



MARKETPLACE PLAN |

Drug Formulary

Ohio

INTRODUCTION

We are pleased to provide the 2020 CareSource Drug Formulary. The Drug Formulary is a list of the drugs covered by CareSource.

This document is divided into three parts:

1. The Introduction – Provides important facts about the CareSource prescription drug benefit. This section explains terms, such as network pharmacy, prior authorizations, quantity limits, step therapy, therapeutic interchange and exceptions.
2. The [Drug Formulary](#) – Lists the drugs we cover.
3. The [Index](#) – Lists all of the covered drugs in alphabetical order. You can find the Index in the back of this document.

PRESCRIPTION DRUG COVERAGE DETAILS

Best Medical Practices

We want to make sure our members get the safest, most cost-effective drugs for their needs. We use evidence-based guidelines to make sure our Formulary meets best medical practices.

Network Pharmacies

CareSource provides coverage for prescription drugs and some prescription medical supplies.

CareSource contracts with pharmacies in order to provide members with a full range of prescription benefits. Members may choose and receive prescriptions from any pharmacy that is contracted with CareSource. These are often referred to as network pharmacies. It is important that members receive prescriptions from network pharmacies because prescriptions received from non-network pharmacies are generally not reimbursable or covered by CareSource, except as otherwise required by applicable federal and state law and your Evidence of Coverage. Accordingly, members may be responsible for the entire amount charged by a non-network pharmacy.

Network pharmacies can include local pharmacies, mail-order pharmacies or specialty pharmacies. To find a network pharmacy, use our online [Find a Pharmacy](#) tool under “Quick Links” at [CareSource.com/marketplace](https://www.caresource.com/marketplace).

CareSource may also cover drugs administered in the member’s home, such as medicines given through a home health agency.

Cost Sharing

Members may pay part of the costs of some drugs and supplies. These cost-sharing amounts are called deductibles, copays and/or coinsurance. For some drugs, members may pay coinsurance. Coinsurance is a percent of a drug's cost.

The Drug Formulary shows drugs in different levels or tiers. Drugs are grouped into tiers based on the amounts that members pay.

Tiered Medications

The CareSource Formulary has up to six levels or tiers, including tiers 0, 1, 2, 3, 4 and 5. Some benefit designs only have five tiers. If a benefit design only has five tiers anything shown in this document as a tier 5 drug will process under the tier 4 price structure. In general, the higher the cost-sharing tier number, the higher the cost for the drug. In general, the copay amount increases as the tier number increases. All deductibles, coinsurance and copay amounts paid count toward members' maximum out-of-pocket amount.

To find tier levels for drugs, go to the [drug list](#) section of this document.

Prior Authorizations

CareSource may require health partners (doctors or other providers) to send us information about why a drug or a certain amount is needed. This is called a prior authorization request. CareSource must approve the request before a member can get the drug. The abbreviation "PA" is used in the Drug Formulary to show that a prior authorization is needed.

Here are some reasons for a prior authorization:

- A generic or alternative drug is available.
- The drug can be misused or abused.
- The drug requires special handling, monitoring or is available from limited shipping locations.
- There are other drugs that must be tried first.

Prior Authorization Requests

Health partners may make prior authorization requests by phone or fax. Please call the Provider Services telephone number for your state and follow the prompts, or fax to the Medical Management provider fax number for your state.

We may not approve a prior authorization request for a drug. If we don't, we will send the member information about how to appeal our decision.

Quantity Limits

Some drugs have limits on how much can be given to a member at one time. The abbreviation “QL” is used in the Drug Formulary to show there is a quantity limit.

Quantity limits are based on the drug makers’ recommended dosing frequencies. Patient safety is also considered.

Therapy with opioid analgesics may have quantity limits based on drug makers’ recommended dosing frequencies and/or state regulations. For specific opioid analgesic therapy requirements for your plan, please do the following.

- Providers - visit the Pharmacy page. The information is listed under Quantity Limits.
- Members - visit the Pharmacy page, then click on **Drug Formulary**. The information is listed under Quantity Limits.

Step Therapy

Members may need to try one drug before taking another. This is called Step Therapy. A member must first try one medicine on the Formulary before another Formulary drug would be approved for use.

CareSource will cover certain drugs only if Step Therapy is used. The abbreviation “ST” is used in the Drug Formulary to show when Step Therapy is required.

Generic Substitution and Therapeutic Interchange

A pharmacy may provide a generic drug in place of a brand-name drug. This is called generic substitution. Members and health partners can expect the generic to produce the same effect and have the same safety profile as the brand-name drug. This is known as therapeutic interchange.

Generic drugs usually cost less than their brand-name equivalents.

Note to Health Partners: Generic drugs should be considered the first line of prescribing, subject to applicable rules. Prescription generic drugs are:

- Approved by the U.S. Food and Drug Administration for safety and effectiveness, and are manufactured under the same strict standards that apply to brand-name drugs.
- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug (bioequivalence). Generics may be different from the brand in size, color and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drugs.
- Manufactured in the same strength and dosage form as the brand-name drugs.
- In most instances, a brand-name drug for which a generic product becomes available will become non-Formulary, with the generic product covered in its place, upon release of the generic product onto the market. However, the Formulary document is subject to state- specific regulations and rules regarding generic substitution and mandatory generic rules apply where appropriate. Choosing a

brand drug when there is a generic available may cost you more. When a generic is available and you choose the brand name drug, you may be responsible to pay the cost difference between the two in addition to your copay or coinsurance. Or you could be responsible for the entire cost of the brand.

Tell Us the Medical Reasons for Exceptions

Sometimes a member may have a drug allergy or intolerance. Or, a certain drug may not be effective for a member. In these cases, the member or the member's representative may ask for an exception to a drug listed on the Drug Formulary. The member or member's representative must call Member Services to make the request. The member services telephone number for your state is listed on the back of the member ID card.

CareSource then contacts the appropriate health partner. CareSource may ask the health partner to provide written clinical documentation about why the member needs an exception. Health partners must provide this information.

Typically, our Drug Formulary includes more than one drug for treating a condition. These medicines are called "alternative" drugs. CareSource will generally not approve the request for an exception if an alternative drug would be just as effective as the drug requested and would not cause other health problems.

Specialty Pharmacy

CareSource works with Accredo Pharmacy to supply specialty medications that health partners may prescribe. Accredo Pharmacy can:

- Help members get prescriptions filled or moved to Accredo Pharmacy from another pharmacy
- Deliver members' specialty medicines to their homes, workplaces or their doctors' offices
- Help members learn about their specialty medications and give them support from specially-trained health care professionals

For more information, call Accredo Pharmacy at 1-866-231-3520. Hours are Monday through Friday from 8 a.m. to 11 p.m. Eastern Standard Time (EST).

Mail Order Medications

CareSource works with Express Scripts Pharmacy to supply prescription medicines to members' homes. This could change a member's copay amount. Express Scripts Pharmacy can:

- Help members get prescriptions filled or moved to Express Scripts Pharmacy from another pharmacy
- Deliver prescriptions to members' homes, workplaces or doctors' offices.

For more information, call CareSource Member Services at 800-479-9502. Hours are Monday through Friday from 7 a.m. to 7 p.m. EST.

Members may also access the express-scripts.com website through the CareSource member portal to manage prescription refills for their specialty and mail order medications and to check coverage. To create an account on the CareSource Member Portal, go to my.caresource.com.

Other Medical Supplies and Durable Medical Equipment (DME)

To support members, other medical supplies can continue to be filled by the CareSource Pharmacy Benefit Manager (PBM) through a retail pharmacy for a limited period of time until a DME provider can be contacted. This may include wound care supplies and enteral feeds.

Medications Administered in the Health Partner Setting

Medications that are administered in a health partner setting will be billed to the health plan under your medical benefit. Such settings include a physician office, hospital outpatient department, clinic, dialysis center, or infusion center. Prior authorization requirements now exist for many injectable medicines.

Medication Therapy Management Program

CareSource offers a Medication Therapy Management (MTM) program for all members. MTM services allow local pharmacists to work with doctors and other prescribers to enhance quality of care, improve medication compliance, address medication needs, and provide health care to patients in a cost-effective manner. Members and health partners may be contacted by a pharmacist to discuss medications. We encourage members to talk with their pharmacists about their medications. This can help members to get the best results from the medications they are taking.

HOW TO USE THIS DOCUMENT

Go to the [Index](#) to look up a drug by name. Drugs are listed in alphabetical order. The Index will show the page number on which the drug is found in the Drug Formulary. Turn to that page number to get details about the drug.

Note to Health Partners: The CareSource Drug Formulary is organized by sections. Each section is divided by therapeutic drug class, primarily defined by mechanism of action. Products are listed by generic name with brand name for reference only. Unless the cited drug is available as an injectable or an exception is specifically noted, generally, all applicable dosage forms and strengths of the drug cited are included in the document.

ADDITIONAL INFORMATION FOR HEALTH PARTNERS

The drugs represented have been reviewed by a National Pharmacy and Therapeutics (P&T) Committee and then approved by a local Pharmacy, Therapeutics and Technology (PT&T) Committee for inclusion. The document is reflective of current medical practice as of the date of review.

The information contained in this document and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This document is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. All the information in the document is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

We assume no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

National guidelines can be found on the National Guideline Clearinghouse site at www.guideline.gov.

CARESOURCE ONLINE FORMULARY SEARCH TOOLS AVAILABLE

CareSource has easy-to-use online drug formulary tools that can help you save time by quickly looking up medications to make sure they are covered by CareSource. Also, you can check for generic alternatives, prior authorization requirements, and any restrictions or limits that may apply. To start using the tool, visit CareSource.com, and visit the Pharmacy page of the appropriate line of business, and select Formulary Search Tool. You can also find CareSource policies on CareSource.com Health Partner Policies page.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of an independent National Pharmacy and Therapeutics (P&T) Committee are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an external advisory body of experts from across the United States. The P&T Committee's voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Employees with significant clinical expertise are invited to meet with the P&T Committee, but no employee may vote on issues before the P&T Committee. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

In addition to the National P&T Committee review, the CareSource Pharmacy Therapeutics and Technology (PT&T) Committee makes formulary recommendations based upon the needs of regional member demographics. The CareSource PT&T Committee is comprised of the Plan's Medical Directors, Pharmacy staff and representatives from the medical community.

DRUG LIST PRODUCT DESCRIPTIONS

To assist in understanding which specific strengths and dosage forms on the document are covered, we have provided examples below. The general principles shown in the examples can usually be extended to other entries in the document.

When a strength, dosage or different formulation is specified, only that specific strength, dosage or formulation may be covered. Other strengths/dosages/formulations, including injectable dosage forms of the reference product, are not covered.

Extended-release and delayed-release products require their own entry.

metformin

Glucophage

The immediate-release product listing of Glucophage alone would not include the extended-release product Glucophage XR.

metformin ext-rel

Glucophage XR

A separate entry for Glucophage XR confirms that the extended-release product is on the document.

Dosage forms on the document will be consistent with the category and use where listed.

neomycin/polymyxin B/hydrocortisone

Cortisporin

Since Cortisporin is listed only in the OTIC section, it is limited to the OTIC solution and suspension. From this entry the topical cream cannot be assumed to be on the list unless there is an entry for this product in the DERMATOLOGY section of the document.

PLAN DESIGN

The document represents a closed formulary plan design. The medications listed on the document are covered by the plan as represented. Certain medications on the list are covered if utilization management criteria are met (i.e., Step Therapy, Prior Authorization, Quantity Limits, etc.); requests for use of such medications outside of their listed criteria will be reviewed for medical necessity. If a medication is not listed on the document, a Formulary exception may be requested for coverage. Medical necessity or Formulary exception requests will be reviewed based on drug-specific prior authorization criteria or standard non-formulary prescription request criteria.

NOTICE

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers.

Please be advised that this document is updated periodically and changes may appear prior to their effective date to allow for member notification.

While we make every effort to ensure that our Drug Formulary is up-to-date, this list may have changed since printing. For the most up-to-date information, you must use the “Find My Prescriptions” tool on [CareSource.com/marketplace](https://www.caresource.com/marketplace), or contact Member Services at the toll-free telephone number on your ID card to confirm the accuracy of the information in this copy of the Drug Formulary.

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Table of Contents

ANTI - INFECTIVES	3
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS	10
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH.....	13
CARDIOVASCULAR, HYPERTENSION & LIPIDS.....	27
DERMATOLOGICALS/TOPICAL THERAPY	34
DIAGNOSTICS & MISCELLANEOUS AGENTS	43
EAR, NOSE & THROAT MEDICATIONS.....	45
ENDOCRINE/DIABETES	46
GASTROENTEROLOGY	53
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY	59
MUSCULOSKELETAL & RHEUMATOLOGY	62
OBSTETRICS & GYNECOLOGY.....	64
OPHTHALMOLOGY	69
RESPIRATORY, ALLERGY, COUGH & COLD	74
UROLOGICALS.....	78
VITAMINS, HEMATINICS & ELECTROLYTES	79
Index	86

List of Abbreviations

ACA: Affordable Care Act.

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

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
<i>clotrimazole mucous membrane</i>	1	
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION	3	
DIFLUCAN ORAL TABLET 100 MG, 200 MG, 50 MG	3	
DIFLUCAN ORAL TABLET 150 MG	3	QL
<i>fluconazole oral suspension for reconstitution</i>	1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	1	
<i>fluconazole oral tablet 150 mg</i>	1	QL
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>itraconazole oral capsule</i>	1	QL
<i>itraconazole oral solution</i>	1	
<i>ketoconazole oral</i>	1	
NOXAFIL ORAL SUSPENSION	2	PA
<i>nystatin oral suspension</i>	1	
<i>nystatin oral tablet</i>	1	
ORAVIG	3	

Drug Name	Drug Tier	Requirements / Limits
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	1	PA
SPORANOX ORAL SOLUTION	3	
SPORANOX PULSEPAK	3	QL
<i>terbinafine hcl oral</i>	1	
VFEND	3	PA
<i>voriconazole oral</i>	1	PA
ANTIVIRALS		
<i>abacavir</i>	1	
<i>abacavir-lamivudine</i>	1	
<i>abacavir-lamivudine-zidovudine</i>	1	
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet</i>	1	
<i>adefovir</i>	1	
<i>amantadine hcl</i>	1	
APTIVUS	2	
APTIVUS (WITH VITAMIN E)	2	
<i>atazanavir</i>	1	
BARACLUDE ORAL SOLUTION	2	
BIKTARVY	2	
CIMDUO	2	
COMBIVIR	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
CRIXIVAN ORAL CAPSULE 200 MG	2	
DESCOVY	2	
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	1	
DOVATO	2	
EDURANT	2	
<i>efavirenz</i>	1	
<i>efavirenz-emtricitabin-tenofovir</i>	1	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1	
<i>emtricitabine</i>	1	
<i>emtricitabine-tenofovir (tdf)</i>	1	
EMTRIVA ORAL CAPSULE	3	
EMTRIVA ORAL SOLUTION	2	
<i>entecavir</i>	1	
EPCLUSA	4	PA; QL
EPIVIR	3	
EPIVIR HBV ORAL SOLUTION	2	
EPIVIR HBV ORAL TABLET	3	
EPZICOM	3	
EVOTAZ	3	
<i>famciclovir</i>	1	QL
FLUMADINE ORAL TABLET	3	
<i>fosamprenavir</i>	1	

Drug Name	Drug Tier	Requirements / Limits
FUZEON SUBCUTANEOUS RECON SOLN	2	
GENVOYA	2	
HEPSERA	3	
INTELENCE	2	
INVIRASE ORAL TABLET	2	
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	
KALETRA ORAL SOLUTION	3	QL
KALETRA ORAL TABLET	2	QL
<i>lamivudine</i>	1	
<i>lamivudine-zidovudine</i>	1	
LEXIVA ORAL SUSPENSION	2	
LEXIVA ORAL TABLET	3	
<i>lopinavir-ritonavir</i>	1	QL
<i>nevirapine</i>	1	
NORVIR ORAL POWDER IN PACKET	2	
NORVIR ORAL SOLUTION	2	
NORVIR ORAL TABLET	3	
ODEFSEY	2	
<i>oseltamivir</i>	1	QL
PREZISTA ORAL SUSPENSION	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
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	
RELENZA DISKHALER	3	QL
RETROVIR ORAL CAPSULE	3	
RETROVIR ORAL SYRUP	3	
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	3	
REYATAZ ORAL POWDER IN PACKET	2	
<i>ribavirin inhalation</i>	1	
<i>rimantadine</i>	1	
<i>ritonavir</i>	1	
SELZENTRY	2	
<i>stavudine oral capsule</i>	1	
SUSTIVA	3	
SYMFI	2	
SYMFI LO	2	
SYMTUZA	2	
TAMIFLU	3	QL
TEMIXYS	2	
<i>tenofovir disoproxil fumarate</i>	1	
TIVICAY	2	
TIVICAY PD	2	
TRIUMEQ	2	
TRIZIVIR	3	
TRUVADA	2	

Drug Name	Drug Tier	Requirements / Limits
TYBOST	3	
<i>valacyclovir</i>	1	QL
VALCYTE	3	
<i>valganciclovir</i>	1	
VEMLIDY	2	
VIRACEPT ORAL TABLET	2	
VIRAMUNE ORAL SUSPENSION	3	
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	3	
VIRAZOLE	3	
VIREAD ORAL POWDER	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	3	
VOSEVI	4	PA; QL
XOFLUZA	3	QL
ZEPATIER	4	PA; QL
ZIAGEN	3	
<i>zidovudine</i>	1	
ZOVIRAX ORAL SUSPENSION	3	
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	

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
<i>cefactor oral tablet extended release 12 hr</i>	1	
<i>cefadroxil oral capsule</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet</i>	1	
<i>cefdinir</i>	1	
<i>cefditoren pivoxil</i>	1	
<i>cefixime</i>	1	
<i>cefpodoxime</i>	1	
<i>cefprozil</i>	1	
<i>cefuroxime axetil oral tablet</i>	1	
<i>cephalexin</i>	1	
KEFLEX ORAL CAPSULE	3	
SPECTRACEF ORAL TABLET 400 MG	3	
SUPRAX ORAL CAPSULE	3	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION	3	
SUPRAX ORAL TABLET,CHEWABLE	3	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin oral</i>	1	QL
<i>clarithromycin</i>	1	

Drug Name	Drug Tier	Requirements / Limits
DIFICID	3	QL
<i>e.e.s. 400 oral tablet</i>	1	
E.E.S. GRANULES	3	
ERYPED 200	3	
ERYPED 400	3	
<i>ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg</i>	1	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	1	
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin oral</i>	1	
ZITHROMAX ORAL PACKET	3	QL
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	3	QL
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	QL
ZITHROMAX TRI-PAK	3	QL
ZITHROMAX Z-PAK	3	QL

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
MISCELLANEOUS ANTIINFECTIVES		
AEMCOLO	3	QL
<i>albendazole</i>	1	QL
ALBENZA	3	QL
ALINIA	2	QL
<i>atovaquone</i>	1	
<i>atovaquone-proguanil</i>	1	QL
BENZNIDAZOLE	2	QL
BETHKIS	4	PA; QL
<i>chloroquine phosphate</i>	1	QL
CLEOCIN HCL	3	
CLEOCIN PEDIATRIC	3	
<i>clindamycin hcl</i>	1	
<i>clindamycin pediatric</i>	1	
CYCLOSERINE	3	
<i>dapsone oral</i>	1	
DARAPRIM	4	PA
EMVERM	2	QL
<i>ethambutol</i>	1	
FLAGYL ORAL CAPSULE	3	
FLAGYL ORAL TABLET 500 MG	3	
<i>hydroxychloroquine</i>	1	QL
<i>isoniazid oral</i>	1	
<i>ivermectin oral</i>	1	QL
KITABIS PAK	4	PA; QL
<i>linezolid</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
MALARONE	3	QL
MALARONE PEDIATRIC	3	QL
<i>mefloquine</i>	1	QL
MEPRON	3	
<i>metronidazole oral</i>	1	
MYAMBUTOL ORAL TABLET 400 MG	3	
MYCOBUTIN	3	
NEBUPENT	2	QL
<i>neomycin</i>	1	
PASER	3	
<i>pentamidine inhalation</i>	1	QL
PRETOMANID	3	PA
PRIFTIN	2	
<i>primaquine</i>	1	QL
<i>pyrazinamide</i>	1	
<i>pyrimethamine</i>	4	PA
QUALAQUIN	3	QL
<i>quinine sulfate</i>	1	QL
<i>rifabutin</i>	1	
RIFADIN ORAL	3	
RIFAMATE	3	
<i>rifampin oral</i>	1	
RIFATER	3	
STROMEKTOL	3	QL
<i>tinidazole</i>	1	QL
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	4	PA; QL

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
<i>tobramycin in 0.225 % nacl</i>	4	PA; QL
<i>tobramycin inhalation</i>	4	PA; QL
TOBRAMYCIN WITH NEBULIZER	5	PA; QL
TRECTOR	3	
XENLETA ORAL	3	
XIFAXAN	2	QL
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension for reconstitution</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate</i>	1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML	3	
AUGMENTIN XR	3	
<i>dicloxacillin</i>	1	
MOXATAG	3	

Drug Name	Drug Tier	Requirements / Limits
<i>penicillin v potassium</i>	1	
QUINOLONES		
CIPRO ORAL TABLET 250 MG, 500 MG	3	
<i>ciprofloxacin hcl oral</i>	1	
FACTIVE	3	
<i>levofloxacin oral</i>	1	
<i>moxifloxacin oral</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
SULFA'S & RELATED AGENTS		
BACTRIM	3	
BACTRIM DS	3	
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole-trimethoprim oral</i>	1	
<i>sulfatrim</i>	1	
TETRACYCLINES		
ACTICLATE	3	ST
<i>avidoxy</i>	1	
AVIDOXY DK	3	ST
<i>coremino</i>	1	
<i>demeclocycline</i>	1	
DORYX MPC	3	ST
DORYX ORAL TABLET, DELAYED RELEASE (DR/EC) 200 MG, 50 MG	3	ST
<i>doxycycline hyclate oral capsule</i>	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
<i>doxycycline hyclate oral tablet</i>	1	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule</i>	1	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
<i>minocycline oral capsule</i>	1	
<i>minocycline oral tablet</i>	1	
<i>minocycline oral tablet extended release 24 hr</i>	1	ST
MINOLIRA ER	3	ST
<i>mondoxyne nl oral capsule 100 mg, 75 mg</i>	1	
MONODOX	3	ST
MORGIDOX 1X 50	3	ST
MORGIDOX 2X100	3	ST
<i>morgidox oral capsule 100 mg</i>	1	
NUZYRA ORAL	3	QL
ORACEA	2	ST
SEYSARA	3	ST

Drug Name	Drug Tier	Requirements / Limits
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	ST
TARGADOX	3	ST
<i>tetracycline</i>	1	
VIBRAMYCIN ORAL CAPSULE 100 MG	3	ST
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION	3	
VIBRAMYCIN ORAL SYRUP	3	
URINARY TRACT AGENTS		
FURADANTIN	3	
MACROBID	3	
MACRODANTIN	3	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd/m-cryst</i>	1	
PRIMSOL	3	
<i>trimethoprim</i>	1	
VANCOMYCIN		
FIRVANQ	3	QL
VANCOCIN	3	PA; QL

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
<i>vancomycin oral capsule</i>	1	PA; QL
<i>vancomycin oral recon soln</i>	1	QL
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral</i>	1	
MESNEX ORAL	2	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone</i>	4	PA; QL
ADAKVEO	4	PA
AFINITOR DISPERZ	4	PA
AFINITOR ORAL TABLET 10 MG	4	PA
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	5	PA
ALECENSA	4	PA; QL
ALKERAN	3	
ALUNBRIG	4	PA; QL
<i>anastrozole</i>	0	
AROMASIN	3	
ASPARLAS	5	PA
ASTAGRAF XL	3	ST
AYVAKIT	5	PA; QL
AZASAN	3	
<i>azathioprine</i>	1	
BALVERSA	4	PA
BELRAPZO	5	PA

Drug Name	Drug Tier	Requirements / Limits
BENDEKA	4	PA
<i>bexarotene</i>	4	PA
<i>bicalutamide</i>	1	
BOSULIF	4	PA; QL
BRAFTOVI	5	PA; QL
BRUKINSA	5	PA
CABOMETYX	4	PA; QL
CALQUENCE	5	PA; QL
<i>capecitabine</i>	4	
CAPRELSA	4	PA; QL
CASODEX	3	
CELLCEPT	3	
COMETRIQ	4	PA
COPIKTRA	5	PA; QL
COTELLIC	4	PA; QL
<i>cyclophosphamide oral capsule</i>	1	
<i>cyclosporine modified</i>	1	
<i>cyclosporine oral capsule</i>	1	
DARZALEX FASPRO	5	PA
DAURISMO	5	PA; QL
DROXIA	2	
ELZONRIS	4	PA
EMCYT	2	
ENHERTU	5	PA
ENSPRYNG	4	PA
ENVARUSUS XR	3	ST
ERIVEDGE	4	PA; QL
<i>erlotinib</i>	4	PA; QL
<i>etoposide oral</i>	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
<i>everolimus (antineoplastic)</i>	4	PA
<i>everolimus (immunosuppressive)</i>	1	
<i>exemestane</i>	0	
FARYDAK	5	PA; QL
FEMARA	3	
<i>flutamide</i>	1	
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral solution</i>	1	
GILOTRIF	4	PA; QL
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	2	
HYDREA	3	
<i>hydroxyurea</i>	1	
IBRANCE	4	PA; QL
ICLUSIG	4	PA; QL
IDHIFA	4	PA; QL
<i>imatinib</i>	4	PA; QL
IMURAN	3	
INLYTA	4	PA; QL
IRESSA	4	PA; QL
JAKAFI	4	PA; QL
KANJINTI	4	PA
KOSELUGO	5	PA
<i>lapatinib</i>	4	PA; QL
LENVIMA	4	PA
<i>letrozole</i>	1	
LEUKERAN	2	
LORBRENA	4	PA; QL

Drug Name	Drug Tier	Requirements / Limits
LYNPARZA ORAL TABLET	4	PA; QL
LYSODREN	2	
MATULANE	4	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	
<i>megestrol oral tablet</i>	1	
MEKINIST	4	PA; QL
MEKTOVI	5	PA; QL
<i>melphalan</i>	1	
<i>mercaptopurine</i>	1	
<i>methotrexate sodium</i>	1	
<i>methotrexate sodium (pf)</i>	1	
MONJUVI	5	PA
MVASI	4	PA
<i>mycophenolate mofetil</i>	1	
<i>mycophenolate sodium</i>	1	
MYFORTIC	3	
MYLERAN	2	
NEORAL	3	
NERLYNX	4	PA
NEXAVAR	4	PA; QL
NILANDRON	3	PA
<i>nilutamide</i>	1	PA
NINLARO	4	PA; QL
NUBEQA	4	PA; QL
ODOMZO	4	PA; QL
PADCEV	5	PA

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Drug Name	Drug Tier	Requirements / Limits
PEMAZYRE	5	PA; QL
POLIVY	5	PA
PROGRAF ORAL CAPSULE	3	
PROGRAF ORAL GRANULES IN PACKET	2	
PURIXAN	4	
RAPAMUNE	3	
RETEVMO	5	PA; QL
ROMIDEPSIN INTRAVENOUS SOLUTION	5	PA
ROZLYTREK	4	PA; QL
RUBRACA	4	PA; QL
RUXIENCE	4	PA
RYDAPT	4	PA
SANDIMMUNE ORAL CAPSULE	3	
SANDIMMUNE ORAL SOLUTION	2	
SARCLISA	5	PA
SIGNIFOR	4	PA
<i>sirolimus</i>	1	
SOLTAMOX	0	\$0 for ages 35 and older
SPRYCEL	4	PA; QL
STIVARGA	4	PA; QL
SUTENT	4	PA; QL
TABRECTA	5	PA
<i>tacrolimus oral</i>	1	
TAFINLAR	4	PA; QL
TAGRISSO	4	PA; QL
TALZENNA	4	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>tamoxifen</i>	0	\$0 for ages 35 and older
TARCEVA	5	PA; QL
TARGRETIN TOPICAL	4	PA
TASIGNA	4	PA; QL
TAZVERIK	5	PA
TECARTUS	5	PA
TEMODAR INTRAVENOUS	4	
TEMODAR ORAL	5	PA
<i>temozolomide</i>	4	PA
TIBSOVO	4	PA
<i>toremifene</i>	1	
TRAZIMERA	4	PA
TREANDA INTRAVENOUS RECON SOLN	4	PA
<i>tretinoin (antineoplastic)</i>	1	
TREXALL	3	
TRODELVY	5	PA
TUKYSA	5	PA; QL
TURALIO	5	PA; QL
TYKERB	4	PA; QL
VENCLEXTA	4	PA
VENCLEXTA STARTING PACK	4	PA; QL
VERZENIO	4	PA; QL
VITRAKVI	4	PA
VIZIMPRO	4	PA; QL
VOTRIENT	4	PA; QL
XALKORI	4	PA; QL

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
XELODA	5	
XOSPATA	4	PA
ZEJULA	4	PA; QL
ZELBORAF	4	PA; QL
ZEPZELCA	5	PA
ZIRABEV	4	PA
ZOLINZA	4	PA
ZORTRESS	2	
ZYDELIG	4	PA; QL
ZYKADIA ORAL TABLET	4	PA; QL

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONVULSANTS

BANZEL	2	PA
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet extended release 12 hr</i>	1	
<i>carbamazepine oral tablet, chewable</i>	1	
CARBATROL	3	
CELONTIN ORAL CAPSULE 300 MG	2	
<i>clobazam</i>	1	PA
<i>clonazepam</i>	1	
DEPAKOTE	3	ST

