WELLFLEET
RX PLAN

Eastern Nazarene College
Student Formulary - July 2020

This document represents the efforts of the Remedy-One Pharmacy and Therapeutics (P&T) and Formulary Committees, on behalf of Wellfleet Rx, a pharmacy solution provided by Wellfleet Group, LLC (Wellfleet), in collaboration with Express Scripts (ESI), to provide physicians and pharmacists with a method to evaluate the safety, efficacy and cost-effectiveness of commercially available drug products. This is accomplished through the auspices of the P&T Committees with input from Wellfleet and its Student Health Advisory Board. These committees meet quarterly and more often as warranted to ensure clinical relevancy of the Formulary. To accommodate changes to this document, updates are made accessible as necessary. The P&T Committees use the following criteria in the evaluation of drug selection for the Student Formulary:

- Drug safety profile
- Drug efficacy
- Comparison of relevant therapeutic benefits to current formulary agents of similar use, and to minimize therapeutic duplication where possible
- Cost-effectiveness relative to comparable therapies

How to Use the Formulary

The Formulary is a list of medications available to Wellfleet Rx members under their pharmacy benefit. All drugs are listed by their generic names or most common proprietary (branded) name. Any drugs not found in this formulary listing or any formulary updates published by Wellfleet Rx are considered non-formulary drugs and require prior authorization.

All drugs are listed in each category in alphabetical order by generic or brand name. If the generic drug is FDA approved, it will appear *italicized* in the formulary listing. Covered brand drugs appear in CAPITALIZED font.

Some drugs on the formulary have certain process requirements or limitations for coverage. These are denoted by:

Symbol	Name	Description
AGE	Age Edit	Drug may not be recommended for some patients based on age.
Och	Oral Chemo Drug	Refer to your plan document for oral chemotherapy drug benefits.
PA	Prior Authorization	Requires your doctor to request prior authorization to support use of this drug.
QL	Quantity Limit	Coverage may be limited to specific quantities per prescription and/or time period.
SP	Specialty	Requires your doctor to request prior authorization to support use of this drug. Drugs may need to be filled at a Specialty pharmacy as opposed to retail.
ST	Step Therapy	Coverage may depend on previous use of another drug.

Benefit Coverage and Limitations

This printed Formulary does not provide information regarding the specific coverage and limitations an individual member may have. Many members have specific benefit inclusions, exclusions, copays, or a lack of coverage, which are not reflected in the Formulary. For example, drugs for the treatment of infertility may not be covered. Refer to your benefit summary for more information regarding your specific coverage.

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The Formulary applies only to outpatient drugs provided to members and does not apply to medications used in inpatient settings. If a member has any specific questions regarding their coverage, they should contact Wellfleet or Wellfleet Rx at the phone numbers listed on their ID card.

Excluded Agents

As new drugs become available, they will be considered for coverage under the Student Formulary. The plan administrator has the right to decide what drugs are covered and to what extent, as well as the right to modify coverage including the exclusion of any prescription drugs. Please note that prescribing guidelines such as Prior Authorization, Step Therapy, Quantity Limit, etc., may still apply to Formulary Therapeutic Alternatives.

Non-Formulary and Step Therapy Exception Requests

A member (or their appointed representative, prescribing physician, or authorized prescriber) may request a standard/non-urgent or expedited/urgent preservice/prior and current authorization for a drug that is subjected to utilization management tools such as step therapy. To initiate an exception request, contact 877-640-7938. Prior authorization guidelines will be made available to the member, member's authorization representative, prescribing physician and other authorized prescriber upon request.

How to Access Pain Management Alternatives to Opiate Products

Your plan covers medication and non-medication treatments as alternatives to opiate products for pain management. Non-opiate medication alternatives include non-steroidal anti-inflammatory drugs (NSAIDs), muscle relaxants, and topical anesthetics. Non-medication alternatives include chiropractic care, individual behavioral health therapy, including biofeedback and training on meditative practices to alleviate pain, and pain management injections, including trigger point and fascia injections. Please discuss the covered medication alternatives covered under the formulary with your health care provider. You can access these medications from a participating pharmacy. To find a participating pharmacy near you, please call the Member Pharmacy Help Desk at the toll-free number on your ID card, or visit https://wellfleetrx.com/students/pharmacy-network/ for more information. To find a participating provider in your plan's provider network, please call the toll-free number on your ID card, or visit https://wellfleetstudent.com/providers/.

Depending upon a member's specific benefit, the following topics may apply:

1. Generic Substitution

When available, FDA approved generic drug used in most situations, regardless of the brand name indicated. Members usually have lower copays and or co-insurance when they use generic drugs. This policy is not meant to preclude or supplant any state statues that may exist. All drugs that are or become available generically are subject to review by the P&T Committee. Wellfleet Rx approves such multi- source drugs for addition to the MAC list based on the following criteria:

- A multi- source drug product manufactured by at least one (1) nationally marketed company.
- At least one (1) of the generic manufacturer's products must have an "A" rating or the generic product has been determined to be unassociated with efficacy, safety or bioequivalency concerns by the P&T Committee.
- Drug product will be approved for generic substitution by the P&T Committee.

If a member requests a brand name drug instead of an approved generic, the member, based on their coverage, is typically required to pay the difference in cost between the brand and the generic. Doctors can request prior authorization if they determine that there is a medical need for the brand name drug.

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2. Three Tier Benefit

The Formulary may be applied to a three-tier benefit design, where the member shares the cost of prescription drug therapy at three levels of copayment. In most instances, generically available drugs will be covered under the first or lowest copay tier, branded drugs listed on the Formulary will be covered under the second copay tier, and branded drugs not on the Formulary will be covered under the third or highest copay tier.

3. Medication Synchronization (MedSync)

For select medications (brand or generic, opioids included), a pro-rated copay will be applied if dispensed for less than a predefined day supply. This applies to patients receiving partial fills for the purposes of medication synchronization or who are starting new medication with a shortened fill to align with other already synchronized medications. The pro-rated amount will be calculated based on the maximum allowable day supply for the individual plan benefit and applies to flat copayment.

4. Medication Request Process

Depending upon plan benefit design, a medication request process may apply as follows:

A. Formulary Drugs

Drugs that are listed in the Formulary with associated Prior Authorization (PA) require evaluation, per P&T Committee Prior Authorization guidelines prior to dispensing at a network pharmacy. Each request will be reviewed on an individual patient need basis. If the request does not meet the guidelines established by the P&T Committee, the request will not be approved, and alternative therapy may be recommended.

B. Non-Formulary Drugs

Any drug not found in the Formulary listing, or any Formulary updates published by Wellfleet Rx, shall be considered a Non-Formulary drug. Coverage for non-formulary agents may be applied for in advance. When a member gives a prescription order for a non-formulary drug to a pharmacist, the pharmacist will evaluate the patient's drug history and contact the physician to determine if there is a reasonable medical need for a non-formulary drug. Each request will be reviewed on an individual patient need basis. Approval will be given if a documented medical need exists. The following basic guidelines are used:

- The use of formulary drugs is contraindicated in the patient.
- The patient has failed an appropriate trial of formulary or related agents.
- The choices available in the formulary are not suited for the present patient care need, and the drug selected is required for patient safety.
- The use of a formulary drug may provoke an underlying condition, which would be detrimental to patient care.

If the request does not meet the guidelines established by the P&T Committees, the request will not be approved, and alternative therapy may be recommended.

C. Obtaining Coverage

Coverage, questions or information regarding the medication request or formulary process may be obtained by:

- Faxing 877-251-5896 with a completed Prior Authorization Request Form.
- Contacting Wellfleet Rx at 877-640-7938 and providing all necessary information requested.

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Wellfleet Rx will provide an authorization number, specific for the medical need, for all approved requests. Non-approved requests may be appealed. The prescriber must provide information to support the appeal on the basis of medical necessity. Prior Authorization is generally not available for drugs that are specifically excluded by benefit design.

6. General Exclusions

A. Over the Counter (OTC) medications or their equivalents, unless otherwise specified in the Formulary listing.
B. Nicotine Smoking Cessation products (i.e., transdermal nicotine, nicotine gum, nicotine inhaler), except as required by ACA.
C. Drugs specifically listed as not covered.
D. Any drug products used for cosmetic purposes.
E. Experimental drug products or any drug product used in an experimental manner.
F. Replacement of lost or stolen medication.
G. Non-self-administered injectable drug products unless otherwise specified in the Formulary listing.
H. Foreign sourced drugs or drugs not approved by the United States Food & Drug Administration.

Any drugs not listed in this print formulary are considered excluded from the drug benefit and are not covered. The P&T and Formulary Committees recognize that not all medical needs can be met with this document and encourage inquiries about alternative therapies.

7. Pharmacist and Physician Communication

The Formulary is a tool to promote cost- effective prescription drug use. The P&T and Formulary Committees have made every attempt to create a document that meets all therapeutic needs; however, the art of medicine makes this formidable a task.

Drug list created 1/1/2019. Updated 7/1/2020. Next planned update 1/1/2021.

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Zero Cost Generics

In addition to the ACA Preventive Care medications listed under the $0 Tier in the formulary, the generic drugs listed in the table below are covered at no cost to you.

We encourage you to share this list with your prescriber if you are receiving a medication in one of the categories below to determine if a zero cost option may be appropriate for your treatment.

$0 Copay Generics

Antibiotics	
Amoxicillin Capsules (250mg, 500mg)	Amoxicillin Tablets (875mg)
Azithromycin Tablets (250mg, 500mg)	Cephalexin Capsules (250mg, 500mg)
Sulfamethoxazole-Trimethoprim Tablets (400-80mg, 800-160mg)	

Antianxiety/Antidepressants	
Citalopram HBr Tablets 10mg	Sertraline HCl Tablets (50mg, 100mg)
Paroxetine HCl Tablets (10mg, 20mg, 30mg, 40mg)	

Acne	
Benzoyl Peroxide External Gel (5%, 10%)	Benzoyl Peroxide Wash External Liquid (5%, 10%)
Clindamycin Phosphate External Gel (1%)	Clindamycin Phosphate External Solution (1%)
Clindamycin Phosphate External Swab (1%)	Erythromycin External Solution (2%)
Sulfacetamide Sodium External Lotion (10%)	Sulfacetamide Sodium-Sulfur External Emulsion (10-5%)

Bipolar Disease/Schizophrenia
Olanzapine Tablets (2.5mg, 5mg, 7.5mg, 10mg, 15mg)
Quetiapine Fumarate Tablets (25mg, 50mg, 100mg, 200mg)
Risperidone Tablets (0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg)

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Table of Contents

ANTI - INFECTIVES 3
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS 21
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH 38
CARDIOVASCULAR, HYPERTENSION & LIPIDS 70
DERMATOLOGICALS/TOPICAL THERAPY 88
DIAGNOSTICS & MISCELLANEOUS AGENTS 100
EAR, NOSE & THROAT MEDICATIONS 105
ENDOCRINE/DIABETES 106
GASTROENTEROLOGY 134
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY 143
MUSCULOSKELETAL & RHEUMATOLOGY 153
OBSTETRICS & GYNECOLOGY 157
OPHTHALMOLOGY 170
RESPIRATORY, ALLERGY, COUGH & COLD 177
UROLOGICALS 186
VITAMINS, HEMATINICS & ELECTROLYTES 188
Index 192

List of Abbreviations

0: ACA Preventative

1: Tier 1

2: Tier 2

3: Tier 3

$0 Copay: Drugs currently priced at $0 Copay

Och: Oral Chemo Drugs

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.

SP: Specialty Drugs

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 5 MG/ML	2	
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	2	
amphotericin b injection recon soln 50 mg	1	
CANCIDAS INTRAVENOUS RECON SOLN 50 MG, 70 MG	2	
caspofungin intravenous recon soln 50 mg, 70 mg	1	
clotrimazole mucous membrane troche 10 mg	1	
CRESEMBA INTRAVENOUS RECON SOLN 372 MG	2	
CRESEMBA ORAL CAPSULE 186 MG	2	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG	2	
fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml	1	
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	1	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	
flucytosine oral capsule 250 mg, 500 mg	1	
griseofulvin microsize oral suspension 125 mg/5 ml	1	
griseofulvin microsize oral tablet 500 mg	2	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	2	
itraconazole oral capsule 100 mg	1	QL (2 per 1 day)
itraconazole oral solution 10 mg/ml	1	QL (20 per 1 day)
ketoconazole oral tablet 200 mg	1	
micafungin intravenous recon soln 100 mg, 50 mg	1	
MYCAMINE INTRAVENOUS RECON SOLN 100 MG, 50 MG	2	
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML	2	

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

Drug Name	Drug Tier	Requirements / Limits
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	2	
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG	3	
nystatin oral suspension 100,000 unit/ml	1	
nystatin oral tablet 500,000 unit	1	
posaconazole oral tablet,delayed release (dr/ec) 100 mg	1	
terbinafine hcl oral tablet 250 mg	1	
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML)	3	
VFEND ORAL TABLET 200 MG, 50 MG	3	
voriconazole intravenous recon soln 200 mg	1	
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	1	
voriconazole oral tablet 200 mg, 50 mg	2	
ANTIVIRALS		
abacavir oral solution 20 mg/ml	1	QL (32 per 1 day)
abacavir oral tablet 300 mg	1	QL (2 per 2 days)
abacavir-lamivudine oral tablet 600-300 mg	1	QL (1 per 1 day)
abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg	1	QL (2 per 2 days)
acyclovir oral capsule 200 mg	1	
acyclovir oral suspension 200 mg/5 ml	1	
acyclovir oral tablet 400 mg, 800 mg	1	
acyclovir sodium intravenous recon soln 1,000 mg, 500 mg	1	
acyclovir sodium intravenous solution 50 mg/ml	1	
adefovir oral tablet 10 mg	1	SP; QL (1 per 1 day)
amantadine hcl oral capsule 100 mg	1	
amantadine hcl oral solution 50 mg/5 ml	1	
amantadine hcl oral tablet 100 mg	1	
APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML	2	QL (380 per 22 days)
APTIVUS ORAL CAPSULE 250 MG	2	QL (4 per 1 day)
atazanavir oral capsule 150 mg, 200 mg	1	QL (2 per 2 days)

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

Drug Name	Drug Tier	Requirements / Limits
atazanavir oral capsule 300 mg	1	QL (1 per 1 day)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	2	SP; QL (21 per 1 day)
BIKTARVY ORAL TABLET 50-200-25 MG	2	QL (1 per 1 day)
cidofovir intravenous solution 75 mg/ml	1	
CIMDUO ORAL TABLET 300-300 MG	2	QL (1 per 1 day)
COMBIVIR ORAL TABLET 150-300 MG	3	QL (2 per 2 days)
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	2	
DESCOVY ORAL TABLET 200-25 MG	0	QL (1 per 1 day)
didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg	1	QL (1 per 1 day)
DOVATO ORAL TABLET 50-300 MG	2	QL (1 per 1 day)
EDURANT ORAL TABLET 25 MG	2	QL (1 per 1 day)
efavirenz oral capsule 200 mg, 50 mg	1	
efavirenz oral tablet 600 mg	1	
EMTRIVA ORAL CAPSULE 200 MG	0	QL (1 per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML	2	QL (850 per 22 days)
entecavir oral tablet 0.5 mg, 1 mg	1	SP; QL (1 per 1 day)
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	2	QL (24 per 1 day)
EPIVIR HBV ORAL TABLET 100 MG	3	QL (1 per 1 day)
EPIVIR ORAL SOLUTION 10 MG/ML	3	QL (32 per 1 day)
EPIVIR ORAL TABLET 150 MG	3	QL (2 per 2 days)
EPIVIR ORAL TABLET 300 MG	3	QL (1 per 1 day)
EPZICOM ORAL TABLET 600-300 MG	3	QL (1 per 1 day)
famciclovir oral tablet 125 mg, 250 mg, 500 mg	1	
fosamprenavir oral tablet 700 mg	1	QL (4 per 1 day)
FOSCAVIR INTRAVENOUS SOLUTION 24 MG/ML	3	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	2	ST; QL (2 per 2 days)
GANCICLOVIR INTRAVENOUS SOLUTION 500 MG/250 ML (2 MG/ML)	3	
ganciclovir sodium intravenous recon soln 500 mg	1	
ganciclovir sodium intravenous solution 50 mg/ml	1	

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

Drug Name	Drug Tier	Requirements / Limits
GENVOYA ORAL TABLET 150-150-200-10 MG	2	QL (1 per 1 day)
HARVONI ORAL TABLET 45-200 MG	2	PA; SP; QL (1 per 1 day)
INTELENCE ORAL TABLET 100 MG, 25 MG	2	QL (4 per 1 day)
INTELENCE ORAL TABLET 200 MG	2	QL (2 per 2 days)
INVIRASE ORAL TABLET 500 MG	2	QL (4 per 1 day)
ISENTRESS HD ORAL TABLET 600 MG	2	QL (2 per 2 days)
ISENTRESS ORAL POWDER IN PACKET 100 MG	2	QL (2 per 2 days)
ISENTRESS ORAL TABLET 400 MG	2	QL (2 per 2 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	2	QL (6 per 1 day)
JULUCA ORAL TABLET 50-25 MG	3	
KALETRA ORAL TABLET 100-25 MG	2	QL (2 per 2 days)
KALETRA ORAL TABLET 200-50 MG	2	QL (4 per 1 day)
lamivudine oral solution 10 mg/ml	1	QL (32 per 1 day)
lamivudine oral tablet 100 mg, 300 mg	1	QL (1 per 1 day)
lamivudine oral tablet 150 mg	1	QL (2 per 2 days)
lamivudine-zidovudine oral tablet 150-300 mg	1	SP; QL (2 per 2 days)
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	1	PA; QL (1 per 1 day)
LEXIVA ORAL SUSPENSION 50 MG/ML	3	QL (60 per 1 day)
LEXIVA ORAL TABLET 700 MG	3	QL (4 per 1 day)
lopinavir-ritonavir oral solution 400-100 mg/5 ml	1	QL (16 per 1 day)
MAVYRET ORAL TABLET 100-40 MG	2	PA; SP; QL (3 per 1 day)
nevirapine oral suspension 50 mg/5 ml	1	QL (40 per 1 day)
nevirapine oral tablet 200 mg	1	QL (2 per 2 days)
nevirapine oral tablet extended release 24 hr 100 mg	1	QL (3 per 1 day)
nevirapine oral tablet extended release 24 hr 400 mg	1	QL (1 per 1 day)
NORVIR ORAL POWDER IN PACKET 100 MG	3	QL (12 per 1 day)
NORVIR ORAL SOLUTION 80 MG/ML	3	QL (16 per 1 day)
NORVIR ORAL TABLET 100 MG	3	QL (12 per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG	2	QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
oseltamivir oral capsule 30 mg	1	QL (40 per 135 days)
oseltamivir oral capsule 45 mg, 75 mg	1	QL (20 per 135 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	1	QL (2 per 1 day)
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML, 480 MG/24 ML	3	SP; QL (1 per 1 day)
PREVYMIS ORAL TABLET 240 MG, 480 MG	3	SP; QL (1 per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML	2	QL (400 per 22 days)
PREZISTA ORAL TABLET 150 MG	2	QL (8 per 1 day)
PREZISTA ORAL TABLET 600 MG	2	QL (2 per 2 days)
PREZISTA ORAL TABLET 75 MG	2	QL (16 per 1 day)
PREZISTA ORAL TABLET 800 MG	2	QL (1 per 1 day)
RAPIVAB (PF) INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	2	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	2	QL (40 per 135 days)
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	2	
RETROVIR ORAL CAPSULE 100 MG	3	QL (6 per 1 day)
RETROVIR ORAL SYRUP 10 MG/ML	3	QL (64 per 1 day)
REYATAZ ORAL POWDER IN PACKET 50 MG	3	QL (5 per 1 day)
ribavirin inhalation recon soln 6 gram	1	
rimantadine oral tablet 100 mg	1	
ritonavir oral tablet 100 mg	1	QL (12 per 1 day)
SELZENTRY ORAL SOLUTION 20 MG/ML	2	QL (31 per 1 day)
SELZENTRY ORAL TABLET 150 MG, 75 MG	2	QL (2 per 2 days)
SELZENTRY ORAL TABLET 25 MG, 300 MG	2	QL (4 per 1 day)
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	1	PA; QL (1 per 1 day)
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	1	QL (2 per 2 days)
SUSTIVA ORAL CAPSULE 200 MG, 50 MG	3	
SUSTIVA ORAL TABLET 600 MG	3	
SYMFI LO ORAL TABLET 400-300-300 MG	2	QL (1 per 1 day)
SYMFI ORAL TABLET 600-300-300 MG	2	QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	2	PA; SP; QL (2 per 30 days)
TAMIFLU ORAL CAPSULE 30 MG	3	QL (40 per 135 days)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG	3	QL (20 per 135 days)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	3	QL (2 per 1 day)
TEMIXYS ORAL TABLET 300-300 MG	3	QL (1 per 1 day)
tenofovir disoproxil fumarate oral tablet 300 mg	0	QL (1 per 1 day)
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	2	QL (2 per 2 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	2	QL (1 per 1 day)
TRIZIVIR ORAL TABLET 300-150-300 MG	3	QL (2 per 2 days)
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	3	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	2	QL (1 per 1 day)
TRUVADA ORAL TABLET 200-300 MG	0	QL (1 per 1 day)
TYBOST ORAL TABLET 150 MG	3	PA; QL (1 per 1 day)
valacyclovir oral tablet 1 gram, 500 mg	1	
valganciclovir oral recon soln 50 mg/ml	1	
valganciclovir oral tablet 450 mg	1	
VEMLIDY ORAL TABLET 25 MG	2	QL (1 per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG	2	
VIRAMUNE ORAL SUSPENSION 50 MG/5 ML	3	QL (40 per 1 day)
VIRAMUNE ORAL TABLET 200 MG	3	QL (2 per 2 days)
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	3	QL (1 per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	3	QL (8 per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	3	QL (1 per 1 day)
VOSEVI ORAL TABLET 400-100-100 MG	3	PA; SP
XOFLUZA ORAL TABLET 20 MG, 40 MG	3	QL (4 per 135 days)
ZIAGEN ORAL SOLUTION 20 MG/ML	3	QL (32 per 1 day)
ZIAGEN ORAL TABLET 300 MG	3	QL (2 per 2 days)
zidovudine oral capsule 100 mg	1	QL (6 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
zidovudine oral syrup 10 mg/ml	1	QL (64 per 1 day)
zidovudine oral tablet 300 mg	1	QL (2 per 2 days)
CEPHALOSPORINS		
AVYCAZ INTRAVENOUS RECON SOLN 2.5 GRAM	2	
cefaclor oral capsule 250 mg, 500 mg	1	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	1	
cefaclor oral tablet extended release 12 hr 500 mg	1	
cefadroxil oral capsule 500 mg	1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	
cefadroxil oral tablet 1 gram	1	
CEFAZOLIN IN 0.9% SOD CHLORIDE INTRAVENOUS SOLUTION 2 GRAM/100 ML	1	
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	1	
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML	1	
CEFAZOLIN IN STERILE WATER INTRAVENOUS SYRINGE 1 GRAM/10 ML, 2 GRAM/20 ML	1	
cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 20 gram, 300 g, 500 mg	1	
cefazolin intravenous recon soln 1 gram	1	
cefdinir oral capsule 300 mg	1	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
cefditoren pivoxil oral tablet 200 mg, 400 mg	1	
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	3	
cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml	2	
cefepime injection recon soln 1 gram, 2 gram	1	
cefixime oral capsule 400 mg	1	

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

Drug Name	Drug Tier	Requirements / Limits
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	1	
CEFOTAN INJECTION RECON SOLN 1 GRAM, 2 GRAM	3	
cefotaxime injection recon soln 1 gram	1	
CEFOTETAN IN DEXTROSE, ISO-OSM INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	1	
cefotetan injection recon soln 1 gram, 2 gram	1	
cefotetan intravenous recon soln 10 gram	1	
cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	1	
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	1	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	1	
cefpodoxime oral tablet 100 mg, 200 mg	1	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
cefprozil oral tablet 250 mg, 500 mg	1	
CEFTAZIDIME IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	2	
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram	1	
ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	2	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	1	
CEFTRIAXONE INJECTION RECON SOLN 100 GRAM	1	
ceftriaxone intravenous recon soln 1 gram, 2 gram	1	
cefuroxime axetil oral tablet 250 mg, 500 mg	1	
cefuroxime sodium injection recon soln 750 mg	1	
cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram	1	
cephalexin oral capsule 250 mg, 500 mg	1	$0 Copay
cephalexin oral capsule 750 mg	1	

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

Drug Name	Drug Tier	Requirements / Limits
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
cephalexin oral tablet 250 mg, 500 mg	1	
CLAFORAN INJECTION RECON SOLN 1 GRAM, 10 GRAM	3	
CLAFORAN INTRAVENOUS RECON SOLN 1 GRAM	3	
FETROJA INTRAVENOUS RECON SOLN 1 GRAM	3	
tazicef injection recon soln 1 gram, 2 gram	1	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	2	
ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM	2	
ERYTHROMYCINS & OTHER MACROLIDES		
azithromycin intravenous recon soln 500 mg	1	
azithromycin oral packet 1 gram	1	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	1	
azithromycin oral tablet 250 mg, 500 mg	1	$0 Copay
azithromycin oral tablet 600 mg	1	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
clarithromycin oral tablet 250 mg, 500 mg	1	
clarithromycin oral tablet extended release 24 hr 500 mg	1	
DIFICID ORAL TABLET 200 MG	3	ST; QL (20 per 22 days)
e.e.s. 400 oral tablet 400 mg	1	
ery-tab oral tablet,delayed release (dr/ec) 250 mg	1	
erythrocin (as stearate) oral tablet 250 mg	1	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	2	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml	1	
erythromycin ethylsuccinate oral tablet 400 mg	1	
erythromycin oral capsule,delayed release(dr/ec) 250 mg	1	

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

Drug Name	Drug Tier	Requirements / Limits
erythromycin oral tablet 250 mg, 500 mg	2	
erythromycin oral tablet,delayed release (dr/ec) 250 mg	1	
MISCELLANEOUS ANTIINFECTIVES		
AEMCOLO ORAL TABLET,DELAYED RELEASE (DR/EC) 194 MG	3	PA
albendazole oral tablet 200 mg	1	
ALBENZA ORAL TABLET 200 MG	2	
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	2	
ALINIA ORAL TABLET 500 MG	2	
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	1	
ARAKODA ORAL TABLET 100 MG	3	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	2	PA; SP; QL (1 per 1 day)
atovaquone oral suspension 750 mg/5 ml	1	
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	1	
aztreonam injection recon soln 1 gram, 2 gram	1	
bacitracin intramuscular recon soln 50,000 unit	1	
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	1	
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	2	PA; SP; QL (4 per 1 day)
BILTRICIDE ORAL TABLET 600 MG	3	
CAPASTAT INJECTION RECON SOLN 1 GRAM	2	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	2	PA; SP; QL (84 per 42 days)
chloramphenicol sod succinate intravenous recon soln 1 gram	1	
chloroquine phosphate oral tablet 250 mg, 500 mg	1	
CLEOCIN INJECTION SOLUTION 150 MG/ML	3	
cleocin intravenous solution 300 mg/2 ml	2	
CLEOCIN INTRAVENOUS SOLUTION 600 MG/4 ML, 900 MG/6 ML	3	

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

Drug Name	Drug Tier	Requirements / Limits
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1	
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML, 900 MG/50 ML	3	
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml	1	
clindamycin palmitate hcl oral recon soln 75 mg/5 ml	1	
clindamycin pediatric oral recon soln 75 mg/5 ml	1	
clindamycin phosphate injection solution 150 mg/ml	1	
COARTEM ORAL TABLET 20-120 MG	2	
colistin (colistimethate na) injection recon soln 150 mg	1	
CYCLOSERINE ORAL CAPSULE 250 MG	1	
DALVANCE INTRAVENOUS SOLUTION 500 MG	2	
dapsone oral tablet 100 mg, 25 mg	1	Och
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	1	
DARAPRIM ORAL TABLET 25 MG	2	PA; SP
EMVERM ORAL TABLET,CHEWABLE 100 MG	2	PA; QL (2 per 22 days)
ertapenem injection recon soln 1 gram	1	
ethambutol oral tablet 100 mg, 400 mg	1	
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml	1	
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML	1	
gentamicin injection solution 20 mg/2 ml, 40 mg/ml	1	
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml	1	
gentamicin sulfate (pf) intravenous solution 100 mg/10 ml	1	

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

Drug Name	Drug Tier	Requirements / Limits
GENTAMICIN SULFATE (PF) INTRAVENOUS SOLUTION 60 MG/6 ML	1	
GENTAMICIN-SODIUM CITRATE INTRA-CATHETER SOLUTION 320 MCG/ML-4 %	1	
hydroxychloroquine oral tablet 200 mg	1	
imipenem-cilastatin intravenous recon soln 250 mg, 500 mg	1	
IMPAVIDO ORAL CAPSULE 50 MG	2	QL (3 per 1 day)
INVANZ INJECTION RECON SOLN 1 GRAM	2	
isoniazid injection solution 100 mg/ml	1	
isoniazid oral solution 50 mg/5 ml	1	
isoniazid oral tablet 100 mg, 300 mg	1	
ivermectin oral tablet 3 mg	1	
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	2	PA; SP; QL (5 per 1 day)
KRINTAFEL ORAL TABLET 150 MG	2	QL (2 per 30 days)
lincomycin injection solution 300 mg/ml	1	
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	1	
linezolid oral suspension for reconstitution 100 mg/5 ml	1	
linezolid oral tablet 600 mg	1	
linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml	1	
mefloquine oral tablet 250 mg	1	
meropenem intravenous recon soln 1 gram, 500 mg	1	
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 500 MG/50 ML	1	
metro i.v. intravenous piggyback 500 mg/100 ml	2	
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	1	
metronidazole oral capsule 375 mg	1	
metronidazole oral tablet 250 mg, 500 mg	1	
NEBUPENT INHALATION RECON SOLN 300 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
neomycin oral tablet 500 mg	1	
ORBACTIV INTRAVENOUS RECON SOLN 400 MG	2	
paromomycin oral capsule 250 mg	1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	3	
PENTAM INJECTION RECON SOLN 300 MG	3	
pentamidine inhalation recon soln 300 mg	1	
pentamidine injection recon soln 300 mg	1	
polymyxin b sulfate injection recon soln 500,000 unit	1	
praziquantel oral tablet 600 mg	1	
PRETOMANID ORAL TABLET 200 MG	3	QL (1 per 1 day)
PRIFTIN ORAL TABLET 150 MG	2	
primaquine oral tablet 26.3 mg	2	
pyrazinamide oral tablet 500 mg	1	
pyrimethamine oral tablet 25 mg	1	
quinine sulfate oral capsule 324 mg	1	
RECARBRIO INTRAVENOUS RECON SOLN 1.25 GRAM	3	
rifabutin oral capsule 150 mg	1	
rifampin intravenous recon soln 600 mg	1	
rifampin oral capsule 150 mg, 300 mg	1	
RIFATER ORAL TABLET 50-120-300 MG	3	
SIRTURO ORAL TABLET 100 MG	2	SP; QL (24 per 21 days)
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	3	
SIVEXTRO ORAL TABLET 200 MG	3	
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	3	ST; QL (1 per 22 days)
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	1	
SYNERCID INTRAVENOUS RECON SOLN 500 MG	2	
tinidazole oral tablet 250 mg, 500 mg	1	

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Drug Name	Drug Tier	Requirements / Limits
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	2	PA; SP; QL (4 per 1 day)
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	1	PA; SP; QL (5 per 1 day)
tobramycin in 0.9 % nacl intravenous piggyback 60 mg/50 ml	1	
tobramycin sulfate injection recon soln 1.2 gram	1	
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml	1	
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	2	PA; SP; QL (5 per 1 day)
TRECATOR ORAL TABLET 250 MG	3	
VABOMERE INTRAVENOUS RECON SOLN 2 GRAM	3	
XENLETA INTRAVENOUS SOLUTION 150 MG/15 ML	3	PA
XENLETA ORAL TABLET 600 MG	3	PA; QL (2 per 1 day)
ZEMDRI INTRAVENOUS SOLUTION 50 MG/ML	3	
PENICILLINS		
amoxicillin oral capsule 250 mg, 500 mg	1	$0 Copay
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	1	
amoxicillin oral tablet 500 mg	1	
amoxicillin oral tablet 875 mg	1	$0 Copay
amoxicillin oral tablet,chewable 125 mg, 250 mg	1	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml	1	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	1	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg	1	
ampicillin oral capsule 250 mg, 500 mg	1	

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

Drug Name	Drug Tier	Requirements / Limits
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg	1	
ampicillin sodium intravenous recon soln 1 gram, 2 gram	1	
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	1	
ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram	1	
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION 600-42.9 MG/5 ML	3	
AUGMENTIN ORAL TABLET 875-125 MG	3	
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	2	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	2	
dicloxacillin oral capsule 250 mg, 500 mg	1	
nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml	1	
nafcillin injection recon soln 1 gram, 10 gram, 2 gram	1	
nafcillin intravenous recon soln 1 gram, 2 gram	1	
oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	1	
oxacillin injection recon soln 1 gram, 10 gram, 2 gram	1	
oxacillin intravenous recon soln 1 gram, 2 gram	1	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML, 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	1	
penicillin g potassium injection recon soln 20 million unit, 5 million unit	1	
penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml	1	
penicillin g sodium injection recon soln 5 million unit	1	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	1	

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

Drug Name	Drug Tier	Requirements / Limits
penicillin v potassium oral tablet 250 mg, 500 mg	1	
pfizerpen-g injection recon soln 20 million unit, 5 million unit	1	
piperacillin-tazobactam intravenous recon soln 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	1	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML	2	
QUINOLONES		
AVELOX IN NACL (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK 400 MG/250 ML	2	
BAXDELA INTRAVENOUS RECON SOLN 300 MG	3	PA
BAXDELA ORAL TABLET 450 MG	3	PA
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg	1	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	1	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml	1	
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml	1	
levofloxacin intravenous solution 25 mg/ml	1	
levofloxacin oral solution 250 mg/10 ml	1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	
moxifloxacin oral tablet 400 mg	1	
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK 400 MG/250 ML	1	
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	1	
ofloxacin oral tablet 300 mg, 400 mg	1	
SULFA'S & RELATED AGENTS		
sulfadiazine oral tablet 500 mg	1	
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	1	

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

Drug Name	Drug Tier	Requirements / Limits
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	$0 Copay
sulfatrim oral suspension 200-40 mg/5 ml	1	
TETRACYCLINES		
avidoxy oral tablet 100 mg	2	QL (2 per 2 days)
demeclocycline oral tablet 150 mg, 300 mg	1	
doxy-100 intravenous recon soln 100 mg	1	
doxycycline hyclate oral capsule 100 mg, 50 mg	1	QL (2 per 2 days)
doxycycline hyclate oral tablet 100 mg	1	QL (2 per 2 days)
doxycycline hyclate oral tablet 150 mg, 75 mg	1	ST; QL (2 per 2 days)
doxycycline hyclate oral tablet 20 mg, 50 mg	1	
doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 50 mg	2	ST; QL (2 per 2 days)
doxycycline hyclate oral tablet,delayed release (dr/ec) 200 mg	2	ST
doxycycline hyclate oral tablet,delayed release (dr/ec) 75 mg	2	QL (2 per 2 days)
doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg	1	QL (2 per 2 days)
doxycycline monohydrate oral capsule 75 mg	1	ST; QL (2 per 2 days)
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG	1	ST; QL (1 per 1 day)
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	1	
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	1	QL (2 per 2 days)
MINOCIN INTRAVENOUS RECON SOLN 100 MG	2	
minocycline oral capsule 100 mg, 50 mg, 75 mg	1	
minocycline oral tablet 100 mg, 50 mg, 75 mg	2	
minocycline oral tablet extended release 24 hr 135 mg, 45 mg	1	SP; QL (1 per 1 day)
mondoxyne nl oral capsule 100 mg	1	QL (2 per 2 days)
mondoxyne nl oral capsule 75 mg	1	ST; QL (2 per 2 days)
NUZYRA INTRAVENOUS RECON SOLN 100 MG	3	

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

Drug Name	Drug Tier	Requirements / Limits
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG	2	ST; QL (1 per 1 day)
tetracycline oral capsule 250 mg, 500 mg	1	
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION 25 MG/5 ML	3	
XERAVA INTRAVENOUS RECON SOLN 50 MG	3	
URINARY TRACT AGENTS		
methenamine hippurate oral tablet 1 gram	1	
methenamine mandelate oral tablet 0.5 g, 1 gram	1	
MONUROL ORAL PACKET 3 GRAM	2	QL (1 per 30 days)
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	1	
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	1	
nitrofurantoin oral suspension 25 mg/5 ml	1	
trimethoprim oral tablet 100 mg	1	
VANCOMYCIN		
FIRVANQ ORAL RECON SOLN 25 MG/ML	3	
FIRVANQ ORAL RECON SOLN 50 MG/ML	3	QL (600 per 30 days)
VANCOCIN ORAL CAPSULE 125 MG	3	QL (40 per 22 days)
VANCOCIN ORAL CAPSULE 250 MG	3	QL (80 per 22 days)
VANCOMYCIN HCL IN WATER INTRAVENOUS SOLUTION 100 MG/ML	1	
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 500 MG/100 ML, 750 MG/150 ML	1	
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS SOLUTION 1 GRAM/250 ML, 1.25 GRAM/250 ML, 1.5 GRAM/250 ML, 1.5 GRAM/300 ML, 1.5 GRAM/500 ML, 1.75 GRAM/250 ML, 1.75 GRAM/500 ML, 2 GRAM/500 ML, 750 MG/150 ML	1	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 500 MG/100 ML, 750 MG/150 ML	1	

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Drug Name	Drug Tier	Requirements / Limits
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS SOLUTION 1 GRAM/100 ML, 1.25 GRAM/250 ML, 1.5 GRAM/250 ML, 1.5 GRAM/500 ML, 1.75 GRAM/500 ML	1	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS SOLUTION 1 GRAM/250 ML	2	
VANCOMYCIN INJECTION RECON SOLN 100 GRAM	1	
vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg	1	
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 250 MG	1	
VANCOMYCIN INTRAVENOUS RECON SOLN 1.5 GRAM	3	
vancomycin oral capsule 125 mg	1	QL (40 per 22 days)
vancomycin oral capsule 250 mg	1	QL (80 per 22 days)
vancomycin oral recon soln 50 mg/ml	1	QL (600 per 30 days)
VANCOMYCIN-WATER INJECT (PEG) INTRAVENOUS PIGGYBACK 2 GRAM/400 ML, 500 MG/100 ML	1	
VIBATIV INTRAVENOUS RECON SOLN 750 MG	2	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
dexrazoxane hcl intravenous recon soln 250 mg, 500 mg	1	
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	2	
ETHYOL INTRAVENOUS RECON SOLN 500 MG	3	
KEPIVANCE INTRAVENOUS RECON SOLN 6.25 MG	2	SP
KHAPZORY INTRAVENOUS RECON SOLN 175 MG, 300 MG	3	SP
leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg	1	
leucovorin calcium injection solution 10 mg/ml	1	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	1	

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

Drug Name	Drug Tier	Requirements / Limits
levoleucovorin calcium intravenous recon soln 50 mg	1	SP
levoleucovorin calcium intravenous solution 10 mg/ml	1	SP
mesna intravenous solution 100 mg/ml	1	
MESNEX ORAL TABLET 400 MG	2	
TOTECT INTRAVENOUS RECON SOLN 500 MG	3	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	2	SP; QL (24 per 10 days)
VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT	2	SP
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	2	PA; SP; QL (1 per 21 days)
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
abiraterone oral tablet 250 mg	1	SP; Och
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	2	PA; SP
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	3	PA; SP
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	2	PA; SP; QL (3 per 15 days)
adriamycin intravenous recon soln 10 mg	1	
ADRIAMYCIN INTRAVENOUS RECON SOLN 50 MG	1	
adriamycin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml	1	
adrucil intravenous solution 2.5 gram/50 ml	1	
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	2	PA; SP
AFINITOR ORAL TABLET 10 MG	2	PA; SP; QL (2 per 2 days)
AFINITOR ORAL TABLET 2.5 MG, 5 MG	3	PA; SP; QL (1 per 1 day)
AFINITOR ORAL TABLET 7.5 MG	3	PA; SP; QL (2 per 2 days)
ALECENSA ORAL CAPSULE 150 MG	2	PA; SP; Och; QL (8 per 1 day)
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG	2	PA; SP
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	3	PA; QL (3 per 21 days)

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

Drug Name	Drug Tier	Requirements / Limits
ALKERAN (AS HCL) INTRAVENOUS RECON SOLN 50 MG	3	SP
ALKERAN ORAL TABLET 2 MG	3	Och
ALUNBRIG ORAL TABLET 180 MG, 90 MG	3	PA; SP; Och; QL (1 per 1 day)
ALUNBRIG ORAL TABLET 30 MG	3	PA; SP; Och; QL (4 per 1 day)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	3	PA; SP; Och; QL (1 per 1 day)
anastrozole oral tablet 1 mg	1	Och
ARRANON INTRAVENOUS SOLUTION 250 MG/50 ML	2	SP
ARSENIC TRIOXIDE INTRAVENOUS SOLUTION 1 MG/ML	2	PA; SP
arsenic trioxide intravenous solution 2 mg/ml	1	PA; SP
ARZERRA INTRAVENOUS SOLUTION 1,000 MG/50 ML, 100 MG/5 ML	2	PA; SP; QL (50 per 21 days)
ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML	3	PA; SP; QL (1 per 21 days)
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	3	
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML	2	PA; SP; QL (1 per 22 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	2	PA; SP; Och; QL (1 per 1 day)
azacitidine injection recon soln 100 mg	1	SP
azathioprine oral tablet 50 mg	1	
azathioprine sodium injection recon soln 100 mg	1	
BALVERSA ORAL TABLET 3 MG	3	PA; SP; Och; QL (3 per 1 day)
BALVERSA ORAL TABLET 4 MG	3	PA; SP; Och; QL (2 per 1 day)
BALVERSA ORAL TABLET 5 MG	3	PA; SP; Och; QL (1 per 1 day)
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	3	PA; SP
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	3	PA
BELRAPZO INTRAVENOUS SOLUTION 25 MG/ML	2	SP
BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML	2	SP

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

Drug Name	Drug Tier	Requirements / Limits
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	2	SP
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	3	PA; SP
bexarotene oral capsule 75 mg	1	PA; SP; QL (1 per 1 day)
bicalutamide oral tablet 50 mg	1	Och
BICNU INTRAVENOUS RECON SOLN 100 MG	3	SP
bleomycin injection recon soln 15 unit, 30 unit	1	SP
BLINCYTO INTRAVENOUS KIT 35 MCG	2	PA; SP; QL (28 per 31 days)
BORTEZOMIB INTRAVENOUS RECON SOLN 3.5 MG	2	PA; SP
BOSULIF ORAL TABLET 100 MG	2	PA; SP; Och; QL (4 per 1 day)
BOSULIF ORAL TABLET 400 MG, 500 MG	2	PA; SP; Och; QL (1 per 1 day)
BRAFTOVI ORAL CAPSULE 50 MG	3	PA; SP; QL (4 per 1 day)
BRAFTOVI ORAL CAPSULE 75 MG	3	PA; SP; QL (6 per 1 day)
BRUKINSA ORAL CAPSULE 80 MG	2	PA; SP; Och
busulfan intravenous solution 60 mg/10 ml	1	SP
BUSULFEX INTRAVENOUS SOLUTION 60 MG/10 ML	2	SP
CABOMETYX ORAL TABLET 20 MG	2	PA; SP; Och; QL (2 per 1 day)
CABOMETYX ORAL TABLET 40 MG, 60 MG	2	PA; SP; Och; QL (1 per 1 day)
CALQUENCE ORAL CAPSULE 100 MG	3	PA; SP; Och; QL (2 per 1 day)
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5 ML, 40 MG/2 ML	3	PA; SP
capecitabine oral tablet 150 mg	1	PA; SP; Och; QL (28 per 15 days)
capecitabine oral tablet 500 mg	1	PA; SP; Och; QL (112 per 15 days)
CAPRELSA ORAL TABLET 100 MG	2	PA; SP; Och; QL (2 per 2 days)
CAPRELSA ORAL TABLET 300 MG	2	PA; SP; Och; QL (1 per 1 day)
carboplatin intravenous solution 10 mg/ml	1	SP
carmustine intravenous recon soln 100 mg	1	SP
CISPLATIN INTRAVENOUS RECON SOLN 50 MG	2	SP
cisplatin intravenous solution 1 mg/ml	1	SP
cladribine intravenous solution 10 mg/10 ml	1	SP

