



MARKETPLACE PLAN |

Drug Formulary

West Virginia

WV-EXCM-0606b-V.13

CareSource is a Qualified
Health Plan issuer in the



Health Insurance Marketplace

INTRODUCTION

We are pleased to provide the 2021 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](#).

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.

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 855-202-0622. 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.

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, 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.

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission.

©2020. All rights reserved.

Table of Contents

ANTI - INFECTIVES	3
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS	16
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH.....	23
CARDIOVASCULAR, HYPERTENSION & LIPIDS.....	51
DERMATOLOGICALS/TOPICAL THERAPY	66
DIAGNOSTICS & MISCELLANEOUS AGENTS	81
EAR, NOSE & THROAT MEDICATIONS.....	84
ENDOCRINE/DIABETES	87
GASTROENTEROLOGY	100
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY	110
MUSCULOSKELETAL & RHEUMATOLOGY.....	118
OBSTETRICS & GYNECOLOGY.....	121
OPHTHALMOLOGY	132
RESPIRATORY, ALLERGY, COUGH & COLD	142
UROLOGICALS.....	149
VITAMINS, HEMATINICS & ELECTROLYTES	151
Index	161

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 troche 10 mg</i>	1	
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML, 40 MG/ML	3	
DIFLUCAN ORAL TABLET 100 MG, 200 MG, 50 MG	3	
DIFLUCAN ORAL TABLET 150 MG	3	QL
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</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 oral suspension 125 mg/5 ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
<i>itraconazole oral capsule 100 mg</i>	1	QL
<i>itraconazole oral solution 10 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>ketoconazole oral tablet 200 mg</i>	1	
<i>nystatin oral suspension 100,000 unit/ml</i>	1	
<i>nystatin oral tablet 500,000 unit</i>	1	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	3	
SPORANOX ORAL SOLUTION 10 MG/ML	3	
SPORANOX PULSEPAK ORAL CAPSULE 100 MG	3	QL
<i>terbinafine hcl oral tablet 250 mg</i>	1	
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML)	3	PA
VFEND ORAL TABLET 200 MG, 50 MG	3	PA
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	1	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1	PA
ANTIVIRALS		
<i>abacavir oral solution 20 mg/ml</i>	1	
<i>abacavir oral tablet 300 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	Drug Name	Drug Tier	Requirements / Limits
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	1		<i>DESCOVY ORAL TABLET 200-25 MG</i>	2	
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	1		<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	1	
<i>acyclovir oral capsule 200 mg</i>	1		<i>DOVATO ORAL TABLET 50-300 MG</i>	2	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1		<i>EDURANT ORAL TABLET 25 MG</i>	2	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1		<i>efavirenz oral capsule 200 mg, 50 mg</i>	1	
<i>adefovir oral tablet 10 mg</i>	1		<i>efavirenz oral tablet 600 mg</i>	1	
<i>amantadine hcl oral capsule 100 mg</i>	1		<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1		<i>efavirenz-lamivu-tenofovir disop oral tablet 400-300-300 mg, 600-300-300 mg</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1		<i>emtricitabine oral capsule 200 mg</i>	1	
APTIVUS ORAL CAPSULE 250 MG	2		<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1	
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	1		<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	0	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	2		EMTRIVA ORAL CAPSULE 200 MG	3	
BIKTARVY ORAL TABLET 50-200-25 MG	2		EMTRIVA ORAL SOLUTION 10 MG/ML	2	
CIMDUO ORAL TABLET 300-300 MG	2				
COMBIVIR ORAL TABLET 150-300 MG	3				

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

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1		GENVOYA ORAL TABLET 150-150-200-10 MG	2	
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	4	PA; QL	HEPSERA ORAL TABLET 10 MG	3	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	2		INTELENCE ORAL TABLET 100 MG, 200 MG	3	
EPIVIR HBV ORAL TABLET 100 MG	3		INTELENCE ORAL TABLET 25 MG	2	
EPIVIR ORAL SOLUTION 10 MG/ML	3		INVIRASE ORAL TABLET 500 MG	2	
EPIVIR ORAL TABLET 150 MG, 300 MG	3		ISENTRESS HD ORAL TABLET 600 MG	2	
EPZICOM ORAL TABLET 600-300 MG	3		ISENTRESS ORAL POWDER IN PACKET 100 MG	2	
<i>etravirine oral tablet 100 mg, 200 mg</i>	1		ISENTRESS ORAL TABLET 400 MG	2	
EVOTAZ ORAL TABLET 300-150 MG	3		ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	2	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	QL	JULUCA ORAL TABLET 50-25 MG	2	
FLUMADINE ORAL TABLET 100 MG	3		KALETRA ORAL SOLUTION 400-100 MG/5 ML	3	
<i>fosamprenavir oral tablet 700 mg</i>	1		KALETRA ORAL TABLET 100-25 MG, 200-50 MG	2	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	2		<i>lamivudine oral solution 10 mg/ml</i>	1	
			<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	1	
			<i>lamivudine-zidovudine oral tablet 150-300 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	Drug Name	Drug Tier	Requirements / Limits
LEXIVA ORAL SUSPENSION 50 MG/ML	2		PREZISTA ORAL SUSPENSION 100 MG/ML	2	
LEXIVA ORAL TABLET 700 MG	3		PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	1		RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	3	QL
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	1		RETROVIR ORAL CAPSULE 100 MG	3	
<i>nevirapine oral suspension 50 mg/5 ml</i>	1		RETROVIR ORAL SYRUP 10 MG/ML	3	
<i>nevirapine oral tablet 200 mg</i>	1		REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	3	
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	1		REYATAZ ORAL POWDER IN PACKET 50 MG	2	
NORVIR ORAL POWDER IN PACKET 100 MG	2		<i>ribavirin inhalation recon soln 6 gram</i>	1	
NORVIR ORAL SOLUTION 80 MG/ML	2		<i>rimantadine oral tablet 100 mg</i>	1	
NORVIR ORAL TABLET 100 MG	3		<i>ritonavir oral tablet 100 mg</i>	1	
ODEFSEY ORAL TABLET 200-25-25 MG	2		SELZENTRY ORAL SOLUTION 20 MG/ML	2	
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	1	QL	SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG	2	
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	1	QL	<i>stavudine oral capsule 15 mg, 20 mg, 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	Drug Name	Drug Tier	Requirements / Limits
SUSTIVA ORAL CAPSULE 200 MG, 50 MG	3		TYBOST ORAL TABLET 150 MG	3	
SUSTIVA ORAL TABLET 600 MG	3		<i>valacyclovir oral tablet 1 gram, 500 mg</i>	1	QL
SYMFI LO ORAL TABLET 400-300-300 MG	2		VALCYTE ORAL RECON SOLN 50 MG/ML	3	
SYMFI ORAL TABLET 600-300-300 MG	2		VALCYTE ORAL TABLET 450 MG	3	
SYMTUZA ORAL TABLET 800-150-200-10 MG	2		<i>valganciclovir oral recon soln 50 mg/ml</i>	1	
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG	3	QL	<i>valganciclovir oral tablet 450 mg</i>	1	
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	3	QL	VEMLIDY ORAL TABLET 25 MG	2	
TEMIXYS ORAL TABLET 300-300 MG	2		VIRACEPT ORAL TABLET 250 MG, 625 MG	2	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1		VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	3	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	2		VIRAZOLE INHALATION RECON SOLN 6 GRAM	3	
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	2		VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	2	
TRIUMEQ ORAL TABLET 600-50-300 MG	2		VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
TRIZIVIR ORAL TABLET 300-150-300 MG	3		VIREAD ORAL TABLET 300 MG	3	
			VOSEVI ORAL TABLET 400-100-100 MG	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
XOFLUZA ORAL TABLET 20 MG, 40 MG	3	QL
XOFLUZA ORAL TABLET 80 MG	3	
ZEPATIER ORAL TABLET 50-100 MG	4	PA; QL
ZIAGEN ORAL SOLUTION 20 MG/ML	3	
ZIAGEN ORAL TABLET 300 MG	3	
<i>zidovudine oral capsule 100 mg</i>	1	
<i>zidovudine oral syrup 10 mg/ml</i>	1	
<i>zidovudine oral tablet 300 mg</i>	1	
ZOVIRAX ORAL SUSPENSION 200 MG/5 ML	3	
CEPHALOSPORINS		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	1	
<i>cefadroxil oral capsule 500 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet 1 gram</i>	1	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefditoren pivoxil oral tablet 200 mg, 400 mg</i>	1	
<i>cefixime oral capsule 400 mg</i>	1	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 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>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	
KEFLEX ORAL CAPSULE 750 MG	3	
SPECTRACEF ORAL TABLET 400 MG	3	
SUPRAX ORAL CAPSULE 400 MG	3	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML, 500 MG/5 ML	3	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	3	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin oral packet 1 gram</i>	1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	3	QL
DIFICID ORAL TABLET 200 MG	3	QL
<i>e.e.s. 400 oral tablet 400 mg</i>	1	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	3	
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	3	
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	3	
<i>ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 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
ERY-TAB ORAL TABLET,DELAYE D RELEASE (DR/EC) 500 MG	3	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
<i>erythromycin oral capsule,delayed release(dr/ec) 250 mg</i>	1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	1	
ZITHROMAX ORAL PACKET 1 GRAM	3	
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	

Drug Name	Drug Tier	Requirements / Limits
ZITHROMAX TRI-PAK ORAL TABLET 500 MG	3	
ZITHROMAX Z-PAK ORAL TABLET 250 MG	3	
MISCELLANEOUS ANTIINFECTIVES		
AEMCOLO ORAL TABLET,DELAYE D RELEASE (DR/EC) 194 MG	3	QL
<i>albendazole oral tablet 200 mg</i>	1	QL
ALBENZA ORAL TABLET 200 MG	3	QL
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	2	QL
ALINIA ORAL TABLET 500 MG	2	QL
<i>atovaquone oral suspension 750 mg/5 ml</i>	1	
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	1	QL
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	2	QL
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	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	Drug Name	Drug Tier	Requirements / Limits
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1		<i>isoniazid oral solution 50 mg/5 ml</i>	1	
CLEOCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG	3		<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
CLEOCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	3		<i>ivermectin oral tablet 3 mg</i>	1	QL
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1		KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	4	PA; QL
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	1		<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	1	PA
CYCLOSERINE ORAL CAPSULE 250 MG	3		<i>linezolid oral tablet 600 mg</i>	1	PA
<i>dapsone oral tablet 100 mg, 25 mg</i>	1		MALARONE ORAL TABLET 250-100 MG	3	QL
DARAPRIM ORAL TABLET 25 MG	4	PA	MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG	3	QL
EMVERM ORAL TABLET,CHEWABLE 100 MG	2	QL	<i>mefloquine oral tablet 250 mg</i>	1	QL
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1		MEPRON ORAL SUSPENSION 750 MG/5 ML	3	
FLAGYL ORAL CAPSULE 375 MG	3		<i>metronidazole oral capsule 375 mg</i>	1	
HYDROXYCHLOROQUINE ORAL TABLET 100 MG, 300 MG, 400 MG	3		<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>hydroxychloroquine oral tablet 200 mg</i>	1		MYAMBUTOL ORAL TABLET 400 MG	3	
			MYCOBUTIN ORAL CAPSULE 150 MG	3	

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

Drug Name	Drug Tier	Requirements / Limits
NEBUPENT INHALATION RECON SOLN 300 MG	2	QL
<i>neomycin oral tablet 500 mg</i>	1	
<i>nitazoxanide oral tablet 500 mg</i>	1	QL
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	3	
<i>pentamidine inhalation recon soln 300 mg</i>	1	QL
PRETOMANID ORAL TABLET 200 MG	3	PA
PRIFTIN ORAL TABLET 150 MG	2	
<i>primaquine oral tablet 26.3 mg</i>	1	QL
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>pyrimethamine oral tablet 25 mg</i>	4	PA
QUALAQUIN ORAL CAPSULE 324 MG	3	QL
<i>quinine sulfate oral capsule 324 mg</i>	1	QL
<i>rifabutin oral capsule 150 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
STROMECTOL ORAL TABLET 3 MG	3	QL

Drug Name	Drug Tier	Requirements / Limits
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	QL
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	4	PA; QL
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	4	PA; QL
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	4	PA; QL
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	5	PA; QL
TRECATOR ORAL TABLET 250 MG	3	
XENLETA ORAL TABLET 600 MG	3	
XIFAXAN ORAL TABLET 200 MG, 550 MG	2	QL
PENICILLINS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 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	Drug Name	Drug Tier	Requirements / Limits	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1		AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR 1,000-62.5 MG	3		
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1		<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1		
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	1		MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG	3		
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1		<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1		
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	1		<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1		
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1		QUINOLONES			
<i>AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML</i>	2		CIPRO ORAL TABLET 250 MG, 500 MG	3		
<i>AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML</i>	3		<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1		
			FACTIVE ORAL TABLET 320 MG	3		
			<i>levofloxacin oral solution 250 mg/10 ml</i>	1		
			<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1		
			<i>moxifloxacin oral tablet 400 mg</i>	1		
			<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1		

SULFA'S & RELATED 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	Drug Name	Drug Tier	Requirements / Limits
BACTRIM DS ORAL TABLET 800-160 MG	3		DORYX ORAL TABLET,DELAYE D RELEASE (DR/EC) 200 MG, 50 MG	3	ST
BACTRIM ORAL TABLET 400-80 MG	3		<i>doxycycline hyclate</i> <i>oral capsule 100 mg,</i> <i>50 mg</i>	1	
<i>sulfadiazine oral</i> <i>tablet 500 mg</i>	1		<i>doxycycline hyclate</i> <i>oral tablet 100 mg,</i> <i>20 mg</i>	1	
<i>sulfamethoxazole-</i> <i>trimethoprim oral</i> <i>suspension 200-40</i> <i>mg/5 ml</i>	1		<i>doxycycline hyclate</i> <i>oral tablet 150 mg,</i> <i>50 mg, 75 mg</i>	1	ST
<i>sulfamethoxazole-</i> <i>trimethoprim oral</i> <i>tablet 400-80 mg,</i> <i>800-160 mg</i>	1		<i>doxycycline hyclate</i> <i>oral tablet,delayed</i> <i>release (dr/ec) 100</i> <i>mg, 150 mg, 200 mg,</i> <i>50 mg, 75 mg</i>	1	ST
<i>sulfatrim oral</i> <i>suspension 200-40</i> <i>mg/5 ml</i>	1		<i>doxycycline</i> <i>monohydrate oral</i> <i>capsule 100 mg, 50</i> <i>mg, 75 mg</i>	1	
TETRACYCLINES			<i>doxycycline</i> <i>monohydrate oral</i> <i>capsule 150 mg</i>	1	ST
ACTICLATE ORAL TABLET 150 MG, 75 MG	3	ST	<i>doxycycline</i> <i>monohydrate oral</i> <i>suspension for</i> <i>reconstitution 25</i> <i>mg/5 ml</i>	1	
AVIDOXY DK KIT 100 MG-2 % -SPF 30	3	ST	<i>doxycycline</i> <i>monohydrate oral</i> <i>tablet 100 mg, 150</i> <i>mg, 50 mg, 75 mg</i>	1	
<i>avidoxy oral tablet</i> <i>100 mg</i>	1		<i>minocycline oral</i> <i>capsule 100 mg, 50</i> <i>mg, 75 mg</i>	1	
<i>coremino oral tablet</i> <i>extended release 24</i> <i>hr 135 mg, 45 mg,</i> <i>90 mg</i>	1	ST	<i>minocycline oral</i> <i>tablet 100 mg, 50</i> <i>mg, 75 mg</i>	1	
<i>demeclacycline oral</i> <i>tablet 150 mg, 300</i> <i>mg</i>	1				
DORYX MPC ORAL TABLET,DELAYE D RELEASE (DR/EC) 120 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>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	1	ST
MINOLIRA ER ORAL TABLET, IR - ER, BIPHASIC 24HR 105 MG, 135 MG	3	ST
<i>monodoxine nl oral capsule 100 mg, 75 mg</i>	1	
MONODOX ORAL CAPSULE 100 MG, 50 MG, 75 MG	3	ST
MORGIDOX 1X 50 KIT 50 MG	3	ST
MORGIDOX 2X100 KIT 100 MG	3	ST
<i>morgidox oral capsule 100 mg</i>	1	
NUZYRA ORAL TABLET 150 MG	3	QL
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG	3	ST
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG	3	ST
SOLODYNS ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	ST

Drug Name	Drug Tier	Requirements / Limits
TARGADOX ORAL TABLET 50 MG	3	ST
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	
VIBRAMYCIN ORAL CAPSULE 100 MG	3	ST
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION 25 MG/5 ML	3	ST
VIBRAMYCIN ORAL SYRUP 50 MG/5 ML	3	ST
URINARY TRACT AGENTS		
FURADANTIN ORAL SUSPENSION 25 MG/5 ML	3	
MACROBID ORAL CAPSULE 100 MG	3	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG	3	
<i>methenamine hippurate oral tablet 1 gram</i>	1	
<i>methenamine mandelate oral tablet 0.5 g, 1 gram</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 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>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	3	
<i>trimethoprim oral tablet 100 mg</i>	1	
VANCOMYCIN		
VANCOCIN ORAL CAPSULE 125 MG, 250 MG	3	PA; QL
<i>vancomycin oral capsule 125 mg, 250 mg</i>	1	PA; QL
<i>vancomycin oral recon soln 50 mg/ml</i>	1	QL
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
MESNEX ORAL TABLET 400 MG	2	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ABECMA INTRAVENOUS SUSPENSION 300X10EXP6 TO 460X10EXP6 CELL	5	PA

Drug Name	Drug Tier	Requirements / Limits
<i>abiraterone oral tablet 250 mg, 500 mg</i>	4	PA; QL
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	4	PA
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	4	PA
AFINITOR ORAL TABLET 10 MG	4	PA
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	5	PA
ALECensa ORAL CAPSULE 150 MG	4	PA; QL
ALKERAN ORAL TABLET 2 MG	3	
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	4	PA; QL
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23)	4	PA; QL
<i>anastrozole oral tablet 1 mg</i>	0	
AROMASIN ORAL TABLET 25 MG	3	
ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML	5	PA

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

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	3	ST	BREYANZI INTRAVENOUS SUSPENSION 1.5 X TO 70 X 10EXP6 CELL/ML	5	PA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA; QL	BRUKINSA ORAL CAPSULE 80 MG	5	PA
AYVAKIT ORAL TABLET 25 MG, 50 MG	5	PA	CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	4	PA; QL
AZASAN ORAL TABLET 100 MG, 75 MG	3		<i>capecitabine oral tablet 150 mg, 500 mg</i>	4	
<i>azathioprine oral tablet 50 mg</i>	1		CAPRELSA ORAL TABLET 100 MG, 300 MG	4	PA; QL
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	4	PA	CASODEX ORAL TABLET 50 MG	3	
BELRAPZO INTRAVENOUS SOLUTION 25 MG/ML	5	PA	CELLCEPT ORAL CAPSULE 250 MG	3	
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	4	PA	CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML	3	
<i>bexarotene oral capsule 75 mg</i>	4	PA	CELLCEPT ORAL TABLET 500 MG	3	
<i>bicalutamide oral tablet 50 mg</i>	1		COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	4	PA
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	4	PA; QL	COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA; QL
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG	5	PA; QL	COSELA INTRAVENOUS RECON SOLN 300 MG	5	PA

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

Drug Name	Drug Tier	Requirements / Limits
COTELLIC ORAL TABLET 20 MG	4	PA; QL
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	3	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	5	PA
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	5	PA
DAURISMO ORAL TABLET 100 MG, 25 MG	5	PA; QL
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	
ELZONRIS INTRAVENOUS SOLUTION 1,000 MCG/ML	4	PA
EMCYT ORAL CAPSULE 140 MG	2	

Drug Name	Drug Tier	Requirements / Limits
ENHERTU INTRAVENOUS RECON SOLN 100 MG	5	PA
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	4	PA
ERIVEDGE ORAL CAPSULE 150 MG	4	PA; QL
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	4	PA; QL
<i>etoposide oral capsule 50 mg</i>	1	
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	4	PA
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	1	
<i>exemestane oral tablet 25 mg</i>	0	
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	5	PA; QL
FEMARA ORAL TABLET 2.5 MG	3	
<i>flutamide oral capsule 125 mg</i>	1	
GAVRETO ORAL CAPSULE 100 MG	4	PA; QL
<i>genograf oral capsule 100 mg, 25 mg</i>	1	
<i>genograf oral solution 100 mg/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
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	4	PA; QL
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	2	
HYDREA ORAL CAPSULE 500 MG	3	
<i>hydroxyurea oral capsule 500 mg</i>	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	4	PA; QL
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	4	PA; QL
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	4	PA; QL
IDHIFA ORAL TABLET 100 MG, 50 MG	4	PA; QL
<i>imatinib oral tablet 100 mg, 400 mg</i>	4	PA; QL
IMURAN ORAL TABLET 50 MG	3	
INLYTA ORAL TABLET 1 MG, 5 MG	4	PA; QL
IRESSA ORAL TABLET 250 MG	4	PA; QL
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	4	PA; QL
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	5	PA

Drug Name	Drug Tier	Requirements / Limits
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	4	PA
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	5	PA
<i>lapatinib oral tablet 250 mg</i>	4	PA; QL
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	4	PA
<i>letrozole oral tablet 2.5 mg</i>	1	
LEUKERAN ORAL TABLET 2 MG	2	
LORBRENA ORAL TABLET 100 MG, 25 MG	4	PA; QL
LYNPARZA ORAL TABLET 100 MG, 150 MG	4	PA; QL
LYSODREN ORAL TABLET 500 MG	4	
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	5	PA

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

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
MATULANE ORAL CAPSULE 50 MG	4		<i>mycophenolate</i> <i>mofetil oral capsule</i> <i>250 mg</i>	1	
<i>megestrol oral</i> <i>suspension 400</i> <i>mg/10 ml (40</i> <i>mg/ml), 625 mg/5 ml</i> <i>(125 mg/ml)</i>	1		<i>mycophenolate</i> <i>mofetil oral</i> <i>suspension for</i> <i>reconstitution 200</i> <i>mg/ml</i>	1	
<i>megestrol oral tablet</i> <i>20 mg, 40 mg</i>	1		<i>mycophenolate</i> <i>mofetil oral tablet</i> <i>500 mg</i>	1	
MEKINIST ORAL TABLET 0.5 MG, 2 MG	4	PA; QL	<i>mycophenolate</i> <i>sodium oral</i> <i>tablet,delayed</i> <i>release (dr/ec) 180</i> <i>mg, 360 mg</i>	1	
MEKTOVI ORAL TABLET 15 MG	5	PA; QL	MYFORTIC ORAL TABLET,DELAYE D RELEASE (DR/EC) 180 MG, 360 MG	3	
<i>melphalan oral</i> <i>tablet 2 mg</i>	1		MYLERAN ORAL TABLET 2 MG	2	
<i>mercaptopurine oral</i> <i>tablet 50 mg</i>	1		NEORAL ORAL CAPSULE 100 MG, 25 MG	3	
<i>methotrexate sodium</i> <i>(pf) injection recon</i> <i>soln 1 gram</i>	1		NEORAL ORAL SOLUTION 100 MG/ML	3	
<i>methotrexate sodium</i> <i>(pf) injection</i> <i>solution 25 mg/ml</i>	1		NERLYNX ORAL TABLET 40 MG	4	PA
<i>methotrexate sodium</i> <i>injection solution 25</i> <i>mg/ml</i>	1		NEXAVAR ORAL TABLET 200 MG	4	PA; QL
<i>methotrexate sodium</i> <i>oral tablet 2.5 mg</i>	1		NILANDRON ORAL TABLET 150 MG	3	PA
MONJUVI INTRAVENOUS RECON SOLN 200 MG	5	PA	<i>nilutamide oral</i> <i>tablet 150 mg</i>	1	PA
MVASI INTRAVENOUS SOLUTION 25 MG/ML	4	PA			