Drug Name	Drug Tier	Requirements / Limits
DEPAKOTE ER	3	ST
DEPAKOTE SPRINKLES	3	ST
DIACOMIT	4	PA
DIASTAT	3	
DIASTAT ACUDIAL	3	
<i>diazepam rectal</i>	1	
DILANTIN	2	
DILANTIN EXTENDED	3	
DILANTIN INFATABS	3	
DILANTIN-125	3	
<i>divalproex</i>	1	
EPIDIOLEX	4	PA
<i>epitol</i>	1	
EQUETRO	3	
<i>ethosuximide</i>	1	
<i>felbamate</i>	1	
FELBATOL	3	
<i>gabapentin oral capsule</i>	1	
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
GABITRIL	3	
GRALISE	3	ST
KLONOPIN	3	
LAMICTAL XR STARTER (BLUE)	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
LAMICTAL XR STARTER (GREEN)	3	ST
LAMICTAL XR STARTER (ORANGE)	3	ST
<i>lamotrigine</i>	1	
<i>levetiracetam oral</i>	1	
MYSOLINE	3	
ONFI ORAL SUSPENSION	3	PA
ONFI ORAL TABLET 10 MG, 20 MG	3	PA
<i>oxcarbazepine</i>	1	
OXTELLAR XR	3	ST
PEGANONE	2	
<i>phenobarbital</i>	1	
PHENYTEK	3	
<i>phenytoin oral suspension</i>	1	
<i>phenytoin oral tablet, chewable</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>pregabalin</i>	1	
<i>primidone</i>	1	
QUDEXY XR	2	ST
<i>roweepra</i>	1	
SPRITAM	3	ST
<i>subvenite</i>	1	
<i>subvenite starter (blue) kit</i>	1	
<i>subvenite starter (green) kit</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>subvenite starter (orange) kit</i>	1	
SYMPAZAN	3	PA
TEGRETOL ORAL SUSPENSION	3	
TEGRETOL ORAL TABLET	3	
TEGRETOL XR	3	
<i>tiagabine</i>	1	
<i>topiramate oral capsule, sprinkle</i>	1	
<i>topiramate oral tablet</i>	1	
TROKENDI XR	3	ST
<i>valproic acid</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	1	
VALTOCO	3	QL
VIMPAT ORAL SOLUTION	2	
VIMPAT ORAL TABLET	2	
XCOPRI	3	QL
XCOPRI MAINTENANCE PACK	3	QL
XCOPRI TITRATION PACK	3	QL
ZARONTIN	3	
<i>zonisamide</i>	1	
ANTIPARKINSONISM AGENTS		
APOKYN	4	PA
AZILECT	3	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>benztropine oral</i>	1	
<i>bromocriptine</i>	1	
<i>carbidopa</i>	1	PA
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
COMTAN	3	
<i>entacapone</i>	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	4	PA
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	2	PA
LODOSYN	3	PA
MIRAPEX ER	3	
NOURIANZ	5	PA; QL
OSMOLEX ER	5	PA; QL
PARLODEL	3	
<i>pramipexole</i>	1	
<i>rasagiline</i>	1	
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 6 MG	3	
<i>ropinirole</i>	1	
RYTARY	3	
<i>selegiline hcl</i>	1	
SINEMET	3	
STALEVO 100	3	

Drug Name	Drug Tier	Requirements / Limits
STALEVO 125	3	
STALEVO 150	3	
STALEVO 200	3	
STALEVO 50	3	
STALEVO 75	3	
TASMAR ORAL TABLET 100 MG	3	PA
<i>tolcapone</i>	1	PA
<i>trihexyphenidyl</i>	1	
MIGRAINE & CLUSTER HEADACHE THERAPY		
<i>almotriptan malate</i>	1	QL
AMERGE	3	ST; QL
CAFERGOT	3	
D.H.E.45	3	
<i>dihydroergotamine injection</i>	1	
<i>dihydroergotamine nasal</i>	1	ST; QL
<i>eletriptan</i>	1	QL
EMGALITY PEN	2	PA; QL
EMGALITY SYRINGE	2	PA; QL
ERGOMAR	3	
<i>ergotamine-caffeine</i>	1	
FROVA	3	ST; QL
<i>frovatriptan</i>	1	QL
<i>migergot</i>	1	
MIGRANAL	3	ST; QL
<i>naratriptan</i>	1	QL
NURTEC ODT	3	PA; QL
ONZETRA XSAIL	3	ST; QL
RELPAK	3	ST; QL

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

Drug Name	Drug Tier	Requirements / Limits
REYVOW	3	PA; QL
<i>rizatriptan</i>	1	QL
<i>sumatriptan</i>	1	QL
<i>sumatriptan succinate oral</i>	1	QL
<i>sumatriptan succinate subcutaneous cartridge</i>	1	QL
<i>sumatriptan succinate subcutaneous pen injector</i>	1	QL
<i>sumatriptan succinate subcutaneous solution</i>	1	QL
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	1	QL
TOSYMRA	3	ST; QL
UBRELVY	3	PA; QL
ZEMBRACE SYMTOUCH	3	ST; QL
<i>zolmitriptan</i>	1	QL
ZOMIG NASAL	2	ST; QL
MISCELLANEOUS NEUROLOGICAL THERAPY		
ARICEPT	3	ST
<i>dalfampridine</i>	4	PA
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil oral tablet 23 mg</i>	1	ST
<i>donepezil oral tablet, disintegrating</i>	1	

Drug Name	Drug Tier	Requirements / Limits
EVRYSDI	5	PA; QL
EXELON TRANSDERMAL	3	ST
FIRDAPSE	5	PA
<i>galantamine</i>	1	
HORIZANT	3	ST
<i>memantine oral capsule, sprinkle, er 24hr</i>	1	
<i>memantine oral solution</i>	1	
<i>memantine oral tablet</i>	1	
MEMANTINE ORAL TABLETS, DOSE PACK	3	
NAMENDA ORAL TABLET	3	ST
NAMENDA TITRATION PAK	3	
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK	3	
NUEDEXTA	2	PA
RAZADYNE ER	3	ST
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i>	1	
RUZURGI	4	PA
TEGSEDI	4	PA
<i>tetrabenazine</i>	4	PA; QL
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>baclofen oral</i>	1	
<i>carisoprodol-aspirin</i>	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
<i>carisoprodol-aspirin-codeine</i>	1	
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine</i>	1	
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	3	
<i>dantrolene oral</i>	1	
FEXMID	3	ST
LORZONE	3	ST
MESTINON ORAL	3	
MESTINON TIMESPAN	3	
<i>metaxall</i>	1	
<i>metaxalone</i>	1	
<i>methocarbamol oral</i>	1	
NORGESIC FORTE	3	
<i>orphenadrine citrate oral</i>	1	
<i>orphenadrine-asa-caffeine oral tablet 50-770-60 mg</i>	1	
<i>orphengesic forte</i>	1	
<i>pyridostigmine bromide oral syrup</i>	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release</i>	1	
ROBAXIN-750	3	
SKELAXIN	3	

Drug Name	Drug Tier	Requirements / Limits
<i>tizanidine</i>	1	
ZANAFLEX	3	
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod oral capsule</i>	1	
<i>acetaminophen-caff-dihydrocod oral tablet 325-30-16 mg</i>	1	
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	1	
<i>acetaminophen-codeine oral tablet</i>	1	
ACTIQ	3	PA; QL
ALLZITAL	3	ST
ARYMO ER	3	PA; QL
<i>ascomp with codeine</i>	1	
BELBUCA	2	PA; QL
<i>buprenorphine</i>	1	PA
<i>buprenorphine hcl sublingual</i>	1	
<i>butalbital compound w/codeine</i>	1	
<i>butalbital-acetaminop-caf-cod</i>	1	
<i>butalbital-acetaminophen</i>	1	
<i>butalbital-acetaminophen-caff oral capsule</i>	1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	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
<i>butalbital-aspirin-caffeine</i>	1	
<i>codeine sulfate oral tablet</i>	1	
<i>codeine-bitalbital-asa-caff</i>	1	
DILAUDID	3	
<i>diskets</i>	1	PA
DOLOPHINE ORAL TABLET 5 MG	3	PA
DSUVIA	3	
DURAGESIC	3	PA; QL
<i>dvorah</i>	1	
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
ESGIC	3	ST
<i>fentanyl</i>	1	PA; QL
<i>fentanyl citrate buccal lozenge on a handle</i>	1	PA; QL
FIORICET ORAL CAPSULE	3	ST
FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG	3	
FIORINAL	3	ST
FIORINAL-CODEINE #3	3	
<i>hydrocodone bitartrate</i>	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml</i>	1	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	
<i>hydromorphone oral liquid</i>	1	
<i>hydromorphone oral tablet</i>	1	
<i>hydromorphone oral tablet extended release 24 hr</i>	1	PA; QL
<i>hydromorphone rectal</i>	1	
HYSINGLA ER	2	PA; QL
<i>ibuprofen-oxycodone</i>	1	
KADIAN ORAL CAPSULE,EXTENDED RELEASE PELLETS 10 MG, 100 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG	3	PA; QL
<i>levorphanol tartrate oral tablet 2 mg</i>	1	
LEVORPHANOL TARTRATE ORAL TABLET 3 MG	3	
<i>lorcet hd</i>	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
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML	3	
<i>methadone oral concentrate</i>	1	PA
<i>methadone oral solution</i>	1	PA
<i>methadone oral tablet</i>	1	PA
<i>methadone oral tablet, soluble</i>	1	PA
<i>methadose oral concentrate</i>	1	PA
<i>methadose oral tablet, soluble</i>	1	PA
<i>morphine concentrate oral solution</i>	1	
<i>morphine oral capsule, er multiphase 24 hr</i>	1	PA; QL
<i>morphine oral capsule, extend. release pellets</i>	1	PA; QL
<i>morphine oral solution</i>	1	
<i>morphine oral tablet</i>	1	
<i>morphine oral tablet extended release</i>	1	PA; QL
<i>morphine rectal</i>	1	
MS CONTIN	3	PA; QL
NALOCET	3	
OXAYDO	3	
<i>oxycodone oral capsule</i>	1	
<i>oxycodone oral concentrate</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>oxycodone oral solution</i>	1	
<i>oxycodone oral tablet</i>	1	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-300 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
<i>oxycodone-aspirin</i>	1	
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR	2	PA; QL
<i>oxymorphone oral tablet</i>	1	
<i>oxymorphone oral tablet extended release 12 hr</i>	1	PA; QL
<i>prolate</i>	1	
ROXICODONE	3	
SUBLOCADE	4	
<i>tencon oral tablet 50-325 mg</i>	1	
VANATOL LQ	3	ST
VANATOL S	3	ST
<i>vtol lq</i>	1	
<i>zebutal oral capsule 50-325-40 mg</i>	1	
ZOHYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR	3	PA; QL

NON-NARCOTIC ANALGESICS

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
<i>adult aspirin regimen</i>	0	covered at \$0 for ages 69 and younger; OTC
ANAPROX DS	3	ST
ARTHROTEC 50	3	ST
ARTHROTEC 75	3	ST
<i>aspirin low dose</i>	0	covered at \$0 for ages 69 and younger; OTC
<i>aspirin oral tablet</i>	0	covered at \$0 for ages 69 and younger; OTC
<i>aspirin oral tablet, chewable</i>	0	covered at \$0 for ages 69 and younger; OTC
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i>	0	covered at \$0 for ages 69 and younger; OTC
<i>aspirin-trin</i>	0	covered at \$0 for ages 69 and younger; OTC
<i>bayer aspirin</i>	0	covered at \$0 for ages 69 and younger; OTC
BUNAVAIL BUCCAL FILM 2.1-0.3 MG, 4.2-0.7 MG	3	QL
BUNAVAIL BUCCAL FILM 6.3-1 MG	3	
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	QL
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	
<i>butorphanol injection</i>	1	
<i>butorphanol nasal</i>	1	QL
CAMBIA	3	ST; QL
<i>celecoxib</i>	1	ST
<i>children's aspirin</i>	0	covered at \$0 for ages 69 and younger; OTC
<i>choline, magnesium salicylate</i>	1	
CONZIP	3	ST; QL
DAYPRO	3	ST
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium oral</i>	1	
<i>diclofenac-misoprostol</i>	1	
<i>diflunisal</i>	1	
DISALCID	3	
DUEXIS	3	ST
<i>e.c. prin</i>	0	covered at \$0 for ages 69 and younger; OTC
EC-NAPROSYN	3	ST
<i>ecotrin</i>	0	covered at \$0 for ages 69 and younger; OTC
<i>ecotrin low strength</i>	0	covered at \$0 for ages 69 and younger; OTC

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
<i>etodolac</i>	1	
EUFLEXXA	4	PA
FELDENE	3	ST
<i>fenoprofen oral tablet</i>	1	ST
FLECTOR	2	ST; QL
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu</i>	1	
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
INDOCIN ORAL	3	ST
INDOCIN RECTAL	3	
<i>indomethacin oral</i>	1	
<i>ketoprofen oral capsule 25 mg</i>	1	ST
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	ST
LICART	2	ST; QL
<i>lite coat aspirin</i>	0	covered at \$0 for ages 69 and younger; OTC
LODINE ORAL TABLET	3	ST
<i>meclofenamate</i>	1	
<i>mefenamic acid</i>	1	
<i>meloxicam oral tablet 15 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>meloxicam oral tablet 7.5 mg</i>	1	QL
MOBIC ORAL TABLET 15 MG	3	ST
MOBIC ORAL TABLET 7.5 MG	3	ST; QL
<i>nabumetone</i>	1	
NALFON ORAL TABLET	3	ST
<i>naloxone injection solution</i>	1	
<i>naloxone injection syringe</i>	1	
<i>naltrexone</i>	1	
NAPRELAN CR	3	ST
NAPROSYN ORAL SUSPENSION	3	ST
NAPROSYN ORAL TABLET 500 MG	3	ST
<i>naproxen oral suspension</i>	1	ST
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	1	ST
<i>naproxen-esomeprazole</i>	1	ST
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	2	QL

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
NUCYNTA	2	QL
NUCYNTA ER	2	PA; QL
ORTHOVISC	4	PA
<i>oxaprozin</i>	1	
<i>pentazocine-naloxone</i>	1	
<i>piroxicam</i>	1	
RELAFEN	3	ST
<i>salsalate</i>	1	
<i>st joseph aspirin</i>	0	covered at \$0 for ages 69 and younger; OTC
<i>st. joseph aspirin</i>	0	covered at \$0 for ages 69 and younger; OTC
SUBOXONE SUBLINGUAL FILM 12-3 MG	3	
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG	3	QL
<i>sulindac</i>	1	
<i>tolmetin oral capsule</i>	1	ST
<i>tolmetin oral tablet 200 mg</i>	1	
<i>tolmetin oral tablet 600 mg</i>	1	ST
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	3	ST; QL
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
TRAMADOL ORAL TABLET 100 MG	3	
<i>tramadol oral tablet 50 mg</i>	1	QL
<i>tramadol oral tablet extended release 24 hr</i>	1	PA; QL
<i>tramadol oral tablet, er multiphase 24 hr</i>	1	PA; QL
<i>tramadol-acetaminophen</i>	1	QL
ULTRACET	3	QL
ULTRAM	3	QL
VIMOVO	3	ST
VIVITROL	4	
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	2	QL
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG	2	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MYCITE	3	QL
ADASUVE	3	
ADDERALL XR	3	ST
ADHANSIA XR	3	ST
ADZENYS ER	3	ST
ADZENYS XR-ODT	3	ST
<i>alprazolam</i>	1	
<i>alprazolam intensol</i>	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
<i>amitriptyline</i>	1	
<i>amitriptyline-chlordiazepoxide</i>	1	
<i>amoxapine</i>	1	
<i>amphetamine sulfate</i>	1	
ANAFRANIL	3	
APLENZIN	3	ST; QL
APTENSIO XR	3	ST
<i>aripiprazole oral solution</i>	1	
<i>aripiprazole oral tablet</i>	1	QL
<i>aripiprazole oral tablet, disintegrating</i>	1	QL
<i>armodafinil</i>	1	ST; QL
ATIVAN ORAL	3	
<i>atomoxetine</i>	1	
<i>bupropion hcl oral tablet</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	QL
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	ST; QL
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	QL
<i>bupirone</i>	1	
<i>chlorpromazine oral</i>	1	
<i>citalopram oral solution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>citalopram oral tablet</i>	1	QL
<i>clomipramine</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	
<i>clorazepate dipotassium</i>	1	
<i>clozapine</i>	1	
CLOZARIL	3	
CONCERTA	3	ST
COTEMPLA XR-ODT	3	ST
DAYTRANA	2	ST
DAYVIGO	3	ST; QL
<i>desipramine</i>	1	
DESOXYN	3	
DESVENLAFAXIN E ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL
<i>desvenlafaxine succinate</i>	1	ST; QL
DEXEDRINE SPANSULE	3	ST
<i>dexmethylphenidate</i>	1	
<i>dextroamphetamine</i>	1	
<i>dextroamphetamine-amphetamine</i>	1	
<i>diazepam intensol</i>	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet</i>	1	
<i>doxepin oral capsule</i>	1	

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
<i>doxepin oral concentrate</i>	1	
<i>doxepin oral tablet</i>	1	ST; QL
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	QL
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	1	ST; QL
DYANAVEL XR	2	ST
EDLUAR	3	ST; QL
EMSAM	3	
<i>ergoloid</i>	1	
<i>escitalopram oxalate oral solution</i>	1	
<i>escitalopram oxalate oral tablet</i>	1	QL
<i>eszopiclone</i>	1	QL
EVEKEO	3	
EVEKEO ODT	3	
FANAPT	3	QL
FETZIMA	2	ST; QL
<i>fluoxetine oral capsule 10 mg, 40 mg</i>	1	QL
<i>fluoxetine oral capsule 20 mg</i>	1	
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	1	QL
<i>fluoxetine oral solution</i>	1	
<i>fluoxetine oral tablet 10 mg</i>	1	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	1	ST
<i>fluphenazine hcl oral</i>	1	
<i>flurazepam</i>	1	QL
<i>fluvoxamine oral capsule, extended release 24hr</i>	1	ST; QL
<i>fluvoxamine oral tablet</i>	1	QL
FORFIVO XL	3	ST; QL
GEODON ORAL	3	QL
<i>guanfacine oral tablet extended release 24 hr</i>	1	
<i>guanidine</i>	1	
<i>haloperidol</i>	1	
<i>haloperidol lactate oral</i>	1	
HETLIOZ	5	PA; QL
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
INTERMEZZO SUBLINGUAL TABLET 1.75 MG	3	ST; QL
INVEGA	3	QL
JORNAY PM	3	ST
KAPVAY	3	ST
KETAMINE SUBLINGUAL	3	
LATUDA	2	QL
<i>lithium carbonate</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	
LITHOBID	3	
<i>lorazepam intensol</i>	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
<i>lorazepam oral concentrate</i>	1	
<i>lorazepam oral tablet</i>	1	
<i>loxapine succinate</i>	1	
<i>maprotiline</i>	1	
MARPLAN	3	
<i>methamphetamine</i>	1	
METHYLIN ORAL SOLUTION	3	
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60</i>	1	
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	1	
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	1	
<i>methylphenidate hcl oral solution</i>	1	
<i>methylphenidate hcl oral tablet</i>	1	
<i>methylphenidate hcl oral tablet extended release</i>	1	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	3	ST
<i>methylphenidate hcl oral tablet,chewable</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>midazolam oral syrup 2 mg/ml</i>	1	
<i>mirtazapine</i>	1	
MKO (MIDAZOLAM-KETAMINE-ONDAN)	3	
<i>modafinil</i>	1	ST; QL
<i>molindone</i>	1	
MYDAYIS	2	ST
NARDIL	3	
<i>nefazodone</i>	1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	
<i>nortriptyline</i>	1	
<i>olanzapine oral</i>	1	QL
<i>olanzapine-fluoxetine</i>	1	
<i>oxazepam</i>	1	
<i>paliperidone</i>	1	QL
PAMELOR	3	
PARNATE	3	
<i>paroxetine hcl oral tablet</i>	1	QL
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	ST; QL
<i>paroxetine mesylate(menop.sym)</i>	1	ST; QL
PAXIL CR	3	ST; QL
PAXIL ORAL SUSPENSION	3	ST
PAXIL ORAL TABLET	3	ST; QL

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

Drug Name	Drug Tier	Requirements / Limits
<i>perphenazine</i>	1	
<i>perphenazine-amitriptyline</i>	1	
PEXEVA	3	ST; QL
<i>phenelzine</i>	1	
<i>pimozide</i>	1	
<i>procentra</i>	1	
<i>protriptyline</i>	1	
<i>quetiapine</i>	1	QL
QUILLICHEW ER	2	ST
QUILLIVANT XR	2	ST
<i>ramelteon</i>	1	QL
RELEXXII	3	ST
REMERON ORAL TABLET 15 MG, 30 MG	3	
REMERON SOLTAB	3	
RESTORIL	3	QL
RISPERDAL ORAL SOLUTION	3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	QL
<i>risperidone oral solution</i>	1	
<i>risperidone oral tablet</i>	1	QL
<i>risperidone oral tablet, disintegrating</i>	1	QL
RITALIN	3	

Drug Name	Drug Tier	Requirements / Limits
RITALIN LA ORAL CAPSULE, ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG	3	ST
SAPHRIS	3	QL
SARAFEM ORAL TABLET 10 MG	3	ST; QL
SARAFEM ORAL TABLET 20 MG	3	ST
<i>seconal sodium</i>	1	QL
SECUADO	3	QL
<i>sertraline oral concentrate</i>	1	
<i>sertraline oral tablet</i>	1	QL
SILENOR	3	ST; QL
SUNOSI	2	ST; QL
SYMBYAX ORAL CAPSULE 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG	3	
<i>temazepam</i>	1	QL
<i>thioridazine</i>	1	
<i>thiothixene</i>	1	
TRANXENE T-TAB ORAL TABLET 7.5 MG	3	
<i>tranylcypromine</i>	1	
<i>trazodone</i>	1	
<i>trifluoperazine</i>	1	
<i>trimipramine</i>	1	
TRINTELLIX	3	ST; QL
<i>venlafaxine oral capsule, extended release 24hr</i>	1	QL

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
<i>venlafaxine oral tablet</i>	1	QL
<i>venlafaxine oral tablet extended release 24hr</i>	1	ST; QL
VERSACLOZ	3	
VIIBRYD ORAL TABLET	2	ST; QL
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	2	ST; QL
VYLEESI	5	PA; QL
WAKIX	5	ST; QL
WELLBUTRIN XL	3	ST; QL
XYREM	4	PA
XYWAV	5	PA
<i>zaleplon</i>	1	QL
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	
<i>ziprasidone hcl</i>	1	QL
<i>zolpidem</i>	1	QL
ZOLPIMIST	3	ST; QL
ZULRESSO	4	PA
ZYPREXA ORAL	3	QL
ZYPREXA ZYDIS	3	QL
CARDIOVASCULAR, HYPERTENSION & LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>amiodarone oral</i>	1	
BETAPACE	3	ST

Drug Name	Drug Tier	Requirements / Limits
BETAPACE AF	3	ST
<i>disopyramide phosphate oral capsule</i>	1	
<i>dofetilide</i>	1	
<i>flecainide</i>	1	
<i>mexiletine</i>	1	
NORPACE	3	
NORPACE CR	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>propafenone</i>	1	
<i>quinidine gluconate oral</i>	1	
<i>quinidine sulfate oral tablet</i>	1	
RYTHMOL SR	3	
<i>sotalol af</i>	1	
<i>sotalol oral</i>	1	
SOTYLIZE	2	
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL	3	
ACCURETIC	3	
<i>acebutolol</i>	1	
ADALAT CC	3	ST
ALDACTAZIDE	3	
ALDACTONE	3	
<i>aliskiren</i>	1	
ALTACE	3	
<i>amiloride</i>	1	
<i>amiloride-hydrochlorothiazide</i>	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
<i>amlodipine</i>	1	
<i>amlodipine-benazepril</i>	1	
<i>amlodipine-olmesartan</i>	1	
<i>amlodipine-valsartan</i>	1	
<i>amlodipine-valsartan-hcthiiazid</i>	1	
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>betaxolol oral</i>	1	
BIDIL	3	
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>bumetanide oral</i>	1	
BYSTOLIC	2	ST
CALAN SR	3	ST
<i>candesartan</i>	1	
<i>candesartan-hydrochlorothiazid</i>	1	
<i>captopril</i>	1	
<i>captopril-hydrochlorothiazide</i>	1	
CARDIZEM CD	3	
CARDIZEM LA	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	
CARDURA	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
CARDURA XL	3	ST; QL
CAROSPIR	3	ST
<i>cartia xt</i>	1	
<i>carvedilol</i>	1	
<i>carvedilol phosphate</i>	1	
CATAPRES	3	
CATAPRES-TTS-1	3	QL
CATAPRES-TTS-2	3	QL
CATAPRES-TTS-3	3	QL
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine</i>	1	QL
<i>clonidine hcl oral tablet</i>	1	
CONSENSI	3	
COREG CR	3	ST
CORGARD	3	ST
DEMSER	2	PA
DIBENZYLINE	3	PA
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr</i>	1	
<i>diltiazem hcl oral tablet</i>	1	

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
<i>diltiazem hcl oral tablet extended release 24 hr</i>	1	
<i>dilt-xr</i>	1	
DIURIL	3	
<i>doxazosin</i>	1	QL
DYAZIDE	3	
DYRENIUM	3	
EDARBI	2	ST
EDARBYCLOR	2	ST
EDECIN	3	
<i>enalapril maleate</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>eplerenone</i>	1	
<i>eprosartan</i>	1	
<i>ethacrynic acid</i>	1	
<i>felodipine</i>	1	
<i>fosinopril</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet</i>	1	
<i>guanfacine oral tablet</i>	1	
<i>hydralazine oral</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
INDERAL XL	3	ST
INNOPRAN XL	3	ST

Drug Name	Drug Tier	Requirements / Limits
INSPRA	3	
<i>irbesartan</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>isradipine</i>	1	
<i>labetalol oral</i>	1	
LASIX	3	
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
LOPRESSOR ORAL	3	ST
<i>losartan</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
LOTENSIN HCT	3	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	
<i>matzim la</i>	1	
MAXZIDE	3	
MAXZIDE-25MG	3	
<i>methyldopa</i>	1	
<i>methyldopa-hydrochlorothiazide</i>	1	
<i>metolazone</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate oral</i>	1	
<i>metirosine</i>	1	PA
MINIPRESS	3	
<i>minoxidil oral</i>	1	
<i>moexipril</i>	1	
<i>nadolol</i>	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
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	1	
<i>nicardipine oral</i>	1	
<i>nifedipine</i>	1	
<i>nimodipine</i>	1	
<i>nisoldipine</i>	1	
NYMALIZE ORAL SYRINGE	3	
<i>olmesartan</i>	1	
<i>olmesartan-amlodipin-hcthiazid</i>	1	
<i>olmesartan-hydrochlorothiazide</i>	1	
ORENITRAM	5	PA
<i>perindopril erbumine</i>	1	
<i>phenoxybenzamine</i>	1	PA
<i>pindolol</i>	1	
<i>prazosin</i>	1	
PRINIVIL ORAL TABLET 10 MG, 20 MG	3	
PROCARDIA	3	ST
PROCARDIA XL	3	ST
<i>propranolol oral</i>	1	
<i>propranolol-hydrochlorothiazid</i>	1	
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>spironolactone</i>	1	
<i>spironolacton-hydrochlorothiaz</i>	1	

Drug Name	Drug Tier	Requirements / Limits
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	ST
TARKA ORAL TABLET, IR - ER, BIPHASIC 24HR 2-180 MG, 2-240 MG, 4-240 MG	3	
<i>taztia xt</i>	1	
TEKTURNA	3	
TEKTURNA HCT	2	
<i>telmisartan</i>	1	
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazid</i>	1	
TENORMIN ORAL TABLET 25 MG	3	ST
<i>terazosin</i>	1	QL
<i>tiadylt er</i>	1	
TIAZAC	3	
<i>timolol maleate oral</i>	1	
<i>torseamide oral</i>	1	
<i>trandolapril</i>	1	
<i>trandolapril-verapamil</i>	1	
<i>triamterene</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
UPTRAVI	4	PA
<i>valsartan</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
VASERETIC	3	
VASOTEC	3	
<i>verapamil oral</i>	1	
VERELAN	3	ST
VERELAN PM	3	ST
ZESTORETIC	3	
ZESTRIL	3	
ZIAC	3	ST
CARDIAC GLYCOSIDES		
<i>digitek</i>	1	
<i>digox</i>	1	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1	
<i>digoxin oral tablet</i>	1	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	3	
COAGULATION THERAPY		
ARIXTRA	5	
<i>aspirin-dipyridamole</i>	1	
BRILINTA	2	
CABLIVI INJECTION KIT	4	PA
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
<i>dipyridamole oral</i>	1	

Drug Name	Drug Tier	Requirements / Limits
DOPTELET (15 TAB PACK)	4	PA; QL
EFFIENT	3	
ELIQUIS	2	PA
ELIQUIS DVT-PE TREAT 30D START	2	PA
<i>enoxaparin</i>	4	
<i>fondaparinux</i>	4	
<i>hep flush-10 (pf)</i>	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)	3	
<i>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)</i>	1	
<i>heparin (porcine) in nacl (pf)</i>	1	
<i>heparin (porcine) injection cartridge</i>	1	
<i>heparin (porcine) injection solution</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	
<i>heparin flush(porcine)-0.9nacl</i>	1	
<i>heparin lock flush</i>	1	
<i>heparin lock flush (porcine) intravenous solution 100 unit/ml</i>	1	
<i>heparin lockflush(porcine)(pf)</i>	1	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	
<i>heparin, porcine (pf) injection solution</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	3	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml</i>	1	
HEPARIN, PORCINE (PF) SUBCUTANEOUS	3	
<i>jantoven</i>	1	
MEPHYTON	3	QL
<i>pentoxifylline</i>	1	
<i>phytonadione (vitamin k1) injection solution</i>	1	
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE	2	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	QL
<i>prasugrel</i>	1	
<i>vitamin k</i>	1	
<i>vitamin k1 injection</i>	1	
<i>warfarin</i>	1	
XARELTO	2	PA
XARELTO DVT-PE TREAT 30D START	2	PA
ZONTIVITY	3	PA
LIPID/CHOLESTEROL LOWERING AGENTS		
ANTARA ORAL CAPSULE 30 MG, 90 MG	3	ST
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	0	\$0 for ages 40-75 years; QL