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

Drug Name	Drug Tier	Requirements / Limits
clofarabine intravenous solution 20 mg/20 ml	1	SP
CLOLAR INTRAVENOUS SOLUTION 20 MG/20 ML	2	SP
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	2	PA; SP; Och; QL (112 per 15 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	3	PA; SP; Och; QL (2 per 1 day)
COSMEGEN INTRAVENOUS RECON SOLN 0.5 MG	3	
COTELLIC ORAL TABLET 20 MG	2	PA; SP; QL (63 per 21 days)
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg	1	SP
cyclophosphamide oral capsule 25 mg, 50 mg	1	SP; Och
cyclosporine intravenous solution 250 mg/5 ml	1	
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1	
cyclosporine modified oral solution 100 mg/ml	1	
cyclosporine oral capsule 100 mg, 25 mg	1	
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	2	PA; SP
cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml	1	
cytarabine injection solution 20 mg/ml	1	
dacarbazine intravenous recon soln 100 mg, 200 mg	1	
dactinomycin intravenous recon soln 0.5 mg	1	SP
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	3	
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	2	PA; SP
daunorubicin intravenous recon soln 20 mg	1	SP
daunorubicin intravenous solution 5 mg/ml	1	SP
DAURISMO ORAL TABLET 100 MG	3	PA; SP; QL (1 per 1 day)
DAURISMO ORAL TABLET 25 MG	3	PA; SP; QL (2 per 1 day)
decitabine intravenous recon soln 50 mg	1	SP
DOCEFREZ INTRAVENOUS RECON SOLN 20 MG, 80 MG	2	

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

Drug Name	Drug Tier	Requirements / Limits
docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)	1	SP
docetaxel intravenous solution 160 mg/8 ml (20 mg/ml)	1	
DOCETAXEL INTRAVENOUS SOLUTION 20 MG/ML	2	SP
doxorubicin intravenous recon soln 50 mg	1	
doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml	1	
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml	1	SP
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	ST
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	2	PA; SP; QL (1 per 63 days)
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	2	PA; SP; QL (1 per 84 days)
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	2	PA; SP; QL (1 per 126 days)
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	2	PA; SP; QL (1 per 21 days)
ELLENCE INTRAVENOUS SOLUTION 200 MG/100 ML	3	SP
EMCYT ORAL CAPSULE 140 MG	2	
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	3	PA
ENHERTU INTRAVENOUS RECON SOLN 100 MG	3	PA; SP; QL (1 per 21 days)
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	3	
epirubicin intravenous recon soln 200 mg	1	
epirubicin intravenous solution 200 mg/100 ml, 50 mg/25 ml	1	
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	2	PA; SP
ERIVEDGE ORAL CAPSULE 150 MG	2	PA; SP; QL (1 per 1 day)
ERLEADA ORAL TABLET 60 MG	2	PA; SP; Och; QL (4 per 1 day)
erlotinib oral tablet 100 mg, 25 mg	1	PA; SP; Och; QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
erlotinib oral tablet 150 mg	1	PA; SP; Och; QL (3 per 1 day)
ERWINAZE INJECTION RECON SOLN 10,000 UNIT	3	PA; SP
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	2	SP
etoposide intravenous solution 20 mg/ml	1	SP
etoposide oral capsule 50 mg	1	Och
everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg	1	PA; SP; QL (1 per 1 day)
everolimus (antineoplastic) oral tablet 7.5 mg	1	PA; SP; QL (2 per 2 days)
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg	1	
exemestane oral tablet 25 mg	1	Och
FARESTON ORAL TABLET 60 MG	3	PA; SP; Och; QL (1 per 1 day)
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	3	PA; QL (6 per 15 days)
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML	3	PA; SP; QL (10 per 22 days)
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG	3	PA; SP; QL (1 per 126 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	2	SP; QL (2 per 273 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	2	SP; QL (1 per 22 days)
floxuridine injection recon soln 0.5 gram	1	
fludarabine intravenous recon soln 50 mg	1	
fludarabine intravenous solution 50 mg/2 ml	1	SP
fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml	1	
flutamide oral capsule 125 mg	1	Och
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	2	SP
fulvestrant intramuscular syringe 250 mg/5 ml	1	PA; SP; QL (10 per 22 days)
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML	3	PA; SP
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	2	PA; SP; QL (40 per 21 days)

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

Drug Name	Drug Tier	Requirements / Limits
gemcitabine intravenous recon soln 1 gram, 200 mg	1	SP
gemcitabine intravenous recon soln 2 gram	1	
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)	1	SP
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	2	SP
gengraf oral capsule 100 mg, 25 mg	1	
gengraf oral solution 100 mg/ml	1	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	2	PA; SP; Och; QL (1 per 1 day)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	2	SP; Och
GLIADEL WAFER IMPLANT WAFER 7.7 MG	3	
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)	2	PA; SP; QL (6 per 15 days)
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	2	PA; SP; QL (5 per 15 days)
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	3	PA; SP
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	3	
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	2	SP
hydroxyurea oral capsule 500 mg	1	Och
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	2	PA; SP; Och; QL (21 per 21 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	3	PA; Och; QL (21 per 21 days)
ICLUSIG ORAL TABLET 15 MG	2	PA; SP; Och; QL (2 per 2 days)
ICLUSIG ORAL TABLET 45 MG	2	PA; SP; Och; QL (1 per 1 day)
idarubicin intravenous solution 1 mg/ml	1	
IDHIFA ORAL TABLET 100 MG, 50 MG	3	PA; SP; QL (1 per 1 day)
ifosfamide intravenous recon soln 1 gram, 3 gram	1	
ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml	1	
imatinib oral tablet 100 mg	1	PA; SP; Och; QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
imatinib oral tablet 400 mg	1	PA; SP; Och; QL (1 per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG	2	PA; SP; Och; QL (2 per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG	2	PA; SP; Och; QL (1 per 1 day)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	2	PA; SP; Och; QL (1 per 1 day)
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	3	PA; SP
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML, 10EXP8 (100 MILLION) PFU/ML	3	PA; QL (4 per 21 days)
IMURAN ORAL TABLET 50 MG	3	
INFUGEM INTRAVENOUS PIGGYBACK 1,200 MG/120 ML (10 MG/ML), 1,300 MG/130 ML (10 MG/ML), 1,400 MG/140 ML (10 MG/ML), 1,500 MG/150 ML (10 MG/ML), 1,600 MG/160 ML (10 MG/ML), 1,700 MG/170 ML (10 MG/ML), 1,800 MG/180 ML (10 MG/ML), 1,900 MG/190 ML (10 MG/ML), 2,000 MG/200 ML (10 MG/ML), 2,200 MG/220 ML (10 MG/ML)	3	PA; SP
INLYTA ORAL TABLET 1 MG	2	PA; SP; Och; QL (6 per 1 day)
INLYTA ORAL TABLET 5 MG	2	PA; SP; Och; QL (4 per 1 day)
INREBIC ORAL CAPSULE 100 MG	3	PA; SP; Och; QL (4 per 1 day)
IODOPEN INTRAVENOUS SOLUTION 100 MCG/ML	1	
IRESSA ORAL TABLET 250 MG	2	PA; SP; Och; QL (2 per 1 day)
irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml, 500 mg/25 ml	1	PA
irinotecan intravenous solution 300 mg/15 ml	1	PA; SP
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML	2	PA; SP
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	2	PA; SP
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	2	PA; SP; QL (2 per 2 days)
JELMYTO INTRA-PYELOCALYCEAL RECON SOLN 40 MG	3	SP
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION)	2	SP

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

Drug Name	Drug Tier	Requirements / Limits
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	2	PA; SP; QL (1 per 21 days)
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	3	PA; SP
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	2	PA; SP; QL (8 per 15 days)
KOSELUGO ORAL CAPSULE 10 MG	3	QL (10 per 1 day)
KOSELUGO ORAL CAPSULE 25 MG	3	QL (4 per 1 day)
KYMRIAH INTRAVENOUS SUSPENSION 0.2X10EXP6 TO 2.5X10EXP8 CELL, 0.6 TO 6 X 10EXP8 CELL	2	PA; SP
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	2	PA; SP
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1)	2	PA; SP; Och; QL (1 per 1 day)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	2	PA; SP; Och; QL (3 per 1 day)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	2	PA; SP; Och; QL (2 per 1 day)
LENVIMA ORAL CAPSULE 4 MG	2	PA; SP; Och; QL (0.5 per 1 day)
letrozole oral tablet 2.5 mg	1	Och
LEUKERAN ORAL TABLET 2 MG	2	Och
leuprolide subcutaneous kit 1 mg/0.2 ml	1	PA; SP; QL (1 per 10 days)
LONSURF ORAL TABLET 15-6.14 MG	2	PA; SP; Och; QL (100 per 21 days)
LONSURF ORAL TABLET 20-8.19 MG	2	PA; SP; Och; QL (80 per 21 days)
LORBRENA ORAL TABLET 100 MG	2	PA; SP; Och; QL (1 per 1 day)
LORBRENA ORAL TABLET 25 MG	2	PA; SP; Och; QL (3 per 1 day)
LUMOXITI INTRAVENOUS RECON SOLN 1 MG	3	PA; SP
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	2	PA; SP; QL (1 per 63 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	3	PA; SP; QL (1 per 63 days)
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	3	PA; SP; QL (1 per 84 days)

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

Drug Name	Drug Tier	Requirements / Limits
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	3	PA; SP; QL (1 per 126 days)
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	2	PA; SP; QL (1 per 21 days)
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	3	PA; SP
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	2	PA; SP; QL (1 per 67 days)
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG	2	PA; SP; QL (1 per 22 days)
LUPRON DEPOT-PED INTRAMUSCULAR KIT 15 MG, 7.5 MG (PED)	2	PA; SP
LYNPARZA ORAL TABLET 100 MG, 150 MG	2	PA; SP; Och; QL (4 per 1 day)
LYSODREN ORAL TABLET 500 MG	2	SP; Och
MARQIBO INTRAVENOUS KIT 5 MG/31 ML(0.16 MG/ML) FINAL	2	PA; QL (4 per 21 days)
MATULANE ORAL CAPSULE 50 MG	2	SP; Och
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	1	
megestrol oral tablet 20 mg, 40 mg	1	
MEKINIST ORAL TABLET 0.5 MG	2	PA; SP; QL (3 per 1 day)
MEKINIST ORAL TABLET 2 MG	2	PA; SP; QL (1 per 1 day)
MEKTOVI ORAL TABLET 15 MG	3	PA; SP; QL (6 per 1 day)
melphalan hcl intravenous recon soln 50 mg	1	SP
melphalan oral tablet 2 mg	1	Och
mercaptopurine oral tablet 50 mg	1	Och
methotrexate sodium (pf) injection recon soln 1 gram	1	
methotrexate sodium (pf) injection solution 25 mg/ml	1	
methotrexate sodium injection solution 25 mg/ml	1	
methotrexate sodium oral tablet 2.5 mg	1	Och
mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg	1	SP
mitoxantrone intravenous concentrate 2 mg/ml	1	PA

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

Drug Name	Drug Tier	Requirements / Limits
MUTAMYCIN INTRAVENOUS RECON SOLN 20 MG, 40 MG, 5 MG	2	SP
MVASI INTRAVENOUS SOLUTION 25 MG/ML	3	PA; SP
mycophenolate mofetil (hcl) intravenous recon soln 500 mg	1	
mycophenolate mofetil oral capsule 250 mg	1	
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	1	
mycophenolate mofetil oral tablet 500 mg	1	
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	1	
MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC) 180 MG, 360 MG	3	
MYLERAN ORAL TABLET 2 MG	2	SP; Och
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	3	PA; SP
NEORAL ORAL CAPSULE 100 MG, 25 MG	3	
NEORAL ORAL SOLUTION 100 MG/ML	3	
NERLYNX ORAL TABLET 40 MG	3	PA; SP; Och; QL (6 per 1 day)
NEXAVAR ORAL TABLET 200 MG	2	PA; SP; Och; QL (4 per 1 day)
nilutamide oral tablet 150 mg	1	Och; QL (5 per 1 day)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	2	PA; SP; Och; QL (3 per 21 days)
NIPENT INTRAVENOUS RECON SOLN 10 MG	3	SP
NUBEQA ORAL TABLET 300 MG	2	PA; SP; Och; QL (4 per 1 day)
NULOJIX INTRAVENOUS RECON SOLN 250 MG	2	
octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	1	SP
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	1	SP
ODOMZO ORAL CAPSULE 200 MG	3	PA; SP; QL (1 per 1 day)
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	3	PA; SP
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	2	PA; SP; QL (1 per 14 days)

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

Drug Name	Drug Tier	Requirements / Limits
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	2	PA; QL (1 per 28 days)
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	3	
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 240 MG/24 ML, 40 MG/4 ML	2	PA; SP
oxaliplatin intravenous recon soln 100 mg, 50 mg	1	SP
oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)	1	SP
paclitaxel intravenous concentrate 6 mg/ml	1	SP
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG	3	PA; SP
paraplatin intravenous solution 10 mg/ml	3	
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	3	QL (14 per 15 days)
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	2	PA; SP; QL (14 per 15 days)
PHOTOFRIN INTRAVENOUS RECON SOLN 75 MG	2	PA
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	3	PA; SP; Och; QL (1 per 1 day)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	3	PA; SP; Och; QL (2 per 1 day)
POLIVY INTRAVENOUS RECON SOLN 140 MG	3	PA; SP; QL (1 per 21 days)
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	3	PA; SP; QL (100 per 15 days)
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML	3	SP
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	3	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	2	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	3	
PURIXAN ORAL SUSPENSION 20 MG/ML	2	ST; SP
QINLOCK ORAL TABLET 50 MG	3	QL (3 per 1 day)
RAPAMUNE ORAL SOLUTION 1 MG/ML	3	

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

Drug Name	Drug Tier	Requirements / Limits
RETEVMO ORAL CAPSULE 40 MG	3	QL (6 per 1 day)
RETEVMO ORAL CAPSULE 80 MG	3	QL (4 per 1 day)
ROMIDEPSIN INTRAVENOUS RECON SOLN 10 MG/2 ML	2	PA; SP
ROMIDEPSIN INTRAVENOUS SOLUTION 5 MG/ML	3	PA; SP
ROZLYTREK ORAL CAPSULE 100 MG	2	PA; SP; Och; QL (5 per 1 day)
ROZLYTREK ORAL CAPSULE 200 MG	2	PA; SP; Och; QL (3 per 1 day)
RUBRACA ORAL TABLET 200 MG, 300 MG	2	PA; SP; Och; QL (4 per 1 day)
RUBRACA ORAL TABLET 250 MG	3	SP; Och; QL (4 per 1 day)
RUXIENCE INTRAVENOUS CONCENTRATE 10 MG/ML	3	PA; SP; QL (6 per 180 days)
RYDAPT ORAL CAPSULE 25 MG	3	PA; SP; Och; QL (2 per 1 day)
SANDIMMUNE ORAL SOLUTION 100 MG/ML	2	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	SP
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	3	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	2	PA; SP; QL (2 per 1 day)
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG	2	
sirolimus oral solution 1 mg/ml	1	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	1	
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	2	SP
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	2	PA; SP; Och; QL (1 per 1 day)
SPRYCEL ORAL TABLET 20 MG	2	PA; SP; Och; QL (2 per 2 days)
STIVARGA ORAL TABLET 40 MG	2	PA; SP; Och; QL (3 per 1 day)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	2	PA; SP; Och; QL (1 per 1 day)
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	2	PA; SP
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	2	PA; SP; QL (0.5 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
TABLOID ORAL TABLET 40 MG	2	Och
TABRECTA ORAL TABLET 150 MG, 200 MG	3	QL (4 per 1 day)
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	1	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	2	PA; SP; QL (4 per 1 day)
TAGRISSO ORAL TABLET 40 MG, 80 MG	2	PA; SP; Och; QL (1 per 1 day)
TALZENNA ORAL CAPSULE 0.25 MG	2	PA; SP; Och; QL (3 per 1 day)
TALZENNA ORAL CAPSULE 1 MG	2	PA; SP; Och; QL (1 per 1 day)
tamoxifen oral tablet 10 mg, 20 mg	0	
TARCEVA ORAL TABLET 100 MG, 25 MG	3	PA; SP; Och; QL (2 per 1 day)
TARCEVA ORAL TABLET 150 MG	3	PA; SP; Och; QL (3 per 1 day)
TARGRETIN ORAL CAPSULE 75 MG	3	PA; SP; QL (1 per 1 day)
TARGRETIN TOPICAL GEL 1 %	2	PA; QL (60 per 22 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	2	PA; SP; Och; QL (4 per 1 day)
TAZVERIK ORAL TABLET 200 MG	2	PA; SP; QL (8 per 1 day)
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML)	2	PA; QL (20 per 15 days)
TECENTRIQ INTRAVENOUS SOLUTION 840 MG/14 ML (60 MG/ML)	3	PA; SP; QL (1 per 1 day)
TEMODAR INTRAVENOUS RECON SOLN 100 MG	2	PA; SP
TEMODAR ORAL CAPSULE 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG	3	PA; SP; Och
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	1	PA; SP; Och
temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)	1	PA; SP; QL (4 per 22 days)
TENIPOSIDE INTRAVENOUS SOLUTION 50 MG/5 ML	1	
TEPADINA INJECTION RECON SOLN 100 MG, 15 MG	3	SP
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	2	PA; SP; Och; QL (1 per 1 day)
thiotepa injection recon soln 100 mg, 15 mg	1	SP
TIBSOVO ORAL TABLET 250 MG	3	PA; SP; QL (2 per 1 day)
toposar intravenous solution 20 mg/ml	1	SP

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

Drug Name	Drug Tier	Requirements / Limits
topotecan intravenous recon soln 4 mg	1	SP
topotecan intravenous solution 4 mg/4 ml (1 mg/ml)	1	SP
toremifene oral tablet 60 mg	1	PA; SP; Och; QL (1 per 1 day)
TORISEL INTRAVENOUS RECON SOLN 30 MG/3 ML (10 MG/ML) (FIRST)	2	PA; SP; QL (4 per 22 days)
TRAZIMERA INTRAVENOUS RECON SOLN 420 MG	3	PA; SP
TREANDA INTRAVENOUS RECON SOLN 100 MG	2	SP
TREANDA INTRAVENOUS RECON SOLN 25 MG	2	
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG	3	PA; SP; QL (1 per 63 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	3	PA; SP; QL (1 per 135 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG	3	PA; SP; QL (1 per 21 days)
tretinoin (antineoplastic) oral capsule 10 mg	1	SP; Och
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	3	Och
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	3	PA; SP; QL (1 per 135 days)
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	3	PA; SP
TRODELVY INTRAVENOUS RECON SOLN 180 MG	3	QL (2 per 21 days)
TRUXIMA INTRAVENOUS CONCENTRATE 10 MG/ML	3	PA; SP; QL (6 per 180 days)
TUKYSA ORAL TABLET 150 MG	3	QL (4 per 1 day)
TUKYSA ORAL TABLET 50 MG	3	QL (10 per 1 day)
TURALIO ORAL CAPSULE 200 MG	3	PA; SP; Och; QL (4 per 1 day)
TYKERB ORAL TABLET 250 MG	2	PA; SP; Och; QL (6 per 1 day)
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	2	PA; QL (5 per 365 days)
VANTAS IMPLANT KIT 50 MG (50 MCG/DAY)	2	PA; SP; QL (1 per 273 days)

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

Drug Name	Drug Tier	Requirements / Limits
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	2	PA; SP
VELCADE INJECTION RECON SOLN 3.5 MG	2	PA; SP
VENCLEXTA ORAL TABLET 10 MG	2	PA; SP; QL (2 per 1 day)
VENCLEXTA ORAL TABLET 100 MG	2	PA; SP; QL (4 per 1 day)
VENCLEXTA ORAL TABLET 50 MG	2	PA; SP; QL (1 per 1 day)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	2	PA; SP; QL (1.5 per 1 day)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	PA; SP; Och; QL (2 per 2 days)
vinblastine intravenous solution 1 mg/ml	1	SP
vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml	1	SP
vincristine intravenous solution 1 mg/ml, 2 mg/2 ml	1	SP
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml	1	
VITRAKVI ORAL CAPSULE 100 MG	3	PA; SP; Och; QL (2 per 1 day)
VITRAKVI ORAL CAPSULE 25 MG	3	PA; SP; Och; QL (6 per 1 day)
VITRAKVI ORAL SOLUTION 20 MG/ML	3	PA; SP; Och; QL (10 per 1 day)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	2	PA; SP; Och; QL (1 per 1 day)
VOTRIENT ORAL TABLET 200 MG	2	PA; SP; Och; QL (4 per 1 day)
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	3	PA; SP
XALKORI ORAL CAPSULE 200 MG, 250 MG	2	PA; SP; Och; QL (2 per 2 days)
XERMELO ORAL TABLET 250 MG	2	PA; SP; QL (3 per 1 day)
XOSPATA ORAL TABLET 40 MG	3	PA; SP; Och; QL (3 per 1 day)
XTANDI ORAL CAPSULE 40 MG	2	PA; SP; Och; QL (4 per 1 day)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	2	PA; SP; QL (1 per 67 days)
YESCARTA INTRAVENOUS SUSPENSION	3	PA; SP
YONDELIS INTRAVENOUS RECON SOLN 1 MG	2	PA; SP
YONSA ORAL TABLET 125 MG	2	PA; SP; Och

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Drug Name	Drug Tier	Requirements / Limits
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)	2	PA; SP
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM	2	SP
ZEJULA ORAL CAPSULE 100 MG	3	PA; SP; Och; QL (3 per 1 day)
ZELBORAF ORAL TABLET 240 MG	2	PA; SP; QL (8 per 1 day)
ZEVALIN (Y-90) INTRAVENOUS KIT 3.2 MG/2 ML	2	
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	3	PA; SP
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	2	PA; SP; QL (1 per 63 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	2	PA; SP; QL (1 per 21 days)
ZOLINZA ORAL CAPSULE 100 MG	2	SP
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	2	
ZYDELIG ORAL TABLET 100 MG, 150 MG	2	PA; SP; Och; QL (2 per 1 day)
ZYKADIA ORAL TABLET 150 MG	2	PA; SP; Och; QL (3 per 1 day)
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG, 400 MG	3	ST; QL (1 per 1 day)
APTIOM ORAL TABLET 600 MG, 800 MG	3	ST; QL (2 per 2 days)
BANZEL ORAL SUSPENSION 40 MG/ML	2	ST; QL (80 per 1 day)
BANZEL ORAL TABLET 200 MG	2	ST; QL (16 per 1 day)
BANZEL ORAL TABLET 400 MG	2	ST; QL (8 per 1 day)
BRIVIACT ORAL SOLUTION 10 MG/ML	3	ST; QL (20 per 1 day)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	ST; QL (2 per 2 days)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg	1	ST
carbamazepine oral capsule, er multiphase 12 hr 300 mg	1	
carbamazepine oral suspension 100 mg/5 ml	1	
carbamazepine oral tablet 200 mg	1	

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

Drug Name	Drug Tier	Requirements / Limits
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	1	
carbamazepine oral tablet,chewable 100 mg	1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG	3	ST
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 300 MG	3	
CELONTIN ORAL CAPSULE 300 MG	2	
CEREBYX INJECTION SOLUTION 100 MG PE/2 ML, 500 MG PE/10 ML	3	
clobazam oral suspension 2.5 mg/ml	1	ST; QL (16 per 1 day)
clobazam oral tablet 10 mg, 20 mg	1	ST; QL (2 per 2 days)
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	3	
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	3	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	3	
DIACOMIT ORAL CAPSULE 250 MG	3	PA; SP; QL (2 per 1 day)
DIACOMIT ORAL CAPSULE 500 MG	3	PA; SP; QL (6 per 1 day)
DIACOMIT ORAL POWDER IN PACKET 250 MG	3	PA; SP; QL (2 per 1 day)
DIACOMIT ORAL POWDER IN PACKET 500 MG	3	PA; SP; QL (6 per 1 day)
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG	3	QL (1 per 30 days)
DIASTAT RECTAL KIT 2.5 MG	3	QL (1 per 30 days)
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	1	QL (1 per 30 days)
DILANTIN EXTENDED ORAL CAPSULE 100 MG	3	
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	3	
DILANTIN ORAL CAPSULE 30 MG	2	

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Drug Name	Drug Tier	Requirements / Limits
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	3	
divalproex oral capsule, delayed rel sprinkle 125 mg	1	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	1	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	2	PA; SP
epitol oral tablet 200 mg	1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG	3	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 300 MG	3	ST
ethosuximide oral capsule 250 mg	1	
ethosuximide oral solution 250 mg/5 ml	1	
felbamate oral suspension 600 mg/5 ml	1	QL (30 per 1 day)
felbamate oral tablet 400 mg	1	QL (9 per 1 day)
felbamate oral tablet 600 mg	1	QL (6 per 1 day)
fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml	1	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	2	ST; QL (680 per 21 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	2	ST; QL (1 per 1 day)
FYCOMPA ORAL TABLET 2 MG	2	ST; QL (4 per 1 day)
FYCOMPA ORAL TABLET 4 MG, 6 MG	2	ST; QL (2 per 2 days)
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	
gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)	1	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA INTRAVENOUS SOLUTION 500 MG/5 ML	3	
KEPPRA ORAL SOLUTION 100 MG/ML	3	
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG	3	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	3	

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

Drug Name	Drug Tier	Requirements / Limits
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG	3	ST; QL (3 per 1 day)
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 200 MG	3	ST; QL (2 per 2 days)
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 25 MG, 50 MG	3	ST; QL (6 per 1 day)
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	3	
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG	3	ST
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 200 MG, 250 MG, 300 MG	3	ST; QL (2 per 2 days)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 25 MG, 50 MG	3	ST; QL (6 per 1 day)
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	3	ST
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	3	ST
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	3	ST
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)	1	ST
lamotrigine oral tablet extended release 24hr 100 mg	1	ST
lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg	1	ST; QL (2 per 2 days)
lamotrigine oral tablet extended release 24hr 25 mg, 50 mg	1	ST; QL (6 per 1 day)
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	1	
lamotrigine oral tablet,disintegrating 100 mg	1	ST; QL (3 per 1 day)
lamotrigine oral tablet,disintegrating 200 mg	1	ST; QL (2 per 2 days)

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

Drug Name	Drug Tier	Requirements / Limits
lamotrigine oral tablet,disintegrating 25 mg, 50 mg	1	ST; QL (6 per 1 day)
lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)	1	
levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml	1	
levetiracetam intravenous solution 500 mg/5 ml	1	
levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)	1	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	1	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	1	
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	3	QL (5 per 22 days)
ONFI ORAL SUSPENSION 2.5 MG/ML	3	ST; QL (16 per 1 day)
ONFI ORAL TABLET 10 MG, 20 MG	3	ST; QL (2 per 2 days)
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	3	ST; QL (1 per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	3	ST; QL (4 per 1 day)
PEGANONE ORAL TABLET 250 MG	2	
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	3	
phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml	1	
phenytoin oral tablet,chewable 50 mg	1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	1	
phenytoin sodium intravenous solution 50 mg/ml	1	
phenytoin sodium intravenous syringe 50 mg/ml	1	

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Drug Name	Drug Tier	Requirements / Limits
pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	QL (4 per 1 day)
pregabalin oral capsule 200 mg	1	QL (3 per 1 day)
pregabalin oral capsule 225 mg, 300 mg	1	QL (2 per 2 days)
pregabalin oral solution 20 mg/ml	1	
primidone oral tablet 250 mg, 50 mg	1	
roweepra oral tablet 1,000 mg, 500 mg, 750 mg	3	
roweepra xr oral tablet extended release 24 hr 500 mg, 750 mg	3	
SABRIL ORAL POWDER IN PACKET 500 MG	3	ST; SP; QL (6 per 1 day)
SABRIL ORAL TABLET 500 MG	2	ST; SP; QL (6 per 1 day)
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	3	ST; QL (2 per 2 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG	3	ST; QL (4 per 1 day)
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
subvenite starter (blue) kit oral tablets,dose pack 25 mg (35)	1	
subvenite starter (green) kit oral tablets,dose pack 25 mg (84) -100 mg (14)	1	
subvenite starter (orange) kit oral tablets,dose pack 25 mg (42) -100 mg (7)	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	3	PA; QL (2 per 1 day)
tiagabine oral tablet 12 mg, 2 mg, 4 mg	1	ST; QL (4 per 1 day)
tiagabine oral tablet 16 mg	1	ST; QL (3 per 1 day)
topiramate oral capsule, sprinkle 15 mg, 25 mg	1	
TOPIRAMATE ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 25 MG, 50 MG	1	ST; QL (1 per 1 day)
TOPIRAMATE ORAL CAPSULE,SPRINKLE,ER 24HR 150 MG, 200 MG	1	ST; QL (2 per 2 days)
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	3	ST; QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	3	ST; QL (2 per 2 days)
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)	1	
valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)	1	
valproic acid oral capsule 250 mg	1	
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	2	QL (10 per 22 days)
vigabatrin oral powder in packet 500 mg	1	ST; SP; QL (6 per 1 day)
vigabatrin oral tablet 500 mg	1	ST; SP; QL (6 per 1 day)
vigadrone oral powder in packet 500 mg	1	ST; SP; QL (6 per 1 day)
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML	2	QL (2 per 1 day)
VIMPAT ORAL SOLUTION 10 MG/ML	2	QL (40 per 1 day)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	QL (2 per 2 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 350 MG/DAY (200 MG X1-150MG X1)	3	QL (2 per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG	3	QL (1 per 1 day)
XCOPRI ORAL TABLET 200 MG	3	QL (2 per 1 day)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	3	QL (1 per 1 day)
ZARONTIN ORAL CAPSULE 250 MG	3	
ZARONTIN ORAL SOLUTION 250 MG/5 ML	3	
zonisamide oral capsule 100 mg, 25 mg, 50 mg	1	
ANTIPARKINSONISM AGENTS		
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	2	PA; SP; QL (2 per 1 day)
benztropine injection solution 1 mg/ml	1	
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	1	
bromocriptine oral capsule 5 mg	1	

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

Drug Name	Drug Tier	Requirements / Limits
bromocriptine oral tablet 2.5 mg	1	
carbidopa oral tablet 25 mg	1	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	1	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	1	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	1	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1	
COMTAN ORAL TABLET 200 MG	3	
entacapone oral tablet 200 mg	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	3	PA; SP; QL (10 per 1 day)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	3	ST; QL (1 per 1 day)
NOURIANZ ORAL TABLET 20 MG, 40 MG	3	PA; QL (1 per 1 day)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 322 MG/DAY(129 MG X1-193MG X1)	3	QL (1 per 1 day)
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	1	ST; QL (1 per 1 day)
rasagiline oral tablet 0.5 mg, 1 mg	1	QL (1 per 1 day)
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	1	ST; QL (1 per 1 day)
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	3	ST; QL (10 per 1 day)
selegiline hcl oral capsule 5 mg	1	
selegiline hcl oral tablet 5 mg	1	

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Drug Name	Drug Tier	Requirements / Limits
TASMAR ORAL TABLET 100 MG	3	ST; QL (3 per 1 day)
tolcapone oral tablet 100 mg	1	ST; QL (3 per 1 day)
trihexyphenidyl oral elixir 0.4 mg/ml	1	
trihexyphenidyl oral tablet 2 mg, 5 mg	1	
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML	2	PA; QL (1 per 22 days)
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML	2	PA
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	3	QL (1.5 per 22 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	2	PA; QL (1.5 per 22 days)
almotriptan malate oral tablet 12.5 mg, 6.25 mg	2	ST; QL (8 per 22 days)
dihydroergotamine injection solution 1 mg/ml	1	QL (30 per 21 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	1	QL (8 per 21 days)
eletriptan oral tablet 20 mg, 40 mg	2	ST; QL (6 per 22 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	2	PA; QL (1 per 22 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; QL (1 per 22 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	2	PA; QL (3 per 22 days)
ERGOMAR SUBLINGUAL TABLET 2 MG	3	QL (40 per 21 days)
ergotamine-caffeine oral tablet 1-100 mg	1	QL (40 per 21 days)
frovatriptan oral tablet 2.5 mg	2	ST; QL (12 per 22 days)
migergot rectal suppository 2-100 mg	2	QL (20 per 21 days)
naratriptan oral tablet 1 mg, 2.5 mg	1	QL (8 per 22 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	3	
REYVOW ORAL TABLET 100 MG	3	PA; QL (8 per 22 days)
REYVOW ORAL TABLET 50 MG	3	PA; QL (4 per 22 days)
rizatriptan oral tablet 10 mg, 5 mg	1	QL (12 per 22 days)
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	1	QL (12 per 22 days)

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

Drug Name	Drug Tier	Requirements / Limits
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation	1	QL (12 per 22 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	1	QL (18 per 22 days)
sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml	1	QL (8 per 22 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	1	QL (8 per 22 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	1	QL (8 per 22 days)
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml	1	QL (4 per 21 days)
sumatriptan-naproxen oral tablet 85-500 mg	2	ST; QL (18 per 22 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	3	PA; QL (16 per 22 days)
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML	3	QL (1 per 90 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	2	ST; QL (8 per 22 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	2	ST; QL (8 per 22 days)
ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG, 5 MG	2	QL (24 per 22 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUSTEDO ORAL TABLET 12 MG, 9 MG	2	PA; SP; QL (4 per 1 day)
AUSTEDO ORAL TABLET 6 MG	2	PA; SP; QL (2 per 1 day)
dalfampridine oral tablet extended release 12 hr 10 mg	1	PA; SP; QL (2 per 1 day)
donepezil oral tablet 10 mg, 23 mg, 5 mg	1	
donepezil oral tablet,disintegrating 10 mg, 5 mg	1	
FIRDAPSE ORAL TABLET 10 MG	3	PA; SP; QL (8 per 1 day)
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	1	QL (1 per 1 day)
galantamine oral solution 4 mg/ml	1	QL (200 per 22 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg	1	QL (2 per 2 days)
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	1	QL (1 per 1 day)
memantine oral solution 2 mg/ml	1	QL (10 per 1 day)
memantine oral tablet 10 mg, 5 mg	1	QL (2 per 2 days)

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

Drug Name	Drug Tier	Requirements / Limits
NUEDEXTA ORAL CAPSULE 20-10 MG	2	PA; QL (2 per 1 day)
RADICAVA INTRAVENOUS PIGGYBACK 30 MG/100 ML	2	SP; QL (2000 per 21 days)
RAZADYNE ER ORAL CAPSULE,EXT REL. PELLETS 24 HR 16 MG, 24 MG, 8 MG	3	QL (1 per 1 day)
RAZADYNE ORAL TABLET 12 MG, 4 MG, 8 MG	3	QL (2 per 2 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	1	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr	1	QL (1 per 1 day)
RUZURGI ORAL TABLET 10 MG	3	PA; SP; QL (5 per 1 day)
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	3	PA; SP; QL (6 per 21 days)
tetrabenazine oral tablet 12.5 mg	1	PA; SP; QL (3 per 1 day)
tetrabenazine oral tablet 25 mg	1	PA; SP; QL (2 per 1 day)
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	3	PA; SP; QL (15 per 21 days)
ZOLGENSMA INTRAVENOUS KIT 2 X 10EXP13 VG/ML	3	PA; QL (1 per 720 days)
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
atracurium intravenous solution 10 mg/ml	1	
baclofen oral tablet 10 mg, 20 mg	1	
BACLOFEN ORAL TABLET 5 MG	1	
carisoprodol oral tablet 250 mg, 350 mg	1	ST; QL (4 per 1 day)
chlorzoxazone oral tablet 500 mg	1	
cisatracurium intravenous solution 2 mg/ml	1	
cyclobenzaprine oral tablet 10 mg, 5 mg	1	
cyclobenzaprine oral tablet 7.5 mg	1	ST
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	3	
dantrolene oral capsule 100 mg, 25 mg, 50 mg	1	
meprobamate oral tablet 200 mg, 400 mg	1	
MESTINON ORAL SYRUP 60 MG/5 ML	3	
metaxall oral tablet 800 mg	1	
metaxalone oral tablet 400 mg, 800 mg	1	
methocarbamol oral tablet 500 mg, 750 mg	1	

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Drug Name	Drug Tier	Requirements / Limits
NIMBEX INTRAVENOUS SOLUTION 2 MG/ML	3	
NORGESIC FORTE ORAL TABLET 50-770-60 MG	3	QL (4 per 1 day)
orphenadrine citrate injection solution 30 mg/ml	1	
orphenadrine citrate oral tablet extended release 100 mg	1	
pyridostigmine bromide oral syrup 60 mg/5 ml	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	1	
pyridostigmine bromide oral tablet 60 mg	1	
pyridostigmine bromide oral tablet extended release 180 mg	1	
regonol injection solution 5 mg/ml	2	
SKELAXIN ORAL TABLET 800 MG	3	
tizanidine oral capsule 2 mg, 4 mg, 6 mg	1	
tizanidine oral tablet 2 mg, 4 mg	1	
ZANAFLEX ORAL TABLET 4 MG	3	
NARCOTIC ANALGESICS		
acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg	1	ST; QL (10 per 1 day)
acetaminophen-codeine oral solution 120-12 mg/5 ml	1	ST; QL (150 per 1 day)
acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml	1	ST
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	1	ST; QL (12 per 1 day)
acetaminophen-codeine oral tablet 300-60 mg	1	ST; QL (6 per 1 day)
ALLZITAL ORAL TABLET 25-325 MG	3	ST
ARYMO ER ORAL TABLET,ORAL ONLY,EXTND RELEASE 15 MG, 30 MG, 60 MG	2	ST; QL (3 per 1 day)
ascomp with codeine oral capsule 30-50-325-40 mg	1	ST; QL (6 per 1 day)
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	2	ST
buprenorphine hcl injection solution 0.3 mg/ml	1	ST

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Drug Name	Drug Tier	Requirements / Limits
buprenorphine hcl injection syringe 0.3 mg/ml	1	ST
buprenorphine hcl sublingual tablet 2 mg, 8 mg	1	QL (3 per 1 day)
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	1	ST; QL (4 per 25 days)
butalbital compound w/codeine oral capsule 30-50-325-40 mg	1	ST; QL (6 per 1 day)
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1	ST; QL (6 per 1 day)
butalbital-acetaminophen oral capsule 50-300 mg	1	ST; QL (6 per 1 day)
butalbital-acetaminophen oral tablet 25-325 mg, 50-325 mg	1	
butalbital-acetaminophen oral tablet 50-300 mg	1	ST; QL (6 per 1 day)
butalbital-acetaminophen-caff oral capsule 50-300-40 mg	2	
butalbital-acetaminophen-caff oral capsule 50-325-40 mg	1	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	1	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	1	
codeine sulfate oral tablet 15 mg, 30 mg	1	ST; QL (12 per 1 day)
codeine sulfate oral tablet 60 mg	1	ST; QL (6 per 1 day)
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	1	ST; QL (6 per 1 day)
DEMEROL ORAL TABLET 100 MG	3	ST; QL (6 per 1 day)
DILAUDID (PF) INJECTION SYRINGE 0.2 MG/ML, 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML	3	ST
diskets oral tablet,soluble 40 mg	2	ST; QL (1 per 1 day)
duramorph (pf) injection solution 0.5 mg/ml, 1 mg/ml	3	ST
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	ST; QL (12 per 1 day)
FENTANYL (PF)-BUPIVACAINE-NACL INJECTION SOLUTION 2 MCG/ML- 0.0625 %, 2 MCG/ML- 0.1 %, 2 MCG/ML- 0.125 %	1	ST

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Drug Name	Drug Tier	Requirements / Limits
FENTANYL CITRATE (PF) INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 1,500 MCG/30 ML (50 MCG/ML)	1	ST
FENTANYL CITRATE (PF) INTRAVENOUS SYRINGE 250 MCG/5 ML (50 MCG/ML)	1	ST
FENTANYL CITRATE (PF)-0.9%NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 500 MCG/50 ML (10 MCG/ML)	1	ST
fentanyl citrate (pf)-0.9%nacl intravenous syringe 10 mcg/ml	1	ST
FENTANYL CITRATE (PF)-0.9%NACL INTRAVENOUS SYRINGE 50 MCG/5 ML (10 MCG/ML)	1	ST
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	1	PA; ST; QL (4 per 1 day)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour	1	PA; ST; QL (10 per 27 days)
FENTANYL-ROPIVACAINE-NACL (PF) INJECTION SOLUTION 2-0.2 MCG/ML-%	1	ST
FIORICET ORAL CAPSULE 50-300-40 MG	2	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	1	ST; QL (184 per 1 day)
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	2	ST; QL (13 per 1 day)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	ST; QL (12 per 1 day)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	ST
HYDROMORPHONE (PF) IN WATER INJECTION SYRINGE 1 MG/ML, 2 MG/2 ML (1 MG/ML)	1	ST
HYDROMORPHONE (PF) IN WATER INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 30 MG/30 ML (1 MG/ML), 6 MG/30 ML (0.2 MG/ML)	1	ST
HYDROMORPHONE (PF) INJECTION SOLUTION 1 MG/ML, 4 MG/ML	1	ST

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Drug Name	Drug Tier	Requirements / Limits
hydromorphone (pf) injection solution 10 mg/ml, 2 mg/ml	1	ST
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN 30 MG/30 ML (1 MG/ML), 6 MG/30 ML (0.2 MG/ML)	1	ST
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR 20 MG/100 ML (0.2 MG/ML)	3	ST
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR 50 MG/50 ML (1 MG/ML)	1	ST
hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 10 mg/50 ml (0.2 mg/ml)	1	ST
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 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)	1	ST
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS SOLUTION 0.2 MG/ML, 0.5 MG/ML, 1 MG/ML	1	ST
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS SYRINGE 1 MG/5 ML (0.2 MG/ML), 1 MG/ML, 2 MG/ML	1	ST
HYDROMORPHONE IN 0.9 % NACL INJECTION PREFILLED PUMP RESERVOIR 100 MG/100 ML (1 MG/ML)	1	ST
HYDROMORPHONE IN 0.9 % NACL INJECTION PT CONTROLLED ANALGESIA SYRING 55 MG/55 ML (1 MG/ML)	1	ST
HYDROMORPHONE IN 0.9 % NACL INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN 15 MG/30 ML (0.5 MG/ML)	1	ST
HYDROMORPHONE IN 0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR 10 MG/50 ML (0.2 MG/ML)	1	ST
hydromorphone in 0.9 % nacl intravenous pt controlled analgesia syring 15 mg/30 ml (0.5 mg/ml)	1	ST

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Drug Name	Drug Tier	Requirements / Limits
HYDROMORPHONE IN 0.9 % NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 5 MG/25 ML (0.2 MG/ML), 6 MG/30 ML (0.2 MG/ML)	1	ST
HYDROMORPHONE IN 0.9 % NACL INTRAVENOUS SOLUTION 0.2 MG/ML	1	ST
HYDROMORPHONE IN 0.9 % NACL INTRAVENOUS SYRINGE 0.5 MG/ML, 1 MG/ML (1 ML), 2 MG/10 ML (0.2 MG/ML)	1	ST
hydromorphone injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml	1	ST
HYDROMORPHONE INJECTION SYRINGE 0.5 MG/0.5 ML	1	ST
hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml	1	ST
hydromorphone oral liquid 1 mg/ml	1	ST
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	1	ST
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg	2	PA; ST; QL (1 per 1 day)
hydromorphone oral tablet extended release 24 hr 32 mg	2	PA; ST; QL (2 per 2 days)
hydromorphone rectal suppository 3 mg	1	ST
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	2	ST; QL (1 per 1 day)
ibuprofen-oxycodone oral tablet 400-5 mg	1	ST
INFUMORPH P/F INJECTION SOLUTION 10 MG/ML, 25 MG/ML	3	ST
levorphanol tartrate oral tablet 2 mg	1	ST
lorcet (hydrocodone) oral tablet 5-325 mg	1	ST; QL (12 per 1 day)
lorcet hd oral tablet 10-325 mg	1	ST; QL (12 per 1 day)
lorcet plus oral tablet 7.5-325 mg	1	ST; QL (12 per 1 day)
meperidine oral tablet 100 mg, 50 mg	1	ST; QL (6 per 1 day)
methadone oral concentrate 10 mg/ml	1	ST; QL (4 per 1 day)
methadone oral solution 10 mg/5 ml	1	ST; QL (20 per 1 day)
methadone oral solution 5 mg/5 ml	1	ST; QL (40 per 1 day)
methadone oral tablet 10 mg	1	ST; QL (4 per 1 day)
methadone oral tablet 5 mg	1	ST; QL (8 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
methadone oral tablet,soluble 40 mg	1	ST; QL (1 per 1 day)
methadose oral concentrate 10 mg/ml	2	ST; QL (4 per 1 day)
methadose oral tablet,soluble 40 mg	1	ST; QL (1 per 1 day)
MITIGO (PF) INJECTION SOLUTION 10 MG/ML, 25 MG/ML	1	ST
MORPHINE (PF) IN 0.9 % SOD CHL INJECTION SYRINGE 2 MG/2 ML (1 MG/ML)	1	ST
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 150 MG/30 ML (5 MG/ML), 50 MG/50 ML (1 MG/ML), 55 MG/55 ML (1 MG/ML)	1	ST
morphine (pf) in 0.9 % sod chl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)	1	ST
morphine (pf) in 0.9 % sod chl intravenous solution 1 mg/ml	1	ST
morphine (pf) in 0.9 % sod chl intravenous syringe 0.5 mg/ml, 2 mg/2 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)	1	ST
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS SYRINGE 2 MG/ML, 4 MG/ML	1	ST
morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml	1	ST
MORPHINE (PF) INTRAVENOUS SYRINGE 1 MG/2 ML	1	ST
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	1	ST
MORPHINE IN 0.9 % SODIUM CHLOR INJECTION PT CONTROLLED ANALGESIA SYRING 55 MG/55 ML (1 MG/ML)	1	ST
MORPHINE IN 0.9 % SODIUM CHLOR INTRAVENOUS PREFILLED PUMP RESERVOIR 50 MG/50 ML (1 MG/ML)	1	ST
MORPHINE IN 0.9 % SODIUM CHLOR INTRAVENOUS SOLUTION 1 MG/ML, 5 MG/ML	1	ST
MORPHINE INJECTION SOLUTION 10 MG/ML, 4 MG/ML, 5 MG/ML	1	ST
MORPHINE INJECTION SOLUTION 2 MG/ML	3	ST

