbidopa-levodopa oral tablet</i>	1	
<i>carbidopa-levodopa oral tablet extended release</i>	1	
<i>carbidopa-levodopa oral tablet, disintegrating</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet</i>	1	
COMTAN ORAL TABLET	3	
DHIVY ORAL TABLET	3	

Drug Name	Drug Tier	Requirements / Limits
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION	4	LA
<i>entacapone oral tablet</i>	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	4	PA; LA; QL
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	2	PA; QL
LODOSYN ORAL TABLET	3	
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR	3	
NEUPRO TRANSDERMAL PATCH 24 HOUR	3	
NOURIANZ ORAL TABLET	4	PA; LA; QL
ONGENTYS ORAL CAPSULE	3	PA; QL
PARLODEL ORAL CAPSULE	3	
PARLODEL ORAL TABLET	3	
<i>pramipexole oral tablet</i>	1	
<i>pramipexole oral tablet extended release 24 hr</i>	1	
<i>rasagiline oral tablet</i>	1	
<i>ropinirole oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>ropinirole oral tablet extended release 24 hr</i>	1	
RYTARY ORAL CAPSULE, EXTENDED RELEASE	3	
<i>selegiline hcl oral capsule</i>	1	
<i>selegiline hcl oral tablet</i>	1	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	
STALEVO 100 ORAL TABLET	3	
STALEVO 125 ORAL TABLET	3	
STALEVO 150 ORAL TABLET	3	
STALEVO 200 ORAL TABLET	3	
STALEVO 50 ORAL TABLET	3	
STALEVO 75 ORAL TABLET	3	
TASMAR ORAL TABLET 100 MG	3	
<i>tolcapone oral tablet</i>	1	
<i>trihexyphenidyl oral elixir</i>	1	
<i>trihexyphenidyl oral tablet</i>	1	
XADAGO ORAL TABLET	3	
ZELAPAR ORAL TABLET, DISINTEGRATING	3	

Drug Name	Drug Tier	Requirements / Limits
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	2	PA; QL
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	2	PA; QL
AJOVY SYRINGE SUBCUTANEOUS SYRINGE	2	PA; QL
<i>almotriptan malate oral tablet</i>	1	QL
<i>dihydroergotamine injection solution</i>	1	
<i>dihydroergotamine nasal spray, non-aerosol</i>	1	PA; QL
<i>eletriptan oral tablet</i>	1	QL
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR	2	PA; QL
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE	2	PA; QL
ERGOMAR SUBLINGUAL TABLET	3	
<i>ergotamine-caffeine oral tablet</i>	1	
FROVA ORAL TABLET	3	PA; QL
<i>frovatriptan oral tablet</i>	1	QL
IMITREX ORAL TABLET	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR	3	PA; QL
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE	3	PA; QL
MAXALT ORAL TABLET 10 MG	3	PA; QL
MAXALT-MLT ORAL TABLET,DISINTE GRATING 10 MG	3	PA; QL
<i>migergot rectal suppository</i>	1	
MIGRANAL NASAL SPRAY, NON- AEROSOL	3	PA; QL
<i>naratriptan oral tablet</i>	1	QL
NURTEC ODT ORAL TABLET,DISINTE GRATING	2	PA; QL
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED	3	PA; QL
QULIPTA ORAL TABLET	2	PA; QL
RELPAK ORAL TABLET	3	PA; QL
REYVOW ORAL TABLET	3	PA; QL
<i>rizatriptan oral tablet</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>rizatriptan oral tablet, disintegrating</i>	1	QL
<i>sumatriptan nasal spray, non-aerosol</i>	1	QL
<i>sumatriptan succinate oral tablet</i>	1	QL
<i>sumatriptan succinate subcutaneous cartridge</i>	1	QL
<i>sumatriptan succinate subcutaneous pen injector</i>	1	QL
<i>sumatriptan succinate subcutaneous solution</i>	1	QL
<i>sumatriptan- naproxen oral tablet</i>	1	PA; QL
TOSYMRA NASAL SPRAY, NON- AEROSOL	3	PA; QL
TREXIMET ORAL TABLET	3	PA; QL
TRUDHESA NASAL SPRAY, NON- AEROSOL	3	PA; QL
UBRELVEY ORAL TABLET	2	PA; QL
ZAVZPRET NASAL SPRAY, NON- AEROSOL	3	PA
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>zolmitriptan nasal spray,non-aerosol 5 mg</i>	1	PA; QL
<i>zolmitriptan oral tablet</i>	1	QL
<i>zolmitriptan oral tablet,disintegrating</i>	1	QL
ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG	2	PA; QL
ZOMIG NASAL SPRAY, NON-AEROSOL 5 MG	3	PA; QL
ZOMIG ORAL TABLET	3	PA; QL
MISCELLANEOUS NEUROLOGICAL THERAPY		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR	4	PA; LA; QL
AMVUTTRA SUBCUTANEOUS SYRINGE	4	PA; LA
ARICEPT ORAL TABLET	3	
AUSTEDO ORAL TABLET	4	PA; LA; QL
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR	4	PA; LA; QL
<i>dalfampridine oral tablet extended release 12 hr</i>	4	PA; LA; QL
DAYBUE ORAL SOLUTION	4	PA; LA
<i>dichlorphenamide oral tablet</i>	4	LA

Drug Name	Drug Tier	Requirements / Limits
<i>donepezil oral tablet</i>	1	
<i>donepezil oral tablet,disintegrating</i>	1	
EVRYSDI ORAL RECON SOLN	4	PA; LA; QL
EXELON PATCH TRANSDERMAL PATCH 24 HOUR	3	
FIRDAPSE ORAL TABLET	4	PA; LA
<i>galantamine oral capsule,ext rel. pellets 24 hr</i>	1	
<i>galantamine oral solution</i>	1	
<i>galantamine oral tablet</i>	1	
HORIZANT ORAL TABLET EXTENDED RELEASE	3	ST
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK	4	PA; LA; QL
INGREZZA ORAL CAPSULE	4	PA; LA; QL
KEVEYIS ORAL TABLET	4	LA
<i>memantine oral capsule,sprinkle,er 24hr</i>	1	
<i>memantine oral solution</i>	1	
<i>memantine oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
MEMANTINE ORAL TABLETS,DOSE PACK	3	
NAMENDA ORAL TABLET	3	
NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK	3	
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	3	
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR	3	
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	2	
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	2	
NUEDEXTA ORAL CAPSULE	2	PA
NULIBRY INTRAVENOUS RECON SOLN	4	PA; LA
ONPATTRO INTRAVENOUS SOLUTION	4	PA; LA; QL
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION	4	PA; LA
<i>rivastigmine tartrate oral capsule</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>rivastigmine transdermal patch 24 hour</i>	1	
TEGSEDI SUBCUTANEOUS SYRINGE	4	PA; LA; QL
<i>tetrabenazine oral tablet</i>	4	PA; LA; QL
XENAZINE ORAL TABLET	4	PA; LA; QL
ZEPOSIA ORAL CAPSULE	4	PA; LA; QL
ZEPOSIA STARTER KIT (37-DAY) ORAL CAPSULE,DOSE PACK	4	PA; LA; QL
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK	4	PA; LA; QL
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>atracurium intravenous solution</i>	1	
BACLOFEN ORAL SOLUTION	3	PA
BACLOFEN ORAL SUSPENSION	3	PA
<i>baclofen oral tablet</i>	1	
BLOXIVERZ INTRAVENOUS SOLUTION	3	
BRIDION INTRAVENOUS SOLUTION	3	
<i>carisoprodol oral tablet</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>carisoprodol-aspirin oral tablet</i>	1	PA
<i>carisoprodol-aspirin-codeine oral tablet</i>	1	PA; QL
<i>chlorzoxazone oral tablet 500 mg</i>	1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	
DANTRIUM INTRAVENOUS RECON SOLN	3	
DANTRIUM ORAL CAPSULE 25 MG	3	
<i>dantrolene intravenous recon soln</i>	1	
<i>dantrolene oral capsule</i>	1	
FLEQSUVY ORAL SUSPENSION	3	PA
<i>meprobamate oral tablet</i>	1	
MESTINON ORAL SYRUP	3	
MESTINON ORAL TABLET	3	
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE	3	
<i>metaxalone oral tablet</i>	1	
<i>methocarbamol injection solution</i>	1	
METHOCARBAMOL ORAL TABLET 1,000 MG	3	

Drug Name	Drug Tier	Requirements / Limits
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>neostigmine methylsulfate intravenous solution</i>	1	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SYRINGE 2 MG/2 ML (1 MG/ML), 4 MG/4 ML (1 MG/ML)	3	
<i>neostigmine methylsulfate intravenous syringe 3 mg/3 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)</i>	1	
NIMBEX INTRAVENOUS SOLUTION 2 MG/ML	3	
<i>orphenadrine citrate injection solution</i>	1	
<i>orphenadrine citrate oral tablet extended release</i>	1	
<i>orphenadrine-asa-caffeine oral tablet</i>	1	
<i>orphengesic forte oral tablet</i>	1	
OZOBAX ORAL SOLUTION	3	PA
PREVDUO INTRAVENOUS SYRINGE	3	
<i>pyridostigmine bromide oral syrup</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release</i>	1	
<i>regonol injection solution</i>	1	
<i>revonto intravenous recon soln</i>	1	
ROBAXIN INJECTION SOLUTION	3	
RYANODEX INTRAVENOUS SUSPENSION FOR RECONSTITUTION	3	
SOMA ORAL TABLET	3	PA
<i>tizanidine oral tablet</i>	1	
<i>vanadom oral tablet</i>	1	PA
ZANAFLEX ORAL CAPSULE	3	
ZANAFLEX ORAL TABLET	3	
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod oral capsule</i>	1	PA; QL
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	1	PA; QL
<i>acetaminophen-codeine oral tablet</i>	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
ACTIQ BUCCAL LOZENGE ON A HANDLE	3	PA; QL
ALLZITAL ORAL TABLET	3	PA
APADAZ ORAL TABLET 4.08-325 MG, 8.16-325 MG	3	PA; QL
<i>ascomp with codeine oral capsule</i>	1	PA; QL
BELBUCA BUCCAL FILM	2	PA; QL
BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET 4.08-325 MG, 8.16-325 MG	3	PA; QL
BUPAP ORAL TABLET	3	PA
BUPRENEX INJECTION SOLUTION	3	PA; QL
<i>buprenorphine hcl injection solution</i>	1	PA; QL
<i>buprenorphine hcl injection syringe</i>	1	PA; QL
<i>buprenorphine hcl sublingual tablet</i>	1	
<i>buprenorphine transdermal patch weekly</i>	1	PA; QL
<i>butalbital compound w/codeine oral capsule</i>	1	PA; QL
<i>butalbital-acetaminop-caf-cod oral capsule</i>	1	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>butalbital-acetaminophen oral capsule</i>	1	
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	1	
<i>butalbital-acetaminophen-caff oral capsule</i>	1	
<i>butalbital-acetaminophen-caff oral tablet</i>	1	
<i>butalbital-aspirin-caffeine oral capsule</i>	1	
<i>butalbital-aspirin-caffeine oral tablet</i>	1	
BUTRANS TRANSDERMAL PATCH WEEKLY	3	PA; QL
<i>codeine sulfate oral tablet</i>	1	PA; QL
<i>codeine-bitalbital-asa-caff oral capsule</i>	1	PA; QL
DEMEROL (PF) INJECTION SYRINGE	3	PA; QL
DEMEROL INJECTION SOLUTION 50 MG/ML	3	PA; QL
DILAUDID (PF) INJECTION SYRINGE	3	PA; QL
DILAUDID ORAL LIQUID	3	PA; QL
DILAUDID ORAL TABLET	3	PA; QL
<i>diskets oral tablet, soluble</i>	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
DSUVIA SUBLINGUAL TABLET IN APPLICATOR	3	
<i>duramorph (pf) injection solution</i>	1	PA; QL
<i>endocet oral tablet</i>	1	PA; QL
ESGIC ORAL CAPSULE	3	PA
ESGIC ORAL TABLET	3	PA
FENTANYL (PF)-BUPIVACAINE-NACL INJECTION PREFILLED PUMP RESERVOIR	3	PA; QL
FENTANYL (PF)-BUPIVACAINE-NACL INJECTION SOLUTION	3	PA; QL
FENTANYL CITRATE (PF) INTRAVENOUS PATIENT CONTROL ANALGESIA SOLN	3	PA; QL
FENTANYL CITRATE (PF) INTRAVENOUS PREFILLED PUMP RESERVOIR	3	PA; QL
<i>fentanyl citrate (pf) intravenous pt controlled analgesia syringe 1,000 mcg/20 ml (50 mcg/ml)</i>	1	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
FENTANYL CITRATE (PF) INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 1,250 MCG/25 ML (50 MCG/ML), 1,500 MCG/30 ML (50 MCG/ML), 2,500 MCG/50 ML (50 MCG/ML), 2,750 MCG/55 ML (50 MCG/ML)	3	PA; QL
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	1	PA; QL
FENTANYL CITRATE (PF) INTRAVENOUS SYRINGE 250 MCG/5 ML (50 MCG/ML)	3	PA; QL
FENTANYL CITRATE (PF)-0.9%NACL INJECTION PREFILLED PUMP RESERVOIR	3	PA; QL
<i>fentanyl citrate (pf)-0.9%nacl injection pt controlled analgesia syringe 1,250 mcg/25 ml</i>	1	PA; QL
FENTANYL CITRATE (PF)-0.9%NACL INJECTION PT CONTROLLED ANALGESIA SYRING 550 MCG/55 ML	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
FENTANYL CITRATE (PF)-0.9%NACL INJECTION SOLUTION	3	PA; QL
FENTANYL CITRATE (PF)-0.9%NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 1,000 MCG/20 ML (50 MCG/ML), 500 MCG/50 ML (10 MCG/ML)	3	PA; QL
<i>fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syringe 2,500 mcg/50 ml (50 mcg/ml)</i>	1	PA; QL
FENTANYL CITRATE (PF)-0.9%NACL INTRAVENOUS SOLUTION 10 MCG/ML, 20 MCG/ML, 50 MCG/ML	3	PA; QL
<i>fentanyl citrate (pf)-0.9%nacl intravenous solution 5 mcg/ml</i>	1	PA; QL
<i>fentanyl citrate (pf)-0.9%nacl intravenous syringe 10 mcg/ml</i>	1	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
FENTANYL CITRATE (PF)-0.9%NACL INTRAVENOUS SYRINGE 100 MCG/10 ML (10 MCG/ML), 20 MCG/2 ML (10 MCG/ML), 250 MCG/5 ML (50 MCG/ML), 50 MCG/5 ML (10 MCG/ML)	3	PA; QL
<i>fentanyl citrate buccal lozenge on a handle</i>	1	PA; QL
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT 100 MCG	3	PA; QL
<i>fentanyl transdermal patch 72 hour</i>	1	PA; QL
FENTANYL-ROPIVACAINE-NACL (PF) INJECTION PREFILLED PUMP RESERVOIR	3	PA; QL
FENTANYL-ROPIVACAINE-NACL (PF) INJECTION SOLUTION	3	PA; QL
FENTORA BUCCAL TABLET, EFFERVESCENT	3	PA; QL
FIORICET ORAL CAPSULE	3	PA
FIORICET WITH CODEINE ORAL CAPSULE	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr</i>	1	PA; QL
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr</i>	1	PA; QL
<i>hydrocodone-acetaminophen oral solution</i>	1	PA; QL
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	PA; QL
<i>hydrocodone-ibuprofen oral tablet</i>	1	PA; QL
HYDROMORPHONE (PF) IN WATER INJECTION SYRINGE	3	PA; QL
HYDROMORPHONE (PF) IN WATER INTRAVENOUS PT CONTROLLED ANALGESIA SYRING	3	PA; QL
HYDROMORPHONE (PF) INJECTION SOLUTION 1 MG/ML, 4 MG/ML	3	PA; QL
<i>hydromorphone (pf) injection solution 10 mg/ml, 2 mg/ml</i>	1	PA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated July 1, 2023.

Drug Name	Drug Tier	Requirements / Limits
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PATIENT CONTROL ANALGESIA SOLN	3	PA; QL
<i>hydromorphone (pf)-0.9 % nacl intravenous prefilled pump reservoir 10 mg/50 ml (0.2 mg/ml)</i>	1	PA; QL
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR 20 MG/100 ML (0.2 MG/ML), 50 MG/50 ML (1 MG/ML)	3	PA; QL
<i>hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syringe 10 mg/50 ml (0.2 mg/ml), 15 mg/30 ml (0.5 mg/ml)</i>	1	PA; QL
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 25 MG/25 ML (1 MG/ML), 30 MG/30 ML (1 MG/ML), 50 MG/50 ML (1 MG/ML), 55 MG/55 ML (1 MG/ML), 6 MG/30 ML (0.2 MG/ML)	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS SOLUTION	3	PA; QL
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS SYRINGE 1 MG/5 ML (0.2 MG/ML), 1 MG/ML, 2 MG/ML	3	PA; QL
<i>hydromorphone injection solution 1 mg/ml, 2 mg/ml</i>	1	PA; QL
HYDROMORPHONE INJECTION SYRINGE 0.5 MG/0.5 ML	3	PA; QL
<i>hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	PA; QL
<i>hydromorphone oral liquid</i>	1	PA; QL
<i>hydromorphone oral tablet</i>	1	PA; QL
<i>hydromorphone oral tablet extended release 24 hr</i>	1	PA; QL
<i>hydromorphone rectal suppository</i>	1	PA; QL
HYDROMORPHONE (PF)-NACL, ISO-OSM INTRAVENOUS PT CONTROLLED ANALGESIA SYRING	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR	2	PA; QL
INFUMORPH P/F INJECTION SOLUTION	2	PA; QL
LORTAB ELIXIR ORAL SOLUTION	3	PA; QL
<i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	1	PA; QL
<i>meperidine oral solution</i>	1	PA; QL
<i>meperidine oral tablet 50 mg</i>	1	PA; QL
<i>methadone intravenous syringe</i>	1	PA; QL
<i>methadone oral tablet</i>	1	PA; QL
<i>methadone oral tablet,soluble</i>	1	PA; QL
<i>methadose oral tablet,soluble</i>	1	PA; QL
MITIGO (PF) INJECTION SOLUTION	3	PA; QL
MORPHINE (PF) IN 0.9 % SOD CHL INJECTION SYRINGE	3	PA; QL
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN	3	PA; QL

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

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Drug Name	Drug Tier	Requirements / Limits
<i>morphine (pf) intravenous patient control.analgesia soln</i>	1	PA; QL
MORPHINE (PF) INTRAVENOUS SYRINGE	3	PA; QL
<i>morphine concentrate oral solution</i>	1	PA; QL
MORPHINE IN 0.9 % SODIUM CHLOR INJECTION PT CONTROLLED ANALGESIA SYRING 55 MG/55 ML (1 MG/ML)	3	PA; QL
<i>morphine in 0.9 % sodium chlor intravenous prefilled pump reservoir</i>	1	PA; QL
<i>morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syring 150 mg/30 ml (5 mg/ml), 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	1	PA; QL
MORPHINE IN 0.9 % SODIUM CHLOR INTRAVENOUS SOLUTION	3	PA; QL
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
MORPHINE INJECTION SYRINGE 2 MG/ML	3	PA; QL
<i>morphine injection syringe 4 mg/ml, 8 mg/ml</i>	1	PA; QL
MORPHINE INTRAMUSCULAR PEN INJECTOR	3	PA; QL
<i>morphine intravenous pt controlled analgesia syring</i>	1	PA; QL
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml, 50 mg/ml</i>	1	PA; QL
MORPHINE INTRAVENOUS SOLUTION 8 MG/ML	3	PA; QL
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	PA; QL
MORPHINE INTRAVENOUS SYRINGE 8 MG/ML	3	PA; QL
<i>morphine oral capsule, er multiphase 24 hr</i>	1	PA; QL
<i>morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	PA; QL
<i>morphine oral solution</i>	1	PA; QL
<i>morphine oral tablet</i>	1	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>morphine oral tablet extended release</i>	1	PA; QL
<i>morphine rectal suppository</i>	1	PA; QL
MS CONTIN ORAL TABLET EXTENDED RELEASE	3	PA; QL
OXAYDO ORAL TABLET, ORAL ONLY	3	PA; QL
<i>oxycodone oral capsule</i>	1	PA; QL
<i>oxycodone oral concentrate</i>	1	PA; QL
<i>oxycodone oral solution</i>	1	PA; QL
<i>oxycodone oral tablet</i>	1	PA; QL
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	1	PA; QL
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	PA; QL
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT.REL.12 HR	2	PA; QL
<i>oxymorphone oral tablet</i>	1	PA; QL
<i>oxymorphone oral tablet extended release 12 hr</i>	1	PA; QL
PERCOCET ORAL TABLET	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	PA; QL
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE	4	LA
SUBSYS SUBLINGUAL SPRAY, NON-AEROSOL	3	PA; QL
<i>tencon oral tablet</i>	1	
TREZIX ORAL CAPSULE	3	PA; QL
<i>vtol lq oral solution</i>	1	
XTAMPZA ER ORAL CAP, SPRINKL, ER1 2HR(DONT CRUSH)	3	PA; QL
<i>zebutal oral capsule</i>	1	
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen oral tablet, delayed release (dr/ec)</i>	5	ACA; OTC
ANAPROX DS ORAL TABLET	3	ST
ANJESO INTRAVENOUS SUSPENSION	3	
ARTHROTEC 50 ORAL TABLET, IR, DELAYED REL, BIPHASIC	3	ST

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Drug Name	Drug Tier	Requirements / Limits
ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC	3	ST
<i>aspirin childrens oral tablet,chewable</i>	5	ACA; OTC
<i>aspirin oral tablet</i>	5	ACA; OTC
<i>aspirin oral tablet,chewable</i>	5	ACA; OTC
<i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i>	5	ACA; OTC
<i>aspirin,buffd-calcium carb-mag oral tablet</i>	5	ACA; OTC
<i>aspir-trin oral tablet,delayed release (dr/ec)</i>	5	ACA; OTC
BAYER ASPIRIN ORAL TABLET	5	ACA; OTC
<i>bayer aspirin oral tablet,delayed release (dr/ec)</i>	5	ACA; OTC
<i>bayer low dose aspirin oral tablet,delayed release (dr/ec)</i>	5	ACA; OTC
<i>bufferin oral tablet</i>	5	ACA; OTC
<i>buprenorphine-naloxone sublingual film</i>	1	
<i>buprenorphine-naloxone sublingual tablet</i>	1	
<i>butorphanol injection solution</i>	1	PA; QL
<i>butorphanol nasal spray,non-aerosol</i>	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
CALDOLOR INTRAVENOUS PIGGYBACK	3	
CALDOLOR INTRAVENOUS RECON SOLN	2	
<i>celecoxib oral capsule</i>	1	ST
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 17-83	3	PA; QL
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 25-75	3	PA; QL
DAYPRO ORAL TABLET	3	ST
DICLOFENAC EPOLAMINE TRANSDERMAL PATCH 12 HOUR	3	ST; QL
<i>diclofenac potassium oral capsule</i>	1	
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral tablet extended release 24 hr</i>	1	
<i>diclofenac sodium oral tablet,delayed release (dr/ec)</i>	1	
<i>diclofenac sodium topical drops</i>	1	QL
<i>diclofenac sodium topical solution in metered-dose pump</i>	1	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic</i>	1	
<i>diflunisal oral tablet</i>	1	
DISALCID ORAL TABLET	3	
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC)	3	ST
<i>ecotrin low strength oral tablet,delayed release (dr/ec)</i>	5	ACA; OTC
<i>ecotrin oral tablet,delayed release (dr/ec)</i>	5	ACA; OTC
<i>etodolac oral capsule</i>	1	
<i>etodolac oral tablet</i>	1	
<i>etodolac oral tablet extended release 24 hr</i>	1	
FELDENE ORAL CAPSULE	3	ST
FLECTOR TRANSDERMAL PATCH 12 HOUR	2	ST; QL
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu oral tablet</i>	1	
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin oral capsule</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>indomethacin oral capsule, extended release</i>	1	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	1	ST
<i>ketorolac injection cartridge 15 mg/ml</i>	1	
<i>ketorolac injection solution</i>	1	
<i>ketorolac injection syringe</i>	1	
<i>ketorolac intramuscular solution</i>	1	
<i>ketorolac intramuscular syringe</i>	1	
KETOROLAC NASAL SPRAY, NON-AEROSOL	3	ST; QL
<i>ketorolac oral tablet</i>	1	QL
KLOXXADO NASAL SPRAY, NON-AEROSOL	2	QL
LICART TRANSDERMAL PATCH 24 HOUR	2	ST; QL
LODINE ORAL TABLET	3	ST
LUCEMYRA ORAL TABLET	2	QL
<i>meclofenamate oral capsule</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>mefenamic acid oral capsule</i>	1	
MELOXICAM ORAL SUSPENSION	3	ST; QL
<i>meloxicam oral tablet</i>	1	QL
<i>nabumetone oral tablet</i>	1	
<i>nalbuphine injection solution</i>	1	PA; QL
NALMEFENE INJECTION SOLUTION	3	
<i>naloxone injection solution</i>	1	
<i>naloxone injection syringe</i>	1	
<i>naloxone nasal spray,non-aerosol</i>	1	QL
NALTREX ORAL CAPSULE	3	
<i>naltrexone oral tablet</i>	1	
NAPROSYN ORAL SUSPENSION	3	ST
NAPROSYN ORAL TABLET 500 MG	3	ST
<i>naproxen oral suspension</i>	1	ST
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	1	ST
NARCAN NASAL SPRAY, NON-AEROSOL	2	QL
NUCYNTA ORAL TABLET	3	PA; QL
OLINVIK INTRAVENOUS PATIENT CONTROL ANALGESIA SOLN	3	
OLINVIK INTRAVENOUS SOLUTION	3	
<i>oxaprozin oral tablet</i>	1	
<i>pentazocine-naloxone oral tablet</i>	1	PA; QL
<i>piroxicam oral capsule</i>	1	
QDOLO ORAL SOLUTION	3	PA; QL
RELAFEN DS ORAL TABLET	3	ST
<i>salsalate oral tablet</i>	1	
<i>st joseph aspirin oral tablet, chewable</i>	5	ACA; OTC
<i>st. joseph aspirin oral tablet, delayed release (dr/ec)</i>	5	ACA; OTC
SUBOXONE SUBLINGUAL FILM	3	
<i>sulindac oral tablet</i>	1	
<i>tolmetin oral tablet 600 mg</i>	1	ST

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Drug Name	Drug Tier	Requirements / Limits
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	3	PA; QL
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	PA; QL
TRAMADOL ORAL SOLUTION	3	PA; QL
TRAMADOL ORAL TABLET 100 MG	3	PA; QL
<i>tramadol oral tablet 50 mg</i>	1	PA; QL
<i>tramadol oral tablet extended release 24 hr</i>	1	PA; QL
<i>tramadol oral tablet, er multiphase 24 hr</i>	1	PA; QL
<i>tramadol-acetaminophen oral tablet</i>	1	PA; QL
<i>tri-buffered aspirin oral tablet</i>	5	ACA; OTC
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	4	LA
ZIMHI INJECTION SYRINGE	3	
ZUBSOLV SUBLINGUAL TABLET	2	

PSYCHOTHERAPEUTIC DRUGS

Drug Name	Drug Tier	Requirements / Limits
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	3	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	2	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	2	
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP	3	QL
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD	3	QL
ABILIFY ORAL TABLET	3	QL
ADDERALL ORAL TABLET	3	
ADDYI ORAL TABLET	3	PA

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Drug Name	Drug Tier	Requirements / Limits
ADHANSIA XR ORAL CAPSULE, ER BIPHASIC 20-80 35 MG, 45 MG, 55 MG, 70 MG	3	ST
ADZENYS XR-ODT ORAL TABLET,DISINTEGR ER BIPHASE 24H	3	ST
<i>alprazolam intensol oral concentrate</i>	1	
<i>alprazolam oral tablet</i>	1	
<i>alprazolam oral tablet extended release 24 hr</i>	1	
<i>alprazolam oral tablet,disintegrating</i>	1	
<i>amitriptyline oral tablet</i>	1	
<i>amitriptyline-chlordiazepoxide oral tablet</i>	1	
<i>amoxapine oral tablet</i>	1	
<i>amphetamine sulfate oral tablet</i>	1	
ANAFRANIL ORAL CAPSULE	3	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL
APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHASIC 40-60	3	ST
<i>aripiprazole oral solution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>aripiprazole oral tablet</i>	1	QL
<i>aripiprazole oral tablet,disintegrating</i>	1	QL
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	2	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	2	
<i>armodafinil oral tablet</i>	1	PA; QL
<i>asenapine maleate sublingual tablet</i>	1	QL
ATIVAN INJECTION SOLUTION	3	
ATIVAN ORAL TABLET	3	
<i>atomoxetine oral capsule</i>	1	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC	3	ST; QL
AZSTARYS ORAL CAPSULE	3	ST
BELSOMRA ORAL TABLET	3	ST; QL
<i>bupropion hcl oral tablet</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	ST; QL
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	QL
<i>buspirone oral tablet</i>	1	
CAPLYTA ORAL CAPSULE	3	ST; QL
<i>chlordiazepoxide hcl oral capsule</i>	1	
<i>chlorpromazine injection solution</i>	1	
<i>chlorpromazine oral concentrate</i>	1	
<i>chlorpromazine oral tablet</i>	1	
CITALOPRAM ORAL CAPSULE	3	ST; QL
<i>citalopram oral solution</i>	1	
<i>citalopram oral tablet</i>	1	QL
<i>clomipramine oral capsule</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	
<i>clorazepate dipotassium oral tablet</i>	1	
<i>clozapine oral tablet</i>	1	
<i>clozapine oral tablet, disintegrating</i>	1	
CLOZARIL ORAL TABLET	3	

Drug Name	Drug Tier	Requirements / Limits
COTEMPLA XR-ODT ORAL TABLET, DISINTEGRATING BIPHASE 24H	3	ST
DAYTRANA TRANSDERMAL PATCH 24 HOUR	2	ST
DAYVIGO ORAL TABLET	3	ST
<i>desipramine oral tablet</i>	1	
DESOXYN ORAL TABLET	3	
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL
<i>desvenlafaxine succinate oral tablet extended release 24 hr</i>	1	ST; QL
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG	3	ST
<i>dexmethylphenidate oral capsule, er biphasic 50-50</i>	1	
<i>dexmethylphenidate oral tablet</i>	1	
<i>dextroamphetamine sulfate oral capsule, extended release</i>	1	
<i>dextroamphetamine sulfate oral solution</i>	1	
<i>dextroamphetamine sulfate oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	1	
<i>dextroamphetamine-amphetamine oral tablet</i>	1	
<i>diazepam injection solution</i>	1	
<i>diazepam injection syringe</i>	1	
<i>diazepam intensol oral concentrate</i>	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet</i>	1	
<i>doxepin oral capsule</i>	1	
<i>doxepin oral concentrate</i>	1	
<i>doxepin oral tablet</i>	1	ST; QL
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	QL
<i>duloxetine oral capsule,delayed release(dr/ec) 40 mg</i>	1	ST; QL
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR	2	ST
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	ST
EDLUAR SUBLINGUAL TABLET	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
EMSAM TRANSDERMAL PATCH 24 HOUR	3	
<i>ergoloid oral tablet</i>	1	
<i>escitalopram oxalate oral solution</i>	1	ST
<i>escitalopram oxalate oral tablet</i>	1	QL
<i>estazolam oral tablet</i>	1	
<i>eszopiclone oral tablet</i>	1	QL
EVEKEO ODT ORAL TABLET,DISINTEGRATING	3	
EVEKEO ORAL TABLET	3	
FANAPT ORAL TABLET	3	QL
FANAPT ORAL TABLETS,DOSE PACK	3	QL
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	2	ST; QL
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	2	ST; QL
<i>fluoxetine oral capsule 10 mg, 40 mg</i>	1	QL
<i>fluoxetine oral capsule 20 mg</i>	1	
<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	1	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>fluoxetine oral solution</i>	1	
<i>fluoxetine oral tablet 60 mg</i>	1	ST
<i>fluphenazine decanoate injection solution</i>	1	
<i>fluphenazine hcl injection solution</i>	1	
<i>fluphenazine hcl oral concentrate</i>	1	
<i>fluphenazine hcl oral elixir</i>	1	
<i>fluphenazine hcl oral tablet</i>	1	
<i>fluvoxamine oral capsule, extended release 24hr</i>	1	ST; QL
<i>fluvoxamine oral tablet</i>	1	QL
FOCALIN ORAL TABLET	3	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL
GEODON INTRAMUSCULAR RECON SOLN	3	
GEODON ORAL CAPSULE	3	QL
<i>guanfacine oral tablet extended release 24 hr</i>	1	
HALCION ORAL TABLET 0.25 MG	3	

Drug Name	Drug Tier	Requirements / Limits
HALDOL DECANOATE INTRAMUSCULAR SOLUTION	3	
<i>haloperidol decanoate intramuscular solution</i>	1	
<i>haloperidol lactate injection solution</i>	1	
<i>haloperidol lactate intramuscular syringe</i>	1	
<i>haloperidol lactate oral concentrate</i>	1	
<i>haloperidol oral tablet</i>	1	
HETLIOZ LQ ORAL SUSPENSION	4	PA; LA; QL
HETLIOZ ORAL CAPSULE	4	PA; LA; QL
IGALMI SUBLINGUAL FILM	3	
<i>imipramine hcl oral tablet</i>	1	
<i>imipramine pamoate oral capsule</i>	1	
INTUNIVER ORAL TABLET EXTENDED RELEASE 24 HR	3	PA
INVEGA HAFYERA INTRAMUSCULAR SYRINGE	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated July 1, 2023.

Drug Name	Drug Tier	Requirements / Limits
INVEGA ORAL TABLET EXTENDED RELEASE 24HR	3	QL
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE	3	
INVEGA TRINZA INTRAMUSCULAR SYRINGE	3	
JORNAY PM ORAL CAPSULE, DEL REL, EXT REL SPRINK	3	ST
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HR	3	PA
KETAMINE SUBLINGUAL TROCHE	3	
LATUDA ORAL TABLET	3	QL
<i>lithium carbonate oral capsule</i>	1	
<i>lithium carbonate oral tablet</i>	1	
<i>lithium carbonate oral tablet extended release</i>	1	
LITHOBID ORAL TABLET EXTENDED RELEASE	3	
<i>lorazepam injection solution</i>	1	
<i>lorazepam injection syringe 2 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>lorazepam intensol oral concentrate</i>	1	
<i>lorazepam oral concentrate</i>	1	
<i>lorazepam oral tablet</i>	1	
LOREEV XR ORAL CAPSULE, EXTENDED RELEASE 24HR	3	
<i>loxapine succinate oral capsule</i>	1	
LUMRYZ ORAL EXTEND RELEASE GRANULES, PACKET	4	PA
<i>lurasidone oral tablet</i>	1	QL
LYBALVI ORAL TABLET	3	PA; QL
MARPLAN ORAL TABLET	3	
<i>methamphetamine oral tablet</i>	1	
METHYLIN ORAL SOLUTION	3	
<i>methylphenidate hcl oral cap, er sprinkle, biphasic 40-60</i>	1	ST
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	1	
<i>methylphenidate hcl oral capsule, er biphasic 50-50</i>	1	
<i>methylphenidate hcl oral solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl oral tablet</i>	1	
<i>methylphenidate hcl oral tablet extended release</i>	1	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG	3	ST
<i>methylphenidate hcl oral tablet, chewable</i>	1	
<i>methylphenidate transdermal patch 24 hour</i>	1	ST
MIDAZOLAM ORAL SYRUP 10 MG/5 ML (2 MG/ML)	3	
<i>midazolam oral syrup 2 mg/ml</i>	1	
<i>mirtazapine oral tablet</i>	1	
<i>mirtazapine oral tablet, disintegrating</i>	1	
<i>modafinil oral tablet</i>	1	PA; QL
<i>molindone oral tablet</i>	1	
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR	2	ST
NARDIL ORAL TABLET	3	
<i>nefazodone oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	
<i>nortriptyline oral capsule</i>	1	
<i>nortriptyline oral solution</i>	1	
NUPLAZID ORAL CAPSULE	4	PA; LA; QL
NUPLAZID ORAL TABLET	4	PA; LA; QL
NUVIGIL ORAL TABLET	3	PA; QL
<i>olanzapine intramuscular recon soln</i>	1	
<i>olanzapine oral tablet</i>	1	QL
<i>olanzapine oral tablet, disintegrating</i>	1	QL
<i>olanzapine-fluoxetine oral capsule</i>	1	
<i>oxazepam oral capsule</i>	1	
<i>paliperidone oral tablet extended release 24hr</i>	1	QL
PAMELOR ORAL CAPSULE	3	
PARNATE ORAL TABLET	3	
<i>paroxetine hcl oral suspension</i>	1	ST
<i>paroxetine hcl oral tablet</i>	1	QL
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>paroxetine mesylate(menop.sym) oral capsule</i>	1	ST; QL
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL
PAXIL ORAL SUSPENSION	3	ST
PAXIL ORAL TABLET	3	ST; QL
<i>perphenazine oral tablet</i>	1	
<i>perphenazine-amitriptyline oral tablet</i>	1	
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING	3	
<i>phenelzine oral tablet</i>	1	
<i>pimozide oral tablet</i>	1	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL
<i>procentra oral solution</i>	1	
<i>protriptyline oral tablet</i>	1	
PROVIGIL ORAL TABLET	3	PA; QL
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR	3	PA

Drug Name	Drug Tier	Requirements / Limits
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	QL
QUETIAPINE ORAL TABLET 150 MG	3	QL
<i>quetiapine oral tablet extended release 24 hr</i>	1	QL
QUILLICHEW ER ORAL TABLET,CHEW,IR - ER.BIPHASIC24HR	2	ST
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON	2	ST
QUVIVIQ ORAL TABLET	3	ST
<i>ramelteon oral tablet</i>	1	QL
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR	3	ST
REMERON ORAL TABLET 15 MG, 30 MG	3	
REMERON SOLTAB ORAL TABLET,DISINTEGRATING	3	
RESTORIL ORAL CAPSULE	3	
REXULTI ORAL TABLET	3	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON	2	
RISPERDAL ORAL SOLUTION	3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	QL
<i>risperidone oral solution</i>	1	
<i>risperidone oral tablet</i>	1	QL
<i>risperidone oral tablet, disintegrating</i>	1	QL
RITALIN LA ORAL CAPSULE, ER BIPHASIC 50-50	3	ST
RITALIN ORAL TABLET	3	
ROZEREM ORAL TABLET	3	ST; QL
SAPHRIS SUBLINGUAL TABLET	3	QL
SECUADO TRANSDERMAL PATCH 24 HOUR	3	QL
SEROQUEL ORAL TABLET	3	QL
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR	3	QL

Drug Name	Drug Tier	Requirements / Limits
SERTRALINE ORAL CAPSULE	3	ST; QL
<i>sertraline oral concentrate</i>	1	
<i>sertraline oral tablet</i>	1	QL
SILENOR ORAL TABLET	3	ST; QL
SODIUM OXYBATE ORAL SOLUTION	4	PA; QL
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	4	PA; LA
STRATTERA ORAL CAPSULE	3	PA
SUNOSI ORAL TABLET	2	PA; QL
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	
<i>tasimelteon oral capsule</i>	4	PA; LA; QL
<i>temazepam oral capsule</i>	1	
<i>thioridazine oral tablet</i>	1	
<i>thiothixene oral capsule</i>	1	
TRANXENE T-TAB ORAL TABLET	3	
<i>tranylcypromine oral tablet</i>	1	
<i>trazodone oral tablet</i>	1	
<i>triazolam oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>trifluoperazine oral tablet</i>	1	
<i>trimipramine oral capsule</i>	1	
TRINTELLIX ORAL TABLET	3	ST; QL
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING	3	
VALIUM ORAL TABLET	3	
VENLAFAXINE BESYLATE ORAL TABLET EXTENDED RELEASE 24HR	3	ST; QL
<i>venlafaxine oral capsule, extended release 24hr</i>	1	QL
<i>venlafaxine oral tablet</i>	1	QL
VERSACLOZ ORAL SUSPENSION	3	
VIIBRYD ORAL TABLET	3	ST; QL
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)-20 MG (23)	2	ST; QL
<i>vilazodone oral tablet</i>	1	ST; QL
VRAYLAR ORAL CAPSULE	3	QL
VRAYLAR ORAL CAPSULE, DOSE PACK	3	QL

Drug Name	Drug Tier	Requirements / Limits
VYLEESI SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
VYVANSE ORAL CAPSULE	2	ST; QL
VYVANSE ORAL TABLET, CHEWABLE	2	ST
WAKIX ORAL TABLET	4	PA; LA; QL
XANAX ORAL TABLET	3	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR	3	
XELSTRYM TRANSDERMAL PATCH 24 HOUR	3	ST
XYREM ORAL SOLUTION	4	PA; QL
XYWAV ORAL SOLUTION	4	PA; QL
<i>zaleplon oral capsule</i>	1	QL
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	
<i>ziprasidone hcl oral capsule</i>	1	QL
<i>ziprasidone mesylate intramuscular reconstn</i>	1	
ZOLPIDEM ORAL CAPSULE	3	ST
<i>zolpidem oral tablet</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>zolpidem oral tablet,ext release multiphase</i>	1	QL
<i>zolpidem sublingual tablet</i>	1	QL
ZOLPIMIST ORAL SPRAY,NON-AEROSOL	3	ST; QL
ZULRESSO INTRAVENOUS SOLUTION	4	LA
ZYPREXA INTRAMUSCULAR RECON SOLN	3	
ZYPREXA ORAL TABLET	3	QL
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING	3	QL

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

<i>adenosine intravenous solution</i>	1	
<i>amiodarone intravenous solution</i>	1	
<i>amiodarone oral tablet</i>	1	
BETAPACE AF ORAL TABLET	3	ST

Drug Name	Drug Tier	Requirements / Limits
BETAPACE ORAL TABLET	3	ST
<i>bretylium tosylate injection solution</i>	1	
<i>disopyramide phosphate oral capsule</i>	1	
<i>dofetilide oral capsule</i>	1	
<i>flecainide oral tablet</i>	1	
<i>lidocaine (pf) intravenous solution</i>	1	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	1	
<i>mexiletine oral capsule</i>	1	
MULTAQ ORAL TABLET	3	
NEXTERONE INTRAVENOUS SOLUTION	3	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE	3	
NORPACE ORAL CAPSULE	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>procainamide injection solution</i>	1	
<i>propafenone oral capsule,extended release 12 hr</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>propafenone oral tablet</i>	1	
<i>quinidine gluconate oral tablet extended release</i>	1	
<i>quinidine sulfate oral tablet</i>	1	
RYTHMOL SR ORAL CAPSULE, EXTENDED RELEASE 12 HR	3	
<i>sorine oral tablet</i>	1	
<i>sotalol af oral tablet</i>	1	
SOTALOL INTRAVENOUS SOLUTION	3	
<i>sotalol oral tablet</i>	1	
SOTYLIZE ORAL SOLUTION	2	
TIKOSYN ORAL CAPSULE	3	
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL ORAL TABLET	3	
ACCURETIC ORAL TABLET	3	
<i>acebutolol oral capsule</i>	1	
ALDACTAZIDE ORAL TABLET	3	
ALDACTONE ORAL TABLET	3	
<i>aliskiren oral tablet</i>	1	
ALTACE ORAL CAPSULE	3	
<i>amiloride oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>amiloride-hydrochlorothiazide oral tablet</i>	1	
<i>amlodipine oral tablet</i>	1	
<i>amlodipine-benazepril oral capsule</i>	1	
<i>amlodipine-olmesartan oral tablet</i>	1	
<i>amlodipine-valsartan oral tablet</i>	1	
<i>amlodipine-valsartan-hcthiiazid oral tablet</i>	1	
<i>atenolol oral tablet</i>	1	
<i>atenolol-chlorthalidone oral tablet</i>	1	
<i>benazepril oral tablet</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet</i>	1	
<i>betaxolol oral tablet</i>	1	
BIDIL ORAL TABLET	3	
<i>bisoprolol fumarate oral tablet</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	1	
BREVIBLOC IN NACL (ISO-OSM) INTRAVENOUS PARENTERAL SOLUTION	3	

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Drug Name	Drug Tier	Requirements / Limits
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10 ML (10 MG/ML)	3	
<i>bumetanide injection solution</i>	1	
<i>bumetanide oral tablet</i>	1	
CALAN SR ORAL TABLET EXTENDED RELEASE	3	
<i>candesartan oral tablet</i>	1	
<i>candesartan-hydrochlorothiazid oral tablet</i>	1	
<i>captopril oral tablet</i>	1	
<i>captopril-hydrochlorothiazide oral tablet</i>	1	
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	
CARDURA ORAL TABLET	3	QL
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR	3	QL

Drug Name	Drug Tier	Requirements / Limits
CAROSPIR ORAL SUSPENSION	3	PA
<i>cartia xt oral capsule,extended release 24hr</i>	1	
<i>carvedilol oral tablet</i>	1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr</i>	1	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY	3	QL
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY	3	QL
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY	3	QL
<i>chlorothiazide sodium intravenous recon soln</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine hcl oral tablet</i>	1	
<i>clonidine transdermal patch weekly</i>	1	QL
CONJUPRI ORAL TABLET	3	ST
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR	3	ST
CORGARD ORAL TABLET 20 MG, 40 MG	3	ST
DEMSER ORAL CAPSULE	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated July 1, 2023.