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

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	4	PA; QL	RETEVMO ORAL CAPSULE 40 MG, 80 MG	5	PA; QL
NUBEQA ORAL TABLET 300 MG	4	PA; QL	ROMIDEPSIN INTRAVENOUS SOLUTION 5 MG/ML	5	PA
ODOMZO ORAL CAPSULE 200 MG	4	PA; QL	ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	4	PA; QL
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG	5	PA	RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	4	PA; QL
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA; QL	RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	4	PA
PEPAXTO INTRAVENOUS RECON SOLN 20 MG	5	PA	RYDAPT ORAL CAPSULE 25 MG	4	PA
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG	5	PA	SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	3	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	3		SANDIMMUNE ORAL SOLUTION 100 MG/ML	2	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	2		SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	5	PA
PURIXAN ORAL SUSPENSION 20 MG/ML	4		SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	4	PA
RAPAMUNE ORAL SOLUTION 1 MG/ML	3		<i>sirolimus oral solution 1 mg/ml</i>	1	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	3		<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 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	Drug Name	Drug Tier	Requirements / Limits
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	0	\$0 for ages 35 and older	TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	4	PA; QL
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	4	PA; QL	TAZVERIK ORAL TABLET 200 MG	5	PA
STIVARGA ORAL TABLET 40 MG	4	PA; QL	TECARTUS INTRAVENOUS SUSPENSION 2X10EXP6 TO 2X10EXP8 CELL	5	PA
<i>sunitinib oral</i> <i>capsule 12.5 mg, 25</i> <i>mg, 37.5 mg, 50 mg</i>	4	PA; QL	TEMODAR INTRAVENOUS RECON SOLN 100 MG	4	
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	4	PA; QL	TEMODAR ORAL CAPSULE 100 MG, 140 MG, 180 MG, 250 MG	5	PA
TABRECTA ORAL TABLET 150 MG, 200 MG	4	PA	<i>temozolomide oral</i> <i>capsule 100 mg, 140</i> <i>mg, 180 mg, 20 mg,</i> <i>250 mg, 5 mg</i>	4	PA
<i>tacrolimus oral</i> <i>capsule 0.5 mg, 1</i> <i>mg, 5 mg</i>	1		TIBSOVO ORAL TABLET 250 MG	4	PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	4	PA; QL	<i>toremifene oral</i> <i>tablet 60 mg</i>	1	
TAGRISSO ORAL TABLET 40 MG, 80 MG	4	PA; QL	TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	4	PA
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	4	PA; QL	TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	4	PA
<i>tamoxifen oral tablet</i> <i>10 mg, 20 mg</i>	0	\$0 for ages 35 and older	<i>tretinooin</i> <i>(antineoplastic) oral</i> <i>capsule 10 mg</i>	1	
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	5	PA; QL	TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	3	
TARGETIN TOPICAL GEL 1 %	4	PA			

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

Drug Name	Drug Tier	Requirements / Limits
TRODELVY INTRAVENOUS RECON SOLN 180 MG	5	PA
TUKYSA ORAL TABLET 150 MG, 50 MG	5	PA; QL
TURALIO ORAL CAPSULE 200 MG	5	PA; QL
TYKERB ORAL TABLET 250 MG	4	PA; QL
UKONIQ ORAL TABLET 200 MG	5	PA; QL
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	4	PA
VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10 MG-50 MG- 100 MG	4	PA; QL
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	PA; QL
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	4	PA; QL
VITRAKVI ORAL SOLUTION 20 MG/ML	4	PA; QL
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	4	PA; QL
VOTRIENT ORAL TABLET 200 MG	4	PA; QL

Drug Name	Drug Tier	Requirements / Limits
XALKORI ORAL CAPSULE 200 MG, 250 MG	4	PA; QL
XELODA ORAL TABLET 150 MG, 500 MG	5	
XOSPATA ORAL TABLET 40 MG	4	PA
ZEJULA ORAL CAPSULE 100 MG	4	PA; QL
ZELBORAF ORAL TABLET 240 MG	4	PA; QL
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG	5	PA
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	4	PA
ZOLINZA ORAL CAPSULE 100 MG	4	PA
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	2	
ZYDELIG ORAL TABLET 100 MG, 150 MG	4	PA; QL
ZYKADIA ORAL TABLET 150 MG	4	PA; QL

**AUTONOMIC & CNS DRUGS,
NEUROLOGY & PSYCH**

ANTICONVULSANTS

*carbamazepine oral capsule, er
multiphase 12 hr
100 mg, 200 mg, 300 mg*

1

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

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	1		DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	3	ST
<i>carbamazepine oral tablet 200 mg</i>	1		DIACOMIT ORAL CAPSULE 250 MG, 500 MG	4	PA
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1		DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	4	PA
<i>carbamazepine oral tablet, chewable 100 mg</i>	1		DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG	3	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	3		DIASTAT RECTAL KIT 2.5 MG	3	
CELONTIN ORAL CAPSULE 300 MG	2		<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1	
<i>clobazam oral suspension 2.5 mg/ml</i>	1	PA	DILANTIN EXTENDED ORAL CAPSULE 100 MG	3	
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	PA	DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG	3	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1		DILANTIN ORAL CAPSULE 30 MG	2	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1		DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	3	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	3	ST	<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 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	Drug Name	Drug Tier	Requirements / Limits
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1		<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1		GABITRIL ORAL TABLET 12 MG, 16 MG, 2 MG, 4 MG	3	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA	GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 600 MG	3	ST
<i>epitol oral tablet 200 mg</i>	1		KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	3	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	3		LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	3	ST
<i>ethosuximide oral capsule 250 mg</i>	1		LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	3	ST
<i>ethosuximide oral solution 250 mg/5 ml</i>	1		LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	3	ST
<i>felbamate oral suspension 600 mg/5 ml</i>	1		<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>felbamate oral tablet 400 mg, 600 mg</i>	1				
FELBATOL ORAL SUSPENSION 600 MG/5 ML	3				
FELBATOL ORAL TABLET 400 MG, 600 MG	3				
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1				
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 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>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) - 50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i>	1	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1	
<i>lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	1	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	
MYSOLINE ORAL TABLET 250 MG, 50 MG	3	
ONFI ORAL SUSPENSION 2.5 MG/ML	3	PA

Drug Name	Drug Tier	Requirements / Limits
ONFI ORAL TABLET 10 MG, 20 MG	3	PA
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG	3	ST
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	3	
<i>phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet,chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 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	Drug Name	Drug Tier	Requirements / Limits
<i>pregabalin oral solution 20 mg/ml</i>	1		TEGRETOL ORAL SUSPENSION 100 MG/5 ML	3	
<i>pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg</i>	1	ST	TEGRETOL ORAL TABLET 200 MG	3	
<i>primidone oral tablet 250 mg, 50 mg</i>	1		TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	3	
QUDEXY XR ORAL CAPSULE,SPRINK LE,ER 24HR 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	2	ST	<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
<i>roweepra oral tablet 1,000 mg, 500 mg, 750 mg</i>	1		<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	3	ST	<i>topiramate oral capsule,sprinkle,er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	1	ST
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1		<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>subvenite starter (blue) kit oral tablets,dose pack 25 mg (35)</i>	1		TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 50 MG	3	ST
<i>subvenite starter (green) kit oral tablets,dose pack 25 mg (84) -100 mg (14)</i>	1		<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	1	
<i>subvenite starter (orange) kit oral tablets,dose pack 25 mg (42) -100 mg (7)</i>	1		<i>valproic acid oral capsule 250 mg</i>	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	3	PA			

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

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	3	QL	ZARONTIN ORAL SOLUTION 250 MG/5 ML	3		
VIMPAT ORAL SOLUTION 10 MG/ML	2		<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1		
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2		ANTIPARKINSONISM AGENTS			
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	3	QL	AZILECT ORAL TABLET 0.5 MG, 1 MG	3	ST	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	QL	<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1		
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	3	QL	<i>bromocriptine oral capsule 5 mg</i>	1		
ZARONTIN ORAL CAPSULE 250 MG	3		<i>bromocriptine oral tablet 2.5 mg</i>	1		
			<i>carbidopa oral tablet 25 mg</i>	1	PA	
			<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1		
			<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1		
			<i>carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1		
			<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</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	Drug Name	Drug Tier	Requirements / Limits
COMTAN ORAL TABLET 200 MG	3		<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>entacapone oral tablet 200 mg</i>	1		<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	4	PA; QL	<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	1	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	2	PA; QL	<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
LODOSYN ORAL TABLET 25 MG	3	PA	<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG	3		RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	3	
NOURIANZ ORAL TABLET 20 MG, 40 MG	5	PA; QL	<i>selegiline hcl oral capsule 5 mg</i>	1	
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG, 322 MG/DAY(129 MG X1-193MG X1)	5	PA; QL	<i>selegiline hcl oral tablet 5 mg</i>	1	
PARLODEL ORAL CAPSULE 5 MG	3		SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	
PARLODEL ORAL TABLET 2.5 MG	3		STALEVO 100 ORAL TABLET 25-100-200 MG	3	
			STALEVO 125 ORAL TABLET 31.25-125-200 MG	3	

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

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
STALEVO 150 ORAL TABLET 37.5-150-200 MG	3		<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	1	ST; QL
STALEVO 200 ORAL TABLET 50-200-200 MG	3		<i>eletriptan oral tablet 20 mg, 40 mg</i>	1	QL
STALEVO 50 ORAL TABLET 12.5-50-200 MG	3		EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	2	PA; QL
STALEVO 75 ORAL TABLET 18.75-75-200 MG	3		EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML, 300 MG/3 ML (100 MG/ML X 3)	2	PA; QL
TASMAR ORAL TABLET 100 MG	3	PA	ERGOMAR SUBLINGUAL TABLET 2 MG	3	
<i>tolcapone oral tablet 100 mg</i>	1	PA	<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1		FROVA ORAL TABLET 2.5 MG	3	ST; QL
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1		<i>frovatriptan oral tablet 2.5 mg</i>	1	QL
MIGRAINE & CLUSTER HEADACHE THERAPY			<i>migergot rectal suppository 2-100 mg</i>	1	
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	1	QL	MIGRAL NASAL SPRAY, NON-AEROSOL 0.5 MG/PUMP ACT. (4 MG/ML)	3	ST; QL
AMERGE ORAL TABLET 1 MG, 2.5 MG	3	ST; QL	<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	QL
CAFERGOT ORAL TABLET 1-100 MG	3		NURTEC ODT ORAL TABLET, DISINTE GRATING 75 MG	3	PA; QL
D.H.E.45 INJECTION SOLUTION 1 MG/ML	3				
<i>dihydroergotamine injection solution 1 mg/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	Drug Name	Drug Tier	Requirements / Limits
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG	3	ST; QL	TOSYMRA NASAL SPRAY, NON- AEROSOL 10 MG/ACTUATION	3	ST; QL
RELPAX ORAL TABLET 20 MG, 40 MG	3	ST; QL	TRUDHESA NASAL SPRAY, NON- AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)	3	ST; QL
REYVOW ORAL TABLET 100 MG, 50 MG	3	PA; QL	UBRELVY ORAL TABLET 100 MG, 50 MG	3	PA; QL
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1	QL	ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML	3	ST; QL
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	1	QL	<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	1	QL
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	1	QL	<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	1	QL
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL	ZOMIG NASAL SPRAY, NON- AEROSOL 2.5 MG, 5 MG	2	ST; QL
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL	MISCELLANEOUS NEUROLOGICAL THERAPY		
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL	ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG	3	ST
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	1	QL	<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	4	PA; QL
			<i>donepezil oral tablet 10 mg, 5 mg</i>	1	
			<i>donepezil oral tablet 23 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	Drug Name	Drug Tier	Requirements / Limits
<i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>	1		<i>memantine oral tablet 10 mg, 5 mg</i>	1	
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	5	PA; QL	MEMANTINE ORAL TABLETS,DOSE PACK 5-10 MG	3	
EXELON PATCH TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR	3	ST	NAMENDA ORAL TABLET 10 MG, 5 MG	3	ST
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1		NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK 5-10 MG	3	
<i>galantamine oral solution 4 mg/ml</i>	1		NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG	3	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1		NUEDEXTA ORAL CAPSULE 20-10 MG	2	PA
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	3	ST	NULIBRY INTRAVENOUS RECON SOLN 9.5 MG	5	PA
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK 40 MG (7)-80 MG (21)	5	PA; QL	RAZADYNE ER ORAL CAPSULE,EXT REL. PELLETS 24 HR 16 MG, 24 MG, 8 MG	3	ST
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	5	PA; QL	<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	
<i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	1		<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	1	
<i>memantine oral solution 2 mg/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
RUZURGI ORAL TABLET 10 MG	4	PA
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	4	PA
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	4	PA; QL
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	1	
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	1	
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg</i>	1	
<i>cyclobenzaprine oral capsule, extended release 24hr 15 mg, 30 mg</i>	1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg</i>	1	
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	3	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	1	
FEXMID ORAL TABLET 7.5 MG	3	ST

Drug Name	Drug Tier	Requirements / Limits
LORZONE ORAL TABLET 375 MG, 750 MG	3	ST
<i>metaxalone oral tablet 400 mg, 800 mg</i>	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
NORGESIC FORTE ORAL TABLET 50-770-60 MG	3	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1	
<i>orphenadrine-asa-caffeine oral tablet 50-770-60 mg</i>	1	
<i>orphengesic forte oral tablet 50-770-60 mg</i>	1	
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</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 180 mg</i>	1	
SKELAXIN ORAL TABLET 800 MG	3	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 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
tizanidine oral tablet 2 mg, 4 mg	1	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	3	
ZANAFLEX ORAL TABLET 4 MG	3	
NARCOTIC ANALGESICS		
acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg	1	
acetaminophen-caff-dihydrocod oral tablet 325-30-16 mg	1	
acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml	1	
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	1	
ACTIQ BUCCAL LOZENGE ON A HANDLE 1,200 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	PA; QL
ALLZITAL ORAL TABLET 25-325 MG	3	ST
ascomp with codeine oral capsule 30-50-325-40 mg	1	

Drug Name	Drug Tier	Requirements / Limits
BELBUCA Buccal Film 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	2	PA; QL
buprenorphine hcl sublingual tablet 2 mg, 8 mg	1	
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	1	PA
butalbital compound w/codeine oral capsule 30-50-325-40 mg	1	
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1	
butalbital-acetaminophen oral capsule 50-300 mg	1	
butalbital-acetaminophen oral tablet 25-325 mg, 50-300 mg, 50-325 mg	1	
butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg	1	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	1	
<i>codeine sulfate oral tablet 60 mg</i>	1	
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	1	
DILAUDID ORAL LIQUID 1 MG/ML	3	
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG	3	
<i>diskets oral tablet,soluble 40 mg</i>	1	PA
DSUVIA SUBLINGUAL TABLET IN APPLICATOR 30 MCG	3	
<i>dvorah oral tablet 325-30-16 mg</i>	1	
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
ESGIC ORAL CAPSULE 50-325-40 MG	3	ST
ESGIC ORAL TABLET 50-325-40 MG	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	PA; QL
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i>	1	PA; QL
FIORICET ORAL CAPSULE 50-300-40 MG	3	ST
FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG	3	
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	1	PA; QL
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	1	PA; QL
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 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
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	
hydromorphone oral liquid 1 mg/ml	1	
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	1	
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg	1	PA; QL
hydromorphone rectal suppository 3 mg	1	
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	2	PA; QL
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML	3	
methadone oral concentrate 10 mg/ml	1	PA
methadone oral solution 10 mg/5 ml, 5 mg/5 ml	1	PA
methadone oral tablet 10 mg, 5 mg	1	PA

Drug Name	Drug Tier	Requirements / Limits
methadone oral tablet,soluble 40 mg	1	PA
methadose oral concentrate 10 mg/ml	1	PA
methadose oral tablet,soluble 40 mg	1	PA
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	1	
morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	1	PA; QL
morphine oral capsule,extend.releas pellets 10 mg, 100 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg	1	PA; QL
morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	1	
morphine oral tablet 15 mg, 30 mg	1	
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	1	PA; QL
morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	1	

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

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG	3	PA; QL	<i>oxymorphone oral tablet extended release 12 hr</i> 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	1	PA; QL
NALOCET ORAL TABLET 2.5-300 MG	3		<i>prolate oral tablet</i> 10-300 mg, 5-300 mg, 7.5-300 mg	1	
OXAYDO ORAL TABLET, ORAL ONLY 5 MG, 7.5 MG	3		ROXICODONE ORAL TABLET 15 MG, 30 MG, 5 MG	3	
<i>oxycodone oral capsule</i> 5 mg	1		SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	4	
<i>oxycodone oral concentrate</i> 20 mg/ml	1		<i>tencon oral tablet</i> 50-325 mg	1	
<i>oxycodone oral solution</i> 5 mg/5 ml	1		<i>vto lq oral solution</i> 50-325-40 mg/15 ml	1	
<i>oxycodone oral tablet</i> 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1		<i>zebutal oral capsule</i> 50-325-40 mg	1	
<i>oxycodone-acetaminophen oral tablet</i> 10-300 mg, 10-325 mg, 2.5-300 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-325 mg	1		NON-NARCOTIC ANALGESICS		
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	2	PA; QL	<i>adult aspirin regimen oral tablet,delayed release (dr/ec)</i> 81 mg	0	covered at \$0 for ages 69 and younger; OTC
<i>oxymorphone oral tablet</i> 10 mg, 5 mg	1		ANAPROX DS ORAL TABLET 550 MG	3	
			ARTHROTEC 50 ORAL TABLET,IR,DELA YED REL,BIPHASIC 50-200 MG-MCG	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
ARTHROTEC 75 ORAL TABLET,IR,DELA YED REL,BIPHASIC 75-200 MG-MCG	3	ST
aspirin low dose oral tablet,delayed release (dr/ec) 81 mg	0	covered at \$0 for ages 69 and younger; OTC
aspirin oral tablet 325 mg	0	covered at \$0 for ages 69 and younger; OTC
aspirin oral tablet,chewable 81 mg	0	covered at \$0 for ages 69 and younger; OTC
aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg	0	covered at \$0 for ages 69 and younger; OTC
aspir-trin oral tablet,delayed release (dr/ec) 325 mg	0	covered at \$0 for ages 69 and younger; OTC
bayer aspirin oral tablet 325 mg	0	covered at \$0 for ages 69 and younger; OTC
buprenorphine-naloxone sublingual film 12-3 mg	1	
buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	1	QL
buprenorphine-naloxone sublingual tablet 2-0.5 mg	1	QL
buprenorphine-naloxone sublingual tablet 8-2 mg	1	

Drug Name	Drug Tier	Requirements / Limits
CAMBIA ORAL POWDER IN PACKET 50 MG	3	ST; QL
cataflam oral tablet 50 mg	1	
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	1	ST
children's aspirin oral tablet,chewable 81 mg	0	covered at \$0 for ages 69 and younger; OTC
choline,magnesium salicylate oral liquid 500 mg/5 ml	1	
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 17-83 300 MG	3	ST; QL
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	ST; QL
DAYPRO ORAL TABLET 600 MG	3	ST
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium oral tablet extended release 24 hr 100 mg	1	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg	1	
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	1	

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

Drug Name	Drug Tier	Requirements / Limits
diflunisal oral tablet 500 mg	1	
DISALCID ORAL TABLET 500 MG, 750 MG	3	
DUEXIS ORAL TABLET 800-26.6 MG	3	ST
EC-NAPROSYN ORAL TABLET,DELAYE D RELEASE (DR/EC) 375 MG, 500 MG	3	ST
ecotrin low strength oral tablet,delayed release (dr/ec) 81 mg	0	covered at \$0 for ages 69 and younger; OTC
ecotrin oral tablet,delayed release (dr/ec) 325 mg	0	covered at \$0 for ages 69 and younger; OTC
etodolac oral capsule 200 mg, 300 mg	1	
etodolac oral tablet 400 mg, 500 mg	1	
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	1	
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 - 3.6 MILLION)	4	PA
FELDENE ORAL CAPSULE 10 MG, 20 MG	3	ST

Drug Name	Drug Tier	Requirements / Limits
fenoprofen oral tablet 600 mg	1	ST
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	2	ST; QL
flurbiprofen oral tablet 100 mg	1	
ibu oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen oral suspension 100 mg/5 ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen-famotidine oral tablet 800-26.6 mg	1	
INDOCIN ORAL SUSPENSION 25 MG/5 ML	3	ST
INDOCIN RECTAL SUPPOSITORY 50 MG	3	
indomethacin oral capsule 25 mg, 50 mg	1	
indomethacin oral capsule, extended release 75 mg	1	
ketoprofen oral capsule 25 mg	1	ST
ketoprofen oral capsule 50 mg, 75 mg	1	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	1	ST

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

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	2	ST; QL	NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG, 750 MG	3	ST
LODINE ORAL TABLET 400 MG	3	ST	NAPROSYN ORAL SUSPENSION 125 MG/5 ML	3	ST
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	1		NAPROSYN ORAL TABLET 500 MG	3	ST
<i>mefenamic acid oral capsule 250 mg</i>	1		<i>naproxen oral suspension 125 mg/5 ml</i>	1	ST
<i>meloxicam oral tablet 15 mg</i>	1		<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>meloxicam oral tablet 7.5 mg</i>	1	QL	<i>naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg</i>	1	
<i>meloxicam submicronized oral capsule 10 mg</i>	1	ST	<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>meloxicam submicronized oral capsule 5 mg</i>	1	ST; QL	<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg</i>	1	ST
MOBIC ORAL TABLET 15 MG	3	ST	NAPROXEN SODIUM ORAL TABLET, ER MULTIPHASE 24 HR 750 MG	3	ST
MOBIC ORAL TABLET 7.5 MG	3	ST; QL	<i>naproxen- esomeprazole oral tablet,ir,delayed rel,biphasic 375-20 mg, 500-20 mg</i>	1	ST
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1		NARCAN NASAL SPRAY, NON- AEROSOL 4 MG/ACTUATION	2	QL
NALFON ORAL TABLET 600 MG	3	ST			
<i>naloxone injection solution 0.4 mg/ml</i>	1				
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1				
<i>naltrexone oral tablet 50 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
ORTHOVISC INTRA- ARTICULAR SYRINGE 30 MG/2 ML	4	PA
<i>oxaprozin oral tablet 600 mg</i>	1	
<i>pentazocine- naloxone oral tablet 50-0.5 mg</i>	1	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
RELAFEN ORAL TABLET 500 MG, 750 MG	3	ST
<i>salsalate oral tablet 500 mg, 750 mg</i>	1	
<i>st joseph aspirin oral tablet, chewable 81 mg</i>	0	covered at \$0 for ages 69 and younger; OTC
<i>st. joseph aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	0	covered at \$0 for ages 69 and younger; OTC
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
<i>tolmetin oral capsule 400 mg</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 17-83 300 MG	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	ST; QL
TRAMADOL ORAL TABLET 100 MG	3	
<i>tramadol oral tablet 50 mg</i>	1	QL
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	1	PA; QL
<i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>	1	PA; QL
<i>tramadol- acetaminophen oral tablet 37.5-325 mg</i>	1	QL
ULTRACET ORAL TABLET 37.5-325 MG	3	QL
ULTRAM ORAL TABLET 50 MG	3	QL
VIMOVO ORAL TABLET,IR,DELA YED REL,BIPHASIC 375-20 MG, 500-20 MG	3	ST
VIVITROL INTRAMUSCULA R SUSPENSION,EXT ENDED REL RECON 380 MG	4	

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	Drug Name	Drug Tier	Requirements / Limits
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	ADDERALL XR ORAL CAPSULE,EXTEN DED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	3	ST
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG	2		ADHANSIA XR ORAL CAPSULE, ER BIPHASIC 20- 80 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG	3	ST
PSYCHOTHERAPEUTIC DRUGS					
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	3	QL	ADZENYS XR- ODT ORAL TABLET,DISINTE G ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	3	ST
ABILIFY MYCITE ORAL TABLET WITH SENSOR AND PATCH 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	3	QL	<i>alprazolam intensol oral concentrate 1 mg/ml</i>	1	
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	3	QL	<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	3		<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	
			<i>alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
			<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 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	Drug Name	Drug Tier	Requirements / Limits
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	1		<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	1	QL
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1		ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG	3	
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	1		<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	1	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	3		<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	3	ST; QL	<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	QL
APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHA SIC 40-60 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	3	ST	BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	ST; QL
<i>ariPIPRAZOLE oral solution 1 mg/ml</i>	1		<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	1	QL
<i>ariPIPRAZOLE oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	QL	<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>ariPIPRAZOLE oral tablet,disintegrating 10 mg, 15 mg</i>	1	QL	<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1	ST; QL	<i>citalopram oral solution 10 mg/5 ml</i>	1	
			<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL
			<i>clomipramine oral capsule 25 mg, 50 mg, 75 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	Drug Name	Drug Tier	Requirements / Limits
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	1		DESVENLAFAXIN E ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG	3	ST; QL
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1		<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	1	ST; QL
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1		DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG, 5 MG	3	ST
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	1		<i>dexamphetamine oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	1	
CLOZARIL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	3		<i>dexamphetamine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 25.9 MG, 8.6 MG	3	ST	<i>dextroamphetamine oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	1	
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	2	ST	<i>dextroamphetamine oral solution 5 mg/5 ml</i>	1	
DAYVIGO ORAL TABLET 10 MG, 5 MG	3	ST; QL	<i>dextroamphetamine oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1		<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	
DESOXYN ORAL TABLET 5 MG	3				