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Drug Name	Drug Tier	Requirements / Limits
morphine injection solution 8 mg/ml	1	ST
morphine injection syringe 10 mg/ml	3	ST
morphine injection syringe 2 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml	1	ST
MORPHINE INTRAMUSCULAR PEN INJECTOR 10 MG/0.7 ML	1	ST
morphine intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)	1	ST
morphine intravenous solution 10 mg/ml, 25 mg/ml, 4 mg/ml, 50 mg/ml	1	ST
MORPHINE INTRAVENOUS SOLUTION 8 MG/ML	1	ST
morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml	1	ST
MORPHINE INTRAVENOUS SYRINGE 8 MG/ML	1	ST
morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	2	ST; QL (2 per 2 days)
morphine oral capsule,extend.release pellets 40 mg	1	ST
morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	1	ST
morphine oral tablet 15 mg, 30 mg	2	ST
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	1	ST; QL (3 per 1 day)
morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	1	ST
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG	3	ST; QL (3 per 1 day)
OXAYDO ORAL TABLET, ORAL ONLY 5 MG, 7.5 MG	2	ST
oxycodone oral capsule 5 mg	1	ST
oxycodone oral concentrate 20 mg/ml	2	ST
oxycodone oral solution 5 mg/5 ml	1	ST
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	ST

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Drug Name	Drug Tier	Requirements / Limits
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	1	ST; QL (2 per 2 days)
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	1	ST; QL (4 per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	ST; QL (12 per 1 day)
oxycodone-aspirin oral tablet 4.8355-325 mg	1	ST
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	2	ST; QL (2 per 2 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	2	ST; QL (4 per 1 day)
oxymorphone oral tablet 10 mg, 5 mg	1	ST
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	1	ST; QL (2 per 2 days)
oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg	1	ST; QL (4 per 1 day)
PROBUPHINE SUBDERMAL IMPLANT 74.2 MG	2	QL (4 per 180 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML	2	SP; QL (0.5 per 27 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML	2	SP; QL (1.5 per 27 days)
tencon oral tablet 50-325 mg	1	
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG	3	ST; QL (2 per 2 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG	3	ST; QL (4 per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG	3	ST; QL (8 per 1 day)
zebutal oral capsule 50-325-40 mg	1	
ZOHYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG	3	ST; QL (2 per 2 days)
NON-NARCOTIC ANALGESICS		
adult aspirin regimen oral tablet,delayed release (dr/ec) 81 mg	0	

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Drug Name	Drug Tier	Requirements / Limits
ANJESO INTRAVENOUS SUSPENSION 30 MG/ML	3	
aspir-81 oral tablet,delayed release (dr/ec) 81 mg	0	
aspirin low dose oral tablet,delayed release (dr/ec) 81 mg	0	
aspirin oral tablet 325 mg	0	
aspirin oral tablet,chewable 81 mg	0	
aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg	0	
aspir-trin oral tablet,delayed release (dr/ec) 325 mg	0	
bayer aspirin oral tablet 325 mg	0	
BUNAVAIL BUCCAL FILM 2.1-0.3 MG	3	QL (1 per 1 day)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG, 6.3-1 MG	3	QL (2 per 2 days)
buprenorphine-naloxone sublingual film 12-3 mg, 8-2 mg	1	QL (2 per 2 days)
buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg	1	QL (1 per 1 day)
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	1	QL (3 per 1 day)
butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml	1	ST
butorphanol tartrate nasal spray,non-aerosol 10 mg/ml	1	ST
CALDOLOR INTRAVENOUS PIGGYBACK 800 MG/200 ML (4 MG/ML)	2	
CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 MG/ML)	2	
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	1	
children's aspirin oral tablet,chewable 81 mg	0	
choline,magnesium salicylate oral liquid 500 mg/5 ml	1	
DICLOFENAC EPOLAMINE TRANSDERMAL PATCH 12 HOUR 1.3 %	1	
diclofenac potassium oral tablet 50 mg	1	

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Drug Name	Drug Tier	Requirements / Limits
diclofenac sodium oral tablet extended release 24 hr 100 mg	1	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg	1	
diclofenac sodium topical drops 1.5 %	1	QL (600 per 30 days)
diclofenac sodium topical gel 1 %	1	QL (1500 per 30 days)
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	1	
DICLOFONO TOPICAL GEL IN PACKET 1.6 %	3	ST
diflunisal oral tablet 500 mg	1	
DISALCID ORAL TABLET 500 MG, 750 MG	3	
e.c. prin oral tablet,delayed release (dr/ec) 325 mg	0	
ecotrin oral tablet,delayed release (dr/ec) 325 mg	0	
etodolac oral capsule 200 mg, 300 mg	1	
etodolac oral tablet 400 mg, 500 mg	1	
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	1	
EVZIO INJECTION AUTO-INJECTOR 2 MG/0.4 ML	2	
fenoprofen oral tablet 600 mg	1	
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	3	
flurbiprofen oral tablet 100 mg	1	
FROTEK TOPICAL CREAM IN PACKET 10 %	3	ST
ibu oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen oral suspension 100 mg/5 ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOCIN RECTAL SUPPOSITORY 50 MG	3	QL (1 per 1 day)
indomethacin oral capsule 25 mg, 50 mg	1	
indomethacin oral capsule, extended release 75 mg	1	
ketoprofen oral capsule 25 mg, 50 mg, 75 mg	1	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	1	
ketorolac injection cartridge 15 mg/ml, 30 mg/ml	1	

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Drug Name	Drug Tier	Requirements / Limits
ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)	1	
ketorolac injection syringe 15 mg/ml, 30 mg/ml	1	
ketorolac intramuscular cartridge 60 mg/2 ml	1	
ketorolac intramuscular solution 60 mg/2 ml	1	
ketorolac intramuscular syringe 60 mg/2 ml	1	
ketorolac oral tablet 10 mg	1	QL (4 per 1 day)
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	3	
lite coat aspirin oral tablet 325 mg	0	
LODINE ORAL TABLET 400 MG	3	
LUCEMYRA ORAL TABLET 0.18 MG	2	QL (264 per 720 days)
meclofenamate oral capsule 100 mg, 50 mg	1	
mefenamic acid oral capsule 250 mg	1	
meloxicam oral tablet 15 mg, 7.5 mg	1	
nabumetone oral tablet 500 mg, 750 mg	1	
nalbuphine injection solution 10 mg/ml, 20 mg/ml	1	ST
NALOXONE INJECTION AUTO-INJECTOR 2 MG/0.4 ML	1	
naloxone injection solution 0.4 mg/ml	1	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	1	
naltrexone oral tablet 50 mg	1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg	1	
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	2	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	2	ST; QL (2 per 2 days)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	2	ST; QL (6 per 1 day)
oxaprozin oral tablet 600 mg	1	
pentazocine-naloxone oral tablet 50-0.5 mg	1	ST
piroxicam oral capsule 10 mg, 20 mg	1	

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

Drug Name	Drug Tier	Requirements / Limits
READYSHARP KETOROLAC INJECTION KIT 15 MG/ML	3	
salsalate oral tablet 500 mg, 750 mg	1	
st joseph aspirin oral tablet,chewable 81 mg	0	
st. joseph aspirin oral tablet,delayed release (dr/ec) 81 mg	0	
SUBOXONE SUBLINGUAL FILM 12-3 MG, 8-2 MG	2	QL (2 per 2 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG	2	QL (1 per 1 day)
sulindac oral tablet 150 mg, 200 mg	1	
tolmetin oral capsule 400 mg	1	
tolmetin oral tablet 200 mg, 600 mg	1	
TORONOVA II SUIK KIT 30 MG/ML	3	
TORONOVA SUIK KIT 30 MG/ML	3	
tramadol oral tablet 50 mg	1	ST; QL (8 per 1 day)
tramadol oral tablet extended release 24 hr 100 mg	1	ST; QL (3 per 1 day)
tramadol oral tablet extended release 24 hr 200 mg, 300 mg	1	ST; QL (1 per 1 day)
tramadol oral tablet, er multiphase 24 hr 100 mg	1	ST; QL (3 per 1 day)
tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg	1	ST; QL (1 per 1 day)
tramadol-acetaminophen oral tablet 37.5-325 mg	1	ST; QL (10 per 1 day)
ULTRAM ORAL TABLET 50 MG	3	ST; QL (8 per 1 day)
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	2	
VOLTAREN-XR ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	2	QL (1 per 1 day)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	2	QL (2 per 2 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	2	

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

Drug Name	Drug Tier	Requirements / Limits
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	2	
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	3	
ADZENYS ER ORAL SUSPEN, IR - ER, BIPHASIC 24HR 1.25 MG/ML	3	ST; QL (15 per 1 day)
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	3	ST
alprazolam intensol oral concentrate 1 mg/ml	2	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg	1	
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	1	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	1	
amphetamine sulfate oral tablet 10 mg, 5 mg	1	PA; QL (3 per 1 day)
aripiprazole oral solution 1 mg/ml	1	ST; QL (30 per 1 day)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	1	QL (1 per 1 day)
aripiprazole oral tablet,disintegrating 10 mg	1	ST; QL (3 per 1 day)
aripiprazole oral tablet,disintegrating 15 mg	1	ST; QL (2 per 2 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	2	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	2	SP
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	2	
armodafinil oral tablet 150 mg, 200 mg, 250 mg	1	QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
armodafinil oral tablet 50 mg	1	QL (3 per 1 day)
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	1	QL (2 per 2 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	1	QL (1 per 1 day)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	ST; QL (1 per 1 day)
bupropion hcl oral tablet 100 mg, 75 mg	1	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	1	
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	1	ST
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	1	
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	
CAPLYTA ORAL CAPSULE 42 MG	3	ST; QL (1 per 1 day)
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	1	
chlorpromazine injection solution 25 mg/ml	1	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	1	
citalopram oral solution 10 mg/5 ml	1	
citalopram oral tablet 10 mg	1	$0 Copay
citalopram oral tablet 20 mg, 40 mg	1	
clomipramine oral capsule 25 mg, 50 mg, 75 mg	2	
clonidine hcl oral tablet extended release 12 hr 0.1 mg	1	QL (4 per 1 day)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	1	
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	QL (3 per 1 day)
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg	1	ST; QL (3 per 1 day)
CLOZAPINE ORAL TABLET,DISINTEGRATING 150 MG, 200 MG	1	ST; QL (3 per 1 day)
CLOZARIL ORAL TABLET 200 MG, 50 MG	3	QL (3 per 1 day)
DAYVIGO ORAL TABLET 10 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.

Drug Name	Drug Tier	Requirements / Limits
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	2	
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG	3	ST; QL (1 per 1 day)
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	1	QL (1 per 1 day)
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	1	QL (1 per 1 day)
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	1	QL (2 per 2 days)
dextroamphetamine oral capsule, extended release 10 mg, 5 mg	1	QL (2 per 2 days)
dextroamphetamine oral capsule, extended release 15 mg	1	QL (4 per 1 day)
dextroamphetamine oral solution 5 mg/5 ml	1	QL (60 per 1 day)
dextroamphetamine oral tablet 10 mg	1	QL (6 per 1 day)
dextroamphetamine oral tablet 5 mg	1	QL (3 per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	1	QL (1 per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	1	QL (2 per 2 days)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1	QL (2 per 1 day)
diazepam injection solution 5 mg/ml	1	
diazepam injection syringe 5 mg/ml	1	
diazepam intensol oral concentrate 5 mg/ml	1	
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	1	
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
doxepin oral concentrate 10 mg/ml	1	
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	1	
duloxetine oral capsule,delayed release(dr/ec) 40 mg	2	QL (2 per 2 days)

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

Drug Name	Drug Tier	Requirements / Limits
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	3	ST
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	3	ST; QL (1 per 1 day)
ergoloid oral tablet 1 mg	1	
escitalopram oxalate oral solution 5 mg/5 ml	1	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	1	
estazolam oral tablet 1 mg, 2 mg	1	
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	1	QL (1 per 1 day)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	ST; QL (2 per 2 days)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	3	ST; QL (8 per 21 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	3	ST; QL (1 per 1 day)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	3	ST; QL (1 per 1 day)
flumazenil intravenous solution 0.1 mg/ml	1	
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	1	
fluoxetine oral capsule,delayed release(dr/ec) 90 mg	1	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	1	
fluoxetine oral tablet 10 mg	1	
fluoxetine oral tablet 20 mg	2	
fluphenazine decanoate injection solution 25 mg/ml	1	
fluphenazine hcl injection solution 2.5 mg/ml	1	
fluphenazine hcl oral concentrate 5 mg/ml	1	
fluphenazine hcl oral elixir 2.5 mg/5 ml	1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	1	
flurazepam oral capsule 15 mg, 30 mg	1	
fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg	2	QL (2 per 2 days)
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	1	

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

Drug Name	Drug Tier	Requirements / Limits
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	1	QL (1 per 1 day)
guanidine oral tablet 125 mg	1	
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	1	
haloperidol lactate injection solution 5 mg/ml	1	
haloperidol lactate intramuscular syringe 5 mg/ml	1	
haloperidol lactate oral concentrate 2 mg/ml	1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	1	
HETLIOZ ORAL CAPSULE 20 MG	3	PA; SP
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	2	
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML, 410 MG/1.315 ML, 546 MG/1.75 ML, 819 MG/2.625 ML	3	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	2	ST; QL (1 per 1 day)
LATUDA ORAL TABLET 80 MG	2	ST; QL (2 per 2 days)
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	
lithium carbonate oral tablet 300 mg	1	
lithium carbonate oral tablet extended release 300 mg, 450 mg	1	
lithium citrate oral solution 8 meq/5 ml	1	
lorazepam injection solution 2 mg/ml, 4 mg/ml	1	
lorazepam injection syringe 2 mg/ml, 4 mg/ml	1	
lorazepam intensol oral concentrate 2 mg/ml	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	1	
maprotiline oral tablet 25 mg, 50 mg, 75 mg	1	
MARPLAN ORAL TABLET 10 MG	3	ST
metadate er oral tablet extended release 20 mg	1	QL (3 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
methamphetamine oral tablet 5 mg	1	QL (5 per 1 day)
METHYLPHENIDATE HCL ORAL CAP,ER SPRINKLE,BIPHASIC 40-60 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	3	
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg	1	QL (1 per 1 day)
methylphenidate hcl oral capsule, er biphasic 30-70 30 mg	1	QL (2 per 2 days)
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg, 60 mg	1	QL (1 per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 30 mg	1	QL (2 per 2 days)
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	1	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	1	QL (3 per 1 day)
methylphenidate hcl oral tablet extended release 10 mg	1	
methylphenidate hcl oral tablet extended release 20 mg	1	QL (3 per 1 day)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg	1	QL (1 per 1 day)
methylphenidate hcl oral tablet extended release 24hr 36 mg	1	QL (2 per 2 days)
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	1	QL (1 per 1 day)
methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg	1	QL (3 per 1 day)
MIDAZOLAM (PF) IN 0.9 % NACL INTRAVENOUS SYRINGE 2 MG/2 ML (1 MG/ML), 5 MG/5 ML (1 MG/ML)	1	
midazolam (pf) injection cartridge 5 mg/ml	1	
MIDAZOLAM IN 0.9 % SOD CHLORID INTRAVENOUS SOLUTION 1 MG/ML	1	
MIDAZOLAM IN 0.9 % SOD CHLORID INTRAVENOUS SYRINGE 2 MG/2 ML (1 MG/ML), 5 MG/5 ML (1 MG/ML), 55 MG/55 ML (1 MG/ML)	1	
MIDAZOLAM INTRAVENOUS SYRINGE 150 MG/30 ML (5 MG/ML)	1	

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

Drug Name	Drug Tier	Requirements / Limits
midazolam oral syrup 2 mg/ml	1	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	1	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	1	
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG	1	
modafinil oral tablet 100 mg, 200 mg	1	QL (2 per 2 days)
molindone oral tablet 10 mg	1	QL (8 per 1 day)
molindone oral tablet 25 mg	1	QL (9 per 1 day)
molindone oral tablet 5 mg	1	
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	1	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1	
nortriptyline oral solution 10 mg/5 ml	1	
NUPLAZID ORAL CAPSULE 34 MG	3	PA; SP; QL (1 per 1 day)
NUPLAZID ORAL TABLET 10 MG	3	PA; SP; QL (1 per 1 day)
olanzapine intramuscular recon soln 10 mg	1	QL (1 per 1 day)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg	1	$0 Copay; QL (1 per 1 day)
olanzapine oral tablet 20 mg	1	QL (1 per 1 day)
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	1	QL (1 per 1 day)
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	1	QL (1 per 1 day)
oxazepam oral capsule 10 mg, 15 mg, 30 mg	1	
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	2	ST; QL (1 per 1 day)
paliperidone oral tablet extended release 24hr 6 mg	2	ST; QL (2 per 2 days)
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	1	$0 Copay
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	2	
paroxetine mesylate(menop.sym) oral capsule 7.5 mg	1	ST; QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	1	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	1	
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTEND REL SYR KIT 120 MG, 90 MG	3	SP
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	3	ST
phenelzine oral tablet 15 mg	1	
pimozide oral tablet 1 mg, 2 mg	1	
protriptyline oral tablet 10 mg, 5 mg	2	
PROZAC ORAL CAPSULE 10 MG, 20 MG	3	
QUAZEPAM ORAL TABLET 15 MG	2	
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	$0 Copay; QL (3 per 1 day)
quetiapine oral tablet 300 mg, 400 mg	1	QL (3 per 1 day)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	1	QL (1 per 1 day)
ramelteon oral tablet 8 mg	1	ST; QL (1 per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 72 MG	3	QL (1 per 1 day)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	ST; QL (1 per 1 day)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	2	
risperidone oral solution 1 mg/ml	1	QL (8 per 1 day)
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	$0 Copay; QL (2 per 2 days)
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	QL (2 per 2 days)
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	3	ST; QL (2 per 2 days)
seconal sodium oral capsule 100 mg	2	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	3	ST; QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
sertraline oral concentrate 20 mg/ml	1	
sertraline oral tablet 100 mg, 50 mg	1	$0 Copay
sertraline oral tablet 25 mg	1	
SILENOR ORAL TABLET 3 MG, 6 MG	3	ST; QL (1 per 1 day)
SUNOSI ORAL TABLET 150 MG, 75 MG	3	PA; QL (1 per 1 day)
temazepam oral capsule 15 mg, 30 mg	1	
temazepam oral capsule 22.5 mg, 7.5 mg	2	
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
tranylcypromine oral tablet 10 mg	2	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	1	
triazolam oral tablet 0.125 mg, 0.25 mg	1	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	1	
trimipramine oral capsule 100 mg, 25 mg, 50 mg	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	ST; QL (1 per 1 day)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	1	
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg	2	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	3	ST; QL (1 per 1 day)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	3	ST; QL (1 per 1 day)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	3	ST; QL (1 per 1 day)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	3	ST; QL (7 per 21 days)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	2	ST; QL (1 per 1 day)
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	2	ST; QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	3	PA; SP; QL (2 per 1 day)
XYREM ORAL SOLUTION 500 MG/ML	3	PA; SP; QL (18 per 1 day)
zaleplon oral capsule 10 mg, 5 mg	1	QL (1 per 1 day)
zenzedi oral tablet 10 mg	1	QL (6 per 1 day)
zenzedi oral tablet 5 mg	1	QL (3 per 1 day)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	1	QL (2 per 2 days)
zolpidem oral tablet 10 mg, 5 mg	1	QL (1 per 1 day)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	1	QL (1 per 1 day)
zolpidem sublingual tablet 1.75 mg, 3.5 mg	1	ST; QL (1 per 1 day)
ZOLPIMIST ORAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	3	ST
ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML	3	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	3	
CARDIOVASCULAR, HYPERTENSION & LIPIDS		
ANTIARRHYTHMIC AGENTS		
amiodarone oral tablet 100 mg, 200 mg, 400 mg	1	
bretylium tosylate injection solution 50 mg/ml	1	
disopyramide phosphate oral capsule 100 mg, 150 mg	1	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	1	
flecainide oral tablet 100 mg, 150 mg, 50 mg	1	
mexiletine oral capsule 150 mg, 200 mg, 250 mg	1	
MULTAQ ORAL TABLET 400 MG	3	ST
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	3	ST
pacerone oral tablet 100 mg, 200 mg, 400 mg	1	
procainamide injection solution 100 mg/ml, 500 mg/ml	1	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	1	
propafenone oral tablet 150 mg, 225 mg, 300 mg	1	

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

Drug Name	Drug Tier	Requirements / Limits
quinidine gluconate oral tablet extended release 324 mg	1	
quinidine sulfate oral tablet 200 mg, 300 mg	1	
sotalol af oral tablet 120 mg, 160 mg, 80 mg	1	
SOTALOL INTRAVENOUS SOLUTION 150 MG/10 ML (15 MG/ML)	2	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML	2	ST; QL (128 per 1 day)
ANTIHYPERTENSIVE THERAPY		
acebutolol oral capsule 200 mg, 400 mg	1	
aliskiren oral tablet 150 mg, 300 mg	1	ST; QL (1 per 1 day)
amiloride oral tablet 5 mg	1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	1	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1	ST
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1	ST
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	1	ST
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	
betaxolol oral tablet 10 mg, 20 mg	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
BREVIBLOC IN NACL (ISO-OSM) INTRAVENOUS PARENTERAL SOLUTION 2,000 MG/100 ML, 2,500 MG/250 ML (10 MG/ML)	3	

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Drug Name	Drug Tier	Requirements / Limits
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10 ML (10 MG/ML)	3	
bumetanide injection solution 0.25 mg/ml	1	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 5 MG	2	QL (1 per 1 day)
BYSTOLIC ORAL TABLET 20 MG	2	QL (2 per 2 days)
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	3	ST
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg	1	
chlorothiazide sodium intravenous recon soln 500 mg	1	
chlorthalidone oral tablet 25 mg, 50 mg	1	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	1	
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG	3	
CORLOPAM INTRAVENOUS SOLUTION 10 MG/ML	3	
DEMSER ORAL CAPSULE 250 MG	2	
diltiazem hcl oral capsule,ext.rel 24h degradable 180 mg, 240 mg	1	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	1	

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

Drug Name	Drug Tier	Requirements / Limits
diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG	3	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG	3	
DIURIL IV INTRAVENOUS RECON SOLN 500 MG	3	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	3	ST
EDARBI ORAL TABLET 40 MG, 80 MG	2	ST
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	2	ST
EDECRIN ORAL TABLET 25 MG	3	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
enalaprilat intravenous solution 1.25 mg/ml	1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	
eplerenone oral tablet 25 mg, 50 mg	1	
epoprostenol (glycine) intravenous recon soln 0.5 mg, 1.5 mg	1	PA
eprosartan oral tablet 600 mg	1	ST
esmolol in nacl (iso-osm) intravenous parenteral solution 2,000 mg/100 ml, 2,500 mg/250 ml (10 mg/ml)	1	
ESMOLOL IN STERILE WATER INTRAVENOUS PARENTERAL SOLUTION 2,000 MG/100 ML (20 MG/ML), 2,500 MG/250 ML (10 MG/ML)	1	

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

Drug Name	Drug Tier	Requirements / Limits
esmolol intravenous solution 100 mg/10 ml (10 mg/ml)	1	
ethacrynate sodium intravenous recon soln 50 mg	1	
ethacrynic acid oral tablet 25 mg	1	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	1	
FLOLAN INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG	3	PA; SP
fosinopril oral tablet 10 mg, 20 mg, 40 mg	1	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	1	
FUROSEMIDE IN 0.9 % NACL INTRAVENOUS PIGGYBACK 100 MG/100 ML (1 MG/ML)	1	
furosemide injection solution 10 mg/ml	1	
furosemide injection syringe 10 mg/ml	1	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	
guanfacine oral tablet 1 mg, 2 mg	1	
hydralazine injection solution 20 mg/ml	1	
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	
indapamide oral tablet 1.25 mg, 2.5 mg	1	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	
isradipine oral capsule 2.5 mg, 5 mg	1	
labetalol intravenous solution 5 mg/ml	1	
labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)	1	
labetalol oral tablet 100 mg, 200 mg, 300 mg	1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
losartan oral tablet 100 mg, 25 mg, 50 mg	1	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
methyldopa oral tablet 250 mg, 500 mg	1	
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg	1	
methyldopate intravenous solution 250 mg/5 ml	1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	
metoprolol tartrate intravenous solution 5 mg/5 ml	1	
metoprolol tartrate intravenous syringe 5 mg/5 ml	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
minoxidil oral tablet 10 mg, 2.5 mg	1	
moexipril oral tablet 15 mg, 7.5 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
nadolol-bendroflumethiazide oral tablet 80-5 mg	1	
nicardipine oral capsule 20 mg, 30 mg	1	
nifedipine oral capsule 10 mg, 20 mg	1	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	1	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	1	
nimodipine oral capsule 30 mg	1	
nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	1	
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	3	QL (60 per 15 days)

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Drug Name	Drug Tier	Requirements / Limits
olmesartan oral tablet 20 mg, 40 mg, 5 mg	1	ST
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1	ST
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	ST
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	3	PA; SP
osmitrol 20 % intravenous parenteral solution 20 %	2	
papaverine injection solution 30 mg/ml	1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1	
phenoxybenzamine oral capsule 10 mg	1	PA; SP; QL (10 per 15 days)
phentolamine injection recon soln 5 mg	1	
pindolol oral tablet 10 mg, 5 mg	1	
prazosin oral capsule 1 mg, 2 mg, 5 mg	1	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG	3	ST
propranolol intravenous solution 1 mg/ml	1	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	1	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg	1	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	3	PA; SP
SODIUM EDECRIN INTRAVENOUS RECON SOLN 50 MG	3	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	

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Drug Name	Drug Tier	Requirements / Limits
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	1	
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	2	ST; QL (1 per 1 day)
TEKTURNA ORAL TABLET 150 MG, 300 MG	3	ST; QL (1 per 1 day)
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1	
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml	1	PA; SP
triamterene oral capsule 100 mg, 50 mg	1	ST
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	1	
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	2	PA; SP; QL (2 per 1 day)
UPTRAVI ORAL TABLET 200 MCG	2	PA; SP; QL (8 per 1 day)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	2	PA; SP; QL (200 per 365 days)
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	

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Drug Name	Drug Tier	Requirements / Limits
veletri intravenous recon soln 0.5 mg, 1.5 mg	1	PA; SP
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	1	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil oral tablet 120 mg, 40 mg, 80 mg	1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	1	
CARDIAC GLYCOSIDES		
digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1	
digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1	
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	2	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	3	
COAGULATION THERAPY		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	2	SP
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT	2	SP
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	2	SP
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML	2	SP
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	2	SP

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Drug Name	Drug Tier	Requirements / Limits
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	2	SP
AMICAR ORAL SOLUTION 250 MG/ML (25 %)	3	
AMICAR ORAL TABLET 1,000 MG, 500 MG	2	
aminocaproic acid intravenous solution 250 mg/ml	1	
aminocaproic acid oral solution 250 mg/ml (25 %)	1	
aminocaproic acid oral tablet 1,000 mg, 500 mg	1	
ANDEXXA INTRAVENOUS RECON SOLN 100 MG, 200 MG	3	PA
ANGIOMAX INTRAVENOUS RECON SOLN 250 MG	3	SP
ARGATROBAN IN 0.9 % SOD CHLOR INTRAVENOUS PARENTERAL SOLUTION 250 MG/250 ML (1 MG/ML)	3	
ARGATROBAN IN 0.9 % SOD CHLOR INTRAVENOUS SOLUTION 1 MG/ML	3	
ARGATROBAN IN NACL (ISO-OS) INTRAVENOUS SOLUTION 50 MG/50 ML (1 MG/ML)	3	
ARGATROBAN INTRAVENOUS SOLUTION 100 MG/ML	3	
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML	3	QL (8 per 22 days)
ARIXTRA SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	3	QL (5 per 22 days)
ARIXTRA SUBCUTANEOUS SYRINGE 5 MG/0.4 ML	3	QL (4 per 22 days)
ARIXTRA SUBCUTANEOUS SYRINGE 7.5 MG/0.6 ML	3	QL (6 per 22 days)
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	1	
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	2	SP
BEVYXXA ORAL CAPSULE 40 MG, 80 MG	3	ST; QL (43 per 31 days)
bivalirudin intravenous recon soln 250 mg	1	PA

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Drug Name	Drug Tier	Requirements / Limits
BIVALIRUDIN-0.9 % SODIUM CHLOR INTRAVENOUS PIGGYBACK 250 MG/50 ML (5 MG/ML), 500 MG/100 ML (5 MG/ML)	3	
BRILINTA ORAL TABLET 60 MG, 90 MG	2	QL (2 per 2 days)
CABLIVI INJECTION KIT 11 MG	3	PA; SP; QL (1 per 1 day)
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT	2	SP
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT	2	SP
cilostazol oral tablet 100 mg, 50 mg	1	
clopidogrel oral tablet 300 mg	1	QL (4 per 22 days)
clopidogrel oral tablet 75 mg	1	
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	2	SP
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	2	SP
COUMADIN ORAL TABLET 1 MG, 2.5 MG, 5 MG, 6 MG, 7.5 MG	3	
DEFITELIO INTRAVENOUS SOLUTION 80 MG/ML	3	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	2	PA; SP; QL (2 per 1 day)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	QL (74 per 22 days)
ELIQUIS ORAL TABLET 2.5 MG	2	QL (2 per 2 days)
ELIQUIS ORAL TABLET 5 MG	2	QL (74 per 22 days)
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT	2	SP
enoxaparin subcutaneous solution 300 mg/3 ml	1	QL (1 per 1 day)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	1	QL (1 per 1 day)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	1	QL (24 per 22 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml	1	QL (9 per 22 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	1	QL (12 per 22 days)

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

Drug Name	Drug Tier	Requirements / Limits
enoxaparin subcutaneous syringe 60 mg/0.6 ml	1	QL (8 per 22 days)
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	3	SP
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	2	SP
FIBRYGA INTRAVENOUS RECON SOLN 1 GRAM (700 MG- 1,300 MG)	3	
fondaparinux subcutaneous syringe 10 mg/0.8 ml	1	SP; QL (8 per 22 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	1	SP; QL (5 per 22 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	1	SP; QL (4 per 22 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	1	SP; QL (6 per 22 days)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	2	QL (7.6 per 22 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	2	QL (10 per 22 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	2	QL (5 per 22 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	2	QL (6 per 22 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	2	QL (7.2 per 22 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	2	QL (2 per 22 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	2	QL (3 per 22 days)
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML	3	PA; SP
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	2	SP
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT	2	SP
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT	2	SP
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT	2	SP

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

Drug Name	Drug Tier	Requirements / Limits
hep flush-10 (pf) intravenous solution 10 unit/ml	1	
HEPARIN (PORCINE) IN 0.9% NACL INTRAVENOUS PARENTERAL SOLUTION 2,500 UNIT/500 ML (5 UNIT/ML), 30,000 UNIT/1,000 ML, 5,000 UNIT/1,000 ML, 5,000 UNIT/500 ML (10 UNIT/ML)	1	
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	1	
heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml	1	
heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)	1	
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	1	
heparin (porcine) injection syringe 5,000 unit/ml	1	
heparin flush(porcine)-0.9nacl intravenous kit 100 unit/ml	1	
heparin lock flush (porcine) intravenous solution 100 unit/ml	1	
heparin lock flush intravenous solution 10 unit/ml	1	
heparin lock flush intravenous syringe 10 unit/ml	1	
heparin lockflush(porcine)(pf) intravenous syringe 10 unit/ml, 100 unit/ml	1	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	1	
heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml	1	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml	1	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	1	
heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)	1	

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

Drug Name	Drug Tier	Requirements / Limits
heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml	1	
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE 5,000 UNIT/0.5 ML	1	
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT	2	SP
IDELVION INTRAVENOUS RECON SOLN 3,500 (+/-) UNIT	3	SP
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	2	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	2	SP
KCENTRA INTRAVENOUS RECON SOLN 1,000 UNIT (800-1240 UNIT), 500 UNIT (400-620 UNIT)	3	
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	3	SP
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	2	SP
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	2	SP
LOVENOX SUBCUTANEOUS SOLUTION 300 MG/3 ML	3	QL (1 per 1 day)
MEPHYTON ORAL TABLET 5 MG	3	
MONONINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT	2	SP
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	2	SP
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG)	2	SP

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

Drug Name	Drug Tier	Requirements / Limits
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG	2	PA; SP
NPLATE SUBCUTANEOUS RECON SOLN 250 MCG, 500 MCG	2	PA; SP; QL (8 per 21 days)
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	2	
pentoxifylline oral tablet extended release 400 mg	1	
phytonadione (vitamin k1) injection solution 10 mg/ml	1	
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE 1 MG/0.5 ML	1	
phytonadione (vitamin k1) oral tablet 5 mg	1	
prasugrel oral tablet 10 mg, 5 mg	1	QL (1 per 1 day)
PRAXBIND INTRAVENOUS SOLUTION 2.5 GRAM/50 ML	3	
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	2	SP
PROMACTA ORAL POWDER IN PACKET 12.5 MG	2	PA; SP; QL (1 per 1 day)
PROMACTA ORAL POWDER IN PACKET 25 MG	3	SP; QL (3 per 1 day)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	2	PA; SP; QL (1 per 1 day)
protamine intravenous solution 10 mg/ml	1	
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 500 (+/-) UNIT	3	
RIASTAP INTRAVENOUS RECON SOLN 1 GRAM (900MG-1,300MG)	2	SP
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 500 UNIT	3	SP
RIXUBIS INTRAVENOUS RECON SOLN 3,000 UNIT	3	
TAVALISSE ORAL TABLET 100 MG, 150 MG	3	PA; SP; QL (2 per 1 day)
TRANEXAMIC ACID IN NACL,ISO-OS INTRAVENOUS PIGGYBACK 1,000 MG/100 ML (10 MG/ML)	1	

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Drug Name	Drug Tier	Requirements / Limits
tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)	1	
TRETTEN INTRAVENOUS RECON SOLN 2,500 UNIT	2	SP
vitamin k injection solution 1 mg/0.5 ml	1	
vitamin k1 injection solution 10 mg/ml	1	
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE	2	SP
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	2	SP
XARELTO ORAL TABLET 10 MG, 20 MG	2	QL (1 per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG	2	QL (2 per 2 days)
XARELTO ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	2	QL (1 per 22 days)
ZONTIVITY ORAL TABLET 2.08 MG	3	QL (1 per 1 day)
LIPID/CHOLESTEROL LOWERING AGENTS		
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	1	ST; QL (1 per 1 day)
atorvastatin oral tablet 10 mg, 20 mg	0	QL (1 per 1 day)
atorvastatin oral tablet 40 mg, 80 mg	1	QL (1 per 1 day)
cholestyramine (with sugar) oral powder 4 gram	1	
cholestyramine (with sugar) oral powder in packet 4 gram	1	
cholestyramine light oral powder 4 gram	1	
cholestyramine light oral powder in packet 4 gram	1	
colesevelam oral tablet 625 mg	1	ST
colestipol oral granules 5 gram	1	
colestipol oral packet 5 gram	1	
colestipol oral tablet 1 gram	1	
ezetimibe oral tablet 10 mg	1	QL (1 per 1 day)
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg	1	QL (1 per 1 day)
ezetimibe-simvastatin oral tablet 10-80 mg	1	ST; QL (1 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	1	
FENOFIBRATE ORAL CAPSULE 150 MG, 50 MG	1	ST
fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg	1	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	1	
fenofibric acid oral tablet 105 mg, 35 mg	1	
fluvastatin oral capsule 20 mg, 40 mg	0	QL (2 per 2 days)
fluvastatin oral tablet extended release 24 hr 80 mg	0	ST; QL (1 per 1 day)
gemfibrozil oral tablet 600 mg	1	
JUXTAPID ORAL CAPSULE 10 MG, 30 MG, 40 MG, 60 MG	2	PA; SP; QL (1 per 1 day)
JUXTAPID ORAL CAPSULE 20 MG	2	PA; SP; QL (3 per 1 day)
JUXTAPID ORAL CAPSULE 5 MG	2	PA; SP; QL (1.5 per 1 day)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	3	ST; QL (1 per 1 day)
lovastatin oral tablet 10 mg, 20 mg, 40 mg	0	QL (2 per 2 days)
NEXLETOL ORAL TABLET 180 MG	3	
niacin oral tablet 500 mg	1	
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	1	
omega-3 acid ethyl esters oral capsule 1 gram	1	QL (4 per 1 day)
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	0	QL (1 per 1 day)
prevalite oral powder 4 gram	1	
prevalite oral powder in packet 4 gram	1	
QUESTRAN LIGHT ORAL POWDER 4 GRAM	3	
QUESTRAN ORAL POWDER 4 GRAM	3	
QUESTRAN ORAL POWDER IN PACKET 4 GRAM	3	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	2	PA; QL (3.5 per 21 days)

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

Drug Name	Drug Tier	Requirements / Limits
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	2	PA; QL (2 per 21 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	2	PA; QL (2 per 21 days)
rosuvastatin oral tablet 10 mg, 5 mg	0	QL (1 per 1 day)
rosuvastatin oral tablet 20 mg, 40 mg	1	QL (1 per 1 day)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	0	QL (1 per 1 day)
simvastatin oral tablet 80 mg	1	ST; QL (1 per 1 day)
VASCEPA ORAL CAPSULE 0.5 GRAM	2	ST; QL (8 per 1 day)
VASCEPA ORAL CAPSULE 1 GRAM	2	ST; QL (4 per 1 day)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL SOLUTION 5 MG/5 ML	2	QL (20 per 1 day)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	2	ST; QL (2 per 2 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	2	
GIAPREZA INTRAVENOUS SOLUTION 2.5 MG/ML	3	
NIPRIDE RTU INTRAVENOUS SOLUTION 20 MG/100 ML (0.2 MG/ML), 50 MG/100 ML (0.5 MG/ML)	3	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 1,000 MG	3	QL (2 per 2 days)
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 500 MG	3	QL (4 per 1 day)
ranolazine oral tablet extended release 12 hr 1,000 mg	1	QL (2 per 2 days)
ranolazine oral tablet extended release 12 hr 500 mg	1	QL (4 per 1 day)
VECAMYL ORAL TABLET 2.5 MG	3	PA
VYNDAMAX ORAL CAPSULE 61 MG	3	PA; SP; QL (1 per 1 day)
VYNDAQEL ORAL CAPSULE 20 MG	3	PA; SP; QL (4 per 1 day)
NITRATES		
DILATRATE-SR ORAL CAPSULE, EXTENDED RELEASE 40 MG	2	ST
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	

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Drug Name	Drug Tier	Requirements / Limits
isosorbide dinitrate oral tablet extended release 40 mg	1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	1	
MINITRAN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	1	
nitro-bid transdermal ointment 2 %	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR	3	
nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 200 mg/500 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml), 50 mg/500 ml (100 mcg/ml)	1	
nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)	1	
nitroglycerin oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg	1	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	
nitroglycerin translingual spray,non-aerosol 400 mcg/spray	1	
NITROLINGUAL TRANSLINGUAL SPRAY,NON-AEROSOL 400 MCG/SPRAY	3	
NITROMIST TRANSLINGUAL AEROSOL,SPRAY 400 MCG/SPRAY	3	
nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	1	
calcipotriene scalp solution 0.005 %	1	ST
calcipotriene topical cream 0.005 %	1	ST
calcipotriene topical ointment 0.005 %	1	ST

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Drug Name	Drug Tier	Requirements / Limits
calcipotriene-betamethasone topical ointment 0.005-0.064 %	1	ST
calcitriol topical ointment 3 mcg/gram	1	ST
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA; SP; QL (2 per 21 days)
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	2	PA; SP; QL (2 per 21 days)
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	2	PA; SP; QL (1 per 21 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA; SP; QL (1 per 21 days)
drithocreme hp topical cream 1 %	2	ST
hydrocortisone-pramoxine topical cream 2.5-1 %	1	
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	3	PA; QL (1 per 63 days)
selenium sulfide topical lotion 2.5 %	1	
selenium sulfide topical shampoo 2.25 %	2	
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	3	PA; SP
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	2	PA; SP; QL (1 per 63 days)
SORILUX TOPICAL FOAM 0.005 %	3	ST
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	2	PA; SP; QL (0.5 per 21 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	2	PA; SP; QL (0.5 per 21 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	2	PA; SP; QL (0.5 per 21 days)
sulfacetamide sodium topical cleanser 10 %	1	
sulfacetamide sodium topical cleanser, gel 10 %	1	
TACLONEX TOPICAL SUSPENSION 0.005-0.064 %	2	ST
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	3	PA; SP; QL (1 per 21 days)
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	3	PA; SP; QL (1 per 21 days)

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Drug Name	Drug Tier	Requirements / Limits
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	3	PA; SP; QL (1 per 21 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	3	PA; SP; QL (1 per 21 days)
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	2	PA; SP; QL (1 per 42 days)
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; SP; QL (1 per 42 days)
ZITHRANOL TOPICAL SHAMPOO 1 %	3	
BURN THERAPY		
silver sulfadiazine topical cream 1 %	1	
ssd topical cream 1 %	1	
KERATOLYTICS		
salicylic acid er-ceramides topical kit,cleanser and cream er 6 %	2	
salicylic acid topical cream 6 %	1	
salicylic acid topical cream,extended release 6 %	1	
salicylic acid topical film forming liquid w/appl 27.5 %	1	
salicylic acid topical film-forming soln er w/ appl 28.5 %	1	
salicylic acid topical foam 6 %	1	
salicylic acid topical gel 6 %	1	
salicylic acid topical liquid 26 %	1	
salicylic acid topical lotion 6 %	1	
salicylic acid topical lotion,extended release 6 %	1	
salicylic acid topical shampoo 6 %	1	
SALIMEZ FORTE TOPICAL CREAM 10 %	3	
salimez topical cream 6 %	2	
salvax topical foam 6 %	1	
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 %	3	
MISCELLANEOUS DERMATOLOGICALS		
AMELUZ TOPICAL GEL 10 %	3	
ATRAPRO HYDROGEL TOPICAL GEL	3	
avo cream topical emulsion	1	

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Drug Name	Drug Tier	Requirements / Limits
CARAC TOPICAL CREAM 0.5 %	2	PA
cem-urea topical gel 45 %	1	
CERACADE TOPICAL EMULSION	3	
CERAMAX TOPICAL CREAM	3	
CERAMAX TOPICAL LOTION	3	
DEXERYL TOPICAL CREAM	3	
diclofenac sodium topical gel 3 %	1	ST; QL (100 per 30 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	2	PA; SP
emulsion sb topical emulsion	1	
ESKATA TOPICAL SOLUTION WITH APPLICATOR 40 %	3	
EUCRISA TOPICAL OINTMENT 2 %	3	ST
FLUOROURACIL TOPICAL CREAM 0.5 %	1	PA
fluorouracil topical cream 5 %	1	
fluorouracil topical solution 2 %, 5 %	1	
HALUCORT TOPICAL GEL	3	
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %	3	
IODOSORB TOPICAL GEL 0.9 %	3	
LEVICYN ANTIPRURITIC SG TOPICAL SPRAY GEL	3	
LEVICYN ANTIPRURITIC TOPICAL GEL	3	
LEVULAN TOPICAL SOLUTION 20 %	3	
luxamend topical cream	3	
mb hydrogel topical kit,cream and gel 96.53-3-0.4 -0.066 %	1	
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg	1	
methyl salicylate oil	1	
methyl salicylate topical liquid	1	
PANRETIN TOPICAL GEL 0.1 %	3	
PICATO TOPICAL GEL 0.015 %	2	QL (3 per 21 days)
PICATO TOPICAL GEL 0.05 %	2	QL (2 per 21 days)
pimecrolimus topical cream 1 %	1	ST