Drug Name	Drug Tier	Requirements / Limits
DIBENZYLINE ORAL CAPSULE	3	PA
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr</i>	1	
<i>diltiazem hcl oral tablet</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr</i>	1	
<i>dilt-xr oral capsule,ext.rel 24h degradable</i>	1	
DIURIL ORAL SUSPENSION	3	
<i>doxazosin oral tablet</i>	1	QL
DYRENIUM ORAL CAPSULE	3	
EDECRIN ORAL TABLET	3	
<i>enalapril maleate oral solution</i>	1	
<i>enalapril maleate oral tablet</i>	1	
<i>enalaprilat intravenous solution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>enalapril-hydrochlorothiazide oral tablet</i>	1	
<i>eplerenone oral tablet</i>	1	
<i>epoprostenol (glycine) intravenous recon soln</i>	4	PA; LA
<i>epoprostenol intravenous recon soln</i>	4	PA; LA
<i>eprosartan oral tablet</i>	1	
<i>esmolol in nacl (iso-osm) intravenous parenteral solution</i>	1	
ESMOLOL IN STERILE WATER INTRAVENOUS PARENTERAL SOLUTION	3	
<i>esmolol intravenous solution</i>	1	
<i>ethacrynate sodium intravenous recon soln</i>	1	
<i>ethacrynic acid oral tablet</i>	1	
<i>felodipine oral tablet extended release 24 hr</i>	1	
FLOLAN INTRAVENOUS RECON SOLN	4	PA; LA
<i>fosinopril oral tablet</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
FUROSCIX SUBCUTANEOUS KIT	3	
FUROSEMIDE IN 0.9 % NACL INTRAVENOUS PIGGYBACK	3	
<i>furosemide injection solution</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet</i>	1	
<i>guanfacine oral tablet</i>	1	
<i>hydralazine injection solution</i>	1	
<i>hydralazine oral tablet</i>	1	
<i>hydrochlorothiazide oral capsule</i>	1	
<i>hydrochlorothiazide oral tablet</i>	1	
<i>indapamide oral tablet</i>	1	
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR	3	ST
INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR	3	ST
INSPIRA ORAL TABLET	3	

Drug Name	Drug Tier	Requirements / Limits
<i>irbesartan oral tablet</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet</i>	1	
<i>isosorbide-hydralazine oral tablet</i>	1	
<i>isradipine oral capsule</i>	1	
KERENDIA ORAL TABLET	2	PA; QL
LABETALOL IN NACL (ISO-OSMOT) INTRAVENOUS SOLUTION	3	
<i>labetalol intravenous solution</i>	1	
<i>labetalol oral tablet</i>	1	
LASIX ORAL TABLET	3	
LEVAMLODIPINE ORAL TABLET	3	ST
<i>lisinopril oral tablet</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet</i>	1	
LOPRESSOR ORAL TABLET	3	ST
<i>losartan oral tablet</i>	1	
<i>losartan-hydrochlorothiazide oral tablet</i>	1	
LOTENSIN HCT ORAL TABLET	3	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	
<i>matzim la oral tablet extended release 24 hr</i>	1	
MAXZIDE ORAL TABLET	3	
MAXZIDE-25MG ORAL TABLET	3	
<i>methyldopa oral tablet</i>	1	
<i>methyldopa-hydrochlorothiazide oral tablet</i>	1	
<i>methyldopate intravenous solution</i>	1	
<i>metolazone oral tablet</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet</i>	1	
<i>metoprolol tartrate intravenous solution</i>	1	
<i>metoprolol tartrate oral tablet</i>	1	
<i>metirosine oral capsule</i>	1	PA
MINIPRESS ORAL CAPSULE	3	
<i>minoxidil oral tablet</i>	1	
<i>moexipril oral tablet</i>	1	
<i>nadolol oral tablet</i>	1	
<i>nebivolol oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>nicardipine oral capsule</i>	1	
<i>nifedipine oral capsule</i>	1	
<i>nifedipine oral tablet extended release</i>	1	
<i>nifedipine oral tablet extended release 24hr</i>	1	
<i>nimodipine oral capsule</i>	1	
<i>nisoldipine oral tablet extended release 24 hr</i>	1	
NORLIQVA ORAL SOLUTION	3	ST
NYMALIZE ORAL SOLUTION	3	
NYMALIZE ORAL SYRINGE	3	
<i>olmesartan oral tablet</i>	1	
<i>olmesartan-amlodipin-hcthiiazid oral tablet</i>	1	
<i>olmesartan-hydrochlorothiazide oral tablet</i>	1	
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK	4	LA; QL
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK	4	LA; QL

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Drug Name	Drug Tier	Requirements / Limits
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK	4	LA; QL
ORENITRAM ORAL TABLET EXTENDED RELEASE	4	PA; LA; QL
<i>papaverine injection solution</i>	1	
<i>perindopril erbumine oral tablet</i>	1	
<i>phenoxybenzamine oral capsule</i>	1	PA
<i>pindolol oral tablet</i>	1	
<i>prazosin oral capsule</i>	1	
PRESTALIA ORAL TABLET	3	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR	3	
<i>propranolol intravenous solution</i>	1	
<i>propranolol oral capsule,extended release 24 hr</i>	1	
<i>propranolol oral solution</i>	1	
<i>propranolol oral tablet</i>	1	
<i>propranolol- hydrochlorothiazid oral tablet</i>	1	
QBRELIS ORAL SOLUTION	3	PA

Drug Name	Drug Tier	Requirements / Limits
<i>quinapril oral tablet</i>	1	
<i>quinapril- hydrochlorothiazide oral tablet</i>	1	
<i>ramipril oral capsule</i>	1	
SODIUM EDECRIN INTRAVENOUS RECON SOLN	3	
<i>spironolactone oral tablet</i>	1	
<i>spironolacton- hydrochlorothiaz oral tablet</i>	1	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	
<i>taztia xt oral capsule,extended release 24 hr</i>	1	
TEKTURNA HCT ORAL TABLET	2	
TEKTURNA ORAL TABLET	3	
<i>telmisartan oral tablet</i>	1	
<i>telmisartan- amlodipine oral tablet</i>	1	
<i>telmisartan- hydrochlorothiazid oral tablet</i>	1	
TENORETIC 100 ORAL TABLET	3	ST
TENORETIC 50 ORAL TABLET	3	ST

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Drug Name	Drug Tier	Requirements / Limits
TENORMIN ORAL TABLET	3	ST
<i>terazosin oral capsule</i>	1	QL
THALITONE ORAL TABLET	3	
<i>tiadylt er oral capsule,extended release 24 hr</i>	1	
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	
<i>timolol maleate oral tablet</i>	1	
<i>torsemide oral tablet</i>	1	
<i>trandolapril oral tablet</i>	1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr</i>	1	
<i>triamterene oral capsule</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	
UPTRAVI INTRAVENOUS RECON SOLN	4	PA; LA
UPTRAVI ORAL TABLET	4	PA; LA; QL
UPTRAVI ORAL TABLETS,DOSE PACK	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
VALSARTAN ORAL SOLUTION	3	ST
<i>valsartan oral tablet</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet</i>	1	
VASERETIC ORAL TABLET	3	
VASOTEC ORAL TABLET	3	
<i>velettri intravenous recon soln</i>	4	PA; LA
<i>verapamil oral capsule, 24 hr er pellet ct</i>	1	
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	1	
<i>verapamil oral tablet</i>	1	
<i>verapamil oral tablet extended release</i>	1	
VERELAN PM ORAL CAPSULE, 24 HR ER PELLETT CT	3	
ZESTORETIC ORAL TABLET	3	
ZESTRIL ORAL TABLET	3	
ZIAC ORAL TABLET	3	ST
CARDIAC GLYCOSIDES		
<i>digox oral tablet</i>	1	
<i>digoxin oral solution</i>	1	
<i>digoxin oral tablet</i>	1	
LANOXIN ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements / Limits
COAGULATION THERAPY		
ADVATE INTRAVENOUS RECON SOLN	4	LA
ADYNOVATE INTRAVENOUS SOLUTION	4	LA
AFSTYLA INTRAVENOUS RECON SOLN	4	LA
AGGRASTAT CONCENTRATE INTRAVENOUS CONCENTRATE	3	
AGGRASTAT IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 5 MG/100 ML (50 MCG/ML)	3	
ALPHANATE INTRAVENOUS RECON SOLN	4	LA
ALPHANINE SD INTRAVENOUS RECON SOLN	4	LA
ALPROLIX INTRAVENOUS RECON SOLN	4	LA
ALTUVIIIO INTRAVENOUS RECON SOLN	4	LA
AMICAR ORAL SOLUTION	3	
AMICAR ORAL TABLET	3	
<i>aminocaproic acid intravenous solution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>aminocaproic acid oral solution</i>	1	
<i>aminocaproic acid oral tablet</i>	1	
ANDEXXA INTRAVENOUS RECON SOLN	3	
ANGIOMAX INTRAVENOUS RECON SOLN	3	
<i>argatroban in 0.9 % sod chlor intravenous solution</i>	1	
ARGATROBAN IN NACL (ISO-OS) INTRAVENOUS SOLUTION	3	
ARGATROBAN INTRAVENOUS SOLUTION	3	
ARIXTRA SUBCUTANEOUS SYRINGE	4	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i>	1	
ASPIRIN- OMEPRAZOLE ORAL TABLET,IR,DELA YED REL,BIPHASIC 81-40 MG	3	PA
BENEFIX INTRAVENOUS RECON SOLN	4	LA
<i>bivalirudin intravenous recon soln</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
BIVALIRUDIN INTRAVENOUS SOLUTION	3	
BRILINTA ORAL TABLET	2	
CABLIVI INJECTION KIT	4	PA; LA
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN	4	LA
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN	4	LA
<i>cilostazol oral tablet</i>	1	
<i>clopidogrel oral tablet</i>	1	
COAGADEX INTRAVENOUS RECON SOLN	4	LA
CYKLOKAPRON INTRAVENOUS SOLUTION	3	
<i>dabigatran etexilate oral capsule</i>	1	PA
DEFITELIO INTRAVENOUS SOLUTION	3	
<i>dipyridamole oral tablet</i>	1	
DOPTELET (15 TAB PACK) ORAL TABLET	4	PA; LA; QL
EFFIENT ORAL TABLET	3	

Drug Name	Drug Tier	Requirements / Limits
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	2	PA
ELIQUIS ORAL TABLET	2	PA
ELOCTATE INTRAVENOUS RECON SOLN	4	LA
<i>enoxaparin subcutaneous solution</i>	4	
<i>enoxaparin subcutaneous syringe</i>	4	
<i>eptifibatide intravenous solution 2 mg/ml</i>	1	
ESPEROCT INTRAVENOUS RECON SOLN	4	LA
FEIBA NF INTRAVENOUS RECON SOLN	4	LA
FIBRYGA INTRAVENOUS RECON SOLN	4	LA
<i>fondaparinux subcutaneous syringe</i>	4	
FRAGMIN SUBCUTANEOUS SOLUTION	4	
FRAGMIN SUBCUTANEOUS SYRINGE	4	
HEMLIBRA SUBCUTANEOUS SOLUTION	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
HEMOFIL M HIGH INTRAVENOUS RECON SOLN	4	LA
HEMOFIL M LOW INTRAVENOUS RECON SOLN	4	LA
HEMOFIL M MID INTRAVENOUS RECON SOLN	4	LA
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN	4	LA
HEPARIN (PORCINE) IN 0.9% NACL INTRAVENOUS PARENTERAL SOLUTION 30,000 UNIT/1,000 ML	3	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	1	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	1	
<i>heparin (porcine) injection solution 1,000 unit/ml</i>	1	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/500 ml</i>	1	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE	3	
HUMATE-P INTRAVENOUS RECON SOLN	4	LA
IDELVION INTRAVENOUS RECON SOLN	4	LA
IXINITY INTRAVENOUS RECON SOLN	4	LA
<i>jantoven oral tablet</i>	1	
JIVI INTRAVENOUS RECON SOLN	4	LA
KCENTRA INTRAVENOUS RECON SOLN	3	
KENGREAL INTRAVENOUS RECON SOLN	3	
KOATE INTRAVENOUS RECON SOLN	4	LA
KOGENATE FS INTRAVENOUS RECON SOLN	4	LA
KOVALTRY INTRAVENOUS RECON SOLN	4	LA
LOVENOX SUBCUTANEOUS SOLUTION	4	
LOVENOX SUBCUTANEOUS SYRINGE	4	
MEPHYTON ORAL TABLET	3	QL

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Drug Name	Drug Tier	Requirements / Limits
MULPLETA ORAL TABLET	4	PA; LA; QL
NOVOEIGHT INTRAVENOUS RECON SOLN	4	LA
NOVOSEVEN RT INTRAVENOUS RECON SOLN	4	LA
NUWIQ INTRAVENOUS RECON SOLN	4	LA
OBIZUR INTRAVENOUS RECON SOLN	4	LA
<i>pentoxifylline oral tablet extended release</i>	1	
PHYTONADIONE (VITAMIN K1) INJECTION SOLUTION 1 MG/0.5 ML	2	
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	1	
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE	2	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	QL
PLAVIX ORAL TABLET 75 MG	3	
PRADAXA ORAL PELLETS IN PACKET	4	PA; LA
<i>prasugrel oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
PRAXBIND INTRAVENOUS SOLUTION	3	
PROFILNINE INTRAVENOUS RECON SOLN	4	LA
PROMACTA ORAL POWDER IN PACKET	4	PA; LA
PROMACTA ORAL TABLET	4	PA; LA
<i>protamine intravenous solution</i>	1	
REBINYN INTRAVENOUS RECON SOLN	4	LA
RECOMBINATE INTRAVENOUS RECON SOLN	4	LA
RIASTAP INTRAVENOUS RECON SOLN	4	LA
RIXUBIS INTRAVENOUS RECON SOLN	4	LA
SEVENFACT INTRAVENOUS RECON SOLN	4	LA
TAVALISSE ORAL TABLET	4	PA; LA; QL
TRANEXAMIC ACID IN NACL,ISO-OS INTRAVENOUS PIGGYBACK	3	
<i>tranexamic acid intravenous solution</i>	1	
<i>vitamin k injection solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>vitamin k1 injection solution</i>	1	
<i>warfarin oral tablet</i>	1	
WILATE INTRAVENOUS RECON SOLN	4	LA
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	2	PA
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	2	PA
XARELTO ORAL TABLET	2	PA
XYNTHA INTRAVENOUS SOLUTION	4	LA
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE	4	LA
YOSPRALA ORAL TABLET,IR,DELAYED REL,BIPHASIC	3	PA
ZONTIVITY ORAL TABLET	3	
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin oral tablet</i>	1	QL
ANTARA ORAL CAPSULE 30 MG, 90 MG	3	ST

Drug Name	Drug Tier	Requirements / Limits
ATORVALIQ ORAL SUSPENSION	3	ST; QL
<i>atorvastatin oral tablet</i>	1	QL
CADUET ORAL TABLET	3	ST; QL
<i>cholestyramine (with sugar) oral powder</i>	1	
<i>cholestyramine (with sugar) oral powder in packet</i>	1	
<i>cholestyramine light oral powder</i>	1	
<i>cholestyramine light oral powder in packet</i>	1	
<i>colesevelam oral powder in packet</i>	1	
<i>colesevelam oral tablet</i>	1	
COLESTID FLAVORED ORAL PACKET	3	ST
COLESTID ORAL GRANULES	3	ST
COLESTID ORAL PACKET	3	ST
COLESTID ORAL TABLET	3	ST
<i>colestipol oral granules</i>	1	
<i>colestipol oral packet</i>	1	
<i>colestipol oral tablet</i>	1	
EVKEEZA INTRAVENOUS SOLUTION	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
<i>ezetimibe oral tablet</i>	1	
<i>ezetimibe-simvastatin oral tablet</i>	1	QL
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	3	ST
<i>fenofibrate nanocrystallized oral tablet</i>	1	
FENOFIBRATE ORAL CAPSULE	3	ST
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibrate oral tablet 40 mg</i>	1	ST
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec)</i>	1	
<i>fenofibric acid oral tablet</i>	1	
FENOGLIDE ORAL TABLET	3	ST
FIBRICOR ORAL TABLET	3	ST
FLOLIPID ORAL SUSPENSION	3	ST; QL
<i>fluvastatin oral capsule</i>	1	QL
<i>fluvastatin oral tablet extended release 24 hr</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>gemfibrozil oral tablet</i>	1	
<i>icosapent ethyl oral capsule</i>	1	PA
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	4	PA; LA
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL
LIPOFEN ORAL CAPSULE	3	ST
LIVALO ORAL TABLET	2	ST; QL
LOPID ORAL TABLET	3	
<i>lovastatin oral tablet</i>	1	QL
LOVAZA ORAL CAPSULE	3	PA
NEXLETOL ORAL TABLET	2	PA
NEXLIZET ORAL TABLET	2	PA
<i>niacin oral tablet 500 mg</i>	1	
<i>niacin oral tablet extended release 24 hr</i>	1	
NIACOR ORAL TABLET	3	
<i>omega-3 acid ethyl esters oral capsule</i>	1	PA
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR	3	PA; QL
<i>pravastatin oral tablet</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>prevalite oral powder</i>	1	
<i>prevalite oral powder in packet</i>	1	
QUESTRAN LIGHT ORAL POWDER	3	ST
QUESTRAN ORAL POWDER	3	ST
QUESTRAN ORAL POWDER IN PACKET	3	ST
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR	2	PA; QL
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR	2	PA; QL
REPATHA SYRINGE SUBCUTANEOUS SYRINGE	2	PA; QL
<i>rosuvastatin oral tablet</i>	1	QL
<i>simvastatin oral tablet</i>	1	QL
TRICOR ORAL TABLET	3	ST
TRILIPIX ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	ST
VASCEPA ORAL CAPSULE	2	PA
ZYPITAMAG ORAL TABLET	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ASPRUZYO SPRINKLE ORAL EXTEND RELEASE GRANULES,PACKET	3	
CAMZYOS ORAL CAPSULE	4	PA; LA; QL
CORLANOR ORAL SOLUTION	2	PA
CORLANOR ORAL TABLET	2	PA
ENTRESTO ORAL TABLET	2	PA; QL
FILSPARI ORAL TABLET	4	PA; LA; QL
GIAPREZA INTRAVENOUS SOLUTION	3	
<i>isoproterenol hcl injection solution</i>	1	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR	3	
<i>ranolazine oral tablet extended release 12 hr</i>	1	
VECAMEYL ORAL TABLET	3	
VERQUVO ORAL TABLET	2	PA; QL
VYNDAMAX ORAL CAPSULE	4	PA; LA
VYNDAQEL ORAL CAPSULE	4	PA; LA
NITRATES		

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Drug Name	Drug Tier	Requirements / Limits
GONITRO SUBLINGUAL POWDER IN PACKET	3	
ISORDIL ORAL TABLET	3	
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	
<i>isosorbide dinitrate oral tablet</i>	1	
<i>isosorbide mononitrate oral tablet</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	1	
<i>nitro-bid transdermal ointment</i>	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR	3	
<i>nitroglycerin sublingual tablet</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	
<i>nitroglycerin translingual spray,non-aerosol</i>	1	
NITROLINGUAL TRANSLINGUAL SPRAY, NON- AEROSOL	3	
NITROMIST TRANSLINGUAL AEROSOL, SPRAY	3	

Drug Name	Drug Tier	Requirements / Limits
NITROSTAT SUBLINGUAL TABLET	3	
<i>nitro-time oral capsule, extended release</i>	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule</i>	1	
<i>calcipotriene scalp solution</i>	1	QL
<i>calcipotriene topical cream</i>	1	QL
CALCIPOTRIENE TOPICAL FOAM	3	ST; QL
<i>calcipotriene topical ointment</i>	1	QL
<i>calcipotriene- betamethasone topical ointment</i>	1	ST; QL
<i>calcipotriene- betamethasone topical suspension</i>	1	QL
<i>calcitriol topical ointment</i>	1	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE	4	PA; LA; QL
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
COSENTYX SUBCUTANEOUS SYRINGE	4	PA; LA; QL
ENSTILAR TOPICAL FOAM	2	ST; QL
EPIFOAM TOPICAL FOAM	3	ST
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	1	ST
ILUMYA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
OVACE PLUS SHAMPOO TOPICAL SHAMPOO	3	
OVACE PLUS TOPICAL CLEANSER	3	
OVACE PLUS TOPICAL CREAM	3	
OVACE PLUS TOPICAL LOTION	3	
OVACE PLUS WASH TOPICAL CLEANSER, GEL	3	
OVACE TOPICAL CLEANSER	3	
PLEXION NS TOPICAL SHAMPOO	3	
PRAMOSONE TOPICAL CREAM	3	ST
PRAMOSONE TOPICAL LOTION	3	ST
PRAMOSONE TOPICAL OINTMENT	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>selenium sulfide topical lotion</i>	1	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	1	
SELRX TOPICAL SHAMPOO	3	
SILIQ SUBCUTANEOUS SYRINGE	4	PA; LA; QL
SKYRIZI SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; LA; QL
SOTYKTU ORAL TABLET	4	PA; LA; QL
STELARA SUBCUTANEOUS SOLUTION	4	PA; LA; QL
STELARA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
<i>sulfacetamide sodium topical cleanser</i>	1	
<i>sulfacetamide sodium topical cleanser, gel</i>	1	
<i>sulfacetamide sodium topical shampoo</i>	1	
TACLONEX TOPICAL OINTMENT	3	ST; QL
TACLONEX TOPICAL SUSPENSION	3	QL

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Drug Name	Drug Tier	Requirements / Limits
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
TALTZ SYRINGE SUBCUTANEOUS SYRINGE	4	PA; LA; QL
TERSI FOAM TOPICAL FOAM	3	
TREMFYA SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
TREMFYA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
VECTICAL TOPICAL OINTMENT	3	
WYNZORA TOPICAL CREAM	3	ST; QL
BURN THERAPY		
SILVADENE TOPICAL CREAM	3	
<i>silver sulfadiazine topical cream</i>	1	
<i>ssd topical cream</i>	1	
KERATOLYTICS		

Drug Name	Drug Tier	Requirements / Limits
INOVA 4-1 TOPICAL COMBO PACK	3	ST
INOVA 8-2 TOPICAL COMBO PACK	3	ST
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS SYRINGE	4	PA; LA; QL
AMELUZ TOPICAL GEL	3	
<i>ammonium lactate topical cream</i>	1	
<i>ammonium lactate topical lotion</i>	1	
CANTHARIDIN IN ACETONE TOPICAL SOLUTION	3	
CIBINQO ORAL TABLET	4	PA; LA; QL
CONDYLOX TOPICAL GEL	3	ST; QL
CORTANE-B TOPICAL LOTION	3	
<i>diclofenac sodium topical gel 3 %</i>	1	PA; QL
<i>doxepin topical cream</i>	1	QL
DRYSOL DAB-O-MATIC TOPICAL SOLUTION	3	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE	4	PA; LA; QL
EFUDEX TOPICAL CREAM	3	ST
ELIDEL TOPICAL CREAM	3	ST; QL
EUCRISA TOPICAL OINTMENT	3	ST; QL
FLUOROPLEX TOPICAL CREAM	3	
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution</i>	1	
HYFTOR TOPICAL GEL	4	PA; LA
<i>iodine-sodium iodide topical tincture 2 %</i>	1	
IODOFLEX TOPICAL PADS, MEDICATED	3	
IODOSORB TOPICAL GEL	3	
LEVULAN TOPICAL SOLUTION	3	
<i>methoxsalen oral capsule, liqd-filled, rapid rel</i>	1	
<i>methyl salicylate oil</i>	1	
<i>methyl salicylate topical liquid</i>	1	
OPZELURA TOPICAL CREAM	3	PA; QL
PANRETIN TOPICAL GEL	3	PA

Drug Name	Drug Tier	Requirements / Limits
<i>pimecrolimus topical cream</i>	1	ST; QL
<i>podofilox topical solution</i>	1	
PROTOPIC TOPICAL OINTMENT	3	ST; QL
<i>prudoxin topical cream</i>	1	QL
QBREXZA TOPICAL TOWELETTE	3	PA
REGRANEX TOPICAL GEL	2	QL
<i>tacrolimus topical ointment</i>	1	ST; QL
UVADEX INJECTION SOLUTION	2	
VALCHLOR TOPICAL GEL	4	LA
VEREGEN TOPICAL OINTMENT	3	PA; QL
<i>wintergreen oil oil</i>	1	
ZONALON TOPICAL CREAM	3	QL
THERAPY FOR ACNE		
ABSORICA LD ORAL CAPSULE	3	ST
ABSORICA ORAL CAPSULE	3	ST
<i>acutane oral capsule</i>	1	
ACZONE TOPICAL GEL	3	ST

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Drug Name	Drug Tier	Requirements / Limits
ACZONE TOPICAL GEL WITH PUMP	3	ST
<i>adapalene topical cream</i>	1	PA
<i>adapalene topical gel 0.3 %</i>	1	PA
<i>adapalene topical gel with pump</i>	1	PA
ADAPALENE TOPICAL LOTION	3	PA
<i>adapalene topical solution</i>	1	PA
<i>adapalene topical swab</i>	1	PA
<i>adapalene-benzoyl peroxide topical gel with pump</i>	1	PA
AKLIEF TOPICAL CREAM	3	PA
ALTRENO TOPICAL LOTION	3	PA
<i>amnesteam oral capsule</i>	1	
AMZEEQ TOPICAL FOAM	3	ST
ARAZLO TOPICAL LOTION	3	PA
ATRALIN TOPICAL GEL	3	PA
AVAR LS TOPICAL CLEANSER	3	ST
<i>avar topical cleanser</i>	1	
AVAR-E GREEN TOPICAL CREAM	3	ST
AVAR-E LS TOPICAL CREAM	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>avita topical cream</i>	1	PA
AVITA TOPICAL GEL	3	PA
<i>azelaic acid topical gel</i>	1	
AZELEX TOPICAL CREAM	3	ST
BENZAMYCIN TOPICAL GEL	3	ST
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER	3	ST
<i>benzoyl peroxide topical cleanser 7 %</i>	1	
<i>benzoyl peroxide topical foam</i>	1	
<i>brimonidine topical gel with pump</i>	1	PA
<i>claravis oral capsule</i>	1	
CLEOCIN T TOPICAL LOTION	3	ST; QL
CLINDACIN ETZ TOPICAL KIT	3	ST
<i>clindacin etz topical swab</i>	1	
<i>clindacin p topical swab</i>	1	
CLINDACIN PAC TOPICAL KIT	3	ST
<i>clindacin topical foam</i>	1	QL
CLINDAGEL TOPICAL GEL, ONCE DAILY	3	ST; QL
<i>clindamycin phosphate topical foam</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>clindamycin phosphate topical gel</i>	1	QL
<i>clindamycin phosphate topical gel, once daily</i>	1	QL
<i>clindamycin phosphate topical lotion</i>	1	QL
<i>clindamycin phosphate topical solution</i>	1	QL
<i>clindamycin phosphate topical swab</i>	1	
<i>clindamycin-benzoyl peroxide topical gel</i>	1	
<i>clindamycin-benzoyl peroxide topical gel with pump</i>	1	
<i>clindamycin-tretinoin topical gel</i>	1	PA
<i>dapsone topical gel</i>	1	
<i>dapsone topical gel with pump</i>	1	
DIFFERIN TOPICAL CREAM	3	PA
DIFFERIN TOPICAL GEL WITH PUMP	3	PA
DIFFERIN TOPICAL LOTION	3	PA
EPIDUO FORTE TOPICAL GEL WITH PUMP	3	PA
<i>ery pads topical swab</i>	1	
<i>erygel topical gel</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>erythromycin with ethanol topical gel</i>	1	
<i>erythromycin with ethanol topical solution</i>	1	
<i>erythromycin-benzoyl peroxide topical gel</i>	1	
EVOCLIN TOPICAL FOAM	3	ST; QL
FABIOR TOPICAL FOAM	3	PA
FINACEA TOPICAL FOAM	2	ST
FINACEA TOPICAL GEL	3	ST
INOVA TOPICAL COMBO PACK	3	ST
<i>isotretinoin oral capsule</i>	1	
<i>ivermectin topical cream</i>	1	QL
METROCREAM TOPICAL CREAM	3	ST
METROGEL TOPICAL GEL 1 %	3	ST
<i>metronidazole topical cream</i>	1	
<i>metronidazole topical gel</i>	1	
<i>metronidazole topical gel with pump</i>	1	
<i>metronidazole topical lotion</i>	1	
MIRVASO TOPICAL GEL WITH PUMP	2	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>myorisan oral capsule</i>	1	
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL	3	ST
<i>neuac topical gel</i>	1	
NORITATE TOPICAL CREAM	3	ST
ONEXTON TOPICAL GEL WITH PUMP	2	ST
PACNEX TOPICAL CLEANSER	3	ST
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED	3	ST
PLEXION TOPICAL CLEANSER	3	ST
PLEXION TOPICAL CREAM	3	ST
PLEXION TOPICAL LOTION	3	ST
PR BENZOYL PEROXIDE TOPICAL CLEANSER	3	ST
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP	3	PA
RETIN-A MICRO TOPICAL GEL	3	PA
RETIN-A TOPICAL CREAM	3	PA
RETIN-A TOPICAL GEL	3	PA

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

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Drug Name	Drug Tier	Requirements / Limits
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i>	1	
SUMADAN TOPICAL CLEANSER	3	ST
SUMADAN TOPICAL KIT	3	ST
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM	3	ST
SUMAXIN CP TOPICAL KIT	3	ST
SUMAXIN TOPICAL CLEANSER	3	ST
SUMAXIN TOPICAL PADS, MEDICATED	3	ST
<i>tazarotene topical cream</i>	1	PA
TAZAROTENE TOPICAL FOAM	3	PA
<i>tazarotene topical gel</i>	1	PA
TAZORAC TOPICAL CREAM	3	PA
TAZORAC TOPICAL GEL	3	PA
<i>tretinoin microspheres topical gel</i>	1	PA
<i>tretinoin microspheres topical gel with pump</i>	1	PA
<i>tretinoin topical cream</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
<i>tretinoin topical gel</i>	1	PA
WINLEVI TOPICAL CREAM	3	PA
<i>zenatane oral capsule</i>	1	
ZIANA TOPICAL GEL	3	PA
TOPICAL ANESTHETICS		
<i>bupivacaine (pf) injection solution</i>	1	
<i>bupivacaine-epinephrine (pf) injection solution</i>	1	
BUPIVACAINE-EPINEPHRINE BITART INJECTION CARTRIDGE	3	
<i>chloroprocaine (pf) injection solution 20 mg/ml (2 %)</i>	1	
COCAINE NASAL SOLUTION	3	
EXPAREL (PF) LOCAL INFILTRATION SUSPENSION	3	
GOPRELTO NASAL SOLUTION	3	
<i>lidocaine (pf) injection solution</i>	1	
<i>lidocaine hcl injection solution</i>	1	
<i>lidocaine hcl laryngotracheal solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine hcl-hydrocortison ac topical cream</i>	1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	PA
<i>lidocaine topical ointment</i>	1	QL
<i>lidocaine viscous mucous membrane solution</i>	1	
<i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000</i>	1	
<i>lidocaine-prilocaine topical cream</i>	1	QL
<i>lidocaine-prilocaine topical kit</i>	1	
<i>lidocort topical cream</i>	1	
<i>lta pre-attached laryngotracheal solution</i>	1	
NUMBRINO NASAL SOLUTION	3	
<i>polocaine-mpf injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)</i>	1	
<i>ropivacaine (pf) injection solution</i>	1	
XARACOLL IMPLANT IMPLANT	3	

Drug Name	Drug Tier	Requirements / Limits
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200,000, 2 %-1:200,000	3	
TOPICAL ANTIBACTERIALS		
ALTABAX TOPICAL OINTMENT	3	ST; QL
CENTANY AT TOPICAL OINTMENT KIT	3	ST; QL
CENTANY TOPICAL OINTMENT	3	ST; QL
<i>gentamicin topical cream</i>	1	QL
<i>gentamicin topical ointment</i>	1	QL
KLARON TOPICAL SUSPENSION	3	ST
<i>lugols topical solution</i>	1	
<i>mafenide acetate topical packet</i>	1	
<i>mupirocin calcium topical cream</i>	1	ST; QL
<i>mupirocin topical ointment</i>	1	QL
NEO-SYNALAR KIT TOPICAL CREAM	3	
NEO-SYNALAR TOPICAL CREAM	3	
<i>strong iodine topical solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>sulfacetamide sodium (acne) topical suspension</i>	1	
SULFAMYLON TOPICAL CREAM	2	
XEPI TOPICAL CREAM	3	ST; QL
TOPICAL ANTIFUNGALS		
CICLODAN KIT TOPICAL COMBO PACK	3	
<i>ciclodan topical cream</i>	1	QL
<i>ciclodan topical solution</i>	1	
<i>ciclopirox topical cream</i>	1	QL
<i>ciclopirox topical gel</i>	1	QL
<i>ciclopirox topical shampoo</i>	1	QL
<i>ciclopirox topical solution</i>	1	
<i>ciclopirox topical suspension</i>	1	QL
<i>clotrimazole topical cream</i>	1	QL
<i>clotrimazole topical solution</i>	1	QL
<i>clotrimazole-betamethasone topical cream</i>	1	QL
<i>clotrimazole-betamethasone topical lotion</i>	1	QL
<i>econazole topical cream</i>	1	QL

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

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Drug Name	Drug Tier	Requirements / Limits
LOPROX TOPICAL SHAMPOO	3	QL
LULICONAZOLE TOPICAL CREAM	3	PA; QL
LUZU TOPICAL CREAM	3	PA; QL
MENTAX TOPICAL CREAM	3	QL
MICONAZOLE NITRATE-ZINC OX-PET TOPICAL OINTMENT	3	QL
<i>naftifine topical cream</i>	1	QL
<i>naftifine topical gel 2 %</i>	1	QL
NAFTIN TOPICAL GEL	3	QL
<i>nyamyc topical powder</i>	1	QL
<i>nystatin topical cream</i>	1	QL
<i>nystatin topical ointment</i>	1	QL
<i>nystatin topical powder</i>	1	QL
<i>nystatin-triamcinolone topical cream</i>	1	QL
<i>nystatin-triamcinolone topical ointment</i>	1	QL
<i>nystop topical powder</i>	1	QL
<i>oxiconazole topical cream</i>	1	QL
OXISTAT TOPICAL LOTION	3	QL

Drug Name	Drug Tier	Requirements / Limits
SULCONAZOLE TOPICAL CREAM	3	QL
SULCONAZOLE TOPICAL SOLUTION	3	QL
<i>tavaborole topical solution with applicator</i>	1	ST
VUSION TOPICAL OINTMENT	3	QL
XOLEGEL TOPICAL GEL	3	QL
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream</i>	1	PA; QL
<i>acyclovir topical ointment</i>	1	PA; QL
DENAVIR TOPICAL CREAM	3	
<i>penciclovir topical cream</i>	1	
XERESE TOPICAL CREAM	3	
ZOVIRAX TOPICAL CREAM	3	PA; QL
ZOVIRAX TOPICAL OINTMENT	3	PA; QL
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	1	
ALA-SCALP TOPICAL LOTION	3	ST
<i>alclometasone topical cream</i>	1	
<i>alclometasone topical ointment</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>amcinonide topical cream</i>	1	ST
<i>beseer topical lotion</i>	1	ST
<i>betamethasone dipropionate topical cream</i>	1	
<i>betamethasone dipropionate topical lotion</i>	1	
<i>betamethasone dipropionate topical ointment</i>	1	
<i>betamethasone valerate topical cream</i>	1	
<i>betamethasone valerate topical foam</i>	1	ST
<i>betamethasone valerate topical lotion</i>	1	
<i>betamethasone valerate topical ointment</i>	1	
<i>betamethasone, augmented topical cream</i>	1	
<i>betamethasone, augmented topical gel</i>	1	
<i>betamethasone, augmented topical lotion</i>	1	
<i>betamethasone, augmented topical ointment</i>	1	
CAPEX TOPICAL SHAMPOO	3	ST
<i>clobetasol scalp solution</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>clobetasol topical cream</i>	1	QL
<i>clobetasol topical foam</i>	1	ST; QL
<i>clobetasol topical gel</i>	1	QL
<i>clobetasol topical lotion</i>	1	ST; QL
<i>clobetasol topical ointment</i>	1	QL
<i>clobetasol topical shampoo</i>	1	ST; QL
<i>clobetasol topical spray,non-aerosol</i>	1	ST; QL
<i>clobetasol-emollient topical cream</i>	1	QL
<i>clobetasol-emollient topical foam</i>	1	ST; QL
CLOBEX TOPICAL SHAMPOO	3	ST; QL
CLOBEX TOPICAL SPRAY, NON-AEROSOL	3	ST; QL
<i>clocortolone pivalate topical cream</i>	1	
CLODAN KIT TOPICAL KIT, SHAMPOO AND CLEANSER	3	ST; QL
<i>clodan topical shampoo</i>	1	ST; QL
CLODERM TOPICAL CREAM	3	ST
CORDRAN TAPE LARGE ROLL TOPICAL TAPE	3	ST
CORDRAN TOPICAL CREAM	3	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
CORDRAN TOPICAL LOTION	3	ST; QL
CORDRAN TOPICAL OINTMENT	3	ST; QL
DERMA-SMOOTHIE/FS BODY OIL TOPICAL OIL	3	ST
DERMA-SMOOTHIE/FS SCALP OIL SCALP OIL	3	ST
<i>desonide topical cream</i>	1	
<i>desonide topical gel</i>	1	ST
<i>desonide topical lotion</i>	1	ST
<i>desonide topical ointment</i>	1	
<i>desoximetasone topical cream</i>	1	ST
<i>desoximetasone topical gel</i>	1	ST
<i>desoximetasone topical ointment</i>	1	ST
<i>desoximetasone topical spray, non-aerosol</i>	1	ST
<i>desrx topical gel</i>	1	ST
<i>diflorasone topical cream</i>	1	ST; QL
<i>diflorasone topical ointment</i>	1	ST; QL
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>fluocinolone and shower cap scalp oil</i>	1	
<i>fluocinolone topical cream</i>	1	
<i>fluocinolone topical oil</i>	1	
<i>fluocinolone topical ointment</i>	1	
<i>fluocinolone topical solution</i>	1	
<i>fluocinonide topical cream 0.05 %</i>	1	QL
<i>fluocinonide topical cream 0.1 %</i>	1	ST; QL
<i>fluocinonide topical gel</i>	1	QL
<i>fluocinonide topical ointment</i>	1	QL
<i>fluocinonide topical solution</i>	1	QL
<i>fluocinonide-e topical cream</i>	1	QL
<i>flurandrenolide topical cream</i>	1	ST; QL
<i>flurandrenolide topical lotion</i>	1	ST; QL
<i>flurandrenolide topical ointment</i>	1	ST; QL
<i>fluticasone propionate topical cream</i>	1	
<i>fluticasone propionate topical lotion</i>	1	ST
<i>fluticasone propionate topical ointment</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone valerate topical cream</i>	1	
<i>hydrocortisone valerate topical ointment</i>	1	
IMPEKLO TOPICAL LOTION IN METERED-DOSE PUMP	3	ST; QL
IMPOYZ TOPICAL CREAM	3	ST; QL
KENALOG TOPICAL AEROSOL	3	ST; QL
LEXETTE TOPICAL FOAM	3	ST
LOCOID LIPOCREAM TOPICAL CREAM	3	ST; QL
LOCOID TOPICAL LOTION	3	ST; QL
LUXIQ TOPICAL FOAM	3	ST
<i>mometasone topical cream</i>	1	
<i>mometasone topical ointment</i>	1	
<i>mometasone topical solution</i>	1	
<i>nolix topical cream</i>	1	ST; QL
<i>nolix topical lotion</i>	1	ST; QL
NUCORT TOPICAL LOTION	3	ST
OLUX TOPICAL FOAM	3	ST; QL
OLUX-E TOPICAL FOAM	3	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
PANDEL TOPICAL CREAM	3	ST
<i>prednicarbate topical cream</i>	1	
<i>prednicarbate topical ointment</i>	1	
PROCTOCORT TOPICAL CREAM	3	ST
SCALACORT DK TOPICAL COMBO PACK	3	ST
<i>scalacort topical lotion</i>	1	
SERNIVO TOPICAL SPRAY WITH PUMP	3	ST
SYNALAR CREAM KIT TOPICAL CREAM	3	ST
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM	3	ST
SYNALAR TOPICAL CREAM	3	ST
SYNALAR TOPICAL OINTMENT	3	ST
SYNALAR TOPICAL SOLUTION	3	ST
SYNALAR TS TOPICAL KIT	3	ST
TEMOVATE TOPICAL OINTMENT	3	ST; QL
TEXACORT TOPICAL SOLUTION	3	ST

Drug Name	Drug Tier	Requirements / Limits
TOPICORT TOPICAL CREAM	3	ST
TOPICORT TOPICAL GEL	3	ST
TOPICORT TOPICAL OINTMENT	3	ST
TOPICORT TOPICAL SPRAY,NON-AEROSOL	3	ST
<i>tovet emollient topical foam</i>	1	ST; QL
<i>triamcinolone acetonide topical aerosol</i>	1	ST; QL
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	1	ST
<i>triderm topical cream 0.1 %</i>	1	
<i>triderm topical cream 0.5 %</i>	1	ST
<i>tritocin topical ointment</i>	1	ST
ULTRAVATE TOPICAL LOTION	3	ST
VANOS TOPICAL CREAM	3	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
VERDESO TOPICAL FOAM	3	ST
TOPICAL ENZYMES		
NEXOBRID TOPICAL GEL	3	
SANTYL TOPICAL OINTMENT	2	QL
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan topical lotion</i>	1	
ELIMITE TOPICAL CREAM	3	
EURAX TOPICAL CREAM	3	
EURAX TOPICAL LOTION	3	
<i>lindane topical shampoo</i>	1	
<i>malathion topical lotion</i>	1	
NATROBA TOPICAL SUSPENSION	3	
OVIDE TOPICAL LOTION	3	
<i>permethrin topical cream</i>	1	
<i>spinosad topical suspension</i>	1	
ULESFIA TOPICAL LOTION	3	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANTIDOTES		
PROVAYBLUE INTRAVENOUS SOLUTION	3	

Drug Name	Drug Tier	Requirements / Limits
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation solution</i>	1	
<i>neomycin-polymyxin b gu irrigation solution</i>	1	
PHYSIOLYTE IRRIGATION SOLUTION	3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION	3	
<i>ringer's irrigation solution</i>	1	
SORBITOL IRRIGATION SOLUTION 3 %	3	
SORBITOL- MANNITOL TRANSURETHRA L SOLUTION	3	
<i>tis-u-sol pentalyte irrigation irrigation solution</i>	1	
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet,delayed release (dr/ec)</i>	1	
<i>acetic acid irrigation solution</i>	1	
AGRYLIN ORAL CAPSULE	3	
AMMONUL INTRAVENOUS SOLUTION	3	
AMPHADASE INJECTION SOLUTION	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>anagrelide oral capsule</i>	1	
<i>aqua care sodium chloride irrigation solution</i>	1	
<i>aqua care sterile water irrigation solution</i>	1	
BUPHENYL ORAL POWDER	3	PA
BUPHENYL ORAL TABLET	3	PA
<i>caffeine citrate oral solution</i>	1	
CARBAGLU ORAL TABLET, DISPERSIBLE	4	LA
<i>carglumic acid oral tablet, dispersible</i>	4	LA
CARNITOR (SUGAR-FREE) ORAL SOLUTION	3	
CARNITOR INTRAVENOUS SOLUTION	3	
CARNITOR ORAL SOLUTION	3	
CARNITOR ORAL TABLET	3	
<i>cevimeline oral capsule</i>	1	
CHEMET ORAL CAPSULE	2	
<i>deferasirox oral granules in packet</i>	4	PA; LA
<i>deferasirox oral tablet</i>	4	PA; LA
<i>deferasirox oral tablet, dispersible</i>	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
<i>deferiprone oral tablet</i>	4	PA; LA
<i>disulfiram oral tablet</i>	1	
<i>droxidopa oral capsule</i>	4	PA; LA
EMPAVELI SUBCUTANEOUS SOLUTION	4	PA; LA
ENDARI ORAL POWDER IN PACKET	4	PA; LA
EVOXAC ORAL CAPSULE	3	
EXJADE ORAL TABLET, DISPERSIBLE	4	PA; LA
EXSERVAN ORAL FILM	4	PA; LA
FERRIPROX (2 TIMES A DAY) ORAL TABLET	4	PA; LA
FERRIPROX ORAL SOLUTION	4	PA; LA
FERRIPROX ORAL TABLET	4	PA; LA
FERRLECIT INTRAVENOUS SOLUTION	3	
GIVLAARI SUBCUTANEOUS SOLUTION	4	PA; LA
HYLENEX INJECTION SOLUTION	3	
INCRELEX SUBCUTANEOUS SOLUTION	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
JADENU ORAL TABLET	4	PA; LA
JADENU SPRINKLE ORAL GRANULES IN PACKET	4	PA; LA
JOENJA ORAL TABLET	4	PA; LA; QL
KORSUVA INTRAVENOUS SOLUTION	4	LA
<i>levocarnitine (with sugar) oral solution</i>	1	
<i>levocarnitine oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet</i>	1	
LITHOSTAT ORAL TABLET	3	
METOPIRONE ORAL CAPSULE	3	
<i>midodrine oral tablet</i>	1	
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	4	PA; LA
<i>nitisinone oral capsule 20 mg</i>	4	PA
NITYR ORAL TABLET	4	PA; LA
NORTHERA ORAL CAPSULE	4	PA; LA
ORFADIN ORAL CAPSULE	4	PA; LA
ORFADIN ORAL SUSPENSION	4	PA; LA
OXBRYTA ORAL TABLET	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
OXBRYTA ORAL TABLET FOR SUSPENSION	4	PA; LA; QL
PHEBURANE ORAL GRANULES	4	PA; LA
<i>pilocarpine hcl oral tablet 5 mg</i>	1	
PYRUKYND ORAL TABLET	4	PA; LA; QL
PYRUKYND ORAL TABLETS,DOSE PACK	4	PA; LA; QL
RADIOGARDASE ORAL CAPSULE	3	
RAVICTI ORAL LIQUID	4	PA; LA
RECLAST INTRAVENOUS PIGGYBACK	4	LA
REVCIVI INTRAMUSCULAR SOLUTION	4	PA; LA
RILUTEK ORAL TABLET	3	PA
<i>riluzole oral tablet</i>	1	
<i>risedronate oral tablet 30 mg</i>	1	QL
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	3	
<i>sodium benzoate-sodium phenylacetate intravenous solution</i>	1	
<i>sodium chlor 0.9% bacteriostat injection solution</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated July 1, 2023.