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

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1		<i>EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR</i>	3	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1		<i>ergoloid oral tablet 1 mg</i>	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1		<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1		<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1		<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	QL
<i>doxepin oral concentrate 10 mg/ml</i>	1		<i>EVEKEO ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG</i>	3	
<i>doxepin oral tablet 3 mg, 6 mg</i>	1	ST; QL	<i>EVEKEO ORAL TABLET 10 MG, 5 MG</i>	3	
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	QL	<i>FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG</i>	3	QL
<i>duloxetine oral capsule,delayed release(dr/ec) 40 mg</i>	1	ST; QL	<i>FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)</i>	3	QL
<i>DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML</i>	2	ST	<i>FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)</i>	2	ST; QL
<i>EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG</i>	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	Drug Name	Drug Tier	Requirements / Limits
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	2	ST; QL	FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	ST; QL
<i>fluoxetine oral capsule 10 mg, 40 mg</i>	1	QL	GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG	3	QL
<i>fluoxetine oral capsule 20 mg</i>	1		<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<i>fluoxetine oral capsule,delayed release(dr/ec) 90 mg</i>	1	QL	<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1		<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
<i>fluoxetine oral tablet 10 mg</i>	1	ST; QL	HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	5	PA; QL
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	1	ST	HETLIOZ ORAL CAPSULE 20 MG	5	PA; QL
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1		<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1		<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1		INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG, 3 MG, 6 MG, 9 MG	3	QL
<i>flurazepam oral capsule 15 mg, 30 mg</i>	1	QL			
<i>fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg</i>	1	ST; QL			
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</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	Drug Name	Drug Tier	Requirements / Limits
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	3	ST	<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HR 0.1 MG	3	ST	<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	1	
KETAMINE SUBLINGUAL TROCHE 100 MG	3		MARPLAN ORAL TABLET 10 MG	3	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	2	QL	<i>methamphetamine oral tablet 5 mg</i>	1	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1		METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML	3	
<i>lithium carbonate oral tablet 300 mg</i>	1		<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	ST
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	1		<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	3		<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1		<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	
<i>lorazepam oral concentrate 2 mg/ml</i>	1		<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1		<i>methylphenidate hcl oral tablet extended release 10 mg, 20 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	Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1		<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	3	ST	NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	1		<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>midazolam oral syrup 2 mg/ml</i>	1		<i>nortriptyline oral solution 10 mg/5 ml</i>	1	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1		<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	QL
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	1		<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	1	QL
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG	3		<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	1	
<i>modafinil oral tablet 100 mg, 200 mg</i>	1	ST; QL	<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	1		<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg</i>	1	QL
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	2	ST	PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG	3	
NARDIL ORAL TABLET 15 MG	3		PARNATE ORAL TABLET 10 MG	3	
			<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</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	Drug Name	Drug Tier	Requirements / Limits
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	1	ST; QL	<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	1	QL
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	1	ST; QL	QUILLICHEW ER ORAL TABLET,CHEW,IR	2	ST
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG	3	ST; QL	- ER.BIPHASIC24HR 20 MG, 30 MG, 40 MG		
PAXIL ORAL SUSPENSION 10 MG/5 ML	3	ST	QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML)	2	ST
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	3	ST; QL	ramelteon oral tablet 8 mg	1	QL
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1		RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 72 MG	3	ST
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1		REMERON ORAL TABLET 15 MG, 30 MG	3	
<i>phenelzine oral tablet 15 mg</i>	1		REMERON SOLTAB ORAL TABLET,DISINTEGRATING 15 MG, 30 MG, 45 MG	3	
<i>pimozide oral tablet 1 mg, 2 mg</i>	1		RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG	3	QL
<i>procentra oral solution 5 mg/5 ml</i>	1		RISPERDAL ORAL SOLUTION 1 MG/ML	3	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1				
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</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	Drug Name	Drug Tier	Requirements / Limits
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	QL	SUNOSI ORAL TABLET 150 MG, 75 MG	2	ST; QL
<i>risperidone oral solution 1 mg/ml</i>	1		SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL	<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	1	QL
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL	<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG	3	ST	<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG	3		TRANXENE T-TAB ORAL TABLET 7.5 MG	3	
<i>seconal sodium oral capsule 100 mg</i>	1	QL	<i>tranylcypromine oral tablet 10 mg</i>	1	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	3	QL	<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>sertraline oral concentrate 20 mg/ml</i>	1		<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL	<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	1	
SILENOR ORAL TABLET 3 MG, 6 MG	3	ST; QL	TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	ST; QL
			<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	1	QL
			<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</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 extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	1	ST; QL
VERSACLOZ ORAL SUSPENSION 50 MG/ML	3	
VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML	5	PA; QL
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	5	ST; QL
XYREM ORAL SOLUTION 500 MG/ML	4	PA; QL
XYWAV ORAL SOLUTION 0.5 GRAM/ML	4	PA; QL
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	QL
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	QL
<i>zolpidem oral tablet 10 mg, 5 mg</i>	1	QL
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	1	QL
ZOLPIMIST ORAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	3	ST; QL
ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML	4	PA
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG	3	QL
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG	3	QL
CARDIOVASCULAR, HYPERTENSION & LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	3	ST
BETAPACE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	3	ST
<i>disopyramide phosphate oral capsule 100 mg, 150 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>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	3	
NORPACE ORAL CAPSULE 100 MG, 150 MG	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg</i>	1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
RYTHMOL SR ORAL CAPSULE,EXTENDED RELEASE 12 HR 225 MG, 325 MG, 425 MG	3	

Drug Name	Drug Tier	Requirements / Limits
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML	2	
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	3	
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
ADALAT CC ORAL TABLET EXTENDED RELEASE 30 MG, 60 MG, 90 MG	3	ST
ALDACTAZIDE ORAL TABLET 25-25 MG, 50-50 MG	3	
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG	3	
<i>aliskiren oral tablet 150 mg, 300 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	Drug Name	Drug Tier	Requirements / Limits
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG	3		<i>benazepril oral tablet</i> 10 mg, 20 mg, 40 mg, 5 mg	1	
<i>amiloride oral tablet</i> 5 mg	1		<i>benazepril-hydrochlorothiazide oral tablet</i> 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	
<i>amiloride-hydrochlorothiazide oral tablet</i> 5-50 mg	1		<i>betaxolol oral tablet</i> 10 mg, 20 mg	1	
<i>amlodipine oral tablet</i> 10 mg, 2.5 mg, 5 mg	1		BIDIL ORAL TABLET 20-37.5 MG	3	
<i>amlodipine-benazepril oral capsule</i> 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1		<i>bisoprolol fumarate oral tablet</i> 10 mg, 5 mg	1	
<i>amlodipine-olmesartan oral tablet</i> 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1		<i>bisoprolol-hydrochlorothiazide oral tablet</i> 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
<i>amlodipine-valsartan oral tablet</i> 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1		<i>bumetanide oral tablet</i> 0.5 mg, 1 mg, 2 mg	1	
<i>amlodipine-valsartan-hcthiazid oral tablet</i> 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	1		CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG	3	ST
<i>atenolol oral tablet</i> 100 mg, 25 mg, 50 mg	1		<i>candesartan oral tablet</i> 16 mg, 32 mg, 4 mg, 8 mg	1	
<i>atenolol-chlorthalidone oral tablet</i> 100-25 mg, 50-25 mg	1		<i>candesartan-hydrochlorothiazid oral tablet</i> 16-12.5 mg, 32-12.5 mg, 32-25 mg	1	
			<i>captopril oral tablet</i> 100 mg, 12.5 mg, 25 mg, 50 mg	1	

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

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1		<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	3		CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR	3	QL
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	3		CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR	3	QL
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3		CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR	3	QL
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG	3	ST; QL	<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	3	ST; QL	<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
CAROSPIR ORAL SUSPENSION 25 MG/5 ML	3	ST	<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	1	QL
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1		CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG	3	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1		COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG	3	ST
			CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG	3	ST
			DEMSER ORAL CAPSULE 250 MG	2	PA

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

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
DIBENZYLINE ORAL CAPSULE 10 MG	3	PA	DYRENIUM ORAL CAPSULE 100 MG, 50 MG	3	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1		EDARBI ORAL TABLET 40 MG, 80 MG	2	ST
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1		EDECIN ORAL TABLET 25 MG	3	
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1		<i>enalapril maleate oral solution 1 mg/ml</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1		<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1		<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1		<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1		<i>eprosartan oral tablet 600 mg</i>	1	
DIURIL ORAL SUSPENSION 250 MG/5 ML	3		<i>ethacrynic acid oral tablet 25 mg</i>	1	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	QL	<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
			<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
			<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
			<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/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	Drug Name	Drug Tier	Requirements / Limits
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1		<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1		LOPRESSOR ORAL TABLET 100 MG, 50 MG	3	ST
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1		<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1		<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1		LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1		LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	
INSPRA ORAL TABLET 25 MG, 50 MG	3		<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1		MAXZIDE ORAL TABLET 75-50 MG	3	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1		MAXZIDE-25MG ORAL TABLET 37.5-25 MG	3	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1		<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1		<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG	3				
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 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	Drug Name	Drug Tier	Requirements / Limits
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1		<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1		<i>nimodipine oral capsule 30 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1		<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	1	
<i>metyrosine oral capsule 250 mg</i>	1	PA	NYMALIZE ORAL SOLUTION 60 MG/10 ML	3	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	3		NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	3	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1		<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1		<i>olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1		<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	1		<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1		<i>phenoxybenzamine oral capsule 10 mg</i>	1	PA
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1		<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1		<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 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	Drug Name	Drug Tier	Requirements / Limits
PRINIVIL ORAL TABLET 20 MG	3		SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	ST
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG, 90 MG	3	ST	<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1		TEKTURN HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	2	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1		<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1		<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	1		<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1		TENORMIN ORAL TABLET 25 MG	3	ST
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1		<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	QL
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1		THALITONE ORAL TABLET 15 MG	3	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1				
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 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	Drug Name	Drug Tier	Requirements / Limits
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1		UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	4	PA
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	3		UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	4	PA
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1		<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1		<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1		VASERETIC ORAL TABLET 10-25 MG	3	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1		VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	3	
<i>triamterene oral capsule 100 mg, 50 mg</i>	1		<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1		<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1		<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
			<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 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
VERELAN ORAL CAPSULE,EXT REL. PELLETS 24 HR 120 MG, 180 MG, 240 MG, 360 MG	3	ST
VERELAN PM ORAL CAPSULE, 24 HR ER PELLET CT 100 MG, 200 MG, 300 MG	3	ST
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG	3	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG	3	ST

CARDIAC GLYCOSIDES

<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
<i>digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	3	
COAGULATION THERAPY		
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 2.5 MG/0.5 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	5	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1	
BRILINTA ORAL TABLET 60 MG, 90 MG	2	
CABLIVI INJECTION KIT 11 MG	4	PA
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tablet 300 mg, 75 mg</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	4	PA; QL
EFFIENT ORAL TABLET 10 MG, 5 MG	3	

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

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	PA	<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	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	PA	<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml</i>	1	
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	4		<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	1	
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	4		<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	1	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	4		<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	
<i>hep flush-10 (pf) intravenous solution 10 unit/ml</i>	1		<i>heparin flush(porcine)-0.9nacl intravenous kit 100 unit/ml</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 lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>	1	
			<i>heparin lockflush(porcine)(pf) intravenous syringe 100 unit/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
HEPARIN(PORCIN E) 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 1,000 unit/ml</i>	1	
HEPARIN, PORCINE (PF) INJECTION SOLUTION 5,000 UNIT/0.5 ML	2	
<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	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml, 10 unit/ml, 100 unit/ml</i>	1	
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE 5,000 UNIT/0.5 ML	3	

Drug Name	Drug Tier	Requirements / Limits
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
MEPHYTON ORAL TABLET 5 MG	3	QL
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	1	
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE 1 MG/0.5 ML	2	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	QL
<i>prasugrel oral tablet 10 mg, 5 mg</i>	1	
<i>vitamin k injection solution 1 mg/0.5 ml</i>	1	
<i>vitamin k1 injection solution 10 mg/ml</i>	1	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)-20 MG (9)	2	PA

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

Drug Name	Drug Tier	Requirements / Limits
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	2	PA
ZONTIVITY ORAL TABLET 2.08 MG	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
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	QL
<i>cholestyramine (with sugar) oral powder 4 gram</i>	1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	1	
<i>cholestyramine light oral powder 4 gram</i>	1	
<i>cholestyramine light oral powder in packet 4 gram</i>	1	
COLESTID FLAVORED ORAL PACKET 7.5 GRAM	3	ST
COLESTID ORAL GRANULES 5 GRAM	3	ST
COLESTID ORAL PACKET 5 GRAM	3	ST
COLESTID ORAL TABLET 1 GRAM	3	ST
<i>colestipol oral granules 5 gram</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>colestipol oral packet 5 gram</i>	1	
<i>colestipol oral tablet 1 gram</i>	1	
EVKEEZA INTRAVENOUS SOLUTION 150 MG/ML	5	PA
<i>ezetimibe oral tablet 10 mg</i>	1	ST
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	
FENOFRIBRATE ORAL CAPSULE 150 MG, 50 MG	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 (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	1	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	1	
FENOGLIDE ORAL TABLET 120 MG, 40 MG	3	ST
FIBRICOR ORAL TABLET 105 MG, 35 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	Drug Name	Drug Tier	Requirements / Limits
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML)	3	ST; QL	<i>niacin oral tablet extended release 24 hr</i> 1,000 mg, 500 mg, 750 mg	1	
<i>fluvastatin oral capsule</i> 20 mg, 40 mg	0	\$0 for ages 40-75 years; QL	NIACOR ORAL TABLET 500 MG	3	
<i>fluvastatin oral tablet extended release 24 hr</i> 80 mg	0	\$0 for ages 40-75 years; QL	NIASPAN EXTENDED-RELEASE ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG, 500 MG, 750 MG	3	
<i>gemfibrozil oral tablet</i> 600 mg	1		<i>omega-3 acid ethyl esters oral capsule</i> 1 gram	1	PA
<i>icosapent ethyl oral capsule</i> 1 gram	1	PA	<i>pravastatin oral tablet</i> 10 mg, 20 mg, 40 mg, 80 mg	0	\$0 for ages 40-75 years; QL
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR 80 MG	3	ST; QL	<i>prevalite oral powder</i> 4 gram	1	
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	2	ST	<i>prevalite oral powder in packet</i> 4 gram	1	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	2	ST; QL	QUESTRAN LIGHT ORAL POWDER 4 GRAM	3	ST
LOPID ORAL TABLET 600 MG	3		QUESTRAN ORAL POWDER 4 GRAM	3	ST
<i>lovastatin oral tablet</i> 10 mg, 20 mg, 40 mg	0	\$0 for ages 40-75 years; QL	QUESTRAN ORAL POWDER IN PACKET 4 GRAM	3	ST
LOVAZA ORAL CAPSULE 1 GRAM	3	PA	REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	2	PA; QL
NEXLETOL ORAL TABLET 180 MG	2	PA			
NEXLIZET ORAL TABLET 180-10 MG	2	PA			
<i>niacin oral tablet</i> 500 mg	1				

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

Drug Name	Drug Tier	Requirements / Limits
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	2	PA; QL
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	2	PA; QL
<i>rosuvastatin oral</i> tablet 10 mg, 5 mg	0	\$0 for ages 40- 75 years; QL
<i>rosuvastatin oral</i> tablet 20 mg, 40 mg	1	QL
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10- 40 MG, 10-5 MG	3	ST; QL
<i>simvastatin oral</i> tablet 10 mg, 20 mg, 40 mg, 5 mg	0	\$0 for ages 40- 75 years; QL
<i>simvastatin oral</i> tablet 80 mg	1	QL
TRILIPIX ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 135 MG, 45 MG	3	ST
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	2	PA
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	3	ST; QL
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97- 103 MG	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>ranolazine oral</i> <i>tablet extended</i> <i>release 12 hr 1,000</i> <i>mg, 500 mg</i>	1	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	2	QL
VYNDAMAX ORAL CAPSULE 61 MG	4	PA
VYNDAQEL ORAL CAPSULE 20 MG	4	PA
NITRATES		
GONITRO SUBLINGUAL POWDER IN PACKET 400 MCG	3	
ISORDIL ORAL TABLET 40 MG	3	
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	
<i>isosorbide dinitrate</i> <i>oral tablet 10 mg, 20</i> <i>mg, 30 mg, 40 mg, 5</i> <i>mg</i>	1	
<i>isosorbide</i> <i>mononitrate oral</i> <i>tablet 10 mg, 20 mg</i>	1	
<i>isosorbide</i> <i>mononitrate oral</i> <i>tablet extended</i> <i>release 24 hr 120</i> <i>mg, 30 mg, 60 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
MINITRAN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	3	
<i>nitro-bid transdermal ointment 2 %</i>	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR	3	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	1	
NITROLINGUAL TRANSLINGUAL SPRAY, NON- AEROSOL 400 MCG/SPRAY	3	
NITROMIST TRANSLINGUAL AEROSOL, SPRAY 400 MCG/SPRAY	3	

Drug Name	Drug Tier	Requirements / Limits
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG	3	
<i>nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i>	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	3	ST
<i>calcipotriene scalp solution 0.005 %</i>	1	QL
<i>calcipotriene topical cream 0.005 %</i>	1	QL
<i>calcipotriene topical ointment 0.005 %</i>	1	QL
<i>calcipotriene- betamethasone topical ointment 0.005-0.064 %</i>	1	QL
<i>calcipotriene- betamethasone topical suspension 0.005-0.064 %</i>	1	QL
<i>calcitriol topical ointment 3 mcg/gram</i>	1	
DOVONEX TOPICAL CREAM 0.005 %	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	Drug Name	Drug Tier	Requirements / Limits
ENSTILAR TOPICAL FOAM 0.005-0.064 %	2	QL	PRAMOSONE TOPICAL OINTMENT 1-1 %, 2.5-1 %	3	ST
EPIFOAM TOPICAL FOAM 1- 1 %	3	ST	<i>selenium sulfide</i> <i>topical lotion 2.5 %</i>	1	
<i>hydrocortisone-</i> <i>pramoxine topical</i> <i>cream 2.5-1 %</i>	1		<i>selenium sulfide</i> <i>topical shampoo</i> <i>2.25 %, 2.3 %</i>	1	
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 %	3		SELRX TOPICAL SHAMPOO 2.3 %	3	
OVACE PLUS TOPICAL CLEANSER 10 %	3		SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; QL
OVACE PLUS TOPICAL CREAM 10 %	3		SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; QL
OVACE PLUS TOPICAL FOAM 9.8 %	3		SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	4	PA; QL
OVACE PLUS TOPICAL LOTION 9.8 %	3		SORIATANE ORAL CAPSULE 10 MG, 25 MG	3	
OVACE PLUS WASH TOPICAL CLEANSER, GEL 10 %	3		SORILUX TOPICAL FOAM 0.005 %	3	QL
OVACE TOPICAL CLEANSER 10 %	3		STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA
PRAMOSONE TOPICAL CREAM 1-1 %, 2.5-1 %	3	ST	STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA; QL
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	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	Drug Name	Drug Tier	Requirements / Limits
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4	PA; QL	TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	4	PA; QL
<i>sulfacetamide</i> <i>sodium topical</i> <i>cleanser 10 %</i>	1		TERSI FOAM TOPICAL FOAM 2.25 %	3	
<i>sulfacetamide</i> <i>sodium topical</i> <i>cleanser, gel 10 %</i>	1		VECTICAL TOPICAL OINTMENT 3 MCG/GRAM	3	
<i>sulfacetamide</i> <i>sodium topical</i> <i>shampoo 10 %</i>	1		BURN THERAPY		
TACLONEX TOPICAL OINTMENT 0.005- 0.064 %	3	QL	SILVADENE TOPICAL CREAM 1 %	3	
TACLONEX TOPICAL SUSPENSION 0.005-0.064 %	2	QL	<i>silver sulfadiazine</i> <i>topical cream 1 %</i>	1	
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; QL	<i>ssd topical cream 1 %</i>	1	
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; QL	KERATOLYTICS		
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; QL	INOVA 4-1 TOPICAL COMBO PACK 1-4-5 %	3	ST
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; QL	INOVA 8-2 TOPICAL COMBO PACK 2-8-5 %	3	ST
MISCELLANEOUS DERMATOLOGICALS					
			<i>ammonium lactate</i> <i>topical cream 12 %</i>	1	
			<i>ammonium lactate</i> <i>topical lotion 12 %</i>	1	
			CANTHARIDIN IN ACETONE TOPICAL SOLUTION 0.7 %	3	
			CONDYLOX TOPICAL GEL 0.5 %	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
CORTANE-B TOPICAL LOTION 1-1-0.1 %	3	
EFUDEX TOPICAL CREAM 5 %	3	
FLUOROPLEX TOPICAL CREAM 1 %	3	
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution 2 %, 5 %</i>	1	
<i>iodine-sodium iodide topical tincture 2 %</i>	1	
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %	3	
IODOSORB TOPICAL GEL 0.9 %	3	
<i>methoxsalen oral capsule, liqd- filled, rapid rel 10 mg</i>	1	
<i>methyl salicylate oil</i>	1	
<i>methyl salicylate topical liquid</i>	1	
PANRETIN TOPICAL GEL 0.1 %	3	
<i>pimecrolimus topical cream 1 %</i>	1	ST; QL
<i>podofilox topical solution 0.5 %</i>	1	
PROTOPIC TOPICAL OINTMENT 0.03 %, 0.1 %	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
QBREXZA TOPICAL TOWELETTE 2.4 %	3	PA
SCENESSE SUBCUTANEOUS IMPLANT 16 MG	5	PA
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1	ST; QL
TOLAK TOPICAL CREAM 4 %	3	
VALCHLOR TOPICAL GEL 0.016 %	4	PA
<i>wintergreen oil oil</i>	1	
THERAPY FOR ACNE		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG	3	ST
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG	3	ST
<i>accutane oral capsule 20 mg, 30 mg, 40 mg</i>	1	
ACZONE TOPICAL GEL 5 %	3	ST
ACZONE TOPICAL GEL WITH PUMP 7.5 %	3	ST
<i>adapalene topical cream 0.1 %</i>	1	
<i>adapalene topical gel 0.3 %</i>	1	
<i>adapalene topical gel with pump 0.3 %</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
ADAPALENE TOPICAL LOTION 0.1 %	3	ST
<i>adapalene topical solution 0.1 %</i>	1	
<i>adapalene topical swab 0.1 %</i>	1	
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	1	
AKLIEF TOPICAL CREAM 0.005 %	3	PA
ALTRENO TOPICAL LOTION 0.05 %	3	PA
<i>amnesteem oral capsule 10 mg, 20 mg, 40 mg</i>	1	
AMZEEQ TOPICAL FOAM 4 %	2	ST
ARAZLO TOPICAL LOTION 0.045 %	3	PA
AVAR LS TOPICAL CLEANSER 10-2 %	3	ST
AVAR LS TOPICAL FOAM 10-2 %	3	ST
AVAR LS TOPICAL PADS, MEDICATED 10-2 %	3	ST
<i>avar topical cleanser 10-5 % (w/w)</i>	1	
AVAR TOPICAL PADS, MEDICATED 9.5-5 %	3	ST

Drug Name	Drug Tier	Requirements / Limits
AVAR-E GREEN TOPICAL CREAM 10-5 % (W/W)	3	ST
AVAR-E LS TOPICAL CREAM 10-2 %	3	ST
<i>avita topical cream 0.025 %</i>	1	PA
AVITA TOPICAL GEL 0.025 %	3	PA
<i>azelaic acid topical gel 15 %</i>	1	
AZELEX TOPICAL CREAM 20 %	3	ST
BENZACLIN PUMP TOPICAL GEL WITH PUMP 1-5 %	3	ST
BENZACLIN TOPICAL GEL 1-5 %	3	ST
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 %	3	ST
<i>benzepro topical towelette 6 %</i>	1	
<i>benzoyl peroxide topical cleanser 7 %</i>	1	
<i>benzoyl peroxide topical foam 9.8 %</i>	1	
<i>bp 10-1 topical cleanser 10-1 %</i>	1	ST
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
CLEOCIN T TOPICAL LOTION 1 %	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	Drug Name	Drug Tier	Requirements / Limits
CLINDACIN ETZ TOPICAL KIT 1 %	3	ST	DIFFERIN TOPICAL CREAM 0.1 %	3	ST
<i>clindacin p topical swab 1 %</i>	1		DIFFERIN TOPICAL GEL WITH PUMP 0.3 %	3	ST
CLINDACIN PAC TOPICAL KIT 1 %	3	ST	DIFFERIN TOPICAL LOTION 0.1 %	3	ST
<i>clindamycin phosphate topical foam 1 %</i>	1	QL	ENZOCLEAR TOPICAL FOAM 9.8 %	3	ST
<i>clindamycin phosphate topical gel 1 %</i>	1	QL	<i>ery pads topical swab 2 %</i>	1	
<i>clindamycin phosphate topical gel, once daily 1 %</i>	1	QL	<i>erygel topical gel 2 %</i>	1	
<i>clindamycin phosphate topical lotion 1 %</i>	1	QL	<i>erythromycin with ethanol topical gel 2 %</i>	1	
<i>clindamycin phosphate topical solution 1 %</i>	1	QL	<i>erythromycin with ethanol topical solution 2 %</i>	1	
<i>clindamycin phosphate topical swab 1 %</i>	1		EVOCLIN TOPICAL FOAM 1 %	3	ST; QL
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i>	1		FABIOR TOPICAL FOAM 0.1 %	3	PA
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2-2.5 %</i>	1		FINACEA TOPICAL FOAM 15 %	2	ST
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	1	PA	FINACEA TOPICAL GEL 15 %	3	ST
<i>dapsone topical gel 5 %</i>	1		INOVA TOPICAL COMBO PACK 4-5 %, 8-5 %	3	ST
<i>dapsone topical gel with pump 7.5 %</i>	1		<i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 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>ivermectin topical cream 1 %</i>	1	QL
METROCREAM TOPICAL CREAM 0.75 %	3	ST
METROGEL TOPICAL GEL 1 %	3	ST
<i>metronidazole topical cream 0.75 %</i>	1	
<i>metronidazole topical gel 0.75 %, 1 %</i>	1	
<i>metronidazole topical gel with pump 1 %</i>	1	
<i>metronidazole topical lotion 0.75 %</i>	1	
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL 1.2-5 %	3	ST
<i>neuac topical gel 1.2 %(1 % base) -5 %</i>	1	
NORITATE TOPICAL CREAM 1 %	3	ST
ONEXTON TOPICAL GEL WITH PUMP 1.2 %(1 % BASE) -3.75 %	2	ST
PACNEX TOPICAL CLEANSER 7 %	3	ST