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
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	QL
<i>cholestyramine (with sugar)</i>	1	
<i>cholestyramine light</i>	1	
COLESTID	3	ST
COLESTID FLAVORED ORAL PACKET	3	ST
<i>colestipol</i>	1	
<i>ezetimibe</i>	1	ST
<i>fenofibrate micronized</i>	1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	
FENOFIBRATE ORAL CAPSULE	3	ST
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	1	ST
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibric acid</i>	1	
<i>fenofibric acid (choline)</i>	1	
FENOGLIDE	3	ST
FIBRICOR	3	ST
FLOLIPID	3	ST; QL
<i>fluvastatin</i>	0	\$0 for ages 40-75 years; QL
<i>gemfibrozil</i>	1	
LESCOL XL	3	ST; QL
LIPOFEN	2	ST
LIVALO	2	ST; QL

Drug Name	Drug Tier	Requirements / Limits
LOPID	3	
<i>lovastatin</i>	0	\$0 for ages 40-75 years; QL
LOVAZA	3	PA
NEXLETOL	2	PA
NEXLIZET	2	PA
<i>niacin oral tablet 500 mg</i>	1	
<i>niacin oral tablet extended release 24 hr</i>	1	
NIACOR	3	
NIASPAN EXTENDED-RELEASE	3	
<i>omega-3 acid ethyl esters</i>	1	PA
PRALUENT PEN	2	PA; QL
<i>pravastatin</i>	0	\$0 for ages 40-75 years; QL
<i>prevalite</i>	1	
QUESTRAN	3	ST
QUESTRAN LIGHT ORAL POWDER	3	ST
REPATHA PUSHTRONEX	2	PA; QL
REPATHA SURECLICK	2	PA; QL
REPATHA SYRINGE	2	PA; QL
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	0	\$0 for ages 40-75 years; QL
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	0	\$0 for ages 40-75 years; QL
<i>simvastatin oral tablet 80 mg</i>	1	QL
TRILIPIX	3	ST
VASCEPA	2	PA
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	3	ST; QL
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR	2	PA
ENTRESTO	2	QL
<i>ranolazine</i>	1	
VYNDAMAX	4	PA
VYNDAQEL	4	PA
NITRATES		
DILATRATE-SR	2	
GONITRO	3	
ISORDIL	3	
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	
<i>isosorbide dinitrate oral tablet</i>	1	
<i>isosorbide mononitrate</i>	1	
MINITRAN	3	
<i>nitro-bid</i>	1	
NITRO-DUR	3	
<i>nitroglycerin oral</i>	1	
<i>nitroglycerin sublingual</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>nitroglycerin transdermal patch 24 hour</i>	1	
<i>nitroglycerin translingual spray, non-aerosol</i>	1	
NITROLINGUAL	3	
NITROMIST	3	
NITROSTAT	3	
<i>nitro-time</i>	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	1	
ANALPRAM-HC TOPICAL	3	ST
<i>calcipotriene scalp</i>	1	QL
<i>calcipotriene topical cream</i>	1	QL
<i>calcipotriene topical ointment</i>	1	QL
<i>calcipotriene-betamethasone</i>	1	QL
<i>calcitriol topical</i>	1	
COSENTYX	4	PA; QL
COSENTYX (2 SYRINGES)	4	PA; QL
COSENTYX PEN	4	PA; QL
COSENTYX PEN (2 PENS)	4	PA; QL
DOVONEX TOPICAL	3	QL
ENSTILAR	2	QL
EPIFOAM	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
<i>hydrocortisone-pramoxine topical</i>	1	ST
OVACE	3	
OVACE PLUS SHAMPOO	3	
OVACE PLUS TOPICAL CLEANSER	3	
OVACE PLUS TOPICAL CREAM	3	
OVACE PLUS TOPICAL FOAM	3	
OVACE PLUS TOPICAL LOTION	3	
OVACE PLUS WASH	3	
PRAMOSONE	3	ST
<i>selenium sulfide topical lotion</i>	1	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	1	
SELRX	3	
SKYRIZI SUBCUTANEOUS SYRINGE KIT	4	PA; QL
SORIATANE ORAL CAPSULE 10 MG, 25 MG	3	
SORILUX	3	QL
STELARA INTRAVENOUS	5	PA
STELARA SUBCUTANEOUS	4	PA; QL
<i>sulfacetamide sodium topical</i>	1	

Drug Name	Drug Tier	Requirements / Limits
TACLONEX TOPICAL OINTMENT	3	QL
TACLONEX TOPICAL SUSPENSION	2	QL
TERSI FOAM	3	
VECTICAL	3	
BURN THERAPY		
SILVADENE	3	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
KERATOLYTICS		
INOVA 4-1	3	ST
INOVA 8-2	3	ST
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate</i>	1	
CANTHARIDIN IN ACETONE	3	
CONDYLOX TOPICAL GEL	3	
CORTANE-B TOPICAL	3	
EFUDEX TOPICAL CREAM	3	
ESKATA	3	
FLUOROPLEX	3	
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution</i>	1	
<i>iodine-sodium iodide topical tincture 2 %</i>	1	
IODOFLEX	3	

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Drug Name	Drug Tier	Requirements / Limits
IODOSORB	3	
<i>methoxsalen</i>	1	
<i>methyl salicylate</i>	1	
<i>methyl salicylate topical liquid</i>	1	
OXSORALEN ULTRA	3	
PANRETIN	3	
<i>pimecrolimus</i>	1	ST; QL
<i>podofilox</i>	1	
PROTOPIC	3	ST; QL
QBREXZA	2	PA
SCENESSE	5	PA
<i>tacrolimus topical</i>	1	ST; QL
TOLAK	3	
VALCHLOR	4	PA
<i>wintergreen oil</i>	1	
THERAPY FOR ACNE		
ABSORICA	3	ST
ABSORICA LD	3	ST
ACZONE	3	ST
<i>adapalene topical cream</i>	1	
<i>adapalene topical gel 0.3 %</i>	1	
<i>adapalene topical gel with pump</i>	1	
ADAPALENE TOPICAL LOTION	3	ST
<i>adapalene topical solution</i>	1	
<i>adapalene topical swab</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>adapalene-benzoyl peroxide</i>	1	
AKLIEF	3	ST
ALTRENO	3	PA
<i>amnesteam</i>	1	
AMZEEQ	2	ST
ARAZLO	3	PA
AVAR LS	3	ST
<i>avar topical cleanser</i>	1	
AVAR TOPICAL PADS, MEDICATED	3	ST
AVAR-E GREEN	3	ST
AVAR-E LS	3	ST
<i>avita topical cream</i>	1	PA
AVITA TOPICAL GEL	3	PA
<i>azelaic acid</i>	1	
AZELEX	3	ST
BENZACLIN	3	ST
BENZACLIN PUMP	3	ST
BENZEPRO (MICROSPHERES)	3	ST
<i>benzepto topical towelette</i>	1	
<i>benzoyl peroxide topical cleanser 7 %</i>	1	
<i>benzoyl peroxide topical foam 9.8 %</i>	1	
<i>bp 10-1</i>	1	ST
<i>claravis</i>	1	
CLEOCIN T TOPICAL LOTION	3	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
CLINDACIN ETZ TOPICAL KIT	3	ST
<i>clindacin p</i>	1	
CLINDACIN PAC	3	ST
<i>clindamycin phosphate topical foam</i>	1	QL
<i>clindamycin phosphate topical gel</i>	1	QL
<i>clindamycin phosphate topical lotion</i>	1	QL
<i>clindamycin phosphate topical solution</i>	1	QL
<i>clindamycin phosphate topical swab</i>	1	
<i>clindamycin-benzoyl peroxide</i>	1	
<i>clindamycin-tretinoin</i>	1	PA
<i>dapsone topical gel</i>	1	
DAPSONE TOPICAL GEL WITH PUMP	3	ST
DIFFERIN TOPICAL CREAM	3	ST
DIFFERIN TOPICAL GEL WITH PUMP	3	ST
DIFFERIN TOPICAL LOTION	3	ST
ENZOCLEAR	3	ST
<i>ery pads</i>	1	
<i>erygel</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>erythromycin with ethanol topical gel</i>	1	
<i>erythromycin with ethanol topical solution</i>	1	
EVOCLIN	3	ST; QL
FABIOR	3	PA
FINACEA TOPICAL FOAM	2	ST
FINACEA TOPICAL GEL	3	ST
INOVA	3	ST
<i>isotretinoin</i>	1	
METROCREAM	3	ST
METROGEL TOPICAL GEL 1 %	3	ST
<i>metronidazole topical</i>	1	
<i>myorisan</i>	1	
<i>neuac</i>	1	
NEUAC KIT	3	ST
NORITATE	3	ST
ONEXTON TOPICAL GEL WITH PUMP	2	ST
PACNEX	3	ST
PLEXION	3	ST
PLEXION CLEANSING CLOTHS	3	ST
PR BENZOYL PEROXIDE	3	ST
RETIN-A	3	PA
RETIN-A MICRO	3	PA

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Drug Name	Drug Tier	Requirements / Limits
RETIN-A MICRO PUMP	3	PA
<i>rosadan topical cream</i>	1	
<i>rosadan topical gel</i>	1	
ROSADAN TOPICAL KIT, CLEANSER AND GEL	3	ST
ROSADAN TOPICAL KIT, CLEANSER AND CREAM	3	ST
ROSANIL	3	ST
ROSULA	3	ST
<i>rosula cleansing cloths</i>	1	
SOOLANTRA	3	ST; QL
<i>sss 10-5</i>	1	
<i>sulfacetamide sodium-sulfur topical cleanser</i>	1	
<i>sulfacetamide sodium-sulfur topical cream</i>	1	
<i>sulfacetamide sodium-sulfur topical lotion</i>	1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	1	
<i>sulfacetamide sodium-sulfur topical suspension</i>	1	
<i>sulfacetamide-sulfur-cleanser 23</i>	1	
<i>sulfacleanse 8-4</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
SUMADAN	3	ST
SUMADAN XLT	3	ST
SUMAXIN	3	ST
SUMAXIN CP	3	ST
SUMAXIN TS	3	ST
<i>tazarotene</i>	1	PA
TAZORAC TOPICAL CREAM 0.05 %	2	PA
TAZORAC TOPICAL CREAM 0.1 %	3	PA
TAZORAC TOPICAL GEL	2	PA
<i>tretinoin</i>	1	PA
<i>tretinoin microspheres</i>	1	PA
TRETIN-X CREAM KIT	3	PA
TRETIN-X TOPICAL CREAM 0.075 %	3	PA
VANOXIDE-HC	3	ST
<i>zenatane</i>	1	
ZIANA	3	ST
ZILXI	3	ST
TOPICAL ANESTHETICS		
<i>glydo</i>	1	QL
<i>lidocaine hcl laryngotracheal</i>	1	
<i>lidocaine hcl mucous membrane jelly</i>	1	QL
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine hcl-hydrocortison ac topical</i>	1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	PA
<i>lidocaine topical ointment</i>	1	QL
<i>lidocaine viscous</i>	1	
<i>lidocaine-prilocaine topical cream</i>	1	QL
<i>lta pre-attached</i>	1	
ZTLIDO	2	PA
TOPICAL ANTIBACTERIALS		
CENTANY	3	ST; QL
CENTANY AT	3	ST; QL
CORTISPORIN TOPICAL	3	
<i>gentamicin topical</i>	1	
KLARON	3	ST
<i>lugols topical</i>	1	
<i>mafenide acetate</i>	1	
<i>mupirocin</i>	1	QL
<i>mupirocin calcium</i>	1	ST; QL
NEO-SYNALAR KIT	3	
<i>strong iodine topical</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	
SULFAMYLON TOPICAL CREAM	2	

Drug Name	Drug Tier	Requirements / Limits
SULFAMYLON TOPICAL PACKET	3	
TOPICAL ANTIFUNGALS		
CICLODAN KIT TOPICAL COMBO PACK	3	
CICLODAN KIT TOPICAL SOLUTION	3	ST
<i>ciclodan topical cream</i>	1	QL
<i>ciclodan topical solution</i>	1	
<i>ciclopirox topical cream</i>	1	QL
<i>ciclopirox topical gel</i>	1	QL
<i>ciclopirox topical shampoo</i>	1	QL
<i>ciclopirox topical solution</i>	1	
<i>ciclopirox topical suspension</i>	1	QL
<i>ciclopirox-ure-camph-menth-euc</i>	1	
<i>clotrimazole topical</i>	1	QL
<i>clotrimazole-betamethasone</i>	1	QL
<i>econazole</i>	1	QL
ECOZA	3	QL
ERTACZO	3	QL
EXELDERM	3	QL
EXTINA	3	QL
<i>ketconazole topical</i>	1	QL
<i>ketodan</i>	1	QL
<i>ketodan kit</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
LOPROX (AS OLAMINE)	3	QL
LOPROX KIT	3	QL
LOPROX TOPICAL SHAMPOO	3	QL
LUZU	3	QL
MENTAX	3	QL
MICONAZOLE NITRATE-ZINC OX-PET	3	QL
<i>naftifine</i>	1	QL
NAFTIN TOPICAL CREAM 2 %	3	QL
NAFTIN TOPICAL GEL	3	QL
<i>nyamyc</i>	1	QL
<i>nystatin topical</i>	1	QL
<i>nystatin-triamcinolone</i>	1	QL
<i>nystop</i>	1	QL
<i>oxiconazole</i>	1	QL
OXISTAT	3	QL
VUSION	3	QL
XOLEGEL	3	QL
TOPICAL ANTIVIRALS		
<i>acyclovir topical</i>	1	PA; QL
DENAVIR	3	
XERESE	3	
ZOVIRAX TOPICAL CREAM	3	PA; QL
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	1	
ALA-SCALP	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>alclometasone</i>	1	
<i>amcinonide topical cream</i>	1	ST
<i>amcinonide topical lotion</i>	1	ST
<i>apexicon e</i>	1	ST
<i>beser</i>	1	ST
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate topical cream</i>	1	
<i>betamethasone valerate topical foam</i>	1	ST
<i>betamethasone valerate topical lotion</i>	1	
<i>betamethasone valerate topical ointment</i>	1	
<i>betamethasone, augmented</i>	1	
BRYHALI	3	ST
CAPEX	3	ST
<i>clobetasol scalp</i>	1	QL
<i>clobetasol topical cream</i>	1	QL
<i>clobetasol topical foam</i>	1	ST; QL
<i>clobetasol topical gel</i>	1	QL
<i>clobetasol topical lotion</i>	1	ST; QL
<i>clobetasol topical ointment</i>	1	QL

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
<i>clobetasol topical shampoo</i>	1	ST; QL
<i>clobetasol topical spray, non-aerosol</i>	1	ST; QL
<i>clobetasol-emollient topical cream</i>	1	QL
<i>clobetasol-emollient topical foam</i>	1	ST; QL
CLOBEX	3	ST; QL
<i>clodan</i>	1	ST; QL
CLODAN KIT	3	ST
CLODERM	3	ST
CUTIVATE TOPICAL CREAM	3	ST
CUTIVATE TOPICAL LOTION	3	ST
DERMA-SMOOTHIE/FS BODY OIL	3	ST
DERMA-SMOOTHIE/FS SCALP OIL	3	ST
DESONATE	3	ST
<i>desonide topical cream</i>	1	
<i>desonide topical gel</i>	1	ST
<i>desonide topical lotion</i>	1	ST
<i>desonide topical ointment</i>	1	
DESOWEN TOPICAL LOTION	3	ST
<i>desoximetasone</i>	1	ST
<i>diflorasone</i>	1	ST; QL

Drug Name	Drug Tier	Requirements / Limits
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	3	ST
DUOBRII	3	ST; QL
<i>fluocinolone</i>	1	
<i>fluocinolone and shower cap</i>	1	
<i>fluocinonide topical cream 0.05 %</i>	1	QL
<i>fluocinonide topical cream 0.1 %</i>	1	ST; QL
<i>fluocinonide topical gel</i>	1	QL
<i>fluocinonide topical ointment</i>	1	QL
<i>fluocinonide topical solution</i>	1	QL
<i>fluocinonide-e</i>	1	QL
<i>fluticasone propionate topical cream</i>	1	
<i>fluticasone propionate topical lotion</i>	1	ST
<i>fluticasone propionate topical ointment</i>	1	
<i>halcinonide</i>	1	ST
<i>halobetasol propionate topical cream</i>	1	
HALOBETASOL PROPIONATE TOPICAL FOAM	3	ST
<i>halobetasol propionate topical ointment</i>	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
HALOG	3	ST
<i>hydrocortisone butyrate topical cream</i>	1	QL
<i>hydrocortisone butyrate topical lotion</i>	1	ST; QL
<i>hydrocortisone butyrate topical ointment</i>	1	ST
<i>hydrocortisone butyrate topical solution</i>	1	ST; QL
<i>hydrocortisone butyr-emollient</i>	1	QL
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate</i>	1	
IMPOYZ	3	ST; QL
KENALOG TOPICAL	3	ST; QL
LEXETTE	3	ST
LUXIQ	3	ST
<i>mometasone topical</i>	1	
NUCORT	3	ST
OLUX	3	ST; QL
OLUX-E	3	ST; QL
PANDEL	3	ST
<i>prednicarbate</i>	1	

Drug Name	Drug Tier	Requirements / Limits
PROCTOCORT TOPICAL	3	ST
<i>scalacort</i>	1	
SCALACORT DK	3	ST
SERNIVO	3	ST
SYNALAR	3	ST
SYNALAR CREAM KIT	3	ST
SYNALAR OINTMENT KIT	3	ST
SYNALAR TS	3	ST
TEMOVATE TOPICAL CREAM	3	ST; QL
TEMOVATE TOPICAL OINTMENT	3	ST; QL
TEXACORT	3	ST
TOPICORT TOPICAL CREAM	3	ST
TOPICORT TOPICAL GEL	3	ST
TOPICORT TOPICAL OINTMENT	3	ST
<i>tovet emollient</i>	1	ST; QL
<i>triamcinolone acetonide topical aerosol</i>	1	ST; QL
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	

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
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	1	ST
<i>trianex</i>	1	ST
<i>triderm topical cream 0.1 %</i>	1	
<i>triderm topical cream 0.5 %</i>	1	ST
TRIDESILON	3	ST
ULTRAVATE TOPICAL LOTION	3	ST
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	1	
ELIMITE	3	
EURAX	3	
<i>lindane topical shampoo</i>	1	
<i>malathion</i>	1	
OVIDE	3	
<i>permethrin topical cream</i>	1	
SKLICE	3	
<i>spinosad</i>	1	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation</i>	1	
<i>neomycin-polymyxin b gu</i>	1	

Drug Name	Drug Tier	Requirements / Limits
PHYSIOLYTE	3	
PHYSIOSOL IRRIGATION	3	
<i>ringer's irrigation</i>	1	
SORBITOL IRRIGATION	3	
SORBITOL-MANNITOL	3	
<i>tis-u-sol pentalyte</i>	1	
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	1	
<i>acetic acid irrigation</i>	1	
AGRYLIN	3	
<i>anagrelide</i>	1	
ANTABUSE	3	
<i>aqua care sodium chloride</i>	1	
<i>aqua care sterile water</i>	1	
<i>caffeine citrate oral</i>	1	
CARNITOR (SUGAR-FREE)	3	
CARNITOR ORAL	3	
<i>cevimeline</i>	1	
<i>deferiprone</i>	4	PA
<i>disulfiram</i>	1	
EVOXAC	3	
FERRIPROX	4	PA
FERRLECIT	3	PA
GIVLAARI	5	PA
GLEOLAN	3	
INFASURF	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
<i>levocarnitine (with sugar)</i>	1	
<i>levocarnitine oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet</i>	1	
LITHOSTAT	3	
METOPIRONE	3	
<i>midodrine</i>	1	
NORTHERA	5	PA
<i>pilocarpine hcl oral tablet 5 mg</i>	1	
RILUTEK	3	PA
<i>riluzole</i>	1	PA
<i>risedronate oral tablet 30 mg</i>	1	QL
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	3	
<i>sodium chloride 0.9 %</i>	1	
<i>sodium chloride 0.9 % (flush) injection syringe</i>	1	
<i>sodium chloride injection</i>	1	
<i>sodium ferric gluconat-sucrose</i>	1	PA
SURVANTA	3	
THIOLA	5	PA
THIOLA EC	5	PA
TIGLUTIK	3	PA
<i>water for irrigation, sterile</i>	1	

SMOKING DETERRENTS

Drug Name	Drug Tier	Requirements / Limits
<i>bupropion hcl (smoking deter)</i>	0	\$0 for ages 18 and older for first 180 days
CHANTIX	0	\$0 for ages 18 and older for first 180 days
CHANTIX CONTINUING MONTH BOX	0	\$0 for ages 18 and older for first 180 days
CHANTIX STARTING MONTH BOX	0	\$0 for ages 18 and older for first 180 days
NICODERM CQ	0	\$0 for ages 18 and older for first 180 days; OTC
NICORETTE BUCCAL GUM 2 MG	0	\$0 for ages 18 and older for first 180 days; OTC
<i>nicorette buccal gum 4 mg</i>	0	\$0 for ages 18 and older for first 180 days; OTC
NICORETTE BUCCAL LOZENGE	0	\$0 for ages 18 and older for first 180 days; OTC
NICORETTE BUCCAL MINI LOZENGE	0	\$0 for ages 18 and older for first 180 days; OTC
<i>nicotine (polacrilex)</i>	0	\$0 for ages 18 and older for first 180 days; OTC
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	0	\$0 for ages 18 and older for first 180 days; OTC

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
<i>nicotine transdermal patch, td daily, sequential</i>	0	\$0 for ages 18 and older for first 180 days; OTC
NICOTROL	0	\$0 for ages 18 and older for first 180 days
NICOTROL NS	0	\$0 for ages 18 and older for first 180 days
<i>quit 2</i>	0	\$0 for ages 18 and older for first 180 days; OTC
<i>quit 4</i>	0	\$0 for ages 18 and older for first 180 days; OTC
<i>stop smoking aid</i>	0	\$0 for ages 18 and older for first 180 days; OTC

EAR, NOSE & THROAT MEDICATIONS

MISCELLANEOUS AGENTS

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

Drug Name	Drug Tier	Requirements / Limits
<i>fluoride (sodium) dental gel</i>	1	
<i>fluoride (sodium) dental paste</i>	1	
FLUORIDEX DAILY DEFENSE DENTAL PASTE	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	3	
GELCLAIR	3	
GELX	3	
<i>ipratropium bromide nasal</i>	1	QL
MUGARD	3	
<i>olopatadine nasal</i>	1	QL
<i>oralone</i>	1	
ORAMAGICRX	3	
<i>paroex oral rinse</i>	1	
PATANASE	3	QL
PERIDEX	3	
<i>periogard</i>	1	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	1	
PREVIDENT	3	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 ORTHO DEFENSE	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
PREVIDENT 5000 PLUS	3	
PREVIDENT 5000 SENSITIVE	3	
PROTHELIAL	5	
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	3	
<i>sf</i>	1	
<i>sf 5000 plus</i>	1	
<i>sodium fluoride 5000 plus</i>	1	
<i>sodium fluoride-pot nitrate</i>	1	
<i>triamcinolone acetonide dental</i>	1	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	1	
<i>ciprofloxacin hcl otic (ear)</i>	1	
DERMOTIC OIL	3	
<i>flac otic oil</i>	1	
<i>fluocinolone acetonide oil</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<i>ofloxacin otic (ear)</i>	1	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	3	
CIPRODEX	2	
<i>ciprofloxacin-dexamethasone</i>	1	
CORTISPORIN-TC	3	

Drug Name	Drug Tier	Requirements / Limits
<i>neomycin-polymyxin-hc otic (ear)</i>	1	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
CORTEF	3	
<i>cortisone</i>	1	
<i>decadron oral tablet</i>	1	
<i>dexabliss</i>	1	ST
<i>dexamethasone intensol</i>	1	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>dexamethasone oral tablets,dose pack</i>	1	ST
DXEVO	3	ST
<i>fludrocortisone</i>	1	
<i>hidex</i>	1	ST
<i>hydrocortisone oral</i>	1	
MEDROL	3	
MEDROL (PAK)	3	
<i>methylprednisolone</i>	1	
<i>millipred dp</i>	1	
<i>millipred oral tablet</i>	1	
ORAPRED ODT	3	
<i>prednisolone oral solution 15 mg/5 ml</i>	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
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	1	
<i>prednisone</i>	1	
<i>prednisone intensol</i>	1	
RAYOS	3	ST
TAPERDEX	3	ST
TRIESENCE (PF)	3	
ZCORT	3	ST
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil</i>	1	
SSKI	3	
TAPAZOLE	3	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
FREESTYLE INSULINX STRIP	2	OTC
FREESTYLE INSULINX TEST STRIPS	2	OTC
FREESTYLE LITE STRIPS	2	OTC
FREESTYLE TEST	2	OTC
ONETOUCH ULTRA BLUE TEST STRIP	2	OTC

Drug Name	Drug Tier	Requirements / Limits
ONETOUCH VERIO TEST STRIPS	2	OTC
PRECISION XTRA TEST	2	OTC
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
ACE AEROSOL CLOUD ENHANCER	2	
AEROCHAMBER MINI	2	
AEROCHAMBER PLUS FLOW-VU	2	
AEROCHAMBER PLUS Z STAT	2	
AEROTRACH PLUS	2	
AEROVENT PLUS	2	
BREATHERITE MDI SPACER	2	
COMPACT SPACE CHAMBER	2	
EASIVENT HOLDING CHAMBER	2	
FLEXICHAMBER	2	
GLUCAGEN DIAGNOSTIC KIT	2	
GLUCAGON HCL	3	
INSPIRACHAMBER	2	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	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
LITEAIRE MDI CHAMBER	2	
MICROCHAMBER	2	
MICROSPACER	2	
OPTICHAMBER DIAMOND VHC	2	
POCKET CHAMBER	2	
PRIMEAIRE	2	
PROCHAMBER	2	
RITEFLO AEROCHAMBER	2	
SPACE CHAMBER	2	
GLUCOSE ELEVATING AGENTS		
BAQSIMI	2	QL
<i>diazoxide</i>	1	
GLUCAGEN HYPOKIT	2	QL
GLUCAGON (HCL) EMERGENCY KIT	2	QL
GLUCAGON EMERGENCY KIT (HUMAN)	2	QL
GVOKE HYPOPEN 2-PACK	2	QL
GVOKE PFS 2-PACK SYRINGE	2	QL
PROGLYCEM	2	
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
AT HOME A1C	3	OTC
AUTOJECT 2 INJECTION DEVICE	2	OTC

Drug Name	Drug Tier	Requirements / Limits
AUTOPEN 1 TO 21 UNITS	2	OTC
BD INTEGRA NEEDLE	2	
BD MICROTAINER LANCET 30 GAUGE	2	OTC
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	2	
BD ULTRA FINE LANCETS	2	OTC
BD ULTRA-FINE NANO PEN NEEDLE	2	OTC
CEQR SIMPLICITY	3	
DEXCOM G4 RECEIVER	2	
DEXCOM G5 RECEIVER	2	
DEXCOM G6 RECEIVER	2	
DEXCOM RECEIVER	2	
ECLIPSE NEEDLE NEEDLE 27 GAUGE X 1/2"	3	
ENLITE SYSTEM	3	
EVERSENSE SENSOR-HOLDER	3	
FORA GTCL MULTI-FUNCTN MONITOR	3	OTC
FREESTYLE FREEDOM	2	OTC

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 LITE	2	OTC
FREESTYLE INSULINX	2	OTC
FREESTYLE LIBRE 14 DAY READER	2	
FREESTYLE LIBRE 14 DAY SENSOR	2	QL
FREESTYLE LITE METER	2	OTC
GENTEEL VACUUM LANCING DEVICE	3	OTC
GOJJI MULTI-FUNCTIONAL METER KIT	3	OTC
GUARDIAN REAL-TIME GLU MONITOR	3	
INPEN (FOR HUMALOG)	3	
INPEN (FOR NOVOLOG OR FIASP)	3	
LANCETS 33 GAUGE	2	OTC
LANCING DEVICE	2	OTC
NOVOPEN ECHO	3	
ONETOUCH ULTRA2 METER	2	OTC
ONETOUCH ULTRAMINI	2	OTC
ONETOUCH VERIO FLEX METER	2	OTC

Drug Name	Drug Tier	Requirements / Limits
ONETOUCH VERIO IQ METER	2	OTC
ONETOUCH VERIO METER	2	OTC
ONETOUCH VERIO REFLECT METER	2	OTC
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	3	OTC
PRECISION XTRA KETONE-GLUCOSE	2	OTC
PRECISION XTRA MONITOR	2	OTC
SAFE-CLIP BY MAIL	2	OTC
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
INSULIN THERAPY		
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	3	
BASAGLAR KWIKPEN U-100 INSULIN	3	
HUMALOG JUNIOR KWIKPEN U-100	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
HUMALOG KWIKPEN INSULIN	2	
HUMALOG MIX 50-50 INSULN U-100	2	
HUMALOG MIX 50-50 KWIKPEN	2	
HUMALOG MIX 75-25 KWIKPEN	2	
HUMALOG MIX 75-25(U-100)INSULN	2	
HUMALOG U-100 INSULIN	2	
HUMULIN 70/30 U-100 INSULIN	2	
HUMULIN 70/30 U-100 KWIKPEN	2	
HUMULIN N NPH INSULIN KWIKPEN	2	
HUMULIN N NPH U-100 INSULIN	2	
HUMULIN R REGULAR U-100 INSULN	2	
HUMULIN R U-500 (CONC) INSULIN	2	
HUMULIN R U-500 (CONC) KWIKPEN	2	
LANTUS SOLOSTAR U-100 INSULIN	2	
LANTUS U-100 INSULIN	2	
LEVEMIR FLEXTouch U-100 INSULN	2	