Drug Name	Drug Tier	Requirements / Limits
sodium chloride 0.9 % (flush) injection syringe	1	
sodium chloride 0.9 % injection solution	1	
sodium chloride 0.9 % intravenous parenteral solution	1	
sodium chloride 0.9 % intravenous piggyback	1	
sodium chloride injection syringe	1	
sodium chloride irrigation solution	1	
sodium ferric gluconat-sucrose intravenous solution	1	
sodium phenylbutyrate oral powder	1	PA
sodium phenylbutyrate oral tablet	1	PA
SOLIRIS INTRAVENOUS SOLUTION	4	PA; LA
SYPRINE ORAL CAPSULE	3	PA
TAVNEOS ORAL CAPSULE	4	PA; LA; QL
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC)	4	PA; LA
THIOLA ORAL TABLET	4	PA; LA
TIGLUTIK ORAL SUSPENSION	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
tiopronin oral tablet	4	PA; LA
trientine oral capsule	1	PA
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML	4	PA; LA
water for irrigation, sterile irrigation solution	1	
XURIDEN ORAL GRANULES IN PACKET	4	PA; LA
ZOKINVY ORAL CAPSULE	4	PA; LA; QL
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	4	LA
ZYNRELEF SURGICAL SITE INSTILLATION SOLUTION, EXTENDED RELEASE	3	
SMOKING DETERRENTS		
bupropion hcl (smoking deter) oral tablet extended release 12 hr	5	ACA
CHANTIX CONTINUING MONTH BOX ORAL TABLET	5	ACA
CHANTIX ORAL TABLET 1 MG	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK	5	ACA
NICODERM CQ TRANSDERMAL PATCH 24 HOUR	2	OTC; QL
NICORETTE BUCCAL GUM 2 MG	2	OTC; QL
<i>nicorette buccal gum 4 mg</i>	5	ACA; OTC; QL
NICORETTE BUCCAL LOZENGE	2	OTC; QL
NICORETTE BUCCAL MINI LOZENGE	2	OTC; QL
<i>nicotine (polacrilex) buccal gum</i>	5	ACA; OTC; QL
<i>nicotine (polacrilex) buccal lozenge</i>	5	ACA; OTC; QL
<i>nicotine (polacrilex) buccal mini lozenge</i>	5	ACA; OTC; QL
<i>nicotine transdermal patch 24 hour</i>	5	ACA; OTC; QL
<i>nicotine transdermal patch, td daily, sequential</i>	5	ACA; OTC; QL
NICOTROL INHALATION CARTRIDGE	5	ACA
NICOTROL NS NASAL SPRAY, NON-AEROSOL	5	ACA
<i>quit 2 buccal gum</i>	5	ACA; OTC; QL

Drug Name	Drug Tier	Requirements / Limits
<i>quit 2 buccal lozenge</i>	5	ACA; OTC; QL
<i>quit 4 buccal gum</i>	5	ACA; OTC; QL
<i>quit 4 buccal lozenge</i>	5	ACA; OTC; QL
<i>stop smoking aid buccal lozenge</i>	5	ACA; OTC; QL
<i>varenicline oral tablet</i>	5	ACA
<i>varenicline oral tablets,dose pack</i>	5	ACA

EAR, NOSE & THROAT MEDICATIONS

MISCELLANEOUS AGENTS

<i>azelastine nasal aerosol,spray</i>	1	QL
<i>azelastine nasal spray,non-aerosol</i>	1	
<i>chlorhexidine gluconate mucous membrane mouthwash</i>	1	
CLINPRO 5000 DENTAL PASTE	3	
<i>denta 5000 plus dental cream</i>	1	
<i>dentagel dental gel</i>	1	
<i>fluoride (sodium) dental cream</i>	1	
<i>fluoride (sodium) dental gel</i>	1	
<i>fluoride (sodium) dental paste</i>	1	
<i>fluoride (sodium) dental solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
FLUORIDEX DAILY DEFENSE DENTAL PASTE	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	3	
GELX MUCOUS MEMBRANE GEL	3	
<i>ipratropium bromide nasal spray, non-aerosol</i>	1	QL
JUSTRIGHT 5000 DENTAL PASTE	3	
<i>olopatadine nasal spray, non-aerosol</i>	1	QL
<i>oralone dental paste</i>	1	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	3	
<i>paroex oral rinse mucous membrane mouthwash</i>	1	
PATANASE NASAL SPRAY, NON-AEROSOL	3	QL
PERIDEX MUCOUS MEMBRANE MOUTHWASH	3	
<i>periogard mucous membrane mouthwash</i>	1	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	1	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE	3	

Drug Name	Drug Tier	Requirements / Limits
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE	3	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE	3	
PREVIDENT 5000 PLUS DENTAL CREAM	3	
PREVIDENT 5000 SENSITIVE DENTAL PASTE	3	
PREVIDENT DENTAL GEL	3	
PREVIDENT DENTAL SOLUTION	3	
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	3	
<i>sf 5000 plus dental cream</i>	1	
<i>sf dental gel</i>	1	
<i>sodium fluoride 5000 plus dental cream</i>	1	
<i>sodium fluoride-pot nitrate dental paste</i>	1	
<i>triamcinolone acetonide dental paste</i>	1	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
CETRAXAL OTIC (EAR) DROPPERETTE	3	ST
<i>ciprofloxacin hcl otic (ear) dropperette</i>	1	
DERMOTIC OIL OTIC (EAR) DROPS	3	
<i>flac otic oil otic (ear) drops</i>	1	
<i>fluocinolone acetonide oil otic (ear) drops</i>	1	
<i>hydrocortisone-acetic acid otic (ear) drops</i>	1	
<i>ofloxacin otic (ear) drops</i>	1	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION	3	ST
CIPRODEX OTIC (EAR) DROPS,SUSPENSION	3	ST
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension</i>	1	
CIPROFLOXACIN-FLUOCINOLONE OTIC (EAR) SOLUTION	3	ST
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION	3	

Drug Name	Drug Tier	Requirements / Limits
<i>neomycin-polymyxin-hc otic (ear) drops,suspension</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution</i>	1	
OTOVEL OTIC (EAR) SOLUTION	3	ST
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR INJECTION GEL	4	PA; LA; QL
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE	3	PA
<i>betamethasone acet,sod phos injection suspension</i>	1	
CELESTONE SOLUSPAN INJECTION SUSPENSION	3	
CORTEF ORAL TABLET	3	
<i>cortisone oral tablet</i>	1	
CORTROPHIN GEL INJECTION GEL	4	PA; LA
CORTROSYN INJECTION RECON SOLN	3	
<i>cosyntropin injection recon soln</i>	1	
DEPO-MEDROL INJECTION SUSPENSION	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>dexabliss oral tablets,dose pack</i>	1	PA
<i>dexamethasone intensol oral drops</i>	1	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>dexamethasone oral tablets,dose pack</i>	1	PA
<i>dexamethasone sodium phos (pf) injection solution</i>	1	
<i>dexamethasone sodium phosphate injection solution</i>	1	
<i>dexamethasone sodium phosphate injection syringe</i>	1	
EMFLAZA ORAL SUSPENSION	4	PA; LA
EMFLAZA ORAL TABLET	4	PA; LA
<i>fludrocortisone oral tablet</i>	1	
HEMADY ORAL TABLET	3	PA
<i>hydrocortisone oral tablet</i>	1	
KENALOG INJECTION SUSPENSION	3	
KENALOG-80 INJECTION SUSPENSION	3	

Drug Name	Drug Tier	Requirements / Limits
MEDROL (PAK) ORAL TABLETS,DOSE PACK	3	
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	3	
<i>methylprednisolone acetate injection suspension</i>	1	
<i>methylprednisolone oral tablet</i>	1	
<i>methylprednisolone oral tablets,dose pack</i>	1	
<i>millipred dp oral tablets,dose pack</i>	1	
<i>millipred oral tablet</i>	1	
ORAPRED ODT ORAL TABLET,DISINTEGRATING	3	
<i>prednisolone oral solution</i>	1	
<i>prednisolone oral tablet</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet,disintegrating</i>	1	
<i>prednisone intensol oral concentrate</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet</i>	1	
<i>prednisone oral tablets,dose pack</i>	1	
RAYOS ORAL TABLET,DELAYED RELEASE (DR/EC)	3	PA
TAPERDEX ORAL TABLETS,DOSE PACK	3	PA
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC)	4	PA; LA; QL
<i>triamcinolone acetonide injection suspension</i>	1	
ZCORT ORAL TABLETS,DOSE PACK	3	PA
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>potassium iodide oral solution</i>	1	
<i>propylthiouracil oral tablet</i>	1	
SSKI ORAL SOLUTION	3	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ACCU-CHEK AVIVA PLUS TEST STRIP STRIP	3	ST; OTC; QL

Drug Name	Drug Tier	Requirements / Limits
ACCU-CHEK COMPACT PLUS TEST STRIP	3	ST; OTC; QL
ACCU-CHEK GUIDE TEST STRIPS STRIP	3	ST; OTC; QL
ACCU-CHEK SMARTVIEW TEST STRIP STRIP	3	ST; OTC; QL
ACCUTREND GLUCOSE TEST STRIPS STRIP	3	ST; OTC; QL
ADVANCED GLUC METER TEST STRIP STRIP	3	ST; OTC; QL
ADVOCATE REDI-CODE STRIP	3	ST; OTC; QL
ADVOCATE TEST STRIPS STRIP	3	ST; OTC; QL
AGAMATRIX AMP TEST STRIPS STRIP	3	ST; OTC; QL
ASSURE 4 STRIPS STRIP	3	ST; OTC; QL
ASSURE PLATINUM TEST STRIP STRIP	3	ST; OTC; QL
ASSURE PRISM MULTI STRIP STRIP	3	ST; OTC; QL
BIONIME RIGHTEST TEST STRIPS STRIP	3	ST; OTC; QL
BLOOD GLUCOSE TEST STRIP	3	ST; OTC; QL
CARESENS N TEST STRIPS STRIP	3	ST; OTC; QL
CARETOUCH TEST STRIP STRIP	3	ST; OTC; QL

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

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

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Drug Name	Drug Tier	Requirements / Limits
FIFTY50 TEST STRIP STRIP	3	ST; OTC; QL
FORA 6 CONNECT GLUCOSE STRIP STRIP	3	ST; OTC; QL
FORA D15G STRIPS STRIP	3	ST; OTC; QL
FORA D20 STRIP	3	ST; OTC; QL
FORA D40-G31 TEST STRIPS STRIP	3	ST; OTC; QL
FORA G20 STRIP	3	ST; OTC; QL
FORA G30-PREMIUM V10 TEST STRP STRIP	3	ST; OTC; QL
FORA GD50 TEST STRIPS STRIP	3	ST; OTC; QL
FORA GTEL GLUCOSE TEST STRIP STRIP	3	ST; OTC; QL
FORA TEST STRIP STRIP	3	ST; OTC; QL
FORA TN'G ADVAN PRO TEST STRIP STRIP	3	ST; OTC; QL
FORA TN'G VOICE TEST STRIPS STRIP	3	ST; OTC; QL
FORA V10 STRIP	3	ST; OTC; QL
FORA V10-V12-D10-D20 STRIPS STRIP	3	ST; OTC; QL
FORA V12 GLUCOSE STRIP	3	ST; OTC; QL
FORA V20 STRIP	3	ST; OTC; QL
FORACARE GD20 STRIP	3	ST; OTC; QL

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

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Drug Name	Drug Tier	Requirements / Limits
GLUCOCARD VITAL SENSOR STRIP	3	ST; OTC; QL
GLUCOCARD VITAL TEST STRIPS STRIP	3	ST; OTC; QL
GLUCOCOM GLUCOSE STRIP	3	ST; OTC; QL
GM100 STRIP	3	ST; OTC; QL
GOJJI BLOOD GLUCOSE TEST STRIP STRIP	3	ST; OTC; QL
HARMONY GLUCOSE TEST STRIP STRIP	3	ST; OTC; QL
HEALTHPRO TEST STRIPS STRIP	3	ST; OTC; QL
IGLUCOSE TEST STRIP STRIP	3	ST; OTC; QL
INFINITY TEST STRIPS STRIP	3	ST; OTC; QL
INFINITY VOICE TEST STRIP STRIP	3	ST; OTC; QL
MICRO BLOOD GLUCOSE STRIP	3	ST; OTC; QL
MICRODOT BLOOD GLUCOSE SYSTEM STRIP	3	ST; OTC; QL
MICRODOT XTRA BLOOD GLUCOSE STRIP	3	ST; OTC; QL
MYGLUCOHEALTH STRIP	3	ST; OTC; QL
NEUTEK 2TEK TEST STRIPS STRIP	3	ST; OTC; QL

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

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

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

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

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

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Drug Name	Drug Tier	Requirements / Limits
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE	2	QL
GVOKE SUBCUTANEOUS SOLUTION	2	QL
PROGLYCEM ORAL SUSPENSION	3	
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	3	QL
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE	3	QL
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
2TEK GLUCOSE/BLOOD PRESSURE KIT	3	OTC
ACCU-CHEK GUIDE GLUCOSE METER	3	OTC
ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION	3	OTC
ACCU-CHEK GUIDE ME GLUCOSE MTR	3	OTC
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION	3	OTC

Drug Name	Drug Tier	Requirements / Limits
ACCUTREND GLUCOSE CONTROL SOLUTION	3	OTC
ADVANCED GLUCOSE METER	3	OTC
ADVOCATE BLOOD GLUCOSE MONITOR	3	OTC
ADVOCATE DUO DEVICE	3	OTC
ADVOCATE LOW CONTROL SOLUTION	3	OTC
ADVOCATE REDI-CODE DUO METER DEVICE	3	OTC
ADVOCATE REDI-CODE GLU MONITOR	3	OTC
ADVOCATE REDI-CODE PLUS CTRL L SOLUTION	3	OTC
AGAMATRIX AMP GLUC MONITOR SYS	3	OTC
AGAMATRIX CONTROL HIGH SOLUTION	3	OTC
ASSURE 4 CONTROL SOLUTION COMBO PACK	3	OTC
ASSURE DOSE NORMAL CONTROL SOLUTION	3	OTC
ASSURE PLATINUM GLUCOSE METER	3	OTC

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

Drug Name	Drug Tier	Requirements / Limits
BIONIME RIGHTEST GM300 SYSTEM KIT	3	OTC
BIOTEL CARE BGM-4 METER	3	OTC
BLOOD GLUCOSE CONTROL, NORMAL SOLUTION	3	OTC
BLOOD-GLUCOSE METER	3	OTC
BREEZE 2 CONTROL SOLUTION,HIGH SOLUTION	3	OTC
CARESENS CONTROL A NORMAL SOLUTION	3	OTC
CARESENS N	3	OTC
CARESENS N VOICE	3	OTC
CARETOUCH CONTROL SOLN L2-L3 SOLUTION	3	OTC
CARETOUCH GLUCOSE MONITORING KIT	3	OTC
CEQR SIMPLICITY DEVICE	2	
CLEVER CHEK BLOOD GLUCOSE	3	OTC
CLEVER CHOICE GLUCOSE MONITOR	3	OTC
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION	3	OTC

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

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

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated July 1, 2023.

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

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

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Drug Name	Drug Tier	Requirements / Limits
EVOLUTION BLOOD GLUCOSE METER KIT	3	OTC
EVOLUTION NORMAL CONTROL SOLUTION	3	OTC
EZ SMART PLUS SYSTEM KIT	3	OTC
EZ SMART SYSTEM KIT	3	OTC
FORA D10 KIT	3	OTC
FORA D15 GLUCOSE-BP MONITOR DEVICE	3	OTC
FORA D20 KIT	3	OTC
FORA D40D GLUCOSE-BP MONITOR DEVICE	3	OTC
FORA G20 KIT	3	OTC
FORA G30A	3	OTC
FORA GD50 BLOOD GLUCOSE SYSTEM	3	OTC
FORA GTEL MULTI-FUNCTN MONITOR DEVICE	3	OTC
FORA KETONE CONTROL SOLN-L1 SOLUTION	3	OTC
FORA NORMAL CONTROL SOLUTION	3	OTC
FORA PREMIUM V10 GLUCOSE METER	3	OTC

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

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

Drug Name	Drug Tier	Requirements / Limits
GE333 BLOOD GLUCOSE SYSTEM	3	OTC
GENTEEL VACUUM LANCING DEVICE COMBO PACK	3	OTC
GLUCO NAVII GLUCOSE MONITOR KIT	3	OTC
GLUCOCARD 01 METER KIT	3	OTC
GLUCOCARD 01 NORMAL CONTROL SOLUTION	3	OTC
GLUCOCARD EXPRESSION	3	OTC
GLUCOCARD SHINE CONNEX METER	3	OTC
GLUCOCARD SHINE EXPRESS METER	3	OTC
GLUCOCARD SHINE METER	3	OTC
GLUCOCARD SHINE XL METER	3	OTC
GLUCOCARD VITAL KIT	3	OTC
GLUCOCOM BLOOD GLUCOSE KIT	3	OTC
GLUCOCOM CONTROL NORMAL SOLUTION	3	OTC
GLUCOSE CONTROL SOLUTION	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
GM100 KIT	3	OTC
GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION	3	OTC
GOJJI KETONE CONTROL SOLN-L1 SOLUTION	3	OTC
GOJJI MULTI-FUNCTIONAL METER KIT	3	OTC
GUARDIAN 4 GLUCOSE SENSOR DEVICE	3	PA
GUARDIAN 4 TRANSMITTER DEVICE	3	PA
GUARDIAN CONNECT TRANSMITTER DEVICE	3	PA; QL
GUARDIAN LINK 3 TRANSMITTER DEVICE	3	PA; QL
GUARDIAN SENSOR 3 DEVICE	3	PA; QL
HEALTHPRO GLUCOSE MONITOR	3	OTC
HEALTHPRO HIGH-LOW CONTROL SOLUTION	3	OTC
IGLUCOSE BLOOD GLUCOSE MONITOR KIT	3	OTC
INFINITY CONTROL SOLUTION NORM SOLUTION	3	OTC

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

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Drug Name	Drug Tier	Requirements / Limits
MINIMED SILHOUETTE 23" INFUSION SET	2	
MINIMED SURE T 32" INFUSION SET	2	
MYGLUCOHEALTH CONTROL SOLUTION	3	OTC
MYGLUCOHEALTH KIT	3	OTC
NOVA MAX GLUCOSE CONTROL SOLUTION	3	OTC
NOVA MAX PLUS GLUC-KETON METER DEVICE	3	OTC
NOVA MAX PLUS GLUC-KETON METER KIT	3	OTC
NOVAMAX PLUS GLU-KET SOLUTION	3	OTC
NOVOPEN 3 SUBCUTANEOUS INSULIN PEN	2	OTC
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	3	
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	2	QL
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	2	QL

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

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Drug Name	Drug Tier	Requirements / Limits
ONETOUCH ULTRA2 METER	2	OTC
ONETOUCH VERIO FLEX METER	2	OTC
ONETOUCH VERIO MID CONTROL SOLUTION	2	OTC
ONETOUCH VERIO REFLECT METER	2	OTC
OPTUMRX KIT	3	OTC
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	3	ST; OTC
PHARMACIST CHOICE GLUCOSE SYS	3	OTC
PIP BLOOD GLUCOSE MONITOR	3	OTC
PIP GLUCOSE CONTROL SOLN L1-L2 SOLUTION	3	OTC
POGO AUTOMATIC BLOOD GLUC SYS	3	OTC
PRECISION XTRA KETONE-GLUCOSE KIT	2	OTC
PRECISION XTRA MONITOR	2	OTC
PREMIER BLU GLUCOSE METER	3	OTC
PREMIER CLASSIC GLUCOSE METER	3	OTC

Drug Name	Drug Tier	Requirements / Limits
PREMIER COMPACT GLUCOSE METER KIT	3	OTC
PREMIER VOICE GLUCOSE METER	3	OTC
PREMIUM BLOOD GLUCOSE MONITOR	3	OTC
PREMIUM V10	3	OTC
PRESTO PRO BLOOD GLUCOSE METER	3	OTC
PRO VOICE V8 GLUCOSE MONITOR	3	OTC
PRO VOICE V9 GLUCOSE MONITOR	3	OTC
PRODIGY AUTOCODE METER KIT	3	OTC
PRODIGY AUTOCODE MONITOR SYST	3	OTC
PRODIGY CONTROL SOLUTION, LOW SOLUTION	3	OTC
PRODIGY CONTROL SOLUTION,HIGH SOLUTION	3	OTC
PRODIGY POCKET METER KIT	3	OTC
PRODIGY VOICE GLUCOSE METER KIT	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
QUINTET BLOOD GLUCOSE METER	3	OTC
REFUAH PLUS GLUCOSE CONTROL SOLUTION	3	OTC
REFUAH PLUS GLUCOSE MONITOR KIT	3	OTC
RELION ALL-IN-ONE METER KIT	3	OTC
RELION CONFIRM KIT	3	OTC
RELION MICRO GLUCOSE MONITOR KIT	3	OTC
RELION PRIME METER	3	OTC
REVEAL BLOOD GLUCOSE METER KIT	3	OTC
RIGHTEST CONTROL SOLUTION HIGH SOLUTION	3	OTC
RIGHTEST GM550 SYSTEM KIT	3	OTC
RIGHTEST GT333 GLUCOSE METER	3	OTC
SAFE-CLIP NEEDLE STORAGE DEV DEVICE	2	OTC
SMART SENSE MONITORING SYSTEM	3	OTC
SMARTEST CONTROL SOLUTION	3	OTC

Drug Name	Drug Tier	Requirements / Limits
SMARTEST EJECT KIT	3	OTC
SMARTEST PERSONA STARTER KIT	3	OTC
SMARTEST PRONTO STARTER KIT	3	OTC
SMARTEST PROTEGE KIT	3	OTC
SOLUS V2 AUDIBLE METER	3	OTC
SOLUS V2 AUDIBLE METER KIT	3	OTC
SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION	3	OTC
SURE-TEST EASYPLUS MINI METER	3	OTC
T:FLEX SUBCUTANEOUS CARTRIDGE	2	
T:SLIM X2 SUBCUTANEOUS CARTRIDGE	2	
TELCARE CONTROL SOLUTION	3	OTC
TEMPO SMART BUTTON DEVICE	3	
TEMPO WELCOME KIT KIT	3	
TEST N'GO BLOOD GLUCOSE SYSTEM	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
TRUE METRIX AIR GLUCOSE METER	3	OTC
TRUE METRIX GLUCOSE METER	3	OTC
TRUE METRIX GO GLUCOSE METER	3	OTC
TRUE METRIX LEVEL 1 SOLUTION	3	OTC
TRUECONTROL LEVEL 0 SOLUTION	3	OTC
TRUERESULT BLOOD GLUCOSE SYSTM KIT	3	OTC
TRUETRACK BLOOD GLUCOSE SYSTEM KIT	3	OTC
TRUETRACK SMART SYSTEM KIT	3	OTC
TRUSTEEL INFUSION SET 23" INFUSION SET	2	
ULTIMA MONITOR	3	OTC
ULTRATRAK GLUCOSE METER	3	OTC
ULTRATRAK ULTIMATE	3	OTC
UNISTrip LOW CONTROL SOLUTION	3	OTC
VARISOFT INFUSION SET 23" INFUSION SET	2	
V-GO 20 DEVICE	2	PA
V-GO 30 DEVICE	2	PA

Drug Name	Drug Tier	Requirements / Limits
V-GO 40 DEVICE	2	PA
VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION	3	OTC
VIVAGUARD INO GLUCOSE METER	3	OTC
VIVAGUARD INO SMART GLUC METER	3	OTC
WAVESENSE AMP KIT	3	OTC
WAVESENSE CONTROL SOLUTION SOLUTION	3	OTC
WAVESENSE PRESTO	3	OTC
INSULIN THERAPY		
AFREZZA INHALATION CARTRIDGE WITH INHALER	3	
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN	3	
BASAGLAR TEMPO PEN(U-100)INSLN SUBCUTANEOUS INSULIN PEN	3	
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT	2	

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Drug Name	Drug Tier	Requirements / Limits
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN	2	
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION	2	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION	2	
HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN	3	ST
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	2	
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	2	

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

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Drug Name	Drug Tier	Requirements / Limits
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN	3	
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION	3	
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN	2	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION	2	
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN	2	
LEVEMIR FLEXTOUCH U100 INSULIN SUBCUTANEOUS INSULIN PEN	2	
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION	2	
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN	2	
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN	2	

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

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Drug Name	Drug Tier	Requirements / Limits
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION	3	
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN	3	
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN	2	QL
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN	2	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN	2	
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN	2	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN	2	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION	2	
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN	2	QL
MISCELLANEOUS HORMONES		

Drug Name	Drug Tier	Requirements / Limits
ANDRODERM TRANSDERMAL PATCH 24 HOUR	2	PA; QL
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; QL
ANDROGEL TRANSDERMAL GEL IN PACKET	3	PA; QL
AVEED INTRAMUSCULAR SOLUTION	4	PA; LA
<i>cabergoline oral tablet</i>	1	QL
<i>calcitonin (salmon) injection solution</i>	1	
<i>calcitonin (salmon) nasal spray,non-aerosol</i>	1	
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	
<i>calcitriol oral capsule</i>	1	
<i>calcitriol oral solution</i>	1	
CERDELGA ORAL CAPSULE	4	PA; LA; QL
<i>cetorelix subcutaneous kit</i>	4	LA
CETROTIDE SUBCUTANEOUS KIT	4	LA
CHORIONIC GONADOTROPIN, HUMAN INJECTION RECON SOLN	3	

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Drug Name	Drug Tier	Requirements / Limits
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN	4	LA; QL
<i>cinacalcet oral tablet</i>	1	PA
<i>clomid oral tablet</i>	1	
<i>clomiphene citrate oral tablet</i>	1	
CRYSVITA SUBCUTANEOUS SOLUTION	4	PA; LA; QL
<i>danazol oral capsule</i>	1	PA
DDAVP ORAL TABLET	3	
DEPO-TESTOSTERONE INTRAMUSCULAR OIL	3	PA
<i>desmopressin injection solution</i>	4	LA
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	ST
DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	2	
<i>desmopressin oral tablet</i>	1	
<i>doxercalciferol intravenous solution</i>	1	
<i>doxercalciferol oral capsule</i>	1	

Drug Name	Drug Tier	Requirements / Limits
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE	4	ST; LA
FORTESTA TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; QL
<i>fyremadel subcutaneous syringe</i>	4	ST; LA
GALAFOLD ORAL CAPSULE	4	PA; LA; QL
<i>ganirelix subcutaneous syringe</i>	4	ST; LA
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR	4	ST; LA
GONAL-F RFF SUBCUTANEOUS RECON SOLN	4	ST; LA
GONAL-F SUBCUTANEOUS RECON SOLN	4	ST; LA
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2 ML	3	
ISTURISA ORAL TABLET	4	PA; LA; QL
JATENZO ORAL CAPSULE	3	PA; QL
<i>javygtor oral powder in packet</i>	4	PA; LA
<i>javygtor oral tablet, soluble</i>	4	PA; LA
JYNARQUE ORAL TABLET	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
JYNARQUE ORAL TABLETS, SEQUENTIAL	4	PA; LA; QL
KORLYM ORAL TABLET	4	PA; LA
KUVAN ORAL POWDER IN PACKET	4	PA; LA
KUVAN ORAL TABLET,SOLUBLE	4	PA; LA
KYZATREX ORAL CAPSULE	3	PA; LA; QL
MENOPUR SUBCUTANEOUS RECON SOLN	4	LA
METHITEST ORAL TABLET	2	PA
<i>methyltestosterone oral capsule</i>	1	PA
MIACALCIN INJECTION SOLUTION	3	
<i>miglustat oral capsule</i>	4	PA; LA; QL
MYALEPT SUBCUTANEOUS RECON SOLN	4	PA; LA
NATESTO NASAL GEL IN METERED-DOSE PUMP	2	PA; QL
NOC DURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
NOC DURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING	3	ST; QL
NOCTIVA NASAL SPRAY,NON-AEROSOL	3	QL
NOVAREL INTRAMUSCULAR RECON SOLN	4	LA; QL
ORILISSA ORAL TABLET	2	PA; QL
OVIDREL SUBCUTANEOUS SYRINGE	4	LA
PALYNZIQ SUBCUTANEOUS SYRINGE	4	PA; LA; QL
<i>pamidronate intravenous solution</i>	1	
PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION	3	
<i>paricalcitol intravenous solution</i>	1	
<i>paricalcitol oral capsule</i>	1	
PREGNYL INTRAMUSCULAR RECON SOLN	4	LA; QL
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	
RECORLEV ORAL TABLET	4	PA; LA
ROCALTROL ORAL CAPSULE	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated July 1, 2023.

Drug Name	Drug Tier	Requirements / Limits
ROCALTROL ORAL SOLUTION	3	
SAMSCA ORAL TABLET	4	PA; LA; QL
<i>sapropterin oral powder in packet</i>	4	PA; LA
<i>sapropterin oral tablet, soluble</i>	4	PA; LA
SENSIPAR ORAL TABLET	3	PA
SOMAVERT SUBCUTANEOUS RECON SOLN	4	PA; LA
STRENSIQ SUBCUTANEOUS SOLUTION	4	PA; LA
SYNAREL NASAL SPRAY, NON-AEROSOL	2	PA
TESTIM TRANSDERMAL GEL	3	PA; QL
TESTOPEL IMPLANT PELLETT	4	PA; LA
<i>testosterone cypionate intramuscular oil</i>	1	PA
<i>testosterone enanthate intramuscular oil</i>	1	PA
TESTOSTERONE IMPLANT PELLETT	3	PA
<i>testosterone transdermal gel</i>	1	PA; QL
<i>testosterone transdermal gel in metered-dose pump</i>	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>testosterone transdermal gel in packet</i>	1	PA; QL
<i>testosterone transdermal solution in metered pump w/app</i>	1	PA; QL
TLANDO ORAL CAPSULE	3	PA; QL
<i>tolvaptan oral tablet</i>	4	PA; LA; QL
VAPRISOL IN 5 % DEXTROSE INTRAVENOUS SOLUTION	3	
VASOPRESSIN IN 0.9 % SOD CHLOR INTRAVENOUS SYRINGE	3	
VASOPRESSIN IN DEXTROSE 5 % INTRAVENOUS SOLUTION 20 UNIT/100 ML (0.2 UNIT/ML)	3	
<i>vasopressin intravenous solution</i>	1	
VOGELXO TRANSDERMAL GEL	3	PA; QL
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; QL
VOGELXO TRANSDERMAL GEL IN PACKET	3	PA; QL
VOXZOGO SUBCUTANEOUS RECON SOLN	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
XYOSTED SUBCUTANEOUS AUTO-INJECTOR	3	PA; QL
ZAVESCA ORAL CAPSULE	4	PA; LA; QL
ZEMPLAR INTRAVENOUS SOLUTION	3	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose oral tablet</i>	1	
ACTOPLUS MET ORAL TABLET 15-850 MG	3	QL
ACTOS ORAL TABLET	3	QL
ADLYXIN SUBCUTANEOUS PEN INJECTOR 20 MCG/0.2 ML	3	PA; QL
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	QL
AMARYL ORAL TABLET	3	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	2	PA; QL
BYETTA SUBCUTANEOUS PEN INJECTOR	2	PA; QL
CYCLOSET ORAL TABLET	3	

Drug Name	Drug Tier	Requirements / Limits
DUETACT ORAL TABLET	3	QL
FARXIGA ORAL TABLET	2	ST; QL
<i>glimepiride oral tablet</i>	1	
<i>glipizide oral tablet</i>	1	
<i>glipizide oral tablet extended release 24hr</i>	1	
<i>glipizide-metformin oral tablet</i>	1	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR	3	
<i>glyburide micronized oral tablet</i>	1	
<i>glyburide oral tablet</i>	1	
<i>glyburide-metformin oral tablet</i>	1	
GLYNASE ORAL TABLET	3	
GLYXAMBI ORAL TABLET	2	ST; QL
JANUMET ORAL TABLET	2	QL
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR	2	QL
JANUVIA ORAL TABLET	2	QL
JARDIANCE ORAL TABLET	2	ST; QL
KAZANO ORAL TABLET	3	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>metformin oral solution</i>	1	PA
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
METFORMIN ORAL TABLET 625 MG	3	
<i>metformin oral tablet extended release 24 hr</i>	1	QL
<i>miglitol oral tablet</i>	1	
MOUNJARO SUBCUTANEOUS PEN INJECTOR	2	PA; QL
<i>nateglinide oral tablet</i>	1	
NESINA ORAL TABLET	3	ST; QL
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	QL
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; QL
<i>pioglitazone oral tablet</i>	1	QL
<i>pioglitazone-glimepiride oral tablet</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>pioglitazone-metformin oral tablet</i>	1	QL
PRECOSE ORAL TABLET	3	
<i>repaglinide oral tablet</i>	1	
RIOMET ER ORAL SUSPENSION,EXTENDED REL RECON	3	PA
RIOMET ORAL SOLUTION	3	PA
RYBELSUS ORAL TABLET	2	PA; QL
SEGLUROMET ORAL TABLET	2	ST; QL
STEGLATRO ORAL TABLET	2	ST; QL
STEGLUJAN ORAL TABLET	2	ST; QL
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	2	QL
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	2	QL
SYNJARDY ORAL TABLET	2	ST; QL
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	ST; QL
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	ST
TRULICITY SUBCUTANEOUS PEN INJECTOR	2	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	ST; QL
THYROID HORMONES		
ADTHYZA ORAL TABLET	3	
ARMOUR THYROID ORAL TABLET	2	
CYTOMEL ORAL TABLET	3	
ERMEZA ORAL SOLUTION	3	
<i>euthyrox oral tablet</i>	1	
<i>levo-t oral tablet</i>	1	
LEVOTHYROXINE INTRAVENOUS SOLUTION	3	
LEVOTHYROXINE ORAL CAPSULE	3	
<i>levothyroxine oral tablet</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine intravenous solution</i>	1	
<i>liothyronine oral tablet</i>	1	
<i>np thyroid oral tablet</i>	1	
SYNTHROID ORAL TABLET	3	
THYQUIDITY ORAL SOLUTION	3	

Drug Name	Drug Tier	Requirements / Limits
TIROSINT ORAL CAPSULE	3	
TIROSINT-SOL ORAL SOLUTION	3	
<i>unithroid oral tablet</i>	1	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
<i>anaspaz oral tablet, disintegrating</i>	1	
ATROPINE IN 0.9 % SOD CHLORIDE INTRAVENOUS SYRINGE 0.25 MG/5 ML (0.05 MG/ML), 1 MG/2.5 ML (0.4 MG/ML), 1.2 MG/3 ML (0.4 MG/ML)	3	
<i>atropine injection solution</i>	1	
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	1	
ATROPINE INTRAVENOUS SOLUTION	3	
<i>atropine intravenous syringe 0.8 mg/2 ml (0.4 mg/ml)</i>	1	
<i>belladonna alkaloids-opium rectal suppository</i>	1	PA
BENTYL INTRAMUSCULAR SOLUTION	3	
<i>chlordiazepoxide-clidinium oral capsule</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>glycopyrrolate (pf) injection syringe</i>	1	
<i>glycopyrrolate injection solution</i>	1	
GLYCOPYRROLATE INTRAVENOUS SYRINGE 0.6 MG/3 ML (0.2 MG/ML), 1 MG/5 ML (0.2 MG/ML)	3	
<i>glycopyrrolate oral solution</i>	1	
<i>glycopyrrolate oral tablet</i>	1	
GLYRX-PF INJECTION SOLUTION	3	
GLYRX-PF INJECTION SYRINGE	3	
HYOSCYAMINE SULFATE INJECTION SOLUTION	3	
<i>hyoscyamine sulfate oral drops</i>	1	
<i>hyoscyamine sulfate oral elixir</i>	1	
<i>hyoscyamine sulfate oral tablet</i>	1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr</i>	1	
<i>hyoscyamine sulfate oral tablet,disintegrating</i>	1	
<i>hyoscyamine sulfate sublingual tablet</i>	1	
<i>hyosyne oral drops</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>hyosyne oral elixir</i>	1	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR	3	
LEVSIN ORAL TABLET	3	
LEVSIN/SL SUBLINGUAL TABLET	3	
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE	3	
LOMOTIL ORAL TABLET	3	
<i>loperamide oral capsule</i>	1	
<i>methscopolamine oral tablet</i>	1	
MOTOFEN ORAL TABLET	3	
MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC)	4	
NULEV ORAL TABLET, DISINTEGRATING	3	
<i>opium tincture oral tincture</i>	1	
<i>oscimin oral tablet</i>	1	
<i>oscimin sl sublingual tablet</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 - 0.0194 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>phenobarb-hyoscy-atropine-scop oral tablet</i>	1	
<i>phenohydro oral elixir 16.2-0.1037 - 0.0194 mg/5 ml</i>	1	
<i>phenohydro oral tablet</i>	1	
ROBINUL FORTE ORAL TABLET	3	
ROBINUL ORAL TABLET	3	
SYMAX DUOTAB ORAL TABLET, EXTENDED RELEASE MULTIPHASE	3	
<i>symax fastabs oral tablet, disintegrating</i>	1	
<i>symax-sl sublingual tablet</i>	1	
<i>symax-sr oral tablet extended release 12 hr</i>	1	
MISCELLANEOUS AGENTS		
AURYXIA ORAL TABLET	3	PA
FOSRENOL ORAL POWDER IN PACKET	3	QL
FOSRENOL ORAL TABLET, CHEWABLE	3	QL
<i>lanthanum oral tablet, chewable</i>	1	QL
LOKELMA ORAL POWDER IN PACKET	2	QL

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Drug Name	Drug Tier	Requirements / Limits
RENAGEL ORAL TABLET 800 MG	3	QL
REVELA ORAL POWDER IN PACKET	3	QL
REVELA ORAL TABLET	3	QL
<i>sevelamer carbonate oral powder in packet</i>	1	QL
<i>sevelamer carbonate oral tablet</i>	1	QL
<i>sevelamer hcl oral tablet</i>	1	QL
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol) oral suspension</i>	1	
<i>sps (with sorbitol) rectal enema</i>	1	
VELPHORO ORAL TABLET,CHEWABLE	2	QL
VELTASSA ORAL POWDER IN PACKET	2	QL
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN	3	
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION	3	

Drug Name	Drug Tier	Requirements / Limits
AKYNZEO (NETUPITANT) ORAL CAPSULE	3	QL
<i>alosetron oral tablet</i>	1	
<i>alvimopan oral capsule</i>	1	
ANA-LEX KIT RECTAL KIT	3	
ANTIVERT ORAL TABLET 50 MG	3	PA
ANTIVERT ORAL TABLET,CHEWABLE	3	
<i>anucort-hc rectal suppository</i>	1	
ANZEMET ORAL TABLET 50 MG	3	
<i>aprepitant oral capsule</i>	1	QL
<i>aprepitant oral capsule,dose pack</i>	1	QL
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR	3	ST
AZULFIDINE ENTABS ORAL TABLET,DELAYED RELEASE (DR/EC)	3	ST
AZULFIDINE ORAL TABLET	3	ST
<i>balsalazide oral capsule</i>	1	
BARHEMSYS INTRAVENOUS SOLUTION	3	
<i>betaine oral powder</i>	4	PA