Drug Name	Drug Tier	Requirements / Limits
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED 9.8-4.8 %	3	ST
PLEXION TOPICAL CLEANSER 9.8-4.8 %	3	ST
PLEXION TOPICAL CREAM 9.8-4.8 %	3	ST
PLEXION TOPICAL LOTION 9.8-4.8 %	3	ST
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %	3	ST
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	3	PA
RETIN-A TOPICAL CREAM 0.025 %, 0.05 %, 0.1 %	3	PA
RETIN-A TOPICAL GEL 0.01 %, 0.025 %	3	PA
<i>rosadan topical cream 0.75 %</i>	1	
<i>rosadan topical gel 0.75 %</i>	1	
ROSADAN TOPICAL KIT, CLEANSER AND GEL 0.75 %	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	Drug Name	Drug Tier	Requirements / Limits
ROSADAN TOPICAL KIT,CLEANSER AND CREAM 0.75 %	3	ST	<i>sulfacetamide</i> <i>sodium-sulfur</i> <i>topical pads,</i> <i>medicated 10-4 %,</i> <i>9.8-4.8 %</i>	1	
ROSANIL TOPICAL CLEANSER 10-5 % (W/W)	3	ST	<i>sulfacetamide</i> <i>sodium-sulfur</i> <i>topical suspension</i> <i>10-5 %, 8-4 %</i>	1	
<i>rosula cleansing</i> <i>cloths topical pads,</i> <i>medicated 10-5 %</i>	1		<i>sulfacetamide-</i> <i>sulfur-cleansr23</i> <i>topical kit 9-4.5 %</i>	1	
ROSULA TOPICAL CLEANSER 10-4.5 %	3	ST	<i>sulfacleanse 8-4</i> <i>topical suspension 8-</i> <i>4 %</i>	1	ST
SOOLANTRA TOPICAL CREAM 1 %	3	ST; QL	SUMADAN TOPICAL CLEANSER 9-4.5 %	3	ST
<i>sss 10-5 topical</i> <i>cream 10-5 % (w/w)</i>	1		SUMADAN TOPICAL KIT 9-4.5 %	3	ST
<i>sss 10-5 topical</i> <i>foam 10-5 %</i>	1		SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %- 4.5 % -SPF 25	3	ST
<i>sulfacetamide</i> <i>sodium-sulfur</i> <i>topical cleanser 10-2</i> <i>%, 10-5 % (w/w), 9-</i> <i>4 %, 9-4.5 %, 9.8-</i> <i>4.8 %</i>	1		SUMAXIN CP TOPICAL KIT 10-4 %	3	ST
<i>sulfacetamide</i> <i>sodium-sulfur</i> <i>topical cream 10-2</i> <i>%, 10-5 % (w/w),</i> <i>9.8-4.8 %</i>	1		SUMAXIN TOPICAL CLEANSER 9-4 %	3	ST
<i>sulfacetamide</i> <i>sodium-sulfur</i> <i>topical lotion 10-5</i> <i>% (w/v), 10-5 %</i> <i>(w/w), 9.8-4.8 %</i>	1		SUMAXIN TOPICAL PADS, MEDICATED 10-4 %	3	ST
			SUMAXIN TS TOPICAL SUSPENSION 8-4 %	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>tazarotene topical cream 0.1 %</i>	1	PA
TAZORAC TOPICAL CREAM 0.05 %	2	PA
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	2	PA
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	1	PA
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i>	1	PA
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	1	PA
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	1	PA
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %	3	ST
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
ZIANA TOPICAL GEL 1.2-0.025 %	3	PA
ZILXI TOPICAL FOAM 1.5 %	3	ST
TOPICAL ANESTHETICS		
<i>glydo mucous membrane jelly in applicator 2 %</i>	1	QL
<i>lidocaine hcl laryngotracheal solution 4 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine hcl mucous membrane jelly 2 %</i>	1	QL
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	1	QL
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>	1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	PA
<i>lidocaine topical ointment 5 %</i>	1	QL
<i>lidocaine viscous mucous membrane solution 2 %</i>	1	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	QL
<i>lidocort topical cream 3-0.5 %</i>	1	
<i>lta pre-attached laryngotracheal solution 4 %</i>	1	
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %	2	PA
TOPICAL ANTIBACTERIALS		
CENTANY AT TOPICAL OINTMENT KIT 2 %	3	ST; QL
CENTANY TOPICAL OINTMENT 2 %	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>gentamicin topical cream 0.1 %</i>	1	QL
<i>gentamicin topical ointment 0.1 %</i>	1	QL
KLARON TOPICAL SUSPENSION 10 %	3	ST
<i>lugols topical solution 5-10 %</i>	1	
<i>mafénide acetate topical packet 50 gram</i>	1	
<i>mupirocin calcium topical cream 2 %</i>	1	ST; QL
<i>mupirocin topical ointment 2 %</i>	1	QL
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	3	
<i>strong iodine topical solution 5-10 %</i>	1	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	1	
SULFAMYLYON TOPICAL CREAM 85 MG/G	2	
SULFAMYLYON TOPICAL PACKET 50 GRAM	3	
TOPICAL ANTIFUNGALS		
<i>CICLODAN KIT TOPICAL COMBO PACK 0.77 %</i>	3	
<i>CICLODAN KIT TOPICAL SOLUTION 8 %</i>	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>ciclodan topical cream 0.77 %</i>	1	QL
<i>ciclodan topical solution 8 %</i>	1	
<i>ciclopirox topical cream 0.77 %</i>	1	QL
<i>ciclopirox topical gel 0.77 %</i>	1	QL
<i>ciclopirox topical shampoo 1 %</i>	1	QL
<i>ciclopirox topical solution 8 %</i>	1	
<i>ciclopirox topical suspension 0.77 %</i>	1	QL
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i>	1	
<i>clotrimazole topical cream 1 %</i>	1	QL
<i>clotrimazole topical solution 1 %</i>	1	QL
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	QL
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	1	QL
<i>econazole topical cream 1 %</i>	1	QL
EXELDERM TOPICAL CREAM 1 %	3	QL
EXELDERM TOPICAL SOLUTION 1 %	3	QL
EXTINA TOPICAL FOAM 2 %	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	Drug Name	Drug Tier	Requirements / Limits
<i>ketoconazole topical cream 2 %</i>	1	QL	NAFTIN TOPICAL GEL 1 %, 2 %	3	QL
<i>ketoconazole topical foam 2 %</i>	1	QL	<i>nyamyc topical powder 100,000 unit/gram</i>	1	QL
<i>ketoconazole topical shampoo 2 %</i>	1	QL	<i>nystatin topical cream 100,000 unit/gram</i>	1	QL
<i>ketodan kit topical combo pack 2 %</i>	1		<i>nystatin topical ointment 100,000 unit/gram</i>	1	QL
<i>ketodan topical foam 2 %</i>	1	QL	<i>nystatin topical powder 100,000 unit/gram</i>	1	QL
LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 %	3	QL	<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1	QL
LOPROX (AS OLAMINE) TOPICAL SUSPENSION 0.77 %	3	QL	<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1	QL
LOPROX KIT TOPICAL COMBO PACK 0.77 %	3	QL	<i>nystop topical powder 100,000 unit/gram</i>	1	QL
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 %	3	QL	<i>oxiconazole topical cream 1 %</i>	1	QL
LOPROX TOPICAL SHAMPOO 1 %	3	QL	OXISTAT TOPICAL CREAM 1 %	3	QL
MENTAX TOPICAL CREAM 1 %	3	QL	OXISTAT TOPICAL LOTION 1 %	3	QL
MICONAZOLE NITRATE-ZINC OX-PET TOPICAL OINTMENT 0.25-15-81.35 %	3	QL	VUSION TOPICAL OINTMENT 0.25-15-81.35 %	3	QL
<i>naftifine topical cream 1 %, 2 %</i>	1	QL	TOPICAL ANTIVIRALS		
<i>naftifine topical gel 1 %</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>acyclovir topical cream 5 %</i>	1	PA; QL
<i>acyclovir topical ointment 5 %</i>	1	PA; QL
DENAVIR TOPICAL CREAM 1 %	3	
XERESE TOPICAL CREAM 5-1 %	3	
ZOVIRAX TOPICAL CREAM 5 %	3	PA; QL
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	1	
ALA-SCALP TOPICAL LOTION 2 %	3	ST
<i>alclometasone topical cream 0.05 %</i>	1	
<i>alclometasone topical ointment 0.05 %</i>	1	
<i>amcinonide topical cream 0.1 %</i>	1	ST
<i>amcinonide topical lotion 0.1 %</i>	1	ST
<i>apexicon e topical cream 0.05 %</i>	1	ST
<i>beser topical lotion 0.05 %</i>	1	ST
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	
<i>betamethasone valerate topical cream 0.1 %</i>	1	
<i>betamethasone valerate topical foam 0.12 %</i>	1	ST
<i>betamethasone valerate topical lotion 0.1 %</i>	1	
<i>betamethasone valerate topical ointment 0.1 %</i>	1	
<i>betamethasone, augmented topical cream 0.05 %</i>	1	
<i>betamethasone, augmented topical gel 0.05 %</i>	1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	
<i>betamethasone, augmented topical ointment 0.05 %</i>	1	
BRYHALI TOPICAL LOTION 0.01 %	3	ST
CAPEX TOPICAL SHAMPOO 0.01 %	3	ST
<i>clobetasol scalp solution 0.05 %</i>	1	QL
<i>clobetasol topical cream 0.05 %</i>	1	QL
<i>clobetasol topical foam 0.05 %</i>	1	ST; QL
<i>clobetasol topical gel 0.05 %</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 lotion 0.05 %</i>	1	ST; QL
<i>clobetasol topical ointment 0.05 %</i>	1	QL
<i>clobetasol topical shampoo 0.05 %</i>	1	ST; QL
<i>clobetasol topical spray,non-aerosol 0.05 %</i>	1	ST; QL
<i>clobetasol-emollient topical cream 0.05 %</i>	1	QL
<i>clobetasol-emollient topical foam 0.05 %</i>	1	ST; QL
CLOBEX TOPICAL SHAMPOO 0.05 %	3	ST; QL
CLOBEX TOPICAL SPRAY,NON-AEROSOL 0.05 %	3	ST; QL
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER 0.05 %	3	ST
<i>clodan topical shampoo 0.05 %</i>	1	ST; QL
CLODERM TOPICAL CREAM 0.1 %	3	ST
DERMA-SMOOTH/EFS BODY OIL TOPICAL OIL 0.01 %	3	ST
DERMA-SMOOTH/EFS SCALP OIL SCALP OIL 0.01 %	3	ST

Drug Name	Drug Tier	Requirements / Limits
DESONATE TOPICAL GEL 0.05 %	3	ST
<i>desonide topical cream 0.05 %</i>	1	
<i>desonide topical gel 0.05 %</i>	1	ST
<i>desonide topical lotion 0.05 %</i>	1	ST
<i>desonide topical ointment 0.05 %</i>	1	
DESOWEN TOPICAL LOTION 0.05 %	3	ST
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	1	ST
<i>desoximetasone topical gel 0.05 %</i>	1	ST
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	1	ST
<i>desoximetasone topical spray,non-aerosol 0.25 %</i>	1	ST
<i>desrx topical gel 0.05 %</i>	1	ST
<i>diflorasone topical cream 0.05 %</i>	1	ST; QL
<i>diflorasone topical ointment 0.05 %</i>	1	ST; QL
DIPROLENE (AUGMENTED) TOPICAL OINTMENT 0.05 %	3	ST
DUOBRII TOPICAL LOTION 0.01-0.045 %	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	Drug Name	Drug Tier	Requirements / Limits
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	1		HALOBETASOL PROPIONATE TOPICAL FOAM 0.05 %	3	ST
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1		<i>halobetasol propionate topical ointment 0.05 %</i>	1	
<i>fluocinolone topical oil 0.01 %</i>	1		HALOG TOPICAL CREAM 0.1 %	3	ST
<i>fluocinolone topical ointment 0.025 %</i>	1		HALOG TOPICAL OINTMENT 0.1 %	3	ST
<i>fluocinolone topical solution 0.01 %</i>	1		HALOG TOPICAL SOLUTION 0.1 %	3	ST
<i>fluocinonide topical cream 0.05 %</i>	1	QL	<i>hydrocortisone butyrate topical cream 0.1 %</i>	1	QL
<i>fluocinonide topical cream 0.1 %</i>	1	ST; QL	<i>hydrocortisone butyrate topical lotion 0.1 %</i>	1	ST; QL
<i>fluocinonide topical gel 0.05 %</i>	1	QL	<i>hydrocortisone butyrate topical ointment 0.1 %</i>	1	ST
<i>fluocinonide topical ointment 0.05 %</i>	1	QL	<i>hydrocortisone butyrate topical solution 0.1 %</i>	1	ST; QL
<i>fluocinonide topical solution 0.05 %</i>	1	QL	<i>hydrocortisone butyr-emollient topical cream 0.1 %</i>	1	QL
<i>fluocinonide-e topical cream 0.05 %</i>	1	QL	<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>fluticasone propionate topical cream 0.05 %</i>	1		<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>fluticasone propionate topical lotion 0.05 %</i>	1	ST	<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	
<i>fluticasone propionate topical ointment 0.005 %</i>	1		<i>hydrocortisone valerate topical cream 0.2 %</i>	1	
<i>halcinonide topical cream 0.1 %</i>	1	ST			
<i>halobetasol propionate topical cream 0.05 %</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	Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone valerate topical ointment 0.2 %</i>	1		SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	3	ST
IMPOYZ TOPICAL CREAM 0.025 %	3	ST; QL	<i>scalacort topical lotion 2 %</i>	1	
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM	3	ST; QL	SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %	3	ST
LEXETTE TOPICAL FOAM 0.05 %	3	ST	SYNALAR CREAM KIT TOPICAL CREAM 0.025 %	3	ST
LUXIQ TOPICAL FOAM 0.12 %	3	ST	SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM 0.025 %	3	ST
<i>mometasone topical cream 0.1 %</i>	1		SYNALAR TOPICAL CREAM 0.025 %	3	ST
<i>mometasone topical ointment 0.1 %</i>	1		SYNALAR TOPICAL OINTMENT 0.025 %	3	ST
<i>mometasone topical solution 0.1 %</i>	1		SYNALAR TOPICAL SOLUTION 0.01 %	3	ST
NUCORT TOPICAL LOTION 2 %	3	ST	SYNALAR TS TOPICAL KIT 0.01 %	3	ST
OLUX TOPICAL FOAM 0.05 %	3	ST; QL	TEMOVATE TOPICAL OINTMENT 0.05 %	3	ST; QL
OLUX-E TOPICAL FOAM 0.05 %	3	ST; QL	TEXACORT TOPICAL SOLUTION 2.5 %	3	ST
PANDEL TOPICAL CREAM 0.1 %	3	ST	TOPICORT TOPICAL CREAM 0.05 %, 0.25 %	3	ST
<i>prednicarbate topical cream 0.1 %</i>	1				
<i>prednicarbate topical ointment 0.1 %</i>	1				
PROCTOCORT TOPICAL CREAM 1 %	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
TOPICORT TOPICAL GEL 0.05 %	3	ST
TOPICORT TOPICAL OINTMENT 0.05 %, 0.25 %	3	ST
<i>tovet</i> emollient topical foam 0.05 %	1	ST; QL
<i>triamcinolone acetonide topical aerosol</i> 0.147 mg/gram	1	ST; QL
<i>triamcinolone acetonide topical cream</i> 0.025 %, 0.1 %, 0.5 %	1	
<i>triamcinolone acetonide topical lotion</i> 0.025 %, 0.1 %	1	
<i>triamcinolone acetonide topical ointment</i> 0.025 %, 0.1 %, 0.5 %	1	
<i>triamcinolone acetonide topical ointment</i> 0.05 %	1	ST
<i>trianex</i> topical ointment 0.05 %	1	ST
<i>triderm</i> topical cream 0.1 %	1	
<i>triderm</i> topical cream 0.5 %	1	ST
TRIDESILON TOPICAL CREAM 0.05 %	3	ST
<i>tritocin</i> topical ointment 0.05 %	1	ST

Drug Name	Drug Tier	Requirements / Limits
ULTRAVATE TOPICAL LOTION 0.05 %	3	ST
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i> topical lotion 10 %	1	
ELIMITE TOPICAL CREAM 5 %	3	
EURAX TOPICAL CREAM 10 %	3	
EURAX TOPICAL LOTION 10 %	3	
<i>ivermectin</i> topical lotion 0.5 %	1	
<i>lindane</i> topical shampoo 1 %	1	
<i>malathion</i> topical lotion 0.5 %	1	
OVIDE TOPICAL LOTION 0.5 %	3	
<i>permethrin</i> topical cream 5 %	1	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
<i>lactated ringers</i> irrigation solution	1	
<i>neomycin-polymyxin b</i> gu irrigation solution 40 mg-200,000 unit/ml	1	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	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	Drug Name	Drug Tier	Requirements / Limits
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L	3		<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	1	
<i>ringer's irrigation solution</i>	1		CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML	3	
SORBITOL IRRIGATION SOLUTION 3 %	3		CARNITOR ORAL SOLUTION 100 MG/ML	3	
SORBITOL-MANNITOL TRANSURETHRAL SOLUTION 2.7-0.54 GRAM/100 ML	3		CARNITOR ORAL TABLET 330 MG	3	
<i>tis-u-sol pentalyte irrigation irrigation solution 800-40-20-8.75- 6.25 mg/100 ml</i>	1		<i>cevimeline oral capsule 30 mg</i>	1	
MISCELLANEOUS AGENTS			<i>deferiprone oral tablet 500 mg</i>	4	PA
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	1		<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
<i>acetic acid irrigation solution 0.25 %</i>	1		<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	4	PA
AGRYLIN ORAL CAPSULE 0.5 MG	3		EVOXAC ORAL CAPSULE 30 MG	3	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1		FERRIPROX ORAL SOLUTION 100 MG/ML	4	PA
<i>aqua care sodium chloride irrigation solution 0.9 %</i>	1		FERRIPROX ORAL TABLET 1,000 MG	4	PA
<i>aqua care sterile water irrigation solution</i>	1		FERRIPROX ORAL TABLET 500 MG	5	PA
			<i>FERRLECIT INTRAVENOUS SOLUTION 62.5 MG/5 ML</i>	3	PA
			<i>GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML</i>	5	PA

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

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
GLEOLAN ORAL RECON SOLN 30 MG/ML	3		sodium chloride 0.9 % intravenous parenteral solution	1	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML	3		sodium chloride 0.9 % intravenous piggyback	1	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	1		<i>sodium chloride injection syringe 0.9 %</i>	1	
<i>levocarnitine oral solution 100 mg/ml</i>	1		<i>sodium ferric gluconat-sucrose intravenous solution 62.5 mg/5 ml</i>	1	PA
<i>levocarnitine oral tablet 330 mg</i>	1		SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML	3	
LITHOSTAT ORAL TABLET 250 MG	3		THIOLA EC ORAL TABLET,DELAYE D RELEASE (DR/EC) 100 MG, 300 MG	5	PA
METOPIRONE ORAL CAPSULE 250 MG	3		THIOLA ORAL TABLET 100 MG	5	PA
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1		TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	3	PA
<i>pilocarpine hcl oral tablet 5 mg</i>	1		<i>tiopronin oral tablet 100 mg</i>	4	PA
RILUTEK ORAL TABLET 50 MG	3	PA	<i>water for irrigation, sterile irrigation solution</i>	1	
<i>riluzole oral tablet 50 mg</i>	1	PA	ZOKINVY ORAL CAPSULE 50 MG, 75 MG	5	PA; QL
<i>risedronate oral tablet 30 mg</i>	1	QL	SMOKING DETERRENTS		
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	3		<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	0	\$0 for ages 18 and older for first 180 days
<i>sodium chloride 0.9 % (flush) injection syringe</i>	1				
<i>sodium chloride 0.9 % 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	Drug Name	Drug Tier	Requirements / Limits
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR	0	\$0 for ages 18 and older for first 180 days; OTC	NICOTROL INHALATION CARTRIDGE 10 MG	0	\$0 for ages 18 and older for first 180 days
NICORETTE BUCCAL GUM 2 MG	0	\$0 for ages 18 and older for first 180 days; OTC	NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	0	\$0 for ages 18 and older for first 180 days
<i>nicorette buccal gum 4 mg</i>	0	\$0 for ages 18 and older for first 180 days; OTC	<i>quit 2 buccal gum 2 mg</i>	0	\$0 for ages 18 and older for first 180 days; OTC
NICORETTE BUCCAL LOZENGE 2 MG, 4 MG	0	\$0 for ages 18 and older for first 180 days; OTC	<i>quit 2 buccal lozenge 2 mg</i>	0	\$0 for ages 18 and older for first 180 days; OTC
NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG	0	\$0 for ages 18 and older for first 180 days; OTC	<i>quit 4 buccal gum 4 mg</i>	0	\$0 for ages 18 and older for first 180 days; OTC
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	0	\$0 for ages 18 and older for first 180 days; OTC	<i>quit 4 buccal lozenge 4 mg</i>	0	\$0 for ages 18 and older for first 180 days; OTC
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	0	\$0 for ages 18 and older for first 180 days; OTC	<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i>	0	\$0 for ages 18 and older for first 180 days; OTC
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	0	\$0 for ages 18 and older for first 180 days; OTC	<i>varenicline oral tablet 0.5 mg, 1 mg</i>	0	
<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	EAR, NOSE & THROAT MEDICATIONS		
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	0	\$0 for ages 18 and older for first 180 days; OTC	MISCELLANEOUS AGENTS		
			<i>azelastine nasal aerosol, spray 137 mcg (0.1 %)</i>	1	QL
			<i>azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)</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	Drug Name	Drug Tier	Requirements / Limits
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1		<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	1	QL
CLINPRO 5000 DENTAL PASTE 1.1 %	3		MUGARD MUCOUS MEMBRANE SOLUTION	3	
<i>denta 5000 plus dental cream 1.1 %</i>	1		<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	1	QL
<i>dentagel dental gel 1.1 %</i>	1		<i>oralone dental paste 0.1 %</i>	1	
EPISIL MUCOUS MEMBRANE GEL FORMING SOLUTION	3		ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	3	
<i>fluoride (sodium) dental cream 1.1 %</i>	1		<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	1	
<i>fluoride (sodium) dental gel 1.1 %</i>	1		PATANASE NASAL SPRAY,NON-AEROSOL 0.6 %	3	QL
<i>fluoride (sodium) dental paste 1.1 %</i>	1		PERIDEX MUCOUS MEMBRANE MOUTHWASH 0.12 %	3	
<i>fluoride (sodium) dental solution 0.2 %</i>	1		<i>periogard mucous membrane mouthwash 0.12 %</i>	1	
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %	3		<i>pilocarpine hcl oral tablet 7.5 mg</i>	1	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	3		PREVENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	3	
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	3				
GELX MUCOUS MEMBRANE GEL	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 DRY MOUTH DENTAL GEL 1.1 %	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 %	3	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 %	3	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	3	
PREVIDENT SENSITIVE DENTAL PASTE 1.1-5 %	3	
PREVIDENT DENTAL GEL 1.1 %	3	
PREVIDENT DENTAL SOLUTION 0.2 %	3	
PROTHELIAL MUCOUS MEMBRANE PASTE 1 GRAM/10 ML	5	
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	3	
<i>sf 5000 plus dental cream 1.1 %</i>	1	
<i>sf dental gel 1.1 %</i>	1	
<i>sodium fluoride 5000 dry mouth dental gel 1.1 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	1	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	1	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution 2 %</i>	1	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	1	
DERMOTIC OIL OTIC (EAR) DROPS 0.01 %	3	
<i>flac otic oil otic (ear) drops 0.01 %</i>	1	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	3	
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	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
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	1	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	3	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	