Drug Name	Drug Tier	Requirements / Limits
LEVEMIR U-100 INSULIN	2	
LYUMJEV KWIKPEN U-100 INSULIN	2	
LYUMJEV KWIKPEN U-200 INSULIN	2	
LYUMJEV U-100 INSULIN	2	
SOLIQUA 100/33	2	QL
TOUJEO MAX U-300 SOLOSTAR	2	
TOUJEO SOLOSTAR U-300 INSULIN	2	
TRESIBA FLEXTouch U-100	2	
TRESIBA FLEXTouch U-200	2	
TRESIBA U-100 INSULIN	2	
XULTOPHY 100/3.6	2	QL
MISCELLANEOUS HORMONES		
ANADROL-50	3	
ANDRODERM	2	PA; QL
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	PA; QL

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
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)	3	PA; QL
ANDROID	3	ST
<i>cabergoline</i>	1	QL
<i>calcitonin (salmon)</i>	1	
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	
<i>calcitriol oral</i>	1	
<i>danazol</i>	1	
DDAVP NASAL SOLUTION	2	
DDAVP ORAL	3	
DEPO- TESTOSTERONE	3	PA
<i>desmopressin nasal spray, non-aerosol</i>	1	
<i>desmopressin oral</i>	1	
<i>doxercalciferol oral</i>	1	ST
FORTESTA	3	PA; QL
MENOPUR	4	
METHITEST	2	
<i>methyltestosterone oral capsule</i>	1	
MIACALCIN INJECTION	2	
NATESTO	2	PA; QL
NOC DURNA (MEN)	3	PA; QL
NOC DURNA (WOMEN)	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
NOVAREL	4	QL
ORILISSA	2	PA; QL
OVIDREL	4	
<i>oxandrolone</i>	1	
<i>paricalcitol intravenous</i>	1	
<i>paricalcitol oral</i>	1	ST
ROCALTROL	3	ST
SOMAVERT	4	PA
SYNAREL	2	
TEPEZZA	5	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	PA
<i>testosterone enanthate</i>	1	PA
<i>testosterone transdermal</i>	1	PA; QL
TESTRED	3	ST
VOGELXO	3	PA; QL
XYOSTED	3	PA
ZEMPLAR INTRAVENOUS	3	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	ST
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose</i>	1	
ACTOPLUS MET	3	ST; QL
ACTOS	3	ST; QL
ALOGLIPTIN	1	ST; QL
AMARYL	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
CYCLOSET	3	
DUETACT	3	ST; QL
FARXIGA	2	ST; QL
FORTAMET	3	ST; QL
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glipizide-metformin</i>	1	
GLUCOTROL	3	
GLUCOTROL XL	3	
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide-metformin</i>	1	
GLYNASE	3	
GLYSET	3	
GLYXAMBI	2	ST; QL
JANUMET	2	ST; QL
JANUMET XR	2	ST; QL
JANUVIA	2	ST; QL
JARDIANCE	2	ST; QL
JENTADUETO	2	ST; QL
JENTADUETO XR	2	ST; QL
<i>metformin oral solution</i>	1	
<i>metformin oral tablet</i>	1	
<i>metformin oral tablet extended release 24 hr</i>	1	QL
<i>miglitol</i>	1	
<i>nateglinide</i>	1	
OZEMPIC	2	PA; QL
<i>pioglitazone</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>pioglitazone-glimepiride</i>	1	QL
<i>pioglitazone-metformin</i>	1	QL
PRANDIN ORAL TABLET 1 MG, 2 MG	3	
PRECOSE	3	
QTERN ORAL TABLET 5-5 MG	3	ST
<i>repaglinide</i>	1	
<i>repaglinide-metformin</i>	1	QL
RIOMET	3	ST
RIOMET ER	3	ST
RYBELSUS	2	PA; QL
STARLIX	3	
SYMLINPEN 120	2	PA; QL
SYMLINPEN 60	2	PA; QL
SYNJARDY	2	ST; QL
SYNJARDY XR	2	ST; QL
TRADJENTA	2	ST; QL
TRIJARDY XR	2	ST
TRULICITY	2	PA; QL
XIGDUO XR	2	ST; QL
THYROID HORMONES		
ARMOUR THYROID	2	
<i>euthyrox</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine oral</i>	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
<i>levoxyl oral tablet</i> 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
<i>liothyronine oral</i>	1	
<i>np thyroid</i>	1	
SYNTHROID	3	
THYROLAR-1	3	
THYROLAR-1/2	3	
THYROLAR-1/4	3	
THYROLAR-2	3	
THYROLAR-3	3	
TIROSINT	3	
TIROSINT-SOL	3	
<i>unithroid</i>	1	
<i>westhroid oral tablet</i> 130 mg, 195 mg, 32.5 mg, 65 mg, 97.5 mg	1	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
<i>anaspaz</i>	1	
<i>belladonna alkaloids-opium</i>	1	
<i>chlordiazepoxide- clidinium</i>	1	
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	1	
<i>dicyclomine oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>diphenoxylate- atropine</i>	1	
<i>ed-spaz</i>	1	
<i>hyoscyamine sulfate oral</i>	1	
<i>hyoscyamine sulfate sublingual</i>	1	
<i>hyosyne</i>	1	
LEVBID	3	
LEVSIN ORAL	3	
LEVSIN/SL	3	
LOMOTIL	3	
<i>loperamide oral capsule</i>	1	
<i>methscopolamine</i>	1	
NULEV	3	
<i>opium tincture</i>	1	
<i>oscimin oral tablet</i>	1	
<i>oscimin sl</i>	1	
<i>oscimin sr</i>	1	
<i>phenobarb-hyoscy- atropine-scop oral elixir 16.2-0.1037 - 0.0194 mg/5 ml</i>	1	
<i>phenobarb-hyoscy- atropine-scop oral tablet</i>	1	
<i>propantheline</i>	1	
SYMAX DUOTAB	3	
<i>symax fastabs</i>	1	
<i>symax-sl</i>	1	
<i>symax-sr</i>	1	
MISCELLANEOUS GASTROINTESTINAL 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
ACTIGALL	3	
<i>alophen (bisacodyl)</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>alosetron</i>	1	
AMITIZA	3	QL
ANA-LEX KIT	3	
ANALPRAM-HC RECTAL CREAM 1-1 %	3	
ANALPRAM-HC RECTAL CREAM 2.5-1 %	3	ST
ANALPRAM-HC SINGLES RECTAL CREAM 2.5-1 % (4G)	3	
<i>anucort-hc</i>	1	
<i>aprepitant</i>	1	QL
APRISO	3	
AURYXIA	3	
AVSOLA	5	PA
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
<i>balsalazide</i>	1	
<i>bisacodyl oral</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>bisa-lax (bisacodyl)</i>	0	covered at \$0 for ages 50-75 years; OTC
BONJESTA	3	QL
<i>budesonide oral</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>calcium acetate(phosphat bind)</i>	1	
CANASA	3	
CHENODAL	4	PA
<i>citrate of magnesia</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>citroma</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>clearlax</i>	0	covered at \$0 for ages 50-75 years; OTC
CLENPIQ	0	\$0 for ages 50-75 years
COLAZAL	3	
COMPAZINE	3	
<i>compro</i>	1	
<i>constulose</i>	1	
CORTENEMA	3	
CREON	2	
<i>cromolyn oral</i>	1	
DIPENTUM	3	
<i>doxylamine-pyridoxine (vit b6)</i>	1	QL
<i>dronabinol</i>	1	PA
<i>ducodyl (bisacodyl)</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>dulcolax (magnesium hydroxide)</i>	0	OTC
ENTEREG	3	
ENTOCORT EC	3	
<i>enulose</i>	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
<i>fleet laxative (bisacodyl)</i>	0	covered at \$0 for ages 50-75 years; OTC
GASTROCROM	3	
GATTEX 30-VIAL	5	PA
<i>gavilax oral powder</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>generlac</i>	1	
<i>gentle laxative (bisacodyl) oral</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>gentlelax</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>glycolax oral powder</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>granisetron hcl oral</i>	1	QL
<i>healthylax</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>hemmorex-hc rectal suppository 25 mg</i>	1	
<i>hydrocortisone acetate rectal</i>	1	
<i>hydrocortisone rectal</i>	1	
<i>hydrocortisone topical cream with perineal applicator</i>	1	
<i>hydrocortisone-pramoxine rectal</i>	1	
<i>kionex (with sorbitol)</i>	1	
KRISTALOSE	3	
<i>lactulose oral packet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	1	
<i>laxaclear</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>laxative (bisacodyl) oral</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>laxative peg 3350 oral powder</i>	0	covered at \$0 for ages 50-75 years; OTC
LIALDA	3	
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	1	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL	3	
<i>lidocaine hcl-hydrocortison ac rectal kit</i>	1	
<i>lidocaine-hydrocortisone-aloe rectal gel</i>	1	
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	1	
LOTRONEX	3	
<i>magnesium citrate oral solution</i>	0	covered at \$0 for ages 50-75 years; OTC
MARINOL	3	PA
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>mesalamine</i>	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
<i>mesalamine with cleansing wipe</i>	1	
<i>metoclopramide hcl oral</i>	1	
<i>milk of magnesia</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>milk of magnesia concentrated</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>miralax oral powder in packet</i>	0	covered at \$0 for ages 50-75 years; OTC
MOTEGRITY	3	QL
MOVANTIK	2	QL
<i>natura-lax</i>	0	covered at \$0 for ages 50-75 years; OTC
NULYTELY LEMON-LIME	0	
NULYTELY WITH FLAVOR PACKS	3	
<i>ondansetron</i>	1	QL
<i>ondansetron hcl oral solution</i>	1	QL
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	QL
<i>oral saline laxative oral liquid</i>	0	covered at \$0 for ages 50-75 years; OTC
ORTIKOS	3	
<i>peg-electrolyte soln</i>	0	\$0 for ages 50-75 years
<i>peg-prep</i>	0	\$0 for ages 50-75 years
PENTASA	2	
PHOSLYRA	2	

Drug Name	Drug Tier	Requirements / Limits
<i>phosphate laxative oral liquid</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>polyethylene glycol 3350</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>powderlax</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate</i>	1	
PROCORT	3	
PROCTOCORT RECTAL	3	ST
PROCTOFOAM HC	3	ST
<i>procto-med hc</i>	1	
<i>procto-pak</i>	1	
<i>proctosol hc topical</i>	1	
<i>proctozone-hc</i>	1	
<i>purelax</i>	0	covered at \$0 for ages 50-75 years; OTC
RECTIV	2	
REGLAN ORAL	3	
RENVELA	3	
ROWASA RECTAL ENEMA KIT	3	
SANCUSO	3	QL
<i>scopolamine base</i>	1	
<i>sevelamer carbonate</i>	1	
<i>sevelamer hcl</i>	1	
SFROWASA	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
<i>smoothlax</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>sodium polystyrene (sorb free)</i>	1	
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol)</i>	1	
SUCRAID	4	PA
<i>sulfasalazine</i>	1	
SYNDROS	3	PA
TIGAN ORAL CAPSULE 300 MG	3	
<i>trilyte with flavor packets</i>	0	\$0 for ages 50-75 years
<i>trimethobenzamide oral</i>	1	
UCERIS ORAL	3	
UCERIS RECTAL	2	
URSO 250	3	
URSO FORTE	3	
<i>ursodiol</i>	1	
VARUBI ORAL	2	QL
VIOKACE	2	
<i>women's gentle laxative(bisac)</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>women's laxative (bisacodyl)</i>	0	covered at \$0 for ages 50-75 years; OTC
ZELNORM	3	

Drug Name	Drug Tier	Requirements / Limits
ZENPEP ORAL CAPSULE,DELAY ED 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	3	QL
ZUPLENZ	3	QL
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz</i>	1	QL
CARAFATE	3	
<i>cimetidine</i>	1	
<i>cimetidine hcl oral</i>	1	
CYTOTEC	3	
DEXILANT ORAL CAPSULE,BIPHAS E DELAYED RELEAS 30 MG	3	ST; QL
DEXILANT ORAL CAPSULE,BIPHAS E DELAYED RELEAS 60 MG	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
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>	1	QL
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	1	
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	1	ST; QL
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	1	ST
<i>famotidine oral suspension</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	1	QL
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	1	
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg</i>	1	QL
<i>lansoprazole oral tablet, disintegrat, delay rel 30 mg</i>	1	
<i>misoprostol</i>	1	
NEXIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
NEXIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 40 MG	3	ST
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	2	ST; QL
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	2	ST
<i>nizatidine</i>	1	
OMECLAMOX-PAK	3	QL
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg</i>	1	QL
<i>omeprazole oral capsule, delayed release(dr/ec) 20 mg, 40 mg</i>	1	
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	1	ST; QL
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	1	ST
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	1	ST; QL
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	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
<i>pantoprazole oral granules dr for susp in packet</i>	1	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	QL
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	
PEPCID ORAL TABLET	3	
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	1	
<i>ranitidine hcl oral syrup</i>	1	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	
<i>sucralfate</i>	1	
TALICIA	2	QL

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

FULPHILA	4	PA; QL
MACRILEN	5	QL
MOZOBIL	4	
NIVESTYM	4	PA
REBLOZYL	5	PA
RETACRIT	4	PA
ZARXIO	4	PA
ZIEXTENZO	4	PA

GROWTH HORMONES

EGRIFTA SV	4	PA
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Drug Name	Drug Tier	Requirements / Limits
GENOTROPIN	4	PA
GENOTROPIN MINIQUICK	4	PA
NORDITROPIN FLEXPPO	4	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	
ZORBTIVE	5	
INTERFERONS		
AUBAGIO	5	PA
BETASERON SUBCUTANEOUS KIT	4	PA; QL
COPAXONE SUBCUTANEOUS SYRINGE	5	PA; QL
<i>dimethyl fumarate</i>	4	PA
GILENYA ORAL CAPSULE 0.5 MG	4	PA
<i>glatiramer</i>	4	PA; QL
<i>glatopa</i>	4	PA; QL
MAVENCLAD (10 TABLET PACK)	5	PA; QL
MAVENCLAD (4 TABLET PACK)	5	PA; QL
MAVENCLAD (5 TABLET PACK)	5	PA; QL
MAVENCLAD (6 TABLET PACK)	5	PA; QL
MAVENCLAD (7 TABLET PACK)	5	PA; QL
MAVENCLAD (8 TABLET PACK)	5	PA; QL
MAVENCLAD (9 TABLET PACK)	5	PA; QL

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
MAYZENT	4	PA; QL
PEGASYS	4	PA; QL
PLEGRIDY	4	PA; QL
POMALYST	4	PA
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; QL
REVLIMID	4	PA
<i>ribavirin oral capsule</i>	4	PA
<i>ribavirin oral tablet 200 mg</i>	4	PA
TECFIDERA	4	PA
VUMERITY	4	PA
ZEPOSIA	4	PA
ZEPOSIA STARTER KIT	4	PA
ZEPOSIA STARTER PACK	4	PA
INTERLEUKINS		
ACTIMMUNE	4	PA
ALDARA	3	
ALFERON N	2	
<i>imiquimod topical cream in packet</i>	1	
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	0	\$0 for ages 1 month and older
ADACEL(TDAP ADOLESN/ADULT)(PF)	0	\$0 for ages 7 and older

Drug Name	Drug Tier	Requirements / Limits
AFLURIA QD 2020-21(3YR UP)(PF)	0	
AFLURIA QD 2020-21(6-35MO)(PF)	0	
AFLURIA QUAD 2020-2021(6MO UP)	0	
ASCENIV	5	PA
BCG VACCINE, LIVE (PF)	0	
BEXSERO	0	\$0 for ages 10 years and older
BIOTHRAX	0	
BOOSTRIX TDAP	0	\$0 for ages 7 and older
CUTAQUIG	5	PA
DAPTACEL (DTAP PEDIATRIC) (PF)	0	\$0 for ages 1-12 months old
ENGRIX-B (PF)	0	
ENGRIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	0	
FLUAD 2020-2021 (65 YR UP)(PF)	0	
FLUAD QUAD 2020-21(65Y UP)(PF)	0	
FLUARIX QUAD 2020-2021 (PF)	0	
FLUBLOK QUAD 2020-2021 (PF)	0	
FLUCELVAX QUAD 2020-2021	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
FLUCELVAX QUAD 2020-2021 (PF)	0	
FLULAVAL QUAD 2020-2021 (PF)	0	
FLUMIST QUAD 2020-2021	0	
FLUZONE HIGHDOSE QUAD 20-21 PF	0	
FLUZONE QUAD 2020-2021	0	
FLUZONE QUAD 2020-2021 (PF)	0	
GARDASIL 9 (PF)	0	\$0 for ages 9-26 years old
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	0	\$0 for ages 1 year and older
HAVRIX (PF) INTRAMUSCULAR SYRINGE	0	\$0 for ages 1 year and older
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE	0	\$0 for ages 18 and older
HIBERIX (PF)	0	
IMOVAX RABIES VACCINE (PF)	0	
INFANRIX (DTAP) (PF)	0	\$0 for ages 1-12 months old
IPOLE	0	
IXIARO (PF)	0	
KINRIX (PF)	0	\$0 for ages 4-6 years old

Drug Name	Drug Tier	Requirements / Limits
MENACTRA (PF) INTRAMUSCULAR SOLUTION	0	\$0 for ages 9 months and older
MENQUADFI (PF)	0	
MENVEO A-C-Y-W-135-DIP (PF)	0	\$0 for ages 2 months and older
M-M-R II (PF)	0	\$0 for ages 6 months and older
PEDIARIX (PF)	0	\$0 for ages 1-12 months old
PEDVAX HIB (PF)	0	\$0 for ages 1 month and older
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	0	\$0 for ages 1-6 years
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	0	
PENTACEL ACTHIB COMPONENT (PF)	0	\$0 for ages 1-6 years
PNEUMOVAX-23	0	\$0 for ages 2 years and older
PREVNAR 13 (PF)	0	\$0 for ages 1 month and older
PROQUAD (PF)	0	\$0 for ages 1 year and older
QUADRACEL (PF)	0	\$0 for ages 4-6 years old
RABAVERT (PF)	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
RECOMBIVAX HB (PF)	0	
ROTARIX	0	\$0 for ages 1-9 months
ROTATEQ VACCINE	0	\$0 for ages 1-9 months
SHINGRIX (PF)	0	\$0 for ages 50 years and older
STAMARIL (PF)	0	
TDVAX	0	\$0 for ages 7 and older
TENIVAC (PF)	0	\$0 for ages 7 and older
TETANUS,DIPHTHERIA TOX PED(PF)	0	\$0 for ages 1-12 months old
TRUMENBA	0	\$0 for ages 10 years and older
TWINRIX (PF) INTRAMUSCULAR SYRINGE	0	\$0 for ages 18 years and older
TYPHIM VI	0	
VAQTA (PF)	0	\$0 for ages 1 year and older
VARIVAX (PF)	0	\$0 for ages 1 year and older
VARIZIG INTRAMUSCULAR SOLUTION	0	
VAXCHORA VACCINE	0	
VIVOTIF	0	
XEMBIFY	4	PA
YF-VAX (PF)	0	
ZOSTAVAX (PF)	0	\$0 for ages 60 years and older

Drug Name	Drug Tier	Requirements / Limits
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol</i>	1	
<i>colchicine oral tablet</i>	1	
COLCRYS	2	ST
<i>febuxostat</i>	1	ST
GLOPERBA	3	
MITIGARE	2	
<i>probenecid</i>	1	
<i>probenecid-colchicine</i>	1	
ZYLOPRIM	3	
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG, 35 MG	3	ST; QL
<i>alendronate oral solution</i>	1	QL
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	QL
ATELVIA	3	ST; QL
BINOSTO	3	ST; QL
BONIVA ORAL	3	ST; QL
EVISTA	3	
FOSAMAX ORAL TABLET 70 MG	3	ST; QL
FOSAMAX PLUS D	3	ST; QL
<i>ibandronate oral</i>	1	QL
<i>raloxifene</i>	0	\$0 for ages 35 and older

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
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	1	QL
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	QL
TYMLOS	4	PA; QL
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN	4	PA; QL
ACTEMRA INTRAVENOUS	4	PA
ACTEMRA SUBCUTANEOUS	4	PA; QL
ARAVA	3	QL
DEPEN TITRATABS	2	PA
ENBREL	4	PA; QL
ENBREL MINI	4	PA; QL
ENBREL SURECLICK	4	PA; QL
HUMIRA	4	PA; QL
HUMIRA PEN	4	PA; QL
HUMIRA PEN CROHNS-UC-HS START	4	PA; QL
HUMIRA PEN PSOR-UEITS- ADOL HS	4	PA; QL
HUMIRA(CF)	4	PA; QL
HUMIRA(CF) PEDI CROHNS STARTER	4	PA; QL
HUMIRA(CF) PEN CROHNS-UC-HS	4	PA; QL

Drug Name	Drug Tier	Requirements / Limits
HUMIRA(CF) PEN PSOR-UV-ADOL HS	4	PA; QL
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; QL
<i>leflunomide</i>	1	QL
OTEZLA	4	PA; QL
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (4)-30 MG (47)	4	PA; QL
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
<i>penicillamine</i>	1	PA
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	2	ST
RIDAURA	2	
RINVOQ	4	PA; QL
SAVELLA	2	ST; QL

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
SIMPONI ARIA	5	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; QL
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; QL
XELJANZ	4	PA; QL
XELJANZ XR	4	PA; QL
OBSTETRICS & GYNECOLOGY		
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES		
CAYA CONTOURED	0	
FC2 FEMALE CONDOM	0	OTC
FEMCAP VAGINAL DEVICE 22 MM	0	
WIDE-SEAL DIAPHRAGM	0	
ESTROGENS & PROGESTINS		
ACTIVELLA ORAL TABLET 1-0.5 MG	3	
ALORA	3	QL
<i>amabelz</i>	1	
ANGELIQ	3	
AYGESTIN	3	
BIJUVA	3	
<i>camila</i>	0	
CLIMARA	3	QL

Drug Name	Drug Tier	Requirements / Limits
COMBIPATCH	2	
<i>covaryx</i>	1	
<i>covaryx h.s.</i>	1	
CRINONE VAGINAL GEL 4 %	2	
CRINONE VAGINAL GEL 8 %	4	
<i>deblitane</i>	0	
DELESTROGEN	3	
DEPO-ESTRADIOL	2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	0	QL
DEPO-PROVERA INTRAMUSCULAR SYRINGE	0	QL
DEPO-SUBQ PROVERA 104	3	QL
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 %)	2	QL
DIVIGEL TRANSDERMAL GEL IN PACKET 1.25 MG/1.25 GRAM (0.1 %)	2	
<i>dotti</i>	1	QL
DUAVEE	2	
<i>eemt</i>	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
<i>eemt hs</i>	1	
ELESTRIN	3	QL
ENDOMETRIN	4	
<i>errin</i>	0	
ESTRACE	3	
<i>estradiol oral</i>	1	
<i>estradiol transdermal</i>	1	QL
<i>estradiol vaginal</i>	1	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet</i>	1	
ESTRING	2	
<i>estrogens-methyltestosterone</i>	1	
EVAMIST	3	QL
FEMHRT LOW DOSE	3	
<i>fyavolv</i>	1	
<i>heather</i>	0	
IMVEXXY MAINTENANCE PACK	3	QL
IMVEXXY STARTER PACK	3	QL
<i>incassia</i>	0	
<i>jencycla</i>	0	
<i>jinteli</i>	1	
<i>lyza</i>	0	
<i>medroxyprogesterone intramuscular</i>	0	QL
<i>medroxyprogesterone oral</i>	1	

Drug Name	Drug Tier	Requirements / Limits
MENEST	3	
MENOSTAR	3	QL
<i>mimvey</i>	1	
MINIVELLE	3	QL
<i>nora-be</i>	0	
<i>norethindrone (contraceptive)</i>	0	
<i>norethindrone acetate</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>norlyda</i>	0	
PREFEST	3	
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
<i>progesterone micronized</i>	1	
PROMETRIUM	3	
PROVERA	3	
<i>sharobel</i>	0	
<i>tulana</i>	0	
<i>yuvafem</i>	1	
MISCELLANEOUS OB/GYN		
ANNOVERA	3	QL
CLEOCIN VAGINAL	3	
<i>clindamycin phosphate vaginal</i>	1	
CLINDESSE	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>eluryng</i>	0	
<i>etonogestrel-ethinyl estradiol</i>	0	
<i>fem ph</i>	1	
GYNAZOLE-1	3	
<i>gynol ii</i>	0	OTC
<i>isoxsuprine</i>	1	
LYSTEDA	3	
METROGEL VAGINAL	3	
<i>metronidazole vaginal</i>	1	
<i>miconazole-3 vaginal suppository</i>	1	
NUVARING	0	
NUVESSA	3	
ORIAHNN	2	PA
RELAGARD	3	
<i>terconazole</i>	1	
TODAY CONTRACEPTIVE SPONGE	0	OTC
<i>tranexamic acid oral</i>	1	
TRIMO-SAN JELLY	2	
<i>vaginal contraceptive foam</i>	0	OTC
<i>vandazole</i>	1	
VCF CONTRACEPTIVE FILM	2	OTC
VCF CONTRACEPTIVE GEL	2	OTC
<i>xulane</i>	0	

Drug Name	Drug Tier	Requirements / Limits
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle</i>	0	
AFTERA	0	OTC; QL
<i>altavera (28)</i>	0	
<i>alyacen 1/35 (28)</i>	0	
<i>alyacen 7/7/7 (28)</i>	0	
<i>amethia</i>	0	
<i>amethia lo</i>	0	
<i>amethyst (28)</i>	0	
<i>apri</i>	0	
<i>aranelle (28)</i>	0	
<i>ashlyna</i>	0	
<i>aubra</i>	0	
<i>aubra eq</i>	0	
<i>aurovela 1.5/30 (21)</i>	0	
<i>aurovela 1/20 (21)</i>	0	
<i>aurovela 24 fe</i>	0	
<i>aurovela fe 1.5/30 (28)</i>	0	
<i>aurovela fe 1-20 (28)</i>	0	
<i>aviane</i>	0	
<i>ayuna</i>	0	
<i>azurette (28)</i>	0	
BALCOLTRA	0	ST
<i>balziva (28)</i>	0	
<i>bekyree (28)</i>	0	
BEYAZ	0	ST
<i>blisovi 24 fe</i>	0	
<i>blisovi fe 1.5/30 (28)</i>	0	
<i>blisovi fe 1/20 (28)</i>	0	

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Drug Name	Drug Tier	Requirements / Limits
<i>briellyn</i>	0	
<i>camrese</i>	0	
<i>camrese lo</i>	0	
<i>caziant (28)</i>	0	
<i>charlotte 24 fe</i>	0	
<i>chateal (28)</i>	0	
<i>chateal eq (28)</i>	0	
<i>cryselle (28)</i>	0	
<i>cyclafem 1/35 (28)</i>	0	
<i>cyclafem 7/7/7 (28)</i>	0	
<i>cyred</i>	0	
<i>cyred eq</i>	0	
<i>dasetta 1/35 (28)</i>	0	
<i>dasetta 7/7/7 (28)</i>	0	
<i>daysee</i>	0	
<i>desog-e.estradiol/e.estradiol</i>	0	
<i>drospirenone-e.estradiol-lm.fa</i>	0	
<i>drospirenone-ethinyl estradiol</i>	0	
<i>econtra ez</i>	0	OTC; QL
<i>econtra one-step</i>	0	OTC; QL
<i>elinest</i>	0	
ELLA	0	QL
<i>emoquette</i>	0	
<i>enpresse</i>	0	
<i>enskyce</i>	0	
<i>estarylla</i>	0	
ESTROSTEP FE-28	0	ST
<i>ethynodiol diac-eth estradiol</i>	0	

Drug Name	Drug Tier	Requirements / Limits
<i>falmina (28)</i>	0	
<i>fayosim</i>	0	
<i>femynor</i>	0	
GENERESS FE	0	ST
<i>gianvi (28)</i>	0	
<i>hailey</i>	0	
<i>hailey 24 fe</i>	0	
<i>hailey fe 1.5/30 (28)</i>	0	
<i>hailey fe 1/20 (28)</i>	0	
<i>introvale</i>	0	
<i>isibloom</i>	0	
<i>jaimiess</i>	0	
<i>jasmiel (28)</i>	0	
<i>jolessa</i>	0	
<i>juleber</i>	0	
<i>junel 1.5/30 (21)</i>	0	
<i>junel 1/20 (21)</i>	0	
<i>junel fe 1.5/30 (28)</i>	0	
<i>junel fe 1/20 (28)</i>	0	
<i>junel fe 24</i>	0	
<i>kaitlib fe</i>	0	
<i>kalliga</i>	0	
<i>kariva (28)</i>	0	
<i>kelnor 1/35 (28)</i>	0	
<i>kelnor 1-50</i>	0	
<i>kurvelo (28)</i>	0	
<i>l norgest/e.estradiol-e.estradiol</i>	0	
<i>larin 1.5/30 (21)</i>	0	
<i>larin 1/20 (21)</i>	0	
<i>larin 24 fe</i>	0	
<i>larin fe 1.5/30 (28)</i>	0	

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Drug Name	Drug Tier	Requirements / Limits
<i>larin fe 1/20 (28)</i>	0	
<i>larissia</i>	0	
<i>layolis fe</i>	0	
<i>leena 28</i>	0	
<i>lessina</i>	0	
<i>levonest (28)</i>	0	
<i>levonorgestrel oral tablet 1.5 mg</i>	0	OTC; QL
<i>levonorgestrel-ethinyl estrad</i>	0	
<i>levonorg-eth estrad triphasic</i>	0	
<i>levora-28</i>	0	
<i>lillow (28)</i>	0	
LO LOESTRIN FE	0	ST
<i>lojaimiess</i>	0	
<i>loryna (28)</i>	0	
LOSEASONIQUE	0	ST
<i>low-ogestrel (28)</i>	0	
<i>lo-zumandimine (28)</i>	0	
<i>lutra (28)</i>	0	
<i>marlissa (28)</i>	0	
<i>melodetta 24 fe</i>	0	
<i>mibelas 24 fe</i>	0	
<i>microgestin 1.5/30 (21)</i>	0	
<i>microgestin 1/20 (21)</i>	0	
<i>microgestin fe 1.5/30 (28)</i>	0	
<i>microgestin fe 1/20 (28)</i>	0	
<i>mili</i>	0	