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Drug Name	Drug Tier	Requirements / Limits
BONJESTA ORAL TABLET,IR,DELAYED REL,BIPHASIC	3	PA; QL
<i>budesonide oral capsule,delayed,extended.release</i>	1	
<i>budesonide oral tablet,delayed and ext.release</i>	1	
<i>budesonide rectal foam</i>	1	
BYLVAY ORAL CAPSULE	4	PA; LA; QL
BYLVAY ORAL PELLET	4	PA; LA; QL
CHENODAL ORAL TABLET	4	LA
CHOLBAM ORAL CAPSULE 250 MG	4	PA; LA
CHOLBAM ORAL CAPSULE 50 MG	4	PA; LA; QL
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT	4	PA; LA; QL
CIMZIA SUBCUTANEOUS SYRINGE KIT	4	PA; LA; QL
CINVANTI INTRAVENOUS EMULSION	2	
<i>citrate of magnesia oral solution</i>	5	ACA; OTC
<i>citroma oral solution</i>	5	ACA; OTC
<i>clearlax oral powder</i>	5	ACA; OTC
CLENPIQ ORAL SOLUTION	5	ACA

Drug Name	Drug Tier	Requirements / Limits
COLAZAL ORAL CAPSULE	3	ST
COMPAZINE ORAL TABLET	3	
COMPAZINE RECTAL SUPPOSITORY	3	
<i>compro rectal suppository</i>	1	
<i>constulose oral solution</i>	1	
CORTENEMA RECTAL ENEMA	3	
CORTIFOAM RECTAL FOAM	3	
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC)	2	
<i>cromolyn oral concentrate</i>	1	
CYSTADANE ORAL POWDER	4	PA; LA
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC)	3	PA; QL
<i>dimenhydrinate injection solution</i>	1	
<i>doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec)</i>	1	PA; QL
<i>dronabinol oral capsule</i>	1	
<i>droperidol injection solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>dulcolax (magnesium hydroxide) oral suspension</i>	5	ACA; OTC
EMEND (FOSAPREPITANT) INTRAVENOUS RECON SOLN	3	
EMEND ORAL CAPSULE 80 MG	3	QL
EMEND ORAL CAPSULE,DOSE PACK	3	QL
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	QL
ENTEREG ORAL CAPSULE	3	
ENTYVIO INTRAVENOUS RECON SOLN	4	PA; LA
<i>enulose oral solution</i>	1	
<i>fleet laxative (bisacodyl) oral tablet,delayed release (dr/ec)</i>	5	ACA; OTC
<i>fosaprepitant intravenous recon soln</i>	1	
GASTROCROM ORAL CONCENTRATE	3	
GATTEX 30-VIAL SUBCUTANEOUS KIT	4	PA; LA
<i>gavilax oral powder</i>	5	ACA; OTC
<i>gavilyte-c oral recon soln</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>gavilyte-g oral recon soln</i>	5	ACA
<i>generlac oral solution</i>	1	
<i>gentle laxative (bisacodyl) oral tablet,delayed release (dr/ec)</i>	5	ACA; OTC
<i>gentlelax oral powder</i>	5	ACA; OTC
GOLYTELY ORAL RECON SOLN	3	
<i>granisetron (pf) intravenous solution</i>	1	
<i>granisetron hcl intravenous solution</i>	1	
<i>granisetron hcl oral tablet</i>	1	QL
<i>hemmorex-hc rectal suppository</i>	1	
<i>hydrocortisone acetate rectal suppository</i>	1	
<i>hydrocortisone rectal enema</i>	1	
<i>hydrocortisone topical cream with perineal applicator</i>	1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	1	ST
KINEVAC INJECTION RECON SOLN	2	

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Drug Name	Drug Tier	Requirements / Limits
KRISTALOSE ORAL PACKET	3	
<i>lactulose oral solution</i>	1	
<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>	5	ACA; OTC
<i>laxative peg 3350 oral powder</i>	5	ACA; OTC
<i>lidocaine hcl-hydrocortison ac rectal cream</i>	1	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL	3	
<i>lidocaine hcl-hydrocortison ac rectal kit</i>	1	
<i>lidocaine-hydrocortisone-aloe rectal gel</i>	1	
<i>lidocaine-hydrocortisone-aloe rectal kit</i>	1	
LINZESS ORAL CAPSULE	2	QL
LIVMARLI ORAL SOLUTION	4	PA; LA
LOTRONEX ORAL TABLET	3	
<i>lubiprostone oral capsule</i>	1	PA; QL
<i>magnesium citrate oral solution</i>	5	ACA; OTC
MARINOL ORAL CAPSULE	3	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>mesalamine oral capsule (with del rel tablets)</i>	1	
<i>mesalamine oral capsule, extended release</i>	1	
<i>mesalamine oral capsule, extended release 24hr</i>	1	
<i>mesalamine oral tablet, delayed release (dr/ec)</i>	1	
<i>mesalamine rectal enema</i>	1	
<i>mesalamine rectal suppository</i>	1	
<i>mesalamine with cleansing wipe rectal enema kit</i>	1	
<i>metoclopramide hcl injection solution</i>	1	
<i>metoclopramide hcl oral solution</i>	1	ST
<i>metoclopramide hcl oral tablet</i>	1	
<i>milk of magnesia concentrated oral suspension</i>	5	ACA; OTC
<i>milk of magnesia oral suspension</i>	5	ACA; OTC
MOVANTIK ORAL TABLET	2	PA; QL
MOVIPREP ORAL POWDER IN PACKET	5	ACA
<i>natura-lax oral powder</i>	5	ACA; OTC
OICALIVA ORAL TABLET	4	PA; LA; QL

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

Drug Name	Drug Tier	Requirements / Limits
PANCREAZE ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800-98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700-83,900 UNIT, 37,000-97,300-149,900 UNIT, 4,200-14,200-24,600 UNIT	2	
<i>peg 3350-electrolytes oral recon soln</i>	5	ACA
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet</i>	5	ACA
<i>peg-electrolyte soln oral recon soln</i>	5	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	3	
<i>phosphate laxative oral liquid</i>	5	ACA; OTC
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL	5	ACA
<i>polyethylene glycol 3350 oral powder</i>	5	ACA; OTC
<i>powderlax oral powder</i>	5	ACA; OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>prochlorperazine edisylate injection solution</i>	1	
<i>prochlorperazine maleate oral tablet</i>	1	
<i>prochlorperazine rectal suppository</i>	1	
PROCORT RECTAL CREAM	3	
PROCTOCORT RECTAL SUPPOSITORY	3	
<i>procto-med hc topical cream with perineal applicator</i>	1	
<i>proctosol hc topical cream with perineal applicator</i>	1	
<i>proctozone-hc topical cream with perineal applicator</i>	1	
<i>purelax oral powder</i>	5	ACA; OTC
RECTIV RECTAL OINTMENT	2	
REGLAN ORAL TABLET	3	ST
RELISTOR ORAL TABLET	2	PA
RELISTOR SUBCUTANEOUS SOLUTION	2	PA
RELISTOR SUBCUTANEOUS SYRINGE	2	PA
RELTONE ORAL CAPSULE	3	
ROWASA RECTAL ENEMA KIT	3	

Drug Name	Drug Tier	Requirements / Limits
SANCUSO TRANSDERMAL PATCH WEEKLY	3	QL
<i>scopolamine base transdermal patch 3 day</i>	1	
SFROWASA RECTAL ENEMA	3	
SINCALIDE INJECTION RECON SOLN	3	
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR	4	PA; LA; QL
<i>smoothlax oral powder</i>	5	ACA; OTC
<i>sodium,potassium,mag sulfates oral recon soln</i>	5	ACA
SUCRAID ORAL SOLUTION	4	PA; LA
<i>sulfasalazine oral tablet</i>	1	
<i>sulfasalazine oral tablet,delayed release (dr/ec)</i>	1	
SUPREP BOWEL PREP KIT ORAL RECON SOLN	2	
SUSTOL SUBCUTANEOUS LIQUID,EXTENDED RELEASE SYRINGE	3	
SUTAB ORAL TABLET	5	ACA
SYMPROIC ORAL TABLET	2	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated July 1, 2023.

Drug Name	Drug Tier	Requirements / Limits
SYNDROS ORAL SOLUTION	3	
TIGAN INTRAMUSCULAR SOLUTION	3	
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY	3	
<i>trimethobenzamide oral capsule</i>	1	
TRULANCE ORAL TABLET	2	
UCERIS ORAL TABLET, DELAYED AND EXT.RELEASE	3	
UCERIS RECTAL FOAM	2	
URSO 250 ORAL TABLET	3	
URSO FORTE ORAL TABLET	3	
<i>ursodiol oral capsule</i>	1	
<i>ursodiol oral tablet</i>	1	
VARUBI ORAL TABLET	2	QL
VIBERZI ORAL TABLET	2	PA
VIOKACE ORAL TABLET	2	
<i>women's gentle laxative(bisac) oral tablet, delayed release (dr/ec)</i>	5	ACA; OTC
ZELNORM ORAL TABLET	3	PA

Drug Name	Drug Tier	Requirements / Limits
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT	2	
ZUPLENZ ORAL FILM	3	QL
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz oral combo pack</i>	1	QL
<i>bismuth subcit k-metronidz-tcn oral capsule</i>	1	
CARAFATE ORAL SUSPENSION	3	
CARAFATE ORAL TABLET	3	
<i>cimetidine hcl oral solution</i>	1	
<i>cimetidine oral tablet</i>	1	
CYTOTEC ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>	1	ST; QL
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	1	ST
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	1	ST; QL
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	1	ST
<i>esomeprazole sodium intravenous recon soln</i>	1	
<i>famotidine (pf) intravenous solution</i>	1	
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback</i>	1	
<i>famotidine intravenous solution</i>	1	
<i>famotidine oral suspension</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	1	ST; QL
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	1	ST
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg</i>	1	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>lansoprazole oral tablet, disintegrat, delay rel 30 mg</i>	1	ST
<i>misoprostol oral tablet</i>	1	
NEXIUM IV INTRAVENOUS RECON SOLN 40 MG	3	
<i>nizatidine oral capsule</i>	1	
OMECLAMOX-PAK ORAL COMBO PACK	3	QL
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg</i>	1	QL
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1	
<i>pantoprazole intravenous recon soln</i>	1	
<i>pantoprazole oral granules dr for susp in packet</i>	1	ST
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	QL
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	
PEPCID ORAL TABLET	3	
PROTONIX INTRAVENOUS RECON SOLN	3	

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Drug Name	Drug Tier	Requirements / Limits
PYLERA ORAL CAPSULE	3	
RABEPRAZOLE ORAL CAPSULE, DELAYED REL SPRINKLE	3	ST; QL
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	1	ST
<i>sucralfate oral suspension</i>	1	
<i>sucralfate oral tablet</i>	1	
TALICIA ORAL CAPSULE, IR - DELAY REL, BIPHASE	2	QL
VOQUEZNA DUAL PAK ORAL COMBO PACK	3	
VOQUEZNA TRIPLE PAK ORAL COMBO PACK	3	

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

ANTIVIRALS

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

BIOTECHNOLOGY DRUGS

Drug Name	Drug Tier	Requirements / Limits
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA; LA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE	4	PA; LA
ARCALYST SUBCUTANEOUS RECON SOLN	4	PA; LA; QL
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA; LA
FULPHILA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
FYLNETRA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
GRANIX SUBCUTANEOUS SOLUTION	4	PA; LA
GRANIX SUBCUTANEOUS SYRINGE	4	PA; LA
ILARIS (PF) SUBCUTANEOUS SOLUTION	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
LEUKINE INJECTION RECON SOLN	4	PA; LA
MACRILEN ORAL RECON SOLN	4	PA; LA; QL
MIRCERA INJECTION SYRINGE	4	PA; LA
MOZOBIL SUBCUTANEOUS SOLUTION	4	LA
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR	4	PA; LA; QL
NEULASTA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
NEUPOGEN INJECTION SOLUTION	4	PA; LA
NEUPOGEN INJECTION SYRINGE	4	PA; LA
NIVESTYM INJECTION SOLUTION	4	PA; LA
NIVESTYM SUBCUTANEOUS SYRINGE	4	PA; LA
NYVEPRIA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
PROCRIT INJECTION SOLUTION	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
PROLEUKIN INTRAVENOUS RECON SOLN	4	LA
REBLOZYL SUBCUTANEOUS RECON SOLN	4	PA; LA
RELEUKO INJECTION SOLUTION	4	PA; LA
RELEUKO SUBCUTANEOUS SYRINGE	4	PA; LA
RETACRIT INJECTION SOLUTION	4	PA; LA
ROLVEDON SUBCUTANEOUS SYRINGE	4	PA; LA; QL
STIMUFEND SUBCUTANEOUS SYRINGE	4	PA; LA; QL
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	4	PA; QL
UDENYCA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
ZARXIO INJECTION SYRINGE	4	PA; LA
ZIEXTENZO SUBCUTANEOUS SYRINGE	4	PA; LA; QL
GROWTH HORMONES		
EGRIFTA SV SUBCUTANEOUS RECON SOLN	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE	4	PA; LA
GENOTROPIN SUBCUTANEOUS CARTRIDGE	4	PA; LA
HUMATROPE INJECTION CARTRIDGE	4	PA; LA
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR	4	PA; LA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR	4	PA; LA
OMNITROPE SUBCUTANEOUS CARTRIDGE	4	PA; LA
OMNITROPE SUBCUTANEOUS RECON SOLN	4	PA; LA
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE	4	PA
SAIZEN SUBCUTANEOUS RECON SOLN	4	PA; LA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA; LA
SKYTROFA SUBCUTANEOUS CARTRIDGE	4	PA; LA
SOGROYA SUBCUTANEOUS PEN INJECTOR	4	PA

Drug Name	Drug Tier	Requirements / Limits
ZOMACTON SUBCUTANEOUS RECON SOLN	4	PA; LA
INTERFERONS		
ACTIMMUNE SUBCUTANEOUS SOLUTION	4	PA; LA
ALFERON N INJECTION SOLUTION	2	
BESREMI SUBCUTANEOUS SYRINGE	4	PA; LA
PEGASYS SUBCUTANEOUS SOLUTION	4	LA; QL
PEGASYS SUBCUTANEOUS SYRINGE	4	LA; QL
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO ORAL TABLET	4	PA; LA; QL
AVONEX INTRAMUSCULA R PEN INJECTOR KIT	4	PA; LA; QL
AVONEX INTRAMUSCULA R SYRINGE KIT	4	PA; LA; QL
BAFIERTAM ORAL CAPSULE,DELAY ED RELEASE(DR/EC)	4	PA; LA; QL
BETASERON SUBCUTANEOUS KIT	4	PA; LA; QL
BRIUMVI INTRAVENOUS SOLUTION	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
COPAXONE SUBCUTANEOUS SYRINGE	4	PA; LA; QL
<i>dimethyl fumarate oral capsule, delayed release(dr/ec)</i>	4	PA; LA; QL
EXTAVIA SUBCUTANEOUS KIT	4	PA; LA; QL
EXTAVIA SUBCUTANEOUS RECON SOLN	4	PA; LA; QL
<i>fingolimod oral capsule</i>	4	PA; LA; QL
GILENYA ORAL CAPSULE 0.25 MG	4	PA; LA
GILENYA ORAL CAPSULE 0.5 MG	4	PA; LA; QL
<i>glatiramer subcutaneous syringe</i>	4	PA; LA; QL
<i>glatopa subcutaneous syringe</i>	4	PA; LA; QL
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
MAVENCLAD (10 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAVENCLAD (4 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAVENCLAD (5 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAVENCLAD (6 TABLET PACK) ORAL TABLET	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
MAVENCLAD (7 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAVENCLAD (8 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAVENCLAD (9 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAYZENT ORAL TABLET	4	PA; LA; QL
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK	4	PA; LA; QL
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK	4	PA; LA; QL
OCREVUS INTRAVENOUS SOLUTION	4	PA; LA; QL
PLEGRIDY INTRAMUSCULAR SYRINGE	4	PA; LA; QL
PLEGRIDY SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
PLEGRIDY SUBCUTANEOUS SYRINGE	4	PA; LA; QL
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
PONVORY ORAL TABLET	4	PA; LA; QL
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE	4	PA; LA; QL
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE	4	PA; LA; QL
TASCENSO ODT ORAL TABLET, DISINTEGRATING	4	PA; LA; QL
TECFIDERA ORAL CAPSULE, DELAYED RELEASE (DR/EC)	4	PA; LA; QL
<i>teriflunomide oral tablet</i>	4	PA; LA; QL
VUMERITY ORAL CAPSULE, DELAYED RELEASE (DR/EC)	4	PA; LA; QL
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ACAM2000 (NATIONAL STOCKPILE) PERCUTANEOUS RECON SOLN	5	ACA
ACTHIB (PF) INTRAMUSCULAR RECON SOLN	5	ACA

Drug Name	Drug Tier	Requirements / Limits
ADACEL (TDAP ADOLESCENT/ADULT) (PF) INTRAMUSCULAR SUSPENSION	5	ACA
ADACEL (TDAP ADOLESCENT/ADULT) (PF) INTRAMUSCULAR SYRINGE	5	ACA
AFLURIA QD 2021-22 (3YR UP) (PF) INTRAMUSCULAR SYRINGE	5	ACA
AFLURIA QD 2022-23 (3YR UP) (PF) INTRAMUSCULAR SYRINGE	5	ACA
AFLURIA QUAD 2022-2023 (6MO UP) INTRAMUSCULAR SUSPENSION	5	ACA
ASCENIV INTRAVENOUS SOLUTION	4	LA
ATGAM INTRAVENOUS SOLUTION	2	
BABYBIG INTRAVENOUS RECON SOLN	3	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	

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Drug Name	Drug Tier	Requirements / Limits
BEXSERO INTRAMUSCULAR SYRINGE	5	ACA
BIOTHRAX INTRAMUSCULAR SUSPENSION	2	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION	5	ACA
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	5	ACA
BOTOX INJECTION RECON SOLN	4	PA
COMIRNATY TRIS VACCINE(PF) INTRAMUSCULAR SUSPENSION	5	ACA
CUTAQUIG SUBCUTANEOUS SOLUTION	4	PA; LA
CUVITRU SUBCUTANEOUS SOLUTION	4	PA; LA
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	5	ACA
DENG VAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	
DYSPORT INTRAMUSCULAR RECON SOLN	4	PA; LA
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	5	ACA

Drug Name	Drug Tier	Requirements / Limits
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	5	ACA
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	5	ACA
FLUAD QUAD 2021-22(65Y UP)(PF) INTRAMUSCULAR SYRINGE	5	ACA
FLUAD QUAD 2022-23(65Y UP)(PF) INTRAMUSCULAR SYRINGE	5	ACA
FLUARIX QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE	5	ACA
FLUBLOK QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE	5	ACA
FLUBLOK QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE	5	ACA
FLUCELVAX QUAD 2021-2022 INTRAMUSCULAR SUSPENSION	5	ACA
FLUCELVAX QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE	5	ACA
FLUCELVAX QUAD 2022-2023 INTRAMUSCULAR SUSPENSION	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
FLULAVAL QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE	5	ACA
FLUMIST QUAD 2022-2023 NASAL NASAL SPRAY SYRINGE	5	ACA
FLUZONE HIGHDOSE QUAD 21-22 PF INTRAMUSCULAR SYRINGE	5	ACA
FLUZONE HIGHDOSE QUAD 22-23 PF INTRAMUSCULAR SYRINGE	5	ACA
FLUZONE QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE	5	ACA
FLUZONE QUAD 2022-2023 (PF) INTRAMUSCULAR SUSPENSION	5	ACA
FLUZONE QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE	5	ACA
FLUZONE QUAD 2022-2023 INTRAMUSCULAR SUSPENSION	5	ACA
GAMASTAN INTRAMUSCULAR SOLUTION	4	
GAMASTAN S/D INTRAMUSCULAR SOLUTION	4	

Drug Name	Drug Tier	Requirements / Limits
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	5	ACA
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	5	ACA
GRASTEK SUBLINGUAL TABLET	2	PA
HAVRIX (PF) INTRAMUSCULAR SYRINGE	5	ACA
HEPAGAM B INJECTION SOLUTION	2	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE	5	ACA
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	5	ACA
HIZENTRA SUBCUTANEOUS SOLUTION	4	PA; LA
HIZENTRA SUBCUTANEOUS SYRINGE	4	PA; LA
HYPERHEP B INTRAMUSCULAR SOLUTION	2	
HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE	2	
HYPERRAB (PF) INTRAMUSCULAR SOLUTION	2	
HYPERTET (PF) INTRAMUSCULAR SYRINGE	2	

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Drug Name	Drug Tier	Requirements / Limits
HYQVIA SUBCUTANEOUS SOLUTION	4	PA; LA
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION	2	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN	2	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	5	ACA
IPOL INJECTION SUSPENSION	5	ACA
IXIARO (PF) INTRAMUSCULAR SYRINGE	2	
JANSSEN COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION	5	ACA
JYNNEOS (PF)(STOCKPILE) SUBCUTANEOUS SUSPENSION	5	ACA
KEDRAB (PF) INTRAMUSCULAR SOLUTION	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE	5	ACA
MENACTRA (PF) INTRAMUSCULAR SOLUTION	5	ACA
MENQUADFI (PF) INTRAMUSCULAR SOLUTION	5	ACA

Drug Name	Drug Tier	Requirements / Limits
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	5	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION	5	ACA
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	5	ACA
MODERNA COVID BIVAL(6M UP)(PF) INTRAMUSCULAR SUSPENSION	5	ACA
MODERNA COVID BIVAL(6M-5Y)-PF INTRAMUSCULAR SUSPENSION	5	ACA
MODERNA COVID(6M-5Y) VACC(EUA) INTRAMUSCULAR SUSPENSION	5	ACA
MODERNA COVID-19 (6-11YR)(EUA) INTRAMUSCULAR SUSPENSION	5	ACA
MODERNA COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION	5	ACA
MYOBLOC INTRAMUSCULAR SOLUTION	4	PA; LA
NABI-HB INTRAMUSCULAR SOLUTION	3	

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Drug Name	Drug Tier	Requirements / Limits
NOVAVAX COVID-19 VACC,ADJ(EUA) INTRAMUSCULAR SUSPENSION	5	ACA
ODACTRA SUBLINGUAL TABLET	2	PA
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	4	PA; LA
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE	4	PA; LA; QL
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE	4	PA; LA; QL
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE	4	PA; LA; QL
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE	4	PA; LA; QL
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE	4	PA; LA; QL
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE	4	PA; LA; QL
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE	4	PA; LA; QL
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE	4	PA; LA; QL
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE	4	PA; LA; QL
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE	4	PA; LA; QL
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET	4	PA; LA; QL
PEDIARIX (PF) INTRAMUSCULAR SYRINGE	5	ACA
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	5	ACA
PENTACEL (PF) INTRAMUSCULAR KIT	5	ACA
PFIZER COVID BIVAL(12Y UP)(PF) INTRAMUSCULAR SUSPENSION	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
PFIZER COVID BIVAL(5-11YR)(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	ACA
PFIZER COVID BIVAL(6MO-4Y)(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	ACA
PFIZER COVID-19 TRIS VACCIN(PF) INTRAMUSCULAR SUSPENSION	5	ACA
PFIZER COVID-19 TRIS VACCIN(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	ACA
PFIZER COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	ACA
PNEUMOVAX-23 INJECTION SOLUTION	5	ACA
PNEUMOVAX-23 INJECTION SYRINGE	5	ACA

Drug Name	Drug Tier	Requirements / Limits
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION	5	ACA
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE	5	ACA
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE	5	ACA
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	5	ACA
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	5	ACA
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	5	ACA
QUADRACEL (PF) INTRAMUSCULAR SYRINGE	5	ACA
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	2	
RAGWITEK SUBLINGUAL TABLET	2	PA
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	5	ACA
ROTARIX ORAL SUSPENSION	5	ACA
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION	5	ACA
ROTATEQ VACCINE ORAL SOLUTION	5	ACA
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	ACA; QL
SPIKEVAX (PF) INTRAMUSCULAR SUSPENSION	5	ACA
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	
TDVAX INTRAMUSCULAR SUSPENSION	5	ACA
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	5	ACA
TENIVAC (PF) INTRAMUSCULAR SYRINGE	5	ACA
THYMOGLOBULIN INTRAVENOUS RECON SOLN	2	

Drug Name	Drug Tier	Requirements / Limits
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION	2	
TICOVAC INTRAMUSCULAR SYRINGE	2	
TRUMENBA INTRAMUSCULAR SYRINGE	5	ACA
TWINRIX (PF) INTRAMUSCULAR SYRINGE	5	ACA
TYPHIM VI INTRAMUSCULAR SOLUTION	2	
TYPHIM VI INTRAMUSCULAR SYRINGE	2	
VAQTA (PF) INTRAMUSCULAR SUSPENSION	5	ACA
VAQTA (PF) INTRAMUSCULAR SYRINGE	5	ACA
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	5	ACA
VARIZIG INTRAMUSCULAR SOLUTION	2	
VAXELIS (PF) INTRAMUSCULAR SUSPENSION	5	ACA
VAXELIS (PF) INTRAMUSCULAR SYRINGE	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE	5	ACA
VIVOTIF ORAL CAPSULE, DELAYED RELEASE (DR/EC)	2	
XEMBIFY SUBCUTANEOUS SOLUTION	4	PA; LA
XEOMIN INTRAMUSCULAR RECON SOLN	4	PA; LA
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	
ZINPLAVA INTRAVENOUS SOLUTION	3	

IMMUNOLOGY

INTERLEUKINS

<i>imiquimod topical cream in packet</i>	1	
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MUSCULOSKELETAL & RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
ALLOPURINOL ORAL TABLET 200 MG	3	
<i>allopurinol sodium intravenous recon soln</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>aloprim intravenous recon soln</i>	1	
COLCHICINE ORAL CAPSULE	3	
<i>colchicine oral tablet</i>	1	
COLCRYS ORAL TABLET	3	
<i>febuxostat oral tablet</i>	1	ST
MITIGARE ORAL CAPSULE	2	
<i>probenecid oral tablet</i>	1	
<i>probenecid-colchicine oral tablet</i>	1	
ZYLOPRIM ORAL TABLET 100 MG	3	

OSTEOPOROSIS THERAPY

ACTONEL ORAL TABLET 150 MG, 35 MG	3	ST; QL
<i>alendronate oral solution</i>	1	QL
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	QL
AELVIA ORAL TABLET, DELAYED RELEASE (DR/EC)	3	ST; QL
BINOSTO ORAL TABLET, EFFERVESCENT	3	ST; QL
BONIVA ORAL TABLET	3	ST; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated July 1, 2023.

Drug Name	Drug Tier	Requirements / Limits
EVENITY SUBCUTANEOUS SYRINGE	4	PA; LA; QL
EVISTA ORAL TABLET	3	
FORTEO SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
FOSAMAX ORAL TABLET 70 MG	3	ST; QL
FOSAMAX PLUS D ORAL TABLET	3	ST; QL
<i>ibandronate intravenous solution</i>	4	LA
<i>ibandronate intravenous syringe</i>	4	LA
<i>ibandronate oral tablet</i>	1	QL
PROLIA SUBCUTANEOUS SYRINGE	4	LA; QL
<i>raloxifene oral tablet</i>	1	ACA
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	1	QL
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	QL
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
TYMLOS SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
ACTEMRA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML	4	PA
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 20 MG/0.4 ML, 40 MG/0.8 ML	4	PA; LA; QL
ARAVA ORAL TABLET	3	QL
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
BENLYSTA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
DEPEN TITRATABS ORAL TABLET	3	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE	4	PA; LA; QL
ENBREL SUBCUTANEOUS SOLUTION	4	PA; LA; QL
ENBREL SUBCUTANEOUS SYRINGE	4	PA; LA; QL
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL

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

Drug Name	Drug Tier	Requirements / Limits
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; LA; QL
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT	4	PA; LA; QL
KEVZARA SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
KEVZARA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
KINERET SUBCUTANEOUS SYRINGE	4	PA; LA; QL
<i>leflunomide oral tablet</i>	1	QL
OLUMIANT ORAL TABLET	4	PA; LA; QL
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
ORENCIA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
OTEZLA ORAL TABLET	4	PA; LA; QL
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; LA; QL
<i>penicillamine oral tablet</i>	1	PA
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR	2	ST

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Drug Name	Drug Tier	Requirements / Limits
REDITREX (PF) SUBCUTANEOUS SYRINGE	3	ST
RIDAURA ORAL CAPSULE	2	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR	4	PA; LA; QL
SAVELLA ORAL TABLET	2	ST; QL
SAVELLA ORAL TABLETS,DOSE PACK	2	ST; QL
SIMPONI SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
SIMPONI SUBCUTANEOUS SYRINGE	4	PA; LA; QL
XELJANZ ORAL SOLUTION	4	PA; LA; QL
XELJANZ ORAL TABLET	4	PA; LA; QL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR	4	PA; LA; QL
OBSTETRICS & GYNECOLOGY		
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES		
CAYA CONTOURED VAGINAL DIAPHRAGM	5	ACA
CONDOMS-PREM LUBRICATED DEVICE	5	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
DUREX AVANTI BARE REAL FEEL	5	ACA; OTC
FC2 FEMALE CONDOM	5	ACA; OTC
FEMCAP VAGINAL DEVICE 22 MM	5	ACA
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE	5	ACA; LA
LILETTA INTRAUTERINE INTRAUTERINE DEVICE	5	ACA; LA
MIRENA INTRAUTERINE INTRAUTERINE DEVICE	5	ACA; LA
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE	5	ACA; LA
SKYLA INTRAUTERINE INTRAUTERINE DEVICE	5	ACA; LA
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	5	ACA; OTC
WIDE-SEAL DIAPHRAGM	5	ACA
ESTROGENS & PROGESTINS		
ACTIVELLA ORAL TABLET 1-0.5 MG	3	
<i>amabelz oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
ANGELIQ ORAL TABLET	3	
AYGESTIN ORAL TABLET	3	
BIJUVA ORAL CAPSULE	3	
<i>camila oral tablet</i>	5	ACA
CLIMARA TRANSDERMAL PATCH WEEKLY	3	QL
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY	2	
<i>covaryx h.s. oral tablet</i>	1	
<i>covaryx oral tablet</i>	1	
CRINONE VAGINAL GEL 4 %	3	
CRINONE VAGINAL GEL 8 %	4	LA
<i>deblitane oral tablet</i>	5	ACA
DELESTROGEN INTRAMUSCULAR OIL	3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL	2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	QL
DEPO-PROVERA INTRAMUSCULAR SYRINGE	3	QL

Drug Name	Drug Tier	Requirements / Limits
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE	5	ACA; QL
DIVIGEL TRANSDERMAL GEL IN PACKET	2	ST; QL
<i>dotti transdermal patch semiweekly</i>	1	QL
DUAVEE ORAL TABLET	2	
<i>eemt hs oral tablet</i>	1	
<i>eemt oral tablet</i>	1	
ENDOMETRIN VAGINAL INSERT	4	LA
<i>errin oral tablet</i>	5	ACA
ESTRACE ORAL TABLET	3	
ESTRACE VAGINAL CREAM	3	
ESTRADIOL IMPLANT PELLETS 6 MG	3	
<i>estradiol oral tablet</i>	1	
<i>estradiol transdermal gel in packet</i>	1	ST; QL
<i>estradiol transdermal patch semiweekly</i>	1	QL
<i>estradiol transdermal patch weekly</i>	1	QL
<i>estradiol vaginal cream</i>	1	
<i>estradiol vaginal tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>estradiol valerate intramuscular oil</i>	1	
<i>estradiol-norethindrone acet oral tablet</i>	1	
ESTRING VAGINAL RING	2	
<i>estrogens-methyltestosterone oral tablet</i>	1	
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL	3	ST; QL
FEMRING VAGINAL RING	3	
<i>fyavolv oral tablet</i>	1	
<i>heather oral tablet</i>	5	ACA
<i>hydroxyprogest(pf)(p reg presv) intramuscular oil</i>	4	QL
<i>hydroxyprogesterone cap(ppres) intramuscular oil</i>	4	QL
<i>hydroxyprogesterone caproate intramuscular oil</i>	1	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	3	PA; QL
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK	3	PA; QL
<i>incassia oral tablet</i>	5	ACA
<i>jencycla oral tablet</i>	5	ACA
<i>jinteli oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>lyleq oral tablet</i>	5	ACA
<i>lyllana transdermal patch semiweekly</i>	1	QL
<i>lyza oral tablet</i>	5	ACA
MAKENA (PF) SUBCUTANEOUS AUTO-INJECTOR	4	QL
<i>medroxyprogesterone intramuscular suspension</i>	5	ACA; QL
<i>medroxyprogesterone intramuscular syringe</i>	5	ACA; QL
<i>medroxyprogesterone oral tablet</i>	1	
MENEST ORAL TABLET	3	
MENOSTAR TRANSDERMAL PATCH WEEKLY	3	QL
<i>mimvey oral tablet</i>	1	
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY	3	QL
<i>nora-be oral tablet</i>	5	ACA
<i>norethindrone (contraceptive) oral tablet</i>	5	ACA
<i>norethindrone acetate oral tablet</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>norlyda oral tablet</i>	5	ACA
PREFEST ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements / Limits
PREMARIN INJECTION RECON SOLN	2	
PREMARIN ORAL TABLET	2	
PREMARIN VAGINAL CREAM	2	
PREMPHASE ORAL TABLET	2	
PREMPRO ORAL TABLET	2	
<i>progesterone intramuscular oil</i>	4	LA
<i>progesterone micronized oral capsule</i>	1	
PROVERA ORAL TABLET	3	
<i>sharobel oral tablet</i>	5	ACA
<i>tulana oral tablet</i>	5	ACA
VAGIFEM VAGINAL TABLET	3	
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY	3	QL
<i>yuvaferm vaginal tablet</i>	1	
MISCELLANEOUS OB/GYN		
ANNOVERA VAGINAL RING	5	ST; ACA; QL
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE	3	
CLEOCIN VAGINAL CREAM	3	

Drug Name	Drug Tier	Requirements / Limits
CLEOCIN VAGINAL SUPPOSITORY	3	
<i>clindamycin phosphate vaginal cream</i>	1	
CLINDESSE VAGINAL CREAM, EXTENDED RELEASE	3	
<i>eluryng vaginal ring</i>	5	ACA
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	5	ACA
GYNAZOLE-1 VAGINAL CREAM	3	
<i>haloette vaginal ring</i>	5	ACA
INTRAROSA VAGINAL INSERT	3	PA
<i>isoxsuprine oral tablet</i>	1	
<i>metronidazole vaginal gel</i>	1	
<i>miconazole-3 vaginal suppository</i>	1	
MYFEMBREE ORAL TABLET	2	PA
NEXPLANON SUBDERMAL IMPLANT	5	ACA; LA
NUVARING VAGINAL RING	3	ST
NUVESSA VAGINAL GEL	3	
ORIAHNN ORAL CAPSULE, SEQUENTIAL	2	PA
OSPHENA ORAL TABLET	3	PA

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Drug Name	Drug Tier	Requirements / Limits
PREPIDIL VAGINAL GEL	3	
RELAGARD VAGINAL GEL	3	
<i>terconazole vaginal cream</i>	1	
<i>terconazole vaginal suppository</i>	1	
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE	5	ACA; OTC
<i>tranexamic acid oral tablet</i>	1	
TRIMO-SAN JELLY VAGINAL GEL	2	
TWIRLA TRANSDERMAL PATCH WEEKLY	5	ST; ACA
<i>vandazole vaginal gel</i>	1	
VCF CONTRACEPTIVE FILM VAGINAL FILM	5	ACA; OTC
VCF CONTRACEPTIVE GEL VAGINAL GEL	5	ACA; OTC
<i>xulane transdermal patch weekly</i>	5	ACA
<i>zafemy transdermal patch weekly</i>	5	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle oral tablet</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>after pill oral tablet</i>	5	ACA; OTC; QL
AFTERA ORAL TABLET	3	OTC; QL
<i>altavera (28) oral tablet</i>	5	ACA
<i>alyacen 1/35 (28) oral tablet</i>	5	ACA
<i>alyacen 7/7/7 (28) oral tablet</i>	5	ACA
<i>amethia oral tablets,dose pack,3 month</i>	5	ACA
<i>amethyst (28) oral tablet</i>	5	ACA
<i>apri oral tablet</i>	5	ACA
<i>aranelle (28) oral tablet</i>	5	ACA
<i>ashlyna oral tablets,dose pack,3 month</i>	5	ACA
<i>aubra eq oral tablet</i>	5	ACA
<i>aubra oral tablet</i>	5	ACA
<i>aurovela 1.5/30 (21) oral tablet</i>	5	ACA
<i>aurovela 1/20 (21) oral tablet</i>	5	ACA
<i>aurovela 24 fe oral tablet</i>	5	ACA
<i>aurovela fe 1.5/30 (28) oral tablet</i>	5	ACA
<i>aurovela fe 1-20 (28) oral tablet</i>	5	ACA
<i>aviane oral tablet</i>	5	ACA
<i>ayuna oral tablet</i>	5	ACA
<i>azurette (28) oral tablet</i>	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
BALCOLTRA ORAL TABLET	5	ST; ACA
<i>balziva (28) oral tablet</i>	5	ACA
BEYAZ ORAL TABLET	3	ST
<i>blisovi 24 fe oral tablet</i>	5	ACA
<i>blisovi fe 1.5/30 (28) oral tablet</i>	5	ACA
<i>blisovi fe 1/20 (28) oral tablet</i>	5	ACA
<i>briellyn oral tablet</i>	5	ACA
<i>camrese lo oral tablets,dose pack,3 month</i>	5	ACA
<i>camrese oral tablets,dose pack,3 month</i>	5	ACA
<i>caziant (28) oral tablet</i>	5	ACA
<i>charlotte 24 fe oral tablet,chewable</i>	5	ACA
<i>chateal (28) oral tablet</i>	5	ACA
<i>chateal eq (28) oral tablet</i>	5	ACA
<i>cryselle (28) oral tablet</i>	5	ACA
<i>curae oral tablet</i>	5	ACA; OTC; QL
<i>cyred eq oral tablet</i>	5	ACA
<i>cyred oral tablet</i>	5	ACA
<i>dasetta 1/35 (28) oral tablet</i>	5	ACA
<i>dasetta 7/7/7 (28) oral tablet</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>daysee oral tablets,dose pack,3 month</i>	5	ACA
<i>desog-e.estradiol/e.estradiol oral tablet</i>	5	ACA
<i>desogestrel-ethinyl estradiol oral tablet</i>	5	ACA
<i>dolishale oral tablet</i>	5	ACA
<i>drospirenone-e.estradiol-lm.fa oral tablet</i>	5	ACA
<i>drospirenone-ethinyl estradiol oral tablet</i>	5	ACA
<i>econtra ez oral tablet</i>	5	ACA; OTC; QL
<i>econtra one-step oral tablet</i>	5	ACA; OTC; QL
<i>elinest oral tablet</i>	5	ACA
ELLA ORAL TABLET	5	ACA; QL
<i>enpresse oral tablet</i>	5	ACA
<i>enskyce oral tablet</i>	5	ACA
<i>estarylla oral tablet</i>	5	ACA
<i>ethynodiol diac-eth estradiol oral tablet</i>	5	ACA
<i>falmina (28) oral tablet</i>	5	ACA
<i>femynor oral tablet</i>	5	ACA
<i>finzala oral tablet,chewable</i>	5	ACA
<i>gemmily oral capsule</i>	5	ACA
GENERESS FE ORAL TABLET,CHEWABLE	3	ST

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Drug Name	Drug Tier	Requirements / Limits
hailey 24 fe oral tablet	5	ACA
hailey fe 1.5/30 (28) oral tablet	5	ACA
hailey fe 1/20 (28) oral tablet	5	ACA
hailey oral tablet	5	ACA
her style oral tablet	5	ACA; OTC; QL
iclevia oral tablets,dose pack,3 month	5	ACA
isibloom oral tablet	5	ACA
jaimiess oral tablets,dose pack,3 month	5	ACA
jasmiel (28) oral tablet	5	ACA
jolessa oral tablets,dose pack,3 month	5	ACA
juleber oral tablet	5	ACA
junal 1.5/30 (21) oral tablet	5	ACA
junal 1/20 (21) oral tablet	5	ACA
junal fe 1.5/30 (28) oral tablet	5	ACA
junal fe 1/20 (28) oral tablet	5	ACA
junal fe 24 oral tablet	5	ACA
kaitlib fe oral tablet,chewable	5	ACA
kalliga oral tablet	5	ACA
kariva (28) oral tablet	5	ACA