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Drug Name	Drug Tier	Requirements / Limits
podofilox topical solution 0.5 %	1	
pruclair topical cream	1	
QBREXZA TOPICAL TOWELETTE 2.4 %	2	PA; QL (1 per 1 day)
REGRANEX TOPICAL GEL 0.01 %	2	
SCENESSE SUBCUTANEOUS IMPLANT 16 MG	3	QL (1 per 45 days)
SEBUDERM TOPICAL GEL	3	
silver nitrate applicators topical stick 75-25 %	1	
silver nitrate topical solution 0.5 %, 10 %, 25 %, 50 %	1	
SOLARAZE TOPICAL GEL 3 %	3	QL (100 per 30 days)
sonafine topical emulsion	1	
tacrolimus topical ointment 0.03 %, 0.1 %	1	
umecta topical foam 40 %	1	
urea nail stick topical solution 50 %	1	
urea topical cream 39 %, 40 %, 45 %, 47 %, 50 %	1	
urea topical foam 35 %	1	
urea topical gel 45 %	1	
UVADEX INJECTION SOLUTION 20 MCG/ML	2	
VALCHLOR TOPICAL GEL 0.016 %	2	PA; SP
wintergreen oil oil	1	
THERAPY FOR ACNE		
adapalene topical cream 0.1 %	1	
adapalene topical gel 0.3 %	1	
adapalene topical gel with pump 0.3 %	1	
ADAPALENE TOPICAL LOTION 0.1 %	1	
adapalene topical solution 0.1 %	2	
adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %	1	ST
amnesteem oral capsule 10 mg, 20 mg, 40 mg	1	
ARAZLO TOPICAL LOTION 0.045 %	3	
AVAR-E LS TOPICAL CREAM 10-2 %	3	
avita topical cream 0.025 %	1	
AVITA TOPICAL GEL 0.025 %	2	

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Drug Name	Drug Tier	Requirements / Limits
azelaic acid topical gel 15 %	1	ST
benzepro topical towelette 6 %	1	
benzoyl peroxide topical foam 9.8 %	1	
bp 10-1 topical cleanser 10-1 %	1	
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
cleansing wash topical cleanser 10-4-10 %	1	
clindamycin phosphate topical foam 1 %	1	
clindamycin phosphate topical gel 1 %	1	$0 Copay
CLINDAMYCIN PHOSPHATE TOPICAL GEL, ONCE DAILY 1 %	1	
clindamycin phosphate topical lotion 1 %	1	
clindamycin phosphate topical solution 1 %	1	$0 Copay; QL (180 per 30 days)
clindamycin phosphate topical swab 1 %	1	$0 Copay
clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %	1	
clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %	1	
clindamycin-benzoyl peroxide topical gel with pump 1-5 %	1	ST
clindamycin-tretinoin topical gel 1.2-0.025 %	2	
dapsone topical gel 5 %	1	
dapsone topical gel with pump 7.5 %	1	
ery pads topical swab 2 %	1	
erythromycin with ethanol topical gel 2 %	1	
erythromycin with ethanol topical solution 2 %	1	$0 Copay; QL (180 per 30 days)
erythromycin-benzoyl peroxide topical gel 3-5 %	1	
FINACEA TOPICAL FOAM 15 %	3	ST
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
metronidazole topical cream 0.75 %	1	
metronidazole topical gel 0.75 %	1	
metronidazole topical gel 1 %	2	
metronidazole topical gel with pump 1 %	2	
metronidazole topical lotion 0.75 %	2	
MIRVASO TOPICAL GEL 0.33 %	2	

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

Drug Name	Drug Tier	Requirements / Limits
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	2	
myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
NEUAC KIT TOPICAL COMBO PACK,CREAM AND GEL 1.2-5 %	3	
neuac topical gel 1.2 %(1 % base) -5 %	1	
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %	1	
rosadan topical cream 0.75 %	1	
rosula cleansing cloths topical pads, medicated 10-5 %	1	
sss 10-5 topical cream 10-5 % (w/w)	1	
sss 10-5 topical foam 10-5 %	1	
sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9-4 %, 9-4.5 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)	1	$0 Copay; QL (1419 per 30 days)
sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %	1	
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %	1	
sulfacetamide sodium-sulfur topical pads, medicated 10-4 %	1	
sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %	1	
sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %	1	$0 Copay; QL (1419 per 30 days)
sulfacetamide-sulfur-cleansr23 topical kit 9-4.5 %	1	
sulfacleanse 8-4 topical suspension 8-4 %	1	
tazarotene topical cream 0.1 %	1	
TAZORAC TOPICAL CREAM 0.05 %	2	ST
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	2	ST
tretinoin microspheres topical gel 0.04 %, 0.1 %	2	
tretinoin microspheres topical gel with pump 0.04 %, 0.1 %	1	ST
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	1	
tretinoin topical gel 0.01 %	1	

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Drug Name	Drug Tier	Requirements / Limits
tretinoin topical gel 0.025 %, 0.05 %	2	
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %	3	
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
TOPICAL ANESTHETICS		
COCAINE NASAL SOLUTION 4 %	1	
ethyl chloride topical aerosol,spray 100 %	3	
glydo mucous membrane jelly in applicator 2 %	1	
GOPRELTO NASAL SOLUTION 4 %	3	
lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 40 mg/ml (4 %)	1	
LIDOCAINE (PF) INJECTION SYRINGE 200 MG/10 ML (2 %), 400 MG/20 ML (2 %), 60 MG/3 ML (2 %)	1	
lidocaine (pf) injection syringe 50 mg/5 ml (1 %)	1	
lidocaine hcl injection syringe 10 mg/ml (1 %), 100 mg/10 ml (1 %)	1	
LIDOCAINE HCL INJECTION SYRINGE 100 MG/5 ML (2 %), 30 MG/3 ML (1%), 50 MG/5 ML (1 %)	1	
lidocaine hcl laryngotracheal solution 4 %	1	
lidocaine hcl mucous membrane jelly 2 %	1	
lidocaine hcl mucous membrane jelly in applicator 2 %	1	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	1	
lidocaine hcl topical cream 3 %	1	
lidocaine hcl-hydrocortison ac topical cream 3-0.5 %	1	
lidocaine topical adhesive patch,medicated 5 %	1	
lidocaine topical ointment 5 %	1	QL (8 per 1 day)
lidocaine viscous mucous membrane solution 2 %	1	
lidocaine-prilocaine topical cream 2.5-2.5 %	1	
lta pre-attached laryngotracheal solution 4 %	2	
NUMBRINO NASAL SOLUTION 4 %	1	
zionodil topical lotion 3 %	1	

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Drug Name	Drug Tier	Requirements / Limits
TOPICAL ANTIBACTERIALS		
gentamicin topical cream 0.1 %	1	QL (90 per 30 days)
gentamicin topical ointment 0.1 %	1	
hydrocortisone-iodoquinol topical cream 1-1 %	1	
hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %	1	
lugols topical solution 5-10 %	1	
mafenide acetate topical packet 50 gram	1	
mupirocin calcium topical cream 2 %	1	QL (90 per 30 days)
mupirocin topical ointment 2 %	1	
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	3	ST
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	3	
QUINJA TOPICAL GEL 1.25-1 %	3	
strong iodine topical solution 5-10 %	1	
sulfacetamide sodium (acne) topical suspension 10 %	1	$0 Copay
SULFAMYLON TOPICAL CREAM 85 MG/G	2	
SULFAMYLON TOPICAL PACKET 50 GRAM	2	
TOPICAL ANTIFUNGALS		
ALA-QUIN TOPICAL CREAM 3-0.5 %	3	
ciclopirox topical cream 0.77 %	1	QL (180 per 30 days)
ciclopirox topical gel 0.77 %	2	
ciclopirox topical shampoo 1 %	2	
ciclopirox topical solution 8 %	1	QL (19.8 per 30 days)
ciclopirox topical suspension 0.77 %	1	QL (180 per 30 days)
clotrimazole-betamethasone topical cream 1-0.05 %	1	
clotrimazole-betamethasone topical lotion 1-0.05 %	1	
DERMACINRX THERAZOLE PAK TOPICAL COMBO PACK 1-0.05-20 %	3	
econazole topical cream 1 %	2	QL (170 per 30 days)
ERTACZO TOPICAL CREAM 2 %	3	ST

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

Drug Name	Drug Tier	Requirements / Limits
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %	3	PA; QL (4 per 22 days)
KERYDIN TOPICAL SOLUTION WITH APPLICATOR 5 %	3	PA; QL (10 per 22 days)
ketoconazole topical cream 2 %	1	QL (180 per 30 days)
ketoconazole topical foam 2 %	2	
ketoconazole topical shampoo 2 %	1	
ketodan kit topical combo pack 2 %	2	
ketodan topical foam 2 %	2	
naftifine topical cream 1 %	2	
naftifine topical cream 2 %	2	QL (180 per 30 days)
naftifine topical gel 1 %	1	
nyamyc topical powder 100,000 unit/gram	1	
nystatin topical cream 100,000 unit/gram	1	
nystatin topical ointment 100,000 unit/gram	1	
nystatin topical powder 100,000 unit/gram	1	
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%	1	
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%	2	
nystop topical powder 100,000 unit/gram	1	
oxiconazole topical cream 1 %	2	QL (180 per 30 days)
OXISTAT TOPICAL LOTION 1 %	3	
TOPICAL ANTIVIRALS		
acyclovir topical ointment 5 %	2	
ZOVIRAX TOPICAL OINTMENT 5 %	3	
TOPICAL CORTICOSTEROIDS		
ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 %	1	
ALA-SCALP TOPICAL LOTION 2 %	2	
alclometasone topical cream 0.05 %	1	
alclometasone topical ointment 0.05 %	1	
amcinonide topical cream 0.1 %	2	ST
amcinonide topical lotion 0.1 %	1	ST

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Drug Name	Drug Tier	Requirements / Limits
AQUA GLYCOLIC HC TOPICAL COMBO PACK 2 %	3	
betamethasone dipropionate topical cream 0.05 %	1	
betamethasone dipropionate topical lotion 0.05 %	1	
betamethasone dipropionate topical ointment 0.05 %	1	
betamethasone valerate topical cream 0.1 %	1	
betamethasone valerate topical foam 0.12 %	1	
betamethasone valerate topical lotion 0.1 %	1	
betamethasone valerate topical ointment 0.1 %	1	
betamethasone, augmented topical cream 0.05 %	1	
betamethasone, augmented topical gel 0.05 %	1	
betamethasone, augmented topical lotion 0.05 %	1	
betamethasone, augmented topical ointment 0.05 %	1	
clobetasol scalp solution 0.05 %	1	
clobetasol topical cream 0.05 %	1	
clobetasol topical foam 0.05 %	1	
clobetasol topical gel 0.05 %	1	
clobetasol topical lotion 0.05 %	1	
clobetasol topical ointment 0.05 %	1	
clobetasol topical shampoo 0.05 %	1	
clobetasol topical spray,non-aerosol 0.05 %	1	
clobetasol-emollient topical cream 0.05 %	1	
clobetasol-emollient topical foam 0.05 %	1	
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	3	
desonide topical cream 0.05 %	2	
desonide topical lotion 0.05 %	2	
desonide topical ointment 0.05 %	2	
desoximetasone topical cream 0.05 %	2	
desoximetasone topical cream 0.25 %	1	
desoximetasone topical gel 0.05 %	2	
desoximetasone topical ointment 0.05 %	2	
desoximetasone topical ointment 0.25 %	1	

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

Drug Name	Drug Tier	Requirements / Limits
DUOBRII TOPICAL LOTION 0.01-0.045 %	3	ST
fluocinolone and shower cap scalp oil 0.01 %	1	
fluocinolone topical cream 0.01 %, 0.025 %	1	
fluocinolone topical oil 0.01 %	1	
fluocinolone topical ointment 0.025 %	1	
fluocinolone topical solution 0.01 %	1	
fluocinonide topical cream 0.05 %	1	
fluocinonide topical cream 0.1 %	2	
fluocinonide topical gel 0.05 %	1	
fluocinonide topical ointment 0.05 %	1	
fluocinonide topical solution 0.05 %	1	
fluocinonide-e topical cream 0.05 %	1	
flurandrenolide topical cream 0.05 %	2	
flurandrenolide topical lotion 0.05 %	1	
flurandrenolide topical ointment 0.05 %	1	
fluticasone propionate topical cream 0.05 %	1	
fluticasone propionate topical lotion 0.05 %	1	
fluticasone propionate topical ointment 0.005 %	1	
halcinonide topical cream 0.1 %	2	
halobetasol propionate topical cream 0.05 %	1	
halobetasol propionate topical ointment 0.05 %	1	
HALOG TOPICAL SOLUTION 0.1 %	3	ST
hydrocortisone butyrate topical cream 0.1 %	2	
hydrocortisone butyrate topical lotion 0.1 %	1	
hydrocortisone butyrate topical ointment 0.1 %	1	
hydrocortisone butyrate topical solution 0.1 %	1	
hydrocortisone butyr-emollient topical cream 0.1 %	2	
hydrocortisone topical cream 2.5 %	1	
hydrocortisone topical lotion 2.5 %	1	
hydrocortisone topical ointment 2.5 %	1	
hydrocortisone valerate topical cream 0.2 %	1	
hydrocortisone valerate topical ointment 0.2 %	2	
mometasone topical cream 0.1 %	1	

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

Drug Name	Drug Tier	Requirements / Limits
mometasone topical ointment 0.1 %	1	
mometasone topical solution 0.1 %	1	
NUCORT TOPICAL LOTION 2 %	3	
prednicarbate topical cream 0.1 %	1	
prednicarbate topical ointment 0.1 %	1	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	3	
scalacort topical lotion 2 %	3	
triamcinolone acetonide topical aerosol 0.147 mg/gram	2	
triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1	
triderm topical cream 0.1 %, 0.5 %	1	
TOPICAL ENZYMES		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	2	
TOPICAL SCABICIDES / PEDICULICIDES		
crotan topical lotion 10 %	3	
EURAX TOPICAL CREAM 10 %	3	ST
EURAX TOPICAL LOTION 10 %	3	ST
lindane topical shampoo 1 %	1	
malathion topical lotion 0.5 %	1	
permethrin topical cream 5 %	1	
SKLICE TOPICAL LOTION 0.5 %	3	
spinosad topical suspension 0.9 %	1	
ULESFIA TOPICAL LOTION 5 %	3	ST
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANTIDOTES		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML	3	

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

Drug Name	Drug Tier	Requirements / Limits
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML	3	
IRRIGATING SOLUTIONS		
lactated ringers irrigation solution	3	
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml	1	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L	3	
ringer's irrigation solution	1	
SORBITOL IRRIGATION SOLUTION 3 %, 3.3 %	1	
SORBITOL-MANNITOL TRANSURETHRAL SOLUTION 2.7-0.54 GRAM/100 ML	1	
tis-u-sol pentalyte irrigation irrigation solution 800-40-20-8.75- 6.25 mg/100 ml	3	
MISCELLANEOUS AGENTS		
ABLYSINOL INTRA-ARTERIAL SOLUTION 99 %	3	
acamprosate oral tablet,delayed release (dr/ec) 333 mg	1	
acetic acid irrigation solution 0.25 %	1	
AGRYLIN ORAL CAPSULE 0.5 MG	3	
AMMONUL INTRAVENOUS SOLUTION 10-10 %	2	
AMPHADASE INJECTION SOLUTION 150 UNIT/ML	3	
anagrelide oral capsule 0.5 mg, 1 mg	1	
aqua care sodium chloride irrigation solution 0.9 %	1	
aqua care sterile water irrigation solution	1	
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	2	SP
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)	1	
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	2	SP

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

Drug Name	Drug Tier	Requirements / Limits
CARNITOR ORAL SOLUTION 100 MG/ML	3	
CARNITOR ORAL TABLET 330 MG	3	
cevimeline oral capsule 30 mg	1	
CHEMET ORAL CAPSULE 100 MG	2	
clovique oral capsule 250 mg	1	SP; QL (8 per 1 day)
deferasirox oral tablet 180 mg, 360 mg, 90 mg	1	PA; SP
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	1	PA; SP
disulfiram oral tablet 250 mg, 500 mg	1	
ENDARI ORAL POWDER IN PACKET 5 GRAM	3	PA; SP
etidronate disodium oral tablet 200 mg	1	
EVOXAC ORAL CAPSULE 30 MG	3	
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	3	PA; SP
FERRIPROX ORAL SOLUTION 100 MG/ML	2	PA; SP
FERRIPROX ORAL TABLET 1,000 MG, 500 MG	2	PA; SP
FERRLECIT INTRAVENOUS SOLUTION 62.5 MG/5 ML	3	
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	3	PA; SP; QL (3 per 67 days)
HYLENEX INJECTION SOLUTION 150 UNIT/ML	3	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	2	PA; SP
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML	3	
levocarnitine (with sugar) oral solution 100 mg/ml	1	
levocarnitine oral solution 100 mg/ml	1	
levocarnitine oral tablet 330 mg	1	
LITHOSTAT ORAL TABLET 250 MG	3	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	1	
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	2	PA; SP
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	3	PA; SP; QL (6 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
OXBRYTA ORAL TABLET 500 MG	3	PA; SP
pilocarpine hcl oral tablet 5 mg	1	
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	2	SP
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	2	SP
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	3	
RAVICTI ORAL LIQUID 1.1 GRAM/ML	2	PA; SP; QL (17.5 per 1 day)
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	3	PA; SP
RILUTEK ORAL TABLET 50 MG	3	
riluzole oral tablet 50 mg	1	
risedronate oral tablet 30 mg	1	ST; QL (1 per 1 day)
sodium benzoate-sod phenylacet intravenous solution 10-10 %	1	
sodium chlor 0.9% bacteriostat injection solution 0.9 %	1	
sodium chloride 0.9 % (flush) injection syringe	2	
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 0.9 %	1	
sodium chloride irrigation solution 0.9 %	1	
sodium ferric gluconat-sucrose intravenous solution 62.5 mg/5 ml	1	
sodium phenylbutyrate oral powder 0.94 gram/gram	1	PA; SP; QL (25 per 1 day)
sodium phenylbutyrate oral tablet 500 mg	1	PA; SP; QL (40 per 1 day)
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML	2	PA; SP; QL (180 per 21 days)
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML	3	
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG	3	SP
THIOLA ORAL TABLET 100 MG	3	SP
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	3	SP; QL (20 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
trientine oral capsule 250 mg	1	SP; QL (8 per 1 day)
ULTOMIRIS INTRAVENOUS SOLUTION 300 MG/30 ML (10 MG/ML)	3	PA; SP; QL (360 per 42 days)
water for irrigation, sterile irrigation solution	1	
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	2	PA; SP; QL (4 per 1 day)
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	2	SP
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	1	SP
SMOKING DETERRENTS		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	1	QL (2 per 2 days)
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	2	QL (2 per 2 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	2	QL (2 per 2 days)
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	2	QL (2 per 2 days)
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR	0	QL (1 per 1 day)
NICORETTE BUCCAL GUM 2 MG	0	QL (24 per 1 day)
nicorette buccal gum 4 mg	0	QL (24 per 1 day)
NICORETTE BUCCAL LOZENGE 2 MG, 4 MG	0	QL (20 per 1 day)
NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG	0	QL (20 per 1 day)
nicotine (polacrilex) buccal gum 2 mg, 4 mg	0	QL (24 per 1 day)
nicotine (polacrilex) buccal lozenge 2 mg, 4 mg	0	QL (20 per 1 day)
nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg	0	QL (20 per 1 day)
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr	0	QL (1 per 1 day)
nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr	0	QL (1 per 1 day)
NICOTROL INHALATION CARTRIDGE 10 MG	0	QL (1008 per 67 days)
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	0	QL (160 per 67 days)

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

Drug Name	Drug Tier	Requirements / Limits
quit 2 buccal gum 2 mg	0	QL (24 per 1 day)
quit 2 buccal lozenge 2 mg	0	QL (20 per 1 day)
quit 4 buccal gum 4 mg	0	QL (24 per 1 day)
quit 4 buccal lozenge 4 mg	0	QL (20 per 1 day)
stop smoking aid buccal lozenge 2 mg, 4 mg	0	QL (20 per 1 day)
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal aerosol,spray 137 mcg (0.1 %)	1	QL (2 per 1 day)
azelastine nasal spray,non-aerosol 0.15 % (205.5 mcg)	1	QL (2 per 1 day)
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	1	
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %	3	
DEBACTEROL MUCOUS MEMBRANE SWAB 30-50 %	3	
GELX MUCOUS MEMBRANE GEL	3	
ipratropium bromide nasal spray,non-aerosol 0.03 %, 42 mcg (0.06 %)	1	
olopatadine nasal spray,non-aerosol 0.6 %	2	QL (30.5 per 22 days)
oralone dental paste 0.1 %	1	
paroex oral rinse mucous membrane mouthwash 0.12 %	1	
periogard mucous membrane mouthwash 0.12 %	1	
pilocarpine hcl oral tablet 7.5 mg	1	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 %	3	
triamcinolone acetonide dental paste 0.1 %	1	
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear) solution 2 %	1	
ciprofloxacin hcl otic (ear) dropperette 0.2 %	1	
fluocinolone acetonide oil otic (ear) drops 0.01 %	1	
hydrocortisone-acetic acid otic (ear) drops 1-2 %	1	
ofloxacin otic (ear) drops 0.3 %	1	
OTIPRIO INTRATYMPANIC SUSPENSION 6 % (6 MG/0.1 ML)	3	

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

Drug Name	Drug Tier	Requirements / Limits
OTIC STEROID / ANTIBIOTIC		
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	2	
CIPROFLOXACIN-FLUOCINOLONE OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	1	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	1	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	1	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	3	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
BETAMETH AC,SOD PHOS(PF)-WATER INJECTION SUSPENSION 6 MG/ML	1	
BETAMETHASONE ACE,SOD PHOS-WTR INJECTION SUSPENSION 7 MG/ML	1	
betamethasone acet,sod phos injection suspension 6 mg/ml	1	
BETAMETHASONE SOD PHOSPH-WATER INJECTION SOLUTION 6 MG/ML	1	
cortisone oral tablet 25 mg	1	
decadron oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg	1	
dexabliss oral tablets,dose pack 1.5 mg (39 tabs)	1	
DEXAMETHASONE AC, SOD PH-WATER INJECTION SUSPENSION 8 MG- 4 MG/ML	1	
DEXAMETHASONE ACE-NACL,ISO-OSM INJECTION SUSPENSION 16 MG/ML, 8 MG/ML	1	
dexamethasone intensol oral drops 1 mg/ml	2	
dexamethasone oral elixir 0.5 mg/5 ml	1	
dexamethasone oral solution 0.5 mg/5 ml	1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	
fludrocortisone oral tablet 0.1 mg	1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	

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

Drug Name	Drug Tier	Requirements / Limits
METHYLPRED AC(PF)-NACL,ISO-OSM INJECTION SUSPENSION 40 MG/ML, 80 MG/ML	1	
METHYLPREDNISOL AC-BUPIVAC-WAT INJECTION SUSPENSION 40-5 MG/ML, 80-5 MG/ML	1	
METHYLPREDNISOLONE ACET-WATER INJECTION SUSPENSION 50 MG/ML	1	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
methylprednisolone oral tablets,dose pack 4 mg	1	
millipred dp oral tablets,dose pack 5 mg (21 tabs), 5 mg (48 tabs)	2	
millipred oral tablet 5 mg	2	ST
ORAPRED ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 30 MG	3	
P-CARE K80 INJECTION KIT 40 MG/ML	3	
PEDIAPRED ORAL SOLUTION 5 MG BASE/5 ML (6.7 MG/5 ML)	3	
prednisolone oral solution 15 mg/5 ml	1	
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)	1	
prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg	1	
prednisone intensol oral concentrate 5 mg/ml	2	
prednisone oral solution 5 mg/5 ml	1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	
prednisone oral tablets,dose pack 10 mg, 5 mg	1	
PRO-C-DURE 5 INJECTION KIT 40 MG/ML	3	
PRO-C-DURE 6 INJECTION KIT 40 MG/ML	3	
TRIAMCINOL AC (PF) IN 0.9%NACL INJECTION SUSPENSION 40 MG/ML	1	
TRIAMCINOL ACE-BUPIV-0.9% NACL INJECTION SUSPENSION 40-5 MG/ML	1	

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

Drug Name	Drug Tier	Requirements / Limits
TRIAMCINOLONE ACETON-0.9% NACL INJECTION SUSPENSION 50 MG/ML	1	
triamcinolone acetonide injection suspension 10 mg/ml, 40 mg/ml	1	
TRIAMCINOLONE DIA(PF)-0.9%NACL INJECTION SUSPENSION 40 MG/ML	1	
TRIAMCINOLONE DIACET-0.9% NACL INJECTION SUSPENSION 40 MG/ML, 80 MG/ML	1	
veripred 20 oral solution 20 mg/5 ml (4 mg/ml)	2	
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	1	
propylthiouracil oral tablet 50 mg	1	
SSKI ORAL SOLUTION 1 GRAM/ML	1	
TAPAZOLE ORAL TABLET 10 MG, 5 MG	3	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ACCU-CHEK AVIVA PLUS TEST STRP STRIP	3	
ACCU-CHEK GUIDE TEST STRIPS STRIP	3	
ACCU-CHEK SMARTVIEW TEST STRIP STRIP	3	
ACCUTREND GLUCOSE TEST STRIPS STRIP	3	
ADVANCED GLUC METER TEST STRIP STRIP	3	
ADVOCATE REDI-CODE STRIP	3	
ADVOCATE TEST STRIPS STRIP	3	
AGAMATRIX AMP TEST STRIPS STRIP	3	
ASSURE 4 STRIPS STRIP	3	
ASSURE PLATINUM TEST STRIP STRIP	3	
ASSURE PRISM MULTI STRIP STRIP	3	
BIONIME RIGHTEST TEST STRIPS STRIP	3	
BLOOD GLUCOSE TEST STRIP	3	
CARESENS N TEST STRIPS STRIP	3	
CARETOUCH TEST STRIP STRIP	3	
CLEVER CHOICE MICRO TEST STRIP STRIP	3	
CLEVER CHOICE PRO STRIP	3	

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

Drug Name	Drug Tier	Requirements / Limits
CLEVER CHOICE TALK TEST STRIP	3	
CLEVER CHOICE TEST STRIPS STRIP	3	
CLEVER CHOICE VOICE+ TEST STRIP	3	
CONTOUR NEXT TEST STRIPS STRIP	3	PA
CONTOUR TEST STRIPS STRIP	3	PA
COOL GLUCOSE TEST STRIP STRIP	3	
DIATRUE PLUS TEST STRIP STRIP	3	
EASY PLUS II TEST STRIP	3	
EASY STEP STRIP	3	
EASY TALK GLUCOSE TEST STRIP	3	
EASY TOUCH TEST STRIP STRIP	3	
EASY TRAK GLUCOSE TEST STRIP	3	
EASYGLUCO PLUS STRIP	3	
EASYGLUCO TEST STRIP	3	
EASYMAX STRIP	3	
ELEMENT COMPACT TEST STRIPS STRIP	3	
ELEMENT TEST STRIPS STRIP	3	
EMBRACE BLOOD GLUCOSE SYSTEM STRIP	3	
EMBRACE EVO TEST STRIPS STRIP	3	
EMBRACE PRO TEST STRIPS STRIP	3	
EMBRACE TALK TEST STRIPS STRIP	3	
EVENCARE G2 STRIP	3	
EVENCARE G3 TEST STRIP	3	
EVENCARE MINI GLUCOSE TEST STR STRIP	3	
EVENCARE PROVIEW TEST STRIP STRIP	3	
EVOLUTION TEST STRIPS STRIP	3	
EZ SMART PLUS TEST STRIP	3	
EZ SMART TEST STRIP	3	
FIFTY50 TEST STRIP STRIP	3	
FORA D15G STRIPS STRIP	3	
FORA D20 STRIP	3	
FORA D40-G31 TEST STRIPS STRIP	3	
FORA G20 STRIP	3	

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

Drug Name	Drug Tier	Requirements / Limits
FORA G30-PREMIUM V10 TEST STRP STRIP	3	
FORA GD50 TEST STRIPS STRIP	3	
FORA GTEL GLUCOSE TEST STRIP STRIP	3	
FORA TEST STRIP STRIP	3	
FORA TN'G VOICE TEST STRIPS STRIP	3	
FORA V10 STRIP	3	
FORA V10-V12-D10-D20 STRIPS STRIP	3	
FORA V12 GLUCOSE STRIP	3	
FORA V20 STRIP	3	
FORACARE GD20 STRIP	3	
FORACARE GD40 TEST STRIPS STRIP	3	
FORTISCARE GLUCOSE TEST STRIPS STRIP	3	
FREESTYLE INSULINX STRIP	2	QL (200 per 22 days)
FREESTYLE INSULINX TEST STRIPS STRIP	2	QL (200 per 22 days)
FREESTYLE LITE STRIPS STRIP	2	QL (200 per 22 days)
FREESTYLE PRECISION NEO STRIPS STRIP	2	
FREESTYLE TEST STRIP	2	QL (200 per 22 days)
GE100 BLOOD GLUCOSE TEST STRIP STRIP	3	
GENSTRIP TEST STRIP STRIP	3	
GLUCO NAVII TEST STRIP STRIP	3	
GLUCOCARD 01 SENSOR PLUS STRIP	3	
GLUCOCARD EXPRESSION STRIP	3	
GLUCOCARD SHINE TEST STRIPS STRIP	3	
GLUCOCARD VITAL SENSOR STRIP	3	
GLUCOCARD VITAL TEST STRIPS STRIP	3	
GLUCOCOM GLUCOSE STRIP	3	
GM100 STRIP	3	
HARMONY GLUCOSE TEST STRIP STRIP	3	
HEALTHPRO TEST STRIPS STRIP	3	
IGLUCOSE TEST STRIP STRIP	3	
INFINITY TEST STRIPS STRIP	3	
INFINITY VOICE TEST STRIP STRIP	3	
MICRO BLOOD GLUCOSE STRIP	3	

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

Drug Name	Drug Tier	Requirements / Limits
MICRODOT BLOOD GLUCOSE SYSTEM STRIP	3	
MICRODOT XTRA BLOOD GLUCOSE STRIP	3	
MYGLUCOHEALTH STRIP	3	
NEUTEK 2TEK TEST STRIPS STRIP	3	
NOVA MAX GLUCOSE TEST STRIP	3	
ON CALL EXPRESS TEST STRIP STRIP	3	
ON CALL PLUS TEST STRIP STRIP	3	
ON CALL VIVID TEST STRIP STRIP	3	
ONETOUCH ULTRA BLUE TEST STRIP STRIP	2	
ONETOUCH VERIO TEST STRIPS STRIP	2	
OPTIUM EZ STRIP	3	
OPTIUM TEST STRIP	3	
OPTUMRX STRIP	3	
PHARMACIST CHOICE STRIP	3	
PRECISION PCX PLUS TEST STRIP	3	
PRECISION PCX TEST STRIP	3	
PRECISION POINT OF CARE TEST STRIP	3	
PRECISION Q-I-D TEST STRIP	3	
PRECISION XTRA TEST STRIP	2	QL (200 per 22 days)
PREMIER TEST STRIP STRIP	3	
PREMIUM V10 STRIP	3	
PRO VOICE V8-V9 TEST STRIP STRIP	3	
PRODIGY NO CODING STRIP	3	
QUINTET AC STRIP	3	
REFUAH PLUS STRIP	3	
RELION CONFIRM-MICRO STRIP	3	
RELION PRIME TEST STRIPS STRIP	3	
REVEAL TEST STRIP STRIP	3	
RIGHTEST GS550 TEST STRIPS STRIP	3	
SMART SENSE TEST STRIPS STRIP	3	
SMARTEST TEST STRIP	3	
SOLUS V2 TEST STRIPS STRIP	3	

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

Drug Name	Drug Tier	Requirements / Limits
SURE-TEST EASYPLUS MINI STRIP	3	
TELCARE TEST STRIPS STRIP	3	
TEST N'GO TEST STRIP	3	
TRUE METRIX GLUCOSE TEST STRIP STRIP	3	
TRUETEST TEST STRIPS STRIP	3	
TRUETRACK TEST STRIP	3	
ULTIMA TEST STRIPS STRIP	3	
ULTRATRAK STRIP	3	
ULTRATRAK ULTIMATE STRIP	3	
UNISTRIP1 TEST STRIP STRIP	3	
VERASENS TEST STRIP STRIP	3	
VIVAGUARD INO TEST STRIP STRIP	3	
WAVESENSE JAZZ STRIP	3	
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
ACE AEROSOL CLOUD ENHANCER SPACER	1	
AEROCHAMBER MINI SPACER	1	
AEROCHAMBER PLUS FLOW-VU SPACER	1	
AEROCHAMBER PLUS Z STAT SPACER	3	
AEROTRACH PLUS SPACER	1	
AEROVENT PLUS SPACER	1	
BREATHERITE MDI SPACER SPACER	1	
COMPACT SPACE CHAMBER SPACER	1	
EASIVENT HOLDING CHAMBER SPACER	1	
FLEXICHAMBER SPACER	1	QL (1 per 365 days)
INSPIRACHAMBER SPACER	1	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	3	
LITEAIRE MDI CHAMBER SPACER	1	
MICROCHAMBER SPACER	1	
MICROSPACER SPACER	1	
OPTICHAMBER DIAMOND VHC SPACER	1	
POCKET CHAMBER SPACER	1	
PRIMEAIRE SPACER	1	
PROCHAMBER SPACER	1	

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

Drug Name	Drug Tier	Requirements / Limits
RITEFLO AEROCHAMBER SPACER	1	
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG	3	
VORTEX HOLDING CHAMBER SPACER	1	
GLUCOSE ELEVATING AGENTS		
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION	2	
diazoxide oral suspension 50 mg/ml	1	
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	2	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	1	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	2	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	
PROGLYCEM ORAL SUSPENSION 50 MG/ML	2	
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
2TEK GLUCOSE/BLOOD PRESSURE KIT	3	
ACCU-CHEK AVIVA PLUS METER	3	
ACCU-CHEK COMBO SYSTEM KIT	3	
ACCU-CHEK GUIDE GLUCOSE METER	3	
ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION	3	
ACCU-CHEK GUIDE ME GLUCOSE MTR	3	
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION	3	
ACCUTREND GLUCOSE CONTROL SOLUTION	3	
ADVANCED GLUCOSE METER	3	
ADVOCATE BLOOD GLUCOSE MONITOR	3	
ADVOCATE DUO DEVICE	3	

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

Drug Name	Drug Tier	Requirements / Limits
ADVOCATE LOW CONTROL SOLUTION	3	
ADVOCATE REDI-CODE DUO METER DEVICE	3	
ADVOCATE REDI-CODE GLU MONITOR	3	
ADVOCATE REDI-CODE+ CTRL LOW SOLUTION	3	
AGAMATRIX AMP GLUC MONITOR SYS	3	
AGAMATRIX CONTROL HIGH SOLUTION	3	
ASSURE 4 CONTROL SOLUTION COMBO PACK	3	
ASSURE DOSE NORMAL CONTROL SOLUTION	3	
ASSURE PLATINUM GLUCOSE METER	3	
ASSURE PRISM CONTROL 1-2 SOLN SOLUTION	3	
ASSURE PRISM MULTI METER	3	
AT HOME A1C DEVICE	3	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN	3	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN	3	
AUTOSOFT 30 INFUSION SET	3	
AUTOSOFT 90 INFUSION SET	3	
AUTOSOFT XC INFUSION SET 23" INFUSION SET	3	
BD MICROTAINER LANCET 30 GAUGE	3	
BD ULTRA FINE LANCETS 33 GAUGE	3	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	2	
BIONIME RIGHTEST GM300 SYSTEM KIT	3	
BLOOD GLUCOSE CONTROL, NORMAL SOLUTION	3	
BLOOD-GLUCOSE METER	3	
BREEZE 2 CONTROL SOLUTION,HIGH SOLUTION	3	
CARESENS CONTROL A NORMAL SOLUTION	3	

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

Drug Name	Drug Tier	Requirements / Limits
CARESENS N	3	
CARESENS N VOICE	3	
CARETOUCH GLUCOSE MONITORING KIT	3	
CARTRIDGE STAMPED IR 1200 SUBCUTANEOUS CARTRIDGE	3	
CEQUR SIMPLICITY DEVICE 2 UNIT	3	
CLEO 90 INFUSION SET 24" INFUSION SET	3	
CLEVER CHEK BLOOD GLUCOSE	3	
CLEVER CHOICE GLUCOSE MONITOR	3	
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION	3	
CLEVER CHOICE MICRO	3	
CLEVER CHOICE PRO	3	
CLEVER CHOICE TALK GLUCOSE SYS	3	
COMFORT INFUSION SET 43" INFUSION SET	3	
COMFORT SHORT INSULIN PUMP 23" INFUSION SET	3	
CONTACT DETACH INFUS SET 23" INFUSION SET	3	
CONTOUR CONTROL SOLUTION, NML SOLUTION	3	
CONTOUR LINK KIT	3	
CONTOUR NEXT EZ METER	3	
CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION	3	
CONTOUR NEXT LINK 2.4 KIT	3	
CONTOUR NEXT LINK KIT	3	
CONTOUR NEXT METER	3	
CONTOUR NEXT ONE METER	3	
COOL BLOOD GLUCOSE METER	3	
COOL CONTROL A SOLUTION SOLUTION	3	
DEXCOM G4 RECEIVER	2	PA
DEXCOM G5 RECEIVER	2	PA
DEXCOM G6 RECEIVER	2	PA
DEXCOM RECEIVER	2	PA

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

Drug Name	Drug Tier	Requirements / Limits
DIATRUE CONTROL SOLN NORMAL SOLUTION	3	
DIATRUE PLUS BLOOD GLUCOSE MET	3	
EASY PLUS II HIGH CONTROL SOLUTION	3	
EASY STEP BLOOD GLUCOSE METER	3	
EASY STEP HIGH CONTROL SOLN SOLUTION	3	
EASY TALK HIGH CONTROL SOLUTION	3	
EASY TOUCH GLUCOSE MONITOR	3	
EASY TRAK LOW CONTROL SOLUTION	3	
EASYGLUCO MONITORING SYSTEM KIT	3	
EASYGLUCO PLUS NORMAL CONTROL SOLUTION	3	
EASYMAX L BLOOD GLUCOSE METER	3	
EASYMAX LOW CONTROL SOLUTION	3	
EASYMAX NG KIT	3	
EASYMAX NORMAL CONTROL SOLUTION	3	
EASYMAX V SPEAKING GLUCOSE SYS	3	
EASYMAX V2 BLOOD GLUCOSE METER	3	
ELEMENT COMPACT GLUCOSE METER	3	
ELEMENT COMPACT NORMAL CONTROL SOLUTION	3	
ELEMENT COMPACT V GLUCOSE MTR	3	
ELEMENT NORMAL CONTROL SOLUTION	3	
ELEMENT PLUS BLOOD GLUCOSE KIT KIT	3	
EMBRACE BLOOD GLUCOSE SYSTEM	3	
EMBRACE EVO LEVEL 1 SOLUTION	3	
EMBRACE GLUCOSE CONTROL LOW SOLUTION	3	
EMBRACE PRO GLUCOSE METER	3	
EMBRACE TALK BLOOD GLUCOSE SYS KIT	3	
EMBRACE TALK CONTROL-LOW (L1) SOLUTION	3	
ENLITE SYSTEM	3	
EVENCARE G2	3	

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

Drug Name	Drug Tier	Requirements / Limits
EVENCARE G3 GLUCOSE METER KIT	3	
EVENCARE MINI MONITOR SYSTEM	3	
EVERSENSE SENSOR-HOLDER SUBCUTANEOUS DEVICE	3	
EVOLUTION BLOOD GLUCOSE METER KIT	3	
EVOLUTION NORMAL CONTROL SOLUTION	3	
EZ SMART PLUS SYSTEM KIT	3	
EZ SMART SYSTEM KIT	3	
FORA D10 KIT	3	
FORA D15 GLUCOSE-BP MONITOR DEVICE	3	
FORA D20 KIT	3	
FORA D40D GLUCOSE-BP MONITOR DEVICE	3	
FORA G20 KIT	3	
FORA G30A	3	
FORA GD50 BLOOD GLUCOSE SYSTEM	3	
FORA GTEL MULTI-FUNCTN MONITOR DEVICE	3	
FORA NORMAL CONTROL SOLUTION	3	
FORA PREMIUM V10 GLUCOSE METER	3	
FORA TEST N'GO VOICE METER	3	
FORA TN'G VOICE METER	3	
FORA V10 KIT	3	
FORA V12 BLOOD GLUCOSE SYSTEM	3	
FORA V20 KIT	3	
FORA V30A KIT	3	
FORACARE GD20 GLUCOSE METER	3	
FORACARE GD40A GLUCOSE METER	3	
FORACARE GD40B GLUCOSE METER	3	
FORACARE GDH LOW CONTROL SOLUTION	3	
FORTISCARE BLOOD GLUCOSE SYST KIT	3	
FORTISCARE NORMAL SOLUTION	3	
FREESTYLE CONTROL SOLUTION	2	QL (200 per 22 days)
FREESTYLE FLASH SYSTEM KIT	2	

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

Drug Name	Drug Tier	Requirements / Limits
FREESTYLE FREEDOM KIT	2	
FREESTYLE FREEDOM LITE KIT	2	
FREESTYLE INSULINX	2	QL (200 per 22 days)
FREESTYLE LIBRE 10 DAY READER	2	PA
FREESTYLE LIBRE 10 DAY SENSOR KIT	2	PA
FREESTYLE LITE METER KIT	2	
FREESTYLE PRECISION NEO METER	2	
FREESTYLE SIDEKICK II KIT	2	
FREESTYLE SYSTEM KIT KIT	2	
GE100 BLOOD GLUCOSE SYSTEM KIT	3	
GE100 CONTROL SOLUTION NORMAL SOLUTION	3	
GENTEEL VACUUM LANCING DEVICE COMBO PACK	3	
GLUCO NAVII GLUCOSE MONITOR KIT	3	
GLUCOCARD 01 METER KIT	3	
GLUCOCARD 01 NORMAL CONTROL SOLUTION	3	
GLUCOCARD EXPRESSION	3	
GLUCOCARD SHINE CONNEX METER	3	
GLUCOCARD SHINE EXPRESS METER	3	
GLUCOCARD SHINE METER	3	
GLUCOCARD SHINE XL METER	3	
GLUCOCARD VITAL KIT	3	
GLUCOCOM BLOOD GLUCOSE KIT	3	
GLUCOCOM CONTROL NORMAL SOLUTION	3	
GLUCOSE CONTROL SOLUTION	3	
GM100 KIT	3	
HEALTHPRO GLUCOSE MONITOR	3	
HEALTHPRO HIGH-LOW CONTROL SOLUTION	3	
IGLUCOSE BLOOD GLUCOSE MONITOR KIT	3	
INFINITY CONTROL SOLUTION NORM SOLUTION	3	

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

Drug Name	Drug Tier	Requirements / Limits
INFINITY STARTER KIT KIT	3	
INFINITY VOICE CTRL SOLN-LVL 2 SOLUTION	3	
INFINITY VOICE GLUCOSE MONITOR	3	
INFUSION SET 43" 6MM INFUSION SET	3	
INPEN (FOR HUMALOG) SUBCUTANEOUS INSULIN PEN	3	
INPEN (FOR NOVOLOG OR FIASP) SUBCUTANEOUS INSULIN PEN	3	
INSET 30 INFUSION SET 23" INFUSION SET	3	
INSET INFUSION SET 23" INFUSION SET	3	
JAZZ WIRELESS 2 METER KIT KIT	3	
LANCETS 33 GAUGE	3	
LANCING DEVICE	2	
MEDISENSE COMBO PACK	3	
MEDISENSE GLUCOSE KETONE COMBO PACK	3	
MICRODOT BLOOD GLUCOSE SYSTEM	3	
MINIMED INFUSION SET-MMT 390 INFUSION SET	3	
MIO INFUSION SET INFUSION SET	3	
MYGLUCOHEALTH CONTROL SOLUTION SOLUTION	3	
MYGLUCOHEALTH KIT	3	
NOVA MAX BLOOD GLUCOSE METER	3	
NOVA MAX GLUCOSE CONTROL SOLUTION	3	
NOVAMAX PLUS GLU-KET SOLUTION	3	
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	3	
OMNIPOD DASH 5 PACK POD SUBCUTANEOUS CARTRIDGE	3	
OMNIPOD INSULIN MANAGEMENT	3	
ON CALL EXPRESS CONTROL SOLUTION	3	
ON CALL EXPRESS METER KIT	3	
ON CALL PLUS CONTROL SOLUTION	3	

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

Drug Name	Drug Tier	Requirements / Limits
ON CALL PLUS METER KIT	3	
ON CALL VIVID CONTROL SOLUTION	3	
ON CALL VIVID METER KIT	3	
ON CALL VIVID PAL METER KIT	3	
ONETOUCH PING INSULIN PUMP	3	
ONETOUCH ULTRA CONTROL SOLUTION	2	
ONETOUCH ULTRA2 METER	2	
ONETOUCH ULTRAMINI KIT	2	
ONETOUCH VERIO FLEX METER	2	
ONETOUCH VERIO IQ METER	2	
ONETOUCH VERIO METER	2	
OPTUMRX KIT	3	
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	3	
PHARMACIST CHOICE GLUCOSE SYS	3	
PRECISION XTRA KETONE-GLUCOSE KIT	3	
PRECISION XTRA MONITOR	2	QL (200 per 22 days)
PREMIER BLU GLUCOSE METER	3	
PREMIER COMPACT GLUCOSE METER KIT	3	
PREMIER VOICE GLUCOSE METER	3	
PREMIUM BLOOD GLUCOSE MONITOR	1	
PREMIUM V10	3	
PRESTO PRO BLOOD GLUCOSE METER	3	
PRO VOICE V8 GLUCOSE MONITOR	3	
PRO VOICE V9 GLUCOSE MONITOR	3	
PRODIGY AUTOCODE METER KIT	3	
PRODIGY AUTOCODE MONITOR SYST	3	
PRODIGY CONTROL SOLUTION, LOW SOLUTION	3	
PRODIGY CONTROL SOLUTION,HIGH SOLUTION	3	
PRODIGY POCKET METER KIT	3	
PRODIGY VOICE GLUCOSE METER KIT	3	
QUICK-SET PARADIGM INFUSION SET	3	