ENDOCRINE/DIABETES

ADRENAL HORMONES

CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	3	
<i>decadron oral tablet 0.5 mg</i>	1	
<i>dexabliss oral tablets,dose pack 1.5 mg (39 tabs)</i>	1	ST
<i>dexamethasone intensol oral drops 1 mg/ml</i>	1	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs)</i>	1	ST
DXEVO ORAL TABLETS,DOSE PACK 1.5 MG (39 TABS)	3	ST
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
<i>hidex oral tablets,dose pack 1.5 mg (21 tabs)</i>	1	ST
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
MEDROL (PAK) ORAL TABLETS,DOSE PACK 4 MG	3	
MEDROL ORAL TABLET 16 MG, 2 MG, 32 MG, 4 MG, 8 MG	3	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	1	
<i>millipred dp oral tablets,dose pack 5 mg (21 tabs), 5 mg (48 tabs)</i>	1	
<i>millipred oral tablet 5 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
ORAPRED ODT ORAL TABLET,DISINTE GRATING 10 MG, 15 MG, 30 MG	3	
<i>prednisolone oral solution 15 mg/5 ml</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i>	1	
<i>prednisone intensol oral concentrate 5 mg/ml</i>	1	
<i>prednisone oral solution 5 mg/5 ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	1	
RAYOS ORAL TABLET,DELAYE D RELEASE (DR/EC) 1 MG, 2 MG, 5 MG	3	ST

Drug Name	Drug Tier	Requirements / Limits
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS), 1.5 MG (27 TABS), 1.5 MG (49 TABS)	3	ST
TRIENSENCE (PF) INTRAOCULAR SUSPENSION 40 MG/ML	3	
ZCORT ORAL TABLETS,DOSE PACK 1.5 MG (25 TABS)	3	ST
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
SSKI ORAL SOLUTION 1 GRAM/ML	3	
TAPAZOLE ORAL TABLET 10 MG, 5 MG	3	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
FREESTYLE INSULINX STRIP	2	OTC
FREESTYLE INSULINX TEST STRIPS STRIP	2	OTC
FREESTYLE LITE STRIPS STRIP	2	OTC
FREESTYLE TEST STRIP	2	OTC
ONETOUCH ULTRA TEST STRIP	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	Drug Name	Drug Tier	Requirements / Limits
ONETOUCH VERIO TEST STRIPS STRIP	2	OTC	GLUCAGON HCL INJECTION RECON SOLN 1 MG/ML	3	
PRECISION XTRA TEST STRIP	2	OTC	INSPIRACHAMBE R SPACER	2	
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT					
ACE AEROSOL CLOUD ENHANCER SPACER	2		INSULIN SYRINGE- NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	3	
AEROCHAMBER MINI SPACER	2		LITEAIRE MDI CHAMBER SPACER	2	
AEROCHAMBER PLUS FLOW-VU SPACER	2		MICROCHAMBER SPACER	2	
AEROCHAMBER PLUS Z STAT SPACER	2		MICROSPACER SPACER	2	
AEROTRACH PLUS SPACER	2		OPTICHAMBER DIAMOND VHC SPACER	2	
AEROVENT PLUS SPACER	2		POCKET CHAMBER SPACER	2	
BREATHERITE MDI SPACER SPACER	2		PRIMEAIRE SPACER	2	
COMPACT SPACE CHAMBER SPACER	2		PROCHAMBER SPACER	2	
EASIVENT HOLDING CHAMBER SPACER	2		RITEFLO AEROCHAMBER SPACER	2	
FLEXICHAMBER SPACER	2		SPACE CHAMBER SPACER	2	
GLUCAGEN DIAGNOSTIC KIT INJECTION RECON SOLN 1 MG/ML	2				

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

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
TRIARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG	2	ST	GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	QL
VORTEX HOLDING CHAMBER SPACER	2		PROGLYCEM ORAL SUSPENSION 50 MG/ML	2	
GLUCOSE ELEVATING AGENTS					
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	2	QL	ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	2	QL
diazoxide oral suspension 50 mg/ml	1		ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	2	QL
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	2	QL	INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQUIPMENT		
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	2	QL	ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION	3	OTC
glucagon emergency kit (human) injection recon soln 1 mg	1	QL	ACCU-CHEK SMARTVIEW CONTROL SOL SOLUTION	3	OTC
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	QL	ADVOCATE REDI-CODE+ CONTROL LOW SOLUTION	3	OTC
AT HOME A1C DEVICE			AT HOME A1C DEVICE	3	OTC
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN			AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN	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
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN	2	OTC
BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1"	2	
BD MICROTAINER LANCET 30 GAUGE	2	OTC
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	2	
BD ULTRA FINE LANCETS 33 GAUGE	2	OTC
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	2	OTC
BREEZE 2 CONTROL SOLUTION,HIGH SOLUTION	3	OTC
CEQUR SIMPLICITY DEVICE 2 UNIT	3	
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION	3	OTC
CONTOUR CONTROL SOLUTION, NML SOLUTION	3	OTC
DEXCOM G4 RECEIVER	2	

Drug Name	Drug Tier	Requirements / Limits
DEXCOM G4 TRANSMITTER DEVICE	2	QL
DEXCOM G5 RECEIVER	2	
DEXCOM G5-G4 SENSOR DEVICE	2	QL
DEXCOM G6 RECEIVER	2	
DEXCOM G6 SENSOR DEVICE	2	QL
DEXCOM G6 TRANSMITTER DEVICE	2	QL
DEXCOM RECEIVER	2	
EASY STEP HIGH CONTROL SOLN SOLUTION	3	OTC
EASY TOUCH BLU CTRL SOLN-L1,L3 SOLUTION	3	OTC
EASY TRAK II CTRL SOLN-NORMAL SOLUTION	3	OTC
EASYGLUCO PLUS NORMAL CONTROL SOLUTION	3	OTC
ECLIPSE NEEDLE NEEDLE 27 GAUGE X 1/2"	3	
ELEMENT COMPACT NORMAL CONTROL SOLUTION	3	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
EMBRACE EVO LEVEL 1 SOLUTION	3	OTC
EMBRACE TALK CONTROL-LOW (L1) SOLUTION	3	OTC
ENLITE SYSTEM	3	
EVERSENSE SENSOR-HOLDER SUBCUTANEOUS DEVICE	3	
FORA GTEL MULTI-FUNCTN MONITOR DEVICE	3	OTC
FORA KETONE CONTROL SOLN- L1 SOLUTION	3	OTC
FORA TN'G ADVANCE PRO MONITOR DEVICE	3	OTC
FREESTYLE FREEDOM KIT	2	OTC
FREESTYLE FREEDOM LITE KIT	2	OTC
FREESTYLE INSULINX	2	OTC
FREESTYLE LIBRE 14 DAY READER	2	PA; QL
FREESTYLE LIBRE 14 DAY SENSOR KIT	2	PA; QL
FREESTYLE LIBRE 2 READER	2	PA; QL
FREESTYLE LIBRE 2 SENSOR KIT	2	PA; QL

Drug Name	Drug Tier	Requirements / Limits
FREESTYLE LITE METER KIT	2	OTC
GENTEEL VACUUM LANCING DEVICE COMBO PACK	3	OTC
GOJJI MULTI- FUNCTIONAL METER KIT	3	OTC
INFINITY VOICE CTRL SOLN-LVL 2 SOLUTION	3	OTC
INPEN (FOR HUMALOG) SUBCUTANEOUS INSULIN PEN	3	
INPEN (FOR NOVOLOG OR FIASP) SUBCUTANEOUS INSULIN PEN	3	
LANCETS 33 GAUGE	2	OTC
LANCING DEVICE	2	OTC
MEDISENSE GLUCOSE KETONE COMBO PACK	2	OTC
NOVAMAX PLUS GLU-KET SOLUTION	3	OTC
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	3	
ON CALL EXPRESS CONTROL SOLUTION	3	OTC
ONETOUCH ULTRA2 METER	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
ONETOUCH ULTRAMINI KIT	2	OTC
ONETOUCH VERIO FLEX METER	2	OTC
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 KIT	2	OTC
PRECISION XTRA MONITOR	2	OTC
SAFE-CLIP BY MAIL DEVICE	2	OTC
TRUE METRIX LEVEL 1 SOLUTION	3	OTC
V-GO 20 DEVICE	2	
V-GO 30 DEVICE	2	
V-GO 40 DEVICE	2	
VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION	3	OTC
INSULIN THERAPY		
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	

Drug Name	Drug Tier	Requirements / Limits
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	2	
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	2	
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	2	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	2	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	2	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	

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

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2		LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2		LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2		LEVEMIR FLEXTOUCH U- 100 INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2		LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2		LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	2		LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	2		LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	2				

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

Drug Name	Drug Tier	Requirements / Limits
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	2	QL
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	2	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	2	
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	2	QL

MISCELLANEOUS HORMONES

Drug Name	Drug Tier	Requirements / Limits
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	2	PA; QL
<i>cabergoline oral tablet 0.5 mg</i>	1	QL
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	1	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	1	
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral solution 1 mcg/ml</i>	1	
CHORIONIC GONADOTROPIN, HUMAN INJECTION RECON SOLN 12,000 UNIT, 6,000 UNIT	3	ST
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN 10,000 UNIT	5	QL
<i>danazol oral capsule 100 mg, 200 mg, 50 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	Drug Name	Drug Tier	Requirements / Limits
DDAVP NASAL SOLUTION 0.1 MG/ML (REFRIGERATE)	2		NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION	2	PA; QL
DDAVP ORAL TABLET 0.1 MG, 0.2 MG	3		NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG	3	PA; QL
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML, 200 MG/ML	3	PA	NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	3	PA; QL
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	1		NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT, 5,000 UNIT	4	QL
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	1		ORILISSA ORAL TABLET 150 MG, 200 MG	2	PA; QL
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	ST	OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	4	
FORTESTA TRANSDERMAL GEL IN METERED-DOSE PUMP 10 MG/0.5 GRAM /ACTUATION	3	PA; QL	<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	1	
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	4		<i>paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml</i>	1	
METHITEST ORAL TABLET 10 MG	2		<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	ST
<i>methyltestosterone oral capsule 10 mg</i>	1				
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	3				

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

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG	3	ST	<i>testosterone transdermal gel in packet 1 % (25 mg/2.5 gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	1	PA; QL
ROCALTROL ORAL SOLUTION 1 MCG/ML	3	ST	<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	1	PA; QL
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	4	PA	<i>VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %)</i>	3	PA; QL
SYNAREL NASAL SPRAY, NON- AEROSOL 2 MG/ML	2	PA	<i>VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/1.25 GRAM (1 %)</i>	3	PA; QL
TEPEZZA INTRAVENOUS RECON SOLN 500 MG	5	PA	<i>VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)</i>	3	PA; QL
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	PA	<i>XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML</i>	3	PA; QL
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	PA	<i>ZEMPLAR INTRAVENOUS SOLUTION 2 MCG/ML, 5 MCG/ML</i>	3	
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	1	PA; QL			
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 12.5 mg/1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)</i>	1	PA; QL			

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

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	ST	<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
NON-INSULIN HYPOGLYCEMIC AGENTS					
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1		GLUCOTROL ORAL TABLET 10 MG	3	
ACTOPLUS MET ORAL TABLET 15-500 MG, 15-850 MG	3	ST; QL	GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 2.5 MG, 5 MG	3	
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG	3	ST; QL	<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	
ALOGLIPTIN ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	1	ST; QL	<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG	3		<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
CYCLOSET ORAL TABLET 0.8 MG	3		GLYNASE ORAL TABLET 1.5 MG, 3 MG, 6 MG	3	
DUETACT ORAL TABLET 30-2 MG, 30-4 MG	3	ST; QL	GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	ST; QL
FAXIGA ORAL TABLET 10 MG, 5 MG	2	ST; QL	JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	ST; QL
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1		JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	2	ST; QL
<i>glipizide oral tablet 10 mg, 5 mg</i>	1		JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	ST; QL
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 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
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	ST; QL
<i>metformin oral solution 500 mg/5 ml</i>	1	ST
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	QL
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	
OZEMPIK SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML)	2	PA; QL
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL
<i>pioglitazone- glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	QL
<i>pioglitazone- metformin oral tablet 15-500 mg, 15-850 mg</i>	1	QL
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG	3	

Drug Name	Drug Tier	Requirements / Limits
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>repaglinide- metformin oral tablet 1-500 mg, 2- 500 mg</i>	1	QL
RIOMET ER ORAL SUSPENSION,EXT ENDED REL RECON 500 MG/5 ML	3	ST
RIOMET ORAL SOLUTION 500 MG/5 ML	3	ST
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA; QL
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	2	PA; QL
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	2	PA; QL
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	ST; QL
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25- 1,000 MG, 5-1,000 MG	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
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	2	PA; QL
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 2.5- 1,000 MG, 5-1,000 MG, 5-500 MG	2	ST; QL
THYROID HORMONES		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	
<i>euthyrox 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>levo-t oral tablet</i> 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
<i>levothyroxine oral</i> tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	

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> tablet 25 mcg, 5 mcg, 50 mcg	1	
<i>np thyroid oral</i> tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
SYNTHROID ORAL TABLET		
100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
<i>unithroid oral tablet</i> 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
<i>westhroid oral tablet</i> 130 mg, 195 mg, 32.5 mg, 65 mg, 97.5 mg	1	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
<i>anaspaz oral</i> tablet,disintegrating 0.125 mg	1	

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

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	1		<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	1	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	1		<i>hyosyne oral drops 0.125 mg/ml</i>	1	
<i>dicyclomine oral capsule 10 mg</i>	1		<i>hyosyne oral elixir 0.125 mg/5 ml</i>	1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	1		LEVBID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	3	
<i>dicyclomine oral tablet 20 mg</i>	1		LEVSIN ORAL TABLET 0.125 MG	3	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1		LEVSIN/SL SUBLINGUAL TABLET 0.125 MG	3	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1		LOMOTIL ORAL TABLET 2.5-0.025 MG	3	
<i>ed-spaz oral tablet,disintegrating 0.125 mg</i>	1		<i>loperamide oral capsule 2 mg</i>	1	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	1		<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	1		NULEV ORAL TABLET,DISINTEGRATING 0.125 MG	3	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	1		<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	1		<i>oscimin oral tablet 0.125 mg</i>	1	
<i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i>	1		<i>oscimin sl sublingual tablet 0.125 mg</i>	1	
			<i>oscimin sr oral tablet extended release 12 hr 0.375 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	Drug Name	Drug Tier	Requirements / Limits
<i>phenobarb-hyoscyanato-pine-scop oral elixir 16.2-0.1037 - 0.0194 mg/5 ml</i>	1		ANALPRAM-HC SINGLES RECTAL CREAM 2.5-1 % (4G)	3	
<i>phenobarb-hyoscyanato-pine-scop oral tablet 16.2-0.1037 - 0.0194 mg</i>	1		<i>anucort-hc rectal suppository 25 mg</i>	1	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)	3		<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	1	QL
<i>symax fastabs oral tablet,disintegrating 0.125 mg</i>	1		<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i>	1	QL
<i>symax-sl sublingual tablet 0.125 mg</i>	1		APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM	3	
<i>symax-sr oral tablet extended release 12 hr 0.375 mg</i>	1		AURYXIA ORAL TABLET 210 MG IRON	3	
MISCELLANEOUS GASTROINTESTINAL AGENTS			AVSOLA INTRAVENOUS RECON SOLN 100 MG	5	PA
<i>alophen (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg</i>	1	covered at \$0 for ages 50-75 years; OTC	AZULFIDINE END-TABS ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	1		AZULFIDINE ORAL TABLET 500 MG	3	
<i>alvimopan oral capsule 12 mg</i>	1		<i>balsalazide oral capsule 750 mg</i>	1	
ANA-LEX KIT RECTAL KIT 2-2 %	3		<i>bisacodyl oral tablet,delayed release (dr/ec) 5 mg</i>	1	covered at \$0 for ages 50-75 years; OTC
ANALPRAM-HC RECTAL CREAM 1-1 %	3		<i>bisa-lax (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg</i>	1	covered at \$0 for ages 50-75 years; OTC
ANALPRAM-HC RECTAL CREAM 2.5-1 %	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	Drug Name	Drug Tier	Requirements / Limits
BONJESTA ORAL TABLET,IR,DELA YED REL,BIPHASIC 20-20 MG	3	QL	COMPAZINE ORAL TABLET 10 MG, 5 MG	3	
<i>budesonide oral capsule,delayed,extd.release 3 mg</i>	1		COMPAZINE RECTAL SUPPOSITORY 25 MG	3	
<i>budesonide oral tablet,delayed and ext.release 9 mg</i>	1		<i>compro rectal suppository 25 mg</i>	1	
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	1	QL	<i>constulose oral solution 10 gram/15 ml</i>	1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	1	QL	CORTENEMA RECTAL ENEMA 100 MG/60 ML	3	
CHENODAL ORAL TABLET 250 MG	4	PA	CREON ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000- 114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	2	
<i>citrate of magnesia oral solution</i>	0	covered at \$0 for ages 50-75 years; OTC	<i>cromolyn oral concentrate 100 mg/5 ml</i>	1	
<i>citroma oral solution</i>	0	covered at \$0 for ages 50-75 years; OTC	DIPENTUM ORAL CAPSULE 250 MG	3	
<i>clearlax oral powder 17 gram/dose</i>	0	covered at \$0 for ages 50-75 years; OTC	<i>doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg</i>	1	QL
<i>clearlax oral powder in packet 17 gram</i>	1	covered at \$0 for ages 50-75 years; OTC	<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	PA
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML	0	\$0 for ages 50-75 years			
COLAZAL ORAL CAPSULE 750 MG	3				

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

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
dulcolax (magnesium hydroxide) oral suspension 400 mg/5 ml	0	OTC	healthylax oral powder in packet 17 gram	1	covered at \$0 for ages 50-75 years; OTC
ENTEREG ORAL CAPSULE 12 MG	3		hemmorex-hc rectal suppository 25 mg, 30 mg	1	
ENTOCORT EC ORAL CAPSULE,DELAY ED,EXTEND.RELEASE 3 MG	3		hydrocortisone acetate rectal suppository 25 mg, 30 mg	1	
enulose oral solution 10 gram/15 ml	1		hydrocortisone rectal enema 100 mg/60 ml	1	
GASTROCROM ORAL CONCENTRATE 100 MG/5 ML	3		hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	1	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	5	PA	hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 % (4g)	1	
gavilax oral powder 17 gram/dose	1	covered at \$0 for ages 50-75 years; OTC	hydrocortisone-pramoxine rectal cream 2.5-1 %	1	ST
gavilax oral powder in packet 8.5 gram	1	OTC	KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM	3	
generlac oral solution 10 gram/15 ml	1		lactulose oral packet 10 gram	1	
gentle laxative (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg	1	covered at \$0 for ages 50-75 years; OTC	lactulose oral solution 10 gram/15 ml, 20 gram/30 ml	1	
gentlelax oral powder 17 gram/dose	1	covered at \$0 for ages 50-75 years; OTC	laxaclear oral powder 17 gram/dose	1	covered at \$0 for ages 50-75 years; OTC
gransetron hcl oral tablet 1 mg	1	QL	laxative (bisacodyl) oral tablet 5 mg	1	covered at \$0 for ages 50-75 years; 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>laxative (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg</i>	1	covered at \$0 for ages 50-75 years; OTC
<i>laxative peg 3350 oral powder 17 gram/dose</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>lidocaine hcl-hydrocortisone ac rectal cream 3-0.5 %</i>	1	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL 3 %-2.5 % (7 GRAM)	3	
<i>lidocaine hcl-hydrocortisone ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram)</i>	1	
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	1	
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	1	
<i>magnesium citrate oral solution</i>	0	covered at \$0 for ages 50-75 years; OTC
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG	3	PA
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	1	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram, 800 mg</i>	1	
<i>mesalamine rectal enema 4 gram/60 ml</i>	1	
<i>mesalamine rectal suppository 1,000 mg</i>	1	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	1	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
<i>metoclopramide hcl oral tablet,disintegrating 10 mg, 5 mg</i>	1	
<i>milk of magnesia concentrated oral suspension 2,400 mg/10 ml</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>milk of magnesia oral suspension 400 mg/5 ml</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>miralax oral powder in packet 17 gram</i>	1	covered at \$0 for ages 50-75 years; OTC
MOTEGRITY ORAL TABLET 1 MG, 2 MG	3	QL
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	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
natura-lax oral powder 17 gram/dose	0	covered at \$0 for ages 50-75 years; OTC
NULYTELY LEMON-LIME ORAL RECON SOLN 420 GRAM	3	
ondansetron hcl oral solution 4 mg/5 ml	1	QL
ondansetron hcl oral tablet 4 mg, 8 mg	1	QL
ondansetron oral tablet,disintegrating 4 mg, 8 mg	1	QL
oral saline laxative oral liquid 7.2-2.7 gram/15 ml	0	covered at \$0 for ages 50-75 years; OTC
ORTIKOS ORAL CAPSULE, EXTENDED RELEASE 6 MG, 9 MG	3	
PANCREAZE ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600- 8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT	2	
peg-electrolyte soln oral recon soln 420 gram	0	\$0 for ages 50-75 years

Drug Name	Drug Tier	Requirements / Limits
peg-prep oral kit 5-210 mg-gram	0	\$0 for ages 50-75 years
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	2	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	2	QL
phosphate laxative oral liquid 7.2-2.7 gram/15 ml	0	covered at \$0 for ages 50-75 years; OTC
polyethylene glycol 3350 oral powder 17 gram/dose	1	covered at \$0 for ages 50-75 years; OTC
polyethylene glycol 3350 oral powder in packet 17 gram	1	covered at \$0 for ages 50-75 years; OTC
powderlax oral powder 17 gram/dose	0	covered at \$0 for ages 50-75 years; OTC
powderlax oral powder in packet 17 gram	1	covered at \$0 for ages 50-75 years; OTC
prochlorperazine maleate oral tablet 10 mg, 5 mg	1	
prochlorperazine rectal suppository 25 mg	1	
PROCORT RECTAL CREAM 1.85-1.15 %	3	
PROCTOCORT RECTAL SUPPOSITORY 30 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	Drug Name	Drug Tier	Requirements / Limits
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	1		<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	1	
<i>procto-pak topical cream with perineal applicator 1 %</i>	1		<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	1	QL
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	1		<i>sevelamer carbonate oral tablet 800 mg</i>	1	QL
<i>protozone-hc topical cream with perineal applicator 2.5 %</i>	1		<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	1	QL
<i>purelax oral powder 17 gram/dose</i>	1	covered at \$0 for ages 50-75 years; OTC	<i>SFROWASA RECTAL ENEMA 4 GRAM/60 ML</i>	3	
<i>purelax oral powder in packet 17 gram</i>	1	covered at \$0 for ages 50-75 years; OTC	<i>smoothlax oral powder 17 gram/dose</i>	1	covered at \$0 for ages 50-75 years; OTC
<i>RECTIV RECTAL OINTMENT 0.4 % (W/W)</i>	2		<i>smoothlax oral powder in packet 17 gram</i>	1	covered at \$0 for ages 50-75 years; OTC
<i>REGLAN ORAL TABLET 10 MG, 5 MG</i>	3		<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>RENVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM</i>	3	QL	<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	
<i>RENVELA ORAL TABLET 800 MG</i>	3	QL	<i>sps (with sorbitol) rectal enema 30-40 gram/120 ml</i>	1	
<i>ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML</i>	3		<i>SUCRAID ORAL SOLUTION 8,500 UNIT/ML</i>	4	PA
<i>SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR</i>	3	QL	<i>sulfasalazine oral tablet 500 mg</i>	1	
			<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 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	Drug Name	Drug Tier	Requirements / Limits
SYNDROS ORAL SOLUTION 5 MG/ML	3	PA	ZENPEP ORAL CAPSULE,DELAY ED RELEASE(DR/EC)	2	
<i>trimethobenzamide oral capsule 300 mg</i>	1		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		
UCERIS ORAL TABLET,DELAYE D AND EXT.RELEASE 9 MG	3		ZOFRAN ORAL TABLET 4 MG	3	QL
UCERIS RECTAL FOAM 2 MG/ACTUATION	2		ZUPLENZ ORAL FILM 4 MG, 8 MG	3	QL
URSO 250 ORAL TABLET 250 MG	3		ULCER THERAPY		
URSO FORTE ORAL TABLET 500 MG	3		<i>amoxicil- clarithromy- lansopraz oral combo pack 500- 500-30 mg</i>	1	QL
<i>ursodiol oral capsule 200 mg, 300 mg, 400 mg</i>	1		CARAFATE ORAL SUSPENSION 100 MG/ML	3	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1		CARAFATE ORAL TABLET 1 GRAM	3	
VIOKACE ORAL TABLET 10,440- 39,150- 39,150 UNIT, 20,880- 78,300- 78,300 UNIT	2		<i>cimetidine hcl oral solution 300 mg/5 ml</i>	1	
<i>women's gentle laxative(bisac) oral tablet,delayed release (dr/ec) 5 mg</i>	0	covered at \$0 for ages 50-75 years; OTC	<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1	
<i>women's laxative (bisacodyl) oral tablet 5 mg</i>	1	covered at \$0 for ages 50-75 years; OTC	CYTOTEC ORAL TABLET 100 MCG, 200 MCG	3	
ZELNORM ORAL TABLET 6 MG	3				