Drug Name	Drug Tier	Requirements / Limits
kelnor 1/35 (28) oral tablet	5	ACA
kelnor 1-50 (28) oral tablet	5	ACA
kurvelo (28) oral tablet	5	ACA
l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month	5	ACA
larin 1.5/30 (21) oral tablet	5	ACA
larin 1/20 (21) oral tablet	5	ACA
larin 24 fe oral tablet	5	ACA
larin fe 1.5/30 (28) oral tablet	5	ACA
larin fe 1/20 (28) oral tablet	5	ACA
larissia oral tablet	5	ACA
layolis fe oral tablet,chewable	5	ACA
leena 28 oral tablet	5	ACA
lessina oral tablet	5	ACA
levonest (28) oral tablet	5	ACA
levonorgestrel oral tablet	5	ACA; OTC; QL
levonorgestrel-ethinyl estradiol oral tablet	5	ACA
levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month	5	ACA
levonorg-eth estradiol triphasic oral tablet	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>levora-28 oral tablet</i>	5	ACA
<i>lillow (28) oral tablet</i>	5	ACA
LO LOESTRIN FE ORAL TABLET	5	ST; ACA
LOESTRIN 1.5/30 (21) ORAL TABLET	3	ST
LOESTRIN 1/20 (21) ORAL TABLET	3	ST
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET	3	ST
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET	3	ST
<i>lojaimiess oral tablets,dose pack,3 month</i>	5	ACA
<i>loryna (28) oral tablet</i>	5	ACA
LOSEASONIQUE ORAL TABLETS,DOSE PACK,3 MONTH	3	ST
<i>low-ogestrel (28) oral tablet</i>	5	ACA
<i>lo-zumandimine (28) oral tablet</i>	5	ACA
<i>lutra (28) oral tablet</i>	5	ACA
<i>marlissa (28) oral tablet</i>	5	ACA
<i>merzee oral capsule</i>	5	ACA
<i>mibelas 24 fe oral tablet,chewable</i>	5	ACA
<i>microgestin 1.5/30 (21) oral tablet</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>microgestin 1/20 (21) oral tablet</i>	5	ACA
<i>microgestin 24 fe oral tablet</i>	5	ACA
<i>microgestin fe 1.5/30 (28) oral tablet</i>	5	ACA
<i>microgestin fe 1/20 (28) oral tablet</i>	5	ACA
<i>mili oral tablet</i>	5	ACA
MINASTRIN 24 FE ORAL TABLET,CHEWABLE	3	ST
MIRCETTE (28) ORAL TABLET	3	ST
<i>mono-lynyah oral tablet</i>	5	ACA
<i>my choice oral tablet</i>	5	ACA; OTC; QL
<i>my way oral tablet</i>	5	ACA; OTC; QL
NATAZIA ORAL TABLET	5	ST; ACA
<i>necon 0.5/35 (28) oral tablet</i>	5	ACA
<i>new day oral tablet</i>	5	ACA; OTC; QL
NEXTSTELLIS ORAL TABLET	5	ST; ACA
<i>nikki (28) oral tablet</i>	5	ACA
<i>noreth-ethinyl estradiol-iron oral tablet,chewable</i>	5	ACA
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>norethindrone-e.estradiol-iron oral capsule</i>	5	ACA
<i>norethindrone-e.estradiol-iron oral tablet</i>	5	ACA
<i>norethindrone-e.estradiol-iron oral tablet,chewable</i>	5	ACA
<i>norgestimate-ethinyl estradiol oral tablet</i>	5	ACA
<i>nortrel 0.5/35 (28) oral tablet</i>	5	ACA
<i>nortrel 1/35 (21) oral tablet</i>	5	ACA
<i>nortrel 1/35 (28) oral tablet</i>	5	ACA
<i>nortrel 7/7/7 (28) oral tablet</i>	5	ACA
<i>nylia 1/35 (28) oral tablet</i>	5	ACA
<i>nylia 7/7/7 (28) oral tablet</i>	5	ACA
<i>nymyo oral tablet</i>	5	ACA
<i>ocella oral tablet</i>	5	ACA
<i>opcicon one-step oral tablet</i>	5	ACA; OTC; QL
<i>option-2 oral tablet</i>	5	ACA; OTC; QL
<i>philith oral tablet</i>	5	ACA
<i>pimtrea (28) oral tablet</i>	5	ACA
<i>pirmella oral tablet</i>	5	ACA
PLAN B ONE-STEP ORAL TABLET	2	OTC; QL
<i>portia 28 oral tablet</i>	5	ACA
<i>previfem oral tablet</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
QUARTETTE ORAL TABLETS,DOSE PACK,3 MONTH	3	ST
<i>reclipsen (28) oral tablet</i>	5	ACA
<i>rivelsa oral tablets,dose pack,3 month</i>	5	ACA
SAFYRAL ORAL TABLET	3	ST
SEASONIQUE ORAL TABLETS,DOSE PACK,3 MONTH	3	ST
<i>setlakin oral tablets,dose pack,3 month</i>	5	ACA
<i>simliya (28) oral tablet</i>	5	ACA
<i>simpesse oral tablets,dose pack,3 month</i>	5	ACA
SLYND ORAL TABLET	5	ST; ACA
<i>sprintec (28) oral tablet</i>	5	ACA
<i>sronyx oral tablet</i>	5	ACA
<i>syeda oral tablet</i>	5	ACA
TAKE ACTION ORAL TABLET	3	OTC; QL
<i>tarina 24 fe oral tablet</i>	5	ACA
<i>tarina fe 1/20 (28) oral tablet</i>	5	ACA
<i>taysofy oral capsule</i>	5	ACA
TAYTULLA ORAL CAPSULE	3	ST; ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>tilia fe oral tablet</i>	5	ACA
<i>tri femynor oral tablet</i>	5	ACA
<i>tri-estarylla oral tablet</i>	5	ACA
<i>tri-legest fe oral tablet</i>	5	ACA
<i>tri-linyah oral tablet</i>	5	ACA
<i>tri-lo-estarylla oral tablet</i>	5	ACA
<i>tri-lo-marzia oral tablet</i>	5	ACA
<i>tri-lo-mili oral tablet</i>	5	ACA
<i>tri-lo-sprintec oral tablet</i>	5	ACA
<i>tri-mili oral tablet</i>	5	ACA
<i>tri-nymyo oral tablet</i>	5	ACA
<i>tri-sprintec (28) oral tablet</i>	5	ACA
<i>trivora (28) oral tablet</i>	5	ACA
<i>tri-vylibra lo oral tablet</i>	5	ACA
<i>tri-vylibra oral tablet</i>	5	ACA
TYBLUME ORAL TABLET,CHEWABLE	5	ST; ACA
<i>tydemy oral tablet</i>	5	ACA
<i>velivet triphasic regimen (28) oral tablet</i>	5	ACA
<i>vestura (28) oral tablet</i>	5	ACA
<i>vienva oral tablet</i>	5	ACA
<i>violele (28) oral tablet</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>volnea (28) oral tablet</i>	5	ACA
<i>vyfemla (28) oral tablet</i>	5	ACA
<i>vylibra oral tablet</i>	5	ACA
<i>wera (28) oral tablet</i>	5	ACA
<i>wymzya fe oral tablet,chewable</i>	5	ACA
YASMIN (28) ORAL TABLET	3	ST
YAZ (28) ORAL TABLET	3	ST
<i>zarah oral tablet</i>	5	ACA
<i>zovia 1-35 (28) oral tablet</i>	5	ACA
<i>zumandimine (28) oral tablet</i>	5	ACA
OXYTOCICS		
<i>methergine oral tablet</i>	1	QL
<i>methylergonovine oral tablet</i>	1	QL
<i>oxytocin injection solution</i>	1	
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>ak-poly-bac ophthalmic (eye) ointment</i>	1	
AZASITE OPHTHALMIC (EYE) DROPS	2	
<i>bacitracin ophthalmic (eye) ointment</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>bacitracin-polymyxin b ophthalmic (eye) ointment</i>	1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION	3	
CILOXAN OPHTHALMIC (EYE) OINTMENT	3	
<i>ciprofloxacin hcl ophthalmic (eye) drops</i>	1	
<i>erythromycin ophthalmic (eye) ointment</i>	1	
<i>gatifloxacin ophthalmic (eye) drops</i>	1	
<i>gentak ophthalmic (eye) ointment</i>	1	
<i>gentamicin ophthalmic (eye) drops</i>	1	
<i>levofloxacin ophthalmic (eye) drops</i>	1	
MOXIFLOXACIN (PF)-BSS INTRACAMERAL SOLUTION	3	
<i>moxifloxacin ophthalmic (eye) drops</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	1	
MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SOLUTION	3	
MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SYRINGE	3	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION	2	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops</i>	1	
<i>neo-polycin ophthalmic (eye) ointment</i>	1	
OCUFLOX OPHTHALMIC (EYE) DROPS	3	
<i>ofloxacin ophthalmic (eye) drops</i>	1	
<i>polycin ophthalmic (eye) ointment</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops</i>	1	
POLYTRIM OPHTHALMIC (EYE) DROPS	3	
<i>tobramycin ophthalmic (eye) drops</i>	1	
TOBRAMYCIN-VANCOMYCIN OPHTHALMIC (EYE) DROPS	3	
TOBREX OPHTHALMIC (EYE) OINTMENT	3	
VIGAMOX OPHTHALMIC (EYE) DROPS	3	
ZYMAXID OPHTHALMIC (EYE) DROPS	3	
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops</i>	1	
ZIRGAN OPHTHALMIC (EYE) GEL	3	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops</i>	1	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>carteolol ophthalmic (eye) drops</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette</i>	1	
<i>timolol maleate ophthalmic (eye) drops</i>	1	
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	1	
TIMOPTIC OPHTHALMIC (EYE) DROPS	3	ST
TIMOPTIC-XE OPHTHALMIC (EYE) GEL FORMING SOLUTION	3	ST
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS	4	LA
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops</i>	1	
ATROPINE OPHTHALMIC (EYE) DROPS, EMULSION	3	
<i>atropine ophthalmic (eye) ointment</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
ATROPINE SULFATE (PF) OPHTHALMIC (EYE) DROPPERETTE	3	
CYCLOGYL OPHTHALMIC (EYE) DROPS	3	
<i>cyclopentolate ophthalmic (eye) drops 1 %, 2 %</i>	1	
<i>homatropaire ophthalmic (eye) drops</i>	1	
ISOPTO ATROPINE OPHTHALMIC (EYE) DROPS	3	
MYDRIACYL OPHTHALMIC (EYE) DROPS	3	
PHENYLEPH-TROPICAMIDE IN WATER OPHTHALMIC (EYE) DROPS	3	
<i>tropicamide ophthalmic (eye) drops</i>	1	
DIRECT ACTING MIOTICS		
MIOCHOL-E INTRAOCULAR KIT	3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
MISCELLANEOUS OPHTHALMOLOGICS		

Drug Name	Drug Tier	Requirements / Limits
AKTEN (PF) OPHTHALMIC (EYE) GEL	3	
ALCAINE OPHTHALMIC (EYE) DROPS	3	
ALOCRIAL OPHTHALMIC (EYE) DROPS	3	
ALOMIDE OPHTHALMIC (EYE) DROPS	3	
<i>altacaine ophthalmic (eye) drops</i>	1	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS	3	
<i>azelastine ophthalmic (eye) drops</i>	1	
<i>bepotastine besilate ophthalmic (eye) drops</i>	1	
BEPREVE OPHTHALMIC (EYE) DROPS	3	ST
CEQUA OPHTHALMIC (EYE) DROPPERETTE	3	PA
<i>cromolyn ophthalmic (eye) drops</i>	1	
<i>cyclosporine ophthalmic (eye) dropperette</i>	1	PA; QL
CYSTADROPS OPHTHALMIC (EYE) DROPS	4	LA

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Drug Name	Drug Tier	Requirements / Limits
CYSTARAN OPHTHALMIC (EYE) DROPS	4	LA
DEXAMET- MOXIFL- KETORO- NACL(PF) INTRAOCULAR SOLUTION	3	
<i>epinastine ophthalmic (eye) drops</i>	1	
FLUORESCEIN- BENOXINATE OPHTHALMIC (EYE) DROPS	3	
<i>fluorescein- proparacaine ophthalmic (eye) drops</i>	1	
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE,G EL	3	
KLARITY-A (AZITHRO- CHONDR)(PF) OPHTHALMIC (EYE) DROPS	3	
KLARITY-L (LOTEPRED- CHOND)(PF) OPHTHALMIC (EYE) DROPS 0.5- 0.25 %	3	
LACRISERT OPHTHALMIC (EYE) INSERT	3	PA; QL
OMIDRIA INTRAOCULAR CONCENTRATE	3	

Drug Name	Drug Tier	Requirements / Limits
OXERVATE OPHTHALMIC (EYE) DROPS	4	PA; LA
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS	3	
PHOTREXA VISCOUS OPHTHALMIC (EYE) DROPS, VISCOUS	3	
PREDNISOL ACE- GATIFLOX- BROMFEN OPHTHALMIC (EYE) DROPS,SUSPENSIO N	3	
PREDNISOLN SP- GATIFLOX- BROMFEN OPHTHALMIC (EYE) DROPS	3	
PREDNISOLN SP- MOXIFLOX- BROMFEN OPHTHALMIC (EYE) DROPS	3	
PREDNISOLONE ACETATE- BROMFENAC OPHTHALMIC (EYE) DROPS,SUSPENSIO N	3	

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Drug Name	Drug Tier	Requirements / Limits
PREDNISOLONE ACETATE-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
PREDNISOLONE-MOXIFLO-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
PREDNISOLONE-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>proparacaine ophthalmic (eye) drops</i>	1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS	2	PA; QL
RESTASIS OPHTHALMIC (EYE) DROPPERETTE	3	PA; QL
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS	3	
<i>tetracaine hcl ophthalmic (eye) drops</i>	1	

Drug Name	Drug Tier	Requirements / Limits
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL	3	PA
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE	3	PA; QL
VITRASE INJECTION SOLUTION	3	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE	2	PA; QL
ZERVIAE OPHTHALMIC (EYE) DROPPERETTE	3	ST
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR LS OPHTHALMIC (EYE) DROPS	3	ST
ACULAR OPHTHALMIC (EYE) DROPS	3	ST
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE	3	ST
<i>bromfenac ophthalmic (eye) drops</i>	1	ST
BROMSITE OPHTHALMIC (EYE) DROPS	3	ST
<i>diclofenac sodium ophthalmic (eye) drops</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>flurbiprofen sodium ophthalmic (eye) drops</i>	1	
ILEVRO OPTHALMIC (EYE) DROPS,SUSPENSION	3	ST
<i>ketorolac ophthalmic (eye) drops</i>	1	
NEVANAC OPTHALMIC (EYE) DROPS,SUSPENSION	3	ST
PROLENSA OPTHALMIC (EYE) DROPS	3	ST
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release</i>	1	
<i>acetazolamide oral tablet</i>	1	
<i>acetazolamide sodium injection recon soln</i>	1	
<i>methazolamide oral tablet</i>	1	
OTHER GLAUCOMA DRUGS		
AZOPT OPTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>bimatoprost ophthalmic (eye) drops</i>	1	

Drug Name	Drug Tier	Requirements / Limits
BRIMONIDINE-DORZOLAMIDE (PF) OPTHALMIC (EYE) DROPS	3	
<i>brimonidine-timolol ophthalmic (eye) drops</i>	1	
<i>brinzolamide ophthalmic (eye) drops,suspension</i>	1	
COMBIGAN OPTHALMIC (EYE) DROPS	3	ST
COSOPT (PF) OPTHALMIC (EYE) DROPPERETTE	3	ST
COSOPT OPTHALMIC (EYE) DROPS	3	ST
DORZOLAMIDE (PF) OPTHALMIC (EYE) DROPS	3	
<i>dorzolamide ophthalmic (eye) drops</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	1	
DORZOLAMIDE-TIMOLOL (PF) OPTHALMIC (EYE) DROPS	3	
<i>dorzolamide-timolol ophthalmic (eye) drops</i>	1	
<i>latanoprost ophthalmic (eye) drops</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	
<i>miostat intraocular solution</i>	1	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>tafluprost (pf) ophthalmic (eye) dropperette</i>	1	ST
TIMOLOL- BRIMONIDI- DORZOLAM(PF) OPHTHALMIC (EYE) DROPS	3	
<i>travoprost ophthalmic (eye) drops</i>	1	
VYZULTA OPHTHALMIC (EYE) DROPS	3	ST
XALATAN OPHTHALMIC (EYE) DROPS	3	ST
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION	3	ST
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE	3	ST
STEROID-ANTIBIOTIC COMBINATIONS		

Drug Name	Drug Tier	Requirements / Limits
DEXAMETH- MOXIFLOX(PF)- NACL,ISO INTRAOCULAR SOLUTION	3	
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
MAXITROL OPHTHALMIC (EYE) OINTMENT	3	
<i>neomycin- bacitracin-poly-hc ophthalmic (eye) ointment</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment</i>	1	
<i>neomycin- polymyxin-hc ophthalmic (eye) drops,suspension</i>	1	
<i>neo-polycin hc ophthalmic (eye) ointment</i>	1	
PREDNISOLONE SOD PH- MOXIFLOX OPHTHALMIC (EYE) DROPS	3	

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Drug Name	Drug Tier	Requirements / Limits
PREDNISOLONE-MOXIFLOXACIN HCL OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	3	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension</i>	1	
TRIAMCINOLON-MOXIFLOX-WATR(PF) INTRAOCULAR SUSPENSION	3	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
STERIODS		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>dexamethasone sodium phosphate ophthalmic (eye) drops</i>	1	
DEXYCU (PF) INTRAOCULAR SUSPENSION	3	
<i>difluprednate ophthalmic (eye) drops</i>	1	ST
DUREZOL OPHTHALMIC (EYE) DROPS	3	ST
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION	3	PA; QL
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST
<i>fluorometholone ophthalmic (eye) drops,suspension</i>	1	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST
FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST
ILUVIEN INTRAVITREAL IMPLANT	4	LA

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

Drug Name	Drug Tier	Requirements / Limits
PREDNISOLONE ACETATE (PF) OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>prednisolone acetate ophthalmic (eye) drops,suspension</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops</i>	1	
RETISERT INTRAVITREAL IMPLANT	4	LA
YUTIQ INTRAVITREAL IMPLANT	4	LA
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide- prednisolone ophthalmic (eye) drops</i>	1	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	1	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS	3	ST
<i>apraclonidine ophthalmic (eye) drops</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>brimonidine ophthalmic (eye) drops</i>	1	
IOPIDINE OPTHALMIC (EYE) DROPPERETTE	3	ST
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL OPTHALMIC (EYE) DROPS	3	
<i>phenylephrine hcl ophthalmic (eye) drops</i>	1	
UPNEEQ (PF) OPTHALMIC (EYE) DROPPERETTE	3	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTIHIISTAMINE & ANTIALLERGENIC AGENTS		
<i>adrenalin injection solution</i>	1	
<i>carbinoxamine maleate oral liquid</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>cetirizine oral solution 1 mg/ml</i>	1	
CLARINEX ORAL TABLET	3	QL
<i>clemastine oral tablet 2.68 mg</i>	1	
<i>cyproheptadine oral syrup</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>cyproheptadine oral tablet</i>	1	
<i>desloratadine oral tablet</i>	1	QL
<i>desloratadine oral tablet, disintegrating</i>	1	QL
DIPHEN ORAL ELIXIR	3	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl injection syringe</i>	1	
EPINEPHRINE HCL (PF) INJECTION SOLUTION	3	
EPINEPHRINE INJECTION 0.15 MG AUTO-INJECTOR (IMPAX, LINEAGE GENERIC) 0.15 MG/0.15 ML	3	QL
<i>epinephrine injection auto-injector (mylan generic) 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL
<i>epinephrine injection syringe 0.1 mg/ml</i>	1	
EPIPEN INJECTION AUTO-INJECTOR	2	ST; QL
EPIPEN JR INJECTION AUTO-INJECTOR	2	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>hydroxyzine hcl intramuscular solution</i>	1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate oral capsule</i>	1	
KARBINAL ER ORAL SUSPENSION, EXTENDED REL 12 HR	3	
<i>levocetirizine oral solution</i>	1	
<i>levocetirizine oral tablet</i>	1	QL
PHENERGAN INJECTION SOLUTION	3	
<i>promethazine injection solution</i>	1	
<i>promethazine oral syrup</i>	1	
<i>promethazine oral tablet</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan rectal suppository</i>	1	
QUZYTIR INTRAVENOUS SOLUTION	3	
RYCLORA ORAL SOLUTION	3	

Drug Name	Drug Tier	Requirements / Limits
SYMJEPI INJECTION SYRINGE	2	QL
VISTARIL ORAL CAPSULE	3	
COUGH & COLD THERAPY		
<i>benzonatate oral capsule</i>	1	
BROMFED DM ORAL SYRUP	3	
<i>brompheniramine-pseudoeph-dm oral syrup</i>	1	
CAPCOF ORAL LIQUID	3	
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR	3	QL
<i>codeine-guaifenesin oral liquid</i>	1	
CODITUSSIN AC ORAL LIQUID	3	
CODITUSSIN DAC ORAL LIQUID	3	
<i>g tussin ac oral liquid</i>	1	
<i>guaiaitussin ac oral liquid</i>	1	
HISTEX-AC ORAL SYRUP	3	
HYCODAN (WITH HOMATROPINE) ORAL SYRUP	3	
HYCODAN (WITH HOMATROPINE) ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr</i>	1	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral tablet</i>	1	
<i>hydromet oral syrup</i>	1	
MAR-COF CG ORAL LIQUID	3	
<i>maxi-tuss ac oral liquid</i>	1	
MAXI-TUSS CD ORAL LIQUID	3	
<i>m-clear wc oral liquid</i>	1	
M-END PE ORAL LIQUID	3	
NINJACOF-XG ORAL LIQUID	3	
<i>pe-guai oral drops</i>	1	
POLY-TUSSIN AC ORAL LIQUID	3	
<i>promethazine vc oral syrup</i>	1	
<i>promethazine vc-codeine oral syrup</i>	1	
<i>promethazine-codeine oral syrup</i>	1	
<i>promethazine-dm oral syrup</i>	1	
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR	3	

Drug Name	Drug Tier	Requirements / Limits
<i>r-tanna oral tablet</i>	1	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR	3	
TUZISTRA XR ORAL SUSPENSION,EXTENDED REL 12 HR	3	PA
PULMONARY AGENTS		
ACCOLATE ORAL TABLET	3	
<i>acetylcysteine solution</i>	1	
ADCIRCA ORAL TABLET	4	PA; LA; QL
ADEMPAS ORAL TABLET	4	PA; LA; QL
ADRENALIN NASAL SOLUTION	3	
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE	3	QL
ADVAIR HFA INHALATION HFA AEROSOL INHALER	2	QL
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR	3	ST; QL
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>albuterol sulfate inhalation solution for nebulization</i>	1	
<i>albuterol sulfate oral syrup</i>	1	
<i>albuterol sulfate oral tablet</i>	1	
<i>albuterol sulfate oral tablet extended release 12 hr</i>	1	
ALVESCO INHALATION HFA AEROSOL INHALER	3	ST; QL
<i>alyq oral tablet</i>	4	PA; LA; QL
<i>ambrisentan oral tablet</i>	4	PA; LA; QL
<i>aminophylline intravenous solution 250 mg/10 ml</i>	1	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE	2	QL
<i>arformoterol inhalation solution for nebulization</i>	1	QL
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE	2	QL
ASMANEX HFA INHALATION HFA AEROSOL INHALER	2	QL

Drug Name	Drug Tier	Requirements / Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	QL
ATROVENT HFA INHALATION HFA AEROSOL INHALER	3	QL
<i>azelastine-fluticasone nasal spray,non-aerosol</i>	1	ST; QL
BERINERT INTRAVENOUS KIT	4	PA; LA; QL
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER	2	QL
<i>bosentan oral tablet</i>	4	PA; LA; QL
BREO ELLIPTA INHALATION BLISTER WITH DEVICE	2	QL
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER	2	QL

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Drug Name	Drug Tier	Requirements / Limits
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE	4	PA; LA
BROVANA INHALATION SOLUTION FOR NEBULIZATION	3	ST; QL
<i>budesonide inhalation suspension for nebulization</i>	1	QL
CINRYZE INTRAVENOUS RECON SOLN	4	PA; LA; QL
COMBIVENT RESPIMAT INHALATION MIST	2	QL
<i>cromolyn inhalation solution for nebulization</i>	1	
DALIRESP ORAL TABLET 250 MCG	2	PA; QL
DALIRESP ORAL TABLET 500 MCG	2	PA
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED	3	QL
DULERA INHALATION HFA AEROSOL INHALER	2	QL
DYMISTA NASAL SPRAY, NON-AEROSOL	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
ELIXOPHYLLIN ORAL ELIXIR	3	
<i>epinephrine hcl nasal solution</i>	1	
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
FASENRA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
FIRAZYR SUBCUTANEOUS SYRINGE	4	PA; LA; QL
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE	2	QL
FLOVENT HFA INHALATION HFA AEROSOL INHALER	2	QL
<i>flunisolide nasal spray, non-aerosol</i>	1	QL
<i>fluticasone propionate nasal spray, suspension</i>	1	QL
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	QL
<i>formoterol fumarate inhalation solution for nebulization</i>	1	ST; QL
HAEGARDA SUBCUTANEOUS RECON SOLN	4	PA; LA; QL
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>icatibant subcutaneous syringe</i>	4	PA; QL
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE	2	QL
<i>ipratropium bromide inhalation solution</i>	1	
<i>ipratropium-albuterol inhalation solution for nebulization</i>	1	QL
KALBITOR SUBCUTANEOUS SOLUTION	4	PA; LA; QL
KALYDECO ORAL GRANULES IN PACKET 13.4 MG	4	PA
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	4	PA; LA; QL
KALYDECO ORAL TABLET	4	PA; LA; QL
LETAIRIS ORAL TABLET	4	PA; LA; QL
<i>levalbuterol hcl inhalation solution for nebulization</i>	1	
LIQREV ORAL SUSPENSION	4	PA; QL
LONHALA MAGNAIR REFILL INHALATION SOLUTION FOR NEBULIZATION	3	QL

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

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Drug Name	Drug Tier	Requirements / Limits
ORKAMBI ORAL GRANULES IN PACKET	4	PA; LA; QL
ORKAMBI ORAL TABLET	4	PA; LA; QL
ORLADEYO ORAL CAPSULE	4	PA; LA; QL
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION	3	ST; QL
<i>pirfenidone oral capsule</i>	4	PA; LA; QL
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	4	PA; LA; QL
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION	3	QL
<i>pulmosal inhalation solution for nebulization</i>	1	
PULMOZYME INHALATION SOLUTION	4	PA; LA
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED	2	QL
REVATIO INTRAVENOUS SOLUTION	4	LA
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
REVATIO ORAL TABLET	4	PA; LA; QL
<i>roflumilast oral tablet 250 mcg</i>	1	PA; QL
<i>roflumilast oral tablet 500 mcg</i>	1	PA
RUCONEST INTRAVENOUS RECON SOLN	4	PA; LA; QL
<i>sajazir subcutaneous syringe</i>	4	PA; QL
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE	2	QL
<i>sildenafil (pulm.hypertension) intravenous solution</i>	4	LA
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution</i>	4	PA; LA; QL
<i>sildenafil (pulm.hypertension) oral tablet</i>	4	PA; LA; QL
SINGULAIR ORAL GRANULES IN PACKET	3	
SINGULAIR ORAL TABLET	3	
SINGULAIR ORAL TABLET,CHEWABLE	3	
SINUVA SINUS IMPLANT	4	PA; LA
<i>sodium chloride inhalation solution for nebulization</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
SPIRIVA RESPIMAT INHALATION MIST	2	QL
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE	2	QL
STIOLTO RESPIMAT INHALATION MIST	2	QL
STRIVERDI RESPIMAT INHALATION MIST	2	QL
SYMBICORT INHALATION HFA AEROSOL INHALER	2	QL
SYMDEKO ORAL TABLETS, SEQUENTIAL	4	PA; LA; QL
<i>tadalafil (pulm. hypertension) oral tablet</i>	4	PA; LA; QL
TADLIQ ORAL SUSPENSION	4	PA; LA
TAKHZYRO SUBCUTANEOUS SOLUTION	4	PA; LA; QL
TAKHZYRO SUBCUTANEOUS SYRINGE	4	PA; LA; QL
<i>terbutaline oral tablet</i>	1	
<i>terbutaline subcutaneous solution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
TEZSPIRE SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
TEZSPIRE SUBCUTANEOUS SYRINGE	4	PA; LA; QL
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR	3	
<i>theophylline oral elixir</i>	1	
<i>theophylline oral solution</i>	1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr</i>	1	
TRACLEER ORAL TABLET	4	PA; LA; QL
TRACLEER ORAL TABLET FOR SUSPENSION	4	PA; LA; QL
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE	2	QL
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	4	PA; LA
TRIKAFTA ORAL TABLETS, SEQUENTIAL	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16 MCG (112)- 32 MCG (84), 16(112)-32(112) - 48(28) MCG, 32 MCG, 48 MCG, 64 MCG	4	PA; LA
TYVASO INHALATION SOLUTION FOR NEBULIZATION	4	PA; LA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION	4	PA; LA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION	4	PA; LA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION	4	PA; LA
VENTOLIN HFA INHALATION HFA AEROSOL INHALER	2	QL
<i>wixela inhub inhalation blister with device</i>	1	QL
XOLAIR SUBCUTANEOUS RECON SOLN	4	PA; LA; QL
XOLAIR SUBCUTANEOUS SYRINGE	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
XOPENEX CONCENTRATE INHALATION SOLUTION FOR NEBULIZATION	3	
XOPENEX INHALATION SOLUTION FOR NEBULIZATION 0.63 MG/3 ML, 1.25 MG/3 ML	3	
YUPELRI INHALATION SOLUTION FOR NEBULIZATION	2	QL
<i>zafirlukast oral tablet</i>	1	
<i>zileuton oral tablet, er multiphase 12 hr</i>	1	PA
ZYFLO ORAL TABLET	3	PA

UROLOGICALS

ANTICHOLINERGICS & ANTISPASMODICS

<i>darifenacin oral tablet extended release 24 hr</i>	1	ST
DETROL ORAL TABLET	3	ST
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG	3	ST
<i>fesoterodine oral tablet extended release 24 hr</i>	1	
<i>flavoxate oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
GELNIQUE TRANSDERMAL GEL IN PACKET	2	QL
GEMTESA ORAL TABLET	3	
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	2	
<i>oxybutynin chloride oral syrup</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY	3	ST; QL
<i>solifenacin oral tablet</i>	1	ST
<i>tolterodine oral capsule, extended release 24hr</i>	1	ST
<i>tolterodine oral tablet</i>	1	ST
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR	3	ST
<i>tropium oral capsule, extended release 24hr</i>	1	ST
<i>tropium oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr</i>	1	
AVODART ORAL CAPSULE	3	ST
CIALIS ORAL TABLET 2.5 MG, 5 MG	3	QL
<i>dutasteride oral capsule</i>	1	ST
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr</i>	1	ST
<i>finasteride oral tablet 5 mg</i>	1	
FLOMAX ORAL CAPSULE	3	
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR	3	ST
PROSCAR ORAL TABLET	3	ST
RAPAFLO ORAL CAPSULE	3	
<i>silodosin oral capsule</i>	1	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	QL
<i>tamsulosin oral capsule</i>	1	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR	3	
CHOLINERGIC STIMULANTS		

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Drug Name	Drug Tier	Requirements / Limits
<i>bethanechol chloride oral tablet</i>	1	
MISCELLANEOUS UROLOGICALS		
<i>alprostadil injection solution</i>	1	
CAVERJECT IMPULSE INTRACavernosal KIT	2	QL
CAVERJECT INTRACavernosal RECON SOLN	2	QL
CAVERJECT INTRACavernosal SYRINGE	2	QL
CIALIS ORAL TABLET 10 MG, 20 MG	3	QL
CYSTAGON ORAL CAPSULE	4	LA
EDEX INTRACavernosal KIT	3	QL
ELMIRON ORAL CAPSULE	2	
<i>hyophen oral tablet</i>	1	
IFE-BIMIX 30/1 INTRACavernosal SOLUTION	3	QL
IFE-PG20 INTRACavernosal SOLUTION	3	QL
K-PHOS NO 2 ORAL TABLET	3	
K-PHOS ORIGINAL ORAL TABLET, SOLUBLE	2	

Drug Name	Drug Tier	Requirements / Limits
<i>methen-sod phos-meth blue-hyos oral tablet</i>	1	
MUSE INTRA-URETHRAL SUPPOSITORY 1,000 MCG, 250 MCG, 500 MCG	2	QL
ORACIT ORAL SOLUTION	3	
OXLUMO SUBCUTANEOUS SOLUTION	4	PA; LA
<i>phosphasal oral tablet</i>	1	
<i>potassium citrate oral tablet extended release</i>	1	
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE	4	PA; LA
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET	4	PA; LA
PROSTIN VR PEDIATRIC INJECTION SOLUTION	3	
RENACIDIN IRRIGATION SOLUTION	2	
<i>sildenafil oral tablet</i>	1	QL
STENDRA ORAL TABLET	3	ST; QL
<i>tadalafil oral tablet 10 mg, 20 mg</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN	3	QL
URELLE ORAL TABLET	3	
<i>uretron d-s oral tablet</i>	1	
URIBEL ORAL CAPSULE	3	
<i>urimar-t oral tablet</i>	1	
<i>uro-458 oral tablet</i>	1	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE	3	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE	3	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE	3	
<i>urogesic-blue oral tablet</i>	1	
<i>uro-mp oral capsule</i>	1	
UROQID-ACID NO.2 ORAL TABLET	3	
<i>uro-sp oral capsule</i>	1	
<i>uryl oral tablet</i>	1	
<i>ustell oral capsule</i>	1	
<i>utira-c oral tablet</i>	1	
<i>varденаfil oral tablet</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>varденаfil oral tablet,disintegrating</i>	1	QL
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
PYRIDIUM ORAL TABLET	3	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate(phosphat bind) oral capsule</i>	1	QL
<i>calcium acetate(phosphat bind) oral tablet</i>	1	QL
CALCIUM GLUC IN NACL, ISO-OSM INTRAVENOUS SOLUTION	3	
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	
<i>effer-k oral tablet, effervescent 25 meq</i>	1	
GALZIN ORAL CAPSULE	3	
<i>klor-con 10 oral tablet extended release</i>	1	
<i>klor-con 8 oral tablet extended release</i>	1	
<i>klor-con m10 oral tablet,er particles/crystals</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>klor-con m15 oral tablet,er particles/crystals</i>	1	
<i>klor-con m20 oral tablet,er particles/crystals</i>	1	
<i>klor-con oral packet</i>	1	
<i>klor-con/ef oral tablet, effervescent</i>	1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	
<i>lugols oral solution</i>	1	
<i>magnesium chloride injection solution</i>	1	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	2	
<i>magnesium sulfate in water intravenous parenteral solution</i>	1	
<i>magnesium sulfate in water intravenous piggyback</i>	1	
<i>magnesium sulfate injection solution</i>	1	
<i>magnesium sulfate injection syringe</i>	1	
NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION	3	
PHOSLYRA ORAL SOLUTION	2	QL
POTABA ORAL CAPSULE	3	

Drug Name	Drug Tier	Requirements / Limits
<i>potassium chloride oral capsule, extended release</i>	1	
<i>potassium chloride oral liquid</i>	1	
<i>potassium chloride oral packet</i>	1	
<i>potassium chloride oral tablet extended release</i>	1	
<i>potassium chloride oral tablet,er particles/crystals</i>	1	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	1	
<i>sodium chloride 3 % hypertonic intravenous parenteral solution</i>	1	
<i>sodium chloride 5 % hypertonic intravenous parenteral solution</i>	1	
<i>sodium chloride intravenous parenteral solution</i>	1	
<i>strong iodine oral solution</i>	1	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI ORAL LIQUID	4	PA; LA
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	2	

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Drug Name	Drug Tier	Requirements / Limits
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	2	
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	2	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	2	
VITAMINS & HEMATINICS		
<i>ascorbic acid (vitamin c) injection solution</i>	1	
<i>b complex 100 injection solution</i>	1	
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR	3	
<i>bal-care dha oral combo pack, tablet and cap, dr</i>	1	
CITRANATAL (DUAL-IRON) ORAL TABLET	3	
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK	3	
CITRANATAL ASSURE ORAL COMBO PACK	3	
CITRANATAL B-CALM (FE GLUC) ORAL TABLETS, SEQUENTIAL	3	

Drug Name	Drug Tier	Requirements / Limits
CITRANATAL BLOOM ORAL TABLET	3	
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK	3	
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE	3	
CITRANATAL MEDLEY ORAL CAPSULE	3	
<i>c-nate dha oral capsule</i>	1	
<i>complete natal dha oral combo pack</i>	1	
CONCEPT DHA ORAL CAPSULE	3	
CONCEPT OB ORAL CAPSULE	3	
<i>cyanocobalamin (vitamin b-12) injection solution</i>	1	
<i>dodex injection solution</i>	1	
DRISDOL ORAL CAPSULE	3	
DUET DHA BALANCED ORAL COMBO PACK	3	
DUET DHA WITH OMEGA-3 ORAL COMBO PACK	3	
<i>elite-ob oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
ENBRACE HR ORAL CAPSULE,IR - DELAY REL,BIPHASE	3	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
FERAHEME INTRAVENOUS SOLUTION	3	
<i>ferumoxitol intravenous solution</i>	1	
FLORIVA (FLUORIDE-VITAMIN D3) ORAL DROPS	3	OTC
<i>fluoride (sodium) oral drops</i>	5	ACA; OTC
<i>fluoride (sodium) oral tablet,chewable</i>	5	ACA; OTC
<i>folic acid injection solution</i>	1	
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	5	ACA; OTC
<i>folivane-ob oral capsule</i>	1	
<i>hydroxocobalamin intramuscular solution</i>	1	
INFED INJECTION SOLUTION	2	
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION	2	

Drug Name	Drug Tier	Requirements / Limits
INJECTAFER INTRAVENOUS SOLUTION	3	
KOSHER PRENATAL PLUS IRON ORAL TABLET	3	
<i>ludent fluoride oral tablet,chewable</i>	5	ACA; OTC
MARNATAL-F ORAL CAPSULE	3	
MECOBALAMIN (VITAMIN B12) INJECTION RECON SOLN	3	
<i>m-natal plus oral tablet</i>	1	
MONOFERRIC INTRAVENOUS SOLUTION	3	
<i>multi-vitamin with fluoride oral drops</i>	5	ACA; OTC
<i>multi-vitamin with fluoride oral tablet,chewable</i>	5	ACA; OTC
<i>mvc-fluoride oral tablet,chewable</i>	5	ACA; OTC
<i>mynatal oral capsule</i>	1	
<i>mynatal oral tablet</i>	1	
<i>mynatal plus oral tablet</i>	1	
<i>mynatal-z oral tablet</i>	1	
NASCOBAL NASAL SPRAY, NON-AEROSOL	2	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET,CHEWABLE	3	
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE	3	
NEONATAL PLUS VITAMIN ORAL TABLET	3	
NEONATAL-DHA ORAL COMBO PACK	3	
NESTABS ABC ORAL COMBO PACK	3	
NESTABS DHA ORAL COMBO PACK	3	
NESTABS ONE ORAL CAPSULE	3	
NESTABS ORAL TABLET	3	
<i>newgen oral tablet</i>	1	
OB COMPLETE ONE ORAL CAPSULE	3	
OB COMPLETE ORAL TABLET	3	
OB COMPLETE PETITE ORAL CAPSULE	3	
OB COMPLETE PREMIER ORAL TABLET	3	
OB COMPLETE WITH DHA ORAL CAPSULE	3	

Drug Name	Drug Tier	Requirements / Limits
<i>obstetrix dha oral combo pack,tablet and cap,dr</i>	1	
OBSTETRIX EC ORAL TABLET,DELAYED RELEASE (DR/EC)	3	
OBSTETRIX ONE ORAL CAPSULE	3	
OBTREX DHA ORAL COMBO PACK,TABLET AND CAP,DR	3	
<i>pnv-dha + docusate oral capsule</i>	1	
<i>pnv-dha oral capsule</i>	1	
<i>pnv-omega oral capsule</i>	1	
<i>pnv-select oral tablet</i>	1	
<i>pr natal 400 ec oral combo pack,tablet and cap,dr</i>	1	
<i>pr natal 400 oral combo pack</i>	1	
<i>pr natal 430 ec oral combo pack,tablet and cap,dr</i>	1	
<i>pr natal 430 oral combo pack</i>	1	
<i>prena1 chew oral tablet,chew,ir - dr,biphase</i>	1	
<i>prena1 pearl oral capsule,ir - delay rel,biphase</i>	1	
<i>prena1 true oral combo pack</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>prenaisance oral capsule</i>	1	
<i>prenaisance plus oral capsule</i>	1	
PRENATA ORAL TABLET,CHEWABLE	3	
<i>prenatabs fa oral tablet</i>	1	
<i>prenatabs rx oral tablet</i>	1	
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET	3	
<i>prenatal plus (calcium carb) oral tablet</i>	1	
PRENATAL PLUS DHA ORAL COMBO PACK	3	
<i>prenatal plus oral tablet</i>	1	
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET	3	
<i>prenatal-u oral capsule</i>	1	
PRENATE AM ORAL TABLET	3	
PRENATE CHEWABLE ORAL TABLET,CHEWABLE	3	
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE	3	

Drug Name	Drug Tier	Requirements / Limits
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET	3	
PRENATE ENHANCE ORAL CAPSULE	3	
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE	3	
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE	3	
PRENATE PIXIE ORAL CAPSULE	3	
PRENATE RESTORE ORAL CAPSULE	3	
PRENATE STAR ORAL TABLET	3	
PRIMACARE ORAL CAPSULE	3	
PROVIDA OB ORAL CAPSULE	3	
PUREFE OB PLUS ORAL CAPSULE	3	
R-NATAL OB ORAL CAPSULE	3	
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE	3	
SELECT-OB + DHA ORAL COMBO PACK	3	
SELECT-OB ORAL TABLET,CHEWABLE	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>se-natal 19 chewable oral tablet,chewable</i>	1	
<i>se-natal-19 oral tablet</i>	1	
<i>taron-c dha oral capsule</i>	1	
<i>taron-prex prenatal-dha oral capsule</i>	1	
THRIVITE RX ORAL TABLET	3	
TRICARE ORAL TABLET	3	
TRIFERIC HEMODIALYSIS POWDER IN PACKET	3	
TRIFERIC HEMODIALYSIS SOLUTION	3	
<i>trinatal rx 1 oral tablet</i>	1	
<i>trinate oral tablet</i>	1	
TRISTART DHA ORAL CAPSULE	3	
<i>tri-vitamin with fluoride oral drops</i>	5	ACA; OTC
VENOFER INTRAVENOUS SOLUTION	2	
<i>virt-c dha oral capsule</i>	1	
<i>virt-nate dha oral capsule</i>	1	
<i>virt-pn dha oral capsule</i>	1	
VITAFOL FE PLUS ORAL CAPSULE	3	

Drug Name	Drug Tier	Requirements / Limits
VITAFOL GUMMIES ORAL TABLET,CHEWABLE	3	
VITAFOL NANO ORAL TABLET	3	
VITAFOL ULTRA ORAL CAPSULE	3	
VITAFOL-OB ORAL TABLET	3	
VITAFOL-OB+DHA ORAL COMBO PACK	3	
VITAFOL-ONE ORAL CAPSULE	3	
VITAMED MD ONE RX ORAL CAPSULE	3	
VITAMEDMD REDICHEW RX ORAL TABLET,CHEW,IR - DR,BIPHASE	3	
<i>vitamins a,c,d and fluoride oral drops</i>	5	ACA; OTC
VITAPEARL ORAL CAPSULE,IR - DELAY REL,BIPHASE	3	
VITATRUE ORAL COMBO PACK	3	
VP-PNV-DHA ORAL CAPSULE	3	
<i>wescap-c dha oral capsule</i>	1	
<i>wescap-pn dha oral capsule</i>	1	
<i>wesnate dha oral capsule</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>westab plus oral tablet</i>	1	
<i>westgel dha oral capsule</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>zatean-pn dha oral capsule</i>	1	
<i>zatean-pn plus oral capsule</i>	1	
<i>zingiber oral tablet</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated July 1, 2023.

Index

2		
2TEK GLUCOSE/BLOOD		
PRESSURE	110	
A		
abacavir	4	
abacavir-lamivudine	4	
ABELCET	3	
ABILIFY	56	
ABILIFY ASIMTUFII.....	56	
ABILIFY MAINTENA.....	56	
ABILIFY MYCITE		
MAINTENANCE KIT	56	
ABILIFY MYCITE		
STARTER KIT	56	
abiraterone.....	22	
ABSORICA.....	84	
ABSORICA LD	84	
ACAM2000 (NATIONAL		
STOCKPILE).....	144	
acamprosate	96	
acarbose.....	127	
ACCOLATE.....	175	
ACCU-CHEK AVIVA PLUS		
TEST STRP.....	104	
ACCU-CHEK COMPACT		
PLUS TEST.....	104	
ACCU-CHEK GUIDE		
GLUCOSE METER.....	110	
ACCU-CHEK GUIDE L1-L2		
CTRL SOL	110	
ACCU-CHEK GUIDE ME		
GLUCOSE MTR.....	110	
ACCU-CHEK GUIDE TEST		
STRIPS.....	104	
ACCU-CHEK SMARTVIEW		
CONTRL SOL	110	
ACCU-CHEK SMARTVIEW		
TEST STRIP	104	
ACCUPRIL	67	
ACCURETIC	67	
accutane.....	84	
ACCUTREND GLUCOSE		
CONTROL	110	
ACCUTREND GLUCOSE		
TEST STRIPS	104	
ACE AEROSOL CLOUD		
ENHANCER	108	
acebutolol	67	
acetaminophen-caff-		
dihydrocod.....	45	
acetaminophen-codeine	45	
acetazolamide	169	
acetazolamide sodium	169	
acetic acid	96, 101	
acetylcysteine	175	
acitretin	81	
ACTEMRA	152	
ACTEMRA ACTPEN.....	152	
ACTHAR.....	102	
ACTHIB (PF).....	144	
ACTICLATE.....	19	
ACTIMMUNE	142	
ACTIQ.....	45	
ACTIVELLA.....	154	
ACTONEL	151	
ACTOPLUS MET.....	127	
ACTOS.....	127	
ACULAR.....	168	
ACULAR LS.....	168	
ACUVAIL (PF).....	168	
acyclovir	4, 91	
acyclovir sodium	4	
ACZONE.....	84, 85	
ADACEL(TDAP		
ADOLESN/ADULT)(PF)		
.....	144	
ADAKVEO	22	
adapalene	85	
ADAPALENE	85	
adapalene-benzoyl peroxide	85	
ADBRY	83	
ADCIRCA	175	
ADDERALL	56	
ADDYI	56	
adefovir.....	4	
ADEMPAS.....	175	
adenosine	66	
ADHANSIA XR.....	57	
ADLYXIN.....	127	
adrenalin	173	
ADRENALIN.....	175	
adrucil	22	
ADTHYZA.....	129	
adult aspirin regimen	52	
ADVAIR DISKUS	175	
ADVAIR HFA.....	175	
ADVANCED GLUC METER		
TEST STRIP.....	104	
ADVANCED GLUCOSE		
METER.....	110	
ADVATE.....	74	
ADVOCATE BLOOD		
GLUCOSE MONITOR..	110	
ADVOCATE DUO	110	
ADVOCATE LOW		
CONTROL	110	
ADVOCATE REDI-CODE		
DUO METER.....	110	
ADVOCATE REDI-CODE		
GLU MONITOR	110	
ADVOCATE REDI-CODE		
PLUS CTRL L.....	110	
ADVOCATE TEST STRIPS		
.....	104	
ADYNOVATE	74	
ADZENYS XR-ODT	57	
AEMCOLO	12	
AEROCHAMBER MINI ...	108	
AEROCHAMBER PLUS		
FLOW-VU.....	108	
AEROCHAMBER PLUS Z		
STAT	108	
AEROTRACH PLUS.....	108	
AEROVENT PLUS.....	108	
AFINITOR	23	
AFINITOR DISPERZ	23	
afirmelle.....	158	
AFLURIA QD 2021-22(3YR		
UP)(PF).....	144	
AFLURIA QD 2022-23(3YR		
UP)(PF).....	144	
AFLURIA QUAD 2022-		
2023(6MO UP).....	144	
AFREZZA	120	
AFSTYLA	74	
after pill	158	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated July 1, 2023.