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

Drug Name	Drug Tier	Requirements / Limits
QUINTET BLOOD GLUCOSE METER	3	
REFUAH PLUS GLUCOSE CONTROL SOLUTION	3	
REFUAH PLUS GLUCOSE MONITOR KIT	3	
RELION ALL-IN-ONE METER KIT	3	
RELION CONFIRM KIT	3	
RELION MICRO GLUCOSE MONITOR KIT	3	
RELION PRIME METER	3	
REVEAL BLOOD GLUCOSE METER KIT	3	
REVEL PROGRAMMABLE PUMP	3	
RIGHTEST CONTROL SOLUTION HIGH SOLUTION	3	
RIGHTEST GM550 SYSTEM KIT	3	
SAFE-CLIP BY MAIL DEVICE	3	
SILHOUETTE INFUSION SET	3	
SMART SENSE MONITORING SYSTEM	3	
SMARTEST CONTROL SOLUTION	3	
SMARTEST EJECT KIT	3	
SMARTEST PERSONA STARTER KIT	3	
SMARTEST PRONTO STARTER KIT	3	
SMARTEST PROTEGE KIT	3	
SOLUS V2 AUDIBLE METER	3	
SOLUS V2 AUDIBLE METER KIT	3	
SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION	3	
SURE-T PARADIGM INFUSION SET	3	
SURE-TEST EASYPLUS MINI METER	3	
T:30 INFUSION SET INFUSION SET	3	
T:90 INFUSION SET 23" INFUSION SET	3	
T:FLEX INSULIN DELIVERY PUMP	3	
T:SLIM G4 SUBCUTANEOUS CARTRIDGE	3	
T:SLIM SUBCUTANEOUS CARTRIDGE	3	
T:SLIM X2 BASAL-IQ INSULIN PMP	3	
T:SLIM X2 CONTROL-IQ	3	

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

Drug Name	Drug Tier	Requirements / Limits
T:SLIM X2 INSULIN PUMP	3	
TELCARE BGM KIT	3	
TELCARE BLOOD GLUCOSE KIT KIT	3	
TELCARE CONTROL SOLUTION	3	
TEST N'GO BLOOD GLUCOSE SYSTEM	3	
TRUE METRIX AIR GLUCOSE METER	3	
TRUE METRIX GLUCOSE METER	3	
TRUE METRIX GO GLUCOSE METER	3	
TRUE METRIX LEVEL 1 SOLUTION	3	
TRUECONTROL LEVEL 0 SOLUTION	3	
TRUERESULT BLOOD GLUCOSE SYSTM KIT	3	
TRUETRACK BLOOD GLUCOSE SYSTEM KIT	3	
TRUETRACK SMART SYSTEM KIT	3	
TRUSTEEL INFUSION SET 32" INFUSION SET	3	
ULTIMA MONITOR	3	
ULTRATRAK GLUCOSE METER	3	
ULTRATRAK ULTIMATE	3	
UNISTRIP LOW CONTROL SOLUTION	3	
VARISOFT INFUSION SET 43" INFUSION SET	3	
VERASENS BLOOD GLUCOSE METER	3	
VERASENS CONTROL SOLN-LEVEL 1 SOLUTION	3	
VERASENS METER STARTER KIT KIT	3	
V-GO 20 DEVICE	3	
V-GO 30 DEVICE	3	
V-GO 40 DEVICE	3	
VIVAGUARD INO CONTROL SOLUTION SOLUTION	3	
VIVAGUARD INO GLUCOSE METER	3	
WAVESENSE AMP KIT	3	
WAVESENSE CONTROL SOLUTION SOLUTION	3	
WAVESENSE PRESTO	3	

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

Drug Name	Drug Tier	Requirements / Limits
INSULIN THERAPY		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	3	QL (30 per 21 days)
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (40 per 21 days)
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	3	PA
AFREZZA INHALATION CARTRIDGE WITH INHALER 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60)	3	PA; QL (180 per 21 days)
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	3	
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	ST; QL (30 per 21 days)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	3	
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	2	QL (30 per 21 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	QL (30 per 21 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	QL (12 per 21 days)
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	2	QL (40 per 21 days)

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

Drug Name	Drug Tier	Requirements / Limits
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	2	QL (30 per 21 days)
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	2	QL (30 per 21 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	2	QL (40 per 21 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	QL (30 per 21 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL (40 per 21 days)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	QL (40 per 21 days)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	QL (30 per 21 days)
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL (30 per 21 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	QL (40 per 21 days)
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	2	QL (40 per 21 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	2	QL (40 per 21 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	2	QL (24 per 21 days)
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	3	
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	
INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	

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

Drug Name	Drug Tier	Requirements / Limits
INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	3	QL (30 per 21 days)
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	1	QL (30 per 21 days)
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	3	QL (30 per 21 days)
INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	QL (40 per 21 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL (30 per 21 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL (40 per 21 days)
LEVEMIR FLEXTOUCH U-100 INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL (30 per 21 days)
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL (40 per 21 days)
MYXREDLIN INTRAVENOUS SOLUTION 100 UNIT/100 ML (1 UNIT/ML)	3	
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	QL (30 per 21 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 21 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	3	
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	

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

Drug Name	Drug Tier	Requirements / Limits
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
RELION NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	QL (40 per 21 days)
RELION NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	QL (40 per 21 days)
RELION NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	QL (40 per 21 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	2	ST; QL (30 per 21 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	2	QL (18 per 21 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	2	QL (13.5 per 21 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL (30 per 21 days)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	QL (18 per 21 days)
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL (40 per 21 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	2	ST; QL (15 per 21 days)
MISCELLANEOUS HORMONES		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	2	SP
ANADROL-50 ORAL TABLET 50 MG	3	PA
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	2	PA; QL (1 per 1 day)
BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2)	3	SP; QL (2 per 21 days)
cabergoline oral tablet 0.5 mg	1	
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	1	
calcitriol intravenous solution 1 mcg/ml	1	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	1	

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

Drug Name	Drug Tier	Requirements / Limits
calcitriol oral solution 1 mcg/ml	1	
CERDELGA ORAL CAPSULE 84 MG	2	PA; QL (1 per 1 day)
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	2	PA; SP
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	2	
CHORIONIC GONADOTROPIN, HUMAN INJECTION RECON SOLN 12,000 UNIT, 6,000 UNIT	3	
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN 10,000 UNIT	3	
cinacalcet oral tablet 30 mg, 60 mg, 90 mg	1	PA
clomiphene citrate oral tablet 50 mg	1	
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	3	PA; SP; QL (3 per 10 days)
danazol oral capsule 100 mg, 200 mg, 50 mg	1	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	1	
desmopressin oral tablet 0.1 mg, 0.2 mg	1	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	1	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	2	SP
ELELYSO INTRAVENOUS RECON SOLN 200 UNIT	3	PA; SP
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	2	SP
GALAFOLD ORAL CAPSULE 123 MG	3	PA; SP; QL (0.5 per 1 day)
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML	2	SP
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT	2	SP
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT	2	SP
ISTURISA ORAL TABLET 1 MG	3	QL (60 per 1 day)
ISTURISA ORAL TABLET 10 MG	3	QL (6 per 1 day)
ISTURISA ORAL TABLET 5 MG	3	QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
JYNARQUE ORAL TABLET 15 MG	3	PA; SP; QL (30 per 273 days)
JYNARQUE ORAL TABLET 30 MG	3	PA; SP; QL (60 per 273 days)
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM)	3	PA; SP
JYNARQUE ORAL TABLETS, SEQUENTIAL 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	3	PA; SP; QL (2 per 1 day)
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	2	PA; SP
KORLYM ORAL TABLET 300 MG	3	PA; SP
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	2	PA; SP
KUVAN ORAL TABLET,SOLUBLE 100 MG	2	PA; SP
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	2	PA; SP
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	2	
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	3	SP
methyltestosterone oral capsule 10 mg	1	ST
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	2	
miglustat oral capsule 100 mg	1	PA; SP; QL (3 per 1 day)
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	2	SP; QL (1 per 1 day)
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	2	SP
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	2	PA; SP; QL (2 per 21 days)
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG	3	ST; QL (1 per 1 day)
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	3	ST; QL (1 per 1 day)
NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT, 5,000 UNIT	2	
ORILISSA ORAL TABLET 150 MG	2	PA; QL (1 per 1 day)
ORILISSA ORAL TABLET 200 MG	2	PA; QL (2 per 2 days)

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Drug Name	Drug Tier	Requirements / Limits
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	2	
OXANDRIN ORAL TABLET 10 MG, 2.5 MG	3	PA
oxandrolone oral tablet 10 mg, 2.5 mg	1	PA
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	3	PA; SP; QL (0.5 per 1 day)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	3	PA; SP; QL (1 per 5 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	3	PA; SP; QL (2 per 1 day)
pamidronate intravenous recon soln 30 mg, 90 mg	1	
pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)	1	
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	1	
PARSABIV INTRAVENOUS SOLUTION 5 MG/ML	3	PA; SP; QL (36 per 21 days)
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT	3	
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG	3	
ROCALTROL ORAL SOLUTION 1 MCG/ML	3	
SAMSCA ORAL TABLET 15 MG	3	PA; SP; QL (30 per 273 days)
SAMSCA ORAL TABLET 30 MG	3	PA; SP; QL (60 per 273 days)
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG	2	PA
serophene oral tablet 50 mg	2	
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	2	SP
STIMATE NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	2	SP
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	2	PA; SP
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML	2	PA; QL (32 per 22 days)
TEPEZZA INTRAVENOUS RECON SOLN 500 MG	3	PA; SP; QL (8 per 365 days)

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Drug Name	Drug Tier	Requirements / Limits
TESTONE CIK INTRAMUSCULAR KIT 200 MG/ML	3	PA
TESTOPEL IMPLANT PELLET 75 MG	3	
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	1	PA; QL (1 per 22 days)
testosterone enanthate intramuscular oil 200 mg/ml	1	PA
TESTOSTERONE IMPLANT PELLET 200 MG	3	
testosterone transdermal gel 50 mg/5 gram (1 %)	2	PA
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	2	
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	2	PA
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	1	PA; QL (5 per 1 day)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram)	2	PA; QL (5 per 1 day)
testosterone transdermal gel in packet 1 % (50 mg/5 gram)	2	PA
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)	1	PA; QL (1.25 per 1 day)
testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)	1	PA; QL (5 per 1 day)
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)	2	PA
tolvaptan oral tablet 30 mg	1	PA; SP; QL (60 per 273 days)
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	2	PA; SP
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	3	PA; SP
ZAVESCA ORAL CAPSULE 100 MG	3	PA; SP; QL (3 per 1 day)
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	
zoledronic acid intravenous recon soln 4 mg	1	SP
zoledronic acid intravenous solution 4 mg/5 ml	1	SP
zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml	1	PA; SP
ZOLEDRONIC AC-MANNITOL-0.9NACL INTRAVENOUS PIGGYBACK 4 MG/100 ML	2	SP

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Drug Name	Drug Tier	Requirements / Limits
NON-INSULIN HYPOGLYCEMIC AGENTS		
acarbose oral tablet 100 mg, 25 mg, 50 mg	1	
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG	3	ST; QL (3 per 1 day)
AVANDIA ORAL TABLET 2 MG, 4 MG	3	ST; QL (30 per 22 days)
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	2	ST; QL (3.4 per 21 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML	2	ST; QL (4 per 21 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	2	ST; QL (2.4 per 22 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	ST; QL (1.2 per 22 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	2	ST; QL (1 per 1 day)
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg	1	
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	1	
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	1	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	1	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	1	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	ST; QL (1 per 1 day)
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	2	QL (2 per 1 day)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	2	QL (2 per 1 day)
INVOKANA ORAL TABLET 100 MG, 300 MG	2	QL (1 per 1 day)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	ST; QL (2 per 2 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	ST; QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	ST; QL (2 per 2 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	ST; QL (1 per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	ST; QL (1 per 1 day)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	2	ST; QL (2 per 2 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	2	ST; QL (2 per 2 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	2	ST; QL (1 per 1 day)
metformin oral tablet 1,000 mg, 500 mg, 850 mg	1	
metformin oral tablet extended release 24 hr 500 mg, 750 mg	1	
miglitol oral tablet 100 mg, 25 mg, 50 mg	1	
nateglinide oral tablet 120 mg, 60 mg	1	
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	2	ST; QL (1.5 per 21 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)	2	ST; QL (3 per 21 days)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	1	QL (1 per 1 day)
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	1	ST; QL (1 per 1 day)
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	1	ST; QL (3 per 1 day)
QTERN ORAL TABLET 10-5 MG	3	ST; QL (1 per 1 day)
QTERN ORAL TABLET 5-5 MG	2	ST; QL (1 per 1 day)
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	1	
repaglinide-metformin oral tablet 1-500 mg, 2-500 mg	1	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	ST; QL (1 per 1 day)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	2	ST; QL (1 per 1 day)
STEGLATRO ORAL TABLET 15 MG, 5 MG	2	ST; QL (1 per 1 day)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	2	

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Drug Name	Drug Tier	Requirements / Limits
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	2	
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	ST; QL (2 per 2 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	2	ST; QL (1 per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	2	ST; QL (2 per 2 days)
TRADJENTA ORAL TABLET 5 MG	2	ST; QL (1 per 1 day)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	2	ST; QL (2 per 21 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG	2	ST; QL (1 per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	2	ST; QL (2 per 2 days)
THYROID HORMONES		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	
levothyroxine intravenous recon soln 100 mcg, 200 mcg, 500 mcg	1	
LEVOTHYROXINE INTRAVENOUS SOLUTION 100 MCG/ML, 20 MCG/ML, 40 MCG/ML	1	
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
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	2	
liothyronine intravenous solution 10 mcg/ml	1	

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Drug Name	Drug Tier	Requirements / Limits
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	1	
nature-throid oral tablet 113.75 mg, 130 mg, 146.25 mg, 16.25 mg, 162.5 mg, 195 mg, 260 mg, 32.5 mg, 325 mg, 48.75 mg, 65 mg, 81.25 mg, 97.5 mg	1	
np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	2	
SYNTHROID ORAL TABLET 300 MCG	3	
thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
THYROLAR-1 ORAL TABLET 12.5-50 MCG	3	ST
THYROLAR-1/2 ORAL TABLET 6.25-25 MCG	3	ST
THYROLAR-1/4 ORAL TABLET 3.1-12.5 MCG	3	ST
THYROLAR-2 ORAL TABLET 25-100 MCG	3	ST
THYROLAR-3 ORAL TABLET 37.5-150 MCG	3	ST
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	2	
unithroid oral tablet 300 mcg	3	
westhroid oral tablet 130 mg, 195 mg, 32.5 mg, 65 mg, 97.5 mg	1	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
atropine in 0.9 % sod chloride intravenous syringe 0.8 mg/2 ml (0.4 mg/ml)	1	
ATROPINE IN 0.9 % SOD CHLORIDE INTRAVENOUS SYRINGE 1 MG/2.5 ML (0.4 MG/ML), 2 MG/5 ML (0.4 MG/ML)	1	
atropine injection solution 0.4 mg/ml, 1 mg/ml	1	
atropine injection syringe 0.05 mg/ml, 0.1 mg/ml	1	
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg	1	ST
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	1	

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Drug Name	Drug Tier	Requirements / Limits
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	3	
dicyclomine intramuscular solution 10 mg/ml	1	
dicyclomine oral capsule 10 mg	1	
dicyclomine oral solution 10 mg/5 ml	1	
dicyclomine oral tablet 20 mg	1	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	1	ST
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	ST
ed-spaz oral tablet,disintegrating 0.125 mg	1	
GLYCOPYRROLATE (PF) IN WATER INJECTION SYRINGE 0.2 MG/ML	1	
glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)	1	
GLYCOPYRROLATE (PF) IN WATER INTRAVENOUS SYRINGE 0.6 MG/3 ML (0.2 MG/ML)	1	
GLYCOPYRROLATE INTRAVENOUS SYRINGE 0.6 MG/3 ML (0.2 MG/ML)	1	
GLYRX-PF INJECTION SOLUTION 0.2 MG/ML	3	
HYOSCYAMINE SULFATE INJECTION SOLUTION 0.5 MG/ML	1	
hyoscyamine sulfate oral drops 0.125 mg/ml	1	
hyoscyamine sulfate oral elixir 0.125 mg/5 ml	1	
hyoscyamine sulfate oral tablet 0.125 mg	1	
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg	1	
hyoscyamine sulfate oral tablet,disintegrating 0.125 mg	1	
hyoscyamine sulfate sublingual tablet 0.125 mg	1	
hyosyne oral drops 0.125 mg/ml	1	
hyosyne oral elixir 0.125 mg/5 ml	1	
methscopolamine oral tablet 2.5 mg, 5 mg	1	
opium tincture oral tincture 10 mg/ml (morphine)	1	ST
oscimin oral tablet 0.125 mg	1	
oscimin sl sublingual tablet 0.125 mg	1	

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

Drug Name	Drug Tier	Requirements / Limits
oscimin sr oral tablet extended release 12 hr 0.375 mg	1	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)	3	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
ACTIGALL ORAL CAPSULE 300 MG	3	
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG	3	
alosetron oral tablet 0.5 mg, 1 mg	1	
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	3	QL (2 per 2 days)
ANA-LEX KIT RECTAL KIT 2-2 %	1	
anucort-hc rectal suppository 25 mg	1	
aprepitant oral capsule 125 mg	1	QL (1 per 15 days)
aprepitant oral capsule 40 mg	1	QL (1 per 21 days)
aprepitant oral capsule 80 mg	1	QL (2 per 15 days)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	1	QL (3 per 15 days)
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM	3	
AURYXIA ORAL TABLET 210 MG IRON	3	QL (12 per 1 day)
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	
AZULFIDINE ORAL TABLET 500 MG	3	
balsalazide oral capsule 750 mg	1	
budesonide oral capsule,delayed,extend.release 3 mg	1	
budesonide oral tablet,delayed and ext.release 9 mg	1	ST
calcium acetate(phosphat bind) oral capsule 667 mg	1	
calcium acetate(phosphat bind) oral tablet 667 mg	1	
CANASA RECTAL SUPPOSITORY 1,000 MG	3	
CESAMET ORAL CAPSULE 1 MG	3	
CHENODAL ORAL TABLET 250 MG	2	PA; SP; QL (3 per 1 day)
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	2	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	3	PA; SP; QL (1 per 22 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	3	PA; SP; QL (1 per 30 days)
CINVANTI INTRAVENOUS EMULSION 7.2 MG/ML	3	
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML	0	
colocort rectal enema 100 mg/60 ml	1	
compro rectal suppository 25 mg	1	
constulose oral solution 10 gram/15 ml	1	
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500-15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	2	
cromolyn oral concentrate 100 mg/5 ml	1	
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	2	SP
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG	3	
dimenhydrinate injection solution 50 mg/ml	1	
DIPENTUM ORAL CAPSULE 250 MG	3	ST
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	1	ST; QL (2 per 2 days)
droperidol injection solution 2.5 mg/ml	1	
ENTEREG ORAL CAPSULE 12 MG	3	
ENTOCORT EC ORAL CAPSULE,DELAYED,EXTEND.RELEASE 3 MG	3	
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	2	PA; SP; QL (1 per 42 days)
enulose oral solution 10 gram/15 ml	1	
fosaprepitant intravenous recon soln 150 mg	1	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	3	PA; SP; QL (1 per 1 day)
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	0	

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Drug Name	Drug Tier	Requirements / Limits
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	0	
gavilyte-n oral recon soln 420 gram	0	
generlac oral solution 10 gram/15 ml	1	
GOLYTELY ORAL POWDER IN PACKET 227.1-21.5-6.36 GRAM	0	
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	3	
granisetron (pf) intravenous solution 1 mg/ml (1 ml), 100 mcg/ml	1	
granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)	1	
granisetron hcl oral tablet 1 mg	1	ST; QL (8 per 22 days)
hydrocortisone acetate rectal suppository 25 mg, 30 mg	1	
hydrocortisone rectal enema 100 mg/60 ml	1	
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	1	
hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %, 2.5-1 % (4g)	1	
kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml	1	
lactulose oral packet 10 gram	1	
lactulose oral solution 10 gram/15 ml, 20 gram/30 ml	1	
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg	1	
LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC) 1.2 GRAM	3	
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %	1	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL 3 %-2.5 % (7 GRAM)	1	
lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram)	1	
lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %	1	
lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)	1	

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

Drug Name	Drug Tier	Requirements / Limits
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	2	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	2	PA; QL (3 per 1 day)
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG	3	ST; QL (2 per 2 days)
mesalamine oral capsule (with del rel tablets) 400 mg	1	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	1	
mesalamine rectal enema 4 gram/60 ml	1	
mesalamine rectal suppository 1,000 mg	1	
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	1	
metoclopramide hcl injection solution 5 mg/ml	1	
metoclopramide hcl injection syringe 5 mg/ml	1	
metoclopramide hcl oral solution 5 mg/5 ml	1	
metoclopramide hcl oral tablet 10 mg, 5 mg	1	
metoclopramide hcl oral tablet,disintegrating 10 mg, 5 mg	1	
MOTEGRITY ORAL TABLET 1 MG, 2 MG	3	ST
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	2	QL (1 per 1 day)
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	0	
NULYTELY WITH FLAVOR PACKS ORAL RECON SOLN 420 GRAM	3	
OCALIVA ORAL TABLET 10 MG, 5 MG	2	PA; SP; QL (1 per 1 day)
ondansetron hcl (pf) injection solution 4 mg/2 ml	1	
ondansetron hcl (pf) injection syringe 4 mg/2 ml	1	
ondansetron hcl intravenous solution 2 mg/ml	1	
ondansetron hcl oral solution 4 mg/5 ml	1	QL (50 per 11 days)
ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg	1	
ondansetron oral tablet,disintegrating 4 mg, 8 mg	1	
OSMOPREP ORAL TABLET 1.5 GRAM	0	
PALONOSETRON INTRAVENOUS SOLUTION 0.25 MG/2 ML	3	

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

Drug Name	Drug Tier	Requirements / Limits
palonosetron intravenous solution 0.25 mg/5 ml	1	
palonosetron intravenous syringe 0.25 mg/5 ml	1	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	0	
peg-electrolyte soln oral recon soln 420 gram	0	
peg-prep oral kit 5-210 mg-gram	0	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	2	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	2	
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	0	
PREPOPIK ORAL POWDER IN PACKET 10 MG-3.5 GRAM-12 GRAM	0	
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml	1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	1	
prochlorperazine rectal suppository 25 mg	1	
procto-med hc topical cream with perineal applicator 2.5 %	1	
procto-pak topical cream with perineal applicator 1 %	1	
proctosol hc topical cream with perineal applicator 2.5 %	1	
proctozone-hc topical cream with perineal applicator 2.5 %	1	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	2	
RELISTOR ORAL TABLET 150 MG	2	PA; QL (3 per 1 day)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	2	PA; QL (1 per 1 day)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	2	PA; QL (1 per 1 day)
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	2	PA; SP
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	3	ST; QL (4 per 21 days)
scopolamine base transdermal patch 3 day 1 mg over 3 days	1	

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

Drug Name	Drug Tier	Requirements / Limits
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	1	
sevelamer carbonate oral tablet 800 mg	1	
sodium polystyrene (sorb free) oral suspension 15 gram/60 ml	1	
sodium polystyrene sulfonate oral powder	1	
SOLESTA IMPLANT GEL FOR IMPLANT IN SYRINGE 50-15 MG/ML (4)	3	SP
sps (with sorbitol) oral suspension 15-20 gram/60 ml	1	
sps (with sorbitol) rectal enema 30-40 gram/120 ml	2	
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	2	PA; SP; QL (8 per 1 day)
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	1	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	0	
SYMPROIC ORAL TABLET 0.2 MG	2	QL (1 per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML	3	ST; QL (2 per 1 day)
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	3	
trilyte with flavor packets oral recon soln 420 gram	0	
trimethobenzamide oral capsule 300 mg	1	
TRULANCE ORAL TABLET 3 MG	2	QL (1 per 1 day)
UCERIS RECTAL FOAM 2 MG/ACTUATION	2	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet 250 mg, 500 mg	1	
VARUBI ORAL TABLET 90 MG	2	QL (24 per 10 days)
VELPHORO ORAL TABLET,CHEWABLE 500 MG	2	
VIBERZI ORAL TABLET 100 MG, 75 MG	3	PA; QL (2 per 1 day)
VIOKACE ORAL TABLET 10,440-39,150-39,150 UNIT, 20,880-78,300- 78,300 UNIT	2	

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

Drug Name	Drug Tier	Requirements / Limits
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT	2	
ZOFRAN ORAL TABLET 4 MG, 8 MG	3	
ULCER THERAPY		
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	1	QL (112 per 7 days)
CARAFATE ORAL SUSPENSION 100 MG/ML	2	
CARAFATE ORAL TABLET 1 GRAM	3	
cimetidine hcl oral solution 300 mg/5 ml	1	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	1	
CYTOTEC ORAL TABLET 100 MCG, 200 MCG	3	
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG	3	ST; QL (1 per 1 day)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg, 40 mg	1	QL (1 per 1 day)
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg, 40 mg	1	QL (1 per 1 day)
esomeprazole sodium intravenous recon soln 20 mg	1	
ESOMEPRAZOLE STRONTIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 49.3 MG	3	
famotidine (pf) intravenous solution 20 mg/2 ml	1	
FAMOTIDINE IN 0.9 % NACL INTRAVENOUS SYRINGE 20 MG/10 ML	1	
famotidine intravenous solution 10 mg/ml	1	
famotidine oral suspension 40 mg/5 ml (8 mg/ml)	1	
famotidine oral tablet 40 mg	1	
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	1	
misoprostol oral tablet 100 mcg, 200 mcg	1	
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	2	QL (1 per 1 day)
nizatidine oral capsule 150 mg, 300 mg	1	

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Drug Name	Drug Tier	Requirements / Limits
nizatidine oral solution 150 mg/10 ml	1	
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg	1	
pantoprazole intravenous recon soln 40 mg	1	
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	1	
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	1	QL (1 per 1 day)
ranitidine hcl oral syrup 15 mg/ml	1	
ranitidine hcl oral tablet 300 mg	1	
sucralfate oral suspension 100 mg/ml	1	
sucralfate oral tablet 1 gram	1	
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	3	PA; SP
LEUKINE INJECTION RECON SOLN 250 MCG	2	PA; SP
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	3	PA; SP
NEULASTA SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	3	PA; SP
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	2	PA; SP
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	PA; SP
PROCRIT 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	2	PA; SP; QL (12 per 21 days)
PROCRIT INJECTION SOLUTION 40,000 UNIT/ML	2	PA; SP; QL (6 per 21 days)
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG	3	PA; SP
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA; SP; QL (12 per 21 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	2	PA; SP; QL (6 per 21 days)

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

Drug Name	Drug Tier	Requirements / Limits
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	PA; SP
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	PA; SP
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	3	PA; SP
GROWTH HORMONES		
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	2	PA; SP; QL (2 per 1 day)
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	2	PA; SP; QL (2 per 1 day)
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	2	PA; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	2	PA; SP
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	2	PA; SP
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	2	PA; SP
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG	3	PA; QL (1 per 1 day)
INTERFERONS		
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	2	PA; SP; QL (1 per 21 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	2	PA; SP; QL (1 per 21 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	2	PA; SP; QL (14 per 21 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	2	PA; SP; QL (1 per 1 day)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	2	PA; SP; QL (12 per 21 days)
GILENYA ORAL CAPSULE 0.5 MG	2	PA; SP
glatiramer subcutaneous syringe 20 mg/ml	1	PA; SP; QL (1 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
glatiramer subcutaneous syringe 40 mg/ml	1	PA; SP; QL (12 per 21 days)
glatopa subcutaneous syringe 20 mg/ml	1	PA; SP; QL (1 per 1 day)
glatopa subcutaneous syringe 40 mg/ml	1	PA; SP; QL (12 per 21 days)
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML	2	PA; QL (3.6 per 365 days)
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	3	PA; SP; QL (10 per 30 days)
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	3	PA; SP; QL (10 per 30 days)
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	3	PA; SP; QL (10 per 30 days)
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	3	PA; SP; QL (10 per 30 days)
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	3	PA; SP; QL (10 per 30 days)
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	3	PA; SP; QL (10 per 30 days)
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	3	PA; SP; QL (10 per 30 days)
MAYZENT ORAL TABLET 0.25 MG	2	PA; SP; QL (4 per 1 day)
MAYZENT ORAL TABLET 2 MG	2	PA; SP; QL (1 per 1 day)
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	3	PA; SP; QL (20 per 180 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	3	PA; SP; QL (4 per 21 days)
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	3	PA; SP; QL (4 per 21 days)
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	3	PA; SP; QL (4 per 21 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	2	PA; SP; QL (1 per 21 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; SP; QL (1 per 22 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	2	PA; SP; QL (1 per 21 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; SP; QL (1 per 22 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	2	PA; SP; QL (21 per 21 days)

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

Drug Name	Drug Tier	Requirements / Limits
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	2	PA; SP; QL (6 per 21 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	2	PA; SP; QL (6 per 21 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA; SP; QL (4.2 per 21 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA; SP; QL (4.2 per 21 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	2	PA; SP; QL (1 per 1 day)
ribavirin oral capsule 200 mg	1	SP
ribavirin oral tablet 200 mg	1	SP
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	2	PA; SP; QL (4 per 22 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG	2	PA; SP; QL (2 per 1 day)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	3	PA; SP; QL (4 per 1 day)
INTERLEUKINS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	2	SP
ALDARA TOPICAL CREAM IN PACKET 5 %	3	QL (24 per 22 days)
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	2	SP
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	3	SP
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	2	PA; SP; QL (1 per 42 days)
imiquimod topical cream in packet 5 %	1	QL (24 per 22 days)
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	2	PA; SP
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	2	PA; SP
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	3	PA; SP; QL (1 per 1 day)
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	2	SP

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Drug Name	Drug Tier	Requirements / Limits
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	0	QL (0.5 per 273 days)
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	0	QL (0.5 per 273 days)
AFLURIA QD 2019-20(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 135 days)
AFLURIA QD 2019-20(6-35MO)(PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	0	QL (0.25 per 135 days)
AFLURIA QUAD 2019-20(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 135 days)
ATGAM INTRAVENOUS SOLUTION 50 MG/ML	2	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	0	QL (1 per 273 days)
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	0	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	0	QL (0.5 per 273 days)
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	2	PA; SP
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %	3	PA; SP
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)	3	PA; SP
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	2	
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT	3	PA; SP
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	0	QL (3 per 273 days)

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

Drug Name	Drug Tier	Requirements / Limits
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	0	QL (3 per 273 days)
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	0	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	3	SP
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 %	3	PA; SP
FLUAD 2019-2020 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	0	QL (0.5 per 135 days)
FLUARIX QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 135 days)
FLUBLOK QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	0	QL (0.5 per 135 days)
FLUCELVAX QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 135 days)
FLUCELVAX QUAD 2019-2020 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 135 days)
FLULAVAL QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 135 days)
FLULAVAL QUAD 2019-2020 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 135 days)
FLUMIST QUAD 2019-2020 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	0	QL (1 per 135 days)
FLUZONE HIGH-DOSE 2019-20 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	0	QL (0.5 per 135 days)
FLUZONE QUAD 2019-2020 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 135 days)
FLUZONE QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 135 days)

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

Drug Name	Drug Tier	Requirements / Limits
FLUZONE QUAD 2019-2020 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 135 days)
FLUZONE QUAD PEDI 2019-20 (PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	0	QL (0.25 per 135 days)
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	2	SP
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE	2	PA; SP
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	2	PA; SP
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	2	PA; SP
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	2	PA; SP
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	3	PA; SP
GAMMAPLEX INTRAVENOUS SOLUTION 10 %	3	PA
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	2	PA; SP
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	0	QL (1.5 per 273 days)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	0	QL (1.5 per 273 days)
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	0	QL (2 per 273 days)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	0	QL (2 per 273 days)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	0	
HEPAGAM B INJECTION SOLUTION >312 UNIT/ML, GREATR THAN 312 UNIT/ML (5 ML)	2	SP

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Drug Name	Drug Tier	Requirements / Limits
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	0	QL (1 per 273 days)
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	2	PA; SP
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	3	PA
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML, 220 UNIT/ML (5 ML)	2	SP
HYPERHEP B S/D INTRAMUSCULAR SYRINGE 220 UNIT/ML	2	SP
HYPERHEP B S-D NEONATAL INTRAMUSCULAR SYRINGE 110 UNIT/0.5 ML	2	SP
HYPERRAB (PF) INTRAMUSCULAR SOLUTION 300 UNIT/ML	3	
HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	2	
HYPERTET S/D (PF) INTRAMUSCULAR SYRINGE 250 UNIT	2	
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	3	PA; SP
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	2	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	2	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	2	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	2	
KEDRAB (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	2	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	0	QL (0.5 per 273 days)

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

Drug Name	Drug Tier	Requirements / Limits
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	0	QL (1 per 273 days)
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	0	QL (2 per 273 days)
MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML	2	PA; SP
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)	2	PA; SP
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	2	PA; SP
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	2	PA; SP
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	2	PA; SP
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	2	PA; SP
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	2	PA; SP
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	2	PA; SP
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)	2	PA; SP
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	2	PA; SP
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	2	PA; SP
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	2	PA; SP
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	2	PA; SP; QL (1 per 1 day)
PANZYGA INTRAVENOUS SOLUTION 10 %	3	PA
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	2	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	2	
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	2	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	3	

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

Drug Name	Drug Tier	Requirements / Limits
PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML	0	QL (0.5 per 273 days)
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	0	QL (0.5 per 273 days)
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	0	
PRIVIGEN INTRAVENOUS SOLUTION 10 %	2	PA; SP
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	0	
PROVENGE INTRAVENOUS SUSPENSION 50 MILLION CELL/250 ML	2	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	0	QL (3 per 273 days)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	0	
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	0	QL (3 per 273 days)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	0	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	2	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	0	QL (2 per 273 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	0	QL (0.5 per 273 days)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	0	QL (0.5 per 273 days)
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	0	QL (0.5 per 273 days)
TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	2	

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

Drug Name	Drug Tier	Requirements / Limits
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG	2	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	0	QL (1.5 per 273 days)
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	0	QL (4 per 273 days)
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	0	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	0	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	0	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	0	QL (2 per 10 days)
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	0	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	0	QL (2 per 273 days)
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	0	QL (2 per 273 days)
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML	2	
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	0	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	3	PA; SP
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	0	QL (1 per 273 days)
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
allopurinol oral tablet 100 mg, 300 mg	1	
allopurinol sodium intravenous recon soln 500 mg	1	
aloprim intravenous recon soln 500 mg	2	
COLCHICINE ORAL CAPSULE 0.6 MG	1	QL (2 per 2 days)
colchicine oral tablet 0.6 mg	1	QL (4 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
COLCRYS ORAL TABLET 0.6 MG	2	QL (4 per 1 day)
febuxostat oral tablet 40 mg, 80 mg	1	QL (1 per 1 day)
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	2	PA; SP; QL (2 per 21 days)
MITIGARE ORAL CAPSULE 0.6 MG	2	QL (2 per 2 days)
probenecid oral tablet 500 mg	1	
probenecid-colchicine oral tablet 500-0.5 mg	1	
ULORIC ORAL TABLET 40 MG, 80 MG	3	ST; QL (1 per 1 day)
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	3	
OSTEOPOROSIS THERAPY		
alendronate oral solution 70 mg/75 ml	1	QL (75 per 5 days)
alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg	1	
EVISTA ORAL TABLET 60 MG	3	QL (1 per 1 day)
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML	2	PA; SP; QL (2.4 per 21 days)
FOSAMAX PLUS D ORAL TABLET 70 MG-2,800 UNIT, 70 MG- 5,600 UNIT	3	
ibandronate intravenous solution 3 mg/3 ml	1	
ibandronate intravenous syringe 3 mg/3 ml	1	
ibandronate oral tablet 150 mg	1	
raloxifene oral tablet 60 mg	0	QL (1 per 1 day)
risedronate oral tablet 150 mg	1	ST; QL (1 per 22 days)
risedronate oral tablet 35 mg	1	ST; QL (4 per 21 days)
risedronate oral tablet 5 mg	1	ST; QL (1 per 1 day)
risedronate oral tablet,delayed release (dr/ec) 35 mg	1	ST; QL (4 per 21 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 620 MCG/2.48 ML	3	SP; QL (2.4 per 21 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	2	PA; SP; QL (1.56 per 22 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	2	PA; SP; QL (1.8 per 21 days)
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	2	PA; SP; QL (40 per 21 days)

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Drug Name	Drug Tier	Requirements / Limits
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	2	PA; SP
ARAVA ORAL TABLET 10 MG, 20 MG	3	
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	2	SP; QL (2 per 22 days)
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	3	PA; SP; QL (4 per 21 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	3	PA; SP; QL (4 per 21 days)
DEPEN TITRATABS ORAL TABLET 250 MG	3	PA; QL (6 per 1 day)
D-PENAMINE ORAL TABLET 125 MG	1	PA; QL (2 per 1 day)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	2	PA; SP
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	2	PA; SP
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	2	PA; SP; QL (8 per 21 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	2	PA; SP
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	2	PA; SP
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; SP; QL (2 per 21 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; SP; QL (2 per 21 days)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; SP; QL (2 per 21 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	2	PA; SP; QL (2 per 21 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	2	PA; SP; QL (2 per 21 days)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	PA; SP; QL (2 per 21 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	2	PA; SP; QL (2 per 21 days)

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Drug Name	Drug Tier	Requirements / Limits
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	2	PA; SP; QL (2 per 21 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	2	PA; SP; QL (2 per 21 days)
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	3	PA; SP
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	3	PA; SP
leflunomide oral tablet 10 mg, 20 mg	1	
OLUMIANT ORAL TABLET 1 MG, 2 MG	3	PA; SP; QL (1 per 1 day)
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	3	PA; SP; QL (4 per 22 days)
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	3	PA; SP
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 87.5 MG/0.7 ML	3	PA; SP
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	3	PA; SP; QL (1.6 per 21 days)
OTEZLA ORAL TABLET 30 MG	2	PA; SP; QL (2 per 1 day)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	2	PA; SP; QL (2 per 1 day)
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	2	ST; QL (1.6 per 21 days)
penicillamine oral capsule 250 mg	1	PA
penicillamine oral tablet 250 mg	1	PA
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML	2	ST; QL (0.8 per 21 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML	2	ST; QL (1 per 21 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML	2	ST; QL (1.2 per 21 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML	2	ST; QL (1.4 per 21 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML	2	ST; QL (1.6 per 21 days)

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Drug Name	Drug Tier	Requirements / Limits
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML	2	ST; QL (1.8 per 21 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML	2	ST; QL (2 per 21 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML	2	ST; QL (2.4 per 21 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML	2	ST; QL (0.6 per 21 days)
RIDAURA ORAL CAPSULE 3 MG	2	SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	2	PA; SP; QL (1 per 1 day)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	2	
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	2	
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	3	PA; SP; QL (1 per 60 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	3	PA; SP; QL (1 per 21 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	3	PA; SP; QL (0.5 per 21 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	3	PA; SP; QL (1 per 21 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	3	PA; SP; QL (0.5 per 21 days)
XELJANZ ORAL TABLET 10 MG, 5 MG	2	PA; SP; QL (2 per 1 day)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	2	PA; SP; QL (1 per 1 day)
OBSTETRICS & GYNECOLOGY		
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	0	
FC2 FEMALE CONDOM	0	QL (1 per 1 day)
FEMCAP VAGINAL DEVICE 22 MM	0	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HRS (5 YRS) 19.5 MG	0	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/24 HRS (6 YRS) 52 MG	0	

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Drug Name	Drug Tier	Requirements / Limits
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24 HOURS (5 YRS) 52 MG	0	
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	0	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HRS (3 YRS) 13.5 MG	0	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	0	
ESTROGENS & PROGESTINS		
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	1	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	3	
AYGESTIN ORAL TABLET 5 MG	3	
BIJUVA ORAL CAPSULE 1-100 MG	3	ST
camila oral tablet 0.35 mg	0	
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	2	QL (8 per 21 days)
covaryx h.s. oral tablet 0.625-1.25 mg	1	
covaryx oral tablet 1.25-2.5 mg	1	
CRINONE VAGINAL GEL 4 %, 8 %	2	
deblitane oral tablet 0.35 mg	0	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	0	QL (1 per 63 days)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	2	
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML	0	QL (1 per 63 days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	0	QL (0.65 per 63 days)
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %), 1.25 MG/1.25 GRAM (0.1 %)	2	

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Drug Name	Drug Tier	Requirements / Limits
dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	QL (8 per 21 days)
DUAVEE ORAL TABLET 0.45-20 MG	2	
eemt hs oral tablet 0.625-1.25 mg	1	
eemt oral tablet 1.25-2.5 mg	1	
ENDOMETRIN VAGINAL INSERT 100 MG	3	
errin oral tablet 0.35 mg	0	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1	
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	QL (8 per 21 days)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	QL (4 per 21 days)
estradiol vaginal cream 0.01 % (0.1 mg/gram)	1	
estradiol vaginal tablet 10 mcg	1	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	1	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	2	QL (1 per 67 days)
estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg	1	
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
heather oral tablet 0.35 mg	0	
hydroxyprogest(pf)(preg presv) intramuscular oil 250 mg/ml (1 ml)	1	PA; SP; QL (4 per 21 days)
hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml	1	PA; SP; QL (5 per 21 days)
hydroxyprogesterone caproate intramuscular oil 250 mg/ml	1	PA; SP
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	3	QL (18 per 21 days)
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	3	QL (18 per 21 days)
incassia oral tablet 0.35 mg	0	

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Drug Name	Drug Tier	Requirements / Limits
jencycla oral tablet 0.35 mg	0	
jinteli oral tablet 1-5 mg-mcg	1	
lopreeza oral tablet 1-0.5 mg	1	
lyza oral tablet 0.35 mg	0	
MAKENA (PF) SUBCUTANEOUS AUTO-INJECTOR 275 MG/1.1 ML	2	PA; SP; QL (4.4 per 21 days)
MAKENA INTRAMUSCULAR OIL 250 MG/ML (1 ML)	3	PA; SP; QL (4 per 21 days)
medroxyprogesterone intramuscular suspension 150 mg/ml	0	QL (1 per 63 days)
medroxyprogesterone intramuscular syringe 150 mg/ml	0	QL (1 per 63 days)
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	3	
mimvey oral tablet 1-0.5 mg	1	
nora-be oral tablet 0.35 mg	0	
norethindrone (contraceptive) oral tablet 0.35 mg	0	
norethindrone acetate oral tablet 5 mg	1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
norlyda oral tablet 0.35 mg	0	
ORTHO MICRONOR ORAL TABLET 0.35 MG	0	
PREMARIN INJECTION RECON SOLN 25 MG	2	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	2	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	2	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	2	
progesterone intramuscular oil 50 mg/ml	1	
progesterone micronized oral capsule 100 mg, 200 mg	1	

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Drug Name	Drug Tier	Requirements / Limits
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG	3	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	
sharobel oral tablet 0.35 mg	0	
tulana oral tablet 0.35 mg	0	
yuvafem vaginal tablet 10 mcg	1	
MISCELLANEOUS OB/GYN		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	0	
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG	3	
CLEOCIN VAGINAL CREAM 2 %	3	
clindamycin phosphate vaginal cream 2 %	1	
eluryng vaginal ring 0.12-0.015 mg/24 hr	0	QL (1 per 21 days)
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	0	QL (1 per 21 days)
GYNAZOLE-1 VAGINAL CREAM 2 %	3	
gynol ii vaginal gel 3 %	0	
isoxsuprine oral tablet 10 mg, 20 mg	1	
LUPANETA PACK (3 MONTH) KIT. SYRINGE AND TABLET 11.25 MG -5 MG (90)	2	PA; SP; QL (1 per 63 days)
metronidazole vaginal gel 0.75 %	1	
miconazole-3 vaginal suppository 200 mg	1	
MIFEPREX ORAL TABLET 200 MG	3	
mifepristone oral tablet 200 mg	1	
NEXPLANON SUBDERMAL IMPLANT 68 MG	0	QL (1 per 273 days)
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	0	QL (1 per 21 days)
OSPHENA ORAL TABLET 60 MG	3	QL (1 per 1 day)
PREPIDIL VAGINAL GEL 0.5 MG/3 G	3	
PROSTIN E2 VAGINAL SUPPOSITORY 20 MG	3	
terconazole vaginal cream 0.4 %, 0.8 %	1	
terconazole vaginal suppository 80 mg	2	