Drug Name	Drug Tier	Requirements / Limits
MIRCETTE (28)	0	ST
<i>mono-lynyah</i>	0	
<i>my choice</i>	0	OTC; QL
<i>my way</i>	0	OTC; QL
NATAZIA	0	ST
<i>necon 0.5/35 (28)</i>	0	
<i>new day</i>	0	OTC; QL
<i>nikki (28)</i>	0	
<i>noreth-ethinyl estradiol-iron</i>	0	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	0	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	0	
<i>norethindrone-e.estradiol-iron oral tablet, chewable</i>	0	
<i>norgestimate-ethinyl estradiol</i>	0	
<i>nortrel 0.5/35 (28)</i>	0	
<i>nortrel 1/35 (21)</i>	0	
<i>nortrel 1/35 (28)</i>	0	
<i>nortrel 7/7/7 (28)</i>	0	
<i>ocella</i>	0	
<i>opcicon one-step</i>	0	OTC; QL
<i>option-2</i>	0	OTC; QL
<i>orsythia</i>	0	
<i>philith</i>	0	
<i>pimtrea (28)</i>	0	

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Drug Name	Drug Tier	Requirements / Limits
<i>pirmella</i>	0	
PLAN B ONE-STEP	0	OTC; QL
<i>portia 28</i>	0	
<i>previfem</i>	0	
QUARTETTE	0	ST
<i>reclipsen (28)</i>	0	
<i>rivelsa</i>	0	
SAFYRAL	0	ST
SEASONIQUE	0	ST
<i>setlakin</i>	0	
<i>simliya (28)</i>	0	
<i>simpesse</i>	0	
SLYND	0	ST
<i>sprintec (28)</i>	0	
<i>sronyx</i>	0	
<i>syeda</i>	0	
TAKE ACTION	0	OTC; QL
<i>tarina 24 fe</i>	0	
<i>tarina fe 1/20 (28)</i>	0	
TAYTULLA	0	ST
<i>tilia fe</i>	0	
<i>tri femynor</i>	0	
<i>tri-estarylla</i>	0	
<i>tri-legest fe</i>	0	
<i>tri-linyah</i>	0	
<i>tri-lo-estarylla</i>	0	
<i>tri-lo-marzia</i>	0	
<i>tri-lo-mili</i>	0	
<i>tri-lo-sprintec</i>	0	
<i>tri-mili</i>	0	
<i>tri-previfem (28)</i>	0	

Drug Name	Drug Tier	Requirements / Limits
<i>tri-sprintec (28)</i>	0	
<i>trivora (28)</i>	0	
<i>tri-vylibra</i>	0	
<i>tri-vylibra lo</i>	0	
<i>tydemy</i>	0	
<i>velivet triphasic regimen (28)</i>	0	
<i>vienva</i>	0	
<i>viorele (28)</i>	0	
<i>volnea (28)</i>	0	
<i>vyfemla (28)</i>	0	
<i>vylibra</i>	0	
<i>wera (28)</i>	0	
<i>wymzya fe</i>	0	
YAZ (28)	0	ST
<i>zarah</i>	0	
<i>zovia 1/35e (28)</i>	0	
<i>zumandimine (28)</i>	0	
OXYTOCICS		
<i>methergine</i>	1	ST; QL
<i>methylergonovine oral</i>	1	ST; QL
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>ak-poly-bac</i>	1	
AZASITE	2	
BACIGUENT	3	
<i>bacitracin ophthalmic (eye)</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	1	
BESIVANCE	3	

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Drug Name	Drug Tier	Requirements / Limits
BETADINE OPHTHALMIC PREP	3	
CILOXAN	3	
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	
<i>erythromycin ophthalmic (eye)</i>	1	
<i>gatifloxacin</i>	1	
<i>gentak ophthalmic (eye) ointment</i>	1	
<i>gentamicin ophthalmic (eye) drops</i>	1	
<i>levofloxacin ophthalmic (eye)</i>	1	
MOXEZA	3	
MOXIFLOXACIN (PF)-BSS INTRAVITREAL SOLUTION	3	ST
<i>moxifloxacin ophthalmic (eye)</i>	1	
MOXIFLOXACIN-SOD CHLOR,ISO(PF)	3	ST
NATACYN	2	
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>neo-polycin</i>	1	
OCUFLOX	3	
<i>ofloxacin ophthalmic (eye)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>polycin</i>	1	
<i>polymyxin b sulf-trimethoprim</i>	1	
POLYTRIM	3	
<i>tobramycin ophthalmic (eye)</i>	1	
TOBREX	3	
VIGAMOX	3	
ZYMAXID	3	
ANTIVIRALS		
<i>trifluridine</i>	1	
ZIRGAN	3	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	1	
BETIMOL	3	
BETOPTIC S	3	
<i>carteolol</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye)</i>	1	
TIMOPTIC	3	
TIMOPTIC-XE	3	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE	2	
CYCLOPLEGIC MYDRIATICS		
ATROPINE OPHTHALMIC (EYE) DROPS, EMULSION	3	

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Drug Name	Drug Tier	Requirements / Limits
CYCLOGYL	3	
<i>cyclopentolate</i>	1	
CYCLOPEN-TROPIC-PHENYLEPH-WATR	3	
CYCLOPENT-TROPIC-PHEN-KETR-WAT	3	
CYCLOP-TROP-PROPA-PHEN-KET-WAT	3	
<i>homatropaire</i>	1	
MYDRIACYL	3	
PAREMYD	3	
PHENYLEPH-TROPICAMIDE IN WATER	3	
<i>tropicamide</i>	1	
DIRECT ACTING MIOTICS		
ISOPTO CARPINE	3	
MIOCHOL-E	3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
MISCELLANEOUS OPHTHALMOLOGICS		
AKTEN (PF)	3	
ALCAINE	3	
ALOCIL	3	ST
ALOMIDE	3	ST
<i>altacaine</i>	1	
ALTAFLUOR BENOX	3	
<i>azelastine ophthalmic (eye)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
BEUVU	5	PA
BEPREVE	2	ST
CEQUA	3	PA
<i>cromolyn ophthalmic (eye)</i>	1	
CYCLOSPORINE IN KLARITY	3	
DEXAMET-MOXIFL-KETORONACL(PF)	3	
<i>epinastine</i>	1	
KLARITY-A (AZITHRO-CHONDR)(PF)	3	
KLARITY-B (BETAMETH-CHOND)(PF)	3	
KLARITY-L (LOTEPRED-CHOND)(PF)	3	
LACRISERT	3	
LASTACFT	3	ST
LIDOCAINE-PHENYLEPHRIN-BSS(PF)	3	
<i>lidocaine-phenylephrn in water</i>	1	
MYDRIATIC4(TROP-PROP-PE-KTRLC)	3	
<i>olopatadine ophthalmic (eye)</i>	1	
PAZEO	2	ST
PREDNISOL ACE-GATIFLOX-BROMFEN	3	

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Drug Name	Drug Tier	Requirements / Limits
PREDNISOLN SP-GATIFLOX-BROMFEN	3	
PREDNISOLN SP-MOXIFLOX-BROMFEN	3	
PREDNISOLONE ACETATE-NEPAFENAC	3	
PREDNISOLONE SOD PH-BROMFENAC	3	
PREDNISOLONE-MOXIFLO-NEPAFENAC	3	
PREDNISOLONE-MOXIFLOX-BROMFEN	3	
RACEPINEPH-LIDOCAINE-BSS 7(PF)	3	
RESTASIS	2	PA; QL
RESTASIS MULTIDOSE	2	PA; QL
<i>tetracaine hcl</i>	1	
TETRACAINE HCL (PF) OPHTHALMIC (EYE)	3	
ZERVIAE	3	ST
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR	3	
ACULAR LS	3	
<i>bromfenac</i>	1	
BROMSITE	3	

Drug Name	Drug Tier	Requirements / Limits
<i>diclofenac sodium ophthalmic (eye)</i>	1	
<i>flurbiprofen sodium</i>	1	
ILEVRO	2	
<i>ketorolac ophthalmic (eye)</i>	1	
PROLENSA	2	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	
<i>methazolamide</i>	1	
OTHER GLAUCOMA DRUGS		
AZOPT	3	
<i>bimatoprost ophthalmic (eye)</i>	1	PA
BRIMONIDINE-DORZOLAMIDE (PF)	3	
COMBIGAN	2	
COSOPT (PF)	3	
<i>dorzolamide</i>	1	
DORZOLAMIDE (PF)	3	
<i>dorzolamide-timolol</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	1	
DORZOLAMIDE-TIMOLOL (PF) OPHTHALMIC (EYE) DROPS	3	
<i>latanoprost</i>	1	PA
LATANOPROST (PF)	3	

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Drug Name	Drug Tier	Requirements / Limits
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	PA
<i>miostat</i>	1	
ROCKLATAN	3	PA
SIMBRINZA	3	
TIMOL-BRIMON- DORZO- LATANOP(PF)	3	
TIMOLOL- BRIMONIDI- DORZOLAM(PF)	3	
TIMOLOL- DORZOLAMID- LATANOP(PF)	3	
TIMOLOL- LATANOPROST(P F)	3	
TRAVATAN Z	3	PA
<i>travoprost</i>	1	PA
TRUSOPT	3	
ZIOPTAN (PF)	2	PA
STEROID-ANTIBIOTIC COMBINATIONS		
DEXAMETH- MOXIFLOX(PF)- NACL,ISO	3	
MAXITROL	3	
<i>neomycin- bacitracin-poly-hc</i>	1	
<i>neomycin-polymyxin b-dexameth</i>	1	
<i>neomycin- polymyxin-hc ophthalmic (eye)</i>	1	
<i>neo-polycin hc</i>	1	

Drug Name	Drug Tier	Requirements / Limits
PRED-G	3	
PRED-G S.O.P.	3	
PREDNISOLONE ACET- GATIFLOXACIN	3	
PREDNISOLONE SOD PH- MOXIFLOX	3	
PREDNISOLONE- MOXIFLOXACIN HCL	3	
TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSIO N	3	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	2	
TOBRADEX ST	2	
<i>tobramycin- dexamethasone</i>	1	
TRIAMCINOLON- MOXIFLOX- WATR(PF)	3	
ZYLET	2	
STEROIDS		
ALREX	2	ST
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	
DEXTENZA	3	
DEXYCU (PF)	3	
DUREZOL	3	
FLAREX	3	
<i>fluorometholone</i>	1	
FML LIQUIFILM	3	

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Drug Name	Drug Tier	Requirements / Limits
INVELTYS	2	
LOTEMAX OPTHALMIC (EYE) DROPS,GEL	2	
LOTEMAX OPTHALMIC (EYE) DROPS,SUSPENSION	3	
LOTEMAX OPTHALMIC (EYE) OINTMENT	2	
LOTEMAX SM	2	
<i>loteprednol etabonate</i>	1	
PRED FORTE	3	
<i>prednisolone acetate</i>	1	
PREDNISOLONE ACETATE (PF)	3	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	
STEROID-SULFONAMIDE COMBINATIONS		
BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	3	
<i>sulfacetamide-prednisolone</i>	1	
SULFONAMIDES		
BLEPH-10	3	
<i>sulfacetamide sodium ophthalmic (eye)</i>	1	
SYMPATHOMIMETICS		

Drug Name	Drug Tier	Requirements / Limits
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.1 %	2	
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.15 %	3	
<i>apraclonidine</i>	1	
<i>brimonidine</i>	1	
IOPIDINE OPTHALMIC (EYE) DROPPERETTE	3	
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL	3	
<i>phenylephrine hcl ophthalmic (eye)</i>	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI HISTAMINE & ANTIALLERGENIC AGENTS		
<i>carbinoxamine maleate oral liquid</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	1	ST
<i>cetirizine oral solution 1 mg/ml</i>	1	
CLARINEX ORAL TABLET	3	QL
<i>clemastine oral tablet 2.68 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>cypheptadine</i>	1	
<i>desloratadine</i>	1	QL
<i>dexchlorpheniramine maleate oral solution</i>	1	
DIPHEN ORAL ELIXIR	3	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL
EPIPEN 2-PAK	2	ST; QL
EPIPEN JR 2-PAK	2	ST; QL
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate</i>	1	
KARBINAL ER	3	ST
<i>levocetirizine oral solution</i>	1	
<i>levocetirizine oral tablet</i>	1	QL
<i>phenadoz rectal suppository 25 mg</i>	1	
<i>promethazine oral</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethgan</i>	1	
RYCLORA	3	
RYVENT	3	ST
SYMJEPI	2	QL
VISTARIL	3	
COUGH & COLD THERAPY		

Drug Name	Drug Tier	Requirements / Limits
<i>benzonatate</i>	1	
BROMFED DM	3	
<i>brompheniramine-pseudoeph-dm oral syrup</i>	1	
CAPCOF	3	
CLARINEX-D 12 HOUR	3	QL
<i>codeine-guaifenesin</i>	1	
CODITUSSIN AC	3	
CODITUSSIN DAC	3	
<i>g tussin ac</i>	1	
<i>guaiaitussin ac</i>	1	
HISTEX-AC	3	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral tablet</i>	1	
<i>hydromet</i>	1	
MAR-COF CG	3	
<i>maxi-tuss ac</i>	1	
MAXI-TUSS CD	3	
<i>m-clear wc</i>	1	
M-END PE	3	
NINJACOF-XG	3	
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	3	
<i>promethazine-codeine</i>	1	
<i>promethazine-dm</i>	1	
<i>promethazine-phenyleph-codeine</i>	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
<i>promethazine-phenylephrine</i>	1	
RESPA-AR	3	
SEMPREX-D	3	
TESSALON PERLES	3	
TUSSICAPS ORAL CAPSULE,EXTENDED RELEASE 12 HR 10-8 MG	3	ST
TUZISTRA XR	3	ST
<i>virtussin ac</i>	1	
<i>virtussin dac</i>	1	
PULMONARY AGENTS		
ACCOLATE	3	
<i>acetylcysteine</i>	1	
ADEMPAS	4	PA
ADRENALIN NASAL	3	
ADVAIR DISKUS	3	PA; QL
ADVAIR HFA	2	PA; QL
AIRDUO RESPICLICK	3	PA; QL
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	1	QL
<i>albuterol sulfate inhalation solution for nebulization</i>	1	
<i>albuterol sulfate oral</i>	1	
ALVESCO	3	QL
<i>alyq</i>	4	PA; QL
<i>ambrisentan</i>	4	PA
ANORO ELLIPTA	2	QL

Drug Name	Drug Tier	Requirements / Limits
ARCAPTA NEOHALER	3	QL
ARNUITY ELLIPTA	2	QL
ASMANEX HFA	2	QL
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ACTUATION (30), 220 MCG/ACTUATION (120), 220 MCG/ACTUATION (14), 220 MCG/ACTUATION (30), 220 MCG/ACTUATION (60)	2	QL
ATROVENT HFA	3	QL
<i>azelastine-fluticasone</i>	1	ST; QL
<i>bosentan</i>	4	PA
BREO ELLIPTA	2	PA; QL
BREZTRI AEROSPHERE	2	QL
BROVANA	3	QL
<i>budesonide inhalation</i>	1	QL
COMBIVENT RESPIMAT	2	QL
<i>cromolyn inhalation</i>	1	
CUROSURF	3	
DULERA	2	PA; QL
DYMISTA	2	ST; QL

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
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	3	
<i>epinephrine hcl</i>	1	
FLOVENT DISKUS	2	QL
FLOVENT HFA	2	QL
<i>fluticasone propionate nasal</i>	1	QL
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	2	PA; QL
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	PA; QL
INCRUSE ELLIPTA	2	QL
<i>ipratropium bromide inhalation</i>	1	
<i>ipratropium-albuterol</i>	1	QL
KALYDECO ORAL GRANULES IN PACKET 25 MG	4	PA
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	4	PA; QL
KALYDECO ORAL TABLET	4	PA; QL
<i>levalbuterol hcl</i>	1	
LONHALA MAGNAIR REFILL	3	QL

Drug Name	Drug Tier	Requirements / Limits
LONHALA MAGNAIR STARTER	3	QL
<i>metaproterenol oral syrup</i>	1	
<i>mometasone nasal</i>	1	ST; QL
<i>montelukast</i>	1	
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
NUCALA SUBCUTANEOUS AUTO-INJECTOR	4	PA; QL
NUCALA SUBCUTANEOUS SYRINGE	4	PA; QL
OFEV	4	PA; QL
OPSUMIT	4	PA
ORKAMBI	4	PA; QL
PERFOROMIST	2	QL
PROAIR HFA	2	QL
PROAIR RESPICLICK	2	QL
PULMICORT FLEXHALER	2	QL
<i>pulmosal</i>	1	
PULMOZYME	4	PA
QNASL	2	ST; QL
QVAR REDIHALER	2	QL
REVATIO ORAL	5	PA; QL

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
<i>sildenafil (pulm.hypertension) oral</i>	4	PA; QL
SINUVA	5	
<i>sodium chloride inhalation</i>	1	
SPIRIVA RESPIMAT	2	QL
SPIRIVA WITH HANDIHALER	2	QL
STIOLTO RESPIMAT	2	QL
SURFAXIN	3	
SYMDEKO	4	PA; QL
<i>tadalafil (pulm. hypertension)</i>	4	PA; QL
<i>terbutaline oral</i>	1	
THEO-24	3	
<i>theophylline oral elixir</i>	1	
<i>theophylline oral solution</i>	1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr</i>	1	
TRACLEER ORAL TABLET	5	PA
TRACLEER ORAL TABLET FOR SUSPENSION	4	PA

Drug Name	Drug Tier	Requirements / Limits
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	2	QL
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG	2	
TRIKAFTA	4	PA
TYVASO	4	PA
TYVASO REFILL KIT	4	PA
TYVASO STARTER KIT	4	PA
VENTOLIN HFA	2	QL
<i>wixela inhub</i>	1	PA; QL
XHANCE	3	ST; QL
XOPENEX	3	
XOPENEX CONCENTRATE	3	
YUPELRI	2	QL
<i>zafirlukast</i>	1	
<i>zileuton</i>	1	ST
ZYFLO	3	ST
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		
<i>darifenacin</i>	1	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG	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
<i>flavoxate</i>	1	
GELNIQUE TRANSDERMAL GEL IN PACKET	2	ST; QL
<i>oxybutynin chloride</i>	1	
OXYTROL	3	ST; QL
<i>solifenacin</i>	1	
<i>tolterodine</i>	1	
TOVIAZ	2	ST
<i>trospium</i>	1	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin</i>	1	
<i>dutasteride</i>	1	ST
<i>dutasteride- tamsulosin</i>	1	ST
<i>finasteride oral tablet 5 mg</i>	1	
FLOMAX	3	ST
JALYN	3	ST
PROSCAR	3	ST
<i>silodosin</i>	1	
<i>tamsulosin</i>	1	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride</i>	1	
MISCELLANEOUS UROLOGICALS		
CYSTAGON	4	PA
ELMIRON	2	
<i>hyophen</i>	1	
K-PHOS NO 2	3	
K-PHOS ORIGINAL	2	

Drug Name	Drug Tier	Requirements / Limits
<i>methen-sod phos- meth blue-hyos</i>	1	
ORACIT	3	
<i>phosphasal</i>	1	
<i>potassium citrate</i>	1	
SHOHL'S MODIFIED	3	
URELLE	3	
<i>uretron d-s oral tablet 81.6-10.8-40.8 mg</i>	1	
URIBEL	3	
<i>urimar-t</i>	1	
<i>urin ds</i>	1	
<i>uro-458</i>	1	
<i>urogesic-blue</i>	1	
<i>uro-mp</i>	1	
UROQID-ACID NO.2	3	
<i>uryl</i>	1	
<i>ustell</i>	1	
<i>utira-c</i>	1	
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
PYRIDIUM	3	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
<i>effer-k oral tablet, effervescent 25 meq</i>	1	
GALZIN	3	
<i>klor-con</i>	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
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con/ef</i>	1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	
<i>k-tab oral tablet extended release 8 meq</i>	1	
<i>lugols oral</i>	1	
POTABA ORAL CAPSULE	3	
<i>potassium chloride oral liquid</i>	1	
<i>potassium chloride oral packet</i>	1	
<i>potassium chloride oral tablet extended release</i>	1	
<i>potassium chloride oral tablet,er particles/crystals</i>	1	
<i>strong iodine oral</i>	1	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI	5	PA
VITAMINS & HEMATINICS		
<i>b complex 1 (with folic acid)</i>	0	Covered at \$0 for age 50 and younger; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>b complex-vitamin b12</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>b complex-vitamin c-folic acid oral tablet</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>balanced b-100 complex oral tablet extended release 100 mg</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>balanced b-100 oral tablet 0.4 mg</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>balanced b-50 oral tablet</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>bal-care dha</i>	1	
BAL-CARE DHA ESSENTIAL	3	
<i>b-complex with vitamin c oral tablet</i>	0	covered at \$0 for ages 50 years and younger; OTC
CITRANATAL (DUAL-IRON)	3	
CITRANATAL 90 DHA (ALGAL OIL)	3	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG - 50 MG-300 MG	3	
CITRANATAL B-CALM (FE GLUC)	3	
CITRANATAL BLOOM	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
CITRANATAL DHA (ALGAL OIL)	3	
CITRANATAL HARMONY (IRON FUM)	3	
<i>classic prenatal</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>c-nate dha</i>	1	
<i>complete natal dha</i>	1	
<i>complex b-100 oral tablet extended release</i>	0	covered at \$0 for ages 50 years and younger; OTC
CONCEPT DHA	3	
CONCEPT OB	3	
<i>cyanocobalamin (vitamin b-12) injection</i>	1	
<i>dialyvite 800 oral tablet</i>	0	covered at \$0 for ages 50 years and younger; OTC
DRISDOL ORAL CAPSULE	3	
DUET DHA BALANCED ORAL COMBO PACK 25 MG IRON-1 MG - 267 MG-233 MG	3	
DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG - 400 MG	3	
<i>elite-ob</i>	1	
ENBRACE HR	3	

Drug Name	Drug Tier	Requirements / Limits
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
FERAHEME	2	PA
FLORIVA (FLUORIDE-VITAMIN D3)	3	OTC
<i>fluoride (sodium) oral drops</i>	0	covered at \$0 for ages 1-16 years; OTC
<i>fluoride (sodium) oral tablet, chewable</i>	0	covered at \$0 for ages 1-16 years; OTC
<i>fluoritab oral tablet, chewable</i>	0	covered at \$0 for ages 1-16 years; OTC
FLURA-DROPS	3	OTC
FOLET ONE	3	
<i>folic acid injection</i>	1	
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>folivane-ob</i>	1	
<i>foltabs 800</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>full spectrum b-vitamin c</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>hydroxocobalamin</i>	1	
INFED	2	PA
INJECTAFER	3	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>kobee</i>	0	covered at \$0 for ages 50 years and younger; OTC
KOSHER PRENATAL PLUS IRON	3	
<i>kpn oral tablet</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>ludent fluoride</i>	0	covered at \$0 for ages 1-16 years; OTC
MARNATAL-F	3	
MECOBALAMIN (VITAMIN B12) INJECTION	3	
<i>m-natal plus</i>	1	
<i>multi-vitamin with fluoride</i>	0	covered at \$0 for ages 1-16 years; OTC
<i>multivitamins with fluoride</i>	0	covered at \$0 for ages 1-16 years; OTC
<i>mvc-fluoride</i>	0	covered at \$0 for ages 1-16 years; OTC
<i>mynatal</i>	1	
<i>mynatal advance</i>	1	
<i>mynatal plus</i>	1	
<i>mynatal-z</i>	1	
<i>mynate 90 plus</i>	1	
NASCOBAL	2	
NATACHEW (FE BIS-GLYCINATE)	3	

Drug Name	Drug Tier	Requirements / Limits
<i>natural b-100 complex</i>	0	covered at \$0 for ages 50 years and younger; OTC
NEEVODHA (WITH ALGAL OIL)	3	
NESTABS	3	
NESTABS ABC	3	
NESTABS DHA	3	
NESTABS ONE	3	
<i>newgen</i>	1	
OB COMPLETE ONE	3	
OB COMPLETE ORAL TABLET	3	
OB COMPLETE PETITE	3	
OB COMPLETE PREMIER	3	
OB COMPLETE WITH DHA	3	
<i>obstetrix dha</i>	1	
OBSTETRIX EC	3	
OBSTETRIX ONE	3	
OBTREX DHA	3	
<i>one daily prenatal oral combo pack 28-800-440 mg-mcg-mg</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>perry prenatal</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>pnv 29-1</i>	1	
<i>pnv-dha</i>	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
<i>pnv-dha + docusate</i>	1	
<i>pnv-omega</i>	1	
<i>pnv-select</i>	1	
<i>pr natal 400</i>	1	
<i>pr natal 400 ec</i>	1	
<i>pr natal 430</i>	1	
<i>pr natal 430 ec</i>	1	
PREGENNA	3	
<i>prenal chew</i>	1	
<i>prenal pearl</i>	1	
<i>prenal true</i>	1	
<i>prenaissance</i>	1	
<i>prenaissance plus</i>	1	
PRENATA	3	
<i>prenatabs fa</i>	1	
<i>prenatabs rx</i>	1	
<i>prenatal complete</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>prenatal formula oral tablet 28 mg iron- 800 mcg</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>prenatal multi-dha (algal oil)</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>prenatal one daily</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	0	covered at \$0 for ages 50 years and younger; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>prenatal plus</i>	1	
<i>prenatal plus (calcium carb)</i>	1	
PRENATAL PLUS DHA ORAL COMBO PACK	3	
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	0	OTC
<i>prenatal vitamin plus low iron</i>	1	
<i>prenatal vitamin with minerals</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>prenatal vits96-iron fum-folic</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>prenatal-u</i>	1	
PRENATE AM	3	
PRENATE CHEWABLE	3	
PRENATE DHA (FERR ASP GLYCIN)	3	
PRENATE ELITE (IRON ASP GLYC)	3	
PRENATE ENHANCE	3	
PRENATE ESSENTIAL(IRON-ASP-GL)	3	
PRENATE MINI (FERR ASP GLYCIN)	3	
PRENATE PIXIE	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
PRENATE RESTORE	3	
PRENATE STAR	3	
<i>preplus</i>	1	
<i>pretab</i>	1	
PRIMACARE	3	
PROVIDA OB	3	
PUREFE OB PLUS	3	
<i>rena-vite</i>	0	covered at \$0 for ages 50 years and younger; OTC
R-NATAL OB	3	
SELECT-OB	3	
SELECT-OB (FOLIC ACID)	3	
SELECT-OB + DHA	3	
<i>se-natal 19 chewable</i>	1	
<i>se-natal-19</i>	1	
<i>stress formula</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>stress formula with iron</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>stress formula with iron(sulf)</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>super b complex-vitamin c</i>	0	covered at \$0 for ages 50 years and younger; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>super b maxi complex</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>super quints</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>super quints b-50</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>taron-c dha</i>	1	
<i>taron-prex prenatal-dha</i>	1	
THRIVITE RX	3	
TRICARE	3	
TRIFERIC HEMODIALYSIS SOLUTION	3	
<i>trinatal rx 1</i>	1	
<i>trinate</i>	1	
TRINAZ	3	
TRISTART DHA	3	
<i>triveen-duo dha</i>	1	
<i>tri-vitamin with fluoride</i>	0	covered at \$0 for ages 1-16 years; OTC
VENOFER	2	PA
VINATE DHA RF	3	
<i>virt-c dha</i>	1	
<i>virt-nate dha</i>	1	
<i>virt-pn dha</i>	1	
<i>virt-pn plus</i>	1	
VITAFOL FE PLUS	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
VITAFOL FE+ (WITH DOCUSATE)	3	
VITAFOL GUMMIES	3	
VITAFOL NANO	3	
VITAFOL ULTRA	3	
VITAFOL-OB	3	
VITAFOL-OB+DHA	3	
VITAFOL-ONE	3	
VITAMED MD ONE RX	3	
VITAMEDMD REDICHEW RX	3	

Drug Name	Drug Tier	Requirements / Limits
<i>vitamin b complex oral tablet</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>vitamin b complex-folic acid oral tablet</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>vitamins a,c,d and fluoride</i>	0	covered at \$0 for ages 1-16 years; OTC
VITAPEARL	3	
VITATRUE	3	
<i>vp-ch-pnv</i>	1	
VP-PNV-DHA	3	
<i>zatean-pn dha</i>	1	
<i>zatean-pn plus</i>	1	
<i>zingiber</i>	1	