AFTERA	158	ALOGLIPTIN- PIOGLITAZONE	127	AMJEVITA(CF) AUTOINJECTOR	152
AGAMATRIX AMP GLUC MONITOR SYS	110	ALOMIDE	166	amlodipine	67
AGAMATRIX AMP TEST STRIPS	104	aloprim	151	amlodipine-atorvastatin	78
AGAMATRIX CONTROL HIGH	110	alosetron	132	amlodipine-benazepril	67
AGGRASTAT CONCENTRATE	74	ALPHAGAN P	172	amlodipine-olmesartan	67
AGGRASTAT IN SODIUM CHLORIDE	74	ALPHANATE	74	amlodipine-valsartan	67
AGRYLIN	96	ALPHANINE SD	74	amlodipine-valsartan-hcthiacid	67
AIMOVIG AUTOINJECTOR	40	alprazolam	57	ammonium lactate	83
AIRDUO DIGIHALER	175	alprazolam intensol	57	AMMONUL	96
AJOVY AUTOINJECTOR ..	40	ALPROLIX	74	amnestem	85
AJOVY SYRINGE	40	alprostadi	183	amoxapine	57
AKLIEF	85	ALREX	171	amoxicil-clarithromy-lansopraz	138
ak-poly-bac	163	ALTABAX	89	amoxicillin	17
AKTEN (PF)	166	altacaine	166	amoxicillin-pot clavulanate ..	17
AKYNZEO (FOSNETUPITANT)	132	ALTACE	67	AMPHADASE	96
AKYNZEO (NETUPITANT)	132	ALTAFLUOR BENOX	166	amphetamine sulfate	57
ala-cort	91	altavera (28)	158	amphotericin b	3
ALA-SCALP	91	ALTRENO	85	amphotericin b liposome	3
albendazole	12	ALTUVIHO	74	ampicillin	17
albuterol sulfate	175, 176	ALUNBRIG	23	ampicillin sodium	17
ALCAINE	166	ALVESCO	176	ampicillin-sulbactam	17
alclometasone	91	alvimopan	132	AMPYRA	42
ALDACTAZIDE	67	alyacen 1/35 (28)	158	AMVUTTRA	42
ALDACTONE	67	alyacen 7/7/7 (28)	158	AMZEEQ	85
ALECENSA	23	alyq	176	ANAFRANIL	57
alendronate	151	amabelz	154	anagrelide	97
ALFERON N	142	amantadine hcl	4	ANA-LEX KIT	132
alfuzosin	182	AMARYL	127	ANAPROX DS	52
ALINIA	12	AMBISOME	3	anaspaz	129
ALIQOPA	23	ambrisentan	176	anastrozole	23
aliskiren	67	amcinonide	92	ANCOBON	3
ALKERAN	23	AMELUZ	83	ANDEXXA	74
ALKERAN (AS HCL)	23	amethia	158	ANDRODERM	123
ALKINDI SPRINKLE	102	amethyst (28)	158	ANDROGEL	123
allopurinol	151	AMICAR	74	ANGELIQ	155
ALLOPURINOL	151	amikacin	12	ANGIOMAX	74
allopurinol sodium	151	amiloride	67	ANJESO	52
ALLZITAL	45	amiloride-hydrochlorothiazide	67	ANNOVERA	157
almotriptan malate	40	aminocaproic acid	74	ANORO ELLIPTA	176
ALOCRIIL	166	aminophylline	176	ANTARA	78
		amiodarone	66	ANTIVERT	132
		amitriptyline	57	anucort-hc	132
		amitriptyline-chlordiazepoxide	57	ANZEMET	132
		AMJEVITA(CF)	152	APADAZ	45
				APLENZIN	57

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated July 1, 2023.

APOKYN	39	aspirin childrens	53	AUGMENTIN	17
apomorphine.....	39	aspirin,buffd-calcium carb-mag	53	AUGMENTIN ES-600.....	17
apraclonidine	172	aspirin-dipyridamole	74	AUGMENTIN XR	17
aprepitant	132	ASPIRIN-OMEPRazole ..	74	aurovela 1.5/30 (21).....	158
apri.....	158	aspir-trin	53	aurovela 1/20 (21).....	158
APRISO.....	132	ASPRUZYO SPRINKLE.....	80	aurovela 24 fe	158
APTENSIO XR	57	ASSURE 4 CONTROL	110	aurovela fe 1.5/30 (28)	158
APTiom.....	33	SOLUTION	110	aurovela fe 1-20 (28)	158
APTIVUS	5	ASSURE 4 STRIPS.....	104	AURYXIA.....	131
aqua care sodium chloride....	97	ASSURE DOSE NORMAL	110	AUSTEDO	42
aqua care sterile water	97	CONTROL	110	AUSTEDO XR.....	42
ARAKODA.....	12	ASSURE PLATINUM	110	AUTOJECT 2 INJECTION	111
aranelle (28).....	158	GLUCOSE METER.....	110	DEVICE	111
ARANESP (IN	140	ASSURE PLATINUM TEST	104	AUTOPEN 1 TO 21 UNITS	111
POLYSORBATE).....	140	STRIP	104	AUTOSOFT 30	111
ARAVA.....	152	ASSURE PRISM CONTROL	111	AUTOSOFT 90	111
ARAZLO.....	85	1-2 SOLN	111	AUTOSOFT XC INFUSION	111
ARCALYST.....	140	ASSURE PRISM MULTI	111	SET 23.....	111
arformoterol.....	176	METER	111	AUVELITY	57
ARGATROBAN	74	ASSURE PRISM MULTI	104	avar	85
argatroban in 0.9 % sod chlor	74	STRIP	104	AVAR LS	85
ARGATROBAN IN NACL	74	ASTAGRAF XL.....	23	AVAR-E GREEN.....	85
(ISO-OS)	74	AT HOME A1C	111	AVAR-E LS	85
ARICEPT	42	atazanavir.....	5	AVEED.....	123
ARIKAYCE	13	ATELVIA.....	151	AVELOX IN NACL (ISO-	18
ARIMIDEX	23	atenolol	67	OSMOTIC).....	18
aripiprazole.....	57	atenolol-chlorthalidone.....	67	aviane.....	158
ARISTADA.....	57	ATGAM	144	avidoxy	19
ARISTADA INITIO	57	ATIVAN.....	57	AVIDOXY DK.....	19
ARIXTRA	74	atomoxetine	57	avita	85
armodafinil	57	ATORVALIQ.....	78	AVITA.....	85
ARMOUR THYROID	129	atorvastatin	78	AVODART.....	182
ARNUTY ELLIPTA.....	176	atovaquone.....	13	AVONEX	142
AROMASIN.....	23	atovaquone-proguanil.....	13	AVYCAZ	9
ARTESUNATE.....	13	atracurium.....	43	AYGESTIN	155
ARTHROTEC 50.....	52	ATRALIN	85	ayuna.....	158
ARTHROTEC 75.....	53	ATRIPLA	5	AYVAKIT	23
ASCENIV.....	144	atropine	129, 165	AZACTAM	13
ascomp with codeine	45	ATROPINE	129, 165	AZASAN	23
ascorbic acid (vitamin c)	186	ATROPINE IN 0.9 % SOD	129	AZASITE	163
asenapine maleate.....	57	CHLORIDE.....	129	azathioprine	23
ashlyna.....	158	ATROPINE SULFATE (PF)	166	azathioprine sodium.....	23
ASMANEX HFA	176	.....	166	azelaic acid	85
ASMANEX TWISTHALER	176	ATROVENT HFA	176	azelastine	100, 166
ASPARLAS	23	AUBAGIO.....	142	azelastine-fluticasone	176
aspirin	53	aubra	158	AZELEX.....	85
		aubra eq	158	AZILECT	39

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated July 1, 2023.

azithromycin.....	11	BELEODAQ	23	BIGFOOT UNITY	111
AZOPT	169	belladonna alkaloids-opium	129	BIJUVA.....	155
AZSTARYS	57	BELSOMRA	57	BIKTARVY	5
aztreonam	13	benazepril	67	BILTRICIDE	13
AZULFIDINE	132	benazepril-hydrochlorothiazide	67	bimatoprost	169
AZULFIDINE EN-TABS ..	132	.....	67	BINOSTO.....	151
azurette (28).....	158	BENEFIX	74	BIONIME RIGHTEST	
B		BENLYSTA	152	GM300 SYSTEM.....	111
b complex 100	186	BENTYL	129	BIONIME RIGHTEST TEST	
BABYBIG	144	BENZAMYCIN	85	STRIPS	104
bacitracin	13, 163	BENZEPRO		BIOTEL CARE BGM-4	
bacitracin-polymyxin b	164	(MICROSPHERES)	85	METER.....	111
baclofen	43	BENZHYDROCODONE-		BIOTHRAX	145
BACLOFEN.....	43	ACETAMINOPHEN.....	45	bismuth subcit k-metronidz-tcn	
BACTRIM.....	19	BENZNIDAZOLE	13	.....	138
BACTRIM DS.....	19	benzonatate	174	bisoprolol fumarate.....	67
BAFIERTAM.....	142	benzoyl peroxide	85	bisoprolol-hydrochlorothiazide	
bal-care dha	186	benztropine	39	.....	67
BAL-CARE DHA		bepotastine besilate.....	166	bivalirudin.....	74
ESSENTIAL.....	186	BEPREVE	166	BIVALIRUDIN	75
BALCOLTRA.....	159	BERINERT	176	bleomycin	23
balsalazide	132	beser.....	92	blisovi 24 fe	159
BALVERSA.....	23	BESIVANCE.....	164	blisovi fe 1.5/30 (28)	159
balziva (28).....	159	BESREMI.....	142	blisovi fe 1/20 (28)	159
BANZEL	33	BETADINE OPHTHALMIC		BLOOD GLUCOSE	
BAQSIMI.....	109	PREP	164	CONTROL, NORMAL..	111
BARACLUDE	5	betaine	132	BLOOD GLUCOSE TEST	104
BARHEMSYS	132	betamethasone acet,sod phos		BLOOD-GLUCOSE METER	
BASAGLAR KWIKPEN U-		.....	102	.....	111
100 INSULIN.....	120	betamethasone dipropionate	92	BLOXIVERZ	43
BASAGLAR TEMPO PEN(U-		betamethasone valerate.....	92	BONIVA.....	151
100)INSLN.....	120	betamethasone, augmented..	92	BONJESTA	133
BAXDELA.....	18	BETAPACE	66	BOOSTRIX TDAP	145
bayer aspirin	53	BETAPACE AF	66	bosentan	176
BAYER ASPIRIN.....	53	BETASERON	142	BOSULIF	23
bayer low dose aspirin.....	53	betaxolol	67, 165	BOTOX	145
BCG VACCINE, LIVE (PF)		bethanechol chloride.....	183	BRAFTOVI	23
.....	144	BETHKIS	13	BREATHERITE MDI	
BD INTEGRA NEEDLE ...	111	BETOPTIC S.....	165	SPACER.....	109
BD MICROTAINER		BEVESPI AEROSPHERE.	176	BREEZE 2 CONTROL	
LANCET	111	bexarotene	23	SOLUTION,HIGH	111
BD SPECIALTY USE		BEXSERO.....	145	BREO ELLIPTA	176
NEEDLES	111	BEYAZ.....	159	bretylum tosylate	66
BD ULTRA FINE LANCETS		bicalutamide	23	BREVIBLOC	68
.....	111	BICILLIN C-R	17	BREVIBLOC IN NACL (ISO-	
BD ULTRA-FINE NANO		BICILLIN L-A	17	OSM).....	67
PEN NEEDLE	111	BICNU.....	23	BREZTRI AEROSPHERE.	176
BELBUCA	45	BIDIL	67	BRIDION	43

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated July 1, 2023.

briellyn	159	BYDUREON BCISE	127	CARBATROL	34
BRILINTA	75	BYETTA	127	carbidopa	39
brimonidine	85, 173	BYLVAY	133	carbidopa-levodopa	39
BRIMONIDINE-		C		carbidopa-levodopa-	
DORZOLAMIDE (PF) ..	169	CABENUVA.....	5	entacapone	39
brimonidine-timolol	169	cabergoline	123	carbinoxamine maleate	173
brinzolamide.....	169	CABLIVI.....	75	carboplatin	24
BRIUMVI.....	142	CABOMETYX.....	23	CARDIZEM	68
BRIVIACT	33	CADUET.....	78	CARDIZEM CD.....	68
BROMFED DM	174	caffeine citrate	97	CARDIZEM LA	68
bromfenac.....	168	CALAN SR	68	CARDURA.....	68
bromocriptine	39	calcipotriene	81	CARDURA XL	68
brompheniramine-pseudoeph-		CALCIPOTRIENE.....	81	CARESENS CONTROL A	
dm.....	174	calcipotriene-betamethasone	81	NORMAL.....	111
BROMSITE.....	168	calcitonin (salmon)	123	CARESENS N.....	111
BRONCHITOL	177	calcitriol.....	81, 123	CARESENS N TEST STRIPS	
BROVANA	177	calcium acetate(phosphat bind)		.....	104
BRUKINSA	23	.....	184	CARESENS N VOICE.....	111
budesonide.....	133, 177	CALCIUM GLUC IN NACL,		CARETOUCH CONTROL	
bufferin	53	ISO-OSM.....	184	SOLN L2-L3	111
bumetanide	68	CALDOLOR	53	CARETOUCH GLUCOSE	
BUPAP	45	CALQUENCE.....	23	MONITORING	111
BUPHENYL.....	97	CALQUENCE		CARETOUCH TEST STRIP	
bupivacaine (pf).....	88	(ACALABRUTINIB MAL)		.....	104
bupivacaine-epinephrine (pf)	88	.....	23	carglumic acid	97
BUPIVACAINE-		CAMCEVI (6 MONTH)	24	carisoprodol	43
EPINEPHRINE BITART.	88	camila	155	carisoprodol-aspirin	44
BUPRENEX.....	45	CAMPTOSAR.....	24	carisoprodol-aspirin-codeine	44
buprenorphine.....	45	camrese	159	carmustine.....	24
buprenorphine hcl.....	45	camrese lo.....	159	CARMUSTINE	24
buprenorphine-naloxone.....	53	CAMZYOS	80	CARNITOR.....	97
bupropion hcl.....	57, 58	CANCIDAS.....	3	CARNITOR (SUGAR-FREE)	
BUPROPION HCL	58	candesartan	68	.....	97
bupropion hcl (smoking deter)		candesartan-hydrochlorothiazid		CAROSPIR.....	68
.....	99	.....	68	carteolol	165
buspirone	58	CANTHARIDIN IN		cartia xt	68
busulfan	23	ACETONE	83	carvedilol	68
BUSULFEX	23	CAPCOF	174	carvedilol phosphate	68
butalbital compound w/codeine		capecitabine	24	CASODEX	24
.....	45	CAPEX.....	92	caspofungin.....	3
butalbital-acetaminop-caf-cod		CAPLYTA.....	58	CATAPRES-TTS-1	68
.....	45	CAPRELSA.....	24	CATAPRES-TTS-2.....	68
butalbital-acetaminophen	46	captopril.....	68	CATAPRES-TTS-3.....	68
butalbital-acetaminophen-caff		captopril-hydrochlorothiazide		CAVERJECT	183
.....	46	.....	68	CAVERJECT IMPULSE ...	183
butalbital-aspirin-caffeine	46	CARAFATE.....	138	CAYA CONTOURED	154
butorphanol.....	53	CARBAGLU	97	CAYSTON	13
BUTRANS	46	carbamazepine	33, 34	caziant (28)	159

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated July 1, 2023.

cefaclor	9	CEQUR SIMPLICITY	111	CIMZIA POWDER FOR	
cefadroxil.....	9	CERDELGA.....	123	RECONST.....	133
cefazolin	9, 10	CEREBYX	34	cinacalcet	124
CEFAZOLIN.....	9, 10	CERVIDIL	157	CINRYZE.....	177
cefazolin in 0.9% sod chloride	9	cetirizine	173	CINVANTI.....	133
cefazolin in dextrose (iso-os) .	9	CETRAXAL.....	102	CIPRO	18
CEFAZOLIN IN DEXTROSE		cetorelix.....	123	CIPRO HC.....	102
(ISO-OS)	9	CETROTIDE.....	123	CIPRODEX	102
cefazolin in dextrose 5 %	9	cevimeline	97	ciprofloxacin.....	18
CEFAZOLIN IN STERILE		CHANTIX	99	ciprofloxacin hcl...18, 102, 164	
WATER.....	9	CHANTIX CONTINUING		ciprofloxacin in 5 % dextrose	
cefdinir	10	MONTH BOX.....	99	.....	18
cefditoren pivoxil	10	CHANTIX STARTING		ciprofloxacin-dexamethasone	
cefepime	10	MONTH BOX.....	100	.....	102
CEFEPIME.....	10	charlotte 24 fe.....	159	CIPROFLOXACIN-	
CEFEPIME IN DEXTROSE 5		chateal (28).....	159	FLUOCINOLONE	102
%.....	10	chateal eq (28)	159	cisplatin.....	24
cefepime in dextrose,iso-osm		CHEMET.....	97	CISPLATIN.....	24
.....	10	CHENODAL	133	citalopram	58
cefixime	10	chloramphenicol sod succinate		CITALOPRAM	58
CEFOTAN	10	.....	13	CITRANATAL (DUAL-	
cefotaxime	10	chlordiazepoxide hcl.....	58	IRON).....	186
cefotetan	10	chlordiazepoxide-clidinium	129	CITRANATAL 90 DHA	
cefoxitin.....	10	chlorhexidine gluconate	100	(ALGAL OIL)	186
cefoxitin in dextrose, iso-osm		chloroprocaine (pf)	88	CITRANATAL ASSURE ..	186
.....	10	chloroquine phosphate.....	13	CITRANATAL B-CALM (FE	
cefpodoxime	10	chlorothiazide sodium	68	GLUC).....	186
cefprozil.....	10	chlormpromazine	58	CITRANATAL BLOOM ...	186
ceftazidime	10	chlorthalidone	68	CITRANATAL DHA	
CEFTAZIDIME IN D5W	10	chlorzoxazone.....	44	(ALGAL OIL)	186
ceftriaxone.....	10	CHOLBAM.....	133	CITRANATAL HARMONY	
CEFTRIAZONE	10	cholestyramine (with sugar) .	78	(IRON FUM).....	186
ceftriaxone in dextrose,iso-os		cholestyramine light	78	CITRANATAL MEDLEY .	186
.....	10	CHORIONIC		citrate of magnesia.....	133
cefuroxime axetil.....	11	GONADOTROPIN,		citroma	133
cefuroxime sodium.....	11	HUMAN.....	123, 124	cladribine	24
celecoxib.....	53	CIALIS	182, 183	CLAFORAN.....	11
CELESTONE SOLUSPAN	102	CIBINQO	83	claravis.....	85
CELLCEPT	24	ciclodan	90	CLARINEX.....	173
CELLCEPT INTRAVENOUS		CICLODAN KIT.....	90	CLARINEX-D 12 HOUR ..	174
.....	24	ciclopirox.....	90	clarithromycin.....	11
CELONTIN.....	34	cidofovir	5	clearlax	133
CENTANY	89	cilostazol.....	75	clemastine	173
CENTANY AT	89	CILOXAN	164	CLENPIQ	133
cephalexin.....	11	CIMDUO.....	5	CLEOCIN.....	13, 157
CEPROTIN (BLUE BAR)...	75	cimetidine	138	CLEOCIN HCL.....	13
CEPROTIN (GREEN BAR) .	75	cimetidine hcl	138	CLEOCIN PEDIATRIC	13
CEQUA	166	CIMZIA.....	133	CLEOCIN T	85

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated July 1, 2023.

CLEVER CHEK BLOOD	CLOLAR.....24	CONCEPT OB .....186
GLUCOSE 111	clomid.....124	CONDOMS-PREM
CLEVER CHOICE	clomiphene citrate .....124	LUBRICATED.....154
GLUCOSE MONITOR..111	clomipramine.....58	CONDYLOX.....83
CLEVER CHOICE LEVEL 2	clonazepam.....34	CONJUPRI.....68
CONTROL.....111	clonidine .....68	constulose .....133
CLEVER CHOICE MICRO	clonidine hcl .....58, 68	CONTOUR CONTROL
.....112	clopidogrel.....75	SOLUTION, NML .....112
CLEVER CHOICE MICRO	clorazepate dipotassium .....58	CONTOUR NEXT EZ
TEST STRIP .....105	clotrimazole .....3, 90	METER.....112
CLEVER CHOICE PRO...105,	clotrimazole-betamethasone.90	CONTOUR NEXT GEN
112	clozapine.....58	METER.....112
CLEVER CHOICE TALK	CLOZARIL .....58	CONTOUR NEXT LEV 2
GLUCOSE SYS .....112	c-nate dha .....186	CONTROL SOL.....112
CLEVER CHOICE TALK	COAGADDEX.....75	CONTOUR NEXT LINK...112
TEST .....105	COARTEM .....13	CONTOUR NEXT LINK 2.4
CLEVER CHOICE TEST	COCAINE .....88	112
STRIPS.....105	codeine sulfate.....46	CONTOUR NEXT METER
CLEVER CHOICE VOICE	codeine-butalbital-asa-caff...46	112
PLUS TEST.....105	codeine-guaifenesin.....174	CONTOUR NEXT ONE
CLIMARA .....155	CODITUSSIN AC.....174	METER.....112
clindacin .....85	CODITUSSIN DAC.....174	CONTOUR NEXT TEST
clindacin etz.....85	COLAZAL .....133	STRIPS .....105
CLINDACIN ETZ.....85	colchicine.....151	CONTOUR TEST STRIPS 105
clindacin p .....85	COLCHICINE.....151	CONZIP.....53
CLINDACIN PAC .....85	COLCRYS.....151	COOL BLOOD GLUCOSE
CLINDAGEL .....85	colesevelam .....78	METER.....112
clindamycin hcl .....13	COLESTID.....78	COOL CONTROL A
CLINDAMYCIN IN 0.9 %	COLESTID FLAVORED ....78	SOLUTION .....112
SOD CHLOR .....13	colestipol .....78	COOL GLUCOSE TEST
clindamycin in 5 % dextrose 13	colistin (colistimethate na) ...13	STRIP .....105
clindamycin pediatric .....13	COLY-MYCIN M	COPAXONE .....143
clindamycin phosphate..13, 85,	PARENTERAL .....13	COPIKTRA .....24
86, 157	COMBIGAN .....169	CORDRAN.....92, 93
clindamycin-benzoyl peroxide	COMBIPATCH.....155	CORDRAN TAPE LARGE
.....86	COMBIVENT RESPIMAT177	ROLL.....92
clindamycin-tretinoin .....86	COMBIVIR.....5	COREG CR .....68
CLINDESSE .....157	COMETRIQ .....24	CORGARD.....68
CLINPRO 5000.....100	COMIRNATY TRIS	CORLANOR .....80
clobazam.....34	VACCINE(PF) .....145	CORTANE-B .....83
clobetasol.....92	COMPACT SPACE	CORTEF.....102
clobetasol-emollient .....92	CHAMBER .....109	CORTENEMA .....133
CLOBEX.....92	COMPAZINE.....133	CORTIFOAM.....133
clocortolone pivalate .....92	COMPLERA .....5	cortisone .....102
clodan .....92	complete natal dha.....186	CORTISPORIN-TC .....102
CLODAN KIT.....92	compro.....133	CORTROPHIN GEL.....102
CLODERM .....92	COMTAN.....39	CORTROSYN.....102
clofarabine.....24	CONCEPT DHA .....186	COSENTYX.....82

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated July 1, 2023.

COSENTYX (2 SYRINGES)		DEPO-PROVERA.....155
.....81		DEPO-SUBQ PROVERA 104
COSENTYX PEN .....81		155
COSENTYX PEN (2 PENS)81		DEPO-TESTOSTERONE ..124
COSMEGEN.....24		DERMA-SMOOTH/FS
COSOPT.....169		BODY OIL .....93
COSOPT (PF) .....169		DERMA-SMOOTH/FS
cosyntropin .....102		SCALP OIL .....93
COTELLIC.....24		DERMOTIC OIL.....102
COTEMPLA XR-ODT .....58		DESCOVY .....5
covaryx .....155		desipramine.....58
covaryx h.s. ....155		desloratadine.....173
CREON .....133		desmopressin .....124
CRESEMBA .....3		DESMOPRESSIN .....124
CRINONE .....155		desog-e.estradiol/e.estradiol
cromolyn.....133, 166, 177		159
crotan .....96		desogestrel-ethinyl estradiol
cryselle (28).....159		159
CRYSVITA.....124		desonide .....93
CUBICIN RF.....13		desoximetasone.....93
curae .....159		DESODYN .....58
CUTAQUIG .....145		desrx .....93
CUVITRU .....145		DESVENLAFAXINE .....58
CUVPOSA .....130		desvenlafaxine succinate .....58
cyanocobalamin (vitamin b-12)		DETROL .....181
.....186		dexabliss .....103
cyclobenzaprine.....44		dexamethasone .....103
CYCLOGYL .....166		dexamethasone intensol.....103
CYCLOMYDRIL.....173		dexamethasone sodium phos
cyclopentolate.....166		(pf) .....103
cyclophosphamide.....24		dexamethasone sodium
CYCLOPHOSPHAMIDE....24		phosphate.....103, 171
CYCLOSERINE .....13		DEXAMETH-
CYCLOSET .....127		MOXIFLOX(PF)-
cyclosporine .....24, 166		NACL,ISO.....170
cyclosporine modified .....24		DEXAMET-MOXIFL-
CYKLOKAPRON.....75		KETORO-NACL(PF).....167
cyproheptadine .....173		DEXCOM G6 RECEIVER 112
cyred.....159		DEXCOM G6 SENSOR.....112
cyred eq .....159		DEXCOM G6
CYSTADANE.....133		TRANSMITTER .....112
CYSTADROPS.....166		DEXCOM G7 RECEIVER 112
CYSTAGON .....183		DEXCOM G7 SENSOR.....112
CYSTARAN .....167		DEXEDRINE SPANSULE ..58
cytarabine .....24		dexmethylphenidate.....58
cytarabine (pf) .....24		dexrazoxane hcl .....22
CYTOMEL.....129		dextroamphetamine sulfate...58
CYTOTEC .....138		
	D	
	dabigatran etexilate.....75	
	dacarbazine .....25	
	dactinomycin .....25	
	dalfampridine.....42	
	DALIRESP .....177	
	DALVANCE .....13	
	danazol.....124	
	DANTRIUM .....44	
	dantrolene .....44	
	dapsone .....13, 86	
	DAPTACEL (DTAP	
	PEDIATRIC) (PF).....145	
	daptomycin .....14	
	DAPTOMYCIN .....14	
	DARAPRIM.....14	
	darifenacin .....181	
	DARZALEX FASPRO .....25	
	dasetta 1/35 (28) .....159	
	dasetta 7/7/7 (28) .....159	
	daunorubicin .....25	
	DAURISMO.....25	
	DAYBUE .....42	
	DAYPRO.....53	
	daysee .....159	
	DAYTRANA.....58	
	DAYVIGO .....58	
	DDAVP .....124	
	deblitane .....155	
	deferasirox .....97	
	deferiprone.....97	
	DEFITELIO.....75	
	DELESTROGEN .....155	
	DELSTRIGO.....5	
	demeclocycline.....19	
	DEMEROL.....46	
	DEMEROL (PF).....46	
	DEMSE .....68	
	DENAVIR.....91	
	DENG VAXIA (PF).....145	
	denta 5000 plus.....100	
	dentagel .....100	
	DEPAKOTE .....34	
	DEPAKOTE ER.....34	
	DEPAKOTE SPRINKLES ..34	
	DEPEN TITRATABS .....152	
	DEPO-ESTRADIOL .....155	
	DEPO-MEDROL .....102	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated July 1, 2023.

dextroamphetamine- amphetamine 59	diphenoxylate-atropine 130	drospirenone-ethinyl estradiol 159
DEXYCU (PF) 171	DIPROLENE (AUGMENTED) 93	DROXIA 25
DHIVY 39	dipyridamole 75	droxidopa 97
DIACOMIT 34	DISALCID 54	DRYSOL DAB-O-MATIC .. 83
DIASTAT 34	diskets 46	DSUVIA 46
DIASTAT ACUDIAL 34	disopyramide phosphate 66	DUAKLIR PRESSAIR 177
DIATRUE CONTROL SOLN NORMAL 112	disulfiram 97	DUAVEE 155
DIATRUE PLUS BLOOD GLUCOSE MET 112	DITROPAN XL 181	DUET DHA BALANCED . 186
DIATRUE PLUS TEST STRIP 105	DIURIL 69	DUET DHA WITH OMEGA-3 186
diazepam 34, 59	divalproex 34	DUETACT 127
diazepam intensol 59	DIVIGEL 155	dulcolax (magnesium hydroxide) 134
diazoxide 109	dodex 186	DULERA 177
DIBENZYLINE 69	dofetilide 66	duloxetine 59
dichlorphenamide 42	DOJOLVI 185	DUOPA 39
DICLEGIS 133	dolishale 159	DUPIXENT PEN 83
DICLOFENAC EPOLAMINE 53	donepezil 42	DUPIXENT SYRINGE 84
diclofenac potassium 53	DONNATAL 130	duramorph (pf) 46
diclofenac sodium .. 53, 83, 168	DOPTelet (15 TAB PACK) 75	DUREX AVANTI BARE REAL FEEL 154
diclofenac-misoprostol 54	DORYX 19	DUREZOL 171
dicloxacillin 18	dorzolamide 169	dutasteride 182
dicyclomine 130	DORZOLAMIDE (PF) 169	dutasteride-tamsulosin 182
didanosine 5	dorzolamide-timolol 169	DYANAVEL XR 59
DIFFERIN 86	dorzolamide-timolol (pf) ... 169	DYMISTA 177
DIFICID 11	DORZOLAMIDE-TIMOLOL (PF) 169	DYRENIUM 69
diflorasone 93	dotti 155	DYSPORT 145
DIFLUCAN 3	DOVATO 5	E
diflunisal 54	doxazosin 69	e.e.s. 400 11
difluprednate 171	doxepin 59, 83	E.E.S. GRANULES 11
digox 73	doxercalciferol 124	EASIVENT HOLDING CHAMBER 109
digoxin 73	doxy-100 19	EASY PLUS II HIGH CONTROL 112
dihydroergotamine 40	doxycycline hyclate 19	EASY PLUS II TEST 105
DILANTIN 34	DOXYCYCLINE HYCLATE 19	EASY STEP 105
DILANTIN EXTENDED ... 34	doxycycline monohydrate ... 19, 20	EASY STEP BLOOD GLUCOSE METER 112
DILANTIN INFATABS 34	DOXYCYCLINE MONOHYDRATE 20	EASY STEP HIGH CONTROL SOLN 112
DILANTIN-125 34	doxylamine-pyridoxine (vit b6) 133	EASY TALK GLUCOSE TEST 105
DILAUDID 46	DRISDOL 186	EASY TALK HIGH CONTROL 112
DILAUDID (PF) 46	dronabinol 133	EASY TALK PLUS II LOW CONTROL 112
diltiazem 69	droperidol 133	
dilt-xr 69	drospirenone-e.estradiol-lm.fa 159	
dimenhydrinate 133		
dimethyl fumarate 143		
DIPHEN 173		
diphenhydramine hcl 173		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated July 1, 2023.

EASY TALK PLUS II TEST STRIP	105	efavirenz	5	EMBRACE EVO TEST STRIPS	105
EASY TOUCH BLU CTRL SOLN-L1,L3	112	efavirenz-emtricitabin-tenofov	5	EMBRACE GLUCOSE CONTROL LOW	113
EASY TOUCH BLU LINK GLUC SYST	112	efavirenz-lamivu-tenofov disop	5	EMBRACE PRO GLUCOSE METER.....	113
EASY TOUCH BLU LINK TEST STRIP	105	effer-k	184	EMBRACE PRO TEST STRIPS	105
EASY TOUCH GLUCOSE MONITOR	112	EFFER-K.....	184	EMBRACE TALK BLOOD GLUCOSE SYS	113
EASY TOUCH TEST STRIP	105	EFFIENT	75	EMBRACE TALK CONTROL-LOW (L1)...	113
EASY TRAK GLUCOSE TEST	105	EFUDEX	84	EMBRACE TALK TEST STRIPS	105
EASY TRAK II BLOOD GLUCOSE MTR.....	112	EGRIFTA SV	141	EMCYT	25
EASY TRAK II CTRL SOLN-NORMAL.....	113	ELEMENT COMPACT GLUCOSE METER.....	113	EMEND	134
EASY TRAK II TEST STRIP	105	ELEMENT COMPACT NORMAL CONTROL...	113	EMEND (FOSAPREPITANT)	134
EASY TRAK LOW CONTROL	113	ELEMENT COMPACT TEST STRIPS	105	EMFLAZA	103
EASYGLUCO MONITORING SYSTEM	113	ELEMENT COMPACT V GLUCOSE MTR.....	113	EMGALITY PEN.....	40
EASYGLUCO TEST	105	ELEMENT NORMAL CONTROL	113	EMGALITY SYRINGE.....	40
EASYMAX	105	ELEMENT PLUS BLOOD GLUCOSE KIT.....	113	EMPAVELI.....	97
EASYMAX 15 LEVEL 2 ..	113	ELEMENT TEST STRIPS.....	105	EMSAM	59
EASYMAX NG	113	ELEPSIA XR	34	emtricitabine	5
EASYMAX NORMAL CONTROL	113	eletriptan.....	40	emtricitabine-tenofovir (tdf)...	5
EASYMAX V SPEAKING GLUCOSE SYS	113	ELIDEL	84	EMTRIVA	5
ECLIPSE NEEDLE.....	113	ELIGARD	25	EMVERM.....	14
EC-NAPROSYN.....	54	ELIGARD (3 MONTH)	25	enalapril maleate.....	69
econazole	90	ELIGARD (4 MONTH)	25	enalaprilat	69
econtra ez.....	159	ELIGARD (6 MONTH)	25	enalapril-hydrochlorothiazide	69
econtra one-step.....	159	ELIMITE	96	ENBRACE HR.....	187
ecotrin.....	54	elinst.....	159	ENBREL.....	152
ecotrin low strength.....	54	ELIQUIS	75	ENBREL MINI	152
ECOZA.....	90	ELIQUIS DVT-PE TREAT 30D START	75	ENBREL SURECLICK	152
EDECRIIN.....	69	elite-ob.....	186	ENDARI	97
EDEX	183	ELIXOPHYLLIN	177	endocet.....	46
EDLUAR.....	59	ELLA.....	159	ENDOMETRIN.....	155
ed-spaz.....	130	ELLENCE	25	ENERGIX-B (PF)	145
EDURANT.....	5	ELMIRON.....	183	ENERGIX-B PEDIATRIC (PF).....	145
eemt	155	ELOCTATE	75	ENHERTU	25
eemt hs.....	155	eluryng.....	157	ENLITE GLUCOSE SENSOR	113
		ELZONRIS.....	25	ENLITE SYSTEM	113
		EMBRACE BLOOD GLUCOSE SYSTEM....	105, 113	enoxaparin	75
		EMBRACE EVO LEVEL 1	113	enpresse	159
				enskyce	159

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated July 1, 2023.

ENSPRYNG.....	25	ERYPED 200	11	EUCRISA	84
ENSTILAR.....	82	ERYPED 400	12	EULEXIN.....	25
entacapone	39	ery-tab.....	12	EURAX	96
entecavir	5	ERY-TAB.....	12	euthyrox.....	129
ENTEREG.....	134	ERYTHROCIN	12	EVAMIST	156
ENTRESTO	80	erythrocin (as stearate)	12	EVEKEO	59
ENTYVIO	134	erythromycin	12, 164	EVEKEO ODT	59
enulose.....	134	erythromycin ethylsuccinate.....	12	EVENCARE G2.....	105, 113
ENVARUS XR	25	erythromycin lactobionate....	12	EVENCARE G3 GLUCOSE	
EPCLUSA	5	erythromycin with ethanol....	86	METER.....	113
EPIDIOLEX	34	erythromycin-benzoyl peroxide		EVENCARE G3 TEST	105
EPIDUO FORTE.....	86	.....	86	EVENCARE MINI	
EPIFOAM	82	escitalopram oxalate	59	GLUCOSE TEST STR...105	
epinastine.....	167	ESGIC	46	EVENCARE MINI	
epinephrine	173	esmolol	69	MONITOR SYSTEM.....	113
EPINEPHRINE	173	esmolol in nacl (iso-osm)	69	EVENCARE PROVUEW	
epinephrine hcl	177	ESMOLOL IN STERILE		TEST STRIP.....	105
EPINEPHRINE HCL (PF).....	173	WATER.....	69	EVENITY	152
EPIPEN	173	esomeprazole magnesium...139		everolimus (antineoplastic) ..25	
EPIPEN JR	173	esomeprazole sodium	139	everolimus	
epirubicin.....	25	ESPEROCT	75	(immunosuppressive)	25
epitol.....	34	estarylla	159	EVERSENSE SENSOR-	
EPIVIR	5	estazolam	59	HOLDER.....	113
EPIVIR HBV.....	5	ESTRACE	155	EVERSENSE SMART	
epplerenone	69	estradiol	155	TRANSMITTER	113
EPOGEN	140	ESTRADIOL.....	155	EVISTA.....	152
epoprostenol	69	estradiol valerate.....	156	EVKEEZA.....	78
epoprostenol (glycine).....	69	estradiol-norethindrone acet		EVOCLIN.....	86
EPRONTIA	34	.....	156	EVOLUTION BLOOD	
eprosartan	69	ESTRING	156	GLUCOSE METER	114
eptifibatide.....	75	estrogens-methyltestosterone		EVOLUTION NORMAL	
EPZICOM	5	.....	156	CONTROL	114
EQUETRO	34	eszopiclone	59	EVOLUTION TEST STRIPS	
ERAXIS(WATER DILUENT)		ethacrynate sodium.....	69	.....	105
.....	3	ethacrynic acid.....	69	EVOMELA.....	26
ergocalciferol (vitamin d2).....	187	ethambutol.....	14	EVOTAZ	5
ergoloid.....	59	ethosuximide	34, 35	EVOXAC	97
ERGOMAR.....	40	ethynodiol diac-eth estradiol		EVRYSDI.....	42
ergotamine-caffeine.....	40	.....	159	EXELDERM	90
ERIVEDGE	25	ETHYOL	22	EXELON PATCH	42
ERLEADA	25	etodolac	54	exemestane	26
erlotinib	25	etonogestrel-ethinyl estradiol		EXJADE	97
ERMEZA	129	.....	157	EXKIVITY	26
errin	155	ETOPOPHOS.....	25	EXPAREL (PF).....	88
ERTACZO	90	etoposide.....	25	EXSERVAN.....	97
ertapenem	14	etravirine.....	5	EXTAVIA	143
ery pads	86	EUA PATIENT		EXTINA	90
erygel.....	86	ASSESSMENT	109	EYSUVIS	171

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated July 1, 2023.