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Drug Name	Drug Tier	Requirements / Limits
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG	0	
tranexamic acid oral tablet 650 mg	1	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %	3	
vaginal contraceptive foam vaginal foam 12.5 %	0	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	0	
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	0	
xulane transdermal patch weekly 150-35 mcg/24 hr	0	QL (3 per 21 days)
ORAL CONTRACEPTIVES & RELATED AGENTS		
afirmelle oral tablet 0.1-20 mg-mcg	0	
AFTERA ORAL TABLET 1.5 MG	0	
altavera (28) oral tablet 0.15-0.03 mg	0	
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	0	
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	0	
amethia lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)	0	QL (91 per 63 days)
amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	0	QL (91 per 63 days)
amethyst (28) oral tablet 90-20 mcg (28)	0	
apri oral tablet 0.15-0.03 mg	0	
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg	0	
ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	0	QL (91 per 63 days)
aubra eq oral tablet 0.1-20 mg-mcg	0	
aubra oral tablet 0.1-20 mg-mcg	0	
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg	0	
aurovela 1/20 (21) oral tablet 1-20 mg-mcg	0	
aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	0	
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	0	

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

Drug Name	Drug Tier	Requirements / Limits
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	0	
aviane oral tablet 0.1-20 mg-mcg	0	
ayuna oral tablet 0.15-0.03 mg	0	
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	0	
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/36.5 MG(7)	0	QL (1 per 1 day)
balziva (28) oral tablet 0.4-35 mg-mcg	0	
bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	0	
BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4)	0	
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	0	
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	0	
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	0	
briellyn oral tablet 0.4-35 mg-mcg	0	
camrese lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)	0	QL (91 per 63 days)
camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	0	QL (91 per 63 days)
caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg	0	
chateal (28) oral tablet 0.15-0.03 mg	0	
chateal eq (28) oral tablet 0.15-0.03 mg	0	
cryselle (28) oral tablet 0.3-30 mg-mcg	0	
cyclafem 1/35 (28) oral tablet 1-35 mg-mcg	0	
cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	0	
cyred eq oral tablet 0.15-0.03 mg	0	
cyred oral tablet 0.15-0.03 mg	0	
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	0	
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	0	

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

Drug Name	Drug Tier	Requirements / Limits
daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	0	QL (91 per 63 days)
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	0	
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg	0	
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)	0	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	0	
econtra ez oral tablet 1.5 mg	0	
econtra one-step oral tablet 1.5 mg	0	
elinest oral tablet 0.3-30 mg-mcg	0	
ELLA ORAL TABLET 30 MG	0	
emoquette oral tablet 0.15-0.03 mg	0	
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	0	
enskyce oral tablet 0.15-0.03 mg	0	
estarylla oral tablet 0.25-35 mg-mcg	0	
ESTROSTEP FE-28 ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	3	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	0	
falmina (28) oral tablet 0.1-20 mg-mcg	0	
fayosim oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	0	
femynor oral tablet 0.25-35 mg-mcg	0	
GENERESS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	0	
gianvi (28) oral tablet 3-0.02 mg	0	
hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	0	
hailey oral tablet 1.5-30 mg-mcg	0	
introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	0	QL (91 per 63 days)
isibloom oral tablet 0.15-0.03 mg	0	

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

Drug Name	Drug Tier	Requirements / Limits
jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	0	QL (91 per 63 days)
jasmiel (28) oral tablet 3-0.02 mg	0	
jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	0	QL (91 per 63 days)
juleber oral tablet 0.15-0.03 mg	0	
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	0	
junel 1/20 (21) oral tablet 1-20 mg-mcg	0	
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	0	
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	0	
junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)	0	
kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	0	
kalliga oral tablet 0.15-0.03 mg	0	
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	0	
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	0	
kelnor 1-50 oral tablet 1-50 mg-mcg	0	
kurvelo (28) oral tablet 0.15-0.03 mg	0	
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)	0	QL (91 per 63 days)
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	0	
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	0	
larin 1/20 (21) oral tablet 1-20 mg-mcg	0	
larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	0	
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	0	
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	0	
larissia oral tablet 0.1-20 mg-mcg	0	
layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	0	
leena 28 oral tablet 0.5/1/0.5-35 mg-mcg	0	

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Drug Name	Drug Tier	Requirements / Limits
lessina oral tablet 0.1-20 mg-mcg	0	
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	0	
levonorgestrel oral tablet 1.5 mg	0	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)	0	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	0	QL (91 per 63 days)
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	0	
levora-28 oral tablet 0.15-0.03 mg	0	
lillow (28) oral tablet 0.15-0.03 mg	0	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	0	
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	0	
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	0	
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	3	
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	3	
lojaimiess oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)	0	QL (91 per 63 days)
loryna (28) oral tablet 3-0.02 mg	0	
LOSEASONIQUE ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7)	0	QL (91 per 63 days)
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	0	
lo-zumandimine (28) oral tablet 3-0.02 mg	0	
lutera (28) oral tablet 0.1-20 mg-mcg	0	
marlissa (28) oral tablet 0.15-0.03 mg	0	
melodetta 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	0	
mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	1	
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	0	
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	0	

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Drug Name	Drug Tier	Requirements / Limits
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	0	
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	0	
mili oral tablet 0.25-35 mg-mcg	0	
MINASTRIN 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	3	
MIRCETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	3	
mono-linyah oral tablet 0.25-35 mg-mcg	0	
my choice oral tablet 1.5 mg	0	
my way oral tablet 1.5 mg	0	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	0	
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	0	
new day oral tablet 1.5 mg	0	
nikki (28) oral tablet 3-0.02 mg	0	
noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)	0	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	0	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	0	
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	0	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg	0	
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	0	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)	0	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	0	
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	0	
ocella oral tablet 3-0.03 mg	0	
opcicon one-step oral tablet 1.5 mg	0	
option-2 oral tablet 1.5 mg	0	

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Drug Name	Drug Tier	Requirements / Limits
orsythia oral tablet 0.1-20 mg-mcg	0	
philith oral tablet 0.4-35 mg-mcg	0	
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	0	
pirmella oral tablet 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg	0	
portia 28 oral tablet 0.15-0.03 mg	0	
previfem oral tablet 0.25-35 mg-mcg	0	
QUARTETTE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	0	
reclipsen (28) oral tablet 0.15-0.03 mg	0	
rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	0	
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7)	0	
SEASONIQUE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	0	QL (91 per 63 days)
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	0	QL (91 per 63 days)
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	0	
simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	0	QL (91 per 63 days)
SLYND ORAL TABLET 4 MG (28)	0	
sprintec (28) oral tablet 0.25-35 mg-mcg	0	
sronyx oral tablet 0.1-20 mg-mcg	0	
syeda oral tablet 3-0.03 mg	0	
TAKE ACTION ORAL TABLET 1.5 MG	0	
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	0	
tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	0	
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	0	
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	0	
tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	0	

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

Drug Name	Drug Tier	Requirements / Limits
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	0	
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	0	
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	0	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	0	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	0	
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	0	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	0	
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	0	
tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	0	
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	0	
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	0	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	0	
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	0	
tydemy oral tablet 3-0.03-0.451 mg (21) (7)	0	
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg	0	
vienva oral tablet 0.1-20 mg-mcg	0	
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	0	
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	
vyfemla (28) oral tablet 0.4-35 mg-mcg	0	
vylibra oral tablet 0.25-35 mg-mcg	0	
wera (28) oral tablet 0.5-35 mg-mcg	0	
wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	0	
YASMIN (28) ORAL TABLET 3-0.03 MG	0	

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

Drug Name	Drug Tier	Requirements / Limits
YAZ (28) ORAL TABLET 3-0.02 MG	0	
zarah oral tablet 3-0.03 mg	0	
zovia 1/35e (28) oral tablet 1-35 mg-mcg	0	
zumandimine (28) oral tablet 3-0.03 mg	0	
OXYTOCICS		
methergine oral tablet 0.2 mg	3	
methylergonovine oral tablet 0.2 mg	1	
OPHTHALMOLOGY		
ANTIBIOTICS		
ak-poly-bac ophthalmic (eye) ointment 500-10,000 unit/gram	1	
AZASITE OPHTHALMIC (EYE) DROPS 1 %	2	
bacitracin ophthalmic (eye) ointment 500 unit/gram	1	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	3	ST
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 %	3	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	1	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	1	
gatifloxacin ophthalmic (eye) drops 0.5 %	1	
gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)	1	
gentamicin ophthalmic (eye) drops 0.3 %	1	
levofloxacin ophthalmic (eye) drops 0.5 %	1	
MOXEZA OPHTHALMIC (EYE) DROPS, VISCOUS 0.5 %	3	
moxifloxacin ophthalmic (eye) drops 0.5 %	1	
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %	1	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	2	

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

Drug Name	Drug Tier	Requirements / Limits
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	1	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	1	
neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	1	
ofloxacin ophthalmic (eye) drops 0.3 %	1	
polycin ophthalmic (eye) ointment 500-10,000 unit/gram	1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	1	
tobramycin ophthalmic (eye) drops 0.3 %	1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	3	
ZYMAXID OPHTHALMIC (EYE) DROPS 0.5 %	3	
ANTIVIRALS		
trifluridine ophthalmic (eye) drops 1 %	1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	
BETA-BLOCKERS		
betaxolol ophthalmic (eye) drops 0.5 %	1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	3	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	ST
carteolol ophthalmic (eye) drops 1 %	1	
levobunolol ophthalmic (eye) drops 0.5 %	1	
metipranolol ophthalmic (eye) drops 0.3 %	1	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	1	
timolol maleate ophthalmic (eye) drops, once daily 0.5 %	1	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	1	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	2	
CYCLOPLEGIC MYDRIATICS		

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

Drug Name	Drug Tier	Requirements / Limits
atropine ophthalmic (eye) drops 1 %	1	
ATROPINE OPHTHALMIC (EYE) DROPS, EMULSION 0.01 %	1	
atropine ophthalmic (eye) ointment 1 %	1	
CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %, 1 %, 2 %	3	
cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %	1	
CYCLOPEN-TROPIC-PHENYLEPH-WATR OPHTHALMIC (EYE) DROPS 1-1-2.5 %	1	
homatropaire ophthalmic (eye) drops 5 %	1	
PAREMYD OPHTHALMIC (EYE) DROPS 1-0.25 %	3	
PHENYLEPH-TROPICAMIDE IN WATER OPHTHALMIC (EYE) DROPS 2.5-1 %	1	
tropicamide ophthalmic (eye) drops 0.5 %, 1 %	1	
DIRECT ACTING MIOTICS		
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	1	
MISCELLANEOUS OPHTHALMOLOGICS		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	3	
ALOCRIL OPHTHALMIC (EYE) DROPS 2 %	3	ST
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	3	ST
altacaine ophthalmic (eye) drops 0.5 %	1	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 %	1	
azelastine ophthalmic (eye) drops 0.05 %	1	
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	2	
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	3	PA; QL (2 per 1 day)
cromolyn ophthalmic (eye) drops 4 %	1	
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 %	1	
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	2	PA; SP; QL (60 per 21 days)
epinastine ophthalmic (eye) drops 0.05 %	2	

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

Drug Name	Drug Tier	Requirements / Limits
fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %	1	
LASTACAFT OPHTHALMIC (EYE) DROPS 0.25 %	3	ST
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	3	PA; SP; QL (28 per 720 days)
PAZEO OPHTHALMIC (EYE) DROPS 0.7 %	2	ST; QL (2.5 per 22 days)
PREDNISOL ACE-GATIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.075 %	1	
PREDNISOLN SP-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS 1-0.5-0.075 %	1	
PREDNISOLONE ACETATE-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.1 %	1	
PREDNISOLONE-MOXIFLO-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.1 %	1	
PREDNISOLONE-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.075 %	1	
proparacaine ophthalmic (eye) drops 0.5 %	1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	2	PA; QL (1 per 22 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	2	PA; QL (2 per 1 day)
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS 0.5 %	1	
tetracaine hcl ophthalmic (eye) drops 0.5 %	1	
VISUDYNE INTRAVENOUS RECON SOLN 15 MG	2	SP
VITRASE INJECTION SOLUTION 200 UNIT/ML	3	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	2	PA
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	3	
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		

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

Drug Name	Drug Tier	Requirements / Limits
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 %	3	
ACULAR OPHTHALMIC (EYE) DROPS 0.5 %	3	
bromfenac ophthalmic (eye) drops 0.09 %	1	
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	3	ST
diclofenac sodium ophthalmic (eye) drops 0.1 %	1	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	2	
ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %	1	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	2	ST
ORAL DRUGS FOR GLAUCOMA		
acetazolamide oral capsule, extended release 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
acetazolamide sodium injection recon soln 500 mg	1	
methazolamide oral tablet 25 mg, 50 mg	1	
OTHER GLAUCOMA DRUGS		
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	ST
bimatoprost ophthalmic (eye) drops 0.03 %	1	QL (2.5 per 22 days)
BRIMONIDINE-DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 0.15-2 %	1	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	2	
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %	3	ST; QL (2 per 2 days)
DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 2 %	1	
dorzolamide ophthalmic (eye) drops 2 %	1	
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %	1	ST; QL (2 per 2 days)
DORZOLAMIDE-TIMOLOL (PF) OPHTHALMIC (EYE) DROPS 2-0.5 %	1	ST

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Drug Name	Drug Tier	Requirements / Limits
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	1	
DURYSTA INTRACAMERAL IMPLANT 10 MCG	3	ST
LATANOPROST (PF) OPHTHALMIC (EYE) DROPS 0.005 %	1	
latanoprost ophthalmic (eye) drops 0.005 %	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	ST; QL (2.5 per 22 days)
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG	3	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	2	ST; QL (2.5 per 18 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	3	ST; QL (2.5 per 18 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	ST
TIMOL-BRIMON-DORZO-LATANOP(PF) OPHTHALMIC (EYE) DROPS 0.5 %-0.15 %- 2 %-0.005 %	1	
TIMOLOL-BRIMONIDI-DORZOLAM(PF) OPHTHALMIC (EYE) DROPS 0.5-0.15-2 %	1	
TIMOLOL-DORZOLAMID-LATANOP(PF) OPHTHALMIC (EYE) DROPS 0.5-2-0.005 %	1	
TIMOLOL-LATANOPROST(PF) OPHTHALMIC (EYE) DROPS 0.5-0.005 %	1	
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	2	ST; QL (2.5 per 22 days)
TRUSOPT OPHTHALMIC (EYE) DROPS 2 %	3	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	3	ST; QL (2.5 per 18 days)
STEROID-ANTIBIOTIC COMBINATIONS		
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	1	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	1	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	1	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	1	

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

Drug Name	Drug Tier	Requirements / Limits
neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	1	
PREDNISOLONE ACET-GATIFLOXACIN OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5 %	1	
PREDNISOLONE SOD PH-MOXIFLOX OPHTHALMIC (EYE) DROPS 1-0.5 %	1	
PREDNISOLONE-MOXIFLOXACIN HCL OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5 %	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	2	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	2	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	2	
STEROIDS		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	2	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	3	
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	1	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	2	ST; QL (5.6 per 10 days)
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	2	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 %	3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	2	
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	2	
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %	1	
PREDNISOLONE ACETATE (PF) OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	1	

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Drug Name	Drug Tier	Requirements / Limits
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	1	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	1	
STEROID-SULFONAMIDE COMBINATIONS		
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	1	
SULFONAMIDES		
sulfacetamide sodium ophthalmic (eye) drops 10 %	1	
sulfacetamide sodium ophthalmic (eye) ointment 10 %	1	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	2	ST
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	3	
apraclonidine ophthalmic (eye) drops 0.5 %	1	
brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %	1	
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	3	
phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTIHISTAMINE & ANTIALLERGENIC AGENTS		
adrenalin injection solution 1 mg/ml, 1 mg/ml (1 ml)	2	
ADYPHREN AMP II INJECTION KIT 1 MG/ML	3	
ADYPHREN II INJECTION KIT 1 MG/ML	3	
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML	2	
carbinoxamine maleate oral liquid 4 mg/5 ml	1	
carbinoxamine maleate oral tablet 4 mg	1	
clemastine oral tablet 2.68 mg	1	
cyproheptadine oral syrup 2 mg/5 ml	1	

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Drug Name	Drug Tier	Requirements / Limits
cyproheptadine oral tablet 4 mg	1	
desloratadine oral tablet 5 mg	1	QL (1 per 1 day)
desloratadine oral tablet,disintegrating 2.5 mg, 5 mg	1	QL (1 per 1 day)
dexchlorpheniramine maleate oral solution 2 mg/5 ml	1	
diphenhydramine hcl injection solution 50 mg/ml	1	
diphenhydramine hcl injection syringe 50 mg/ml	1	
EPINEPHINE PROFESSIONAL EMS INJECTION KIT 1 MG/ML	3	
EPINEPHRINE HCL (PF) INJECTION SOLUTION 1 MG/ML (1 ML)	1	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	1	
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	1	QL (4 per 30 days)
epinephrine injection solution 1 mg/ml, 1 mg/ml (1 ml)	1	QL (4 per 30 days)
epinephrine injection syringe 0.1 mg/ml	1	QL (4 per 30 days)
EPINEPHRINE PROFESSIONAL INJECTION KIT 1 MG/ML	3	
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	2	QL (4 per 30 days)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	2	QL (4 per 30 days)
hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml	1	
hydroxyzine hcl oral solution 10 mg/5 ml	1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1	
promethazine injection solution 25 mg/ml, 50 mg/ml	1	
promethazine oral syrup 6.25 mg/5 ml	1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	1	
promethazine rectal suppository 12.5 mg, 25 mg, 50 mg	1	

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Drug Name	Drug Tier	Requirements / Limits
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	1	
QUZYTTIR INTRAVENOUS SOLUTION 10 MG/ML	2	
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	3	QL (12 per 30 days)
COUGH & COLD THERAPY		
benzonatate oral capsule 100 mg, 150 mg, 200 mg	1	
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	1	
brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml	1	
CAPCOF ORAL LIQUID 2-5-10 MG/5 ML	3	ST
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML	3	ST
guaifenesin dac oral syrup 30-10-100 mg/5 ml	1	ST
HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML	3	ST
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml	1	ST; QL (10 per 1 day)
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml	1	ST; QL (30 per 1 day)
hydrocodone-homatropine oral tablet 5-1.5 mg	1	ST; QL (6 per 1 day)
hydromet oral syrup 5-1.5 mg/5 ml	1	ST; QL (30 per 1 day)
lortuss ex oral syrup 30-10-100 mg/5 ml	1	ST
MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML	3	ST
M-END PE ORAL LIQUID 1.33-3.33-6.33 MG/5 ML	3	ST
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	3	ST
promethazine-codeine oral syrup 6.25-10 mg/5 ml	1	ST; QL (30 per 1 day)
promethazine-dm oral syrup 6.25-15 mg/5 ml	1	
promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml	1	ST; QL (30 per 1 day)
promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml	1	
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG	1	

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Drug Name	Drug Tier	Requirements / Limits
virtussin dac oral syrup 30-10-100 mg/5 ml	1	ST
PULMONARY AGENTS		
ACCOLATE ORAL TABLET 10 MG, 20 MG	3	
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	1	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	2	PA; SP
ADRENALIN NASAL SOLUTION 1 MG/ML	3	
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	QL (12 per 22 days)
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	3	ST
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	1	
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml	1	
albuterol sulfate oral syrup 2 mg/5 ml	1	
albuterol sulfate oral tablet 2 mg, 4 mg	1	
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg	1	
alyq oral tablet 20 mg	1	PA; QL (2 per 1 day)
ambrisentan oral tablet 10 mg, 5 mg	1	PA; SP; QL (1 per 1 day)
aminophylline intravenous solution 250 mg/10 ml	1	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	QL (2 per 2 days)
ARCAPTA NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 75 MCG	3	ST; QL (1 per 1 day)
ARMONAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 232 MCG/ACTUATION, 55 MCG/ACTUATION	2	
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL (1 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL (13 per 22 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	QL (1 per 22 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	3	
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	2	QL (25.8 per 22 days)
azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray	1	ST; QL (23 per 22 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	2	QL (10.7 per 22 days)
bosentan oral tablet 125 mg, 62.5 mg	1	PA; SP; QL (2 per 1 day)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	2	QL (2 per 2 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	1	QL (4 per 1 day)
budesonide inhalation suspension for nebulization 1 mg/2 ml	1	QL (2 per 1 day)
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	2	PA; SP; QL (40 per 21 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	
cromolyn inhalation solution for nebulization 20 mg/2 ml	1	
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML	3	
DALIRESP ORAL TABLET 250 MCG, 500 MCG	2	QL (1 per 1 day)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	2	QL (13 per 22 days)
DYMISTA NASAL SPRAY,NON-AEROSOL 137-50 MCG/SPRAY	2	ST; QL (23 per 22 days)

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Drug Name	Drug Tier	Requirements / Limits
ESBRIET ORAL CAPSULE 267 MG	2	PA; SP; QL (9 per 1 day)
ESBRIET ORAL TABLET 267 MG	2	PA; SP; QL (9 per 1 day)
ESBRIET ORAL TABLET 801 MG	2	PA; SP; QL (3 per 1 day)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	2	PA; SP
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	2	PA; SP
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	3	PA; SP; QL (18 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL (2 per 2 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	2	QL (4 per 1 day)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	2	QL (12 per 22 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	2	QL (24 per 22 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	2	QL (21.2 per 22 days)
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	1	QL (25 per 22 days)
fluticasone propionate nasal spray,suspension 50 mcg/actuation	1	QL (16 per 22 days)
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	1	ST
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	QL (2 per 2 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	3	PA; SP
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	3	
icatibant subcutaneous syringe 30 mg/3 ml	1	PA; SP; QL (18 per 30 days)
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	2	QL (1 per 1 day)
ipratropium bromide inhalation solution 0.02 %	1	

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Drug Name	Drug Tier	Requirements / Limits
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	1	
KALYDECO ORAL GRANULES IN PACKET 25 MG	2	PA
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	2	PA; SP
KALYDECO ORAL TABLET 150 MG	2	PA; SP
LETAIRIS ORAL TABLET 10 MG, 5 MG	3	PA; SP; QL (1 per 1 day)
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml	1	
LONHALA MAGNAIR REFILL INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML	3	ST; QL (2 per 1 day)
LONHALA MAGNAIR STARTER INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML	3	ST; QL (2 per 1 day)
metaproterenol oral syrup 10 mg/5 ml	1	
mometasone nasal spray,non-aerosol 50 mcg/actuation	2	QL (17 per 22 days)
montelukast oral granules in packet 4 mg	1	
montelukast oral tablet 10 mg	1	
montelukast oral tablet,chewable 4 mg, 5 mg	1	
nebusal inhalation solution for nebulization 3 %	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	2	PA; SP; QL (1 per 21 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	2	PA; SP; QL (1 per 21 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; SP; QL (1 per 21 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	2	PA; SP; QL (2 per 1 day)
OPSUMIT ORAL TABLET 10 MG	2	PA; SP; QL (1 per 1 day)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	2	PA; SP; QL (2 per 1 day)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	2	PA; SP; QL (4 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	2	QL (4 per 1 day)
PROAIR HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	2	
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	2	QL (1 per 22 days)
PULMOZYME INHALATION SOLUTION 1 MG/ML	2	PA; SP; QL (1 per 1 day)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	2	QL (6.8 per 22 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	2	QL (10.6 per 22 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	2	QL (21.2 per 22 days)
REVATIO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML	3	PA; SP; QL (224 per 17 days)
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	2	PA; SP; QL (8 per 30 days)
SEEBRI NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 15.6 MCG	3	ST
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	QL (2 per 2 days)
sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml	1	PA; QL (37.5 per 1 day)
sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml	1	PA; SP; QL (224 per 17 days)
sildenafil (pulm.hypertension) oral tablet 20 mg	1	PA; QL (3 per 1 day)
SINUVA SINUS IMPLANT 1,350 MCG	3	PA; QL (2 per 720 days)
sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %	1	
SURFAXIN INTRATRACHEAL SUSPENSION 34 MG/ML	3	
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	2	QL (10.2 per 22 days)

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Drug Name	Drug Tier	Requirements / Limits
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	3	PA; SP; QL (2 per 1 day)
tadalafil (pulm. hypertension) oral tablet 20 mg	1	PA; QL (2 per 1 day)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	3	PA; SP; QL (4 per 21 days)
terbutaline oral tablet 2.5 mg, 5 mg	1	
terbutaline subcutaneous solution 1 mg/ml	1	
theochron oral tablet extended release 12 hr 100 mg, 200 mg	1	
theophylline oral elixir 80 mg/15 ml	1	
theophylline oral solution 80 mg/15 ml	1	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	1	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	1	
TICALAST NASAL KIT,SPRAY SUSPENSION AND SPRAY 137 MCG-50 MCG- 0.9 %	3	ST
TICANASE NASAL KIT,SPRAY SUSPENSION AND SPRAY 50 MCG- 0.9 %	3	ST
TICASPRAY NASAL KIT,SPRAY SUSPENSION AND SPRAY 50 MCG- 0.9 %	3	ST
TRACLEER ORAL TABLET 125 MG, 62.5 MG	3	PA; SP; QL (2 per 1 day)
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	2	PA; SP; QL (4 per 1 day)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	2	ST; QL (2 per 2 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)	2	PA; SP
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	2	PA; SP
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	2	PA; SP
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	2	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
UTIBRON NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 27.5-15.6 MCG	3	ST
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	3	PA; SP
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	2	
wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	QL (2 per 2 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	2	PA; SP; QL (2 per 21 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	2	PA; SP
XOPENEX CONCENTRATE INHALATION SOLUTION FOR NEBULIZATION 1.25 MG/0.5 ML	3	
XOPENEX INHALATION SOLUTION FOR NEBULIZATION 0.31 MG/3 ML, 0.63 MG/3 ML, 1.25 MG/3 ML	3	
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	2	QL (3 per 1 day)
zafirlukast oral tablet 10 mg, 20 mg	2	
zileuton oral tablet, er multiphase 12 hr 600 mg	2	
ZYFLO ORAL TABLET 600 MG	3	ST
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg	1	ST
flavoxate oral tablet 100 mg	1	
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM)	2	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	2	ST
oxybutynin chloride oral syrup 5 mg/5 ml	1	
oxybutynin chloride oral tablet 5 mg	1	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	1	
solifenacin oral tablet 10 mg, 5 mg	1	ST

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

Drug Name	Drug Tier	Requirements / Limits
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	1	ST
tolterodine oral tablet 1 mg, 2 mg	1	ST
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	2	ST
trospium oral capsule,extended release 24hr 60 mg	1	ST
trospium oral tablet 20 mg	1	ST
VESICARE ORAL TABLET 10 MG, 5 MG	3	ST
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
alfuzosin oral tablet extended release 24 hr 10 mg	1	
dutasteride oral capsule 0.5 mg	1	
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	1	ST
finasteride oral tablet 5 mg	1	
FLOMAX ORAL CAPSULE 0.4 MG	3	
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG	3	ST
silodosin oral capsule 4 mg, 8 mg	1	ST
tamsulosin oral capsule 0.4 mg	1	
CHOLINERGIC STIMULANTS		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	1	
URECHOLINE ORAL TABLET 25 MG, 50 MG	3	
MISCELLANEOUS UROLOGICALS		
alprostadil injection solution 500 mcg/ml	1	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	2	PA; SP
ELMIRON ORAL CAPSULE 100 MG	2	
hyophen oral tablet 81.6-0.12-10.8 mg	1	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	2	
methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg	1	
phosphasal oral tablet 81.6-10.8-40.8 mg	2	
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	1	

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

Drug Name	Drug Tier	Requirements / Limits
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	2	PA; SP
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	2	
uretron d-s oral tablet 81.6-10.8-40.8 mg	2	
urimar-t oral tablet 120-0.12-10.8 mg	1	
urin ds oral tablet 81.6-10.8-40.8 mg	2	
uro-458 oral tablet 81-10.8-40.8 mg	1	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG)	3	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ	3	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	3	
urogesic-blue oral tablet 81.6-40.8-0.12 mg	1	
uro-mp oral capsule 118-10-40.8-36 mg	1	
uryl oral tablet 81.6-40.8-0.12 mg	2	
ustell oral capsule 120-0.12 mg	1	
utira-c oral tablet 81.6-10.8-40.8 mg	2	
vilamit mb oral capsule 118-10-40.8-36 mg	1	
URINARY ANESTHETICS		
phenazopyridine oral tablet 100 mg, 200 mg	1	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
CALCIUM GLUC IN NACL, ISO-OSM INTRAVENOUS SOLUTION 1 GRAM/50 ML, 2 GRAM/100 ML	1	
CALCIUM GLUCONATE IN WATER INTRAVENOUS SYRINGE 1 GRAM/10 ML (100 MG/ML)	1	
effer-k oral tablet, effervescent 25 meq	1	
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	3	
klor-con m10 oral tablet,er particles/crystals 10 meq	1	
klor-con m15 oral tablet,er particles/crystals 15 meq	1	

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

Drug Name	Drug Tier	Requirements / Limits
klor-con m20 oral tablet,er particles/crystals 20 meq	1	
lugols oral solution 5 %	3	
NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION	3	
POTABA ORAL CAPSULE 500 MG	3	
potassium chloride oral capsule, extended release 10 meq, 8 meq	1	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	1	
potassium chloride oral packet 20 meq	1	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	1	
potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq	1	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	1	
sodium chloride 3 % intravenous parenteral solution 3 %	1	
sodium chloride 5 % intravenous parenteral solution 5 %	1	
sodium chloride intravenous parenteral solution 2.5 meq/ml, 4 meq/ml	1	
strong iodine oral solution 5 %	1	
VITAMINS & HEMATINICS		
AZESCHEW ORAL TABLET,CHEWABLE 13 MG IRON- 1 MG	3	
CITRANATAL BLOOM ORAL TABLET 90-1-12-50 MG-MG-MCG-MG	3	
complete natal dha oral combo pack 29-1-250-200 mg	1	
completenate oral tablet,chewable 29 mg iron- 1 mg	1	
CONCEPT DHA ORAL CAPSULE 35-1-200 MG	3	
DRISDOL ORAL CAPSULE 1,250 MCG (50,000 UNIT)	3	
elite-ob oral tablet 50 mg iron- 1.25 mg	1	

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

Drug Name	Drug Tier	Requirements / Limits
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	1	
FERAHEME INTRAVENOUS SOLUTION 510 MG/17 ML (30 MG/ML)	3	
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	0	
fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	0	
folic acid oral tablet 1 mg, 400 mcg, 800 mcg	0	
INFED INJECTION SOLUTION 50 MG/ML	3	
kpn oral tablet	1	
MECOBALAMIN (VITAMIN B12) INJECTION RECON SOLN 10,000 MCG	3	
m-natal plus oral tablet 27 mg iron- 1 mg	0	
mynatal advance oral tablet 90-1-50 mg	1	
mynatal oral capsule 65 mg iron- 1 mg	1	
mynatal oral tablet 90-1-50 mg	1	
mynatal plus oral tablet 65 mg iron- 1 mg	1	
mynatal-z oral tablet 65 mg iron- 1 mg	1	
mynate 90 plus oral tablet extended release 90 mg iron-1 mg	1	
NEXAVIR INJECTION SOLUTION 25.5 MG/ML	3	
OB COMPLETE ORAL TABLET 50 MG IRON-1.25 MG	3	
obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg	1	
pnv 29-1 oral tablet 29 mg iron- 1 mg	1	
pnv-dha + docusate oral capsule 27-1.25-55-300 mg	1	
pnv-dha oral capsule 27 mg iron-1 mg -300 mg	1	
pnv-omega oral capsule 28-1-300 mg	1	
prenaissance oral capsule 29-1.25-55-325 mg	1	
prenaissance plus oral capsule 28-1-50-250 mg	1	
prenatabs rx oral tablet 29 mg iron- 1 mg	1	
PRENATAL ORAL TABLET 28-800 MG-MCG	3	

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

Drug Name	Drug Tier	Requirements / Limits
prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg	0	$0 Copay
prenatal vitamin oral tablet 27 mg iron- 0.8 mg	1	
prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg	0	
prenatal vitamin with minerals oral tablet 28 mg iron- 800 mcg	1	
preplus oral tablet 27 mg iron- 1 mg	0	
se-natal 19 chewable oral tablet,chewable 29 mg iron- 1 mg	1	
se-natal-19 oral tablet 29 mg iron- 1 mg	3	
taron-c dha oral capsule 35-1-200 mg	1	
taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg	1	
TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON	3	
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML	2	
trinatal rx 1 oral tablet 60 mg iron-1 mg	1	
VENOFER INTRAVENOUS SOLUTION 100 MG IRON/5 ML, 200 MG IRON/10 ML, 50 MG IRON/2.5 ML	3	
virt-c dha oral capsule 35-1-200 mg	1	
virt-pn dha oral capsule 27 mg iron-1 mg -300 mg	1	
virt-pn plus oral capsule 28-1-300 mg	1	
vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg	1	
zatean-pn dha oral capsule 27 mg iron-1 mg -300 mg	1	
zatean-pn plus oral capsule 28-1-300 mg	1	
zingiber oral tablet 1.2 mg-40 mg- 124.1 mg-100 mg	1	

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

Index

2
2TEK GLUCOSE/BLOOD PRESSURE 113
A
abacavir 4
abacavir-lamivudine 4
abacavir-lamivudine-zidovudine 4
ABELCET 3
ABILIFY MAINTENA .. 60, 61
abiraterone 22
ABLYSINOL 101
ABRAXANE 22
acamprosate 101
acarbose 131
ACCOLATE 180
ACCU-CHEK AVIVA PLUS METER 113
ACCU-CHEK AVIVA PLUS TEST STRP 108
ACCU-CHEK COMBO SYSTEM 113
ACCU-CHEK GUIDE GLUCOSE METER 113
ACCU-CHEK GUIDE L1-L2 CTRL SOL 113
ACCU-CHEK GUIDE ME GLUCOSE MTR 113
ACCU-CHEK GUIDE TEST STRIPS 108
ACCU-CHEK SMARTVIEW CONTRL SOL 113
ACCU-CHEK SMARTVIEW TEST STRIP 108
ACCUTREND GLUCOSE CONTROL 113
ACCUTREND GLUCOSE TEST STRIPS 108
ACE AEROSOL CLOUD ENHANCER 112
acebutolol 71
acetaminophen-caff-dihydrocod 49
acetaminophen-codeine 49
acetazolamide 174
acetazolamide sodium 174
acetic acid 101, 105
acetylcysteine 180
acitretin 88
ACTEMRA 154, 155
ACTEMRA ACTPEN 154
ACTHIB (PF) 147
ACTIGALL 136
ACTIMMUNE 146
ACTOPLUS MET XR 131
ACULAR 174
ACULAR LS 174
acyclovir 4, 97
acyclovir sodium 4
ADACEL(TDAP ADOLESN/ADULT)(PF) 147
ADAKVEO 22
adapalene 92
ADAPALENE 92
adapalene-benzoyl peroxide . 92
ADASUVE 61
ADCETRIS 22
adefovir 4
ADEMPAS 180
ADMELOG SOLOSTAR U-100 INSULIN 123
ADMELOG U-100 INSULIN LISPRO 123
adrenalin 177
ADRENALIN 180
adriamycin 22
ADRIAMYCIN 22
adrucil 22
adult aspirin regimen 56
ADVAIR HFA 180
ADVANCED ALLERGY COLLECT KIT 97
ADVANCED GLUC METER TEST STRIP 108
ADVANCED GLUCOSE METER 113
ADVATE 78
ADVOCATE BLOOD GLUCOSE MONITOR .. 113
ADVOCATE DUO 113
ADVOCATE LOW CONTROL 114
ADVOCATE REDI-CODE 108
ADVOCATE REDI-CODE DUO METER 114
ADVOCATE REDI-CODE GLU MONITOR 114
ADVOCATE REDI-CODE+ CTRL LOW 114
ADVOCATE TEST STRIPS 108
ADYNOVATE 78
ADYPHREN AMP II 177
ADYPHREN II 177
ADZENYS ER 61
ADZENYS XR-ODT 61
AEMCOLO 12
AEROCHAMBER MINI ... 112
AEROCHAMBER PLUS FLOW-VU 112
AEROCHAMBER PLUS Z STAT 112
AEROTRACH PLUS 112
AEROVENT PLUS 112
AFINITOR 22
AFINITOR DISPERZ 22
afirmelle 162
AFLURIA QD 2019-20(3YR UP)(PF) 147
AFLURIA QD 2019-20(6-35MO)(PF) 147
AFLURIA QUAD 2019-20(6MO UP) 147
AFREZZA 123
AFSTYLA 78
AFTERA 162
AGAMATRIX AMP GLUC MONITOR SYS 114
AGAMATRIX AMP TEST STRIPS 108
AGAMATRIX CONTROL HIGH 114
AGRYLIN 101
AIMOVIG AUTOINJECTOR 46
AIRDUO RESPICLICK 180
AJOVY AUTOINJECTOR .. 46
AJOVY SYRINGE 46
ak-poly-bac 170
AKTEN (PF) 172

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

AKYNZEO (FOSNETUPITANT) 136
ALA-QUIN 96
ALA-SCALP 97
albendazole 12
ALBENZA 12
albuterol sulfate 180
alclometasone 97
ALDARA 146
ALDURAZYME 126
ALECENSA 22
alendronate 154
ALFERON N 146
alfuzosin 187
ALIMTA 22
ALINIA 12
ALIQOPA 22
aliskiren 71
ALKERAN 23
ALKERAN (AS HCL) 23
allopurinol 153
allopurinol sodium 153
ALLZITAL 49
almotriptan malate 46
ALOCRIL 172
ALOMIDE 172
aloprim 153
alosetron 136
ALPHAGAN P 177
ALPHANATE 78
ALPHANINE SD 78
alprazolam 61
alprazolam intensol 61
ALPROLIX 79
alprostadil 187
ALREX 176
altacaine 172
ALTAFLUOR BENOX 172
altavera (28) 162
ALUNBRIG 23
alyacen 1/35 (28) 162
alyacen 7/7/7 (28) 162
alyq 180
amabelz 158
amantadine hcl 4
AMBISOME 3
ambrisentan 180
amcinonide 97
AMELUZ 90
amethia 162
amethia lo 162
amethyst (28) 162
AMICAR 79
amikacin 12
amiloride 71
amiloride-hydrochlorothiazide 71
aminocaproic acid 79
aminophylline 180
amiodarone 70
AMITIZA 136
amitriptyline 61
amitriptyline-chlordiazepoxide 61
amlodipine 71
amlodipine-atorvastatin 85
amlodipine-benazepril 71
amlodipine-olmesartan 71
amlodipine-valsartan 71
amlodipine-valsartan-hcthiazid 71
AMMONUL 101
amnesteem 92
amoxapine 61
amoxicil-clarithromy-lansopraz 142
amoxicillin 16
amoxicillin-pot clavulanate 16
AMPHADASE 101
amphetamine sulfate 61
amphotericin b 3
ampicillin 16
ampicillin sodium 17
ampicillin-sulbactam 17
ANADROL-50 126
anagrelide 101
ANA-LEX KIT 136
anastrozole 23
ANDEXXA 79
ANDRODERM 126
ANGELIQ 158
ANGIOMAX 79
ANJESO 57
ANNOVERA 161
ANORO ELLIPTA 180
anucort-hc 136
APIDRA SOLOSTAR U-100 INSULIN 123
APIDRA U-100 INSULIN 123
APOKYN 44
apraclonidine 177
aprepitant 136
apri 162
APRISO 136
APTIOM 38
APTIVUS 4
APTIVUS (WITH VITAMIN E) 4
aqua care sodium chloride 101
aqua care sterile water 101
AQUA GLYCOLIC HC 98
ARAKODA 12
ARALAST NP 101
aranelle (28) 162
ARAVA 155
ARAZLO 92
ARCALYST 146
ARCAPTA NEOHALER 180
ARGATROBAN 79
ARGATROBAN IN 0.9 % SOD CHLOR 79
ARGATROBAN IN NACL (ISO-OS) 79
ARIKAYCE 12
aripiprazole 61
ARISTADA 61
ARISTADA INITIO 61
ARIXTRA 79
armodafinil 61, 62
ARMONAIR RESPICLICK 180
ARMOUR THYROID 133
ARNUITY ELLIPTA 180
ARRANON 23
arsenic trioxide 23
ARSENIC TRIOXIDE 23
ARYMO ER 49
ARZERRA 23
ascomp with codeine 49
ashlyna 162
ASMANEX HFA 181
ASMANEX TWISTHALER 181
ASPARLAS 23
aspir-81 57
aspirin 57
aspirin low dose 57
aspirin-dipyridamole 79
aspir-trin 57

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

ASSURE 4 CONTROL SOLUTION 114
ASSURE 4 STRIPS 108
ASSURE DOSE NORMAL CONTROL 114
ASSURE PLATINUM GLUCOSE METER 114
ASSURE PLATINUM TEST STRIP 108
ASSURE PRISM CONTROL 1-2 SOLN 114
ASSURE PRISM MULTI METER 114
ASSURE PRISM MULTI STRIP 108
ASTAGRAF XL 23
AT HOME A1C 114
atazanavir 4, 5
atenolol 71
atenolol-chlorthalidone 71
ATGAM 147
atomoxetine 62
atorvastatin 85
atovaquone 12
atovaquone-proguanil 12
atracurium 48
ATRAPRO HYDROGEL 90
ATROPEN 100
atropine 134, 172
ATROPINE 172
atropine in 0.9 % sod chloride 134
ATROPINE IN 0.9 % SOD CHLORIDE 134
ATROVENT HFA 181
aubra 162
aubra eq 162
AUGMENTIN 17
AUGMENTIN ES-600 17
aurovela 1.5/30 (21) 162
aurovela 1/20 (21) 162
aurovela 24 fe 162
aurovela fe 1.5/30 (28) 162
aurovela fe 1-20 (28) 163
AURYXIA 136
AUSTEDO 47
AUTOJECT 2 INJECTION DEVICE 114
AUTOPEN 1 TO 21 UNITS 114
AUTOSOFT 30 114
AUTOSOFT 90 114
AUTOSOFT XC INFUSION SET 23 114
AUVI-Q 177
AVANDIA 131
AVAR-E LS 92
AVASTIN 23
AVELOX IN NACL (ISO-OSMOTIC) 18
aviane 163
avidoxy 19
avita 92
AVITA 92
avo cream 90
AVONEX 144
AVYCAZ 9
AYGESTIN 158
ayuna 163
AYVAKIT 23
azacitidine 23
AZASITE 170
azathioprine 23
azathioprine sodium 23
azelaic acid 93
azelastine 105, 172
azelastine-fluticasone 181
AZESCHEW 189
azithromycin 11
AZOPT 174
aztreonam 12
AZULFIDINE 136
AZULFIDINE EN-TABS 136
azurette (28) 163
B
bacitracin 12, 170
bacitracin-polymyxin b 170
baclofen 48
BACLOFEN 48
BALCOLTRA 163
balsalazide 136
BALVERSA 23
balziva (28) 163
BANZEL 38
BAQSIMI 113
BARACLUDE 5
BASAGLAR KWIKPEN U-100 INSULIN 123
BAVENCIO 23
BAXDELA 18
bayer aspirin 57
BD MICROTAINER LANCET 114
BD ULTRA FINE LANCETS 114
BD ULTRA-FINE NANO PEN NEEDLE 114
bekyree (28) 163
BELBUCA 49
BELEODAQ 23
belladonna alkaloids-opium 134
BELRAPZO 23
BELSOMRA 62
benazepril 71
benazepril-hydrochlorothiazide 71
BENDAMUSTINE 23
BENDEKA 24
BENEFIX 79
BENLYSTA 155
benzepro 93
BENZNIDAZOLE 12
benzonatate 179
benzoyl peroxide 93
benztropine 44
BEPREVE 172
BESIVANCE 170
BESPONSA 24
BETADINE OPHTHALMIC PREP 170
BETAMETH AC,SOD PHOS(PF)-WATER 106
BETAMETHASONE ACE,SOD PHOS-WTR 106
betamethasone acet,sod phos 106
betamethasone dipropionate 98
BETAMETHASONE SOD PHOSPH-WATER 106
betamethasone valerate 98
betamethasone, augmented 98
BETASERON 144
betaxolol 71, 171
bethanechol chloride 187
BETHKIS 12
BETIMOL 171
BETOPTIC S 171
BEVESPI AEROSPHERE 181
BEVYXXA 79
bexarotene 24