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

Index

A		
abacavir	3	
abacavir-lamivudine	3	
abacavir-lamivudine- zidovudine	3	
ABILIFY MYCITE	22	
abiraterone	10	
ABSORICA	36	
ABSORICA LD	36	
acamprosate	43	
acarbose	51	
ACCOLATE	76	
ACCUPRIL	27	
ACCURETIC	27	
ACE AEROSOL CLOUD ENHANCER	47	
acebutolol	27	
acetaminophen-caff- dihydrocod	17	
acetaminophen-codeine	17	
acetazolamide	72	
acetic acid	43, 46	
acetylcysteine	76	
acitretin	34	
ACTEMRA	63	
ACTEMRA ACTPEN	63	
ACTHIB (PF)	60	
ACTICLATE	8	
ACTIGALL	54	
ACTIMMUNE	60	
ACTIQ	17	
ACTIVELLA	64	
ACTONEL	62	
ACTOPLUS MET	51	
ACTOS	51	
ACULAR	72	
ACULAR LS	72	
acyclovir	3, 40	
ACZONE	36	
ADACEL(TDAP ADOLESN/ADULT)(PF)	60	
ADAKVEO	10	
ADALAT CC	27	
adapalene	36	
ADAPALENE	36	
adapalene-benzoyl peroxide	36	
ADASUVE	22	
ADDERALL XR	22	
adefovir	3	
ADEMPAS	76	
ADHANSIA XR	22	
ADRENALIN	76	
adult aspirin regimen	20	
ADVAIR DISKUS	76	
ADVAIR HFA	76	
ADZENYS ER	22	
ADZENYS XR-ODT	22	
AEMCOLO	7	
AEROCHAMBER MINI	47	
AEROCHAMBER PLUS FLOW-VU	47	
AEROCHAMBER PLUS Z STAT	47	
AEROTRACH PLUS	47	
AEROVENT PLUS	47	
AFINITOR	10	
AFINITOR DISPERZ	10	
afirmelle	66	
AFLURIA QD 2020-21(3YR UP)(PF)	60	
AFLURIA QD 2020-21(6- 35MO)(PF)	60	
AFLURIA QUAD 2020- 2021(6MO UP)	60	
AFREZZA	49	
AFTERA	66	
AGRYLIN	43	
AIRDUO RESPICLICK	76	
AKLIEF	36	
ak-poly-bac	69	
AKTEN (PF)	71	
ala-cort	40	
ALA-SCALP	40	
albendazole	7	
ALBENZA	7	
albuterol sulfate	76	
ALCAINE	71	
alclometasone	40	
ALDACTAZIDE	27	
ALDACTONE	27	
ALDARA	60	
ALECENSA	10	
alendronate	62	
ALFERON N	60	
alfuzosin	79	
ALINIA	7	
aliskiren	27	
ALKERAN	10	
allopurinol	62	
ALLZITAL	17	
almotriptan malate	15	
ALOCRIAL	71	
ALOGLIPTIN	51	
ALOMIDE	71	
alopen (bisacodyl)	54	
ALORA	64	
alosetron	54	
ALPHAGAN P	74	
alprazolam	22	
alprazolam intensol	22	
ALREX	73	
altacaine	71	
ALTACE	27	
ALTAFLUOR BENOX	71	
altavera (28)	66	
ALTRENO	36	
ALUNBRIG	10	
ALVESCO	76	
alyacen 1/35 (28)	66	
alyacen 7/7/7 (28)	66	
alyq	76	
amabelz	64	
amantadine hcl	3	
AMARYL	51	
ambrisentan	76	
amcinonide	40	
AMERGE	15	
amethia	66	
amethia lo	66	
amethyst (28)	66	
amiloride	27	
amiloride-hydrochlorothiazide	27	
amiodarone	27	
AMITIZA	54	
amitriptyline	23	
amitriptyline-chlordiazepoxide	23	

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

amlodipine.....	28	ARAZLO.....	36	AUTOPEN 1 TO 21 UNITS	48
amlodipine-benazepril.....	28	ARCAPTA NEOHALER.....	76	avar.....	36
amlodipine-olmesartan.....	28	ARICEPT.....	16	AVAR.....	36
amlodipine-valsartan.....	28	aripiprazole.....	23	AVAR LS.....	36
amlodipine-valsartan-hcthiiazid.....	28	ARIXTRA.....	31	AVAR-E GREEN.....	36
ammonium lactate.....	35	armodafinil.....	23	AVAR-E LS.....	36
amnesteem.....	36	ARMOUR THYROID.....	52	aviane.....	66
amoxapine.....	23	ARNUITY ELLIPTA.....	76	avidoxy.....	8
amoxicil-clarithromy-lansopraz.....	57	AROMASIN.....	10	AVIDOXY DK.....	8
amoxicillin.....	8	ARTHROTEC 50.....	20	avita.....	36
amoxicillin-pot clavulanate....	8	ARTHROTEC 75.....	20	AVITA.....	36
amphetamine sulfate.....	23	ARYMO ER.....	17	AVSOLA.....	54
AMZEEQ.....	36	ASCENIV.....	60	AYGESTIN.....	64
ANADROL-50.....	50	ascomp with codeine.....	17	ayuna.....	66
ANAFRANIL.....	23	ashlyna.....	66	AYVAKIT.....	10
anagrelide.....	43	ASMANEX HFA.....	76	AZASAN.....	10
ANA-LEX KIT.....	54	ASMANEX TWISTHALER.....	76	AZASITE.....	69
ANALPRAM-HC.....	34, 54	ASPARLAS.....	10	azathioprine.....	10
ANALPRAM-HC SINGLES.....	54	aspirin.....	20	azelaic acid.....	36
ANAPROX DS.....	20	aspirin low dose.....	20	azelastine.....	45, 71
anaspaz.....	53	aspirin-dipyridamole.....	31	azelastine-fluticasone.....	76
anastrozole.....	10	aspir-trin.....	20	AZELEX.....	36
ANDRODERM.....	50	ASTAGRAF XL.....	10	AZILECT.....	14
ANDROGEL.....	50, 51	AT HOME A1C.....	48	azithromycin.....	6
ANDROID.....	51	atazanavir.....	3	AZOPT.....	72
ANGELIQ.....	64	ATELVIA.....	62	AZULFIDINE.....	54
ANNOVERA.....	65	atenolol.....	28	AZULFIDINE EN-TABS....	54
ANORO ELLIPTA.....	76	atenolol-chlorthalidone.....	28	azurette (28).....	66
ANTABUSE.....	43	ATIVAN.....	23	B	
ANTARA.....	32	atomoxetine.....	23	b complex 1 (with folic acid).....	80
anucort-hc.....	54	atorvastatin.....	32, 33	b complex-vitamin b12.....	80
apexicon e.....	40	atovaquone.....	7	b complex-vitamin c-folic acid.....	80
APLENZIN.....	23	atovaquone-proguanil.....	7	BACIGUENT.....	69
APOKYN.....	14	ATROPINE.....	70	bacitracin.....	69
apraclonidine.....	74	ATROVENT HFA.....	76	bacitracin-polymyxin b.....	69
aprepitant.....	54	AUBAGIO.....	59	baclofen.....	16
apri.....	66	aubra.....	66	BACTRIM.....	8
APRISO.....	54	aubra eq.....	66	BACTRIM DS.....	8
APTENSIO XR.....	23	AUGMENTIN.....	8	balanced b-100.....	80
APTIVUS.....	3	AUGMENTIN XR.....	8	balanced b-100 complex.....	80
APTIVUS (WITH VITAMIN E).....	3	aurovela 1.5/30 (21).....	66	balanced b-50.....	80
aqua care sodium chloride....	43	aurovela 1/20 (21).....	66	bal-care dha.....	80
aqua care sterile water.....	43	aurovela 24 fe.....	66	BAL-CARE DHA	
aranelle (28).....	66	aurovela fe 1.5/30 (28).....	66	ESSENTIAL.....	80
ARAVA.....	63	aurovela fe 1-20 (28).....	66	BALCOLTRA.....	66
		AURYXIA.....	54	balsalazide.....	54
		AUTOJECT 2 INJECTION		BALVERSA.....	10
		DEVICE.....	48		

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

balziva (28).....	66	bethanechol chloride.....	79	BRUKINSA.....	10
BANZEL	13	BETHKIS	7	BRYHALI	40
BAQSIMI	48	BETIMOL	70	budesonide	54, 76
BARACLUDE	3	BETOPTIC S.....	70	bumetanide	28
BASAGLAR KWIKPEN U-		bexarotene	10	BUNAVAIL	20
100 INSULIN.....	49	BEXSERO.....	60	buprenorphine.....	17
bayer aspirin	20	BEYAZ.....	66	buprenorphine hcl.....	17
BCG VACCINE, LIVE (PF)	60	bicalutamide	10	buprenorphine-naloxone.....	20
b-complex with vitamin c.....	80	BIDIL	28	bupropion hcl.....	23
BD INTEGRA NEEDLE	48	BIJUVA.....	64	BUPROPION HCL	23
BD MICROTAINER		BIKTARVY	3	bupropion hcl (smoking deter)	
LANCET	48	bimatoprost.....	72	.....	44
BD SPECIALTY USE		BINOSTO.....	62	buspirone	23
NEEDLES	48	BIOTHRAX	60	butalbital compound w/codeine	
BD ULTRA FINE LANCETS		bisacodyl.....	54	.....	17
.....	48	bisa-lax (bisacodyl)	54	butalbital-acetaminop-caf-cod	
BD ULTRA-FINE NANO		bisoprolol fumarate.....	28	.....	17
PEN NEEDLE.....	48	bisoprolol-hydrochlorothiazide		butalbital-acetaminophen	17
bekyree (28).....	66	.....	28	butalbital-acetaminophen-caff	
BELBUCA	17	BLEPH-10	74	.....	17
belladonna alkaloids-opium .	53	BLEPHAMIDE	74	butalbital-aspirin-caffeine.....	18
BELRAPZO	10	BLEPHAMIDE S.O.P.....	74	butorphanol.....	20
benazepril	28	blisovi 24 fe.....	66	BYSTOLIC.....	28
benazepril-hydrochlorothiazide		blisovi fe 1.5/30 (28)	66	C	
.....	28	blisovi fe 1/20 (28)	66	cabergoline	51
BENDEKA.....	10	BONIVA	62	CABLIVI.....	31
BENZACLIN	36	BONJESTA	54	CABOMETYX.....	10
BENZACLIN PUMP	36	BOOSTRIX TDAP.....	60	CAFERGOT	15
benzepto	36	bosentan.....	76	caffeine citrate	43
BENZEPRO		BOSULIF	10	CALAN SR	28
(MICROSPHERES).....	36	bp 10-1.....	36	calcipotriene	34
BENZNIDAZOLE	7	BRAFTOVI.....	10	calcipotriene-betamethasone	34
benzonatate.....	75	BREATHERITE MDI		calcitonin (salmon)	51
benzoyl peroxide	36	SPACER.....	47	calcitriol.....	34, 51
benztropine.....	15	BREO ELLIPTA	76	calcium acetate(phosphat bind)	
BEOVU	71	BREZTRI AEROSPHERE...	76	.....	54
BEPREVE	71	briellyn.....	67	CALQUENCE	10
beser	40	BRILINTA	31	CAMBIA	20
BESIVANCE	69	brimonidine	74	camila	64
BETADINE OPHTHALMIC		BRIMONIDINE-		camrese	67
PREP	70	DORZOLAMIDE (PF).....	72	camrese lo.....	67
betamethasone dipropionate.	40	BROMFED DM	75	CANASA.....	54
betamethasone valerate	40	bromfenac	72	candesartan	28
betamethasone, augmented...	40	bromocriptine	15	candesartan-hydrochlorothiazid	
BETAPACE	27	brompheniramine-pseudoeph-		.....	28
BETAPACE AF	27	dm.....	75	CANTHARIDIN IN	
BETASERON	59	BROMSITE.....	72	ACETONE	35
betaxolol.....	28, 70	BROVANA	76	CAPCOF.....	75

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

capecitabine.....	10	CENTANY AT.....	39	CITRANATAL B-CALM (FE	
CAPEX.....	40	cephalexin.....	6	GLUC).....	80
CAPRELSA	10	CEQUA	71	CITRANATAL BLOOM	80
captopril.....	28	CEQUR SIMPLICITY	48	CITRANATAL DHA	
captopril-hydrochlorothiazide		cetirizine	74	(ALGAL OIL)	81
.....	28	cevimeline	43	CITRANATAL HARMONY	
CARAFATE.....	57	CHANTIX.....	44	(IRON FUM)	81
carbamazepine.....	13	CHANTIX CONTINUING		citrate of magnesia.....	54
CARBATROL.....	13	MONTH BOX.....	44	citroma.....	54
carbidopa	15	CHANTIX STARTING		claravis.....	36
carbidopa-levodopa	15	MONTH BOX.....	44	CLARINEX.....	74
carbidopa-levodopa-		charlotte 24 fe.....	67	CLARINEX-D 12 HOUR	75
entacapone	15	chateal (28).....	67	clarithromycin.....	6
carbinoxamine maleate.....	74	chateal eq (28)	67	classic prenatal.....	81
CARDIZEM	28	CHENODAL	54	clearlax	54
CARDIZEM CD	28	children's aspirin.....	20	clemastine	74
CARDIZEM LA.....	28	chlordiazepoxide-clidinium..	53	CLENPIQ	54
CARDURA	28	chlorhexidine gluconate	45	CLEOCIN.....	65
CARDURA XL.....	28	chloroquine phosphate.....	7	CLEOCIN HCL.....	7
carisoprodol-aspirin.....	16	chlorpromazine	23	CLEOCIN PEDIATRIC	7
carisoprodol-aspirin-codeine	17	chlorthalidone	28	CLEOCIN T	36
CARNITOR	43	chlorzoxazone.....	17	CLIMARA.....	64
CARNITOR (SUGAR-FREE)		cholestyramine (with sugar) .	33	CLINDACIN ETZ.....	37
.....	43	cholestyramine light	33	clindacin p	37
CAROSPIR	28	choline,magnesium salicylate		CLINDACIN PAC	37
carteolol.....	70	.....	20	clindamycin hcl	7
cartia xt.....	28	ciclodan	39	clindamycin pediatric	7
carvedilol.....	28	CICLODAN KIT.....	39	clindamycin phosphate ...	37, 65
carvedilol phosphate.....	28	ciclopirox.....	39	clindamycin-benzoyl peroxide	
CASODEX.....	10	ciclopirox-ure-camph-menth-		.....	37
CATAPRES	28	euc	39	clindamycin-tretinoin	37
CATAPRES-TTS-1.....	28	cilostazol.....	31	CLINDESSE.....	65
CATAPRES-TTS-2.....	28	CILOXAN	70	CLINPRO 5000	45
CATAPRES-TTS-3.....	28	CIMDUO.....	3	clobazam.....	13
CAYA CONTOURED.....	64	cimetidine	57	clobetasol	40, 41
caziant (28).....	67	cimetidine hcl	57	clobetasol-emollient	41
cefaclor	5, 6	CIPRO	8	CLOBEX	41
cefadroxil.....	6	CIPRO HC.....	46	clodan	41
cefdinir	6	CIPRODEX.....	46	CLODAN KIT.....	41
cefditoren pivoxil	6	ciprofloxacin hcl.....	8, 46, 70	CLODERM.....	41
cefixime.....	6	ciprofloxacin-dexamethasone		clomipramine	23
cefpodoxime	6	.....	46	clonazepam	13
cefprozil.....	6	citalopram	23	clonidine	28
cefuroxime axetil.....	6	CITRANATAL (DUAL-		clonidine hcl	23, 28
celecoxib.....	20	IRON).....	80	clopidogrel	31
CELLCEPT	10	CITRANATAL 90 DHA		clorazepate dipotassium.....	23
CELONTIN	13	(ALGAL OIL)	80	clotrimazole	3, 39
CENTANY	39	CITRANATAL ASSURE	80	clotrimazole-betamethasone	39

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

clozapine.....	23	COSENTYX PEN	34	dapsone	7, 37
CLOZARIL	23	COSENTYX PEN (2 PENS).....	34	DAPSONE.....	37
c-nate dha	81	COSOPT (PF).....	72	DAPTACEL (DTAP	
codeine sulfate.....	18	COTELLIC.....	10	PEDIATRIC) (PF).....	60
codeine-butalbital-asa-caff... 18		COTEMPLA XR-ODT	23	DARAPRIM	7
codeine-guaifenesin.....	75	covaryx	64	darifenacin	78
CODITUSSIN AC	75	covaryx h.s.....	64	DARZALEX FASPRO	10
CODITUSSIN DAC.....	75	CREON	54	dasetta 1/35 (28)	67
COLAZAL	54	CRINONE	64	dasetta 7/7/7 (28)	67
colchicine	62	CRIXIVAN	4	DAURISMO.....	10
COLCRYS	62	cromolyn.....	54, 71, 76	DAYPRO.....	20
COLESTID	33	crotan	43	daysee	67
COLESTID FLAVORED ...	33	cryselle (28).....	67	DAYTRANA.....	23
colestipol	33	CUROSURF	76	DAYVIGO	23
COMBIGAN	72	CUTAQUIG	60	DDAVP	51
COMBIPATCH.....	64	CUTIVATE.....	41	deblitane	64
COMBIVENT RESPIMAT .	76	cyanocobalamin (vitamin b-12)		decadron	46
COMBIVIR.....	3	.....	81	deferiprone.....	43
COMETRIQ.....	10	cyclafem 1/35 (28).....	67	DELESTROGEN	64
COMPACT SPACE		cyclafem 7/7/7 (28)	67	demeclocycline	8
CHAMBER	47	cyclobenzaprine.....	17	DEMSEER.....	28
COMPAZINE	54	CYCLOGYL	71	DENAVIR	40
complete natal dha.....	81	CYCLOMYDRIL.....	74	denta 5000 plus.....	45
complex b-100.....	81	cyclopentolate.....	71	dentagel.....	45
compro.....	54	CYCLOPEN-TROPIC-		DEPAKOTE	13
COMTAN	15	PHENYLEPH-WATR.....	71	DEPAKOTE ER.....	13
CONCEPT DHA	81	CYCLOPENT-TROPIC-		DEPAKOTE SPRINKLES...13	
CONCEPT OB	81	PHEN-KETR-WAT	71	DEPEN TITRATABS	63
CONCERTA	23	cyclophosphamide	10	DEPO-ESTRADIOL	64
CONDYLOX	35	CYCLOP-TROP-PROPA-		DEPO-PROVERA.....	64
CONSENSI	28	PHEN-KET-WAT	71	DEPO-SUBQ PROVERA 104	
constulose.....	54	CYCLOSERINE	7	.....	64
CONZIP	20	CYCLOSET	52	DEPO-TESTOSTERONE...51	
COPAXONE	59	cyclosporine.....	10	DERMA-SMOOTH/FS	
COPIKTRA.....	10	CYCLOSPORINE IN		BODY OIL	41
COREG CR.....	28	KLARITY	71	DERMA-SMOOTH/FS	
coremino.....	8	cyclosporine modified	10	SCALP OIL	41
CORGARD	28	cyproheptadine	75	DERMOTIC OIL.....	46
CORLANOR.....	34	cyred	67	DESCOVY	4
CORTANE-B	35	cyred eq	67	desipramine.....	23
CORTEF	46	CYSTAGON	79	desloratadine.....	75
CORTENEMA	54	CYTOTEC.....	57	desmopressin	51
cortisone	46	D		desog-e.estradiol/e.estradiol .67	
CORTISPORIN.....	39	D.H.E.45.....	15	DESONATE	41
CORTISPORIN-TC	46	dalfampridine.....	16	desonide.....	41
COSENTYX.....	34	danazol.....	51	DESOWEN.....	41
COSENTYX (2 SYRINGES)		DANTRIUM	17	desoximetasone.....	41
.....	34	dantrolene	17	DESODYN	23

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

DESVENLAFAXINE	23	dihydroergotamine.....	15	DRISDOL.....	81
desvenlafaxine succinate.....	23	DILANTIN.....	13	dronabinol.....	54
dexabliss.....	46	DILANTIN EXTENDED.....	13	drospirenone-e.estradiol-lm.fa	
dexamethasone	46	DILANTIN INFATABS	13	.....	67
dexamethasone intensol.....	46	DILANTIN-125.....	13	drospirenone-ethinyl estradiol	
dexamethasone sodium		DILATRATE-SR	34	.....	67
phosphate.....	73	DILAUDID	18	DROXIA.....	10
DEXAMETH-		diltiazem	28, 29	DSUVIA	18
MOXIFLOX(PF)-		dilt-xr.....	29	DUAVEE.....	64
NACL,ISO	73	dimethyl fumarate.....	59	ducodyl (bisacodyl)	54
DEXAMET-MOXIFL-		DIPENTUM	54	DUET DHA BALANCED ...	81
KETORO-NACL(PF)	71	DIPHEN	75	DUET DHA WITH OMEGA-3	
dexchlorpheniramine maleate		diphenoxylate-atropine	53	.....	81
.....	75	DIPROLENE		DUETACT	52
DEXCOM G4 RECEIVER ..	48	(AUGMENTED).....	41	DUEXIS	20
DEXCOM G5 RECEIVER ..	48	dipyridamole.....	31	dulcolax (magnesium	
DEXCOM G6 RECEIVER ..	48	DISALCID	20	hydroxide).....	54
DEXCOM RECEIVER.....	48	diskets.....	18	DULERA.....	76
DEXEDRINE SPANSULE..	23	disopyramide phosphate	27	duloxetine	24
DEXILANT.....	57	disulfiram.....	43	DUOBRII	41
dexmethylphenidate	23	DITROPAN XL	78	DURAGESIC	18
DEXTENZA.....	73	DIURIL	29	DUREZOL	73
dextroamphetamine	23	divalproex	13	dutasteride.....	79
dextroamphetamine-		DIVIGEL.....	64	dutasteride-tamsulosin	79
amphetamine	23	dofetilide.....	27	dvorah	18
DEXYCU (PF).....	73	DOJOLVI	80	DXEVO	46
DIACOMIT	13	DOLOPHINE	18	DYANAVEL XR	24
dialyvite 800.....	81	donepezil	16	DYAZIDE	29
DIASTAT.....	13	DOPTELET (15 TAB PACK)		DYMISTA.....	76
DIASTAT ACUDIAL.....	13	.....	31	DYRENIUM.....	29
diazepam.....	13, 23	DORYX.....	8	E	
diazepam intensol.....	23	DORYX MPC	8	e.c. prin	20
diazoxide	48	dorzolamide	72	e.e.s. 400	6
DIBENZYLINE	28	DORZOLAMIDE (PF).....	72	E.E.S. GRANULES.....	6
diclofenac potassium	20	dorzolamide-timolol	72	EASIVENT HOLDING	
diclofenac sodium	20, 72	dorzolamide-timolol (pf)	72	CHAMBER	47
diclofenac-misoprostol	20	DORZOLAMIDE-TIMOLOL		ECLIPSE NEEDLE.....	48
dicloxacillin.....	8	(PF).....	72	EC-NAPROSYN	20
dicyclomine	53	dotti.....	64	econazole	39
didanosine.....	4	DOVATO	4	econtra ez.....	67
DIFFERIN.....	37	DOVONEX	34	econtra one-step.....	67
DIFICID	6	doxazosin.....	29	ecotrin	20
diflorasone	41	doxepin	23, 24	ecotrin low strength	20
DIFLUCAN.....	3	doxercalciferol.....	51	ECOZA.....	39
diflunisal.....	20	doxycycline hyclate.....	8, 9	EDARBI	29
digitek.....	31	doxycycline monohydrate	9	EDARBYCLOR.....	29
digox.....	31	doxylamine-pyridoxine (vit b6)		EDECRIN.....	29
digoxin.....	31	.....	54	EDLUAR.....	24

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

ed-spaz.....	53	ENLITE SYSTEM.....	48	escitalopram oxalate.....	24
EDURANT.....	4	enoxaparin.....	31	ESGIC.....	18
eemt.....	64	enpresse.....	67	ESKATA.....	35
eemt hs.....	65	enskyce.....	67	esomeprazole magnesium.....	58
efavirenz.....	4	ENSPRYNG.....	10	estarylla.....	67
efavirenz-emtricitabin-tenofov	4	ENSTILAR.....	34	ESTRACE.....	65
efavirenz-lamivu-tenofov disop	4	entacapone.....	15	estradiol.....	65
effer-k.....	79	entecavir.....	4	estradiol valerate.....	65
EFFIENT.....	31	ENTEREG.....	54	estradiol-norethindrone acet.....	65
EFUDEX.....	35	ENTOCORT EC.....	54	ESTRING.....	65
EGRIFTA SV.....	59	ENTRESTO.....	34	estrogens-methyltestosterone.....	65
ELESTRIN.....	65	enulose.....	54	ESTROSTEP FE-28.....	67
eletriptan.....	15	ENVARCUS XR.....	10	eszopiclone.....	24
ELIMITE.....	43	ENZOCLEAR.....	37	ethacrynic acid.....	29
elinest.....	67	EPCLUSA.....	4	ethambutol.....	7
ELIQUIS.....	31	EPIDIOLEX.....	13	ethosuximide.....	13
ELIQUIS DVT-PE TREAT 30D START.....	31	EPIFOAM.....	34	ethynodiol diac-eth estradiol.....	67
elite-ob.....	81	epinastine.....	71	etodolac.....	21
ELIXOPHYLLIN.....	77	epinephrine.....	75	etonogestrel-ethinyl estradiol.....	66
ELLA.....	67	epinephrine hcl.....	77	etoposide.....	10
ELMIRON.....	79	EPIPEN 2-PAK.....	75	EUFLEXXA.....	21
eluryng.....	66	EPIPEN JR 2-PAK.....	75	EURAX.....	43
ELZONRIS.....	10	EPISIL.....	45	euthyrox.....	52
EMCYT.....	10	epitol.....	13	EVAMIST.....	65
EMGALITY PEN.....	15	EPIVIR.....	4	EVEKEO.....	24
EMGALITY SYRINGE.....	15	EPIVIR HBV.....	4	EVEKEO ODT.....	24
emoquette.....	67	eplerenone.....	29	everolimus (antineoplastic) ..	11
EMSAM.....	24	eprosartan.....	29	everolimus (immunosuppressive)	11
emtricitabine.....	4	EPZICOM.....	4	EVERSENSE SENSOR- HOLDER.....	48
emtricitabine-tenofovir (tdf)...	4	EQUETRO.....	13	EVISTA.....	62
EMTRIVA.....	4	ergocalciferol (vitamin d2)...	81	EVOCLIN.....	37
EMVERM.....	7	ergoloid.....	24	EVOTAZ.....	4
enalapril maleate.....	29	ERGOMAR.....	15	EVOXAC.....	43
enalapril-hydrochlorothiazide	29	ergotamine-caffeine.....	15	EVRYSDI.....	16
ENBRACE HR.....	81	ERIVEDGE.....	10	EXELDERM.....	39
ENBREL.....	63	erlotinib.....	10	EXELON.....	16
ENBREL MINI.....	63	errin.....	65	exemestane.....	11
ENBREL SURECLICK.....	63	ERTACZO.....	39	EXTINA.....	39
endocet.....	18	ery pads.....	37	ezetimibe.....	33
ENDOMETRIN.....	65	erygel.....	37	F	
ENGERIX-B (PF).....	60	ERYPED 200.....	6	FABIOR.....	37
ENGERIX-B PEDIATRIC (PF).....	60	ERYPED 400.....	6	FACTIVE.....	8
ENHERTU.....	10	ery-tab.....	6	falmina (28).....	67
		ERY-TAB.....	6	famciclovir.....	4
		erythrocine (as stearate).....	6	famotidine.....	58
		erythromycin.....	6, 70	FANAPT.....	24
		erythromycin ethylsuccinate...	6		
		erythromycin with ethanol....	37		

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

FARXIGA.....	52	FLOMAX.....	79	FLUTICASONE PROPION-	
FARYDAK.....	11	FLORIVA (FLUORIDE-		SALMETEROL.....	77
fayosim.....	67	VITAMIN D3).....	81	fluvastatin.....	33
FC2 FEMALE CONDOM ...	64	FLOVENT DISKUS.....	77	fluvoxamine.....	24
febuxostat.....	62	FLOVENT HFA.....	77	FLUZONE HIGHDOSE	
felbamate.....	13	FLUAD 2020-2021 (65 YR		QUAD 20-21 PF.....	61
FELBATOL.....	13	UP)(PF).....	60	FLUZONE QUAD 2020-2021	
FELDENE.....	21	FLUAD QUAD 2020-21(65Y		.....	61
felodipine.....	29	UP)(PF).....	60	FLUZONE QUAD 2020-2021	
fem ph.....	66	FLUARIX QUAD 2020-2021		(PF).....	61
FEMARA.....	11	(PF).....	60	FML LIQUIFILM.....	73
FEMCAP.....	64	FLUBLOK QUAD 2020-2021		FOLET ONE.....	81
FEMHRT LOW DOSE.....	65	(PF).....	60	folic acid.....	81
femynor.....	67	FLUCELVAX QUAD 2020-		folivane-ob.....	81
fenofibrate.....	33	2021.....	60	foltabs 800.....	81
FENOFIBRATE.....	33	FLUCELVAX QUAD 2020-		fondaparinux.....	31
fenofibrate micronized.....	33	2021 (PF).....	61	FORA GTEL MULTI-	
fenofibrate nanocrystallized.....	33	fluconazole.....	3	FUNCTN MONITOR.....	48
fenofibric acid.....	33	fludrocortisone.....	46	FORFIVO XL.....	24
fenofibric acid (choline).....	33	FLULAVAL QUAD 2020-		FORTAMET.....	52
FENOGLIDE.....	33	2021 (PF).....	61	FORTESTA.....	51
fenoprofen.....	21	FLUMADINE.....	4	FOSAMAX.....	62
fentanyl.....	18	FLUMIST QUAD 2020-2021		FOSAMAX PLUS D.....	62
fentanyl citrate.....	18	.....	61	fosamprenavir.....	4
FERAHEME.....	81	fluocinolone.....	41	fosinopril.....	29
FERRIPROX.....	43	fluocinolone acetone oil	46	fosinopril-hydrochlorothiazide	
FERRLECIT.....	43	fluocinolone and shower cap	41	.....	29
FETZIMA.....	24	fluocinonide.....	41	FREESTYLE FREEDOM...48	
FEXMID.....	17	fluocinonide-e.....	41	FREESTYLE FREEDOM	
FIBRICOR.....	33	fluoride (sodium).....	45, 81	LITE.....	49
FINACEA.....	37	FLUORIDEX DAILY		FREESTYLE INSULINX...47,	
finasteride.....	79	DEFENSE.....	45	49	
FIORICET.....	18	FLUORIDEX SENSITIVITY		FREESTYLE INSULINX	
FIORICET WITH CODEINE		RELIEF.....	45	TEST STRIPS.....	47
.....	18	fluoritab.....	81	FREESTYLE LIBRE 14 DAY	
FIORINAL.....	18	fluorometholone.....	73	READER.....	49
FIORINAL-CODEINE #3 ...	18	FLUOROPLEX.....	35	FREESTYLE LIBRE 14 DAY	
FIRDAPSE.....	16	fluorouracil.....	35	SENSOR.....	49
FIRVANQ.....	9	fluoxetine.....	24	FREESTYLE LITE METER	49
flac otic oil.....	46	fluphenazine hcl.....	24	FREESTYLE LITE STRIPS	47
FLAGYL.....	7	FLURA-DROPS.....	81	FREESTYLE TEST.....	47
FLAREX.....	73	flurazepam.....	24	FROVA.....	15
flavoxate.....	79	flurbiprofen.....	21	frovatriptan.....	15
flecainide.....	27	flurbiprofen sodium.....	72	full spectrum b-vitamin c.....	81
FLECTOR.....	21	flutamide.....	11	FULPHILA.....	59
fleet laxative (bisacodyl).....	55	fluticasone propionate	41, 77	FURADANTIN.....	9
FLEXICHAMBER.....	47	fluticasone propion-salmeterol		furosemide.....	29
FLOLIPID.....	33	.....	77	FUZEON.....	4