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

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>	1	QL	<i>nizatidine oral solution 150 mg/10 ml</i>	1	
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	1		<i>OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)</i>	3	QL
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	1	ST; QL	<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg</i>	1	QL
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	1	ST	<i>omeprazole oral capsule, delayed release(dr/ec) 20 mg, 40 mg</i>	1	
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	1		<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	1	ST; QL
<i>famotidine oral tablet 20 mg, 40 mg</i>	1		<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	1	ST
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	1	QL	<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	1	ST; QL
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	1		<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	1	ST
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg</i>	1	ST; QL	<i>pantoprazole oral granules dr for susp in packet 40 mg</i>	1	ST
<i>lansoprazole oral tablet, disintegrat, delay rel 30 mg</i>	1	ST	<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	QL
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1		<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	
<i>nizatidine oral capsule 150 mg, 300 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
PEPCID ORAL TABLET 20 MG, 40 MG	3	
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	
<i>sucralfate oral suspension 100 mg/ml</i>	1	
<i>sucralfate oral tablet 1 gram</i>	1	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG	2	QL
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; QL
MACRILEN ORAL RECON SOLN 0.5 MG/ML	5	QL
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	4	
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	PA

Drug Name	Drug Tier	Requirements / Limits
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; QL
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG	5	PA
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	4	PA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA
GROWTH HORMONES		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	4	PA

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

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	4	PA	BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG	4	PA; QL
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	4	PA	BETASERON SUBCUTANEOUS KIT 0.3 MG	4	PA; QL
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	4	PA	COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML <i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i>	5	PA; QL
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4		GILENYA ORAL CAPSULE 0.5 MG	4	PA; QL
INTERFERONS			<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	4	PA; QL
AUBAGIO ORAL TABLET 14 MG, 7 MG	4	PA; QL	<i>glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	4	PA; QL
			KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	4	PA; QL
			MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	5	PA; QL
			MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	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	Drug Name	Drug Tier	Requirements / Limits
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	5	PA; QL	PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; QL
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	5	PA; QL	PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; QL
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	5	PA; QL	POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	4	PA
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	5	PA; QL	PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3)	4	PA; QL
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	5	PA; QL	PONVORY ORAL TABLET 20 MG	4	PA; QL
MAYZENT ORAL TABLET 0.25 MG, 2 MG	4	PA; QL	REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; QL
MAYZENT STARTER PACK ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	4	PA	REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	4	PA; QL
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	PA; QL	<i>ribavirin oral capsule 200 mg</i>	4	PA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	4	PA; QL	<i>ribavirin oral tablet 200 mg</i>	4	PA
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	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
TECFIDERA ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG	4	PA; QL
VUMERTY ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 231 MG	4	PA; QL
ZEPOSIA ORAL CAPSULE 0.92 MG	4	PA; QL
ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK 0.23-0.46- 0.92 MG	4	PA; QL
ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	4	PA; QL
INTERLEUKINS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	4	PA
ALDARA TOPICAL CREAM IN PACKET 5 %	3	
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	2	

Drug Name	Drug Tier	Requirements / Limits
<i>imiquimod topical cream in packet 3.75 %, 5 %</i>	1	
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	0	\$0 for ages 1 month and older
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	0	\$0 for ages 7 and older
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	0	\$0 for ages 7 and older
AFLURIA QD 2021-22(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	
AFLURIA QD 2021-22(6- 35MO)(PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	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	Drug Name	Drug Tier	Requirements / Limits
AFLURIA QUAD 2021-2022(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0		ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	0	
ASCENIV INTRAVENOUS SOLUTION 10 %	5	PA	ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	0	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	0		ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	0	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	0	\$0 for ages 10 years and older	FLUAD QUAD 2021-22(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE	0		FLUARIX QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	0	\$0 for ages 7 and older	FLUBLOK QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	0	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	0	\$0 for ages 7 and older	FLUCELVAX QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	0	\$0 for ages 1-12 months old			

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	Drug Name	Drug Tier	Requirements / Limits
FLUCELVAX QUAD 2021-2022 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0		GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	0	\$0 for ages 9-26 years old
FLULALVAL QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0		HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	0	\$0 for ages 1 year and older
FLUZONE HIGHDOSE QUAD 21-22 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	0		HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	0	\$0 for ages 18 years and older
FLUZONE QUAD 2021-2022 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0		HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	0	
FLUZONE QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0		IMOVOX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	0	
FLUZONE QUAD 2021-2022 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0		INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	0	\$0 for ages 1-12 months old
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	0	\$0 for ages 9-26 years old	IPOVIRUS INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	0	
			IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	0	
			JANSSEN COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION 0.5 ML	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
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	0	\$0 for ages 4-6 years old
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	0	\$0 for ages 9 months and older
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	0	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	0	\$0 for ages 2 months and older
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	0	\$0 for ages 6 months and older
MODERNA COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION 100 MCG/0.5 ML	0	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	0	\$0 for ages 1-12 months old
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	0	\$0 for ages 1 month and older

Drug Name	Drug Tier	Requirements / Limits
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) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	0	\$0 for ages 1-6 years
PFIZER COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 30 MCG/0.3 ML	0	
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML	0	\$0 for ages 2 years and older
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	0	\$0 for ages 2 years and older
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	0	\$0 for ages 1 month and older
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3-3.99 TCID50/0.5	0	\$0 for ages 1 year 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
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	0	\$0 for ages 4-6 years old
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	0	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	0	
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	0	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	0	\$0 for ages 1-9 months
ROTAQUE VACCINE ORAL SOLUTION 2 ML	0	\$0 for ages 1-9 months
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	0	\$0 for ages 50 years and older

Drug Name	Drug Tier	Requirements / Limits
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	0	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	0	\$0 for ages 7 and older
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	0	\$0 for ages 7 and older
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	0	\$0 for ages 7 and older
TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	0	\$0 for ages 1-12 months old
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	0	\$0 for ages 10 years and older
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	0	\$0 for ages 18 years and older
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	0	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	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
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	0	\$0 for ages 1 year and older
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	0	\$0 for ages 1 year and older
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	0	\$0 for ages 1 year and older
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML	0	
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML	0	
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	0	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	4	PA

Drug Name	Drug Tier	Requirements / Limits
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	0	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	0	\$0 for ages 60 years and older
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	1	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	ST
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML	3	
MITIGARE ORAL CAPSULE 0.6 MG	2	
<i>probenecid oral tablet 500 mg</i>	1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	
ZYLOPRIM ORAL TABLET 100 MG	3	
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG, 35 MG	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
alendronate oral solution 70 mg/75 ml	1	QL
alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg	1	QL
ATELVIA ORAL TABLET,DELAYE D RELEASE (DR/EC) 35 MG	3	ST; QL
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG	3	ST; QL
BONIVA ORAL TABLET 150 MG	3	ST; QL
EVISTA ORAL TABLET 60 MG	3	
FOSAMAX ORAL TABLET 70 MG	3	ST; QL
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	3	ST; QL
ibandronate oral tablet 150 mg	1	QL
raloxifene oral tablet 60 mg	0	\$0 for ages 35 and older
risedronate oral tablet 150 mg, 35 mg, 5 mg	1	QL
risedronate oral tablet,delayed release (dr/ec) 35 mg	1	QL
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	4	PA; QL

Drug Name	Drug Tier	Requirements / Limits
OTHER RHEUMATOLOGICALS		
ACTEMRA	4	PA; QL
ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML		
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	4	PA
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	4	PA; QL
ARAVA ORAL TABLET 10 MG, 20 MG	3	QL
DEPEN TITRATABS ORAL TABLET 250 MG	2	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	4	PA; QL
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	4	PA; QL
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	4	PA; QL
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	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
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	4	PA; QL
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; QL
HUMIRA PEN PSOR-UVEITS- ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; QL
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; QL
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; QL
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; QL
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; QL

Drug Name	Drug Tier	Requirements / Limits
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML- 40 MG/0.4 ML	4	PA; QL
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	4	PA; QL
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	QL
OTEZLA ORAL TABLET 30 MG	4	PA; QL
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (4)-30 MG (47)	4	PA; QL
<i>penicillamine oral capsule 250 mg</i>	1	PA
<i>penicillamine oral tablet 250 mg</i>	1	PA

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

Drug Name	Drug Tier	Requirements / Limits
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 ORAL CAPSULE 3 MG	2	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	4	PA; QL
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	2	ST; QL
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)- 25 MG(8)-50 MG(42)	2	ST; QL
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	5	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; QL
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; QL

Drug Name	Drug Tier	Requirements / Limits
XELJANZ ORAL SOLUTION 1 MG/ML	4	PA; QL
XELJANZ ORAL TABLET 10 MG, 5 MG	4	PA; QL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	4	PA; QL
OBSTETRICS & GYNECOLOGY		
DIAPHRAGMS AND OTHER NON- ORAL CONTRACEPTIVES		
CAYA CONTOURED VAGINAL DIAPHRAGM 65- 80 MM	0	
FC2 FEMALE CONDOM	0	OTC
FEMCAP VAGINAL DEVICE 22 MM	0	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	0	
ESTROGENS & PROGESTINS		
ALORA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	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	Drug Name	Drug Tier	Requirements / Limits
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1		DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	3	QL
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	3		<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL
AYGESTIN ORAL TABLET 5 MG	3		<i>eemt hs oral tablet 0.625-1.25 mg</i>	1	
<i>camila oral tablet 0.35 mg</i>	0		<i>eemt oral tablet 1.25-2.5 mg</i>	1	
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	QL	ENDOMETRIN VAGINAL INSERT 100 MG	4	
<i>covaryx h.s. oral tablet 0.625-1.25 mg</i>	1		<i>errin oral tablet 0.35 mg</i>	0	
<i>covaryx oral tablet 1.25-2.5 mg</i>	1		ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG	3	
<i>deblitane oral tablet 0.35 mg</i>	0		<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
DELESTROGEN INTRAMUSCULA R OIL 10 MG/ML, 20 MG/ML, 40 MG/ML	3		<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL
DEPO-ESTRADIOL INTRAMUSCULA R OIL 5 MG/ML	2		<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL
DEPO-PROVERA INTRAMUSCULA R SUSPENSION 150 MG/ML	0	QL			
DEPO-PROVERA INTRAMUSCULA R SYRINGE 150 MG/ML	0	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>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	1	
<i>estradiol vaginal tablet 10 mcg</i>	1	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	1	
FEMHRT LOW DOSE ORAL TABLET 0.5-2.5 MG-MCG	3	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>heather oral tablet 0.35 mg</i>	0	
<i>incassia oral tablet 0.35 mg</i>	0	
<i>jencycla oral tablet 0.35 mg</i>	0	
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	
<i>lyleq oral tablet 0.35 mg</i>	0	

Drug Name	Drug Tier	Requirements / Limits
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL
<i>lyza oral tablet 0.35 mg</i>	0	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	0	QL
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	0	QL
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	3	QL
<i>nora-be oral tablet 0.35 mg</i>	0	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	0	
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>norlyda oral tablet 0.35 mg</i>	0	
PREFEST ORAL TABLET 1 MG (15)/1 MG- 0.09 MG (15)	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
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	2	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG	3	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	
<i>sharobel oral tablet 0.35 mg</i>	0	
<i>tulana oral tablet 0.35 mg</i>	0	
<i>yuvafem vaginal tablet 10 mcg</i>	1	
MISCELLANEOUS OB/GYN		
CLEOCIN VAGINAL CREAM 2 %	3	
CLEOCIN VAGINAL SUPPOSITORY 100 MG	3	
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
CLINDESSE VAGINAL CREAM,EXTENDE D RELEASE 2 %	3	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	0	
<i>etongestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	0	

Drug Name	Drug Tier	Requirements / Limits
<i>fem ph vaginal gel 0.9-0.025 %</i>	1	
GYZNAZOLE-1 VAGINAL CREAM 2 %	3	
<i>gynol ii vaginal gel 3 %</i>	0	OTC
<i>isoxsuprine oral tablet 10 mg, 20 mg</i>	1	
LYSTEDA ORAL TABLET 650 MG	3	
METROGEL VAGINAL VAGINAL GEL 0.75 %	3	
<i>metronidazole vaginal gel 0.75 %</i>	1	
<i>miconazole-3 vaginal suppository 200 mg</i>	1	
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	0	
NUVESSA VAGINAL GEL 1.3 %	3	
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300- 1-0.5MG(AM) /300 MG(PM)	2	PA
RELAGARD VAGINAL GEL 0.9-0.025 %	3	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 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
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG	0	OTC
<i>tranexamic acid oral tablet 650 mg</i>	1	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %	2	
<i>vandazole vaginal gel 0.75 %</i>	1	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	2	OTC
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	2	OTC
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	0	
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	0	
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	0	
<i>after pill oral tablet 1.5 mg</i>	0	OTC; QL
AFTERA ORAL TABLET 1.5 MG	0	OTC; QL
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	0	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	0	

Drug Name	Drug Tier	Requirements / Limits
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	0	
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	0	
<i>amethyst (28) oral tablet 90-20 mcg (28)</i>	0	
<i>apri oral tablet 0.15-0.03 mg</i>	0	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	0	
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	0	
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	0	
<i>aubra oral tablet 0.1-20 mg-mcg</i>	0	
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	0	
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	0	
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	0	
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	0	
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	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
<i>aviane oral tablet 0.1-20 mg-mcg</i>	0	
<i>ayuna oral tablet 0.15-0.03 mg</i>	0	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	0	
<i>balziva (28) oral tablet 0.4-35 mg- mcg</i>	0	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	0	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	0	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	0	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	0	
<i>camrese lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	0	
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	0	
<i>caziant (28) oral tablet 0.1/.125/.15- 25 mg-mcg</i>	0	
<i>charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	0	
<i>chateal (28) oral tablet 0.15-0.03 mg</i>	0	
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	0	

Drug Name	Drug Tier	Requirements / Limits
<i>cryselle (28) oral tablet 0.3-30 mg- mcg</i>	0	
<i>cyclafem 1/35 (28) oral tablet 1-35 mg- mcg</i>	0	
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	0	
<i>cyred eq oral tablet 0.15-0.03 mg</i>	0	
<i>cyred oral tablet 0.15-0.03 mg</i>	0	
<i>dasetta 1/35 (28) oral tablet 1-35 mg- mcg</i>	0	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	0	
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	0	
<i>desog- e.estriadiol/e.estradio l oral tablet 0.15- 0.02 mgx21 /0.01 mg x 5</i>	0	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	0	
<i>dolishale oral tablet 90-20 mcg (28)</i>	0	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	0	
<i>econtra ez oral tablet 1.5 mg</i>	0	OTC; 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
econtra one-step oral tablet 1.5 mg	0	OTC; QL
elinest oral tablet 0.3-30 mg-mcg	0	
ELLA ORAL TABLET 30 MG	0	QL
emoquette oral tablet 0.15-0.03 mg	0	
empresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	0	
enskyce oral tablet 0.15-0.03 mg	0	
estarrylla oral tablet 0.25-35 mg-mcg	0	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	0	
falmina (28) oral tablet 0.1-20 mg-mcg	0	
femynor oral tablet 0.25-35 mg-mcg	0	
gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)	0	
hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	0	
hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	0	
hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	0	
hailey oral tablet 1.5-30 mg-mcg	0	

Drug Name	Drug Tier	Requirements / Limits
iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	0	
isibloom oral tablet 0.15-0.03 mg	0	
jaimies oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	0	
jasmiel (28) oral tablet 3-0.02 mg	0	
jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	0	
juleber oral tablet 0.15-0.03 mg	0	
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	0	
junel 1/20 (21) oral tablet 1-20 mg-mcg	0	
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	0	
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	0	
junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)	0	
kaitlib fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)	0	
kalliga oral tablet 0.15-0.03 mg	0	

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>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	0	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	0	
<i>kelnor 1-50 (28) oral tablet 1-50 mg-mcg</i>	0	
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	0	
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)</i>	0	
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	0	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	0	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	0	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	0	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	0	
<i>larissia oral tablet 0.1-20 mg-mcg</i>	0	
<i>layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	0	
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	0	

Drug Name	Drug Tier	Requirements / Limits
<i>lessina oral tablet 0.1-20 mg-mcg</i>	0	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	0	
<i>levonorgestrel oral tablet 1.5 mg</i>	0	OTC; QL
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	0	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	0	
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	0	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	0	
<i>lillow (28) oral tablet 0.15-0.03 mg</i>	0	
<i>lojaimiess oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	0	
<i>loryna (28) oral tablet 3-0.02 mg</i>	0	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	0	
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	0	
<i>lutera (28) oral tablet 0.1-20 mg-mcg</i>	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
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	0	
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	0	
<i>mibelas 24 fe oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	0	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	0	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	0	
MICROGESTIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	0	ST
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	0	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	0	
<i>mihi oral tablet 0.25-35 mg-mcg</i>	0	
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	0	
<i>my choice oral tablet 1.5 mg</i>	0	OTC; QL
<i>my way oral tablet 1.5 mg</i>	0	OTC; QL
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	0	

Drug Name	Drug Tier	Requirements / Limits
<i>new day oral tablet 1.5 mg</i>	0	OTC; QL
<i>nikki (28) oral tablet 3-0.02 mg</i>	0	
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</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 capsule 1 mg-20 mcg (24)/75 mg (4)</i>	0	
<i>norethindrone-e.estriadiol-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.estriadiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	0	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	0	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	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
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	0	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	0	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	0	
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg</i>	0	
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	0	
<i>ocella oral tablet 3-0.03 mg</i>	0	
<i>opcicon one-step oral tablet 1.5 mg</i>	0	OTC; QL
<i>option-2 oral tablet 1.5 mg</i>	0	OTC; QL
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	0	
<i>philith oral tablet 0.4-35 mg-mcg</i>	0	
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	0	
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg</i>	0	
PLAN B ONE-STEP ORAL TABLET 1.5 MG	0	OTC; QL
<i>portia 28 oral tablet 0.15-0.03 mg</i>	0	
<i>previfem oral tablet 0.25-35 mg-mcg</i>	0	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	0	

Drug Name	Drug Tier	Requirements / Limits
<i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	0	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	0	
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	0	
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	0	
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	0	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	0	
<i>syeda oral tablet 3-0.03 mg</i>	0	
TAKE ACTION ORAL TABLET 1.5 MG	0	OTC; QL
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	0	
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	0	
<i>taysofy oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	0	
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	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
<i>tri-femynor oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	0	
<i>tri-estarrylla oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	0	
<i>tri-legest fe oral tablet</i> 1-20(5)/1-30(7) /1mg-35mcg (9)	0	
<i>tri-linyah oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	0	
<i>tri-lo-estarrylla oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	0	
<i>tri-lo-marzia oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	0	
<i>tri-lo-mili oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	0	
<i>tri-lo-sprintec oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	0	
<i>tri-mili oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	0	
<i>tri-nymyo oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	0	
<i>tri-previfem (28) oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	0	

Drug Name	Drug Tier	Requirements / Limits
<i>tri-sprintec (28) oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	0	
<i>trivora (28) oral tablet</i> 50-30 (6)/75-40 (5)/125-30(10)	0	
<i>tri-vylibra lo oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	0	
<i>tri-vylibra oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	0	
<i>tydemy oral tablet</i> 3-0.03-0.451 mg (21) (7)	0	
<i>velivet triphasic regimen (28) oral tablet</i> 0.1/.125/.15-25 mg-mcg	0	
<i>vestura (28) oral tablet</i> 3-0.02 mg	0	
<i>vienna oral tablet</i> 0.1-20 mg-mcg	0	
<i>viorele (28) oral tablet</i> 0.15-0.02 mgx21 /0.01 mg x 5	0	
<i>volnea (28) oral tablet</i> 0.15-0.02 mgx21 /0.01 mg x 5	0	
<i>vyfemla (28) oral tablet</i> 0.4-35 mg-mcg	0	
<i>vylibra oral tablet</i> 0.25-35 mg-mcg	0	
<i>wera (28) oral tablet</i> 0.5-35 mg-mcg	0	

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

Drug Name	Drug Tier	Requirements / Limits
wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)	0	
YAZ (28) ORAL TABLET 3-0.02 MG	0	ST
zarah oral tablet 3-0.03 mg	0	
zovia 1/35e (28) oral tablet 1-35 mg-mcg	0	
zumandimine (28) oral tablet 3-0.03 mg	0	

OXYTOCICS

methergine oral tablet 0.2 mg	1	ST; QL
methylergonovine oral tablet 0.2 mg	1	ST; QL

OPHTHALMOLOGY

ANTIBIOTICS		
ak-poly-bac ophthalmic (eye) ointment 500-10,000 unit/gram	1	
AZASITE OPHTHALMIC (EYE) DROPS 1 %	2	
bacitracin ophthalmic (eye) ointment 500 unit/gram	1	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	1	

Drug Name	Drug Tier	Requirements / Limits
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 %	3	
CILOXAN OPHTHALMIC (EYE) DROPS 0.3 %	3	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	1	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	1	
gatifloxacin ophthalmic (eye) drops 0.5 %	1	
gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)	1	
gentamicin ophthalmic (eye) drops 0.3 %	1	
levofloxacin ophthalmic (eye) drops 0.5 %	1	
MOXEZA OPHTHALMIC (EYE) DROPS, VISCOUS 0.5 %	3	
MOXIFLOXACIN (PF)-BSS INTRAVITREAL SOLUTION 1 MG/ML	3	ST
moxifloxacin ophthalmic (eye) drops 0.5 %	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	Drug Name	Drug Tier	Requirements / Limits
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	1		<i>OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 %</i>	3	
MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SOLUTION 5 MG/ML	3	ST	<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	1	
MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SYRINGE 0.3 MG/0.3 ML, 1.6 MG/ML	3	ST	<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	2		<i>polymyxin b sulfate-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1		POLYTRIM OPHTHALMIC (EYE) DROPS 10,000 UNIT- 1 MG/ML	3	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1		<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1		TOBREX OPHTHALMIC (EYE) DROPS 0.3 %	3	
			TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	3	
			VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 %	3	
			ZYMAXID OPHTHALMIC (EYE) DROPS 0.5 %	3	
ANTIVIRALS					

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>trifluridine ophthalmic (eye) drops 1 %</i>	1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	1	
TIMOPTIC OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	3	