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

BEXSERO.....147
BEYAZ.....163
bicalutamide 24
BICILLIN C-R 17
BICILLIN L-A 17
BICNU 24
BIJUVA.....158
BIKTARVY 5
BILTRICIDE.....12
bimatoprost.....174
BIONIME RIGHTEST GM300 SYSTEM.....114
BIONIME RIGHTEST TEST STRIPS.....108
bisoprolol fumarate 71
bisoprolol-hydrochlorothiazide 71
bivalirudin 79
BIVALIRUDIN-0.9 % SODIUM CHLOR.....80
bleomycin.....24
BLINCYTO.....24
blisovi 24 fe.....163
blisovi fe 1.5/30 (28) 163
blisovi fe 1/20 (28) 163
BLOOD GLUCOSE CONTROL, NORMAL..114
BLOOD GLUCOSE TEST 108
BLOOD-GLUCOSE METER 114
BOOSTRIX TDAP 147
BORTEZOMIB.....24
bosentan.....181
BOSULIF 24
BOTOX 147
bp 10-1.....93
BRAFTOVI.....24
BREATHERITE MDI SPACER.....112
BREEZE 2 CONTROL SOLUTION,HIGH.....114
BREO ELLIPTA 181
bretylium tosylate.....70
BREVIBLOC 72
BREVIBLOC IN NACL (ISO-OSM).....71
briellyn 163
BRILINTA 80
brimonidine 177
BRIMONIDINE-DORZOLAMIDE (PF)...174
BRINEURA.....126
BRIVIACT 38
BROMFED DM 179
bromfenac.....174
bromocriptine 44, 45
brompheniramine-pseudoeph-dm.....179
BROMSITE.....174
BRUKINSA.....24
budesonide.....136, 181
bumetanide 72
BUNAVAIL 57
buprenorphine.....50
buprenorphine hcl.....49, 50
buprenorphine-naloxone.....57
bupropion hcl.....62
BUPROPION HCL 62
bupropion hcl (smoking deter) 104
buspirone 62
busulfan 24
BUSULFEX 24
butalbital compound w/codeine 50
butalbital-acetaminop-caf-cod 50
butalbital-acetaminophen 50
butalbital-acetaminophen-caff 50
butalbital-aspirin-caffeine 50
butorphanol tartrate 57
BYDUREON.....131
BYDUREON BCISE 131
BYETTA 131
BYSTOLIC 72
C
cabergoline 126
CABLIVI.....80
CABOMETYX.....24
caffeine citrate 101
calcipotriene 88
calcipotriene-betamethasone 89
calcitonin (salmon).....126
calcitriol.....89, 126, 127
calcium acetate(phosphat bind) 136
CALCIUM GLUC IN NACL, ISO-OSM.....188
CALCIUM GLUCONATE IN WATER.....188
CALDOLOR 57
CALQUENCE.....24
camila 158
CAMPTOSAR.....24
camrese 163
camrese lo 163
CANASA.....136
CANCIDAS.....3
candesartan 72
candesartan-hydrochlorothiazid 72
CAPASTAT 12
CAPCOF.....179
capecitabine 24
CAPLYTA.....62
CAPRELSA.....24
captopril 72
captopril-hydrochlorothiazide 72
CARAC 91
CARAFATE 142
CARBAGLU 101
carbamazepine 38, 39
CARBATROL.....39
carbidopa 45
carbidopa-levodopa 45
carbidopa-levodopa-entacapone 45
carbinoxamine maleate.....177
carboplatin 24
CARDURA XL 72
CARESENS CONTROL A NORMAL.....114
CARESENS N.....115
CARESENS N TEST STRIPS 108
CARESENS N VOICE.....115
CARETOUCH GLUCOSE MONITORING 115
CARETOUCH TEST STRIP 108
carisoprodol 48
carmustine.....24
CARNITOR.....102
carteolol 171
cartia xt 72
CARTRIDGE STAMPED IR 1200 115

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

carvedilol 72
carvedilol phosphate 72
caspofungin 3
CAYA CONTOURED 157
CAYSTON 12
caziant (28) 163
cefaclor 9
cefadroxil 9
cefazolin 9
CEFAZOLIN IN 0.9% SOD CHLORIDE 9
cefazolin in dextrose (iso-os) . 9
CEFAZOLIN IN DEXTROSE (ISO-OS) 9
CEFAZOLIN IN STERILE WATER 9
cefdinir 9
cefditoren pivoxil 9
cefepime 9
CEFEPIME IN DEXTROSE 5 % 9
cefepime in dextrose,iso-osm . 9
cefixime 9, 10
CEFOTAN 10
cefotaxime 10
cefotetan 10
CEFOTETAN IN DEXTROSE, ISO-OSM ... 10
cefoxitin 10
cefoxitin in dextrose, iso-osm 10
cefpodoxime 10
cefprozil 10
ceftazidime 10
CEFTAZIDIME IN D5W 10
ceftriaxone 10
CEFTRIAXONE 10
ceftriaxone in dextrose,iso-os 10
cefuroxime axetil 10
cefuroxime sodium 10
celecoxib 57
CELONTIN 39
cem-urea 91
cephalexin 10, 11
CEPROTIN (BLUE BAR) ... 80
CEPROTIN (GREEN BAR) 80
CEQUA 172
CEQUR SIMPLICITY 115
CERACADE 91
CERAMAX 91
CERDELGA 127
CEREBYX 39
CEREZYME 127
CERVIDIL 161
CESAMET 136
CETROTIDE 127
cevimeline 102
CHANTIX 104
CHANTIX CONTINUING MONTH BOX 104
CHANTIX STARTING MONTH BOX 104
chateal (28) 163
chateal eq (28) 163
CHEMET 102
CHENODAL 136
children's aspirin 57
chloramphenicol sod succinate 12
chlordiazepoxide hcl 62
chlordiazepoxide-clidinium 134
chlorhexidine gluconate 105
chloroquine phosphate 12
chlorothiazide sodium 72
chlorpromazine 62
chlorthalidone 72
chlorzoxazone 48
CHOLBAM 136
cholestyramine (with sugar) . 85
cholestyramine light 85
choline,magnesium salicylate 57
CHORIONIC GONADOTROPIN, HUMAN 127
ciclopirox 96
cidofovir 5
cilostazol 80
CIMDUO 5
cimetidine 142
cimetidine hcl 142
CIMZIA 137
CIMZIA POWDER FOR RECONST 137
cinacalcet 127
CINRYZE 181
CINVANTI 137
CIPRODEX 106
ciprofloxacin 18
ciprofloxacin hcl ... 18, 105, 170
ciprofloxacin in 5 % dextrose 18
CIPROFLOXACIN-FLUOCINOLONE 106
cisatracurium 48
cisplatin 24
CISPLATIN 24
citalopram 62
CITRANATAL BLOOM ... 189
cladribine 24
CLAFORAN 11
claravis 93
clarithromycin 11
cleansing wash 93
clemastine 177
CLENPIQ 137
CLEO 90 INFUSION SET 24 115
cleocin 12
CLEOCIN 12, 161
CLEVER CHEK BLOOD GLUCOSE 115
CLEVER CHOICE GLUCOSE MONITOR .. 115
CLEVER CHOICE LEVEL 2 CONTROL 115
CLEVER CHOICE MICRO 115
CLEVER CHOICE MICRO TEST STRIP 108
CLEVER CHOICE PRO ... 108, 115
CLEVER CHOICE TALK GLUCOSE SYS 115
CLEVER CHOICE TALK TEST 109
CLEVER CHOICE TEST STRIPS 109
CLEVER CHOICE VOICE+ TEST 109
clindamycin hcl 13
CLINDAMYCIN IN 0.9 % SOD CHLOR 13
clindamycin in 5 % dextrose 13
clindamycin palmitate hcl 13
clindamycin pediatric 13
clindamycin phosphate .. 13, 93, 161

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

CLINDAMYCIN PHOSPHATE....93
clindamycin-benzoyl peroxide 93
clindamycin-tretinoin 93
clobazam....39
clobetasol....98
clobetasol-emollient 98
clofarabine....25
CLOLAR....25
clomiphene citrate 127
clomipramine....62
clonazepam....39
clonidine 72
clonidine hcl 62, 72
clopidogrel....80
clorazepate dipotassium 62
clotrimazole....3
clotrimazole-betamethasone.96
clovique 102
clozapine....62
CLOZAPINE....62
CLOZARIL 62
COAGADEX 80
COARTEM 13
COCAINE 95
codeine sulfate....50
codeine-butalbital-asa-caff...50
CODITUSSIN DAC....179
colchicine 153
COLCHICINE....153
COLCRYS 154
colesevelam 85
colestipol 85
colistin (colistimethate na)...13
colocort....137
COMBIGAN 174
COMBIPATCH....158
COMBIVENT RESPIMAT181
COMBIVIR....5
COMETRIQ 25
COMFORT INFUSION SET 43....115
COMFORT SHORT INSULIN PUMP 23....115
COMPACT SPACE CHAMBER....112
complete natal dha....189
completenate....189
compro....137
COMTAN....45
CONCEPT DHA 189
constulose 137
CONTACT DETACH INFUS SET 23....115
CONTOUR CONTROL SOLUTION, NML 115
CONTOUR LINK 115
CONTOUR NEXT EZ METER 115
CONTOUR NEXT LEV 2 CONTROL SOL....115
CONTOUR NEXT LINK ..115
CONTOUR NEXT LINK 2.4 115
CONTOUR NEXT METER 115
CONTOUR NEXT ONE METER 115
CONTOUR NEXT TEST STRIPS....109
CONTOUR TEST STRIPS 109
COOL BLOOD GLUCOSE METER 115
COOL CONTROL A SOLUTION....115
COOL GLUCOSE TEST STRIP 109
COPAXONE 144
COPIKTRA 25
CORDRAN TAPE LARGE ROLL....98
COREG CR 72
CORIFACT 80
CORLANOR....87
CORLOPAM....72
cortisone 106
COSENTYX....89
COSENTYX (2 SYRINGES) 89
COSENTYX PEN 89
COSENTYX PEN (2 PENS)89
COSMEGEN 25
COSOPT (PF)....174
COTELLIC....25
COUMADIN 80
covaryx 158
covaryx h.s....158
CREON 137
CRESEMBA 3
CRINONE 158
CRIXIVAN....5
cromolyn....137, 172, 181
crotan 100
cryselle (28)....163
CRYSVITA 127
CUROSURF 181
CUTAQUIG 147
CUVITRU 147
CUVPOSA 135
cyclafem 1/35 (28)....163
cyclafem 7/7/7 (28)....163
cyclobenzaprine 48
CYCLOGYL 172
CYCLOMYDRIL....177
cyclopentolate....172
CYCLOPEN-TROPIC-PHENYLEPH-WATR....172
cyclophosphamide 25
CYCLOSERINE....13
cyclosporine....25
CYCLOSPORINE IN KLARITY....172
cyclosporine modified 25
cyproheptadine 177, 178
CYRAMZA 25
cyred 163
cyred eq 163
CYSTADANE....137
CYSTAGON 187
CYSTARAN....172
cytarabine 25
cytarabine (pf) 25
CYTOTEC....142
D
dacarbazine 25
dactinomycin 25
dalfampridine....47
DALIRESP 181
DALVANCE 13
danazol....127
DANTRIUM....48
dantrolene 48
dapsone 13, 93
DAPTACEL (DTAP PEDIATRIC) (PF)....147
DAPTOMYCIN 13
DARAPRIM 13
darifenacin 186
DARZALEX....25

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

DARZALEX FASPRO 25
dasetta 1/35 (28) 163
dasetta 7/7/7 (28) 163
daunorubicin 25
DAURISMO 25
daysee 164
DAYVIGO 62
DEBACTEROL 105
deblitane 158
decadron 106
decitabine 25
deferasirox 102
DEFITELIO 80
DELZICOL 137
demeclocycline 19
DEMEROL 50
DEMSER 72
DEPAKOTE 39
DEPAKOTE ER 39
DEPAKOTE SPRINKLES .. 39
DEPEN TITRATABS 155
DEPO-ESTRADIOL 158
DEPO-PROVERA 158
DEPO-SUBQ PROVERA 104 158
DERMACINRX THERAZOLE PAK 96
DESCOVY 5
desipramine 63
desloratadine 178
desmopressin 127
desog-e.estradiol/e.estradiol 164
desogestrel-ethinyl estradiol 164
desonide 98
desoximetasone 98
DESVENLAFAXINE 63
desvenlafaxine succinate 63
dexabliss 106
dexamethasone 106
DEXAMETHASONE AC, SOD PH-WATER 106
DEXAMETHASONE ACE-NACL,ISO-OSM 106
dexamethasone intensol 106
dexchlorpheniramine maleate 178
DEXCOM G4 RECEIVER 115
DEXCOM G5 RECEIVER 115
DEXCOM G6 RECEIVER 115
DEXCOM RECEIVER 115
DEXERYL 91
DEXILANT 142
dexmethylphenidate 63
dexrazoxane hcl 21
dextroamphetamine 63
dextroamphetamine-amphetamine 63
DIACOMIT 39
DIASTAT 39
DIASTAT ACUDIAL 39
DIATRUE CONTROL SOLN NORMAL 116
DIATRUE PLUS BLOOD GLUCOSE MET 116
DIATRUE PLUS TEST STRIP 109
diazepam 39, 63
diazepam intensol 63
diazoxide 113
DICLOFENAC EPOLAMINE 57
diclofenac potassium 57
diclofenac sodium... 58, 91, 174
diclofenac-misoprostol 58
DICLOFONO 58
dicloxacillin 17
dicyclomine 135
didanosine 5
DIFICID 11
diflunisal 58
digitek 78
digox 78
digoxin 78
dihydroergotamine 46
DILANTIN 39
DILANTIN EXTENDED 39
DILANTIN INFATABS 39
DILANTIN-125 40
DILATRATE-SR 87
DILAUDID (PF) 50
diltiazem 72, 73
dilt-xr 73
dimenhydrinate 137
DIOVAN 73
DIOVAN HCT 73
DIPENTUM 137
diphenhydramine hcl 178
diphenoxylate-atropine 135
dipyridamole 80
DISALCID 58
diskets 50
disopyramide phosphate 70
disulfiram 102
DIURIL IV 73
divalproex 40
DIVIGEL 158
DOCEFREZ 25
docetaxel 26
DOCETAXEL 26
dofetilide 70
donepezil 47
DOPTELET (15 TAB PACK) 80
dorzolamide 174
DORZOLAMIDE (PF) 174
dorzolamide-timolol 175
dorzolamide-timolol (pf) 174
DORZOLAMIDE-TIMOLOL (PF) 174
dotti 159
DOVATO 5
doxazosin 73
doxepin 63
doxercalciferol 127
doxorubicin 26
doxorubicin, peg-liposomal .. 26
doxy-100 19
doxycycline hyclate 19
doxycycline monohydrate 19
DOXYCYCLINE MONOHYDRATE 19
D-PENAMINE 155
DRISDOL 189
drithocreme hp 89
dronabinol 137
droperidol 137
drospirenone-e.estradiol-lm.fa 164
drospirenone-ethinyl estradiol 164
DROXIA 26
DUAVEE 159
DULERA 181
duloxetine 63
DUOBRII 99
DUODOTE 101
DUPIXENT 91
duramorph (pf) 50

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

DUREZOL 176
DURYSTA 175
dutasteride 187
dutasteride-tamsulosin 187
DYMISTA 181
DYRENIUM 73
DYSPORT 147
E
e.c. prin 58
e.e.s. 400 11
EASIVENT HOLDING CHAMBER 112
EASY PLUS II HIGH CONTROL 116
EASY PLUS II TEST 109
EASY STEP 109
EASY STEP BLOOD GLUCOSE METER 116
EASY STEP HIGH CONTROL SOLN 116
EASY TALK GLUCOSE TEST 109
EASY TALK HIGH CONTROL 116
EASY TOUCH GLUCOSE MONITOR 116
EASY TOUCH TEST STRIP 109
EASY TRAK GLUCOSE TEST 109
EASY TRAK LOW CONTROL 116
EASYGLUCO MONITORING SYSTEM 116
EASYGLUCO PLUS 109
EASYGLUCO PLUS NORMAL CONTROL ... 116
EASYGLUCO TEST 109
EASYMAX 109
EASYMAX L BLOOD GLUCOSE METER 116
EASYMAX LOW CONTROL 116
EASYMAX NG 116
EASYMAX NORMAL CONTROL 116
EASYMAX V SPEAKING GLUCOSE SYS 116
EASYMAX V2 BLOOD GLUCOSE METER 116
econazole 96
econtra ez 164
econtra one-step 164
ecotrin 58
EDARBI 73
EDARBYCLOR 73
EDECRIN 73
EDLUAR 64
ed-spaz 135
EDURANT 5
eemt 159
eemt hs 159
efavirenz 5
effer-k 188
EGRIFTA 144
EGRIFTA SV 144
ELAPRASE 127
ELELYSO 127
ELEMENT COMPACT GLUCOSE METER 116
ELEMENT COMPACT NORMAL CONTROL ... 116
ELEMENT COMPACT TEST STRIPS 109
ELEMENT COMPACT V GLUCOSE MTR 116
ELEMENT NORMAL CONTROL 116
ELEMENT PLUS BLOOD GLUCOSE KIT 116
ELEMENT TEST STRIPS. 109
eletriptan 46
ELIGARD 26
ELIGARD (3 MONTH) 26
ELIGARD (4 MONTH) 26
ELIGARD (6 MONTH) 26
elinest 164
ELIQUIS 80
ELIQUIS DVT-PE TREAT 30D START 80
ELITEK 21
elite-ob 189
ELLA 164
ELLENCE 26
ELMIRON 187
ELOCTATE 80
eluryng 161
EMBRACE BLOOD GLUCOSE SYSTEM 109, 116
EMBRACE EVO LEVEL 1 116
EMBRACE EVO TEST STRIPS 109
EMBRACE GLUCOSE CONTROL LOW 116
EMBRACE PRO GLUCOSE METER 116
EMBRACE PRO TEST STRIPS 109
EMBRACE TALK BLOOD GLUCOSE SYS 116
EMBRACE TALK CONTROL-LOW (L1) ... 116
EMBRACE TALK TEST STRIPS 109
EMCYT 26
EMGALITY PEN 46
EMGALITY SYRINGE 46
emoquette 164
EMPLICITI 26
EMSAM 64
EMTRIVA 5
emulsion sb 91
EMVERM 13
enalapril maleate 73
enalaprilat 73
enalapril-hydrochlorothiazide 73
ENBREL 155
ENBREL MINI 155
ENBREL SURECLICK 155
ENDARI 102
endocet 50
ENDOMETRIN 159
ENGERIX-B (PF) 147, 148
ENGERIX-B PEDIATRIC (PF) 148
ENHERTU 26
ENLITE SYSTEM 116
enoxaparin 80, 81
enpresse 164
enskyce 164
entacapone 45
entecavir 5
ENTEREG 137
ENTOCORT EC 137

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

ENTRESTO 87
ENTYVIO 137
enulose 137
ENVARSUS XR 26
EPIDIOLEX 40
epinastine 172
EPINEPHINE PROFESSIONAL EMS . 178
epinephrine 178
EPINEPHRINE 178
EPINEPHRINE HCL (PF) . 178
EPINEPHRINE PROFESSIONAL 178
EPIPEN 2-PAK 178
EPIPEN JR 2-PAK 178
epirubicin 26
epitol 40
EPIVIR 5
EPIVIR HBV 5
eplerenone 73
epoprostenol (glycine) 73
eprosartan 73
EPZICOM 5
EQUETRO 40
ERAXIS(WATER DILUENT) 3
ERBITUX 26
ergocalciferol (vitamin d2) . 190
ergoloid 64
ERGOMAR 46
ergotamine-caffeine 46
ERIVEDGE 26
ERLEADA 26
erlotinib 26, 27
errin 159
ERTACZO 96
ertapenem 13
ERWINAZE 27
ery pads 93
ery-tab 11
ERYTHROCIN 11
erythrocin (as stearate) 11
erythromycin 11, 12, 170
erythromycin ethylsuccinate 11
erythromycin with ethanol ... 93
erythromycin-benzoyl peroxide 93
ESBRIET 182
escitalopram oxalate 64
ESKATA 91
esmolol 74
esmolol in nacl (iso-osm) 73
ESMOLOL IN STERILE WATER 73
esomeprazole magnesium... 142
esomeprazole sodium 142
ESOMEPRAZOLE STRONTIUM 142
ESPEROCT 81
estarylla 164
estazolam 64
estradiol 159
estradiol valerate 159
estradiol-norethindrone acet 159
ESTRING 159
estrogens-methyltestosterone 159
ESTROSTEP FE-28 164
eszopiclone 64
ethacrynate sodium 74
ethacrynic acid 74
ethambutol 13
ethosuximide 40
ethyl chloride 95
ethynodiol diac-eth estradiol 164
ETHYOL 21
etidronate disodium 102
etodolac 58
etonogestrel-ethinyl estradiol 161
ETOPOPHOS 27
etoposide 27
EUCRISA 91
EURAX 100
EUTHYROX 133
EVENCARE G2 ..... 109, 116
EVENCARE G3 GLUCOSE METER 117
EVENCARE G3 TEST 109
EVENCARE MINI GLUCOSE TEST STR... 109
EVENCARE MINI MONITOR SYSTEM..... 117
EVENCARE PROVIEW TEST STRIP 109
everolimus (antineoplastic) .. 27
everolimus (immunosuppressive) 27
EVERSENSE SENSOR-HOLDER 117
EVISTA 154
EVOLUTION BLOOD GLUCOSE METER 117
EVOLUTION NORMAL CONTROL 117
EVOLUTION TEST STRIPS 109
EVOXAC 102
EVZIO 58
exemestane 27
EXJADE 102
EZ SMART PLUS SYSTEM 117
EZ SMART PLUS TEST ... 109
EZ SMART SYSTEM 117
EZ SMART TEST 109
ezetimibe 85
ezetimibe-simvastatin 85

F

FABRAZYME 127
falmina (28) 164
famciclovir 5
famotidine 142
famotidine (pf) 142
FAMOTIDINE IN 0.9 % NACL 142
FANAPT 64
FARESTON 27
FARXIGA 131
FARYDAK 27
FASENRA 182
FASENRA PEN 182
FASLODEX 27
fayosim 164
FC2 FEMALE CONDOM . 157
febuxostat 154
FEIBA NF 81
felbamate 40
felodipine 74
FEMCAP 157
femynor 164
fenofibrate 86
FENOFIBRATE 86
fenofibrate micronized 86
fenofibrate nanocrystallized . 86
fenofibric acid 86
fenofibric acid (choline) 86
fenoprofen 58

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

FENSOLVI.....27
fentanyl.....51
FENTANYL (PF)-BUPIVACAINE-NACL...50
fentanyl citrate.....51
FENTANYL CITRATE (PF) 51
fentanyl citrate (pf)-0.9%nacl 51
FENTANYL CITRATE (PF)-0.9%NACL.....51
FENTANYL-ROPIVACAINE-NACL (PF).....51
FERAHEME 190
FERRIPROX.....102
FERRLECIT.....102
FETROJA.....11
FETZIMA.....64
FIASP FLEXTOUCH U-100 INSULIN.....123
FIASP PENFILL U-100 INSULIN.....123
FIASP U-100 INSULIN.....123
FIBRYGA 81
FIFTY50 TEST STRIP 109
FINACEA.....93
finasteride.....187
FIORICET.....51
FIRAZYR.....182
FIRDAPSE.....47
FIRMAGON KIT W DILUENT SYRINGE 27
FIRVANQ.....20
flavoxate.....186
FLEBOGAMMA DIF.....148
flecainide 70
FLECTOR.....58
FLEXICHAMBER.....112
FLOLAN 74
FLOMAX.....187
FLOVENT DISKUS 182
FLOVENT HFA.....182
floxuridine.....27
FLUAD 2019-2020 (65 YR UP)(PF) 148
FLUARIX QUAD 2019-2020 (PF).....148
FLUBLOK QUAD 2019-2020 (PF).....148
FLUCELVAX QUAD 2019-2020.....148
FLUCELVAX QUAD 2019-2020 (PF).....148
fluconazole 3
fluconazole in nacl (iso-osm) .3
flucytosine 3
fludarabine.....27
fludrocortisone.....106
FLULAVAL QUAD 2019-2020.....148
FLULAVAL QUAD 2019-2020 (PF).....148
flumazenil.....64
FLUMIST QUAD 2019-2020 148
flunisolide.....182
fluocinolone.....99
fluocinolone acetonide oil ..105
fluocinolone and shower cap 99
fluocinonide.....99
fluocinonide-e.....99
fluorescein-proparacaine 173
fluoride (sodium).....190
fluorometholone 176
fluorouracil 27, 91
FLUOROURACIL 91
fluoxetine.....64
fluphenazine decanoate 64
fluphenazine hcl 64
flurandrenolide 99
flurazepam 64
flurbiprofen.....58
flurbiprofen sodium.....174
flutamide.....27
fluticasone propionate ..99, 182
fluticasone propion-salmeterol 182
FLUTICASONE PROPION-SALMETEROL.....182
fluvastatin 86
fluvoxamine.....64
FLUZONE HIGH-DOSE 2019-20 (PF).....148
FLUZONE QUAD 2019-2020 149
FLUZONE QUAD 2019-2020 (PF).....148
FLUZONE QUAD PEDI 2019-20 (PF).....149
folic acid 190
FOLOTYN 27
fondaparinux.....81
FORA D10.....117
FORA D15 GLUCOSE-BP MONITOR 117
FORA D15G STRIPS.....109
FORA D20.....109, 117
FORA D40D GLUCOSE-BP MONITOR 117
FORA D40-G31 TEST STRIPS 109
FORA G20.....109, 117
FORA G30A.....117
FORA G30-PREMIUM V10 TEST STRP 110
FORA GD50 BLOOD GLUCOSE SYSTEM.....117
FORA GD50 TEST STRIPS 110
FORA GTEL GLUCOSE TEST STRIP.....110
FORA GTEL MULTI-FUNCTN MONITOR 117
FORA NORMAL CONTROL 117
FORA PREMIUM V10 GLUCOSE METER 117
FORA TEST N'GO VOICE METER.....117
FORA TEST STRIP 110
FORA TN'G VOICE METER 117
FORA TN'G VOICE TEST STRIPS 110
FORA V10.....110, 117
FORA V10-V12-D10-D20 STRIPS 110
FORA V12 BLOOD GLUCOSE SYSTEM.....117
FORA V12 GLUCOSE 110
FORA V20.....110, 117
FORA V30A.....117
FORACARE GD20 110
FORACARE GD20 GLUCOSE METER 117
FORACARE GD40 TEST STRIPS 110
FORACARE GD40A GLUCOSE METER 117

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

FORACARE GD40B GLUCOSE METER 117
FORACARE GDH LOW CONTROL 117
FORTEO 154
FORTISCARE BLOOD GLUCOSE SYST..... 117
FORTISCARE GLUCOSE TEST STRIPS 110
FORTISCARE NORMAL . 117
FOSAMAX PLUS D..... 154
fosamprenavir..... 5
fosaprepitant 137
FOSCAVIR 5
fosinopril 74
fosinopril-hydrochlorothiazide 74
fosphenytoin 40
FRAGMIN 81
FREESTYLE CONTROL .. 117
FREESTYLE FLASH SYSTEM 117
FREESTYLE FREEDOM . 118
FREESTYLE FREEDOM LITE 118
FREESTYLE INSULINX. 110, 118
FREESTYLE INSULINX TEST STRIPS 110
FREESTYLE LIBRE 10 DAY READER..... 118
FREESTYLE LIBRE 10 DAY SENSOR..... 118
FREESTYLE LITE METER 118
FREESTYLE LITE STRIPS 110
FREESTYLE PRECISION NEO METER 118
FREESTYLE PRECISION NEO STRIPS..... 110
FREESTYLE SIDEKICK II 118
FREESTYLE SYSTEM KIT 118
FREESTYLE TEST 110
FROTEK 58
frovatriptan 46
FULPHILA..... 143
fulvestrant..... 27
furosemide 74
FUROSEMIDE IN 0.9 % NACL 74
FUZEON 5
fyavolv..... 159
FYCOMPA..... 40
G
gabapentin 40
GALAFOLD 127
galantamine 47
GALZIN 188
GAMASTAN 149
GAMASTAN S/D 149
GAMIFANT..... 27
GAMMAGARD LIQUID .. 149
GAMMAGARD S-D (IGA < 1 MCG/ML) 149
GAMMAKED 149
GAMMAPLEX 149
GAMMAPLEX (WITH SORBITOL) 149
GAMUNEX-C..... 149
GANCICLOVIR 5
ganciclovir sodium 5
GARDASIL 9 (PF)..... 149
gatifloxacin..... 170
GATTEX 30-VIAL 137
gavilyte-c 137
gavilyte-g..... 138
gavilyte-n..... 138
GAZYVA 27
GE100 BLOOD GLUCOSE SYSTEM 118
GE100 BLOOD GLUCOSE TEST STRIP..... 110
GE100 CONTROL SOLUTION NORMAL.. 118
GELNIQUE..... 186
GELX 105
gemcitabine 28
GEMCITABINE 28
gemfibrozil 86
GENERESS FE 164
generlac 138
gengraf..... 28
GENOTROPIN 144
GENOTROPIN MINIQUICK 144
GENSTRIP TEST STRIP .. 110
gentak 170
gentamicin 13, 96, 170
gentamicin in nacl (iso-osm) 13
GENTAMICIN IN NACL (ISO-OSM) 13
gentamicin sulfate (ped) (pf) 13
gentamicin sulfate (pf)..... 13
GENTAMICIN SULFATE (PF) 14
GENTAMICIN-SODIUM CITRATE 14
GENTEEL VACUUM LANCING DEVICE 118
GENVOYA 6
gianvi (28) 164
GIAPREZA 87
GILENYA 144
GILOTRIF..... 28
GIVLAARI..... 102
glatiramer..... 144, 145
glatopa 145
GLEOSTINE 28
GLIADEL WAFER..... 28
glimepiride..... 131
glipizide 131
glipizide-metformin 131
GLUCAGEN HYPOKIT.... 113
GLUCAGON (HCL) EMERGENCY KIT..... 113
GLUCAGON EMERGENCY KIT (HUMAN)..... 113
GLUCO NAVII GLUCOSE MONITOR 118
GLUCO NAVII TEST STRIP 110
GLUCOCARD 01 METER 118
GLUCOCARD 01 NORMAL CONTROL 118
GLUCOCARD 01 SENSOR PLUS 110
GLUCOCARD EXPRESSION 110, 118
GLUCOCARD SHINE CONNEX METER..... 118
GLUCOCARD SHINE EXPRESS METER 118
GLUCOCARD SHINE METER..... 118
GLUCOCARD SHINE TEST STRIPS 110

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

GLUCOCARD SHINE XL METER 118
GLUCOCARD VITAL 118
GLUCOCARD VITAL SENSOR..... 110
GLUCOCARD VITAL TEST STRIPS..... 110
GLUCOCOM BLOOD GLUCOSE 118
GLUCOCOM CONTROL NORMAL..... 118
GLUCOCOM GLUCOSE.. 110
GLUCOSE CONTROL..... 118
glyburide..... 131
glyburide micronized..... 131
glyburide-metformin 131
GLYCOPYRROLATE..... 135
glycopyrrolate (pf) in water 135
GLYCOPYRROLATE (PF) IN WATER..... 135
glydo..... 95
GLYRX-PF 135
GLYXAMBI 131
GM100 ..... 110, 118
GOLYTELY..... 138
GONAL-F 127
GONAL-F RFF 127
GONAL-F RFF REDI-JECT 127
GOPRELTO..... 95
granisetron (pf)..... 138
granisetron hcl..... 138
griseofulvin microsize 3
griseofulvin ultramicrosize..... 3
guaifenesin dac..... 179
guanfacine 65, 74
guanidine 65
GVOKE HYPOPEN 2-PACK 113
GVOKE PFS 2-PACK SYRINGE..... 113
GYNAZOLE-1..... 161
gynol ii..... 161
H
HAEGARDA 182
hailey 164
hailey 24 fe 164
HALAVEN..... 28
halcinonide 99
halobetasol propionate..... 99
HALOG 99
haloperidol..... 65
haloperidol decanoate..... 65
haloperidol lactate 65
HALUCORT 91
HARMONY GLUCOSE TEST STRIP 110
HARVONI..... 6
HAVRIX (PF) 149
HEALTHPRO GLUCOSE MONITOR 118
HEALTHPRO HIGH-LOW CONTROL 118
HEALTHPRO TEST STRIPS 110
heather 159
HEMLIBRA 81
HEMOFIL M HIGH..... 81
HEMOFIL M LOW..... 81
HEMOFIL M MID..... 81
HEMOFIL M SUPER HIGH 81
hep flush-10 (pf)..... 82
HEPAGAM B..... 149
heparin (porcine) 82
HEPARIN (PORCINE) IN 0.9% NACL..... 82
heparin (porcine) in 5 % dex 82
heparin (porcine) in nacl (pf) 82
heparin flush(porcine)-0.9nacl 82
heparin lock flush 82
heparin lock flush (porcine) . 82
heparin lockflush(porcine)(pf) 82
heparin(porcine) in 0.45% nacl 82
HEPARIN(PORCINE) IN 0.45% NACL..... 82
heparin, porcine (pf)..... 82, 83
HEPARIN, PORCINE (PF) 82, 83
HEPLISAV-B (PF)..... 150
HERCEPTIN 28
HERCEPTIN HYLECTA 28
HERZUMA 28
HETLIOZ 65
HIBERIX (PF)..... 150
HISTEX-AC..... 179
HIZENTRA 150
homatropaire..... 172
HUMALOG JUNIOR KWIKPEN U-100 123
HUMALOG KWIKPEN INSULIN 123
HUMALOG MIX 50-50 INSULN U-100 123
HUMALOG MIX 50-50 KWIKPEN..... 124
HUMALOG MIX 75-25 KWIKPEN..... 124
HUMALOG MIX 75-25(U-100)INSULN 124
HUMALOG U-100 INSULIN 124
HUMATE-P 83
HUMIRA 155
HUMIRA PEN 155
HUMIRA PEN CROHNS-UC-HS START 155
HUMIRA PEN PSOR-UVEITS-ADOL HS 155
HUMIRA(CF) 156
HUMIRA(CF) PEDI CROHNS STARTER 155
HUMIRA(CF) PEN..... 156
HUMIRA(CF) PEN CROHNS-UC-HS..... 155
HUMIRA(CF) PEN PSOR-UV-ADOL HS 155
HUMULIN 70/30 U-100 INSULIN 124
HUMULIN 70/30 U-100 KWIKPEN..... 124
HUMULIN N NPH INSULIN KWIKPEN..... 124
HUMULIN N NPH U-100 INSULIN 124
HUMULIN R REGULAR U-100 INSULN 124
HUMULIN R U-500 (CONC) INSULIN 124
HUMULIN R U-500 (CONC) KWIKPEN..... 124
HYCAMTIN..... 28
hydralazine 74
hydrochlorothiazide..... 74
hydrocodone-acetaminophen 51
hydrocodone-chlorpheniramine 179
hydrocodone-homatropine.. 179

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

hydrocodone-ibuprofen 51
hydrocortisone.....99, 106, 138
hydrocortisone acetate.....138
hydrocortisone butyrate.....99
hydrocortisone butyr-emollient 99
hydrocortisone valerate 99
hydrocortisone-acetic acid..105
hydrocortisone-iodoquinol ...96
hydrocortisone-iodoquinol-aloe 96
hydrocortisone-pramoxine ..89, 138
hydromet.....179
hydromorphone 53
HYDROMORPHONE 53
hydromorphone (pf) 52
HYDROMORPHONE (PF) .51
HYDROMORPHONE (PF) IN WATER.....51
hydromorphone (pf)-0.9 % nacl 52
HYDROMORPHONE (PF)-0.9 % NACL.....52
hydromorphone in 0.9 % nacl 52
HYDROMORPHONE IN 0.9 % NACL.....52, 53
hydroxychloroquine 14
hydroxyprogest(pf)(preg presv) 159
hydroxyprogesterone cap(ppres).....159
hydroxyprogesterone caproate 159
hydroxyurea.....28
hydroxyzine hcl.....178
hydroxyzine pamoate 178
HYLENEX.....102
hyophen.....187
hyoscyamine sulfate 135
HYOSCYAMINE SULFATE 135
hyosyne.....135
HYPERHEP B S/D 150
HYPERHEP B S-D NEONATAL 150
HYPERRAB (PF) 150
HYPERRAB S/D (PF) 150
HYPER-SAL.....182
HYPERTET S/D (PF) 150
HYQVIA 150
HYSINGLA ER 53
I
ibandronate 154
IBRANCE 28
ibu.....58
ibuprofen 58
ibuprofen-oxycodone.....53
icatibant 182
ICLUSIG 28
idarubicin.....28
IDELVION.....83
IDHIFA 28
ifosfamide.....28
IGLUCOSE BLOOD GLUCOSE MONITOR..118
IGLUCOSE TEST STRIP..110
ILARIS (PF).....146
ILEVRO 174
ILUMYA.....89
imatinib.....28, 29
IMBRUVICA 29
IMFINZI.....29
imipenem-cilastatin 14
imipramine hcl.....65
imipramine pamoate.....65
imiquimod 146
IMLYGIC.....29
IMOGAM RABIES-HT (PF) 150
IMPAVIDO.....14
IMURAN.....29
IMVEXXY MAINTENANCE PACK 159
IMVEXXY STARTER PACK 159
INBRIJA.....45
incassia 159
INCRELEX 102
INCRUSE ELLIPTA.....182
indapamide 74
INDOCIN 58
indomethacin 58
INFANRIX (DTAP) (PF)...150
INFASURF.....102
INFED 190
INFINITY CONTROL SOLUTION NORM.....118
INFINITY STARTER KIT 119
INFINITY TEST STRIPS ..110
INFINITY VOICE CTRL SOLN-LVL 2.....119
INFINITY VOICE GLUCOSE MONITOR 119
INFINITY VOICE TEST STRIP 110
INFUGEM.....29
INFUMORPH P/F 53
INFUSION SET 43 119
INLYTA 29
INPEN (FOR HUMALOG)119
INPEN (FOR NOVOLOG OR FIASP).....119
INREBIC 29
INSET 30 INFUSION SET 23 119
INSET INFUSION SET 23 119
INSPIRACHAMBER.....112
INSULIN ASP PRT-INSULIN ASPART.....124
INSULIN ASPART U-100124, 125
INSULIN LISPRO 125
INSULIN LISPRO PROTAMIN-LISPRO 125
INSULIN SYRINGE-NEEDLE U-100 112
INTELENCE 6
INTRON A 146
introvale.....164
INVANZ.....14
INVEGA TRINZA 65
INVELTYS.....176
INVIRASE 6
INVOKAMET.....131
INVOKAMET XR 131
INVOKANA.....131
IODOFLEX 91
IODOPEN.....29
IODOSORB.....91
IPOL 150
ipratropium bromide...105, 182
ipratropium-albuterol.....183
irbesartan 74
irbesartan-hydrochlorothiazide 74
IRESSA 29
irinotecan 29
ISENTRESS 6

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

ISENTRESS HD 6
isibloom 164
isoniazid 14
isosorbide dinitrate 87, 88
isosorbide mononitrate 88
isotretinoin 93
isoxsuprine 161
isradipine 74
ISTODAX 29
ISTURISA 127
itraconazole 3
ivermectin 14
IXEMPRA 29
IXINITY 83
J
jaimiess 165
JAKAFI 29
JALYN 187
jantoven 83
JANUMET 131
JANUMET XR 131, 132
JANUVIA 132
JARDIANCE 132
jasmiel (28) 165
JAZZ WIRELESS 2 METER KIT 119
JELMYTO 29
jencycla 160
JENTADUETO 132
JENTADUETO XR 132
JEVTANA 29
jinteli 160
JIVI 83
jolessa 165
JUBLIA 97
juleber 165
JULUCA 6
junel 1.5/30 (21) 165
junel 1/20 (21) 165
junel fe 1.5/30 (28) 165
junel fe 1/20 (28) 165
junel fe 24 165
JUXTAPID 86
JYNARQUE 128
K
KADCYLA 30
kaitlib fe 165
KALETRA 6
kalliga 165
KALYDECO 183
KANJINTI 30
KANUMA 128
kariva (28) 165
KCENTRA 83
KEDRAB (PF) 150
kelnor 1/35 (28) 165
kelnor 1-50 165
KEPIVANCE 21
KEPPRA 40
KEPPRA XR 40
KERYDIN 97
ketoconazole 3, 97
ketodan 97
ketodan kit 97
ketoprofen 58
ketorolac 58, 59, 174
KEVZARA 156
KEYTRUDA 30
KHAPZORY 21
KINERET 146
kionex (with sorbitol) 138
KITABIS PAK 14
klor-con m10 188
klor-con m15 188
klor-con m20 189
KOATE 83
KOGENATE FS 83
KORLYM 128
KOSELUGO 30
KOVALTRY 83
K-PHOS ORIGINAL 187
kpn 190
KRINTAFEL 14
KRYSTEXXA 154
kurvelo (28) 165
KUVAN 128
KYLEENA 157
KYMRIAH 30
KYPROLIS 30
L
l norgest/e.estradiol-e.estrad 165
labetalol 74
lactated ringers 101
lactulose 138
LAMICTAL 41
LAMICTAL ODT 41
LAMICTAL XR 41
LAMICTAL XR STARTER (BLUE) 41
LAMICTAL XR STARTER (GREEN) 41
LAMICTAL XR STARTER (ORANGE) 41
lamivudine 6
lamivudine-zidovudine 6
lamotrigine 41, 42
LANCETS 119
LANCING DEVICE 119
LANOXIN 78
lansoprazole 142
lanthanum 138
LANTUS SOLOSTAR U-100 INSULIN 125
LANTUS U-100 INSULIN 125
larin 1.5/30 (21) 165
larin 1/20 (21) 165
larin 24 fe 165
larin fe 1.5/30 (28) 165
larin fe 1/20 (28) 165
larissia 165
LASIX 74
LASTACAFT 173
latanoprost 175
LATANOPROST (PF) 175
LATUDA 65
layolis fe 165
LEDIPASVIR-SOFOSBUVIR 6
leena 28 165
leflunomide 156
LEMTRADA 145
LENVIMA 30
lessina 166
LETAIRIS 183
letrozole 30
leucovorin calcium 21
LEUKERAN 30
LEUKINE 143
leuprolide 30
levalbuterol hcl 183
LEVEMIR FLEXTOUCH U-100 INSULN 125
LEVEMIR U-100 INSULIN 125
levetiracetam 42
levetiracetam in nacl (iso-os) 42
LEVICYN ANTIPRURITIC 91
LEVICYN ANTIPRURITIC SG 91

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

levobunolol 171
levocarnitine 102
levocarnitine (with sugar)... 102
levofloxacin 18, 170
levofloxacin in d5w 18
levoleucovorin calcium 22
levonest (28) 166
levonorgestrel 166
levonorgestrel-ethinyl estrad 166
levonorg-eth estrad triphasic 166
levora-28 166
levorphanol tartrate 53
LEVO-T 133
levothyroxine 133
LEVOTHYROXINE 133
levoxyl 133
LEVULAN 91
LEXIVA 6
LIALDA 138
LICART 59
lidocaine 95
lidocaine (pf) 95
LIDOCAINE (PF) 95
lidocaine hcl 95
LIDOCAINE HCL 95
lidocaine hcl-hydrocortison ac 95, 138
LIDOCAINE HCL-HYDROCORTISON AC138
lidocaine viscous 95
lidocaine-hydrocortisone-aloe 138
lidocaine-prilocaine 95
LILETTA 157
lillow (28) 166
lincomycin 14
lindane 100
linezolid 14
linezolid in dextrose 5% 14
linezolid-0.9% sodium chloride 14
LINZESS 139
liothyronine 133, 134
lisinopril 75
lisinopril-hydrochlorothiazide 75
lite coat aspirin 59
LITEAIRE MDI CHAMBER 112
lithium carbonate 65
lithium citrate 65
LITHOSTAT 102
LIVALO 86
LO LOESTRIN FE 166
LODINE 59
LOESTRIN 1.5/30 (21) 166
LOESTRIN 1/20 (21) 166
LOESTRIN FE 1.5/30 (28-DAY) 166
LOESTRIN FE 1/20 (28-DAY) 166
lojaimiess 166
LOKELMA 139
LONHALA MAGNAIR REFILL 183
LONHALA MAGNAIR STARTER 183
LONSURF 30
lopinavir-ritonavir 6
lopreeza 160
lorazepam 65
lorazepam intensol 65
LORBRENA 30
lorcet (hydrocodone) 53
lorcet hd 53
lorcet plus 53
lortuss ex 179
loryna (28) 166
losartan 75
losartan-hydrochlorothiazide 75
LOSEASONIQUE 166
LOTEMAX 176
LOTEMAX SM 176
loteprednol etabonate 176
lovastatin 86
LOVENOX 83
low-ogestrel (28) 166
loxapine succinate 65
lo-zumandimine (28) 166
lta pre-attached 95
LUCEMYRA 59
lugols 96, 189
LUMIGAN 175
LUMIZYME 128
LUMOXITI 30
LUPANETA PACK (3 MONTH) 161
LUPRON DEPOT 31
LUPRON DEPOT (3 MONTH) 30
LUPRON DEPOT (4 MONTH) 30
LUPRON DEPOT (6 MONTH) 31
LUPRON DEPOT-PED 31
LUPRON DEPOT-PED (3 MONTH) 31
lutera (28) 166
luxamend 91
LYNPARZA 31
LYSODREN 31
lyza 160