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

fyavolv.....	65	GLUCAGON EMERGENCY KIT (HUMAN).....	48	heparin (porcine)	31, 32
G		GLUCAGON HCL.....	47	HEPARIN (PORCINE) IN 0.9% NACL	31
g tussin ac	75	GLUCOTROL.....	52	heparin (porcine) in 5 % dex	31
gabapentin	13	GLUCOTROL XL	52	heparin (porcine) in nacl (pf)	31
GABITRIL	13	glyburide.....	52	heparin flush(porcine)-0.9nacl	32
galantamine	16	glyburide micronized.....	52	heparin lock flush	32
GALZIN	79	glyburide-metformin	52	heparin lock flush (porcine)..	32
GARDASIL 9 (PF)	61	glycolax	55	heparin lockflush(porcine)(pf)	32
GASTROCROM	55	glydo	38	heparin(porcine) in 0.45% nacl	32
gatifloxacin.....	70	GLYNASE	52	HEPARIN(PORCINE) IN 0.45% NACL	32
GATTEX 30-VIAL	55	GLYSET.....	52	heparin, porcine (pf)	32
gavilax	55	GLYXAMBI	52	HEPARIN, PORCINE (PF)..	32
GELCLAIR	45	GOJJI MULTI-FUNCTIONAL METER	49	HEPLISAV-B (PF).....	61
GELNIQUE.....	79	GONITRO	34	HEPSERA	4
GELX	45	GRALISE	13	HETLIOZ	24
gemfibrozil	33	granisetron hcl	55	HIBERIX (PF).....	61
GENERESS FE	67	griseofulvin microsize	3	hidex	46
generlac	55	griseofulvin ultramicrosize.....	3	HISTEX-AC	75
gengraf.....	11	guaiaatusin ac	75	homatropaire.....	71
GENOTROPIN	59	guanfacine	24, 29	HORIZANT.....	16
GENOTROPIN MINIQUICK	59	guanidine	24	HUMALOG JUNIOR KWIKPEN U-100	49
gentak	70	GUARDIAN REAL-TIME GLU MONITOR	49	HUMALOG KWIKPEN INSULIN	50
gentamicin	39, 70	GVOKE HYPOPEN 2-PACK	48	HUMALOG MIX 50-50 INSULN U-100	50
GENTEEL VACUUM LANCING DEVICE	49	GVOKE PFS 2-PACK SYRINGE.....	48	HUMALOG MIX 50-50 KWIKPEN.....	50
gentle laxative (bisacodyl) ...	55	GYNAZOLE-1	66	HUMALOG MIX 75-25 KWIKPEN.....	50
gentlelax	55	gynol ii.....	66	HUMALOG MIX 75-25(U- 100)INSULN	50
GENVOYA	4	H		HUMALOG U-100 INSULIN	50
GEODON	24	hailey	67	HUMIRA	63
gianvi (28)	67	hailey 24 fe	67	HUMIRA PEN	63
GILENYA	59	hailey fe 1.5/30 (28)	67	HUMIRA PEN CROHNS-UC- HS START	63
GILOTRIF	11	hailey fe 1/20 (28)	67	HUMIRA PEN PSOR- UVEITS-ADOL HS	63
GIVLAARI.....	43	halcinonide	41	HUMIRA(CF)	63
glatiramer	59	halobetasol propionate.....	41	HUMIRA(CF) PEDI CROHNS STARTER	63
glatopa	59	HALOBETASOL PROPIONATE	41		
GLEOLAN	43	HALOG	42		
GLEOSTINE.....	11	haloperidol.....	24		
glimepiride	52	haloperidol lactate	24		
glipizide.....	52	HAVRIX (PF)	61		
glipizide-metformin.....	52	healthylax	55		
GLOPERBA.....	62	heather	65		
GLUCAGEN DIAGNOSTIC KIT	47	hemmorex-hc.....	55		
GLUCAGEN HYPOKIT	48	hep flush-10 (pf).....	31		
GLUCAGON (HCL) EMERGENCY KIT	48				

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

HUMIRA(CF) PEN	63	IBRANCE	11	iodine-sodium iodide	35
HUMIRA(CF) PEN		ibu	21	IODOFLEX	35
CROHNS-UC-HS	63	ibuprofen	21	IODOSORB	36
HUMIRA(CF) PEN PSOR-		ibuprofen-oxycodone	18	IOPIDINE	74
UV-ADOL HS	63	ICLUSIG	11	IPOL	61
HUMULIN 70/30 U-100		IDHIFA	11	ipratropium bromide	45, 77
INSULIN	50	ILEVRO	72	ipratropium-albuterol	77
HUMULIN 70/30 U-100		imatinib	11	irbesartan	29
KWIKPEN	50	imipramine hcl	24	irbesartan-hydrochlorothiazide	
HUMULIN N NPH INSULIN		imipramine pamoate	24	.....	29
KWIKPEN	50	imiquimod	60	IRESSA	11
HUMULIN N NPH U-100		IMOVAX RABIES VACCINE		ISENTRESS	4
INSULIN	50	(PF)	61	ISENTRESS HD	4
HUMULIN R REGULAR U-		IMPOYZ	42	isibloom	67
100 INSULN	50	IMURAN	11	isoniazid	7
HUMULIN R U-500 (CONC)		IMVEXXY MAINTENANCE		ISOPTO CARPINE	71
INSULIN	50	PACK	65	ISORDIL	34
HUMULIN R U-500 (CONC)		IMVEXXY STARTER PACK		ISORDIL TITRADOSE	34
KWIKPEN	50	.....	65	isosorbide dinitrate	34
hydralazine	29	INBRIJA	15	isosorbide mononitrate	34
HYDREA	11	incassia	65	isotretinoin	37
hydrochlorothiazide	29	INCRUSE ELLIPTA	77	isoxsuprine	66
hydrocodone bitartrate	18	indapamide	29	isradipine	29
hydrocodone-acetaminophen	18	INDERAL XL	29	itraconazole	3
hydrocodone-homatropine ...	75	INDOCIN	21	ivermectin	7
hydrocodone-ibuprofen	18	indomethacin	21	IXIARO (PF)	61
hydrocortisone	42, 46, 55	INFANRIX (DTAP) (PF)	61	J	
hydrocortisone acetate	55	INFASURF	43	jaimiess	67
hydrocortisone butyrate	42	INFED	81	JAKAFI	11
hydrocortisone butyr-emollient		INJECTAFER	81	JALYN	79
.....	42	INLYTA	11	jantoven	32
hydrocortisone valerate	42	INNOPRAN XL	29	JANUMET	52
hydrocortisone-acetic acid ...	46	INOVA	37	JANUMET XR	52
hydrocortisone-pramoxine ..	35, 55	INOVA 4-1	35	JANUVIA	52
hydromet	75	INOVA 8-2	35	JARDIANCE	52
hydromorphone	18	INPEN (FOR HUMALOG)	49	jasmiel (28)	67
hydroxocobalamin	81	INPEN (FOR NOVOLOG OR		jencycla	65
hydroxychloroquine	7	FIASP)	49	JENTADUETO	52
hydroxyurea	11	INSPIRACHAMBER	47	JENTADUETO XR	52
hydroxyzine hcl	75	INSPIRA	29	jinteli	65
hydroxyzine pamoate	75	INSULIN SYRINGE-		jolessa	67
hyophen	79	NEEDLE U-100	47	JORNAY PM	24
hyoscyamine sulfate	53	INTELENCE	4	juleber	67
hyosyne	53	INTERMEZZO	24	JULUCA	4
HYSINGLA ER	18	introvale	67	junel 1.5/30 (21)	67
I		INVEGA	24	junel 1/20 (21)	67
ibandronate	62	INVELTYS	74	junel fe 1.5/30 (28)	67
		INVIRASE	4	junel fe 1/20 (28)	67

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

june fe 24.....	67	K-TAB.....	80	LEUKERAN.....	11
K		kurvelo (28).....	67	levalbuterol hcl	77
KADIAN	18	KYNMOBI.....	15	LEVVID	53
kaitlib fe.....	67	L		LEVEMIR FLEXTOUCH U-	
KALETRA	4	l norgest/e.estradiol-e.estrad.	67	100 INSULN	50
kalliga.....	67	labetalol	29	LEVEMIR U-100 INSULIN	50
KALYDECO	77	LACRISERT	71	levetiracetam.....	14
KANJINTI.....	11	lactated ringers	43	levobunolol	70
KAPVAY	24	lactulose.....	55	levocarnitine	44
KARBINAL ER	75	LAMICTAL XR STARTER		levocarnitine (with sugar).....	44
kariva (28).....	67	(BLUE).....	13	levocetirizine	75
KEFLEX	6	LAMICTAL XR STARTER		levofloxacin	8, 70
kelnor 1/35 (28).....	67	(GREEN).....	14	levonest (28)	68
kelnor 1-50	67	LAMICTAL XR STARTER		levonorgestrel	68
KENALOG.....	42	(ORANGE).....	14	levonorgestrel-ethinyl estrad	68
KETAMINE	24	lamivudine	4	levonorg-eth estrad triphasic	68
ketoconazole.....	3, 39	lamivudine-zidovudine	4	levora-28.....	68
ketodan	39	lamotrigine.....	14	levorphanol tartrate.....	18
ketodan kit.....	39	LANCETS	49	LEVORPHANOL	
ketoprofen.....	21	LANCING DEVICE	49	TARTRATE	18
ketorolac	72	LANOXIN.....	31	levo-t.....	52
KINRIX (PF).....	61	lansoprazole.....	58	levothyroxine.....	52
kionex (with sorbitol).....	55	LANTUS SOLOSTAR U-100		levoxyl	53
KITABIS PAK	7	INSULIN	50	LEVSIN	53
KLARITY-A (AZITHRO-		LANTUS U-100 INSULIN ..	50	LEVSIN/SL	53
CHONDR)(PF)	71	lapatinib	11	LEXETTE.....	42
KLARITY-B (BETAMETH-		larin 1.5/30 (21).....	67	LEXIVA	4
CHOND)(PF)	71	larin 1/20 (21).....	67	LIALDA	55
KLARITY-L (LOTEPRED-		larin 24 fe.....	67	LICART.....	21
CHOND)(PF)	71	larin fe 1.5/30 (28).....	67	lidocaine	39
KLARON	39	larin fe 1/20 (28).....	68	lidocaine hcl.....	38, 39
KLONOPIN	13	larissia.....	68	lidocaine hcl-hydrocortison ac	
klor-con	79	LASIX	29	.....	39, 55
klor-con 10	80	LASTACFT	71	LIDOCAINE HCL-	
klor-con 8	80	latanoprost	72	HYDROCORTISON AC	55
klor-con m10	80	LATANOPROST (PF)	72	lidocaine viscous	39
klor-con m15	80	LATUDA.....	24	lidocaine-hydrocortisonone-aloe	
klor-con m20	80	laxaclear.....	55	.....	55
klor-con/ef.....	80	laxative (bisacodyl)	55	LIDOCAINE-	
kobee	82	laxative peg 3350.....	55	PHENYLEPHRIN-BSS(PF)	
KOSELUGO	11	layolis fe	68	.....	71
KOSHER PRENATAL PLUS		leena 28.....	68	lidocaine-phenylephrn in water	
IRON	82	leflunomide.....	63	.....	71
K-PHOS NO 2.....	79	LENVIMA.....	11	lidocaine-prilocaine	39
K-PHOS ORIGINAL	79	LESCOL XL.....	33	lillow (28)	68
kpn.....	82	lessina	68	lindane	43
KRISTALOSE	55	letrozole	11	linezolid	7
k-tab.....	80	leucovorin calcium	10	liothyronine.....	53

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

LIPOFEN	33	lo-zumandimine (28)	68	MAVENCLAD (9 TABLET	
lisinopril	29	lta pre-attached	39	PACK)	59
lisinopril-hydrochlorothiazide		ludent fluoride	82	MAXITROL	73
.....	29	lugols	39, 80	maxi-tuss ac	75
lite coat aspirin	21	LUMIGAN	73	MAXI-TUSS CD	75
LITEAIRE MDI CHAMBER		lutra (28)	68	MAXZIDE	29
.....	48	LUXIQ	42	MAXZIDE-25MG	29
lithium carbonate	24	LUZU	40	MAYZENT	60
lithium citrate	24	LYNPARZA	11	m-clear wc	75
LITHOBID	24	LYSODREN	11	meclizine	55
LITHOSTAT	44	LYSTEDA	66	meclofenamate	21
LIVALO	33	LYUMJEV KWIKPEN U-100		MECOBALAMIN (VITAMIN	
LO LOESTRIN FE	68	INSULIN	50	B12)	82
LODINE	21	LYUMJEV KWIKPEN U-200		MEDROL	46
LODOSYN	15	INSULIN	50	MEDROL (PAK)	46
lojaimiess	68	LYUMJEV U-100 INSULIN		medroxyprogesterone	65
LOMOTIL	53	.....	50	mefenamic acid	21
LONHALA MAGNAIR		lyza	65	mefloquine	7
REFILL	77	M		megestrol	11
LONHALA MAGNAIR		MACRILEN	59	MEKINIST	11
STARTER	77	MACROBID	9	MEKTOVI	11
loperamide	53	MACRODANTIN	9	melodetta 24 fe	68
LOPID	33	mafenide acetate	39	meloxicam	21
lopinavir-ritonavir	4	magnesium citrate	55	melphalan	11
LOPRESSOR	29	MALARONE	7	memantine	16
LOPROX	40	MALARONE PEDIATRIC ...	7	MEMANTINE	16
LOPROX (AS OLAMINE) ..	40	malathion	43	MENACTRA (PF)	61
LOPROX KIT	40	maprotiline	25	M-END PE	75
lorazepam	25	MAR-COF CG	75	MENEST	65
lorazepam intensol	24	MARINOL	55	MENOPUR	51
LORBRENA	11	marlissa (28)	68	MENOSTAR	65
lorcet hd	18	MARNATAL-F	82	MENQUADFI (PF)	61
LORTAB ELIXIR	19	MARPLAN	25	MENTAX	40
loryna (28)	68	MATULANE	11	MENVEO A-C-Y-W-135-DIP	
LORZONE	17	matzim la	29	(PF)	61
losartan	29	MAVENCLAD (10 TABLET		MEPHYTON	32
losartan-hydrochlorothiazide	29	PACK)	59	MEPRON	7
LOSEASONIQUE	68	MAVENCLAD (4 TABLET		mercaptapurine	11
LOTEMAX	74	PACK)	59	mesalamine	55
LOTEMAX SM	74	MAVENCLAD (5 TABLET		mesalamine with cleansing	
LOTENSIN	29	PACK)	59	wipe	56
LOTENSIN HCT	29	MAVENCLAD (6 TABLET		MESNEX	10
loteprednol etabonate	74	PACK)	59	MESTINON	17
LOTRONEX	55	MAVENCLAD (7 TABLET		MESTINON TIMESPAN ...	17
lovastatin	33	PACK)	59	metaproterenol	77
LOVAZA	33	MAVENCLAD (8 TABLET		metaxall	17
low-ogestrel (28)	68	PACK)	59	metaxalone	17
loxapine succinate	25			metformin	52

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

methadone	19	MICROSPACER.....	48	MOXATAG.....	8
methadose.....	19	midazolam	25	MOXEZA	70
methamphetamine	25	midodrine.....	44	moxifloxacin.....	8, 70
methazolamide	72	migergot.....	15	MOXIFLOXACIN (PF)-BSS	
methenamine hippurate	9	miglitol	52	.....	70
methenamine mandelate.....	9	MIGRANAL	15	MOXIFLOXACIN-SOD	
methen-sod phos-meth blue-		mili.....	68	CHLOR,ISO(PF)	70
hyos	79	milk of magnesia	56	MOZOBIL	59
methergine.....	69	milk of magnesia concentrated		MS CONTIN	19
methimazole	47	.....	56	MUGARD	45
METHITEST.....	51	millipred	46	multi-vitamin with fluoride ..	82
methocarbamol.....	17	millipred dp	46	multivitamins with fluoride ..	82
methotrexate sodium	11	mimvey	65	mupirocin.....	39
methotrexate sodium (pf)	11	MINIPRESS	29	mupirocin calcium	39
methoxsalen.....	36	MINITRAN	34	MVASI	11
methscopolamine.....	53	MINIVELLE	65	mvc-fluoride	82
methyl salicylate.....	36	minocycline	9	my choice.....	68
methyldopa.....	29	MINOLIRA ER.....	9	my way	68
methyldopa-		minoxidil	29	MYAMBUTOL.....	7
hydrochlorothiazide.....	29	MIOCHOL-E.....	71	MYCOBUTIN	7
methylergonovine.....	69	miostat	73	mycophenolate mofetil	11
METHYLIN	25	miralax.....	56	mycophenolate sodium.....	11
methylphenidate hcl	25	MIRAPEX ER.....	15	MYDAYIS	25
METHYLPHENIDATE HCL		MIRCETTE (28)	68	MYDRIACYL	71
.....	25	mirtazapine	25	MYDRIATIC4(TROP-PROP-	
methylprednisolone	46	misoprostol	58	PE-KTRLC).....	71
methyltestosterone.....	51	MITIGARE	62	MYFORTIC	11
metoclopramide hcl	56	MKO (MIDAZOLAM-		MYLERAN	11
metolazone	29	KETAMINE-ONDAN)	25	mynatal	82
METOPIRONE	44	M-M-R II (PF).....	61	mynatal advance	82
metoprolol succinate	29	m-natal plus	82	mynatal plus.....	82
metoprolol tartrate.....	29	MOBIC	21	mynatal-z	82
METROCREAM.....	37	modafinil	25	mynate 90 plus.....	82
METROGEL	37	moexipril	29	myorisan	37
METROGEL VAGINAL.....	66	molindone.....	25	MYSOLINE	14
metronidazole.....	7, 37, 66	mometasone.....	42, 77	N	
metryrosine	29	mondoxylene nl	9	nabumetone.....	21
mexiletine	27	MONJUVI	11	nadolol	29
MIACALCIN	51	MONODOX	9	nadolol-bendroflumethiazide	30
mibelas 24 fe	68	mono-lynyah.....	68	naftifine.....	40
MICONAZOLE NITRATE-		montelukast	77	NAFTIN	40
ZINC OX-PET	40	morgidox	9	NALFON.....	21
miconazole-3	66	MORGIDOX 1X 50	9	NALOCET	19
MICROCHAMBER.....	48	MORGIDOX 2X100	9	naloxone	21
microgestin 1.5/30 (21)	68	morphine.....	19	naltrexone	21
microgestin 1/20 (21)	68	morphine concentrate	19	NAMENDA.....	16
microgestin fe 1.5/30 (28)	68	MOTEGRITY	56	NAMENDA TITRATION	
microgestin fe 1/20 (28)	68	MOVANTIK	56	PAK	16

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

NAMENDA XR.....	16	newgen.....	82	norethindrone ac-eth estradiol	
NAPRELAN CR.....	21	NEXAVAR	11	.....	65, 68
NAPROSYN	21	NEXIUM.....	58	norethindrone-e.estradiol-iron	
naproxen.....	21	NEXIUM PACKET	58	.....	68
naproxen sodium	21	NEXLETOL	33	NORGESIC FORTE	17
naproxen-esomeprazole.....	21	NEXLIZET.....	33	norgestimate-ethinyl estradiol	
naratriptan.....	15	niacin	33	.....	68
NARCAN.....	21	NIACOR.....	33	NORITATE	37
NARDIL.....	25	NIASPAN EXTENDED-		norlyda.....	65
NASCOBAL	82	RELEASE	33	NORPACE	27
NATACHEW (FE BIS-		nicardipine.....	30	NORPACE CR.....	27
GLYCINATE).....	82	NICODERM CQ	44	NORPRAMIN	25
NATACYN	70	nicorette.....	44	NORTHERA	44
NATAZIA	68	NICORETTE.....	44	nortrel 0.5/35 (28).....	68
nateglinide.....	52	nicotine	44, 45	nortrel 1/35 (21).....	68
NATESTO.....	51	nicotine (polacrilex)	44	nortrel 1/35 (28).....	68
natural b-100 complex.....	82	NICOTROL.....	45	nortrel 7/7/7 (28).....	68
natura-lax.....	56	NICOTROL NS.....	45	nortriptyline	25
NEBUPENT	7	nifedipine.....	30	NORVIR.....	4
nebusal.....	77	nikki (28)	68	NOURIANZ	15
NEBUSAL	77	NILANDRON	11	NOVAREL	51
necon 0.5/35 (28).....	68	nilutamide.....	11	NOVOPEN ECHO	49
NEEVODHA (WITH ALGAL		nimodipine.....	30	NOXAFIL.....	3
OIL).....	82	NINJACOF-XG.....	75	np thyroid.....	53
nefazodone	25	NINLARO	11	NUBEQA	11
neomycin	7	nisoldipine	30	NUCALA	77
neomycin-bacitracin-poly-hc	73	nitro-bid.....	34	NUCORT.....	42
neomycin-bacitracin-		NITRO-DUR	34	NUCYNTA.....	22
polymyxin	70	nitrofurantoin.....	9	NUCYNTA ER	22
neomycin-polymyxin b gu ...	43	nitrofurantoin macrocrystal	9	NUEDEXTA	16
neomycin-polymyxin b-		nitrofurantoin monohyd/m-		NULEV.....	53
dexameth	73	cryst	9	NULYTELY LEMON-LIME	
neomycin-polymyxin-		nitroglycerin	34	.....	56
gramicidin.....	70	NITROLINGUAL	34	NULYTELY WITH FLAVOR	
neomycin-polymyxin-hc 46, 73		NITROMIST	34	PACKS	56
neo-polycin.....	70	NITROSTAT.....	34	NURTEC ODT.....	15
neo-polycin hc	73	nitro-time.....	34	NUVARING.....	66
NEORAL.....	11	NIVESTYM	59	NUVESSA.....	66
NEO-SYNALAR KIT.....	39	nizatidine	58	NUZYRA	9
NERLYNX.....	11	NOCDURNA (MEN).....	51	nyamyc	40
NESTABS	82	NOCDURNA (WOMEN)	51	NYMALIZE	30
NESTABS ABC.....	82	nora-be.....	65	nystatin	3, 40
NESTABS DHA	82	NORDITROPIN FLEXPPO	59	nystatin-triamcinolone	40
NESTABS ONE.....	82	noreth-ethinyl estradiol-iron	68	nystop	40
neuac.....	37	norethindrone (contraceptive)		O	
NEUAC KIT	37	.....	65	OB COMPLETE	82
nevirapine.....	4	norethindrone acetate	65	OB COMPLETE ONE	82
new day	68			OB COMPLETE PETITE ...	82

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

OB COMPLETE PREMIER 82	ONZETRA XSAIL.....15	oxycodone.....19
OB COMPLETE WITH DHA	opcicon one-step.....68	oxycodone-acetaminophen ...19
.....82	opium tincture.....53	oxycodone-aspirin .....19
obstetrix dha .....82	OPSUMIT .....77	OXYCONTIN .....19
OBSTETRIX EC.....82	OPTICHAMBER DIAMOND	oxymorphone.....19
OBSTETRIX ONE.....82	VHC.....48	OXYTROL .....79
OBTREX DHA .....82	option-2 .....68	OZEMPIC.....52
ocella .....68	ORACEA.....9	P
OCUFLOX.....70	ORACIT .....79	pacerone.....27
ODEFSEY .....4	oral saline laxative.....56	PACNEX .....37
ODOMZO .....11	oralone.....45	PADCEV .....11
OFEV .....77	ORAMAGICRX.....45	paliperidone .....25
ofloxacin.....8, 46, 70	ORAPRED ODT .....46	PAMELOR .....25
olanzapine.....25	ORAVIG .....3	PANDEL .....42
olanzapine-fluoxetine .....25	ORENITRAM .....30	PANRETIN .....36
olmesartan .....30	ORIAHNN.....66	pantoprazole .....59
olmesartan-amlodipin-	ORILISSA .....51	PAREMYD.....71
hcthiiazid .....30	ORKAMBI .....77	paricalcitol .....51
olmesartan-	orphenadrine citrate.....17	PARLODEL .....15
hydrochlorothiazide.....30	orphenadrine-asa-caffeine ....17	PARNATE.....25
olopatadine .....45, 71	orphengesic forte .....17	paroex oral rinse .....45
OLUX.....42	orsythia .....68	paroxetine hcl .....25
OLUX-E.....42	ORTHOVISC .....22	paroxetine
OMECLAMOX-PAK .....58	ORTIKOS.....56	mesylate(menop.sym).....25
omega-3 acid ethyl esters ....33	oscimin .....53	PASER.....7
omeprazole .....58	oscimin sl.....53	PATANASE .....45
omeprazole-sodium	oscimin sr .....53	PAXIL .....25
bicarbonate .....58	oseltamivir .....4	PAXIL CR.....25
ondansetron .....56	OSMOLEX ER.....15	PAZEO .....71
ondansetron hcl .....56	OTEZLA .....63	PEDIARIX (PF) .....61
one daily prenatal .....82	OTEZLA STARTER.....63	PEDVAX HIB (PF).....61
ONETOUCH ULTRA BLUE	OTREXUP (PF) .....63	PEGANONE.....14
TEST STRIP .....47	OVACE .....35	PEGASYS .....60
ONETOUCH ULTRA2	OVACE PLUS .....35	peg-electrolyte soln .....56
METER .....49	OVACE PLUS SHAMPOO.35	peg-prep.....56
ONETOUCH ULTRAMINI 49	OVACE PLUS WASH.....35	PEMAZYRE.....12
ONETOUCH VERIO FLEX	OVIDE.....43	PEN NEEDLE, DIABETIC .49
METER .....49	OVIDREL .....51	penicillamine .....63
ONETOUCH VERIO IQ	oxandrolone.....51	penicillin v potassium.....8
METER .....49	oxaprozin .....22	PENTACEL (PF).....61
ONETOUCH VERIO METER	OXAYDO.....19	PENTACEL ACTHIB
.....49	oxazepam.....25	COMPONENT (PF) .....61
ONETOUCH VERIO	oxcarbazepine .....14	pentamidine .....7
REFLECT METER.....49	oxiconazole.....40	PENTASA .....56
ONETOUCH VERIO TEST	OXISTAT .....40	pentazocine-naloxone .....22
STRIPS.....47	OXSORALEN ULTRA .....36	pentoxifylline.....32
ONEXTON.....37	OXTELLAR XR .....14	PEPCID .....59
ONFI .....14	oxybutynin chloride.....79	PERFOROMIST.....77

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

PERIDEX.....	45	pnv 29-1.....	82	PREDNISOLN SP-	
perindopril erbumine.....	30	pnv-dha.....	82	MOXIFLOX-BROMFEN	72
perio gard.....	45	pnv-dha + docusate.....	83	prednisolone	46
permethrin	43	pnv-omega.....	83	prednisolone acetate	74
perphenazine.....	26	pnv-select.....	83	PREDNISOLONE ACETATE	
perphenazine-amitriptyline...	26	POCKET CHAMBER.....	48	(PF).....	74
perry prenatal.....	82	podofilox	36	PREDNISOLONE ACETATE-	
PEXEVA	26	POLIVY	12	NEPAFENAC.....	72
phenadoz.....	75	polycin.....	70	PREDNISOLONE ACET-	
phenazopyridine	79	polyethylene glycol 3350	56	GATIFLOXACIN	73
phenelzine.....	26	polymyxin b sulf-trimethoprim		PREDNISOLONE SOD PH-	
phenobarb-hyoscy-atropine-		.....	70	BROMFENAC	72
scop	53	POLYTRIM.....	70	PREDNISOLONE SOD PH-	
phenobarbital.....	14	POLY-TUSSIN AC.....	75	MOXIFLOX.....	73
phenoxybenzamine.....	30	POMALYST	60	prednisolone sodium phosphate	
phenylephrine hcl.....	74	portia 28.....	69	.....	47, 74
PHENYLEPH-		posaconazole	3	PREDNISOLONE-	
TROPICAMIDE IN		POTABA	80	MOXIFLO-NEPAFENAC	
WATER.....	71	potassium chloride.....	80	.....	72
PHENYTEK.....	14	potassium citrate.....	79	PREDNISOLONE-	
phenytoin.....	14	powderlax	56	MOXIFLOXACIN HCL ..	73
phenytoin sodium extended..	14	PR BENZOYL PEROXIDE..	37	PREDNISOLONE-	
philith	68	pr natal 400	83	MOXIFLOX-BROMFEN	72
PHOSLYRA.....	56	pr natal 400 ec	83	prednisone.....	47
phosphasal	79	pr natal 430	83	prednisone intensol.....	47
phosphate laxative	56	pr natal 430 ec	83	PREFEST	65
PHOSPHOLINE IODIDE....	70	PRALUENT PEN.....	33	pregabalin	14
PHYSIOLYTE	43	pramipexole.....	15	PREGENNA.....	83
PHYSIOSOL IRRIGATION	43	PRAMOSONE	35	PREMARIN	65
phytonadione (vitamin k1) ...	32	PRANDIN	52	PREMPHASE.....	65
PHYTONADIONE		prasugrel.....	32	PREMPRO	65
(VITAMIN K1).....	32	pravastatin	33	prenal chew.....	83
pilocarpine hcl.....	44, 45, 71	prazosin	30	prenal pearl	83
pimecrolimus.....	36	PRECISION XTRA		prenal true.....	83
pimozide.....	26	KETONE-GLUCOSE	49	prenaissance.....	83
pimtrea (28).....	68	PRECISION XTRA		prenaissance plus	83
pindolol	30	MONITOR	49	PRENATA.....	83
pioglitazone	52	PRECISION XTRA TEST ..	47	prenatabs fa.....	83
pioglitazone-glimepiride	52	PRECOSE	52	prenatabs rx	83
pioglitazone-metformin.....	52	PRED FORTE	74	prenatal	83
pirmella.....	69	PRED-G.....	73	prenatal complete.....	83
piroxicam.....	22	PRED-G S.O.P.	73	prenatal formula.....	83
PLAN B ONE-STEP	69	prednicarbate	42	prenatal multi-dha (algal oil)	83
PLEGRIDY	60	PREDNISOL ACE-		prenatal one daily	83
PLEXION.....	37	GATIFLOX-BROMFEN .	71	prenatal plus.....	83
PLEXION CLEANSING		PREDNISOLN SP-		prenatal plus (calcium carb) .	83
CLOTHS	37	GATIFLOX-BROMFEN .	72	PRENATAL PLUS DHA.....	83
PNEUMOVAX-23	61			prenatal vitamin	83