EZ SMART PLUS SYSTEM	114	FENTANYL CITRATE (PF)	46, 47	FLOVENT DISKUS	177
EZ SMART PLUS TEST ...	105	fentanyl citrate (pf)-0.9%nacl	47	FLOVENT HFA	177
EZ SMART SYSTEM	114	FENTANYL CITRATE (PF)-0.9%NACL	47, 48	FLUAD QUAD 2021-22(65Y UP)(PF).....	145
EZ SMART TEST.....	105	FENTANYL-ROPIVACAINE-NACL (PF).....	48	FLUAD QUAD 2022-23(65Y UP)(PF).....	145
ezetimibe	79	FENTORA.....	48	FLUARIX QUAD 2022-2023 (PF).....	145
ezetimibe-simvastatin.....	79	FERAHEME	187	FLUBLOK QUAD 2021-2022 (PF).....	145
F		FERRIPROX	97	FLUBLOK QUAD 2022-2023 (PF).....	145
FABIOR	86	FERRIPROX (2 TIMES A DAY).....	97	FLUCELVAX QUAD 2021-2022	145
FACTIVE	18	FERRLECIT.....	97	FLUCELVAX QUAD 2022-2023	145
falmina (28).....	159	ferumoxytol	187	FLUCELVAX QUAD 2022-2023 (PF).....	145
famciclovir	5	fesoterodine	181	fluconazole	3
famotidine.....	139	FETROJA.....	11	fluconazole in nacl (iso-osm) .	3
famotidine (pf).....	139	FETZIMA.....	59	flucytosine	3
famotidine (pf)-nacl (iso-os)	139	FIBRICOR.....	79	fludarabine.....	26
FANAPT	59	FIBRYGA	75	fludrocortisone.....	103
FARESTON	26	FIFTY50 TEST STRIP	106	FLULAVAL QUAD 2022-2023 (PF).....	146
FARXIGA	127	FILSPARI.....	80	FLUMADINE.....	6
FASENRA.....	177	FINACEA.....	86	FLUMIST QUAD 2022-2023	146
FASENRA PEN	177	finasteride	182	flunisolide.....	177
FC2 FEMALE CONDOM .	154	finzola	159	fluocinolone	93
febuxostat	151	FIORICET.....	48	fluocinolone acetone oil ..	102
FEIBA NF	75	FIORICET WITH CODEINE	48	fluocinolone and shower cap	93
felbamate	35	FIRAZYR.....	177	fluocinonide	93
FELBATOL	35	FIRDAPSE	42	fluocinonide-e.....	93
FELDENE	54	FIRVANQ	21	FLUORESCHEIN-BENOXINATE	167
felodipine.....	69	flac otic oil.....	102	fluorescein-proparacaine	167
FEMARA	26	FLAGYL	14	fluoride (sodium)	100, 187
FEMCAP	154	FLAREX	171	FLUORIDEX DAILY DEFENSE.....	101
FEMRING.....	156	flavoxate	181	FLUORIDEX SENSITIVITY RELIEF.....	101
femynor	159	flecainide	66	fluorometholone	171
fenofibrate	79	FLECTOR	54	FLUOROPLEX	84
FENOFIBRATE.....	79	fleet laxative (bisacodyl)	134	fluorouracil	26, 84
fenofibrate micronized	79	FLEQSUVY	44	fluoxetine	59, 60
FENOFIBRATE MICRONIZED.....	79	FLEXICHAMBER.....	109	fluphenazine decanoate	60
fenofibrate nanocrystallized .	79	FLOLAN	69	fluphenazine hcl.....	60
fenofibric acid	79	FLOLIPID	79		
fenofibric acid (choline).....	79	FLOMAX	182		
FENOGLIDE	79	FLORIVA (FLUORIDE-VITAMIN D3)	187		
FENSOLVI.....	26				
fentanyl.....	48				
FENTANYL (PF)-BUPIVACAINE-NACL...	46				
fentanyl citrate.....	48				
FENTANYL CITRATE.....	48				
fentanyl citrate (pf).....	46, 47				

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated July 1, 2023.

flurandrenolide	93	FORA GTEL MULTI- FUNCTN MONITOR	114	FORTISCARE NORMAL .	114
flurbiprofen.....	54	FORA KETONE CONTROL SOLN-L1.....	114	FORTISCARE T1 BLOOD GLUC SYS.....	114
flurbiprofen sodium.....	169	FORA NORMAL CONTROL	114	FOSAMAX.....	152
fluticasone propionate ..	93, 177	FORA PREMIUM V10 GLUCOSE METER.....	114	FOSAMAX PLUS D.....	152
fluticasone propion-salmeterol	177	FORA TEST N'GO VOICE METER	114	fosamprenavir	6
fluvastatin	79	FORA TEST STRIP	106	fosaprepitant	134
fluvoxamine.....	60	FORA TN'G ADVAN PRO TEST STRIP.....	106	foscarnet	6
FLUZONE HIGHDOSE QUAD 21-22 PF.....	146	FORA TN'G ADVANCE PRO MONITOR	114	FOSCAVIR	6
FLUZONE HIGHDOSE QUAD 22-23 PF.....	146	FORA TN'G VOICE METER	114	fosfomycin tromethamine.....	21
FLUZONE QUAD 2021-2022 (PF).....	146	FORA TN'G VOICE TEST STRIPS.....	106	fosinopril.....	69
FLUZONE QUAD 2022-2023	146	FORA TN'GO ADVANCE MONITOR	114	fosinopril-hydrochlorothiazide	69
FLUZONE QUAD 2022-2023 (PF).....	146	FORA V10	106, 114	fosphenytoin	35
FML FORTE	171	FORA V10-V12-D10-D20 STRIPS.....	106	FOSRENOL	131
FML LIQUIFILM	171	FORA V12 BLOOD GLUCOSE SYSTEM.....	114	FOTIVDA.....	26
FOCALIN.....	60	FORA V12 GLUCOSE	106	FRAGMIN.....	75
folic acid.....	187	FORA V20	106, 114	FREESTYLE CONTROL ..	114
folivane-ob	187	FORA V30A.....	114	FREESTYLE FLASH SYSTEM	115
FOLLISTIM AQ	124	FORACARE GD20.....	106	FREESTYLE FREEDOM..	115
FOLOTYN	26	FORACARE GD20 GLUCOSE METER.....	114	FREESTYLE FREEDOM LITE	115
fondaparinux.....	75	FORACARE GD40 TEST STRIPS.....	106	FREESTYLE INSULINX .	106, 115
FORA 6 CONNECT GLUCOSE STRIP	106	FORACARE GD40A GLUCOSE METER.....	114	FREESTYLE INSULINX TEST STRIPS	106
FORA D10	114	FORACARE GD40B GLUCOSE METER.....	114	FREESTYLE LIBRE 14 DAY READER	115
FORA D15 GLUCOSE-BP MONITOR	114	FORACARE GDH LOW CONTROL	114	FREESTYLE LIBRE 14 DAY SENSOR.....	115
FORA D15G STRIPS	106	FORFIVO XL.....	60	FREESTYLE LIBRE 2 READER	115
FORA D20	106, 114	formoterol fumarate.....	177	FREESTYLE LIBRE 2 SENSOR.....	115
FORA D40D GLUCOSE-BP MONITOR	114	FORTEO	152	FREESTYLE LIBRE 3 SENSOR.....	115
FORA D40-G31 TEST STRIPS.....	106	FORTESTA.....	124	FREESTYLE LITE METER	115
FORA G20	106, 114	FORTISCARE G1 TEST STRIP	106	FREESTYLE LITE STRIPS	106
FORA G30A	114	FORTISCARE GLUCOSE TEST STRIPS	106	FREESTYLE PRECISION NEO METER	115
FORA G30-PREMIUM V10 TEST STRP.....	106			FREESTYLE PRECISION NEO STRIPS.....	106
FORA GD50 BLOOD GLUCOSE SYSTEM.....	114			FREESTYLE SIDEKICK II	115
FORA GD50 TEST STRIPS	106				
FORA GTEL GLUCOSE TEST STRIP	106				

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated July 1, 2023.

FREESTYLE SYSTEM KIT	115	GELNIQUE.....	182	GLUCOCARD 01 METER	115
FREESTYLE TEST	106	GELX	101	GLUCOCARD 01 NORMAL CONTROL	115
FROVA	40	gemfibrozil	79	GLUCOCARD 01 SENSOR PLUS	106
frovatriptan	40	gemmily.....	159	GLUCOCARD EXPRESSION	106, 115
FULPHILA.....	140	GEMTESA	182	GLUCOCARD SHINE CONNEX METER.....	115
FURADANTIN	21	GENERESS FE	159	GLUCOCARD SHINE EXPRESS METER	115
FUROSCIX	70	generlac	134	GLUCOCARD SHINE METER.....	115
furosemide.....	70	gengraf.....	26	GLUCOCARD SHINE TEST STRIPS	106
FUROSEMIDE IN 0.9 % NACL	70	GENOTROPIN	142	GLUCOCARD SHINE XL METER.....	115
FUZEON	6	GENOTROPIN MINIQUE	142	GLUCOCARD VITAL	115
fyavolv.....	156	GENSTRIP TEST STRIP ..	106	GLUCOCARD VITAL SENSOR.....	107
FYCOMPA	35	gentak	164	GLUCOCARD VITAL TEST STRIPS	107
FYLNETRA	140	gentamicin	14, 89, 164	GLUCOCOM BLOOD GLUCOSE.....	115
fyremadel.....	124	gentamicin in nacl (iso-osm) 14		GLUCOCOM CONTROL NORMAL.....	115
G		GENTAMICIN IN NACL (ISO-OSM).....	14	GLUCOCOM GLUCOSE..	107
g tussin ac	174	gentamicin sulfate (ped) (pf) 14		GLUCOSE CONTROL.....	115
gabapentin	35	GENTEEL VACUUM LANCING DEVICE	115	GLUCOTROL XL.....	127
GABITRIL	35	gentle laxative (bisacodyl)..	134	glyburide.....	127
GALAFOLD	124	gentlelax	134	glyburide micronized.....	127
galantamine	42	GENVOYA	6	glyburide-metformin.....	127
GALZIN	184	GEODON	60	GLYCATE	130
GAMASTAN	146	GIAPREZA	80	glycopyrrolate.....	130
GAMASTAN S/D.....	146	GILENYA	143	GLYCOPYRROLATE.....	130
GAMIFANT.....	26	GILOTRIF.....	26	glycopyrrolate (pf).....	130
GANCICLOVIR	6	GIVLAARI.....	97	glycopyrrolate (pf) in water	130
ganciclovir sodium	6	glatiramer.....	143	GLYCOPYRROLATE (PF) IN WATER.....	130
ganirelix.....	124	glatopa	143	GLYNASE	127
GARDASIL 9 (PF).....	146	GLEEVEC.....	26	GLYRX-PF.....	130
GASTROCROM	134	GLEOSTINE	26	GLYXAMBI.....	127
gatifloxacin.....	164	GLIADEL WAFER.....	26	GM100.....	107, 116
GATTEX 30-VIAL	134	glimepiride.....	127	GOJJI BLOOD GLUCOSE TEST STRIP.....	107
gavilax	134	glipizide.....	127	GOJJI GLUCOSE CNTRL SOL-NORMAL	116
gavilyte-c.....	134	glipizide-metformin.....	127		
gavilyte-g.....	134	GLUCAGEN DIAGNOSTIC KIT	109		
GAVRETO.....	26	GLUCAGEN HYPOKIT ...	109		
GE100 BLOOD GLUCOSE SYSTEM.....	115	GLUCAGON (HCL) EMERGENCY KIT	109		
GE100 BLOOD GLUCOSE TEST STRIP	106	glucagon emergency kit (human)	109		
GE100 CONTROL SOLUTION NORMAL..	115	GLUCAGON HCL.....	109		
GE333 BLOOD GLUCOSE SYSTEM.....	115	GLUCO NAVII GLUCOSE MONITOR	115		
GE333 BLOOD GLUCOSE TEST STRIP	106	GLUCO NAVII TEST STRIP	106		
gefitinib	26				

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated July 1, 2023.

GOJJI KETONE CONTROL SOLN-L1.....	116	HALOG	94	HUMALOG KWIKPEN INSULIN	121
GOJJI MULTI-FUNCTIONAL METER	116	haloperidol.....	60	HUMALOG MIX 50-50 INSULN U-100	121
GOLYTELY.....	134	haloperidol decanoate.....	60	HUMALOG MIX 50-50 KWIKPEN.....	121
GONAL-F	124	haloperidol lactate	60	HUMALOG MIX 75-25 KWIKPEN.....	121
GONAL-F RFF	124	HARMONY GLUCOSE TEST STRIP	107	HUMALOG MIX 75-25(U- 100)INSULN	121
GONAL-F RFF REDI-JECT	124	HARVONI.....	6	HUMALOG TEMPO PEN(U- 100)INSULN	121
GONITRO	81	HAVRIX (PF)	146	HUMALOG U-100 INSULIN	121
GOPRELTO	88	HEALTHPRO GLUCOSE MONITOR	116	HUMATE-P	76
GRALISE	35	HEALTHPRO HIGH-LOW CONTROL	116	HUMATIN	14
granisetron (pf).....	134	HEALTHPRO TEST STRIPS	107	HUMATROPE	142
granisetron hcl	134	heather	156	HUMIRA.....	153
GRANIX	140	HECTOROL.....	124	HUMIRA PEN	153
GRASTEK	146	HEMADY	103	HUMIRA PEN CROHNS-UC- HS START	153
griseofulvin microsize	3	HEMLIBRA	75	HUMIRA PEN PSOR- UVEITS-ADOL HS	153
griseofulvin ultramicrosize.....	3	hemmorex-hc.....	134	HUMIRA(CF)	153
guaifenesin ac	174	HEMOFIL M HIGH.....	76	HUMIRA(CF) PEDI CROHNS STARTER	153
guanfacine	60, 70	HEMOFIL M LOW.....	76	HUMIRA(CF) PEN.....	153
GUARDIAN 4 GLUCOSE SENSOR.....	116	HEMOFIL M MID.....	76	HUMIRA(CF) PEN CROHNS-UC-HS.....	153
GUARDIAN 4 TRANSMITTER.....	116	HEMOFIL M SUPER HIGH.....	76	HUMIRA(CF) PEN PEDIATRIC UC.....	153
GUARDIAN CONNECT TRANSMITTER.....	116	HEPAGAM B.....	146	HUMIRA(CF) PEN PSOR- UV-ADOL HS.....	153
GUARDIAN LINK 3 TRANSMITTER.....	116	heparin (porcine)	76	HUMULIN 70/30 U-100 INSULIN	121
GUARDIAN SENSOR 3 ...	116	HEPARIN (PORCINE) IN 0.9% NACL.....	76	HUMULIN 70/30 U-100 KWIKPEN.....	121
GVOKE	110	heparin (porcine) in 5 % dex	76	HUMULIN N NPH INSULIN KWIKPEN.....	121
GVOKE HYPOPEN 2-PACK	109	heparin (porcine) in nacl (pf).....	76	HUMULIN N NPH U-100 INSULIN	121
GVOKE PFS 2-PACK SYRINGE.....	110	heparin(porcine) in 0.45% nacl	76	HUMULIN R REGULAR U- 100 INSULN	121
GYNAZOLE-1.....	157	heparin, porcine (pf)	76	HUMULIN R U-500 (CONC) INSULIN	121
H		HEPARIN, PORCINE (PF)	76	HUMULIN R U-500 (CONC) KWIKPEN.....	121
HAEGARDA	177	HEPLISAV-B (PF).....	146	HYCANTIN.....	26
hailey	160	HEPSERA	6		
hailey 24 fe.....	160	her style	160		
hailey fe 1.5/30 (28)	160	HERCEPTIN HYLECTA	26		
hailey fe 1/20 (28)	160	HETLIOZ	60		
halcinonide	94	HETLIOZ LQ.....	60		
HALCION	60	HIBERIX (PF).....	146		
HALDOL DECANOATE	60	HIPREX.....	21		
halobetasol propionate.....	94	HISTEX-AC.....	174		
HALOBETASOL PROPIONATE	94	HIZENTRA	146		
haloette	157	homatropaire.....	166		
		HORIZANT.....	42		
		HUMALOG JUNIOR KWIKPEN U-100	120		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated July 1, 2023.

HYCODAN (WITH HOMATROPINE)	174	HYOSCYAMINE SULFATE	130	IMOGAM RABIES-HT (PF)	147
hydralazine	70	hyosyne.....	130, 131	IMOVAX RABIES VACCINE (PF).....	147
HYDREA	26	HYPERHEP B.....	146	IMPAVIDO	14
hydrochlorothiazide.....	70	HYPERHEP B NEONATAL	146	IMPEKLO	94
hydrocodone bitartrate.....	48	HYPERRAB (PF).....	146	IMPOYZ	94
hydrocodone-acetaminophen	48	HYPER-SAL	177	IMURAN	27
hydrocodone-chlorpheniramine	175	HYPERTET (PF)	146	IMVEXXY MAINTENANCE PACK	156
hydrocodone-homatropine .	175	HYQVIA	147	IMVEXXY STARTER PACK	156
hydrocodone-ibuprofen	48	HYSINGLA ER	50	INBRIJA.....	39
hydrocortisone.....	94, 103, 134	I		incassia	156
hydrocortisone acetate.....	134	ibandronate	152	INCRELEX	97
hydrocortisone butyrate.....	94	IBRANCE	26	INCRUSE ELLIPTA.....	178
hydrocortisone butyr-emollient	94	ibu.....	54	indapamide	70
hydrocortisone valerate	94	ibuprofen	54	INDERAL XL	70
hydrocortisone-acetic acid..	102	icatibant	178	indomethacin	54
hydrocortisone-pramoxine ..	82, 134	iclevia	160	INFANRIX (DTAP) (PF)...	147
hydromet.....	175	ICLUSIG	26	INFED	187
hydromorphone	49	icosapent ethyl.....	79	INFINITY CONTROL SOLUTION NORM	116
HYDROMORPHONE	49	IDAMYCIN PFS.....	26	INFINITY STARTER KIT	116
hydromorphone (pf)	48	idarubicin.....	26	INFINITY TEST STRIPS ..	107
HYDROMORPHONE (PF) .	48	IDELVION	76	INFINITY VOICE CTRL SOLN-LVL 2.....	116
HYDROMORPHONE (PF) IN WATER.....	48	IDHIFA	26	INFINITY VOICE GLUCOSE MONITOR	116
hydromorphone (pf)-0.9 % nacl	49	IFE-BIMIX 30/1.....	183	INFINITY VOICE TEST STRIP	107
HYDROMORPHONE (PF)- 0.9 % NACL.....	49	IFE-PG20.....	183	INFUMORPH P/F	50
HYDROMORPHONE(PF)- NACL,ISO-OSM.....	49	IFEX	26	INFUVITE PEDIATRIC....	187
hydroxocobalamin	187	ifosfamide.....	26	INGREZZA	42
hydroxychloroquine	14	IGALMI.....	60	INGREZZA INITIATION PACK	42
hydroxyprogester(pf)(preg presv)	156	IGLUCOSE BLOOD GLUCOSE MONITOR..	116	INJECTAFER.....	187
hydroxyprogesterone cap(ppres).....	156	IGLUCOSE TEST STRIP..	107	INLYTA	27
hydroxyprogesterone caproate	156	IHEEZO (PF)	167	INNOPRAN XL	70
hydroxyurea.....	26	ILARIS (PF)	140	INOVA	86
hydroxyzine hcl	174	ILEVRO	169	INOVA 4-1	83
hydroxyzine pamoate	174	ILUMYA	82	INOVA 8-2	83
HYFTOR.....	84	ILUVIEN.....	171	INPEN (FOR HUMALOG) PINK.....	116
HYLENEX	97	imatinib.....	26	INPEN (NOVOLOG OR FIASP) PINK.....	116
hyophen	183	IMBRUVICA	27	INQOVI	27
hyoscyamine sulfate	130	imipenem-cilastatin	14	INREBIC	27
		imipramine hcl.....	60		
		imipramine pamoate	60		
		imiquimod	151		
		IMITREX	40		
		IMITREX STATDOSE PEN41 REFILL	41		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated July 1, 2023.

INSPIRACHAMBER	109	ivermectin.....	14, 86	KARBINAL ER	174
INSPRA.....	70	IXIARO (PF).....	147	kariva (28)	160
INSULIN DEGLUDEC	121	IXINITY	76	KAZANO	127
INSULIN GLARGINE	121	J		KCENTRA	76
INSULIN GLARGINE-YFGN	122	JADENU	98	KEDRAB (PF).....	147
INSULIN SYRINGE-NEEDLE U-100	109	JADENU SPRINKLE	98	kelnor 1/35 (28)	160
INTELENCE	6	jaimiess	160	kelnor 1-50 (28)	160
INTRAROSA	157	JAKAFI	27	KENALOG.....	94, 103
INTUNIV ER	60	JALYN	182	KENALOG-80	103
INVANZ.....	14	JANSSEN COVID-19 VACCINE (EUA)	147	KENGREAL.....	76
INVEGA.....	61	jantoven	76	KEPIVANCE	22
INVEGA HAFYERA.....	60	JANUMET	127	KEPPRA.....	35
INVEGA SUSTENNA.....	61	JANUMET XR.....	127	KEPPRA XR	35
INVEGA TRINZA.....	61	JANUVIA.....	127	KERENDIA.....	70
INVELTYS	172	JARDIANCE.....	127	KERYDIN	90
iodine-sodium iodide.....	84	jasmiel (28).....	160	KESIMPTA PEN.....	143
IODOFLEX.....	84	JATENZO	124	KETAMINE	61
IODOPEN	27	javygtor.....	124	ketoconazole	3, 90
IODOSORB	84	JAYPIRCA.....	27	ketodan	90
IOPIDINE.....	173	JAZZ WIRELESS 2 METER KIT	116	ketodan kit	90
IPOL	147	JELMYTO.....	27	ketoprofen.....	54
ipratropium bromide... 101, 178		jencycla.....	156	ketorolac	54, 169
ipratropium-albuterol	178	jinteli.....	156	KETOROLAC	54
irbesartan	70	JIVI.....	76	KEVEYIS	42
irbesartan-hydrochlorothiazide	70	JOENJA.....	98	KEVZARA	153
IRESSA	27	jolessa	160	KHAPZORY	22
irinotecan	27	JORNAY PM	61	KIMYRSA.....	14
ISENTRESS	6	juleber	160	KINERET	153
ISENTRESS HD	6	JULUCA.....	6	KINEVAC	134
isibloom.....	160	junel 1.5/30 (21)	160	KINRIX (PF)	147
ISOLYTE S PH 7.4.....	185	junel 1/20 (21)	160	KISQALI	27
ISOLYTE-S.....	186	junel fe 1.5/30 (28)	160	KISQALI FEMARA CO-PACK	27
isoniazid	14	junel fe 1/20 (28)	160	KITABIS PAK	14
isoproterenol hcl.....	80	junel fe 24.....	160	KLARITY-A (AZITHRO-CHONDR)(PF).....	167
ISOPTO ATROPINE	166	JUSTRIGHT 5000.....	101	KLARITY-L (LOTEPRED-CHOND)(PF)	167
ISORDIL	81	JUXTAPID.....	79	KLARON	89
ISORDIL TITRADOSE.....	81	JYNARQUE.....	124, 125	KLISYRI	27
isosorbide dinitrate	81	JYNNEOS (PF)(STOCKPILE)	147	KLONOPIN.....	35
isosorbide mononitrate	81	K		klor-con.....	185
isosorbide-hydralazine	70	kaitlib fe.....	160	klor-con 10.....	184
isotretinoin.....	86	KALBITOR.....	178	klor-con 8.....	184
isoxsuprine	157	KALETRA	6	klor-con m10	184
isradipine	70	kalliga	160	klor-con m15	185
ISTURISA	124	KALYDECO	178	klor-con m20	185
itraconazole	3	KAPVAY	61	klor-con/ef	185

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated July 1, 2023.

KLOXXADO	54	LAMICTAL XR STARTER (GREEN).....	36	LEVEMIR FLEXPEN.....	122
KOATE	76	LAMICTAL XR STARTER (ORANGE).....	36	LEVEMIR FLEXTOUCH U100 INSULIN	122
KOGENATE FS.....	76	lamivudine.....	6	LEVEMIR U-100 INSULIN	122
KORLYM.....	125	lamivudine-zidovudine	6	levetiracetam.....	36
KORSUVA.....	98	lamotrigine.....	36	levetiracetam in nacl (iso-os)	36
KOSELUGO	27	LAMPIT	14	LEVETIRACETAM IN NACL (ISO-OS).....	36
KOSHER PRENATAL PLUS IRON	187	LANCETS	116	levobunolol	165
KOVALTRY	76	LANCING DEVICE	116	levocarnitine	98
K-PHOS NO 2.....	183	LANOXIN.....	73	levocarnitine (with sugar)....	98
K-PHOS ORIGINAL	183	LANREOTIDE.....	27	levocetirizine	174
KRAZATI	27	lansoprazole.....	139	levofloxacin	18, 19, 164
KRINTAFEL.....	14	lanthanum	131	levofloxacin in d5w	18
KRISTALOSE	135	LANTUS SOLOSTAR U-100 INSULIN	122	levoleucovorin calcium	22
K-TAB.....	185	LANTUS U-100 INSULIN	122	levonest (28)	160
kurvelo (28)	160	lapatinib	27	levonorgestrel	160
KUVAN	125	larin 1.5/30 (21).....	160	levonorgestrel-ethinyl estrad	160
KYLEENA	154	larin 1/20 (21).....	160	levonorg-eth estrad triphasic	160
KYNMOBI.....	39	larin 24 fe.....	160	levora-28.....	161
KYZATREX	125	larin fe 1.5/30 (28).....	160	levo-t.....	129
L		larin fe 1/20 (28).....	160	levothyroxine.....	129
l norgest/e.estradiol-e.estrad	160	larissia.....	160	LEVOTHYROXINE	129
labetalol	70	LASIX	70	levoxyl	129
LABETALOL IN NACL (ISO- OSMOT).....	70	latanoprost	169	LEVSIN.....	131
lacosamide	35	LATUDA.....	61	LEVSIN/SL	131
LACRISERT	167	laxative (bisacodyl)	135	LEVULAN	84
lactated ringers	96	laxative peg 3350.....	135	LEXETTE.....	94
lactulose.....	135	layolis fe	160	LEXIVA	6
LAGEVRIO (EUA).....	6	LEDIPASVIR-SOFOSBUVIR	6	LIBRAX (WITH CLIDINIUM)	131
LAMICTAL	35	leena 28.....	160	LIBTAYO.....	27
LAMICTAL ODT	35	leflunomide.....	153	LICART.....	54
LAMICTAL ODT STARTER (BLUE).....	35	lenalidomide	27	lidocaine	89
LAMICTAL ODT STARTER (GREEN).....	35	LENVIMA.....	27	lidocaine (pf)	66, 88
LAMICTAL ODT STARTER (ORANGE).....	35	LESCOL XL.....	79	lidocaine hcl.....	88, 89
LAMICTAL STARTER (BLUE) KIT	36	lessina	160	lidocaine hcl-hydrocortison ac	89, 135
LAMICTAL STARTER (GREEN) KIT	36	LETAIRIS	178	LIDOCAINE HCL- HYDROCORTISON AC	135
LAMICTAL STARTER (ORANGE) KIT	36	letrozole	27	lidocaine in 5 % dextrose (pf)	66
LAMICTAL XR.....	36	leucovorin calcium	22	lidocaine viscous	89
LAMICTAL XR STARTER (BLUE).....	36	LEUKERAN	27	lidocaine-epinephrine (pf)	89
		LEUKINE.....	141		
		leuprolide.....	27		
		LEUPROLIDE (3 MONTH)	27		
		levabuterol hcl	178		
		LEVAMLODIPINE	70		
		LEVBID	131		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated July 1, 2023.

lidocaine-hydrocortisone-aloe 135	LOPID 79	LUPRON DEPOT-PED (3 MONTH) 28
lidocaine-prilocaine 89	lopinavir-ritonavir 6	lurasidone 61
lidocort 89	LOPRESSOR 70	luteru (28) 161
LILETTA 154	LOPROX 91	LUXIQ 94
lillow (28) 161	LOPROX (AS OLAMINE) .. 90	LUZU 91
LINCOCIN 14	LOPROX KIT 90	LYBALVI 61
lincomycin 14	lorazepam 61	lyleq 156
lindane 96	lorazepam intensol 61	lyllana 156
linezolid 15	LORBRENA 27	LYMEPAK 20
linezolid in dextrose 5% 14	LOREEV XR 61	LYNPARZA 28
linezolid-0.9% sodium chloride 15	LORTAB ELIXIR 50	LYSODREN 28
LINZESS 135	loryna (28) 161	LYTGOBI 28
liothyronine 129	losartan 70	LYUMJEV KWIKPEN U-100 INSULIN 122
LIPOFEN 79	losartan-hydrochlorothiazide 70	LYUMJEV KWIKPEN U-200 INSULIN 122
LIQREV 178	LOSEASONIQUE 161	LYUMJEV TEMPO PEN(U- 100)INSULN 122
lisinopril 70	LOTEMAS 172	LYUMJEV U-100 INSULIN 122
lisinopril-hydrochlorothiazide 70	LOTEMAS SM 172	lyza 156
LITEAIRE MDI CHAMBER 109	LOTENSIN 70	M
lithium carbonate 61	LOTENSIN HCT 70	MACRILEN 141
LITHOBID 61	loteprednol etabonate 172	MACROBID 21
LITHOSTAT 98	LOTREL 71	MACRODANTIN 21
LIVALO 79	LOTRONEX 135	mafenide acetate 89
LIVMARLI 135	lovastatin 79	magnesium chloride 185
LIVTENCITY 6	LOVAZA 79	magnesium citrate 135
LO LOESTRIN FE 161	LOVENOX 76	magnesium sulfate 185
LOCOID 94	low-ogestrel (28) 161	MAGNESIUM SULFATE IN D5W 185
LOCOID LIPOCREAM 94	loxapine succinate 61	magnesium sulfate in water 185
LODINE 54	lo-zumandimine (28) 161	MAKENA (PF) 156
LODOSYN 39	lta pre-attached 89	MALARONE 15
LOESTRIN 1.5/30 (21) 161	lubiprostone 135	MALARONE PEDIATRIC .. 15
LOESTRIN 1/20 (21) 161	LUCEMYRA 54	malathion 96
LOESTRIN FE 1.5/30 (28- DAY) 161	ludent fluoride 187	maraviroc 6
LOESTRIN FE 1/20 (28-DAY) 161	lugols 89, 185	MAR-COF CG 175
lojaimiess 161	LULICONAZOLE 91	MARINOL 135
LOKELMA 131	LUMAKRAS 27	marlissa (28) 161
LOMOTIL 131	LUMIGAN 170	MARNATAL-F 187
LONHALA MAGNAIR REFILL 178	LUMOXITI 27	MARPLAN 61
LONHALA MAGNAIR STARTER 178	LUMRYZ 61	MATULANE 28
LONSURF 27	LUPKYNIS 27	matzim la 71
loperamide 131	LUPRON DEPOT 28	MAVENCLAD (10 TABLET PACK) 143
	LUPRON DEPOT (3 MONTH) 28	
	LUPRON DEPOT (4 MONTH) 28	
	LUPRON DEPOT (6 MONTH) 28	
	LUPRON DEPOT-PED 28	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated July 1, 2023.

MAVENCLAD (4 TABLET PACK).....	143	memantine	42	methsuximide	36
MAVENCLAD (5 TABLET PACK).....	143	MEMANTINE.....	43	methyl salicylate	84
MAVENCLAD (6 TABLET PACK).....	143	MENACTRA (PF)	147	methyl dopa	71
MAVENCLAD (7 TABLET PACK).....	143	M-END PE	175	methyl dopa- hydrochlorothiazide	71
MAVENCLAD (8 TABLET PACK).....	143	MENEST	156	methyldopate	71
MAVENCLAD (9 TABLET PACK).....	143	MENOPUR	125	methylergonovine	163
MAVYRET	6, 7	MENOSTAR.....	156	METHYLIN	61
MAXALT.....	41	MENQUADFI (PF).....	147	methylphenidate	62
MAXALT-MLT	41	MENTAX.....	91	methylphenidate hcl.....	61, 62
MAXIDEX.....	172	MENVEO A-C-Y-W-135-DIP (PF).....	147	METHYLPHENIDATE HCL	62
MAXITROL.....	170	meperidine	50	methylprednisolone	103
maxi-tuss ac.....	175	meperidine (pf)	50	methylprednisolone acetate	103
MAXI-TUSS CD.....	175	MEPHYTON.....	76	methyltestosterone	125
MAXZIDE	71	meprobamate	44	metoclopramide hcl	135
MAXZIDE-25MG.....	71	MEPRON	15	metolazone.....	71
MAYZENT	143	mercaptapurine	28	METOPIRONE	98
MAYZENT STARTER(FOR 1MG MAINT).....	143	meropenem	15	metoprolol succinate.....	71
MAYZENT STARTER(FOR 2MG MAINT).....	143	MEROPENEM-0.9% SODIUM CHLORIDE	15	metoprolol ta-hydrochlorothiaz	71
m-clear wc	175	merzee	161	metoprolol tartrate	71
meclizine	135	mesalamine.....	135	metro i.v.....	15
meclofenamate	54	mesalamine with cleansing wipe	135	METROCREAM.....	86
MECOBALAMIN (VITAMIN B12).....	187	mesna.....	22	METROGEL	86
MEDISENSE	116	MESNEX.....	22	metronidazole	15, 86, 157
MEDISENSE GLUCOSE KETONE	116	MESTINON	44	metronidazole in nacl (iso-os)	15
MEDROL	103	MESTINON TIMESPAN	44	metyrosine	71
MEDROL (PAK)	103	metaxalone.....	44	mexiletine	66
medroxyprogesterone	156	metformin	128	MIACALCIN	125
MEDTRONIC EXT INFUSION SET 23	116	METFORMIN	128	mibelas 24 fe.....	161
mefenamic acid	55	methadone	50	micafungin.....	3
mefloquine.....	15	methadose	50	MICONAZOLE NITRATE- ZINC OX-PET.....	91
megestrol	28	methamphetamine	61	miconazole-3	157
MEKINIST.....	28	methazolamide.....	169	MICRO BLOOD GLUCOSE	107
MEKTOVI	28	methenamine hippurate	21	MICROCHAMBER	109
meloxicam	55	methenamine mandelate	21	MICRODOT BLOOD GLUCOSE SYSTEM....	107, 116
MELOXICAM	55	methen-sod phos-meth blue- hyos	183	MICRODOT XTRA BLOOD GLUCOSE.....	107
melphalan	28	methergine	163	microgestin 1.5/30 (21)	161
melphalan hcl	28	methimazole	104	microgestin 1/20 (21)	161
		METHITEST.....	125	microgestin 24 fe	161
		methocarbamol	44	microgestin fe 1.5/30 (28) ..	161
		METHOCARBAMOL	44		
		methotrexate sodium	28		
		methotrexate sodium (pf)	28		
		methoxsalen.....	84		
		methscopolamine.....	131		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated July 1, 2023.

microgestin fe 1/20 (28)	161	MODERNA COVID		MS CONTIN	52
MICROSPACER.....	109	BIVAL(6M-5Y)-PF.....	147	MULPLETA.....	77
midazolam	62	MODERNA COVID(6M-5Y)		MULTAQ.....	66
MIDAZOLAM	62	VACC(EUA).....	147	multi-vitamin with fluoride	187
midodrine	98	MODERNA COVID-19 (6-		mupirocin.....	89
migergot	41	11YR)(EUA)	147	mupirocin calcium	89
miglitol	128	MODERNA COVID-19		MUSE	183
miglustat	125	VACCINE (EUA)	147	mvc-fluoride	187
MIGRANAL	41	moexipril	71	my choice.....	161
mili	161	molindone	62	my way	161
milk of magnesia	135	mometasone.....	94, 178	MYALEPT	125
milk of magnesia concentrated		mondoxyne nl.....	20	MYAMBUTOL	15
.....	135	MONODOX	20	MYCAMINE	4
millipred	103	MONOFERRIC.....	187	MYCAPSSA.....	28
millipred dp	103	mono-lynyah.....	161	MYCOBUTIN	15
mimvey.....	156	montelukast	178	mycophenolate mofetil	29
MINASTRIN 24 FE	161	MONUROL.....	21	mycophenolate mofetil (hcl).28	
MINIMED MIO ADVANCE		morgidox	20	mycophenolate sodium	29
INF SET23	116	MORGIDOX 1X 50	20	MYDAYIS	62
MINIMED QUICK SET 43116		MORGIDOX 1X100	20	MYDRIACYL	166
MINIMED SILHOUETTE 23		morphine.....	51, 52	MYFEMBREE	157
.....	117	MORPHINE	51	MYFORTIC	29
MINIMED SURE T 32	117	morphine (pf).....	50, 51	MYGLUCOHEALTH 107, 117	
MINIPRESS	71	MORPHINE (PF).....	51	MYGLUCOHEALTH	
MINIVELLE	156	morphine (pf) in 0.9 % sod chl		CONTROL SOLUTION 117	
MINOCIN	20	.....	50	MYLERAN	29
minocycline	20	MORPHINE (PF) IN 0.9 %		mynatal	187
MINOCYCLINE	20	SOD CHL	50	mynatal plus.....	187
MINOLIRA ER.....	20	morphine concentrate	51	mynatal-z	187
minoxidil	71	morphine in 0.9 % sodium		MYOBLOC	147
MIOCHOL-E	166	chlor.....	51	myorisan	87
miostat	170	MORPHINE IN 0.9 %		MYRBETRIQ.....	182
MIRAPEX ER.....	39	SODIUM CHLOR.....	51	MYSOLINE	36
MIRCERA.....	141	MOTOFEN.....	131	MYTESI	131
MIRCETTE (28)	161	MOUNJARO.....	128	MYXREDLIN	122
MIRENA	154	MOVANTIK	135	N	
mirtazapine	62	MOVIPREP	135	NABI-HB	147
MIRVASO	86	MOXATAG.....	18	nabumetone.....	55
misoprostol.....	139	moxifloxacin.....	19, 164	nadolol	71
MITIGARE	151	MOXIFLOXACIN (PF)-BSS		nafcillin.....	18
MITIGO (PF)	50	.....	164	nafcillin in dextrose iso-osm	18
mitomycin.....	28	MOXIFLOXACIN-SOD		naftifine.....	91
mitoxantrone.....	28	CHLOR,ISO(PF).....	164	NAFTIN	91
M-M-R II (PF).....	147	MOXIFLOXACIN-		nalbuphine	55
m-natal plus	187	SOD.ACE,SUL-WATER.19		NALMEFENE.....	55
modafinil	62	moxifloxacin-sod.chloride(iso)		naloxone	55
MODERNA COVID		.....	19	NALTREX	55
BIVAL(6M UP)(PF)	147	MOZOBIL.....	141	naltrexone	55

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated July 1, 2023.

NAMENDA	43	NEOSTIGMINE		NIPENT	29
NAMENDA TITRATION		METHYLSULFATE	44	nisoldipine	71
PAK	43	NEO-SYNALAR	89	nitazoxanide	15
NAMENDA XR	43	NEO-SYNALAR KIT	89	nitisinone	98
NAMZARIC	43	NERLYNX	29	nitro-bid	81
NAPROSYN	55	NESINA	128	NITRO-DUR	81
naproxen	55	NESTABS	188	nitrofurantoin	21
naproxen sodium	55	NESTABS ABC	188	nitrofurantoin macrocrystal ..	21
naratriptan	41	NESTABS DHA	188	nitrofurantoin monohyd/m-	
NARCAN	55	NESTABS ONE	188	cryst	21
NARDIL	62	neuac	87	nitroglycerin	81
NASCOBAL	187	NEUAC KIT	87	NITROLINGUAL	81
NATACHEW (FE BIS-		NEULASTA	141	NITROMIST	81
GLYCINATE)	188	NEULASTA ONPRO	141	NITROSTAT	81
NATACYN	164	NEUPOGEN	141	nitro-time	81
NATAZIA	161	NEUPRO	39	NITYR	98
nateglinide	128	NEUTEK 2TEK TEST		NIVESTYM	141
NATESTO	125	STRIPS	107	nizatidine	139
NATROBA	96	NEVANAC	169	NOC DURNA (MEN)	125
natura-lax	135	nevirapine	7	NOC DURNA (WOMEN) ..	125
NAYZILAM	37	new day	161	NOCTIVA	125
nebivolol	71	newgen	188	nolix	94
NEBUPENT	15	NEXAVAR	29	nora-be	156
nebusal	178	NEXIUM IV	139	NORDITROPIN FLEXP	
NEBUSAL	178	NEXLETOL	79	.....	142
necon 0.5/35 (28)	161	NEXLIZET	79	noreth-ethinyl estradiol-iron	
NEEVODHA (WITH ALGAL		NEXOBRID	96	.....	161
OIL)	188	NEXPLANON	157	norethindrone (contraceptive)	
nefazodone	62	NEXTERONE	66	.....	156
neomycin	15	NEXTSTELLIS	161	norethindrone acetate	156
neomycin-bacitracin-poly-hc		niacin	79	norethindrone ac-eth estradiol	
.....	170	NIACOR	79	.....	156, 161
neomycin-bacitracin-		nicardipine	71	norethindrone-e.estradiol-iron	
polymyxin	164	NICODERM CQ	100	.....	162
neomycin-polymyxin b gu ...	96	nicorette	100	norgestimate-ethinyl estradiol	
neomycin-polymyxin b-		NICORETTE	100	.....	162
dexameth	170	nicotine	100	NORITATE	87
neomycin-polymyxin-		nicotine (polacrilex)	100	NORLIQVA	71
gramicidin	164	NICOTROL	100	norlyda	156
neomycin-polymyxin-hc ...	102,	NICOTROL NS	100	NORMOSOL-R	185
170		nifedipine	71	NORMOSOL-R PH 7.4	186
NEONATAL PLUS		nikki (28)	161	NORPACE	66
VITAMIN	188	NILANDRON	29	NORPACE CR	66
NEONATAL-DHA	188	nilutamide	29	NORPRAMIN	62
neo-polycin	164	NIMBEX	44	NORTHERA	98
neo-polycin hc	170	nimodipine	71	nortrel 0.5/35 (28)	162
NEORAL	29	NINJACOF-XG	175	nortrel 1/35 (21)	162
neostigmine methylsulfate ..	44	NINLARO	29	nortrel 1/35 (28)	162

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated July 1, 2023.

nortrel 7/7/7 (28)	162	nystatin-triamcinolone.....	91	OMNIPOD DASH INTRO	
nortriptyline.....	62	nystop	91	KIT (GEN 4).....	117
NORVIR.....	7	NYVEPRIA.....	141	OMNIPOD DASH PODS	
NOURIANZ	39	O		(GEN 4)	117
NOVA MAX GLUCOSE		OB COMPLETE	188	OMNIPOD GO PODS 10	
CONTROL	117	OB COMPLETE ONE	188	UNITS/DAY.....	117
NOVA MAX GLUCOSE		OB COMPLETE PETITE ..	188	OMNITROPE.....	142
TEST	107	OB COMPLETE PREMIER		ON CALL EXPRESS	
NOVA MAX PLUS GLUC-		.....	188	CONTROL	117
KETON METER.....	117	OB COMPLETE WITH DHA		ON CALL EXPRESS METER	
NOVAMAX PLUS GLU-KET		.....	188	.....	117
.....	117	OBIZUR	77	ON CALL EXPRESS TEST	
NOVAREL.....	125	obstetrix dha	188	STRIP	107
NOVAVAX COVID-19		OBSTETRIX EC.....	188	ON CALL PLUS CONTROL	
VACC,ADJ(EUA).....	148	OBSTETRIX ONE.....	188	.....	117
NOVOEIGHT	77	OBTREX DHA	188	ON CALL PLUS METER..	117
NOVOLIN 70-30 FLEXPEN		OCALIVA	135	ON CALL PLUS TEST STRIP	
U-100.....	122	ocella	162	.....	107
NOVOLIN N FLEXPEN ...	122	OCREVUS	143	ON CALL VIVID CONTROL	
NOVOLIN R FLEXPEN ...	122	OCUFLOX	164	.....	117
NOVOPEN 3.....	117	ODACTRA.....	148	ON CALL VIVID METER	117
NOVOPEN ECHO.....	117	ODEFSEY	7	ON CALL VIVID PAL	
NOVOSEVEN RT	77	ODOMZO	29	METER.....	117
NOXAFIL	4	OFEV.....	178	ON CALL VIVID TEST	
np thyroid	129	ofloxacin.....	19, 102, 164	STRIP	107
NUBEQA	29	olanzapine.....	62	ONCASPAR.....	29
NUCALA	178	olanzapine-fluoxetine	62	ondansetron.....	136
NUCORT	94	OLINVYK.....	55	ondansetron hcl.....	136
NUCYNTA	55	olmesartan	71	ondansetron hcl (pf).....	136
NUEDEXTA	43	olmesartan-amlodipin-		ONETOUCH ULTRA	
NULEV	131	hcthiazid	71	CONTROL	117
NULIBRY	43	olmesartan-		ONETOUCH ULTRA TEST	
NULOJIX	29	hydrochlorothiazide.....	71	.....	107
NUMBRINO	89	olopatadine	101	ONETOUCH ULTRA2	
NUPLAZID.....	62	OLUMIANT.....	153	METER.....	118
NURTEC ODT.....	41	OLUX.....	94	ONETOUCH VERIO FLEX	
NUTROPIN AQ NUSPIN .	142	OLUX-E	94	METER.....	118
NUVARING.....	157	OMECLAMOX-PAK	139	ONETOUCH VERIO MID	
NUVESSA	157	omega-3 acid ethyl esters	79	CONTROL	118
NUVIGIL	62	omeprazole	139	ONETOUCH VERIO	
NUWIQ.....	77	OMIDRIA	167	REFLECT METER	118
NUZYRA	20	OMNIPOD 5 G6 INTRO KIT		ONETOUCH VERIO TEST	
nyamyc	91	(GEN 5)	117	STRIPS	107
nylia 1/35 (28).....	162	OMNIPOD 5 G6 PODS (GEN		ONEXTON.....	87
nylia 7/7/7 (28).....	162	5).....	117	ONFI.....	37
NYMALIZE	71	OMNIPOD CLASSIC PODS		ONGENTYS.....	39
nymyo.....	162	(GEN 3)	117	ONPATTRO.....	43
nystatin	4, 91			ONUREG	29

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated July 1, 2023.