M

mafenide acetate 96
MAKENA 160
MAKENA (PF) 160
malathion 100
maprotiline 65
MARINOL 139
marlissa (28) 166
MARPLAN 65
MARQIBO 31
MATULANE 31
matzim la 75
MAVENCLAD (10 TABLET PACK) 145
MAVENCLAD (4 TABLET PACK) 145
MAVENCLAD (5 TABLET PACK) 145
MAVENCLAD (6 TABLET PACK) 145
MAVENCLAD (7 TABLET PACK) 145
MAVENCLAD (8 TABLET PACK) 145
MAVENCLAD (9 TABLET PACK) 145
MAVYRET 6
MAXI-TUSS CD 179
MAYZENT 145
mb hydrogel 91
meclofenamate 59
MECOBALAMIN (VITAMIN B12) 190
MEDISENSE 119

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

MEDISENSE GLUCOSE KETONE 119
medroxyprogesterone 160
mefenamic acid 59
mefloquine 14
megestrol 31
MEKINIST 31
MEKTOVI 31
melodetta 24 fe 166
meloxicam 59
melphalan 31
melphalan hcl 31
memantine 47
MENACTRA (PF) 150
M-END PE 179
MENEST 160
MENOPUR 128
MENVEO A-C-Y-W-135-DIP (PF) 151
meperidine 53
MEPHYTON 83
meprobamate 48
MEPSEVII 128
mercaptopurine 31
meropenem 14
MEROPENEM-0.9% SODIUM CHLORIDE 14
mesalamine 139
mesalamine with cleansing wipe 139
mesna 22
MESNEX 22
MESTINON 48
metadate er 65
metaproterenol 183
metaxall 48
metaxalone 48
metformin 132
methadone 53, 54
methadose 54
methamphetamine 66
methazolamide 174
methenamine hippurate 20
methenamine mandelate 20
methen-sod phos-meth blue-hyos 187
methergine 170
methimazole 108
methocarbamol 48
methotrexate sodium 31
methotrexate sodium (pf) 31
methoxsalen 91
methscopolamine 135
methyl salicylate 91
methyldopa 75
methyldopa-hydrochlorothiazide 75
methyldopate 75
methylergonovine 170
methylphenidate hcl 66
METHYLPHENIDATE HCL 66
METHYLPRED AC(PF)-NACL,ISO-OSM 107
METHYLPREDNISOL AC-BUPIVAC-WAT 107
methylprednisolone 107
METHYLPREDNISOLONE ACET-WATER 107
methyltestosterone 128
metipranolol 171
metoclopramide hcl 139
metolazone 75
metoprolol succinate 75
metoprolol ta-hydrochlorothiaz 75
metoprolol tartrate 75
metro i.v 14
metronidazole 14, 93, 161
metronidazole in nacl (iso-os) 14
mexiletine 70
MIACALCIN 128
mibelas 24 fe 166
micafungin 3
miconazole-3 161
MICRO BLOOD GLUCOSE 110
MICROCHAMBER 112
MICRODOT BLOOD GLUCOSE SYSTEM 111, 119
MICRODOT XTRA BLOOD GLUCOSE 111
microgestin 1.5/30 (21) 166
microgestin 1/20 (21) 166
microgestin fe 1.5/30 (28) 167
microgestin fe 1/20 (28) 167
MICROSPACER 112
midazolam 67
MIDAZOLAM 66
midazolam (pf) 66
MIDAZOLAM (PF) IN 0.9 % NACL 66
MIDAZOLAM IN 0.9 % SOD CHLORID 66
midodrine 102
MIFEPREX 161
mifepristone 161
migergot 46
miglitol 132
miglustat 128
mili 167
millipred 107
millipred dp 107
mimvey 160
MINASTRIN 24 FE 167
MINIMED INFUSION SET-MMT 390 119
MINITRAN 88
MINOCIN 19
minocycline 19
minoxidil 75
MIO INFUSION SET 119
MIRCETTE (28) 167
MIRENA 158
mirtazapine 67
MIRVASO 93, 94
misoprostol 142
MITIGARE 154
MITIGO (PF) 54
mitomycin 31
MITOSOL 175
mitoxantrone 31
MKO (MIDAZOLAM-KETAMINE-ONDAN) 67
M-M-R II (PF) 151
m-natal plus 190
modafinil 67
moexipril 75
molindone 67
mometasone 99, 100, 183
mondoxyne nl 19
mono-linyah 167
MONONINE 83
montelukast 183
MONUROL 20
morphine 55
MORPHINE 54, 55
morphine (pf) 54

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

MORPHINE (PF) 54
morphine (pf) in 0.9 % sod chl 54
MORPHINE (PF) IN 0.9 % SOD CHL 54
morphine concentrate 54
MORPHINE IN 0.9 % SODIUM CHLOR..... 54
MOTEGRITY 139
MOVANTIK 139
MOVIPREP..... 139
MOXEZA..... 170
moxifloxacin..... 18, 170
MOXIFLOXACIN-SOD.ACE,SUL-WATER. 18
moxifloxacin-sod.chloride(iso) 18
MS CONTIN 55
MULTAQ..... 70
mupirocin 96
mupirocin calcium..... 96
MUTAMYCIN..... 32
MVASI 32
my choice 167
my way 167
MYALEPT 128
MYCAMINE..... 3
mycophenolate mofetil..... 32
mycophenolate mofetil (hcl) 32
mycophenolate sodium..... 32
MYFORTIC 32
MYGLUCOHEALTH 111, 119
MYGLUCOHEALTH CONTROL SOLUTION 119
MYLERAN 32
MYLOTARG 32
mynatal 190
mynatal advance..... 190
mynatal plus 190
mynatal-z..... 190
mynate 90 plus 190
MYOBLOC..... 151
myorisan 94
MYRBETRIQ 186
MYXREDLIN..... 125
N
nabumetone 59
nadolol..... 75
nadolol-bendroflumethiazide 75
nafcillin..... 17
nafcillin in dextrose iso-osm 17
naftifine 97
NAGLAZYME..... 128
nalbuphine 59
naloxone 59
NALOXONE..... 59
naltrexone 59
naproxen 59
naratriptan..... 46
NARCAN 59
NATACYN 170
NATAZIA 167
nateglinide 132
NATPARA 128
nature-throid 134
NAYZILAM..... 42
NEBUPENT 14
nebusal..... 183
NEBUSAL..... 183
necon 0.5/35 (28)..... 167
nefazodone..... 67
neomycin 15
neomycin-bacitracin-poly-hc 175
neomycin-bacitracin-polymyxin..... 171
neomycin-polymyxin b gu.. 101
neomycin-polymyxin b-dexameth 175
neomycin-polymyxin-gramicidin..... 171
neomycin-polymyxin-hc ... 106, 175
neo-polycin..... 171
neo-polycin hc 176
NEORAL..... 32
NEO-SYNALAR..... 96
NEO-SYNALAR KIT..... 96
NERLYNX..... 32
neuac..... 94
NEUAC KIT..... 94
NEULASTA..... 143
NEUPRO 45
NEUTEK 2TEK TEST STRIPS 111
nevirapine 6
new day..... 167
NEXAVAR 32
NEXAVIR..... 190
NEXIUM PACKET 142
NEXLETOL 86
NEXPLANON..... 161
niacin 86
nicardipine 75
NICODERM CQ 104
nicorette 104
NICORETTE..... 104
nicotine 104
nicotine (polacrilex)..... 104
NICOTROL..... 104
NICOTROL NS..... 104
nifedipine..... 75
nikki (28) 167
nilutamide 32
NIMBEX 49
nimodipine..... 75
NINLARO 32
NIPENT..... 32
NIPRIDE RTU 87
nisoldipine 75
nitro-bid 88
NITRO-DUR 88
nitrofurantoin..... 20
nitrofurantoin macrocrystal .. 20
nitrofurantoin monohyd/m-cryst 20
nitroglycerin 88
nitroglycerin in 5 % dextrose 88
NITROLINGUAL 88
NITROMIST 88
nitro-time 88
NITYR..... 102
NIVESTYM 143
nizatidine 142, 143
NOCDURNA (MEN)..... 128
NOCDURNA (WOMEN) .. 128
nora-be 160
NORDITROPIN FLEXPRO 144
noreth-ethinyl estradiol-iron 167
norethindrone (contraceptive) 160
norethindrone acetate..... 160
norethindrone ac-eth estradiol 160, 167
norethindrone-e.estradiol-iron 167
NORGESIC FORTE 49

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

norgestimate-ethinyl estradiol 167
norlyda 160
NORMOSOL-R 189
NORPACE CR 70
NORTHERA 102
nortrel 0.5/35 (28) 167
nortrel 1/35 (21) 167
nortrel 1/35 (28) 167
nortrel 7/7/7 (28) 167
nortriptyline 67
NORVIR 6
NOURIANZ 45
NOVA MAX BLOOD GLUCOSE METER 119
NOVA MAX GLUCOSE CONTROL 119
NOVA MAX GLUCOSE TEST 111
NOVAMAX PLUS GLU-KET 119
NOVAREL 128
NOVOEIGHT 83
NOVOLIN 70-30 FLEXPEN U-100 125
NOVOLIN N FLEXPEN ... 125
NOVOLIN R FLEXPEN ... 125
NOVOLOG FLEXPEN U-100 INSULIN 125
NOVOLOG MIX 70-30 U-100 INSULN 125
NOVOLOG MIX 70-30FLEXPEN U-100 125
NOVOLOG PENFILL U-100 INSULIN 125
NOVOLOG U-100 INSULIN ASPART 126
NOVOPEN ECHO 119
NOVOSEVEN RT 83
NOXAFIL 3, 4
np thyroid 134
NPLATE 84
NUBEQA 32
NUCALA 183
NUCORT 100
NUCYNTA 59
NUCYNTA ER 59
NUEDEXTA 48
NULOJIX 32
NULYTELY WITH FLAVOR PACKS 139
NUMBRINO 95
NUPLAZID 67
NURTEC ODT 46
NUVARING 161
NUZYRA 19
nyamyc 97
NYMALIZE 75
nystatin 4, 97
nystatin-triamcinolone 97
nystop 97
O
OB COMPLETE 190
OBIZUR 84
obstetrix dha 190
OCALIVA 139
ocella 167
OCREVUS 145
octreotide acetate 32
ODEFSEY 6
ODOMZO 32
OFEV 183
ofloxacin 18, 105, 171
OGIVRI 32
olanzapine 67
olanzapine-fluoxetine 67
olmesartan 76
olmesartan-amlodipin-hcthiazid 76
olmesartan-hydrochlorothiazide 76
olopatadine 105
OLUMIANT 156
omega-3 acid ethyl esters 86
omeprazole 143
OMNIPOD DASH 5 PACK POD 119
OMNIPOD INSULIN MANAGEMENT 119
ON CALL EXPRESS CONTROL 119
ON CALL EXPRESS METER 119
ON CALL EXPRESS TEST STRIP 111
ON CALL PLUS CONTROL 119
ON CALL PLUS METER . 120
ON CALL PLUS TEST STRIP 111
ON CALL VIVID CONTROL 120
ON CALL VIVID METER 120
ON CALL VIVID PAL METER 120
ON CALL VIVID TEST STRIP 111
ONCASPAR 32
ondansetron 139
ondansetron hcl 139
ondansetron hcl (pf) 139
ONETOUCH PING INSULIN PUMP 120
ONETOUCH ULTRA BLUE TEST STRIP 111
ONETOUCH ULTRA CONTROL 120
ONETOUCH ULTRA2 METER 120
ONETOUCH ULTRAMINI 120
ONETOUCH VERIO FLEX METER 120
ONETOUCH VERIO IQ METER 120
ONETOUCH VERIO METER 120
ONETOUCH VERIO TEST STRIPS 111
ONFI 42
ONIVYDE 33
ONTRUZANT 33
opcicon one-step 167
OPDIVO 33
opium tincture 135
OPSUMIT 183
OPTICHAMBER DIAMOND VHC 112
option-2 167
OPTIUM EZ 111
OPTIUM TEST 111
OPTUMRX 111, 120
ORACEA 20
oralone 105
ORAPRED ODT 107
ORBACTIV 15
ORENCIA 156

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

ORENCIA (WITH MALTOSE) 156
ORENCIA CLICKJECT 156
ORENITRAM 76
ORILISSA 128
ORKAMBI 183
orphenadrine citrate 49
orsythia 168
ORTHO MICRONOR 160
oscimin 135
oscimin sl 135
oscimin sr 136
oseltamivir 7
osmitrol 20 % 76
OSMOLEX ER 45
OSMOPREP 139
OSPHENA 161
OTEZLA 156
OTEZLA STARTER 156
OTIPRIO 105
OTOVEL 106
OTREXUP (PF) 156
OVIDREL 129
oxacillin 17
oxacillin in dextrose(iso-osm) 17
oxaliplatin 33
OXANDRIN 129
oxandrolone 129
oxaprozin 59
OXAYDO 55
oxazepam 67
OXBRYTA 103
oxcarbazepine 42
OXERVATE 173
oxiconazole 97
OXISTAT 97
OXTELLAR XR 42
oxybutynin chloride 186
oxycodone 55
OXYCODONE 56
oxycodone-acetaminophen 56
oxycodone-aspirin 56
OXYCONTIN 56
oxymorphone 56
OZEMPIC 132
P
pacerone 70
paclitaxel 33
PADCEV 33
PALFORZIA (LEVEL 1) 151
PALFORZIA (LEVEL 2) 151
PALFORZIA (LEVEL 3) 151
PALFORZIA (LEVEL 4) 151
PALFORZIA (LEVEL 5) 151
PALFORZIA (LEVEL 6) 151
PALFORZIA (LEVEL 7) 151
PALFORZIA (LEVEL 8) 151
PALFORZIA (LEVEL 9) 151
PALFORZIA (LEVEL 10) 151
PALFORZIA INITIAL DOSE 151
PALFORZIA LEVEL 11 MAINTENANCE 151
paliperidone 67
palonosetron 140
PALONOSETRON 139
PALYNZIQ 129
pamidronate 129
PANRETIN 91
pantoprazole 143
PANZYGA 151
papaverine 76
PARAGARD T 380A 158
paraplatin 33
PAREMYD 172
paricalcitol 129
paroex oral rinse 105
paromomycin 15
paroxetine hcl 67
paroxetine mesylate(menop.sym) 67
PARSABIV 129
PASER 15
PAZEO 173
P-CARE K80 107
PEDIAPRED 107
PEDIARIX (PF) 151
PEDVAX HIB (PF) 151
peg 3350-electrolytes 140
PEGANONE 42
PEGASYS 145
peg-electrolyte soln 140
PEGINTRON 145
peg-prep 140
PEMAZYRE 33
PEN NEEDLE, DIABETIC 120
penicillamine 156
PENICILLIN G POT IN DEXTROSE 17
penicillin g potassium 17
penicillin g procaine 17
penicillin g sodium 17
penicillin v potassium 17, 18
PENTACEL (PF) 151
PENTACEL ACTHIB COMPONENT (PF) 152
PENTAM 15
pentamidine 15
PENTASA 140
pentazocine-naloxone 59
pentoxifylline 84
PERFOROMIST 184
perindopril erbumine 76
periogard 105
PERJETA 33
permethrin 100
perphenazine 68
perphenazine-amitriptyline 68
PERSERIS 68
PEXEVA 68
pfizerpen-g 18
PHARMACIST CHOICE 111
PHARMACIST CHOICE GLUCOSE SYS 120
phenazopyridine 188
phenelzine 68
phenobarbital 42
phenoxybenzamine 76
phentolamine 76
phenylephrine hcl 177
PHENYLEPH-TROPICAMIDE IN WATER 172
PHENYTEK 42
phenytoin 42
phenytoin sodium 42
phenytoin sodium extended 42
philith 168
PHOSLYRA 140
phosphasal 187
PHOSPHOLINE IODIDE 171
PHOTOFRIN 33
PHYSIOLYTE 101
PHYSIOSOL IRRIGATION 101
phytonadione (vitamin k1) 84
PHYTONADIONE (VITAMIN K1) 84
PICATO 91

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

pilocarpine hcl 103, 105, 172
pimecrolimus 91
pimozide 68
pimtrea (28) 168
pindolol.....76
pioglitazone 132
pioglitazone-glimepiride 132
pioglitazone-metformin.....132
piperacillin-tazobactam 18
PIQRAY 33
pirmella.....168
piroxicam.....59
PLEGRIDY 145
PLENVU 140
PNEUMOVAX-23 152
pnv 29-1.....190
pnv-dha.....190
pnv-dha + docusate 190
pnv-omega.....190
POCKET CHAMBER 112
podofilox 92
POLIVY 33
polycin.....171
polymyxin b sulfate.....15
polymyxin b sulf-trimethoprim 171
POLY-TUSSIN AC.....179
POMALYST 145
portia 28.....168
PORTRAZZA 33
posaconazole 4
POTABA.....189
potassium chloride.....189
potassium citrate.....187
POTELIGEO.....33
PR BENZOYL PEROXIDE.94
pramipexole.....45
prasugrel 84
pravastatin 86
PRAXBIND 84
praziquantel 15
prazosin 76
PRECISION PCX PLUS TEST 111
PRECISION PCX TEST....111
PRECISION POINT OF CARE TEST.....111
PRECISION Q-I-D TEST..111
PRECISION XTRA KETONE-GLUCOSE 120
PRECISION XTRA MONITOR 120
PRECISION XTRA TEST.111
prednicarbate 100
PREDNISOL ACE-GATIFLOX-BROMFEN173
PREDNISOLN SP-MOXIFLOX-BROMFEN 173
prednisolone 107
prednisolone acetate 177
PREDNISOLONE ACETATE (PF).....176
PREDNISOLONE ACETATE-NEPAFENAC 173
PREDNISOLONE ACET-GATIFLOXACIN 176
PREDNISOLONE SOD PH-MOXIFLOX.....176
prednisolone sodium phosphate 107, 177
PREDNISOLONE-MOXIFLO-NEPAFENAC 173
PREDNISOLONE-MOXIFLOXACIN HCL 176
PREDNISOLONE-MOXIFLOX-BROMFEN 173
prednisone 107
prednisone intensol.....107
pregabalin 43
PREGNYL.....129
PREMARIN 160
PREMIER BLU GLUCOSE METER 120
PREMIER COMPACT GLUCOSE METER.....120
PREMIER TEST STRIP 111
PREMIER VOICE GLUCOSE METER 120
PREMIUM BLOOD GLUCOSE MONITOR..120
PREMIUM V10 .....111, 120
PREMPHASE 160
PREMPRO 160
prenaissance.....190
prenaissance plus.....190
prenatabs rx 190
PRENATAL 190
prenatal plus (calcium carb)191
prenatal vitamin 191
prenatal vitamin plus low iron 191
prenatal vitamin with minerals 191
PREPIDIL.....161
preplus 191
PREPOPIK 140
PRESTALIA.....76
PRESTO PRO BLOOD GLUCOSE METER 120
PRETOMANID.....15
prevalite 86
PREVIDENT 5000 ORTHO DEFENSE.....105
previfem.....168
PREVNAR 13 (PF) 152
PREVYMIS 7
PREZISTA 7
PRIFTIN 15
primaquine.....15
PRIMEAIRE.....112
primidone.....43
PRIVIGEN 152
PRO VOICE V8 GLUCOSE MONITOR 120
PRO VOICE V8-V9 TEST STRIP 111
PRO VOICE V9 GLUCOSE MONITOR 120
PROAIR HFA 184
PROAIR RESPICLICK.....184
probenecid 154
probenecid-colchicine.....154
PROBUPHINE 56
procainamide 70
PRO-C-DURE 5 107
PRO-C-DURE 6 107
PROCHAMBER.....112
prochlorperazine 140
prochlorperazine edisylate..140
prochlorperazine maleate....140
PROCRIT 143
procto-med hc 140
procto-pak.....140
proctosol hc 140
proctozone-hc 140
PROCYSBI.....188

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

PRODIGY AUTOCODE METER 120
PRODIGY AUTOCODE MONITOR SYST 120
PRODIGY CONTROL SOLUTION, LOW..... 120
PRODIGY CONTROL SOLUTION,HIGH..... 120
PRODIGY NO CODING... 111
PRODIGY POCKET METER 120
PRODIGY VOICE GLUCOSE METER 120
PROFILNINE..... 84
progesterone 160
progesterone micronized 160
PROGLYCEM 113
PROGRAF 33
PROLASTIN-C..... 103
PROLENSA 174
PROLEUKIN 146
PROMACTA..... 84
promethazine 178
promethazine-codeine 179
promethazine-dm..... 179
promethazine-phenyleph-codeine 179
promethazine-phenylephrine 179
promethegan 179
PROMETRIUM 161
propafenone..... 70
proparacaine 173
propranolol 76
propranolol-hydrochlorothiazid 76
propylthiouracil 108
PROQUAD (PF) 152
PROSTIN E2..... 161
protamine..... 84
protriptyline..... 68
PROVENGE..... 152
PROVERA 161
PROZAC 68
pruclair 92
PULMICORT FLEXHALER 184
PULMOZYME..... 184
PURIXAN 33
pyrazinamide 15
pyridostigmine bromide 49
PYRIDOSTIGMINE BROMIDE..... 49
pyrimethamine..... 15
Q
QBREXZA 92
QINLOCK 33
QNASL..... 184
QTERN..... 132
QUADRACEL (PF) 152
QUARTETTE 168
QUAZEPAM..... 68
QUESTRAN..... 86
QUESTRAN LIGHT..... 86
quetiapine 68
QUICK-SET PARADIGM. 120
quinapril..... 76
quinapril-hydrochlorothiazide 76
quinidine gluconate 71
quinidine sulfate 71
quinine sulfate 15
QUINJA..... 96
QUINTET AC 111
QUINTET BLOOD GLUCOSE METER 121
quit 2..... 105
quit 4..... 105
QUZYTTIR 179
QVAR REDIHALER 184
R
rabeprazole 143
RADICAVA 48
RADIOGARDASE 103
raloxifene..... 154
ramelteon 68
ramipril 76
RANEXA 87
ranitidine hcl..... 143
ranolazine 87
RAPAMUNE..... 33
RAPIVAB (PF) 7
rasagiline 45
RASUVO (PF) 156, 157
RAVICTI..... 103
RAZADYNE 48
RAZADYNE ER..... 48
READYSHARP KETOROLAC..... 60
REBIF (WITH ALBUMIN) 146
REBIF REBIDOSE 146
REBIF TITRATION PACK 146
REBINYN 84
REBLOZYL 143
RECARBRIO 15
reclipsen (28) 168
RECOMBIVAX HB (PF)... 152
RECTIV..... 140
REFUAH PLUS 111
REFUAH PLUS GLUCOSE CONTROL 121
REFUAH PLUS GLUCOSE MONITOR 121
regonol 49
REGRANEX 92
RELENZA DISKHALER 7
RELEXXII..... 68
RELION ALL-IN-ONE METER..... 121
RELION CONFIRM 121
RELION CONFIRM-MICRO 111
RELION MICRO GLUCOSE MONITOR 121
RELION NOVOLIN 70/30 126
RELION NOVOLIN N 126
RELION NOVOLIN R..... 126
RELION PRIME METER.. 121
RELION PRIME TEST STRIPS 111
RELISTOR 140
REMODULIN 76
RENACIDIN 188
RENFLEXIS..... 140
repaglinide 132
repaglinide-metformin..... 132
REPATHA PUSHTRONEX 86
REPATHA SURECLICK 87
REPATHA SYRINGE 87
RESPA-AR..... 179
RESTASIS..... 173
RESTASIS MULTIDOSE.. 173
RETACRIT..... 143
RETEVMO..... 34
RETROVIR 7
REVATIO..... 184
REVCOVI 103

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

REVEAL BLOOD GLUCOSE METER 121
REVEAL TEST STRIP..... 111
REVEL PROGRAMMABLE PUMP 121
REVLIMID 146
REXULTI..... 68
REYATAZ 7
REYVOW 46
RHOPRESSA..... 175
RIASTAP 84
ribavirin 7, 146
RIDAURA..... 157
rifabutin 15
rifampin 15
RIFATER 15
RIGHTEST CONTROL SOLUTION HIGH..... 121
RIGHTEST GM550 SYSTEM 121
RIGHTEST GS550 TEST STRIPS..... 111
RILUTEK..... 103
riluzole..... 103
rimantadine..... 7
ringer's 101
RINVOQ 157
risedronate 103, 154
RISPERDAL CONSTA 68
risperidone..... 68
RITEFLO AEROCHAMBER 113
ritonavir 7
rivastigmine..... 48
rivastigmine tartrate..... 48
rivelsa 168
RIXUBIS 84
rizatriptan 46
ROCALTROL..... 129
ROCKLATAN 175
ROMIDEPSIN 34
ropinirole 45
rosadan 94
rosula cleansing cloths 94
rosuvastatin..... 87
ROTATEQ VACCINE 152
roweepra 43
roweepra xr..... 43
ROZLYTREK 34
RUBRACA..... 34
RUCONEST..... 184
RUXIENCE..... 34
RUZURGI 48
RYBELSUS..... 132
RYDAPT 34
RYTARY..... 45
S
SABRIL..... 43
SAFE-CLIP BY MAIL 121
SAFYRAL..... 168
salicylic acid 90
salicylic acid er-ceramides ... 90
salimez..... 90
SALIMEZ FORTE 90
salsalate 60
salvax..... 90
SAMSCA..... 129
SANCUSO 140
SANDIMMUNE 34
SANDOSTATIN 34
SANTYL 100
SAPHRIS..... 68
SARCLISA..... 34
SAVELLA..... 157
scalacort..... 100
SCALACORT DK 100
SCENESSE 92
scopolamine base..... 140
SEASONIQUE..... 168
SEBUDERM 92
seconal sodium 68
SECUADO 68
SEEBRI NEOHALER..... 184
SEGLUROMET 132
selegiline hcl..... 45
selenium sulfide..... 89
SELZENTRY 7
se-natal 19 chewable 191
se-natal-19 191
SENSIPAR 129
SEREVENT DISKUS 184
serophene..... 129
SEROSTIM 144
sertraline 69
setlakin..... 168
sevelamer carbonate 141
sharobel 161
SHINGRIX (PF)..... 152
SIGNIFOR..... 34
sildenafil (pulm.hypertension) 184
SILENOR 69
SILHOUETTE..... 121
SILIQ 89
silodosin..... 187
silver nitrate 92
silver nitrate applicators 92
silver sulfadiazine 90
SIMBRINZA 175
simliya (28)..... 168
simpesse..... 168
SIMPONI..... 157
SIMPONI ARIA 157
SIMULECT 34
simvastatin..... 87
SINUVA 184
sirolimus 34
SIRTURO 15
SIVEXTRO 15
SKELAXIN 49
SKLICE 100
SKYLA..... 158
SKYRIZI 89
SLYND..... 168
SMART SENSE MONITORING SYSTEM 121
SMART SENSE TEST STRIPS 111
SMARTEST CONTROL ... 121
SMARTEST EJECT..... 121
SMARTEST PERSONA STARTER 121
SMARTEST PRONTO STARTER 121
SMARTEST PROTEGE 121
SMARTEST TEST..... 111
sodium benzoate-sod phenylacet..... 103
sodium chlor 0.9% bacteriostat 103
sodium chloride ..103, 184, 189
sodium chloride 0.45 %..... 189
sodium chloride 0.9 %..... 103
sodium chloride 0.9 % (flush) 103
sodium chloride 3 %..... 189
sodium chloride 5 %..... 189
SODIUM EDECRIN 76

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

sodium ferric gluconat-sucrose 103
sodium phenylbutyrate 103
sodium polystyrene (sorb free) 141
sodium polystyrene sulfonate 141
SOFOSBUVIR-VELPATASVIR..... 7
SOLARAZE 92
SOLESTA 141
solifenacin 186
SOLIQUA 100/33 126
SOLIRIS 103
SOLOSEC 15
SOLUS V2 AUDIBLE METER 121
SOLUS V2 CONTROL SOLUTION,HIGH 121
SOLUS V2 TEST STRIPS. 111
SOMATULINE DEPOT 34
SOMAVERT 129
sonafine 92
SORBITOL 101
SORBITOL-MANNITOL.. 101
SORILUX..... 89
sotalol 71
SOTALOL..... 71
sotalol af 71
SOTYLIZE..... 71
spinosad..... 100
spironolactone 76
spironolacton-hydrochlorothiaz 77
sprintec (28)..... 168
SPRITAM..... 43
SPRYCEL 34
sps (with sorbitol)..... 141
sronyx 168
ssd..... 90
SSKI 108
sss 10-5..... 94
st joseph aspirin..... 60
st. joseph aspirin..... 60
stavudine..... 7
STEGLATRO..... 132
STELARA..... 89
STIMATE..... 129
STIVARGA..... 34
stop smoking aid..... 105
STRENSIQ..... 129
STREPTOMYCIN 15
strong iodine 96, 189
SUBLOCADE 56
SUBOXONE 60
subvenite..... 43
subvenite starter (blue) kit.... 43
subvenite starter (green) kit.. 43
subvenite starter (orange) kit 43
SUCRAID 141
sucralfate 143
sulfacetamide sodium ... 89, 177
sulfacetamide sodium (acne) 96
sulfacetamide sodium-sulfur 94
sulfacetamide sod-sulfur-urea 94
sulfacetamide-prednisolone 177
sulfacetamide-sulfur-cleansr23 94
sulfacleanse 8-4 94
sulfadiazine..... 18
sulfamethoxazole-trimethoprim 18, 19
SULFAMYLON..... 96
sulfasalazine 141
sulfatrim..... 19
sulindac..... 60
sumatriptan 47
sumatriptan succinate 47
sumatriptan-naproxen 47
SUNOSI..... 69
SUPREP BOWEL PREP KIT 141
SURE-T PARADIGM..... 121
SURE-TEST EASYPLUS MINI 112
SURE-TEST EASYPLUS MINI METER 121
SURFAXIN 184
SURVANTA 103
SUSTIVA 7
SUTENT..... 34
syeda 168
SYLATRON..... 146
SYLVANT 34
SYMAX DUOTAB 136
SYMBICORT..... 184
SYMDEKO 185
SYMFI..... 7
SYMFI LO 7
SYMJEPI 179
SYMLINPEN 120 132
SYMLINPEN 60 133
SYMPAZAN 43
SYMPROIC..... 141
SYNAGIS..... 8
SYNAREL..... 129
SYNDROS 141
SYNERCID 15
SYNJARDY 133
SYNJARDY XR..... 133
SYNRIBO..... 34
SYNTHROID 134
T
T
30 INFUSION SET 121
90 INFUSION SET 23 ... 121
FLEX INSULIN DELIVERY PUMP 121
SLIM..... 121
SLIM G4..... 121
SLIM X2 BASAL-IQ INSULIN PMP 121
SLIM X2 CONTROL-IQ 121
SLIM X2 INSULIN PUMP 122
TABLOID..... 35
TABRECTA 35
TACLONEX..... 89
tacrolimus 35, 92
tadalafil (pulm. hypertension) 185
TAFINLAR 35
TAGRISSO..... 35
TAKE ACTION 168
TAKHZYRO 185
TALTZ AUTOINJECTOR .. 90
TALTZ AUTOINJECTOR (2 PACK) 89
TALTZ AUTOINJECTOR (3 PACK) 89
TALTZ SYRINGE 90
TALZENNA..... 35
TAMIFLU 8
tamoxifen 35
tamsulosin..... 187
TAPAZOLE 108
TARCEVA 35
TARGRETIN 35

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

tarina 24 fe....168
tarina fe 1/20 (28)....168
taron-c dha....191
taron-prex prenatal-dha....191
TASIGNA....35
TASMAR....46
TAVALISSE....84
TAYTULLA....168
tazarotene....94
tazicef....11
TAZORAC....94
taztia xt....77
TAZVERIK....35
TDVAX....152
TECENTRIQ....35
TECFIDERA....146
TEFLARO....11
TEGSEDI....48
TEKTURNA....77
TEKTURNA HCT....77
TELCARE BGM....122
TELCARE BLOOD GLUCOSE KIT....122
TELCARE CONTROL....122
TELCARE TEST STRIPS.112
telmisartan....77
telmisartan-amlodipine....77
telmisartan-hydrochlorothiazid....77
temazepam....69
TEMIXYS....8
TEMODAR....35
temozolomide....35
temsirolimus....35
tencon....56
TENIPOSIDE....35
TENIVAC (PF)....152
tenofovir disoproxil fumarate.8
TEPADINA....35
TEPEZZA....129
terazosin....77
terbinafine hcl....4
terbutaline....185
terconazole....161
TERIPARATIDE....154
TEST N'GO BLOOD GLUCOSE SYSTEM....122
TEST N'GO TEST....112
TESTONE CIK....130
TESTOPEL....130
testosterone....130
TESTOSTERONE....130
testosterone cypionate....130
testosterone enanthate....130
TETANUS,DIPHTHERIA TOX PED(PF)....152
tetrabenazine....48
tetracaine hcl....173
TETRACAINE HCL (PF)..173
tetracycline....20
THALOMID....35
theochron....185
theophylline....185
THIOLA....103
THIOLA EC....103
thioridazine....69
thiotepa....35
thiothixene....69
THYMOGLOBULIN....153
thyroid (pork)....134
THYROLAR-1....134
THYROLAR-1/2....134
THYROLAR-1/4....134
THYROLAR-2....134
THYROLAR-3....134
tiadylt er....77
tiagabine....43
TIBSOVO....35
TICALAST....185
TICANASE....185
TICASPRAY....185
TIGLUTIK....103
tilia fe....168
TIMOL-BRIMON-DORZO-LATANOP(PF)....175
timolol maleate....77, 171
TIMOLOL-BRIMONIDI-DORZOLAM(PF)....175
TIMOLOL-DORZOLAMID-LATANOP(PF)....175
TIMOLOL-LATANOPROST(PF)....175
tinidazole....15
tis-u-sol pentalyte....101
TIVICAY....8
tizanidine....49
TOBI PODHALER....16
TOBRADEX....176
TOBRADEX ST....176
tobramycin....171
tobramycin in 0.225 % nacl..16
tobramycin in 0.9 % nacl....16
tobramycin sulfate....16
TOBRAMYCIN WITH NEBULIZER....16
tobramycin-dexamethasone 176
TOBREX....171
TODAY CONTRACEPTIVE SPONGE....162
tolcapone....46
tolmetin....60
tolterodine....187
tolvaptan....130
topiramate....43
TOPIRAMATE....43
toposar....35
topotecan....36
toremifene....36
TORISEL....36
TORONOVA II SUIK....60
TORONOVA SUIK....60
torsemide....77
TOTECT....22
TOUJEO MAX U-300 SOLOSTAR....126
TOUJEO SOLOSTAR U-300 INSULIN....126
TOVIAZ....187
TRACLEER....185
TRADJENTA....133
tramadol....60
tramadol-acetaminophen....60
trandolapril....77
trandolapril-verapamil....77
tranexamic acid....85, 162
TRANEXAMIC ACID IN NACL,ISO-OS....84
TRANSDERM-SCOP....141
tranylcypromine....69
TRAVATAN Z....175
TRAZIMERA....36
trazodone....69
TREANDA....36
TRECATOR....16
TRELEGY ELLIPTA....185
TRELSTAR....36
TREMFYA....90
treprostinil sodium....77
TRESIBA FLEXTOUCH U-100....126

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

TRESIBA FLEXTOUCH U-200 126
TRESIBA U-100 INSULIN 126
tretinoin 94, 95
tretinoin (antineoplastic) 36
tretinoin microspheres 94
TRETTEN 85
TREXALL 36
tri femynor 168
TRIAMCINOL AC (PF) IN 0.9%NACL 107
TRIAMCINOL ACE-BUPIV-0.9% NACL 107
TRIAMCINOLONE ACETON-0.9% NACL .. 108
triamcinolone acetonide 100, 105, 108
TRIAMCINOLONE DIA(PF)-0.9%NACL 108
TRIAMCINOLONE DIACET-0.9% NACL 108
triamterene 77
triamterene-hydrochlorothiazid 77
triazolam 69
triderm 100
trientine 104
tri-estarylla 169
TRIFERIC 191
trifluoperazine 69
trifluridine 171
trihexyphenidyl 46
TRIJARDY XR 113
TRIKAFTA 185
tri-legest fe 169
tri-linyah 169
tri-lo-estarylla 169
tri-lo-marzia 169
tri-lo-mili 169
tri-lo-sprintec 169
trilyte with flavor packets... 141
trimethobenzamide 141
trimethoprim 20
tri-mili 169
trimipramine 69
TRIMO-SAN JELLY 162
trinatal rx 1 191
TRINTELLIX 69
tri-previfem (28) 169
TRIPTODUR 36
TRISENOX 36
tri-sprintec (28) 169
TRIUMEQ 8
trivora (28) 169
tri-vylibra 169
tri-vylibra lo 169
TRIZIVIR 8
TRODELVY 36
TROGARZO 8
TROKENDI XR 43, 44
tropicamide 172
trospium 187
TRUE METRIX AIR GLUCOSE METER 122
TRUE METRIX GLUCOSE METER 122
TRUE METRIX GLUCOSE TEST STRIP 112
TRUE METRIX GO GLUCOSE METER 122
TRUE METRIX LEVEL 1. 122
TRUECONTROL LEVEL 0 122
TRUERESULT BLOOD GLUCOSE SYSTM 122
TRUETEST TEST STRIPS 112
TRUETRACK BLOOD GLUCOSE SYSTEM 122
TRUETRACK SMART SYSTEM 122
TRUETRACK TEST 112
TRULANCE 141
TRULICITY 133
TRUMENBA 153
TRUSOPT 175
TRUSTEEL INFUSION SET 32 122
TRUVADA 8
TRUXIMA 36
TUKYSA 36
tulana 161
TURALIO 36
TWINRIX (PF) 153
TYBOST 8
tydemy 169
TYKERB 36
TYMLOS 154
TYPHIM VI 153
TYSABRI 48
TYVASO 185
TYVASO REFILL KIT 185
TYVASO STARTER KIT . 185
U
UBRELVY 47
UCERIS 141
UDENYCA 144
ULESFIA 100
ULORIC 154
ULTIMA MONITOR 122
ULTIMA TEST STRIPS 112
ULTOMIRIS 104
ULTRAM 60
ULTRASAL-ER 90
ULTRATRAK 112
ULTRATRAK GLUCOSE METER 122
ULTRATRAK ULTIMATE 112, 122
umecta 92
UNISTRIP LOW CONTROL 122
UNISTRIP1 TEST STRIP .. 112
unithroid 134
UNITUXIN 36
UPTRAVI 77
urea 92
urea nail stick 92
URECHOLINE 187
uretron d-s 188
urimar-t 188
urin ds 188
uro-458 188
UROCIT-K 10 188
UROCIT-K 15 188
UROCIT-K 5 188
urogesic-blue 188
uro-mp 188
ursodiol 141
uryl 188
ustell 188
UTIBRON NEOHALER 186
utira-c 188
UVADEX 92
V
VABOMERE 16
vaginal contraceptive foam. 162
valacyclovir 8
VALCHLOR 92
valganciclovir 8

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

valproate sodium 44
valproic acid 44
valproic acid (as sodium salt) 44
valsartan 77
valsartan-hydrochlorothiazide 77
VALTOCO 44
VANCOCIN 20
vancomycin 21
VANCOMYCIN 21
VANCOMYCIN HCL IN WATER 20
VANCOMYCIN IN 0.9 % SODIUM CHL 20
VANCOMYCIN IN DEXTROSE 5 % 20, 21
VANCOMYCIN-WATER INJECT (PEG) 21
VANOXIDE-HC 95
VANTAS 36
VAQTA (PF) 153
VARISOFT INFUSION SET 43 122
VARIVAX (PF) 153
VARIZIG 153
VARUBI 141
VASCEPA 87
VCF CONTRACEPTIVE FILM 162
VCF CONTRACEPTIVE GEL 162
VECAMYL 87
VECTIBIX 37
VELCADE 37
veletri 78
velivet triphasic regimen (28) 169
VELPHORO 141
VEMLIDY 8
VENCLEXTA 37
VENCLEXTA STARTING PACK 37
venlafaxine 69
VENOFER 191
VENTAVIS 186
VENTOLIN HFA 186
verapamil 78
VERASENS BLOOD GLUCOSE METER 122
VERASENS CONTROL SOLN-LEVEL 1 122
VERASENS METER STARTER KIT 122
VERASENS TEST STRIP . 112
veripred 20 108
VERZENIO 37
VESICARE 187
VFEND 4
V-GO 20 122
V-GO 30 122
V-GO 40 122
VIBATIV 21
VIBERZI 141
VIBRAMYCIN 20
vienva 169
vigabatrin 44
vigadrone 44
VIIBRYD 69
vilamit mb 188
VIMIZIM 130
VIMPAT 44
vinblastine 37
vincasar pfs 37
vincristine 37
vinorelbine 37
VIOKACE 141
viorele (28) 169
VIRACEPT 8
VIRAMUNE 8
VIRAMUNE XR 8
VIREAD 8
virt-c dha 191
virt-pn dha 191
virt-pn plus 191
virtussin dac 180
VISTOGARD 22
VISUDYNE 173
vitamin k 85
vitamin k1 85
VITRAKVI 37
VITRASE 173
VIVAGUARD INO CONTROL SOLUTION 122
VIVAGUARD INO GLUCOSE METER 122
VIVAGUARD INO TEST STRIP 112
VIVITROL 60
VIVOTIF 153
VIZIMPRO 37
volnea (28) 169
VOLTAREN-XR 60
VONVENDI 85
VORAXAZE 22
voriconazole 4
VORTEX HOLDING CHAMBER 113
VOSEVI 8
VOTRIENT 37
vp-ch-pnv 191
VPRIV 130
VRAYLAR 69
VUMERITY 146
VYEPTI 47
vyfemla (28) 169
vylibra 169
VYNDAMAX 87
VYNDAQEL 87
VYVANSE 69
VYXEOS 37
VYZULTA 175

W

WAKIX 70
warfarin 85
water for irrigation, sterile .. 104
WAVESENSE AMP 122
WAVESENSE CONTROL SOLUTION 122
WAVESENSE JAZZ 112
WAVESENSE PRESTO 122
wera (28) 169
westhroid 134
WIDE-SEAL DIAPHRAGM 158
WILATE 85
wintergreen oil 92
wixela inhub 186
wymzya fe 169

X

XALKORI 37
XARELTO 85
XCOPRI 44
XCOPRI MAINTENANCE PACK 44
XCOPRI TITRATION PACK 44
XELJANZ 157
XELJANZ XR 157
XEMBIFY 153

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

XENLETA 16
XERAVA 20
XERMELO..... 37
XGEVA..... 22
XIGDUO XR..... 133
XIIDRA..... 173
XOFLUZA 8
XOLAIR..... 186
XOPENEX 186
XOPENEX CONCENTRATE 186
XOSPATA 37
XTAMPZA ER 56
XTANDI..... 37
xulane 162
XULTOPHY 100/3.6 126
XURIDEN..... 104
XYREM 70
Y
YASMIN (28) 169
YAZ (28)..... 170
YERVOY 37
YESCARTA..... 37
YONDELIS..... 37
YONSA 37
YUPELRI..... 186
yuvafem..... 161
Z
zafirlukast..... 186
zaleplon 70
ZALTRAP..... 38
ZANAFLEX..... 49
ZANOSAR 38
zarah 170
ZARONTIN..... 44
ZARXIO..... 144
zatean-pn dha..... 191
zatean-pn plus..... 191
ZAVESCA..... 130
zebutal 56
ZEJULA 38
ZELBORAF 38
ZEMAIRA..... 104
ZEMDRI..... 16
ZEMPLAR 130
zenatane 95
ZENPEP 142
zenzedi..... 70
ZERBAXA 11
ZERVIATE 173
ZEVALIN (Y-90)..... 38
ZIAGEN 8
zidovudine 8, 9
ZIEXTENZO..... 144
zileuton 186
zingiber..... 191
zionodil..... 95
ziprasidone hcl..... 70
ZIRABEV..... 38
ZIRGAN..... 171
ZITHRANOL 90
ZOFRAN 142
ZOHYDRO ER 56
ZOLADEX 38
zoledronic acid..... 130
zoledronic acid-mannitol-water 104, 130
ZOLEDRONIC AC-MANNITOL-0.9NACL..130
ZOLGENSMA 48
ZOLINZA..... 38
zolmitriptan..... 47
zolpidem 70
ZOLPIMIST 70
ZOMIG 47
zonisamide..... 44
ZONTIVITY..... 85
ZORBTIVE 144
ZORTRESS 38
ZOSTAVAX (PF) 153
ZOSYN IN DEXTROSE (ISO-OSM) 18
zovia 1/35e (28)..... 170
ZOVIRAX 97
ZUBSOLV..... 60
ZULRESSO..... 70
zumandimine (28)..... 170
ZYDELIG..... 38
ZYFLO 186
ZYKADIA..... 38
ZYLET 176
ZYLOPRIM..... 154
ZYMAXID 171
ZYPREXA RELPREVV 70

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