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

prenatal vitamin plus low iron	83	PROAIR HFA	77	purelax	56
prenatal vitamin with minerals	83	PROAIR RESPICLICK	77	PURIXAN	12
prenatal vits96-iron fum-folic	83	probenecid	62	pyrazinamide	7
prenatal-u	83	probenecid-colchicine	62	PYRIDIDIUM	79
PRENATE AM	83	PROCARDIA	30	pyridostigmine bromide	17
PRENATE CHEWABLE	83	PROCARDIA XL	30	PYRIDOSTIGMINE	
PRENATE DHA (FERR ASP GLYCIN)	83	procentra	26	BROMIDE	17
PRENATE ELITE (IRON ASP GLYC)	83	PROCHAMBER	48	pyrimethamine	7
PRENATE ENHANCE	83	prochlorperazine	56	Q	
PRENATE ESSENTIAL(IRON-ASP-GL)	83	prochlorperazine maleate	56	QBREXZA	36
PRENATE MINI (FERR ASP GLYCIN)	83	PROCORT	56	QNASL	77
PRENATE PIXIE	83	PROCTOCORT	42, 56	QTERN	52
PRENATE RESTORE	84	PROCTOFOAM HC	56	QUADRACEL (PF)	61
PRENATE STAR	84	procto-med hc	56	QUALAQUIN	7
preplus	84	procto-pak	56	QUARTETTE	69
pretab	84	proctosol hc	56	QUDEXY XR	14
PRETOMANID	7	proctozone-hc	56	QUESTRAN	33
prevalite	33	progesterone micronized	65	QUESTRAN LIGHT	33
PREVIDENT	45	PROGLYCEM	48	quetiapine	26
PREVIDENT 5000 BOOSTER PLUS	45	PROGRAF	12	QUILLICHEW ER	26
PREVIDENT 5000 DRY MOUTH	45	prolate	19	QUILLIVANT XR	26
PREVIDENT 5000 ENAMEL PROTECT	45	PROLENSA	72	quinapril	30
PREVIDENT 5000 ORTHO DEFENSE	45	promethazine	75	quinapril-hydrochlorothiazide	30
PREVIDENT 5000 PLUS SENSITIVE	46	promethazine-codeine	75	quinidine gluconate	27
previfem	69	promethazine-dm	75	quinidine sulfate	27
PREVNAR 13 (PF)	61	promethazine-phenyleph- codeine	75	quinine sulfate	7
PREZISTA	4, 5	promethazine-phenylephrine	76	quit 2	45
PRIFTIN	7	promethegan	75	quit 4	45
PRIMACARE	84	PROMETRIUM	65	QVAR REDIHALER	77
primaquine	7	propafenone	27	R	
PRIMEAIRE	48	propantheline	53	RABAVERT (PF)	61
primidone	14	propranolol	30	rabeprazole	59
PRIMSOL	9	propranolol-hydrochlorothiazid	30	RACEPINEPH-LIDOCAINE-BSS 7(PF)	72
PRINIVIL	30	propylthiouracil	47	raloxifene	62
		PROQUAD (PF)	61	ramelteon	26
		PROSCAR	79	ramipril	30
		PROTHELIAL	46	ranitidine hcl	59
		PROTOPIC	36	ranolazine	34
		protriptyline	26	RAPAMUNE	12
		PROVERA	65	rasagiline	15
		PROVIDA OB	84	RASUVO (PF)	63
		PULMICORT FLEXHALER	77	RAYOS	47
		pulmosal	77	RAZADYNE ER	16
		PULMOZYME	77	REBIF REBIDOSE	60
		PUREFE OB PLUS	84	REBLOZYL	59
				reclipsen (28)	69

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

RECOMBIVAX HB (PF)	62	risperidone	26	SAVELLA	63
RECTIV	56	RITALIN	26	scalacort	42
REGLAN	56	RITALIN LA	26	SCALACORT DK	42
RELAFEN	22	RITEFLO AEROCHAMBER	48	SCENESSE	36
RELAGARD	66	ritonavir	5	scopolamine base	56
RELENZA DISKHALER	5	rivastigmine	16	SEASONIQUE	69
RELEXXII	26	rivastigmine tartrate	16	seconal sodium	26
RELPAK	15	rivelsa	69	SECUADO	26
REMERON	26	rizatriptan	16	SELECT-OB	84
REMERON SOLTAB	26	R-NATAL OB	84	SELECT-OB (FOLIC ACID)	84
rena-vite	84	ROBAXIN-750	17	SELECT-OB + DHA	84
REVELA	56	ROCALTROL	51	selegiline hcl	15
repaglinide	52	ROCKLATAN	73	selenium sulfide	35
repaglinide-metformin	52	ROMIDEPSIN	12	SELRX	35
REPATHA PUSHTRONEX	33	ropinirole	15	SELZENTRY	5
REPATHA SURECLICK	33	rosadan	38	SEMPREX-D	76
REPATHA SYRINGE	33	ROSADAN	38	se-natal 19 chewable	84
REQUIP XL	15	ROSANIL	38	se-natal-19	84
RESPA-AR	76	ROSULA	38	SERNIVO	42
RESTASIS	72	rosula cleansing cloths	38	SEROSTIM	59
RESTASIS MULTIDOSE	72	rosuvastatin	33	sertraline	26
RESTORIL	26	ROTARIX	62	setlakin	69
RETACRIT	59	ROTATEQ VACCINE	62	sevelamer carbonate	56
RETEVMO	12	ROWASA	56	sevelamer hcl	56
RETIN-A	37	roweepra	14	SEYSARA	9
RETIN-A MICRO	37	ROXICODONE	19	sf 46	
RETIN-A MICRO PUMP	38	ROZLYTREK	12	sf 5000 plus	46
RETROVIR	5	RUBRACA	12	SFROWASA	56
REVATIO	77	RUXIENCE	12	sharobel	65
REVLIMID	60	RUZURGI	16	SHINGRIX (PF)	62
REYATAZ	5	RYBELSUS	52	SHOHL'S MODIFIED	79
REYVOW	16	RYCLORA	75	SIGNIFOR	12
ribavirin	5, 60	RYDAPT	12	sildenafil (pulm.hypertension)	78
RIDAURA	63	RYTARY	15	SILENOR	26
rifabutin	7	RYTHMOL SR	27	silodosin	79
RIFADIN	7	RYVENT	75	SILVADENE	35
RIFAMATE	7	S		silver sulfadiazine	35
rifampin	7	SAFE-CLIP BY MAIL	49	SIMBRINZA	73
RIFATER	7	SAFYRAL	69	simliya (28)	69
RILUTEK	44	SALAGEN (PILOCARPINE)	44, 46	simpesse	69
riluzole	44	salsalate	22	SIMPONI	64
rimantadine	5	SANCUSO	56	SIMPONI ARIA	64
ringer's	43	SANDIMMUNE	12	simvastatin	34
RINVOQ	63	SAPHRIS	26	SINEMET	15
RIOMET	52	SARAFEM	26	SINUVA	78
RIOMET ER	52	SARCLISA	12	sirolimus	12
risedronate	44, 63				
RISPERDAL	26				

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

SKELAXIN.....	17	sss 10-5.....	38	SUMAXIN	38
SKLICE.....	43	st joseph aspirin.....	22	SUMAXIN CP.....	38
SKYRIZI.....	35	st. joseph aspirin.....	22	SUMAXIN TS.....	38
SLYND	69	STALEVO 100.....	15	SUNOSI.....	26
smoothlax	57	STALEVO 125.....	15	super b complex-vitamin c ...	84
sodium chloride.....	44, 78	STALEVO 150.....	15	super b maxi complex.....	84
sodium chloride 0.9 %.....	44	STALEVO 200.....	15	super quints.....	84
sodium chloride 0.9 % (flush)		STALEVO 50.....	15	super quints b-50	84
.....	44	STALEVO 75.....	15	SUPRAX	6
sodium ferric gluconat-sucrose		STAMARIL (PF)	62	SURFAXIN	78
.....	44	STARLIX.....	52	SURVANTA	44
sodium fluoride 5000 plus....	46	stavudine.....	5	SUSTIVA	5
sodium fluoride-pot nitrate...	46	STELARA	35	SUTENT.....	12
sodium polystyrene (sorb free)		STIOLTO RESPIMAT.....	78	syeda.....	69
.....	57	STIVARGA.....	12	SYMAX DUOTAB.....	53
sodium polystyrene sulfonate		stop smoking aid.....	45	symax fastabs.....	53
.....	57	stress formula	84	symax-sl.....	53
solifenacin	79	stress formula with iron.....	84	symax-sr	53
SOLQUA 100/33	50	stress formula with iron(sulf)84		SYMBYAX	26
SOLODYN.....	9	STROMEKTOL	7	SYMDEKO	78
SOLTAMOX.....	12	strong iodine	39, 80	SYMFI.....	5
SOMAVERT.....	51	SUBLOCADE.....	19	SYMFI LO.....	5
SOOLANTRA.....	38	SUBOXONE	22	SYMJEPI.....	75
SORBITOL	43	subvenite.....	14	SYMLINPEN 120	52
SORBITOL-MANNITOL....	43	subvenite starter (blue) kit....	14	SYMLINPEN 60	52
SORIATANE	35	subvenite starter (green) kit..	14	SYMPAZAN	14
SORILUX	35	subvenite starter (orange) kit	14	SYMTUZA.....	5
sotalol	27	SUCRAID	57	SYNALAR	42
sotalol af.....	27	sucralfate	59	SYNALAR CREAM KIT ...	42
SOTYLIZE.....	27	SULAR.....	30	SYNALAR OINTMENT KIT	
SPACE CHAMBER.....	48	sulfacetamide sodium	35, 74	.....	42
SPECTRACEF	6	sulfacetamide sodium (acne)	39	SYNALAR TS.....	42
spinosad.....	43	sulfacetamide sodium-sulfur	38	SYNAREL.....	51
SPIRIVA RESPIMAT	78	sulfacetamide-prednisolone..	74	SYNDROS	57
SPIRIVA WITH		sulfacetamide-sulfur-cleansr23		SYNJARDY	52
HANDIHALER.....	78	.....	38	SYNJARDY XR.....	52
spironolactone	30	sulfacleanse 8-4	38	SYNTHROID	53
spironolacton-hydrochlorothiaz		sulfadiazine.....	8	T	
.....	30	sulfamethoxazole-trimethoprim		TABRECTA	12
SPORANOX	3	.....	8	TACLONEX.....	35
SPORANOX PULSEPAK.....	3	SULFAMYLON.....	39	tacrolimus	12, 36
sprintec (28).....	69	sulfasalazine	57	tadalafil (pulm. hypertension)	
SPRITAM	14	sulfatrim.....	8	.....	78
SPRYCEL	12	sulindac.....	22	TAFINLAR	12
sps (with sorbitol).....	57	SUMADAN.....	38	TAGRISO.....	12
sronyx.....	69	SUMADAN XLT	38	TAKE ACTION	69
ssd.....	35	sumatriptan	16	TALICIA	59
SSKI	47	sumatriptan succinate	16	TALZENNA.....	12

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

TAMIFLU	5	testosterone	51	TOBI PODHALER	7
tamoxifen	12	testosterone cypionate	51	TOBRADEX	73
tamsulosin	79	testosterone enanthate	51	TOBRADEX ST	73
TAPAZOLE	47	TESTRED	51	tobramycin	8, 70
TAPERDEX	47	TETANUS,DIPHThERIA		tobramycin in 0.225 % nacl....	8
TARCEVA	12	TOX PED(PF)	62	TOBRAMYCIN WITH	
TARGADOX	9	tetrabenazine	16	NEBULIZER	8
TARGRETIN	12	tetracaine hcl	72	tobramycin-dexamethasone ..	73
tarina 24 fe	69	TETRACAINE HCL (PF)	72	TOBREX	70
tarina fe 1/20 (28)	69	tetracycline	9	TODAY CONTRACEPTIVE	
TARKA	30	TEXACORT	42	SPONGE	66
taron-c dha	84	THEO-24	78	TOLAK	36
taron-prex prenatal-dha	84	theophylline	78	tolcapone	15
TASIGNA	12	THIOLA	44	tolmetin	22
TASMAR	15	THIOLA EC	44	tolterodine	79
TAYTULLA	69	thioridazine	26	TOPICORT	42
tazarotene	38	thiothixene	26	topiramate	14
TAZORAC	38	THRIVITE RX	84	toremifene	12
taztia xt	30	THYROLAR-1	53	torsemide	30
TAZVERIK	12	THYROLAR-1/2	53	TOSYMRA	16
TDVAX	62	THYROLAR-1/4	53	TOUJEO MAX U-300	
TECARTUS	12	THYROLAR-2	53	SOLOSTAR	50
TECFIDERA	60	THYROLAR-3	53	TOUJEO SOLOSTAR U-300	
TEGRETOL	14	tiadylt er	30	INSULIN	50
TEGRETOL XR	14	tiagabine	14	tovet emollient	42
TEGSEDI	16	TIAZAC	30	TOVIAZ	79
TEKTURNA	30	TIBSOVO	12	TRACLEER	78
TEKTURNA HCT	30	TIGAN	57	TRADJENTA	52
telmisartan	30	TIGLUTIK	44	tramadol	22
telmisartan-amlodipine	30	tilia fe	69	TRAMADOL	22
telmisartan-hydrochlorothiazid		TIMOL-BRIMON-DORZO-		tramadol-acetaminophen	22
.....	30	LATANOP(PF)	73	trandolapril	30
temazepam	26	timolol maleate	30, 70	trandolapril-verapamil	30
TEMIXYS	5	TIMOLOL-BRIMONIDI-		tranexamic acid	66
TEMODAR	12	DORZOLAM(PF)	73	TRANXENE T-TAB	26
TEMOVATE	42	TIMOLOL-DORZOLAMID-		tranylcypromine	26
temozolomide	12	LATANOP(PF)	73	TRAVATAN Z	73
tencon	19	TIMOLOL-		travoprost	73
TENIVAC (PF)	62	LATANOPROST(PF)	73	TRAZIMERA	12
tenofovir disoproxil fumarate.	5	TIMOPTIC	70	trazodone	26
TENORMIN	30	TIMOPTIC-XE	70	TREANDA	12
TEPEZZA	51	tinidazole	7	TRECTOR	8
terazosin	30	TIROSINT	53	TRELEGY ELLIPTA	78
terbinafine hcl	3	TIROSINT-SOL	53	TRESIBA FLEXTOUCH U-	
terbutaline	78	tis-u-sol pentalyte	43	100	50
terconazole	66	TIVICAY	5	TRESIBA FLEXTOUCH U-	
TERSI FOAM	35	TIVICAY PD	5	200	50
TESSALON PERLES	76	tizanidine	17	TRESIBA U-100 INSULIN	50

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

tretinoin	38	tri-vitamin with fluoride	84	ustell	79
tretinoin (antineoplastic)	12	trivora (28).....	69	utira-c.....	79
tretinoin microspheres	38	tri-vylibra.....	69	V	
TRETIN-X	38	tri-vylibra lo.....	69	vaginal contraceptive foam...	66
TRETIN-X CREAM KIT.....	38	TRIZIVIR.....	5	valacyclovir	5
TREXALL.....	12	TRODELVY	12	VALCHLOR	36
tri femynor.....	69	TROKENDI XR.....	14	VALCYTE	5
triamcinolone acetonide 42, 43, 46		tropicamide.....	71	valganciclovir	5
TRIAMCINOLON- MOXIFLOX-WATR(PF) 73		tropium.....	79	valproic acid	14
triamterene.....	30	TRULICITY	52	valproic acid (as sodium salt)	14
triamterene-hydrochlorothiazid	30	TRUMENBA.....	62	valsartan.....	31
trianex.....	43	TRUSOPT	73	valsartan-hydrochlorothiazide	31
TRICARE.....	84	TRUVADA	5	VALTOCO	14
triderm	43	TUKYSA.....	12	VANATOL LQ	19
TRIDESILON	43	tulana	65	VANATOL S.....	19
TRIESENCE (PF)	47	TURALIO	12	VANCOCIN	9
tri-estarylla	69	TUSSICAPS.....	76	vancomycin.....	10
TRIFERIC	84	TUZISTRA XR.....	76	vandazole.....	66
trifluoperazine	26	TWINRIX (PF).....	62	VANOXIDE-HC	38
trifluridine.....	70	TYBOST	5	VAQTA (PF).....	62
trihexyphenidyl	15	tydemy	69	VARIVAX (PF).....	62
TRIJARDY XR.....	52	TYKERB.....	12	VARIZIG.....	62
TRIKAFTA	78	TYMLOS.....	63	VARUBI.....	57
tri-legest fe.....	69	TYPHIM VI	62	VASCEPA.....	34
tri-lynyah.....	69	TYVASO.....	78	VASERETIC	31
TRILIPIX	34	TYVASO REFILL KIT.....	78	VASOTEC.....	31
tri-lo-estarylla.....	69	U		VAXCHORA VACCINE.....	62
tri-lo-marzia.....	69	UBRELVY	16	VCF CONTRACEPTIVE FILM.....	66
tri-lo-mili	69	UCERIS.....	57	VCF CONTRACEPTIVE GEL	66
tri-lo-sprintec	69	ULTRACET	22	VECTICAL	35
trilyte with flavor packets.....	57	ULTRAM.....	22	velivet triphasic regimen (28)	69
trimethobenzamide.....	57	ULTRAVATE	43	VEMLIDY.....	5
trimethoprim.....	9	unithroid.....	53	VENCLEXTA	12
tri-mili	69	UPTRAVI.....	31	VENCLEXTA STARTING PACK	12
trimipramine	26	URELLE.....	79	venlafaxine	26, 27
TRIMO-SAN JELLY	66	uretron d-s.....	79	VENOFER.....	84
trinatal rx 1	84	URIBEL.....	79	VENTOLIN HFA	78
trinate.....	84	urimar-t.....	79	verapamil	31
TRINAZ	84	urin ds.....	79	VERELAN	31
TRINTELLIX.....	26	uro-458	79	VERELAN PM.....	31
tri-previfem (28).....	69	urogesic-blue	79	VERSACLOZ.....	27
tri-sprintec (28).....	69	uro-mp	79	VERZENIO	12
TRISTART DHA	84	UROQID-ACID NO.2.....	79		
TRIUMEQ.....	5	URSO 250	57		
triveen-duo dha.....	84	URSO FORTE.....	57		
		ursodiol.....	57		
		uryl.....	79		

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

VFEND	3	VOGELXO.....	51	XIGDUO XR.....	52
V-GO 20.....	49	volnea (28).....	69	XOFLUZA	5
V-GO 30.....	49	voriconazole	3	XOLEGEL.....	40
V-GO 40.....	49	VOSEVI	5	XOPENEX	78
VIBRAMYCIN	9	VOTRIENT.....	12	XOPENEX CONCENTRATE	
vienva	69	vp-ch-pnv.....	85	.....	78
VIGAMOX	70	VP-PNV-DHA.....	85	XOSPATA.....	13
VIIBRYD	27	vtol lq.....	19	xulane	66
VIMOVO	22	VUMERITY.....	60	XULTOPHY 100/3.6	50
VIMPAT	14	VUSION.....	40	XYOSTED	51
VINATE DHA RF	84	vyfemla (28).....	69	XYREM.....	27
VIOKACE.....	57	VYLEESI	27	XYWAV.....	27
viorele (28).....	69	vylibra.....	69	Y	
VIRACEPT	5	VYNDAMAX	34	YAZ (28).....	69
VIRAMUNE	5	VYNDAQEL.....	34	YF-VAX (PF).....	62
VIRAMUNE XR.....	5	W		YUPELRI	78
VIRAZOLE.....	5	WAKIX	27	yuvafem	65
VIREAD.....	5	warfarin	32	Z	
virt-c dha	84	water for irrigation, sterile....	44	zafirlukast	78
virt-nate dha.....	84	WELLBUTRIN XL.....	27	zaleplon.....	27
virt-pn dha	84	wera (28).....	69	ZANAFLEX.....	17
virt-pn plus	84	westhroid	53	zarah	69
virtussin ac.....	76	WIDE-SEAL DIAPHRAGM		ZARONTIN.....	14
virtussin dac.....	76	.....	64	ZARXIO	59
VISTARIL.....	75	wintergreen oil.....	36	zatean-pn dha.....	85
VITAFOL FE PLUS	84	wixela inhub	78	zatean-pn plus.....	85
VITAFOL FE+ (WITH		women's gentle laxative(bisac)		ZCORT	47
DOCUSATE)	85	.....	57	zebutal.....	19
VITAFOL GUMMIES.....	85	women's laxative (bisacodyl)57		ZEJULA	13
VITAFOL NANO	85	wymzya fe	69	ZELBORAF	13
VITAFOL ULTRA	85	X		ZELNORM.....	57
VITAFOL-OB.....	85	XALKORI	12	ZEMBRACE SYMTOUCH.16	
VITAFOL-OB+DHA	85	XARELTO	32	ZEMPLAR	51
VITAFOL-ONE	85	XARELTO DVT-PE TREAT		zenatane	38
VITAMED MD ONE RX ...	85	30D START	32	ZENPEP	57
VITAMEDMD REDICHEW		XCOPRI	14	zenzedi.....	27
RX	85	XCOPRI MAINTENANCE		ZENZEDI	27
vitamin b complex.....	85	PACK	14	ZEPATIER	5
vitamin b complex-folic acid85		XCOPRI TITRATION PACK		ZEPOSIA.....	60
vitamin k.....	32	.....	14	ZEPOSIA STARTER KIT ...	60
vitamin k1.....	32	XELJANZ	64	ZEPOSIA STARTER PACK	
vitamins a,c,d and fluoride ...	85	XELJANZ XR.....	64	.....	60
VITAPEARL.....	85	XELODA.....	13	ZEPZELCA	13
VITATRUE.....	85	XEMBIFY	62	ZERViate.....	72
VITRAKVI.....	12	XENLETA.....	8	ZESTORETIC	31
VIVITROL	22	XERESE.....	40	ZESTRIL	31
VIVOTIF	62	XHANCE	78	ZIAC.....	31
VIZIMPRO	12	XIFAXAN	8	ZIAGEN	5

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

ZIANA	38	ZOHYDRO ER	19	ZUBSOLV	22
zidovudine	5	ZOLINZA	13	ZULRESSO	27
ZIEXTENZO	59	zolmitriptan	16	zumandimine (28)	69
zileuton	78	zolpidem	27	ZUPLENZ	57
ZILXI	38	ZOLPIMIST	27	ZYDELIG	13
zingiber	85	ZOMIG	16	ZYFLO	78
ZIOPTAN (PF)	73	zonisamide	14	ZYKADIA	13
ziprasidone hcl	27	ZONTIVITY	32	ZYLET	73
ZIRABEV	13	ZORBTIVE	59	ZYLOPRIM	62
ZIRGAN	70	ZORTRESS	13	ZYMAXID	70
ZITHROMAX	6	ZOSTAVAX (PF)	62	ZYPITAMAG	34
ZITHROMAX TRI-PAK	6	zovia 1/35e (28)	69	ZYPREXA	27
ZITHROMAX Z-PAK	6	ZOVIRAX	5, 40	ZYPREXA ZYDIS	27
ZOFRAN	57	ZTLIDO	39		

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

If you, or someone you're helping, have questions about CareSource, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-800-479-9502 TTY:711.

ARABIC

إذا كان لديك، أو لدى أي شخص تساعد، أية استفسارات بخصوص CareSource، فيحق لك الحصول على مساعدة ومعلومات مجاناً وباللغة التي تتحدث بها. للتحدث إلى أحد المترجمين الفوريين، اتصل على 1-800-479-9502 TTY:711.

AMHARIC

እርስዎ፣ ወይም እርስዎ የሚያግዙት ግለሰብ፣ ስለ CareSource ጥያቄ ካላቸው፣ ያለ ምንም ክፍያ በቋንቋዎ እርዳታና መረጃ የማግኘት መብት አላቸው። ከአስተርጓሚ ጋር ለመነጋገር፣ 1-800-479-9502 TTY:711 ይደውሉ።

BURMESE

CareSource အကြောင်း သင် သိမဟုတ် သင်အကူအညီပေးနေသူ တစ်စုံတစ်ယောက်က မေးမြန်းလာပါက သင်ပြောဆိုသော ဘာသာစကားဖြင့် အကူအညီနှင့် အချက်အလက်များအား အခမဲ့ ရယူနိုင်ရန် အခွင့်အရေးရှိပါသည်။ ဘာသာပြန်တစ်ဦးအား စကားပြောဆိုရန် 1-800-479-9502 TTY:711 ဤတွင် နံပါတ်ဖြည့်သွင်းပါ] သို့ ခေါ်ဆိုပါ။

CHINESE

如果您或者您在帮助的人对 CareSource 存有疑问，您有权免费获得以您的语言提供的帮助和信息。如果您需要与一位翻译交谈，请致电 1-800-479-9502 TTY:711。

CUSHITE – OROMO

Isin yookan namni biraa isin deeggartan CareSource irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa 1-800-479-9502 TTY:711 tiin bilbilaa.

DUTCH

Als u, of iemand die u helpt, vragen heeft over CareSource, hebt u het recht om kosteloos hulp en informatie te ontvangen in uw taal. Als u wilt spreken met een tolk, bel dan naar 1-800-479-9502 TTY:711.

FRENCH (CANADA)

Des questions au sujet de CareSource? Vous ou la personne que vous aidez avez le droit d'obtenir gratuitement du soutien et de l'information dans votre langue. Pour parler à un interprète, veuillez téléphoner au 1-800-479-9502 TTY:711.

GERMAN

Wenn Sie, oder jemand dem Sie helfen, eine Frage zu CareSource haben, haben Sie das Recht, kostenfrei in Ihrer eigenen Sprache Hilfe und Information zu bekommen. Um mit einem Dolmetscher zu sprechen, rufen Sie die Nummer 1-800-479-9502 TTY:711 an.

GUJARATI

જો તમે અથવા તમે કોઈને મદદ કરી રહ્યાં તમે iથી કોઈને CareSource વિશે પ્રશ્નો હોય તો તમને મદદ અને મે હુડતી મેળિની અવિકર છ. તે અર્થ વિન તમ રી ભ ધ મ i પ્ર ખ કરી શક ર છ. દ ભ વપરો i ત કરિ મ દે, આ 1-800-479-9502 TTY:711 પર કોલે કરો.

HINDI

यदि आपके, या आप जिसकी मदद कर रहे हैं उसके CareSource के बारे में कोई सवाल हैं तो आपके पास बगैर किसी लागत के अपनी भाषा में सहायता और जानकारी प्राप्त करने का अधिकार है। एक दुभाषिए से बात करने के लिए कॉल करें, 1-800-479-9502 TTY:711.

ITALIAN

Se Lei, o qualcuno che Lei sta aiutando, ha domande su CareSource, ha il diritto di avere supporto e informazioni nella propria lingua senza alcun costo. Per parlare con un interprete, chiami il 1-800-479-9502 TTY:711.

JAPANESE

ご本人様、または身の回りの方で、CareSource に関するご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます (無償)。通訳をご利用の場合は、1-800-479-9502 TTY:711 にご連絡ください。

KOREAN

귀하 본인이나 귀하께서 돕고 계신 분이 CareSource에 대해 궁금한 점이 있으시면, 원하는 언어로 별도 비용 없이 도움을 받을 수 있습니다. 통역사가 필요하시면 다음 번호로 전화해 주십시오: 1-800-479-9502 TTY:711.

PENNSYLVANIA DUTCH

Wann du hoscht en Froog, odder ebber, wu du helfscht, hot en Froog baut CareSource, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 1-800-479-9502 TTY:711 uffrufe.

RUSSIAN

Если у Вас или у кого-то, кому Вы помогаете, есть вопросы относительно CareSource, Вы имеете право бесплатно получить помощь и информацию на Вашем языке. Для разговора с переводчиком, позвоните по номеру 1-800-479-9502 TTY:711.

SPANISH

Si usted o alguien a quien ayuda tienen preguntas sobre CareSource, tiene derecho a recibir esta información y ayuda en su propio idioma sin costo. Para hablar con un intérprete, llame al 1-800-479-9502 TTY:711.

UKRAINIAN

Якщо у вас, чи в особи, котрій ви допомагаєте, виникнуть запитання щодо CareSource, ви маєте право безкоштовно отримати допомогу та інформацію вашою мовою. Щоб замовити перекладача, зателефонуйте за номером 1-800-479-9502 TTY:711.

VIETNAMESE

Nếu bạn hoặc ai đó bạn đang giúp đỡ, có thắc mắc về CareSource, bạn có quyền được nhận trợ giúp và thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, vui lòng gọi số 1-800-479-9502 TTY:711.

CareSource complies with applicable state and federal civil rights laws and does not discriminate on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status. CareSource does not exclude people or treat them differently because of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status.

CareSource provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified sign language interpreters, and (2) written information in other formats (large print, audio, accessible electronic formats, other formats). In addition, CareSource provides free language services to people whose primary language is not English, such as: (1) qualified interpreters, and (2) information written in other languages. If you need these services, please contact CareSource at 1-800-479-9502 TTY:711.

If you believe that CareSource has failed to provide the above mentioned services to you or discriminated in another way on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status, you may file a grievance, with:

CareSource
Attn: Civil Rights Coordinator
P.O. Box 1947, Dayton, Ohio 45401
1-844-539-1732, TTY: 711
Fax: 1-844-417-6254

CivilRightsCoordinator@CareSource.com

You can file a grievance by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

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

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F
HHH Building Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



[CareSource.com/marketplace](https://www.caresource.com/marketplace)