Drug Name	Drug Tier	Requirements / Limits
TIMOPTIC-XE OPHTHALMIC (EYE) GEL FORMING SOLUTION 0.25 %, 0.5 %	3	
CYCLOPLEGIC MYDRIATICS		
ATROPINE OPHTHALMIC (EYE) DROPS, EMULSION 0.01 %	3	
CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %, 1 %, 2 %	3	
<i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i>	1	
CYCLOPEN-TROPIC-PHENYLEPH-WATR OPHTHALMIC (EYE) DROPS 1-1-2.5 %	3	
CYCLOPENT-TROPIC-PHEN-KETR-WAT OPHTHALMIC (EYE) DROPS 1 %-1 %-10 %- 0.5 %, 1 %-1 %-2.5 %- 0.5 %	3	
CYCLOP-TROP-PROPA-PHEN-KET-WAT OPHTHALMIC (EYE) DROPS 1 %-1 %-0.1 %- 2.5 %- 0.4 %	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	Drug Name	Drug Tier	Requirements / Limits
<i>homatropaire ophthalmic (eye) drops 5 %</i>	1		ALOCRIL OPHTHALMIC (EYE) DROPS 2 %	3	ST
MYDRIACYL OPHTHALMIC (EYE) DROPS 1 %	3		ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	3	ST
PAREMYD OPHTHALMIC (EYE) DROPS 1-0.25 %	3		<i>altacaine ophthalmic (eye) drops 0.5 %</i>	1	
PHENYLEPH-TROPICAMIDE IN WATER OPHTHALMIC (EYE) DROPS 2.5-1 %	3		ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 %	3	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	1		<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	
DIRECT ACTING MIOTICS			BEOVU INTRAVITREAL SOLUTION 6 MG/0.05 ML	5	PA
ISOPTO CARPINE OPHTHALMIC (EYE) DROPS 1 %, 2 %, 4 %	3		<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	1	
MIOCHOL-E INTRAOCULAR KIT 1 % (10 MG/ML)	3		BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	3	ST
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1		CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	3	PA
MISCELLANEOUS OPHTHALMOLOGICS			<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	3		CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 %	3	
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 %	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	Drug Name	Drug Tier	Requirements / Limits
DEXAMET-MOXIFL-KETORO-NACL(PF) INTRAOCULAR SOLUTION 1-0.5-0.4 MG/ML	3		<i>lidocaine-phenylephrin in water intraocular solution 1-1.5 %</i>	1	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1		MYDRIATIC4(TRO P-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 %	3	
FLUORESCEIN-BENOXINATE OPHTHALMIC (EYE) DROPS 0.3-0.4 %	3		<i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	1	
KLARITY-A (AZITHRO-CHONDR)(PF) OPHTHALMIC (EYE) DROPS 1-0.25 %	3		PREDNISOL ACE-GATIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.075 %	3	
KLARITY-B (BETAMETH-CHOND)(PF) OPHTHALMIC (EYE) DROPS 0.1-0.25 %	3		PREDNISOLN SP-GATIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS 1-0.5-0.075 %	3	
KLARITY-L (LOTEPRED-CHOND)(PF) OPHTHALMIC (EYE) DROPS 0.2-0.25 %, 0.5-0.25 %	3		PREDNISOLN SP-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS 1-0.5-0.075 %	3	
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	3	PA	PREDNISOLONE ACETATE-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.1 %	3	
LIDOCAINE-PHENYLEPHRIN-BSS(PF) INTRAOCULAR SYRINGE 1-1.5 %	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
PREDNISOLONE-MOXIFLO-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.1 %	3	
PREDNISOLONE-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.075 %	3	
RACEPINEPH-LIDOCAINE-BSS 7(PF) INTRAOCULAR SOLUTION 0.025-0.75 %	3	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	2	PA; QL
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	2	PA; QL
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS 0.5 %	3	
<i>tetracaine hcl opthalmic (eye) drops 0.5 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	2	ST
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 %	3	
ACULAR OPHTHALMIC (EYE) DROPS 0.5 %	3	
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	1	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	3	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	1	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	3	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release 500 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	Drug Name	Drug Tier	Requirements / Limits
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1		DORZOLAMIDE-TIMOLOL (PF) OPHTHALMIC (EYE) DROPS 2-0.5 %	3	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1		<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	
OTHER GLAUCOMA DRUGS					
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3		LATANOPROST (PF) OPHTHALMIC (EYE) DROPS 0.005 %	3	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	1	PA	<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	PA
BRIMONIDINE-DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 0.15-2 %	3		LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	PA
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	1		<i>miostat intraocular solution 0.01 %</i>	1	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	2		SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	
DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 2 %	3		TIMOL-BRIMON-DORZO-LATANOP(PF) OPHTHALMIC (EYE) DROPS 0.5 %-0.15 %- 2 %-0.005 %	3	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1		TIMOLOL-BRIMONIDI-DORZOLAM(PF) OPHTHALMIC (EYE) DROPS 0.5-0.15-2 %	3	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</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	Drug Name	Drug Tier	Requirements / Limits
TIMOLOL-DORZOLAMID-LATANOP(PF) OPHTHALMIC (EYE) DROPS 0.5-2-0.005 %	3		<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
TIMOLOL-LATANOPROST(P F) OPHTHALMIC (EYE) DROPS 0.5-0.005 %	3		<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1	
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	1	PA	<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1	
TRUSOPT OPHTHALMIC (EYE) DROPS 2 %	3		<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1	
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	2	PA	<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
STEROID-ANTIBIOTIC COMBINATIONS			PRED-G OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-1 %	3	
DEXAMETH-MOXIFLOX(PF)-NACL,ISO INTRAOCULAR SOLUTION 1-5 MG/ML	3		PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 %	3	
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 %	3				
MAXITROL OPHTHALMIC (EYE) OINTMENT 3.5 MG/G-10,000 UNIT/G-0.1 %	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	Drug Name	Drug Tier	Requirements / Limits
PREDNISOLONE ACET-GATIFLOXACIN OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5 %	3		ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	3	ST
PREDNISOLONE SOD PH-MOXIFLOX OPHTHALMIC (EYE) DROPS 1-0.5 %	3		<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	
PREDNISOLONE-MOXIFLOXACIN HCL OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5 %	3		DEXTENZA INTRACANALICULAR INSERT 0.4 MG	3	
TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.1 %	3		DEXYCU (PF) INTRAOCULAR SUSPENSION 9 %	3	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	2		<i>disfluprednate ophthalmic (eye) drops 0.05 %</i>	1	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1		DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	3	
TRIAMCINOLON-MOXIFLOX-WATR(PF) INTRAOCULAR SUSPENSION 9 MG-0.6 MG /0.6 ML	3		EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	PA; QL
STEROIDS			<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	1	
			FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	
			INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	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	Drug Name	Drug Tier	Requirements / Limits
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	2		<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSI ON 0.5 %	3		STEROID-SULFONAMIDE COMBINATIONS		
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	2		BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSI ON 10-0.2 %	3	
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	2		BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	3	
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	1		<i>sulfacetamide- prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	1		SULFONAMIDES		
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSI ON 1 %	3		BLEPH-10 OPHTHALMIC (EYE) DROPS 10 %	3	
PREDNISOLONE ACETATE (PF) OPHTHALMIC (EYE) DROPS,SUSPENSI ON 1 %	3		<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	1		<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1	
			SYMPATHOMIMETICS		
			ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	2	
			ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	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>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	1	
<i>IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %</i>	3	
VASOCONSTRICTOR DECONGESTANTS		
<i>CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %</i>	3	
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTIHISTAMINE & ANTIALLERGENIC AGENTS		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</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	
<i>CLARINEX ORAL TABLET 5 MG</i>	3	QL
<i>clemastine oral syrup 0.5 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>clemastine oral tablet 2.68 mg</i>	1	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	1	
<i>cyproheptadine oral tablet 4 mg</i>	1	
<i>desloratadine oral tablet 5 mg</i>	1	QL
<i>desloratadine oral tablet,disintegrating 2.5 mg, 5 mg</i>	1	QL
<i>dexchlorpheniramine maleate oral solution 2 mg/5 ml</i>	1	
<i>DIPHEN ORAL ELIXIR 12.5 MG/5 ML</i>	3	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL
<i>EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML</i>	2	ST; QL
<i>EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML</i>	2	ST; QL
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 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	Drug Name	Drug Tier	Requirements / Limits
KARBINAL ER ORAL SUSPENSION,EXT ENDED REL 12 HR 4 MG/5 ML	3	ST	<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	1	
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	1		CAPCOF ORAL LIQUID 2-5-10 MG/5 ML	3	
<i>levocetirizine oral tablet 5 mg</i>	1	QL	CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	3	QL
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1		CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML	3	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1		HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML	3	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1		HYCODAN (WITH HOMATROPINE) ORAL SYRUP 5-1.5 MG/5 ML	3	
RYCLORA ORAL SOLUTION 2 MG/5 ML	3		<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	
RYVENT ORAL TABLET 6 MG	3	ST	<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	1	
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	2	QL	<i>hydromet oral syrup 5-1.5 mg/5 ml</i>	1	
VISTARIL ORAL CAPSULE 25 MG, 50 MG	3		MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML	3	
COUGH & COLD THERAPY			M-END PE ORAL LIQUID 1.33-3.33-6.33 MG/5 ML	3	
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	1		POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	3	
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	3				

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

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	1		ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	4	PA
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	1		ADRENALIN NASAL SOLUTION 1 MG/ML	3	
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	1		ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	3	PA; QL
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>	1		ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION , 230-21 MCG/ACTUATION , 45-21 MCG/ACTUATION	2	PA; QL
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG	3		<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	QL
TUSSICAPS ORAL CAPSULE,EXTENDED RELEASE 12 HR 10-8 MG	3	ST	<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	1	
TUZISTRA XR ORAL SUSPENSION,EXTENDED RELEASE 12 HR 14.7-2.8 MG/5 ML	3	ST	<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	
<i>virtussin dac oral syrup 30-10-100 mg/5 ml</i>	1		<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	
PULMONARY AGENTS					
ACCOLATE ORAL TABLET 10 MG, 20 MG	3				
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</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	Drug Name	Drug Tier	Requirements / Limits
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	1		ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION , 200 MCG/ACTUATION , 50 MCG/ACTUATION	2	QL
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION , 80 MCG/ACTUATION	3	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
<i>alyq oral tablet 20 mg</i>	4	PA; QL	ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	3	QL
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	4	PA	<i>azelastine-fluticasone nasal spray, non-aerosol 137-50 mcg/spray</i>	1	ST; QL
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	QL	<i>bosentan oral tablet 125 mg, 62.5 mg</i>	4	PA
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	1	QL	BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	2	PA; QL
ARNUTITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 200 MCG/ACTUATION , 50 MCG/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
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9- 4.8 MCG/ACTUATION	2	QL
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	3	QL
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	1	QL
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	QL
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML	3	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION , 200-5 MCG/ACTUATION , 50-5 MCG/ACTUATION	2	PA; QL

Drug Name	Drug Tier	Requirements / Limits
DYMISTA NASAL SPRAY, NON- AEROSOL 137-50 MCG/SPRAY	2	ST; QL
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	3	
<i>epinephrine hcl nasal solution 1 mg/ml</i>	1	
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 250 MCG/ACTUATION , 50 MCG/ACTUATION	2	QL
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION , 220 MCG/ACTUATION , 44 MCG/ACTUATION	2	QL
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	1	QL
<i>fluticasone propion- salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	PA; QL

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

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	1	QL	LONHALA MAGNAIR STARTER INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML	3	QL
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	3		<i>metaproterenol oral syrup 10 mg/5 ml</i>	1	
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	2	QL	<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	1	ST; QL
<i>ipratropium bromide inhalation solution 0.02 %</i>	1		<i>montelukast oral granules in packet 4 mg</i>	1	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	QL	<i>montelukast oral tablet 10 mg</i>	1	
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	4	PA; QL	<i>montelukast oral tablet,chewable 4 mg, 5 mg</i>	1	
KALYDECO ORAL TABLET 150 MG	4	PA; QL	<i>nebusal inhalation solution for nebulization 3 %</i>	1	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	1		NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
LONHALA MAGNAIR REFILL INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML	3	QL	NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4	PA; QL
			NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; QL
			OFEV ORAL CAPSULE 100 MG, 150 MG	4	PA; QL
			OPSUMIT ORAL TABLET 10 MG	4	PA

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

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	4	PA; QL	<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	4	PA; QL
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	4	PA; QL	SINUVA SINUS IMPLANT 1,350 MCG	5	
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	5	PA	<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>	1	
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	2	QL	SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION , 2.5 MCG/ACTUATION	2	QL
<i>pulmosal inhalation solution for nebulization 7 %</i>	1		SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	2	QL
PULMOZYME INHALATION SOLUTION 1 MG/ML	4	PA	STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	QL
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION , 80 MCG/ACTUATION	2	QL	SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	4	PA; QL
REVATIO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML	5	PA; QL	<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	4	PA; QL
REVATIO ORAL TABLET 20 MG	5	PA; QL	<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	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	Drug Name	Drug Tier	Requirements / Limits
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	3		<i>wixela inh</i> <i>inhalation blister</i> with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	PA; QL
<i>theophylline oral elixir 80 mg/15 ml</i>	1		XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	3	ST; QL
<i>theophylline oral solution 80 mg/15 ml</i>	1		XOPENEX CONCENTRATE INHALATION SOLUTION FOR NEBULIZATION 1.25 MG/0.5 ML	3	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1		XOPENEX INHALATION SOLUTION FOR NEBULIZATION 0.31 MG/3 ML, 0.63 MG/3 ML, 1.25 MG/3 ML	3	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1		XOPENEX INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	2	QL
TRACLEER ORAL TABLET 125 MG, 62.5 MG	5	PA	<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	4	PA	<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	1	ST
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	2	QL	ZYFLO ORAL TABLET 600 MG	3	ST
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)	4	PA; QL	UROLOGICALS		
TRIKAFTA ORAL TABLETS, SEQUENTIAL 50-25-37.5 MG (D)/75 MG (N)	4	PA	ANTICHOLINERGICS & ANTISPASMODICS		

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>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	1	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG	3	ST
<i>flavoxate oral tablet 100 mg</i>	1	
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM)	2	ST; QL
GEMTESA ORAL TABLET 75 MG	3	ST
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	3	ST; QL
<i>solifenacina oral tablet 10 mg, 5 mg</i>	1	
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	1	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	2	ST
<i>trospium oral capsule,extended release 24hr 60 mg</i>	1	
<i>trospium oral tablet 20 mg</i>	1	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1	
<i>dutasteride oral capsule 0.5 mg</i>	1	ST
<i>dutasteride- tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	1	ST
<i>finasteride oral tablet 5 mg</i>	1	
FLOMAX ORAL CAPSULE 0.4 MG	3	ST
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG	3	ST
PROSCAR ORAL TABLET 5 MG	3	ST
<i>silodosin oral capsule 4 mg, 8 mg</i>	1	
<i>tamsulosin oral capsule 0.4 mg</i>	1	
CHOLINERGIC STIMULANTS		

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	Drug Name	Drug Tier	Requirements / Limits
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1		<i>uretron d-s oral tablet 81.6-10.8-40.8 mg</i>	1	
MISCELLANEOUS UROLOGICALS					
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	PA	URIBEL ORAL CAPSULE 118-10-40.8-36 MG	3	
ELMIRON ORAL CAPSULE 100 MG	2		<i>urimar-t oral tablet 120-0.12-10.8 mg</i>	1	
<i>hyophen oral tablet 81.6-0.12-10.8 mg</i>	1		<i>uro-458 oral tablet 81-10.8-40.8 mg</i>	1	
K-PHOS NO 2 ORAL TABLET 305-700 MG	3		<i>urogesic-blue oral tablet 81.6-40.8-0.12 mg</i>	1	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	2		<i>uro-mp oral capsule 118-10-40.8-36 mg</i>	1	
<i>methen-sod phospho-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i>	1		UROQID-ACID NO.2 ORAL TABLET 500-500 MG	3	
ORACIT ORAL SOLUTION 490-640 MG/5 ML	3		<i>uryl oral tablet 81.6-40.8-0.12 mg</i>	1	
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	5	PA	<i>ustell oral capsule 120-0.12 mg</i>	1	
<i>phosphasal oral tablet 81.6-10.8-40.8 mg</i>	1		<i>utira-c oral tablet 81.6-10.8-40.8 mg</i>	1	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	1		URINARY ANESTHETICS		
URELLE ORAL TABLET 81-10.8-40.8 MG	3		<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
VITAMINS, HEMATINICS & ELECTROLYTES					
ELECTROLYTES					
<i>effer-k oral tablet, effervescent 25 meq</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
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	3	
klor-con 10 oral tablet extended release 10 meq	1	
klor-con 8 oral tablet extended release 8 meq	1	
klor-con m10 oral tablet,er particles/crystals 10 meq	1	
klor-con m15 oral tablet,er particles/crystals 15 meq	1	
klor-con m20 oral tablet,er particles/crystals 20 meq	1	
klor-con oral packet 20 meq	1	
klor-con/ef oral tablet, effervescent 25 meq	1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	
k-tab oral tablet extended release 8 meq	1	
lugols oral solution 5 %	1	
POTABA ORAL CAPSULE 500 MG	3	

Drug Name	Drug Tier	Requirements / Limits
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1	
<i>potassium chloride oral packet 20 meq</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq</i>	1	
<i>strong iodine oral solution 5 %</i>	1	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	5	PA
VITAMINS & HEMATINICS		
<i>b complex 1 (with folic acid) oral tablet 0.4 mg</i>	0	Covered at \$0 for ages 50 and younger; OTC
<i>b complex-vitamin b12 oral tablet</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>b complex-vitamin c-folic acid oral tablet 400 mcg</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

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>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
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR 27 MG IRON-1 MG - 374 MG	3	
<i>bal-care dha oral combo pack, tablet and cap, dr 27-1-430 mg</i>	1	
<i>b-complex with vitamin c oral tablet , 400-500 mcg-mg</i>	0	covered at \$0 for ages 50 years and younger; OTC
CITRANATAL B-CALM (FE GLUC) ORAL TABLETS, SEQUENTIAL 20 MG IRON-1 MG - 25 MG/25 MG	3	
<i>classic prenatal oral tablet 28 mg iron- 800 mcg</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>c-nate dha oral capsule 28 mg iron- 1 mg -200 mg</i>	1	
<i>complete natal dha oral combo pack 29- 1-250-200 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>complex b-100 oral tablet extended release</i>	0	covered at \$0 for ages 50 years and younger; OTC
CONCEPT DHA ORAL CAPSULE 35-1-200 MG	3	
CONCEPT OB ORAL CAPSULE 85-1 MG	3	
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	1	
<i>dialyvite 800 oral tablet 0.8 mg</i>	0	covered at \$0 for ages 50 years and younger; OTC
DRISDOL ORAL CAPSULE 1,250 MCG (50,000 UNIT)	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 oral tablet 50 mg iron- 1.25 mg</i>	1	
ENBRACE HR ORAL CAPSULE,IR - DELAY REL,BIPHASE 1.5 MG IRON- 8.73 MG-6.4 MG	3	

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

Drug Name	Drug Tier	Requirements / Limits
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
FERAHEME INTRAVENOUS SOLUTION 510 MG/17 ML (30 MG/ML)	2	PA
<i>ferumoxytol intravenous solution 510 mg/17 ml (30 mg/ml)</i>	1	PA
FLORIVA (FLUORIDE- VITAMIN D3) ORAL DROPS 0.25 MG (0.55 MG)-400 UNIT/ML	3	OTC
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	0	covered at \$0 for ages 1-16 years; OTC
<i>fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	0	covered at \$0 for ages 1-16 years; OTC
<i>folic acid injection solution 5 mg/ml</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 oral capsule 85-1 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>foltabs 800 oral tablet 0.8-10-115 mg-mg-mcg</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>full spectrum b- vitamin c oral tablet 0.8 mg</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i>	1	
INFED INJECTION SOLUTION 50 MG/ML	2	PA
INJECTAFER INTRAVENOUS SOLUTION 50 IRON MG/ML	3	PA
<i>kobee oral tablet 0.4 mg</i>	0	covered at \$0 for ages 50 years and younger; OTC
KOSHER PRENATAL PLUS IRON ORAL TABLET 30 MG IRON- 1 MG	3	
<i>kpn oral tablet</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>ludent fluoride oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	0	covered at \$0 for ages 1-16 years; OTC
MARNATAL-F ORAL CAPSULE 60 MG IRON-1 MG	3	

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

Drug Name	Drug Tier	Requirements / Limits
MECOBALAMIN (VITAMIN B12) INJECTION RECON SOLN 10,000 MCG	3	
<i>m-natal plus oral tablet 27 mg iron- 1 mg</i>	1	
<i>multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml</i>	0	covered at \$0 for ages 1-16 years; OTC
<i>multi-vitamin with fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	0	covered at \$0 for ages 1-16 years; OTC
<i>multivitamins with fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	0	covered at \$0 for ages 1-16 years; OTC
<i>mvc-fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	0	covered at \$0 for ages 1-16 years; OTC
<i>mynatal oral capsule 65 mg iron- 1 mg</i>	1	
<i>mynatal plus oral tablet 65 mg iron- 1 mg</i>	1	
<i>mynatal-z oral tablet 65 mg iron- 1 mg</i>	1	
NASCOBAL NASAL SPRAY, NON-AEROSOL 500 MCG/SPRAY	2	QL
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET, CHEWABLE 28 MG IRON -1 MG	3	

Drug Name	Drug Tier	Requirements / Limits
<i>natural b-100 complex oral tablet 100 mg</i>	0	covered at \$0 for ages 50 years and younger; OTC
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE 27 MG IRON-1.13 MG- 581.92 MG	3	
NEONATAL COMPLETE ORAL TABLET 29-1 MG	3	
NEONATAL FE ORAL TABLET 90 MG-120 MG-12 MCG-1,000 MCG	3	
NEONATAL-DHA ORAL COMBO PACK 29-1-200-500 MG	3	
NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG -120 MG-180 MG	3	
NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG- 230MG	3	
NESTABS ONE ORAL CAPSULE 38-1-225 MG	3	
NESTABS ORAL TABLET 32-1,000 MG-MCG	3	
<i>newgen oral tablet 32-1,000 mg-mcg</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	Drug Name	Drug Tier	Requirements / Limits
OB COMPLETE ONE ORAL CAPSULE 40-10-1-300 MG	3		<i>pr natal 400 ec oral combo pack,tablet and cap,dr 29-1-400 mg</i>	1	
OB COMPLETE ORAL TABLET 50 MG IRON- 1.25 MG	3		<i>pr natal 400 oral combo pack 29-1-400 mg</i>	1	
OB COMPLETE PETITE ORAL CAPSULE 35 MG IRON-5 MG IRON-1 MG	3		<i>pr natal 430 ec oral combo pack,tablet and cap,dr 29-1-430 mg</i>	1	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	3		<i>pr natal 430 oral combo pack 29 mg iron-1 mg -430 mg</i>	1	
OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG	3		<i>prena1 chew oral tablet,chew,ir-dr,biphasic 1.4 mg</i>	1	
<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>prena1 pearl oral capsule,ir - delay rel,biphasic 30-1.4-200 mg</i>	1	
<i>perry prenatal oral capsule 13.5-0.4 mg</i>	0	covered at \$0 for ages 50 years and younger; OTC	<i>prena1 true oral combo pack 30 mg iron- 1.4 mg-300 mg</i>	1	
<i>pnv 29-1 oral tablet 29 mg iron- 1 mg</i>	1		PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	3	
<i>pnv-dha oral capsule 27 mg iron-1 mg -300 mg</i>	1		<i>prenatabs fa oral tablet 29-1 mg</i>	1	
<i>pnv-omega oral capsule 28-1-300 mg</i>	1		<i>prenatabs rx oral tablet 29 mg iron- 1 mg</i>	1	
<i>pnv-select oral tablet 27-1 mg</i>	1		<i>prenatal complete oral tablet 14 mg iron- 400 mcg</i>	0	covered at \$0 for ages 50 years and younger; OTC
			<i>prenatal multi-dha (algal oil) oral capsule 27mg iron-800 mcg-250 mg</i>	0	covered at \$0 for ages 50 years 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>prenatal multivitamins oral tablet 28 mg iron- 800 mcg</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>prenatal one daily oral tablet 27 mg iron- 800 mcg</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
<i>prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg</i>	1	
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG - 312 MG-250 MG	3	
<i>prenatal plus oral tablet 29 mg iron- 1 mg</i>	1	
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	0	OTC
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	1	
<i>prenatal vitamin with minerals oral tablet 28 mg iron- 800 mcg</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>prenatal vits96-iron fum-folic oral tablet 27 mg iron- 800 mcg</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>prenatal-u oral capsule 106.5-1 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
PRENATE AM ORAL TABLET 1- 500 MG	3	
PRENATE CHEWABLE ORAL TABLET,CHEWABLE 1 MG	3	
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE 18 MG IRON-1 MG -300 MG	3	
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG	3	
PRENATE ENHANCE ORAL CAPSULE 28 MG IRON- 1 MG-400 MG	3	
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE 18 MG IRON- 1 MG-300 MG	3	
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG	3	
PRENATE PIXIE ORAL CAPSULE 10 MG IRON- 1 MG-200 MG	3	

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

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG	3		SELECT-OB + DHA ORAL COMBO PACK 29 MG IRON-1 MG - 250 MG	3	
PRENATE STAR ORAL TABLET 20 MG IRON- 1 MG	3		SELECT-OB ORAL TABLET,CHEWABLE LE 29 MG IRON- 1 MG	3	
<i>preplus oral tablet 27 mg iron- 1 mg</i>	1		<i>se-natal 19 chewable oral tablet,chewable 29 mg iron- 1 mg</i>	1	
<i>pretab oral tablet 29-1 mg</i>	1		<i>se-natal-19 oral tablet 29 mg iron- 1 mg</i>	1	
PRIMACARE ORAL CAPSULE 30-1-300 MG	3		<i>stress formula oral tablet</i>	0	covered at \$0 for ages 50 years and younger; OTC
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG	3		<i>stress formula with iron oral tablet 500 mg-400 mcg- 18 mg iron</i>	0	covered at \$0 for ages 50 years and younger; OTC
PUREFE OB PLUS ORAL CAPSULE 106 MG IRON- 1 MG	3		<i>stress formula with iron(sulf) oral tablet 500 mg-400 mcg- 27 mg iron</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>rena-vite oral tablet 0.8 mg</i>	0	covered at \$0 for ages 50 years and younger; OTC	<i>super b complex- vitamin c oral tablet</i>	0	covered at \$0 for ages 50 years and younger; OTC
R-NATAL OB ORAL CAPSULE 20 MG IRON- 1 MG-320 MG	3		<i>super b maxi complex oral tablet 0.4 mg</i>	0	covered at \$0 for ages 50 years and younger; OTC
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE LE 29 MG IRON- 1 MG	3		<i>super quints b-50 oral tablet</i>	0	covered at \$0 for ages 50 years 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>super quints oral tablet 0.4 mg</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>taron-c dha oral capsule 35-1-200 mg</i>	1	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	3	
TRICARE ORAL TABLET 27 MG IRON- 1 MG	3	
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML	3	
<i>trinatal rx 1 oral tablet 60 mg iron-1 mg</i>	1	
<i>trinate oral tablet 28 mg iron- 1 mg</i>	1	
TRISTART DHA ORAL CAPSULE 31 MG IRON- 1 MG-200 MG	3	
<i>tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	0	covered at \$0 for ages 1-16 years; OTC
VENOFER INTRAVENOUS SOLUTION 100 MG IRON/5 ML, 200 MG IRON/10 ML, 50 MG IRON/2.5 ML	2	PA
<i>virt-c dha oral capsule 35-1-200 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>virt-nate dha oral capsule 28 mg iron-1 mg -200 mg</i>	1	
<i>virt-pn dha oral capsule 27 mg iron-1 mg -300 mg</i>	1	
<i>virt-pn plus oral capsule 28-1-300 mg</i>	1	
VITAFOL FE PLUS ORAL CAPSULE 90 MG IRON- 1 MG-200 MG	3	
VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON-0.33 MG	3	
VITAFOL NANO ORAL TABLET 18 MG IRON- 1 MG	3	
VITAFOL ULTRA ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	3	
VITAFOL-OB ORAL TABLET 65-1 MG	3	
VITAFOL-OB+DHA ORAL COMBO PACK 65-1-250 MG	3	
VITAFOL-ONE ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	3	
VITAMED MD ONE RX ORAL CAPSULE 30 MG IRON-1MG -200 MG	3	

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

Drug Name	Drug Tier	Requirements / Limits
VITAMEDMD REDICHEW RX ORAL TABLET,CHEW,IR - DR,BIPHASE 1.4 MG	3	
<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 0.4 mg</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>vitamins a,c,d and fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	0	covered at \$0 for ages 1-16 years; OTC
VITAPEarl ORAL CAPSULE,IR - DELAY REL,BIPHASE 30- 1.4-200 MG	3	

Drug Name	Drug Tier	Requirements / Limits
VITATRUE ORAL COMBO PACK 30 MG IRON- 1.4 MG- 300 MG	3	
VP-PNV-DHA ORAL CAPSULE 28 MG IRON- 1 MG-200 MG	3	
<i>westab plus oral tablet 27 mg iron- 1 mg</i>	1	
<i>westgel dha oral capsule 31 mg iron- 1 mg-200 mg</i>	1	
<i>zatean-pn dha oral capsule 27 mg iron- 1 mg -300 mg</i>	1	
<i>zatean-pn plus oral capsule 28-1-300 mg</i>	1	
<i>zingiber oral tablet 1.2 mg-40 mg- 124.1 mg-100 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.