ONZETRA XSAIL	41	OTOVEL	102	palonosetron	136
opcicon one-step.....	162	OVACE	82	PALONOSETRON	136
opium tincture	131	OVACE PLUS	82	PALYNZIQ	125
OPSUMIT	178	OVACE PLUS SHAMPOO.....	82	PAMELOR	62
OPTICHAMBER DIAMOND		OVACE PLUS WASH.....	82	pamidronate	125
VHC	109	OVIDE.....	96	PANCREAZE.....	136
option-2	162	OVIDREL	125	PANDEL	95
OPTIUM EZ.....	107	oxacillin	18	PANRETIN	84
OPTIUM TEST	107	oxacillin in dextrose(iso-osm)		pantoprazole	139
OPTUMRX	107, 118	.....	18	papaverine.....	72
OPZELURA	84	oxaprozin	55	PARAGARD T 380A.....	154
ORACEA	20	OXAYDO.....	52	paraplatin	29
ORACIT	183	oxazepam.....	62	paricalcitol	125
oral saline laxative.....	136	OXBRYTA.....	98	PARICALCITOL	125
ORALAIR	148	oxcarbazepine.....	37	PARLODEL	39
oralone	101	OXERVATE	167	PARNATE.....	62
ORAMAGICRX.....	101	oxiconazole.....	91	paroex oral rinse	101
ORAPRED ODT	103	OXISTAT	91	paromomycin	15
ORAVIG	4	OXLUMO	183	paroxetine hcl	62
ORBACTIV	15	OXTELLAR XR	37	paroxetine	
ORENCIA	153	oxybutynin chloride.....	182	mesylate(menop.sym).....	63
ORENCIA CLICKJECT	153	oxycodone	52	PASER.....	15
ORENITRAM	72	oxycodone-acetaminophen...	52	PATANASE	101
ORENITRAM MONTH 1		OXYCONTIN	52	PAXIL	63
TITRATION KT	71	oxymorphone.....	52	PAXIL CR.....	63
ORENITRAM MONTH 2		oxytocin	163	PAXLOVID.....	7
TITRATION KT	71	OXYTROL	182	PEDIARIX (PF)	148
ORENITRAM MONTH 3		OZEMPIC	128	PEDVAX HIB (PF).....	148
TITRATION KT	72	OZOBAX	44	peg 3350-electrolytes.....	136
ORFADIN	98	P		peg3350-sod sul-nacl-kcl-asb-c	
ORGOVYX.....	29	pacerone.....	66	.....	136
ORIAHNN	157	paclitaxel	29	PEGASYS	142
ORILISSA	125	PACNEX	87	peg-electrolyte soln	136
ORKAMBI.....	179	PALFORZIA (LEVEL 1)..	148	pe-guai	175
ORLADEYO.....	179	PALFORZIA (LEVEL 2)..	148	PEMAZYRE.....	29
orphenadrine citrate	44	PALFORZIA (LEVEL 3)..	148	PEN NEEDLE, DIABETIC	118
orphenadrine-asa-caffeine	44	PALFORZIA (LEVEL 4)..	148	penciclovir	91
orphengesic forte	44	PALFORZIA (LEVEL 5)..	148	penicillamine	153
ORSERDU	29	PALFORZIA (LEVEL 6)..	148	PENICILLIN G POT IN	
ORTIKOS.....	136	PALFORZIA (LEVEL 7)..	148	DEXTROSE	18
oscimin	131	PALFORZIA (LEVEL 8)..	148	penicillin g potassium.....	18
oscimin sl.....	131	PALFORZIA (LEVEL 9)..	148	penicillin g sodium	18
oseltamivir	7	PALFORZIA (LEVEL 10).	148	penicillin v potassium.....	18
OSENI	128	PALFORZIA INITIAL DOSE		PENTACEL (PF).....	148
OSMOPREP.....	136	.....	148	PENTAM.....	15
OSPHENA	157	PALFORZIA LEVEL 11		pentamidine	15
OTEZLA	153	MAINTENANCE.....	148	PENTASA	136
OTEZLA STARTER.....	153	paliperidone	62	pentazocine-naloxone	55

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated July 1, 2023.

pentoxifylline	77	PHOTOFRIN.....	29	POLIVY	29
PEPCID	139	PHOTREXA CROSS- LINKING KIT.....	167	polocaine-mpf.....	89
PERCOCET	52	PHOTREXA VISCOUS.....	167	polycin	164
PERFOROMIST	179	PHYSIOLYTE	96	polyethylene glycol 3350 ...	136
PERIDEX	101	PHYSIOSOL IRRIGATION	96	polymyxin b sulfate	15
perindopril erbumine	72	phytonadione (vitamin k1) ...	77	polymyxin b sulf-trimethoprim	165
periogard.....	101	PHYTONADIONE (VITAMIN K1)	77	POLYTRIM.....	165
permethrin	96	PIFELTRO	7	POLY-TUSSIN AC.....	175
perphenazine.....	63	pilocarpine hcl	98, 101, 166	POMALYST.....	29
perphenazine-amitriptyline...	63	pimecrolimus	84	PONVORY	144
PERSERIS.....	63	pimozide	63	PONVORY 14-DAY STARTER PACK.....	143
PFIZER COVID BIVAL(12Y UP)(PF)	148	pimtrea (28)	162	portia 28.....	162
PFIZER COVID BIVAL(5- 11YR)(PF)	149	pindolol.....	72	posaconazole.....	4
PFIZER COVID BIVAL(6MO-4Y)(PF) ...	149	pioglitazone	128	POTABA	185
PFIZER COVID-19 TRIS VACCN(PF).....	149	pioglitazone-glimepiride ...	128	potassium chloride.....	185
PFIZER COVID-19 VACCINE (EUA)	149	pioglitazone-metformin	128	potassium citrate.....	183
pfizerpen-g	18	PIP BLOOD GLUCOSE MONITOR	118	potassium iodide.....	104
PHARMACIST CHOICE ..	107	PIP BLOOD GLUCOSE TEST STRIP	107	POTELIGEO	29
PHARMACIST CHOICE GLUCOSE SYS	118	PIP GLUCOSE CONTROL SOLN L1-L2	118	powderlax	136
PHEBURANE.....	98	piperacillin-tazobactam	18	PR BENZOYL PEROXIDE.	87
phenazopyridine	184	PIQRAY	29	pr natal 400	188
phenelzine.....	63	pirfenidone.....	179	pr natal 400 ec	188
PHENERGAN.....	174	pirmella.....	162	pr natal 430	188
phenobarb-hyoscy-atropine- scop.....	131	piroxicam.....	55	pr natal 430 ec	188
phenobarbital.....	37	PLAN B ONE-STEP	162	PRADAXA.....	77
phenohydro.....	131	PLAQUENIL.....	15	PRALATREXATE.....	30
phenoxybenzamine.....	72	PLASMA-LYTE A	186	PRALUENT PEN.....	79
phenylephrine hcl	173	PLAVIX	77	pramipexole	39
PHENYLEPH- TROPICAMIDE IN WATER.....	166	PLEGRIDY	143	PRAMOSONE	82
PHENYTEK.....	37	PLENVU	136	prasugrel	77
phenytoin	37	PLEXION.....	87	pravastatin.....	79
phenytoin sodium	37	PLEXION CLEANSING CLOTHS	87	PRAXBIND.....	77
phenytoin sodium extended..	37	PLEXION NS.....	82	praziquantel	15
PHESGO	29	PNEUMOVAX-23	149	prazosin.....	72
philith	162	pnv-dha.....	188	PRECISION PCX PLUS TEST	107
PHOSLYRA.....	185	pnv-dha + docusate.....	188	PRECISION PCX TEST	107
phosphasal	183	pnv-omega	188	PRECISION POINT OF CARE TEST.....	107
phosphate laxative	136	pnv-select.....	188	PRECISION Q-I-D TEST ..	107
PHOSPHOLINE IODIDE..	165	POCKET CHAMBER.....	109	PRECISION XTRA KETONE-GLUCOSE	118
		podofilox	84	PRECISION XTRA MONITOR	118
		POGO AUTOMATIC BLOOD GLUC SYS.....	118	PRECISION XTRA TEST .	107
				PRECOSE.....	128

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated July 1, 2023.

PRED FORTE	172	PREMIUM V10	108, 118	PREVIDENT 5000 PLUS ..	101
PRED MILD	172	PREMPHASE	157	PREVIDENT 5000	
prednicarbate	95	PREMPRO	157	SENSITIVE	101
PREDNISOL ACE-		prena1 chew.....	188	previfem.....	162
GATIFLOX-BROMFEN	167	prena1 pearl	188	PREVNAR 13 (PF)	149
PREDNISOLN SP-		prena1 true.....	188	PREVNAR 20 (PF)	149
GATIFLOX-BROMFEN	167	prenaissance.....	189	PREVYMIS	7
PREDNISOLN SP-		prenaissance plus	189	PREZCOBIX	7
MOXIFLOX-BROMFEN		PRENATA.....	189	PREZISTA	7
.....	167	prenatabs fa.....	189	PRIFTIN	15
prednisolone	103	prenatabs rx	189	PRIMACARE.....	189
prednisolone acetate	172	PRENATAL 19 (WITH		primaquine.....	15
PREDNISOLONE ACETATE		DOCUSATE)	189	PRIMAXIN IV	16
(PF).....	172	prenatal plus	189	PRIMEAIRE.....	109
PREDNISOLONE ACETATE-		prenatal plus (calcium carb)	189	primidone.....	37
BROMFENAC	167	PRENATAL PLUS DHA...	189	PRIMIDONE	37
PREDNISOLONE ACETATE-		PRENATAL PLUS		PRIMSOL	21
NEPAFENAC	168	VITAMIN-MINERAL ...	189	PRIORIX (PF)	149
PREDNISOLONE SOD PH-		prenatal-u.....	189	PRISTIQ	63
MOXIFLOX.....	170	PRENATE AM.....	189	PRO VOICE V8 GLUCOSE	
prednisolone sodium phosphate		PRENATE CHEWABLE...	189	MONITOR	118
.....	103, 172	PRENATE DHA (FERR ASP		PRO VOICE V8-V9 TEST	
PREDNISOLONE-		GLYCIN).....	189	STRIP	108
MOXIFLO-NEPAFENAC		PRENATE ELITE (IRON ASP		PRO VOICE V9 GLUCOSE	
.....	168	GLYC).....	189	MONITOR	118
PREDNISOLONE-		PRENATE ENHANCE.....	189	probenecid	151
MOXIFLOXACIN HCL	171	PRENATE		probenecid-colchicine.....	151
PREDNISOLONE-		ESSENTIAL(IRON-ASP-		procainamide	66
MOXIFLOX-BROMFEN		GL)	189	PROCARDIA XL.....	72
.....	168	PRENATE MINI (FERR ASP		procentra	63
prednisone	104	GLYCIN).....	189	PROCHAMBER.....	109
prednisone intensol.....	103	PRENATE PIXIE.....	189	prochlorperazine	137
PREFEST	156	PRENATE RESTORE	189	prochlorperazine edisylate..	137
pregabalin	37	PRENATE STAR.....	189	prochlorperazine maleate....	137
PREGNYL	125	PREPIDIL	158	PROCORT.....	137
PREHEVBRIO (PF).....	149	PRESTALIA	72	PROCRIT	141
PREMARIN	157	PRESTO PRO BLOOD		PROCTOCORT.....	95, 137
PREMIER BLU GLUCOSE		GLUCOSE METER.....	118	procto-med hc	137
METER	118	PRETOMANID.....	15	proctosol hc	137
PREMIER CLASSIC		prevalite	80	proctozone-hc	137
GLUCOSE METER.....	118	PREVDUO	44	PROCYSBI.....	183
PREMIER COMPACT		PREVIDENT.....	101	PRODIGY AUTOCODE	
GLUCOSE METER.....	118	PREVIDENT 5000 BOOSTER		METER.....	118
PREMIER TEST STRIP	107	PLUS	101	PRODIGY AUTOCODE	
PREMIER VOICE GLUCOSE		PREVIDENT 5000 ENAMEL		MONITOR SYST.....	118
METER	118	PROTECT	101	PRODIGY CONTROL	
PREMIUM BLOOD		PREVIDENT 5000 ORTHO		SOLUTION, LOW	118
GLUCOSE MONITOR..	118	DEFENSE	101		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated July 1, 2023.

PRODIGY CONTROL SOLUTION,HIGH.....	118	pyrazinamide	16	ramipril	72
PRODIGY NO CODING...	108	PYRIDIDIUM	184	RANEXA	80
PRODIGY POCKET METER	118	pyridostigmine bromide .	44, 45	ranolazine	80
PRODIGY VOICE GLUCOSE METER	118	PYRIDOSTIGMINE BROMIDE.....	45	RAPAFLO.....	182
PROFILNINE.....	77	pyrimethamine.....	16	RAPAMUNE.....	30
progesterone	157	PYRUKYND.....	98	RAPIVAB (PF)	7
progesterone micronized ...	157	Q		rasagiline.....	39
PROGLYCEM	110	QBRELIS	72	RASUVO (PF).....	153
PROGRAF	30	QBREXZA	84	RAVICTI.....	98
PROLEUKIN	141	QDOLO	55	RAYALDEE.....	125
PROLIA	152	QELBREE	63	RAYOS.....	104
PROMACTA.....	77	QINLOCK.....	30	REBIF (WITH ALBUMIN)	144
promethazine	174	QUADRACEL (PF)	149	REBIF REBIDOSE	144
promethazine vc	175	QUALAQUIN	16	REBIF TITRATION PACK	144
promethazine vc-codeine...	175	QUARTETTE	162	REBINYN	77
promethazine-codeine	175	QUDEXY XR.....	37	REBLOZYL	141
promethazine-dm.....	175	QUESTRAN.....	80	RECARBRIO	16
promethegan	174	QUESTRAN LIGHT.....	80	RECLAST	98
propafenone	66, 67	quetiapine	63	reclipsen (28).....	162
proparacaine	168	QUETIAPINE	63	RECOMBIMATE	77
propranolol	72	QUILLICHEW ER.....	63	RECOMBIVAX HB (PF)..	149,
propranolol-hydrochlorothiazid	72	QUILLIVANT XR.....	63	150	
propylthiouracil	104	quinapril.....	72	RECORLEV	125
PROQUAD (PF)	149	quinapril-hydrochlorothiazide	72	RECTIV.....	137
PROSCAR.....	182	quinidine gluconate	67	REDITREX (PF)	154
PROSTIN VR PEDIATRIC	183	quinidine sulfate	67	REFUAH PLUS	108
protamine.....	77	quinine sulfate	16	REFUAH PLUS GLUCOSE CONTROL	119
PROTONIX.....	139	QUINTET AC	108	REFUAH PLUS GLUCOSE MONITOR	119
PROTOPIC.....	84	QUINTET BLOOD GLUCOSE METER.....	119	REGEN-COV (EUA)	7
protriptyline	63	quit 2.....	100	REGLAN.....	137
PROVAYBLUE	96	quit 4.....	100	regonol.....	45
PROVERA	157	QULIPTA.....	41	REGRANEX	84
PROVIDA OB.....	189	QUVIVIQ.....	63	RELAFEN DS	55
PROVIGIL	63	QUZYTIR.....	174	RELAGARD	158
prudoxin	84	QVAR REDIHALER.....	179	RELENZA DISKHALER	7
PULMICORT.....	179	R		RELEUKO	141
pulmosal	179	RABAVERT (PF)	149	RELEXXII.....	63
PULMOZYME.....	179	rabeprazole	140	RELION ALL-IN-ONE METER.....	119
PUREFE OB PLUS.....	189	RABEPRAZOLE	140	RELION CONFIRM	119
purelax	137	RADICAVA ORS STARTER KIT SUSP.....	43	RELION CONFIRM-MICRO	108
PURIXAN	30	RADIOGARDASE	98	RELION MICRO GLUCOSE MONITOR	119
PYLERA	140	RAGWITEK.....	149		
		raloxifene.....	152		
		ramelteon	63		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated July 1, 2023.

RELION NOVOLIN 70/30	122	rifabutin	16	rosuvastatin	80
RELION NOVOLIN N	122	RIFADIN	16	ROTARIX	150
RELION NOVOLIN R	122	rifampin	16	ROTATEQ VACCINE	150
RELION PRIME METER	119	RIGHTEST CONTROL		ROWASA	137
RELION PRIME TEST STRIPS	108	SOLUTION HIGH	119	roweepra	37
RELION ULTIMA	108	RIGHTEST GM550 SYSTEM	119	ROXICODONE	52
RELISTOR	137	RIGHTEST GS550 TEST STRIPS	108	ROZEREM	64
RELPAK	41	RIGHTEST GT333		ROZLYTREK	30
RELTONE	137	GLUCOSE METER	119	r-tanna	175
REMERON	63	RIGHTEST GT333 TEST STRIP	108	RUBRACA	30
REMERON SOLTAB	63	RILUTEK	98	RUCONEST	179
RENACIDIN	183	riluzole	98	rufinamide	37
RENAGEL	132	rimantadine	7	RUKOBIA	7
RENVELA	132	ringer's	96	RUXIENCE	30
repaglinide	128	RINVOQ	154	RYANODEX	45
REPATHA PUSHTRONEX	80	RIOMET	128	RYBELSUS	128
REPATHA SURECLICK	80	RIOMET ER	128	RYCLORA	174
REPATHA SYRINGE	80	risedronate	98, 152	RYDAPT	30
RESPA-AR	175	RISPERDAL	64	RYTARY	40
RESTASIS	168	RISPERDAL CONSTA	64	RYTHMOL SR	67
RESTASIS MULTIDOSE	168	risperidone	64	S	
RESTORIL	63	RITALIN	64	SABRIL	37
RETACRIT	141	RITALIN LA	64	SAFE-CLIP NEEDLE	
RETEVMO	30	RITEFLO AEROCHAMBER	109	STORAGE DEV	119
RETIN-A	87	ritonavir	7	SAFYRAL	162
RETIN-A MICRO	87	RITUXAN	30	SAIZEN	142
RETIN-A MICRO PUMP	87	rivastigmine	43	SAIZEN SAIZENPREP	142
RETISERT	172	rivastigmine tartrate	43	sajazir	179
RETROVIR	7	rivelsa	162	SALAGEN (PILOCARPINE)	98, 101
REVATIO	179	RIXUBIS	77	salsalate	55
REVCovi	98	rizatriptan	41	SAMSCA	126
REVEAL BLOOD GLUCOSE METER	119	R-NATAL OB	189	SANCUSO	137
REVEAL TEST STRIP	108	ROBAXIN	45	SANDIMMUNE	30
REVLIMID	30	ROBINUL	131	SANDOSTATIN LAR	
revonto	45	ROBINUL FORTE	131	DEPOT	30
REXULTI	63	ROCALTROL	125, 126	SANTYL	96
REYATAZ	7	roflumilast	179	SAPHRIS	64
REYVOW	41	ROLVEDON	141	sapropterin	126
REZLIDHIA	30	ropinirole	39, 40	SAVELLA	154
REZUROCK	30	ropivacaine (pf)	89	scalacort	95
REZVOGLAR KWIKPEN	122	rosadan	87	SCALACORT DK	95
RHOFADE	87	ROSADAN	87	SCEMBLIX	30
RIABNI	30	ROSULA	87	scopolamine base	137
RIASTAP	77	rosula cleansing cloths	87	SEASONIQUE	162
ribavirin	7, 140			SECUADO	64
RIDAURA	154			SEGLUROMET	128
				SELECT-OB	189

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated July 1, 2023.

SELECT-OB (FOLIC ACID)	SINCALIDE	sodium,potassium,mag sulfates
..... 189	SINEMET.....40	137
SELECT-OB + DHA 189	SINGULAIR .....179	SOFOSBUVIR-
selegiline hcl.....40	SINUVA.....179	VELPATASVIR.....8
selenium sulfide.....82	sirolimus .....30	SOGROYA.....142
SELRX .....82	SIRTURO .....16	solifenacin.....182
SELZENTRY .....7, 8	SIVEXTRO .....16	SOLQUA 100/33 .....123
SEMGLEE(INSULIN	SKYLA.....154	SOLIRIS .....99
GLARGINE-YFGN)..... 123	SKYRIZI .....82, 137	SOLODYN .....20
SEMGLEE(INSULIN	SKYTROFA.....142	SOLOSEC .....16
GLARG-YFGN)PEN 123	SLYND.....162	SOLTAMOX.....30
se-natal 19 chewable 190	SMART SENSE	SOLUS V2 AUDIBLE
se-natal-19 190	MONITORING SYSTEM	METER.....119
SENSIPAR.....126	119	SOLUS V2 CONTROL
SEREVENT DISKUS 179	SMART SENSE TEST	SOLUTION,HIGH .....119
SERNIVO.....95	STRIPS.....108	SOLUS V2 TEST STRIPS.108
SEROQUEL .....64	SMARTEST CONTROL ...119	SOMA.....45
SEROQUEL XR .....64	SMARTEST EJECT.....119	SOMATULINE DEPOT .....31
SEROSTIM .....142	SMARTEST PERSONA	SOMAVERT .....126
sertraline .....64	STARTER .....119	SOOLANTRA .....87
SERTRALINE .....64	SMARTEST PRONTO	sorafenib .....31
setlakin .....162	STARTER .....119	SORBITOL.....96
sevelamer carbonate 132	SMARTEST PROTEGE ....119	SORBITOL-MANNITOL ...96
sevelamer hcl.....132	SMARTEST TEST.....108	sorine .....67
SEVENFACT.....77	smoothlax .....137	sotalol .....67
SEYSARA.....20	sodium benzoate-sod	SOTALOL .....67
sf 101	phenylacet.....98	sotalol af .....67
sf 5000 plus 101	sodium chlor 0.9% bacteriostat	SOTYKTU .....82
SFROWASA .....137	98	SOTYLIZE .....67
sharobel .....157	sodium chloride ....99, 179, 185	SOVALDI.....8
SHINGRIX (PF).....150	sodium chloride 0.45 %.....185	SPACE CHAMBER.....109
SIGNIFOR .....30	sodium chloride 0.9 %.....99	SPIKEVAX (PF) .....150
SIGNIFOR LAR .....30	sodium chloride 0.9 % (flush)	spinosad .....96
SIKLOS .....30	99	SPIRIVA RESPIMAT .....180
sildenafil .....183	sodium chloride 3 %	SPIRIVA WITH
sildenafil (pulm.hypertension)	hypertonic .....185	HANDIHALER.....180
.....179	sodium chloride 5 %	spironolactone.....72
SILENOR .....64	hypertonic .....185	spironolacton-hydrochlorothiaz
SILIQ.....82	SODIUM EDECRIN.....72	72
silodosin .....182	sodium ferric gluconat-sucrose	SPORANOX.....4
SILVADENE .....83	99	SPRAVATO .....64
silver sulfadiazine.....83	sodium fluoride 5000 plus..101	sprintec (28).....162
SIMBRINZA .....170	sodium fluoride-pot nitrate.101	SPRITAM.....37
simliya (28) .....162	SODIUM OXYBATE .....64	SPRYCEL.....31
simpesse .....162	sodium phenylbutyrate .....99	sps (with sorbitol).....132
SIMPONI .....154	sodium polystyrene sulfonate	sronyx .....162
SIMULECT .....30	132	ssd .....83
simvastatin.....80		SSKI .....104

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated July 1, 2023.

sss 10-5.....	87	sulindac.....	55	SYNJARDY XR.....	128
st joseph aspirin.....	55	SUMADAN.....	88	SYNRIBO.....	31
st. joseph aspirin.....	55	SUMADAN XLT	88	SYNTHROID	129
STALEVO 100.....	40	sumatriptan	41	SYPRINE	99
STALEVO 125.....	40	sumatriptan succinate	41	T	
STALEVO 150.....	40	sumatriptan-naproxen	41	T	
STALEVO 200.....	40	SUMAXIN	88	FLEX	119
STALEVO 50.....	40	SUMAXIN CP	88	SLIM X2.....	119
STALEVO 75.....	40	sunitinib malate	31	TABLOID.....	31
STAMARIL (PF)	150	SUNLENCA.....	8	TABRECTA	31
stavudine.....	8	SUNOSI.....	64	TACLONEX.....	82
STEGLATRO.....	128	SUPPRELIN LA	31	tacrolimus	31, 84
STEGLUJAN	128	SUPRAX	11	tadalafil	182, 183
STELARA.....	82	SUPREP BOWEL PREP KIT	137	tadalafil (pulm. hypertension)	180
STENDRA	183	SURE-TEST EASYPLUS	108	TADLIQ	180
STIMUFEND	141	MINI.....	108	TAFINLAR	31
STIOLTO RESPIMAT	180	SURE-TEST EASYPLUS	119	tafluprost (pf).....	170
STIVARGA.....	31	MINI METER	119	TAGRISSO.....	31
stop smoking aid.....	100	SUSTIVA	8	TAKE ACTION	162
STRATTERA.....	64	SUSTOL	137	TAKHZYRO	180
STRENSIQ.....	126	SUTAB.....	137	TALICIA	140
STREPTOMYCIN	16	SUTENT.....	31	TALTZ AUTOINJECTOR ..	83
STRIBILD.....	8	syeda.....	162	TALTZ AUTOINJECTOR (2	83
STRIVERDI RESPIMAT ..	180	SYLVANT	31	PACK).....	83
STROMEKTOL	16	SYMAX DUOTAB.....	131	TALTZ AUTOINJECTOR (3	83
strong iodine.....	89, 185	symax fastabs	131	PACK).....	83
SUBLOCADE	52	symax-sl.....	131	TALTZ SYRINGE	83
SUBOXONE	55	symax-sr	131	TALZENNA.....	31
SUBSYS.....	52	SYMBICORT.....	180	TAMIFLU	8
subvenite.....	37	SYMBYAX.....	64	tamoxifen.....	31
subvenite starter (blue) kit....	37	SYMDEKO	180	tamsulosin.....	182
subvenite starter (green) kit..	37	SYMFI.....	8	TAPERDEX	104
subvenite starter (orange) kit	37	SYMFI LO	8	TARCEVA	31
SUCRAID	137	SYMJEPI.....	174	TARGADOX.....	20
sucralfate	140	SYMLINPEN 120	128	TARGRETIN	31
SULAR.....	72	SYMLINPEN 60	128	tarina 24 fe	162
SULCONAZOLE.....	91	SYMPAZAN	37	tarina fe 1/20 (28)	162
sulfacetamide sodium... 82, 172		SYMPROIC.....	137	taron-c dha	190
sulfacetamide sodium (acne) 90		SYMTUZA.....	8	taron-prex prenatal-dha	190
sulfacetamide sodium-sulfur87, 88		SYNALAR	95	TARPEYO.....	104
sulfacetamide-prednisolone 172		SYNALAR CREAM KIT	95	TASCENSO ODT	144
sulfadiazine.....	19	SYNALAR OINTMENT KIT	95	TASIGNA.....	31
sulfamethoxazole-trimethoprim	19	SYNALAR TS	95	tasimelteon.....	64
SULFAMYLON.....	90	SYNAREL.....	126	TASMAR	40
sulfasalazine	137	SYNDROS	138	tavaborole	91
sulfatrim	19	SYNJARDY	128	TAVALISSE	77
				TAVNEOS	99

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated July 1, 2023.

taysofy	162	TEST N'GO BLOOD		tis-u-sol pentalyte	96
TAYTULLA.....	162	GLUCOSE SYSTEM.....	119	TIVICAY.....	8
tazarotene	88	TEST N'GO TEST	108	TIVICAY PD.....	8
TAZAROTENE	88	TESTIM.....	126	tizanidine	45
tazicef	11	TESTOPEL	126	TLANDO.....	126
TAZORAC	88	testosterone	126	TOBI.....	16
taztia xt.....	72	TESTOSTERONE.....	126	TOBI PODHALER	16
TAZVERIK.....	31	testosterone cypionate	126	TOBRADEX	171
TDVAX.....	150	testosterone enanthate.....	126	TOBRADEX ST.....	171
TECFIDERA.....	144	tetrabenazine.....	43	tobramycin	16, 165
TEFLARO.....	11	tetracaine hcl.....	168	tobramycin in 0.225 % nacl..	16
TEGRETOL	38	TETRACAINE HCL (PF)..	168	tobramycin sulfate	16
TEGRETOL XR.....	38	tetracycline	20	TOBRAMYCIN WITH	
TEGSEDI	43	TEXACORT.....	95	NEBULIZER.....	16
TEKTRUNA	72	TEZSPIRE.....	180	tobramycin-dexamethasone	171
TEKTRUNA HCT	72	THALITONE	73	TOBRAMYCIN-	
TELCARE CONTROL	119	THALOMID.....	31	VANCOMYCIN.....	165
TELCARE TEST STRIPS .	108	THEO-24.....	180	TOBREX	165
telmisartan	72	theophylline	180	TODAY CONTRACEPTIVE	
telmisartan-amlodipine.....	72	THIOLA	99	SPONGE.....	158
telmisartan-hydrochlorothiazid		THIOLA EC	99	tolcapone.....	40
.....	72	thioridazine.....	64	tolmetin.....	55
temazepam.....	64	thiotepa	31	TOLSURA.....	4
TEMBEXA.....	8	thiothixene	64	tolterodine.....	182
TEMODAR	31	THRIVITE RX.....	190	tolvaptan	126
TEMOVATE.....	95	THYMOGLOBULIN.....	150	TOPAMAX	38
temozolomide.....	31	THYQUIDITY	129	TOPICORT.....	95
TEMPO SMART BUTTON		tiadylt er.....	73	topiramate	38
.....	119	tiagabine	38	toposar	31
TEMPO WELCOME KIT .	119	TIAZAC	73	topotecan.....	31, 32
temsirolimus.....	31	TIBSOVO.....	31	toremifene.....	32
tencon	52	TICE BCG.....	150	TORISEL.....	32
TENIPOSIDE.....	31	TICOVAC	150	torsemide	73
TENIVAC (PF)	150	TIGAN.....	138	TOSYMRA.....	41
tenofovir disoproxil fumarate.	8	tigecycline	16	TOTECT.....	22
TENORETIC 100.....	72	TIGLUTIK	99	TOUJEO MAX U-300	
TENORETIC 50.....	72	TIKOSYN	67	SOLOSTAR	123
TENORMIN.....	73	tilia fe.....	163	TOUJEO SOLOSTAR U-300	
TEPADINA.....	31	timolol maleate	73, 165	INSULIN	123
TEPMETKO.....	31	timolol maleate (pf).....	165	tovet emollient	95
terazosin	73	TIMOLOL-BRIMONIDI-		TOVIAZ	182
terbinafine hcl.....	4	DORZOLAM(PF)	170	TRACLEER	180
terbutaline.....	180	TIMOPTIC	165	tramadol	56
terconazole	158	TIMOPTIC-XE	165	TRAMADOL	56
teriflunomide	144	tinidazole	16	tramadol-acetaminophen	56
TERIPARATIDE	152	tiopronin	99	trandolapril	73
TERSI FOAM	83	TIROSINT.....	129	trandolapril-verapamil	73
		TIROSINT-SOL.....	129	tranexamic acid.....	77, 158

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated July 1, 2023.

TRANEXAMIC ACID IN NACL,ISO-OS 77	TRILIPIX 80	TRUETRACK SMART SYSTEM 120
TRANSDERM-SCOP 138	tri-lo-estarylla 163	TRUETRACK TEST 108
TRANXENE T-TAB 64	tri-lo-marzia 163	TRULANCE 138
tranylcypromine 64	tri-lo-mili 163	TRULICITY 128
travoprost 170	tri-lo-sprintec 163	TRUMENBA 150
trazodone 64	trimethobenzamide 138	TRUSELTIQ 32
TRECATOR 16	trimethoprim 21	TRUSTEEL INFUSION SET 23 120
TRELEGY ELLIPTA 180	tri-mili 163	TRUSTEX-RIA NON-LUB CONDOMS 154
TRELSTAR 32	trimipramine 65	TRUXIMA 32
TREMFYA 83	TRI-MIX (PAPAVRN- PHNTLMN-PGE1) 184	TUKYSA 32
TRESIBA FLEXTOUCH U- 100 123	TRIMO-SAN JELLY 158	tulana 157
TRESIBA FLEXTOUCH U- 200 123	trinatal rx 1 190	TURALIO 32
TRESIBA U-100 INSULIN 123	trinate 190	TUXARIN ER 175
tretinoin 88	TRINTELLIX 65	TUZISTRA XR 175
tretinoin (antineoplastic) 32	tri-nymyo 163	TWINRIX (PF) 150
tretinoin microspheres 88	TRIPTODUR 32	TWIRLA 158
TREXALL 32	tri-sprintec (28) 163	TYBLUME 163
TREXIMET 41	TRISTART DHA 190	TYBOST 8
TREZIX 52	tritocin 95	tydemy 163
tri femynor 163	TRIUMEQ 8	TYGACIL 16
triamcinolone acetonide 95, 101, 104	TRIUMEQ PD 8	TYKERB 32
TRIAMCINOLON- MOXIFLOX-WATR(PF) 171	tri-vitamin with fluoride 190	TYMLOS 152
triamterene 73	trivora (28) 163	TYPHIM VI 150
triamterene-hydrochlorothiazid 73	tri-vylibra 163	TYRVAYA 168
triazolam 64	tri-vylibra lo 163	TYVASO 181
tri-buffered aspirin 56	TRIZIVIR 8	TYVASO DPI 181
TRICARE 190	TROKENDI XR 38	TYVASO REFILL KIT 181
TRICOR 80	tropicamide 166	TYVASO STARTER KIT 181
triderm 95	tropium 182	U
trientine 99	TRUDHESA 41	UBRELVY 41
tri-estarylla 163	TRUE METRIX AIR GLUCOSE METER 120	UCERIS 138
TRIFERIC 190	TRUE METRIX GLUCOSE METER 120	UDENYCA 141
trifluoperazine 65	TRUE METRIX GLUCOSE TEST STRIP 108	UDENYCA AUTOINJECTOR 141
trifluridine 165	TRUE METRIX GO GLUCOSE METER 120	ULESFIA 96
trihexyphenidyl 40	TRUE METRIX LEVEL 1 120	ULTIMA MONITOR 120
TRIJARDY XR 128	TRUECONTROL LEVEL 0 120	ULTOMIRIS 99
TRIKAFTA 180	TRUERESULT BLOOD GLUCOSE SYSTM 120	ULTRATRAK 108
tri-legest fe 163	TRUETEST TEST STRIPS 108	ULTRATRAK GLUCOSE METER 120
TRILEPTAL 38	TRUETRACK BLOOD GLUCOSE SYSTEM 120	ULTRATRAK ULTIMATE 108, 120
tri-linyah 163		ULTRAVATE 95
		UNASYN 18

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated July 1, 2023.

UNISTRIP LOW CONTROL	120	vancomycin	21, 22	VENLAFAXINE BESYLATE	65
UNISTRIP1 TEST STRIP	108	VANCOMYCIN	21, 22	VENOFER.....	190
unithroid	129	vancomycin in 0.9 % sodium chl	21	VENTAVIS	181
UNITUXIN	32	VANCOMYCIN IN 0.9 % SODIUM CHL	21	VENTOLIN HFA	181
UPNEEQ (PF)	173	VANCOMYCIN IN DEXTROSE 5 %.....	21	verapamil	73
UPTRAVI.....	73	VANCOMYCIN-DILUENT COMBO NO.1.....	22	VERDESO.....	96
URELLE.....	184	vandazole.....	158	VEREGEN	84
uretron d-s	184	VANOS	95	VERELAN PM.....	73
URIBEL	184	VAPRISOL IN 5 % DEXTROSE	126	VERKAZIA.....	168
urimar-t.....	184	VAQTA (PF).....	150	VERQUVO.....	80
uro-458	184	vardenafil.....	184	VERSACLOZ.....	65
UROCIT-K 10.....	184	varenicline	100	VERZENIO	32
UROCIT-K 15.....	184	VARISOFT INFUSION SET 23.....	120	vestura (28).....	163
UROCIT-K 5.....	184	VARIVAX (PF)	150	VFEND.....	4
urogesic-blue	184	VARIZIG.....	150	VFEND IV.....	4
uro-mp	184	VARUBI.....	138	V-GO 20	120
UROQID-ACID NO.2	184	VASCEPA.....	80	V-GO 30	120
uro-sp.....	184	VASERETIC	73	V-GO 40	120
UROXATRAL	182	vasopressin	126	VIBATIV	22
URSO 250	138	VASOPRESSIN IN 0.9 % SOD CHLOR	126	VIBERZI	138
URSO FORTE.....	138	VASOPRESSIN IN DEXTROSE 5 %.....	126	VIBRAMYCIN	20
ursodiol.....	138	VASOTEC.....	73	VIBRAMYCIN (CALCIUM)	20
uryl	184	VAXELIS (PF).....	150	VIEKIRA PAK.....	8
ustell	184	VAXNEUVANCE (PF)	151	vienva	163
utira-c	184	VCF CONTRACEPTIVE FILM	158	vigabatrin	38
UVADEX	84	VCF CONTRACEPTIVE GEL	158	vigadrone	38
UZEDY	65	VECAMEYL	80	VIGAMOX.....	165
V		VECTICAL	83	VIIIBRYD	65
VABOMERE	16	veletri.....	73	VIJOICE	32
VAGIFEM.....	157	velivet triphasic regimen (28)	163	vilazodone.....	65
valacyclovir	8	VELPHORO.....	132	VIMPAT	38
VALCHLOR	84	VELTASSA.....	132	vinblastine.....	32
VALCYTE	8	VEMLIDY.....	8	vincasar pfs.....	32
valganciclovir	8	VENCLEXTA	32	vincristine	32
VALIUM.....	65	VENCLEXTA STARTING PACK	32	vinorelbine	32
valproate sodium	38	venlafaxine	65	VIOKACE	138
valproic acid	38			viorele (28)	163
valproic acid (as sodium salt)	38			VIRACEPT.....	8
valsartan	73			VIRAZOLE	8
VALSARTAN.....	73			VIREAD	9
valsartan-hydrochlorothiazide	73			virt-c dha.....	190
VALTOCO.....	38			virt-nate dha.....	190
VALTREX	8			virt-pn dha	190
vanadom	45			VISTARIL	174
VANCOCIN.....	21			VISTOGARD	22
				VITAFOL FE PLUS.....	190

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated July 1, 2023.

VITAFOL GUMMIES.....	190	VYLEESI	65	XCOPRI TITRATION PACK	
VITAFOL NANO	190	vylibra.....	163	.....	38
VITAFOL ULTRA	190	VYNDAMAX	80	XELJANZ.....	154
VITAFOL-OB	190	VYND AQEL.....	80	XELJANZ XR.....	154
VITAFOL-OB+DHA	190	VYVANSE.....	65	XELODA.....	33
VITAFOL-ONE	190	VYZULTA	170	XELPROS	170
VITAMED MD ONE RX ..	190	W		XELSTRYM.....	65
VITAMEDMD REDICHEW		WAKIX	65	XEMBIFY	151
RX	190	warfarin	78	XENAZINE.....	43
vitamin k.....	77	water for irrigation, sterile....	99	XENLETA.....	17
vitamin k1.....	78	WAVESENSE AMP	120	XEOMIN	151
vitamins a,c,d and fluoride .	190	WAVESENSE CONTROL		XEPI	90
VITAPEARL.....	190	SOLUTION.....	120	XERAVA	20
VITATRUE	190	WAVESENSE JAZZ	108	XERESE.....	91
VITRAKVI.....	32	WAVESENSE PRESTO... 108,		XERMELO.....	33
VITRASE	168	120		XGEVA	22
VIVAGUARD INO CTRL		WELIREG	32	XIFAXAN	17
SOLN-L1,2,3.....	120	wera (28).....	163	XIGDUO XR.....	129
VIVAGUARD INO		wescap-c dha	190	XIIDRA	168
GLUCOSE METER.....	120	wescap-pn dha	190	XOFLUZA	9
VIVAGUARD INO SMART		wesnate dha	190	XOLAIR.....	181
GLUC METER	120	westab plus	191	XOLEGEL.....	91
VIVAGUARD INO TEST		westgel dha	191	XOPENEX	181
STRIP	108	WIDE-SEAL DIAPHRAGM		XOPENEX CONCENTRATE	
VIVELLE-DOT	157	.....	154	.....	181
VIVITROL	56	WILATE.....	78	XOSPATA.....	33
VIVJOA	4	WINLEVI.....	88	XPOVIO	33
VIVOTIF	151	wintergreen oil.....	84	XTAMPZA ER.....	52
VIZIMPRO.....	32	wixela inhub	181	XTANDI.....	33
VOGELXO.....	126	women's gentle laxative(bisac)		xulane	158
volnea (28).....	163	.....	138	XULTOPHY 100/3.6	123
VONJO.....	32	wymzya fe	163	XURIDEN	99
VOQUEZNA DUAL PAK. 140		WYNZORA.....	83	XYLOCAINE-	
VOQUEZNA TRIPLE PAK		X		MPF/EPINEPHRINE	89
.....	140	XADAGO.....	40	XYNTHA	78
VORAXAZE	22	XALATAN.....	170	XYNTHA SOLOFUSE.....	78
voriconazole	4	XALKORI.....	32	XYOSTED	127
VORTEX HOLDING		XANAX.....	65	XYREM.....	65
CHAMBER.....	109	XANAX XR.....	65	XYWAV	65
VOSEVI	9	XARACOLL	89	Y	
VOTRIENT	32	XARELTO	78	YASMIN (28).....	163
VOXZOGO	126	XARELTO DVT-PE TREAT		YAZ (28)	163
VP-PNV-DHA	190	30D START	78	YF-VAX (PF).....	151
VRAYLAR.....	65	XATMEP.....	32	YONSA	33
vtol lq.....	52	XCOPRI	38	YOSPRALA	78
VUMERITY	144	XCOPRI MAINTENANCE		YUPELRI	181
VUSION.....	91	PACK	38	YUTIQ.....	172
vyfemla (28).....	163			yuvafem	157

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated July 1, 2023.

Z		ZEPOSIA STARTER KIT (37-DAY).....43	ZOLPIDEM.....65		
zafemy	158	ZEPOSIA STARTER PACK (7-DAY).....43	ZOLPIMIST	66	
zafirlukast	181	ZERBAXA	11	ZOMACTON	142
zaleplon	65	ZERVIA TE	168	ZOMIG	42
ZANAFLEX.....	45	ZESTORETIC	73	ZONALON.....	84
ZANOSAR.....	33	ZESTRIL	73	ZONEGRAN	38
zarah	163	ZEVALIN (Y-90).....	33	ZONISADE	38
ZARONTIN	38	ZIAC.....	73	zonisamide.....	39
ZARXIO.....	141	ZIAGEN	9	ZONTIVITY.....	78
zatean-pn dha.....	191	ZIANA.....	88	ZORTRESS	33
zatean-pn plus.....	191	zidovudine	9	ZOSYN IN DEXTROSE (ISO-OSM).....	18
ZAVESCA	127	ZIEXTENZO.....	141	zovia 1-35 (28)	163
ZAVZPRET	41	zileuton	181	ZOVIRAX	91
ZCORT.....	104	ZIMHI	56	ZTALMY	39
zebutal	52	zingiber.....	191	ZUBSOLV.....	56
ZEGALOGUE		ZINPLAVA	151	ZULRESSO.....	66
AUTOINJECTOR.....	110	ZIOPTAN (PF).....	170	zumandimine (28).....	163
ZEGALOGUE SYRINGE .	110	ziprasidone hcl.....	65	ZUPLENZ	138
ZEJULA	33	ziprasidone mesylate	65	ZYDELIG.....	33
ZELAPAR.....	40	ZIRGAN.....	165	ZYFLO	181
ZELBORAF	33	ZITHROMAX	12	ZYKADIA.....	33
ZELNORM.....	138	ZITHROMAX TRI-PAK	12	ZYLET	171
ZEMBRACE SYMTOUCH.	41	ZITHROMAX Z-PAK	12	ZYLOPRIM.....	151
ZEMDRI.....	17	ZOKINVY.....	99	ZYMAXID	165
ZEMPLAR	127	ZOLADEX	33	ZYNRELEF.....	99
zenatane	88	zoledronic acid-mannitol-water	99	ZYPITAMAG.....	80
ZENPEP	138	ZOLINZA.....	33	ZYPREXA.....	66
zenzedi.....	65	zolmitriptan	42	ZYPREXA RELPREVV	66
ZENZEDI	65	zolpidem	65, 66	ZYPREXA ZYDIS	66
ZEPATIER.....	9			ZYTIGA	33
ZEPOSIA	43			ZYVOX	17

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated July 1, 2023.