Index

A	
abacavir	3
abacavir-lamivudine	4
abacavir-lamivudine-zidovudine	4
ABECMA	16
ABILIFY MYCITE	42
ABILIFY MYCITE MAINTENANCE KIT	42
ABILIFY MYCITE STARTER KIT	42
abiraterone	16
ABSORICA	69
ABSORICA LD	69
acamprosate	82
acarbose	98
ACCOLATE	144
ACCU-CHEK GUIDE L1-L2 CTRL SOL	90
ACCU-CHEK SMARTVIEW CONTRL SOL	90
ACCUPRIL	52
ACCURETIC	52
accutane	69
ACE AEROSOL CLOUD ENHANCER	89
acebutolol	52
acetaminophen-caff-dihydrocod	34
acetaminophen-codeine	34
acetazolamide	137, 138
acetic acid	82, 86
acetylcysteine	144
acitretin	66
ACTEMRA	119
ACTEMRA ACTPEN	119
ACTHIB (PF)	113
ACTICLATE	14
ACTIMMUNE	113
ACTIQ	34
ACTONEL	118
ACTOPLUS MET	98
ACTOS	98
ACULAR	137
ACULAR LS	137
acyclovir	4, 77
ACZONE	69
ADACEL(TDAP ADOLESN/ADULT)(PF)	113
ADAKVEO	16
ADALAT CC	52
adapalene	69, 70
ADAPALENE	70
adapalene-benzoyl peroxide	70
ADASUVE	42
ADDERALL XR	42
adefovir	4
ADEMPAS	144
ADHANSIA XR	42
ADRENALIN	144
adult aspirin regimen	37
ADVAIR DISKUS	144
ADVAIR HFA	144
ADVOCATE REDI-CODE+ CTRL LOW	90
ADZENYS XR-ODT	42
AEMCOLO	10
AEROCHAMBER MINI	89
AEROCHAMBER PLUS FLOW-VU	89
AEROCHAMBER PLUS Z STAT	89
AEROTRACH PLUS	89
AEROVENT PLUS	89
AFINITOR	16
AFINITOR DISPERZ	16
afirmelle	125
AFLURIA QD 2021-22(3YR UP)(PF)	113
AFLURIA QD 2021-22(6-35MO)(PF)	113
AFLURIA QUAD 2021-2022(6MO UP)	114
after pill	125
AFTERA	125
AGRYLIN	82
AKLIEF	70
ak-poly-bac	132
AKTEN (PF)	135
ala-cort	77
ALA-SCALP	77
albendazole	10
ALBENZA	10
albuterol sulfate	144, 145
ALCAINE	135
alclometasone	77
ALDACTAZIDE	52
ALDACTONE	52
ALDARA	113
ALECENSA	16
alendronate	119
ALFERON N	113
alfuzosin	150
ALINIA	10
aliskiren	52
ALKERAN	16
allopurinol	118
ALLZITAL	34
almotriptan malate	30
ALOCRIL	135
ALOGLIPTIN	98
ALOMIDE	135
alophen (bisacodyl)	102
ALORA	121
alosetron	102
ALPHAGAN P	141
alprazolam	42
alprazolam intensol	42
ALREX	140
altacaine	135
ALTACE	53
ALTAFLUOR BENOX	135
altavera (28)	125
ALTRENO	70
ALUNBRIG	16
ALVESCO	145
alvimopan	102
alyacen 1/35 (28)	125
alyacen 7/7/7 (28)	125
alyq	145
amabelz	122
amantadine hcl	4
AMARYL	98
ambrisentan	145
amcinonide	77
AMERGE	30
amethia	125

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

amethyst (28).....	125
amiloride.....	53
amiloride-hydrochlorothiazide	53
amiodarone	51
amitriptyline	42
amitriptyline-chlordiazepoxide	43
amlodipine.....	53
amlodipine-benazepril.....	53
amlodipine-olmesartan	53
amlodipine-valsartan	53
amlodipine-valsartan-hcthiazid	53
ammonium lactate	68
amnesteem.....	70
amoxapine	43
amoxicil-clarithromy-lansopraz	108
amoxicillin.....	12, 13
amoxicillin-pot clavulanate..	13
amphetamine sulfate.....	43
AMZEEQ	70
ANAFRANIL.....	43
anagrelide	82
ANA-LEX KIT	102
ANALPRAM-HC.....	66, 102
ANALPRAM-HC SINGLES	102
ANAPROX DS	37
anaspaz	100
anastrozole.....	16
ANDRODERM	95
ANGELIQ	122
ANORO ELLIPTA	145
ANTARA	63
anucort-hc.....	102
apexicon e.....	77
APLENZIN	43
apraclonidine	142
aprepitant.....	102
apri.....	125
APRISO.....	102
APTENSIO XR.....	43
APTIVUS	4
aqua care sodium chloride....	82
aqua care sterile water.....	82
aranelle (28).....	125

ARAVA.....	119
ARAZLO.....	70
arformoterol.....	145
ARICEPT	31
ariPIPRAZOLE.....	43
ARIIXTRA	60
armodafinil	43
ARMOUR THYROID	100
ARNUITY ELLIPTA.....	145
AROMASIN.....	16
ARTHROTEC 50	37
ARTHROTEC 75	38
ASCENIV.....	114
ascomp with codeine	34
asenapine maleate.....	43
ashlyna.....	125
ASMANEX HFA	145
ASMANEX TWISTHALER	145
ASPARLAS.....	16
aspirin	38
aspirin low dose.....	38
aspirin-dipyridamole	60
aspir-trin	38
ASTAGRAF XL.....	17
AT HOME A1C	90
atazanavir.....	4
ATELVIA.....	119
atenolol	53
atenolol-chlorthalidone.....	53
ATIVAN.....	43
atomoxetine	43
atorvastatin	63
atovaquone.....	10
atovaquone-proguanil.....	10
ATROPINE	134
ATROVENT HFA	145
AUBAGIO.....	111
aubra	125
aubra eq	125
AUGMENTIN	13
AUGMENTIN XR	13
aurovela 1.5/30 (21)	125
aurovela 1/20 (21)	125
aurovela 24 fe	125
aurovela fe 1.5/30 (28)	125
aurovela fe 1-20 (28)	125
AURYXIA.....	102

AUTOJECT 2 INJECTION DEVICE	90
AUTOPEN 1 TO 21 UNITS	91
avar	70
AVAR.....	70
AVAR LS	70
AVAR-E GREEN.....	70
AVAR-E LS	70
aviane.....	126
avidoxy	14
AVIDOXY DK.....	14
avita	70
AVITA.....	70
AVSOLA	102
AYGESTIN	122
ayuna.....	126
AYVAKIT	17
AZASAN	17
AZASITE	132
azathioprine	17
azelaic acid	70
azelastine	84, 135
azelastine-fluticasone	145
AZELEX.....	70
AZILECT	28
azithromycin	9
AZOPT	138
AZULFIDINE	102
AZULFIDINE EN-TABS ..	102
azurette (28).....	126
B	
b complex 1 (with folic acid)	152
b complex-vitamin b12.....	152
b complex-vitamin c-folic acid	152
bacitracin	132
bacitracin-polymyxin b.....	132
baclofen	33
BACTRIM	14
BACTRIM DS	14
BAFIERTAM	111
balanced b-100.....	153
balanced b-100 complex....	152
balanced b-50.....	153
bal-care dha	153
BAL-CARE DHA ESSENTIAL.....	153

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

balsalazide	102	betaxolol	53, 134	BROVANA	146
BALVERSA.....	17	bethanechol chloride.....	151	BRUKINSA.....	17
balziva (28).....	126	BETHKIS	10	BRYHALI	77
BAQSIMI.....	90	BETOPTIC S.....	134	budesonide	103, 146
BARACLUDE	4	bexarotene	17	bumetanide	53
BASAGLAR KWIKPEN U- 100 INSULIN.....	93	BEXSERO.....	114	buprenorphine	34
bayer aspirin	38	bicalutamide	17	buprenorphine hcl	34
BCG VACCINE, LIVE (PF)	114	BIDIL	53	buprenorphine-naloxone.....	38
b-complex with vitamin c... <td>153</td> <td>BIKTARVY</td> <td>4</td> <td>bupropion hcl.....</td> <td>43</td>	153	BIKTARVY	4	bupropion hcl.....	43
BD INTEGRA NEEDLE	91	bimatoprost.....	138	BUPROPION HCL	43
BD MICROTAINER LANCET	91	BINOSTO.....	119	bupropion hcl (smoking deter)	83
BD SPECIALTY USE NEEDLES	91	BIOTHRAX	114	buspirone	43
BD ULTRA FINE LANCETS	91	bisacodyl.....	102	butalbital compound w/codeine	34
BD ULTRA-FINE NANO PEN NEEDLE.....	91	bisa-lax (bisacodyl)	102	butalbital-acetaminop-caf-cod	34
BELBUCA	34	bisoprolol fumarate.....	53	butalbital-acetaminophen	34
belladonna alkaloids-opium	101	bisoprolol-hydrochlorothiazide	53	butalbital-acetaminophen-caff	34
BELRAPZO	17	BLEPH-10	141	butalbital-aspirin-caffeine....	35
benazepril	53	BLEPHAMIDE	141	C	
benazepril-hydrochlorothiazide	53	BLEPHAMIDE S.O.P.....	141	cabergoline	95
BENDEKA.....	17	blisovi 24 fe	126	CABLIVI	60
BENZACLIN	70	blisovi fe 1.5/30 (28)	126	CABOMETYX.....	17
BENZACLIN PUMP	70	BONIVA	119	CAFERGOT	30
benzepro	70	BONJESTA	103	caffeine citrate	82
BENZEPRO (MICROSPHERES).....	70	BOOSTRIX TDAP.....	114	CALAN SR	53
BENZNIDAZOLE	10	bosentan.....	145	calcipotriene	66
benzonatate.....	143	BOSULIF	17	calcipotriene-betamethasone	66
benzoyl peroxide	70	bp 10-1.....	70	calcitonin (salmon)	95
benztropine	28	BRAFTOVI	17	calcitriol	66, 95
BEOVU	135	BREATHERITE MDI SPACER.....	89	calcium acetate(phosphat bind)	103
bepotastine besilate	135	BREEZE 2 CONTROL SOLUTION,HIGH	91	CAMBIA	38
BEPREVE	135	BREO ELLIPTA	145	camila	122
beser	77	BREYANZI.....	17	camrese	126
BETADINE OPHTHALMIC PREP	132	BREZTRI AEROSPHERE.	146	camrese lo	126
betamethasone dipropionate.	77	briellyn.....	126	candesartan	53
betamethasone valerate	77	BRILINTA	60	candesartan-hydrochlorothiazid	53
betamethasone, augmented... <td>77</td> <td>brimonidine</td> <td>142</td> <td>CANTHARIDIN IN ACETONE</td> <td>68</td>	77	brimonidine	142	CANTHARIDIN IN ACETONE	68
BETAPACE	51	BRIMONIDINE- DORZOLAMIDE (PF)...	138	CAPCOF.....	143
BETAPACE AF	51	brinzolamide	138	capecitabine	17
BETASERON	111	BROMFED DM	143	CAPEX.....	77
		bromfenac	137	CAPRELSA.....	17
		bromocriptine	28	captopril.....	53
		brompheniramine-pseudoeph- dm	143		

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

captotril-hydrochlorothiazide	54	cetirizine	142	CLENPIQ	103
CARAFATE.....	108	cevimeline	82	CLEOCIN.....	124
carbamazepine.....	23, 24	charlotte 24 fe	126	CLEOCIN HCL.....	11
CARBATROL.....	24	chateal (28).....	126	CLEOCIN PEDIATRIC.....	11
carbidopa	28	chateal eq (28).....	126	CLEOCIN T	70
carbidopa-levodopa	28	CHENODAL	103	CLEVER CHOICE LEVEL 2	
carbidopa-levodopa-		children's aspirin.....	38	CONTROL	91
entacapone.....	28	chlordiazepoxide-clidinium	101	CLIMARA.....	122
carbinoxamine maleate.....	142	chlorhexidine gluconate	85	CLINDACIN ETZ.....	71
CARDIZEM	54	chloroquine phosphate.....	11	clindacin p	71
CARDIZEM CD	54	chlorpromazine	43	CLINDACIN PAC	71
CARDIZEM LA.....	54	chlorthalidone	54	clindamycin hcl	11
CARDURA	54	chlorzoxazone.....	33	clindamycin pediatric	11
CARDURA XL.....	54	cholestyramine (with sugar)	63	clindamycin phosphate	71, 124
carisoprodol-aspirin.....	33	cholestyramine light	63	clindamycin-benzoyl peroxide	71
carisoprodol-aspirin-codeine	33	choline,magnesium salicylate	38	clindamycin-tretinooin	71
CARNITOR	82	CHORIONIC		CLINDESSE.....	124
CARNITOR (SUGAR-FREE)		GONADOTROPIN,		CLINPRO 5000	85
.....	82	HUMAN	95	clobazam.....	24
CAROSPIR	54	cyclodan	75	clobetasol	77, 78
carteolol.....	134	CICLODAN KIT.....	75	clobetasol-emollient	78
cartia xt.....	54	ciclopirox.....	75	CLOBEX	78
carvedilol.....	54	ciclopirox-ure-camph-menth-		clodan	78
carvedilol phosphate.....	54	euc	75	CLODAN KIT.....	78
CASODEX	17	cilostazol.....	60	CLODERM.....	78
cataflam	38	CILOXAN	132	clomipramine	43
CATAPRES-TTS-1.....	54	CIMDUO	4	clonazepam	24
CATAPRES-TTS-2.....	54	cimetidine	108	clonidine	54
CATAPRES-TTS-3.....	54	cimetidine hcl	108	clonidine hcl	44, 54
CAYA CONTOURED	121	CIPRO	13	clopидogrel	60
caziant (28).....	126	CIPRO HC.....	86	clorazepate dipotassium	44
cefaclor.....	8	CIPRODEX	86	clotrimazole	3, 75
cefadroxil.....	8	ciprofloxacin hcl	13, 86, 132	clotrimazole-betamethasone	75
cefdinir	8	ciprofloxacin-dexamethasone		clozapine	44
cefditoren pivoxil	8	87		CLOZARIL	44
cefixime	8	citalopram	43	c-nate dha	153
cefpodoxime	8	CITRANATAL B-CALM (FE		codeine sulfate	35
cefprozil.....	8	GLUC).....	153	codeine-butalbital-asa-caff	35
cefuroxime axetil	8	citrate of magnesia.....	103	CODITUSSIN DAC	143
celecoxib.....	38	citroma.....	103	COLAZAL	103
CELLCEPT	17	claravis.....	70	colchicine	118
CELONTIN	24	CLARINEX	142	COLESTID	63
CENTANY	74	CLARINEX-D 12 HOUR	143	COLESTID FLAVORED	63
CENTANY AT	74	clarithromycin	9	colestipol	63
cephalexin.....	9	classic prenatal	153	COMBIGAN	138
CEQUA	135	clearlax	103	COMBIVENT RESPIMAT	146
CEQUR SIMPLICITY	91	clemastine	142	COMBIVIR	4

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

COMETRIQ	17
COMPACT SPACE CHAMBER	89
COMPАЗINE	103
complete natal dha.....	153
complex b-100.....	153
compro.....	103
COMTAN	29
CONCEPT DHA	153
CONCEPT OB	153
CONDYLOX	68
CONSENSI	54
constulose.....	103
CONTOUR CONTROL SOLUTION, NML	91
CONZIP	38
COPAXONE	111
COPIKTRA.....	17
COREG CR.....	54
coremino.....	14
CORGARD	54
CORTANE-B	69
CORTEF	87
CORTENEMA	103
CORTISPORIN-TC	87
COSELA	17
COTELLIC.....	18
COTEMPLA XR-ODT	44
covaryx.....	122
covaryx h.s.	122
CREON	103
cromolyn.....	103, 135, 146
crotan.....	81
cryselle (28).....	126
CUROSURF.....	146
cyanocobalamin (vitamin b-12)	153
cyclafem 1/35 (28)	126
cyclafem 7/7/7 (28)	126
cyclobenzaprine.....	33
CYCLOGYL	134
CYCLOMYDRIL	142
cyclopentolate.....	134
CYCLOPENT-TROPIC- PHENYLEPH-WATR ...	134
CYCLOPENT-TROPIC- PHEN-KETR-WAT	134
cyclophosphamide	18
CYCLOPHOSPHAMIDE	18
CYCLOCOP-TROP-PROPA- PHEN-KET-WAT	134
CYCLOSERINE	11
CYCLOSET	98
cyclosporine.....	18
CYCLOSPORINE IN KLARITY	135
cyclosporine modified	18
cyproeptadine	142
cyred	126
cyred eq	126
CYSTAGON	151
CYTOTEC.....	108
D	
D.H.E.45	30
dalfampridine.....	31
danazol.....	95
DANTRIUM	33
dantrolene	33
DANYELZA	18
dapsone	11, 71
DAPTACEL (DTAP) PEDIATRIC) (PF).....	114
DARAPRIM	11
darifenacin.....	150
DARZALEX FASPRO	18
dasetta 1/35 (28)	126
dasetta 7/7/7 (28)	126
DAURISMO.....	18
DAYPRO	38
daysee	126
DAYTRANA	44
DAYVIGO	44
DDAVP	96
deblitane	122
decadron	87
deferiprone.....	82
DELESTROGEN	122
demeclacycline	14
DEMSER	54
DENAVIR	77
denta 5000 plus.....	85
dentagel	85
DEPAKOTE	24
DEPAKOTE ER	24
DEPAKOTE SPRINKLES... <td>24</td>	24
DEPEN TITRATABS	119
DEPO-ESTRADIOL	122
DEPO-PROVERA.....	122
DEPO-SUBQ PROVERA	104
.....	122
DEPO-TESTOSTERONE....	96
DERMA-SMOOTH/EFS BODY OIL	78
DERMA-SMOOTH/EFS SCALP OIL	78
DERMOTIC OIL.....	86
DESCOVERY	4
desipramine.....	44
desloratadine.....	142
desmopressin	96
desog-e.estriadiol/e.estriadiol	126
desogestrel-ethinyl estradiol	126
DESONATE	78
desonide	78
DESOWEN	78
desoximetasone.....	78
DESOXYN	44
desrx	78
DESVENLAFAXINE	44
desvenlafaxine succinate	44
dexabliss	87
dexamethasone	87
dexamethasone intensol.....	87
dexamethasone sodium phosphate	140
DEXAMETH-	
MOXIFLOX(PF)-	
NACL,ISO	139
DEXAMET-MOXIFL-	
KETORO-NACL(PF)....	136
dexchlorpheniramine maleate	142
DEXCOM G4 RECEIVER ..	91
DEXCOM G4 TRANSMITTER	91
DEXCOM G5 RECEIVER ..	91
DEXCOM G5-G4 SENSOR	91
DEXCOM G6 RECEIVER ..	91
DEXCOM G6 SENSOR.....	91
DEXCOM G6 TRANSMITTER	91
DEXCOM RECEIVER	91

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

DEXEDRINE SPANSULE	44	disulfiram	82	dvorah	35
dexamethylphenidate	44	DITROPAN XL	150	DXEVO	87
DEXTENZA	140	DIURIL	55	DYANAVEL XR	45
dextroamphetamine	44	divalproex	24, 25	DYMISTA	146
dextroamphetamine-		dofetilide	52	DYRENIUM	55
amphetamine	44, 45	DOJOLVI	152	E	
DEXYCU (PF)	140	dolishale	126	e.e.s. 400	9
DIACOMIT	24	donepezil	31, 32	E.E.S. GRANULES	9
dialyvite 800	153	DOPTELET (15 TAB PACK)		EASIVENT HOLDING	
DASTAT	24		60	CHAMBER	89
DASTAT ACUDIAL	24	DORYX	14	EASY STEP HIGH	
diazepam	24, 45	DORYX MPC	14	CONTROL SOLN	91
diazepam intensol	45	dorzolamide	138	EASY TOUCH BLU CTRL	
diazoxide	90	DORZOLAMIDE (PF)	138	SOLN-L1,L3	91
DIBENZYLINE	55	dorzolamide-timolol	138	EASY TRAK II CTRL SOLN-	
diclofenac potassium	38	dorzolamide-timolol (pf)	138	NORMAL	91
diclofenac sodium	38, 137	DORZOLAMIDE-TIMOLOL		EASYGLUCO PLUS	
diclofenac-misoprostol	38	(PF)	138	NORMAL CONTROL	91
dicloxacillin	13	dotti	122	ECLIPSE NEEDLE	91
dicyclomine	101	DOVATO	4	EC-NAPROSYN	39
didanosine	4	DOVONEX	66	econazole	75
DIFFERIN	71	doxazosin	55	econtra ez	126
DIFICID	9	doxepin	45	econtra one-step	127
diflorasone	78	doxercalciferol	96	ecotrin	39
DIFLUCAN	3	doxycycline hyclate	14	ecotrin low strength	39
diflunisal	39	doxycycline monohydrate	14	EDARBI	55
difluprednate	140	doxylamine-pyridoxine (vit b6)		EDECIRIN	55
digitek	60		103	EDLUAR	45
digox	60	DRISDOL	153	ed-spaz	101
digoxin	60	dronabinol	103	EDURANT	4
dihydroergotamine	30	drospirenone-ethynodiol		eemt	122
DILANTIN	24		126	eemt hs	122
DILANTIN EXTENDED	24	DROXIA	18	efavirenz	4
DILANTIN INFATABS	24	droxidopa	82	efavirenz-emtricitab-tenofov	
DILANTIN-125	24	DSUVIA	35		4
DILAUDID	35	DUET DHA BALANCED	153	efavirenz-lamivu-tenofov disop	
diltiazem	55	DUET DHA WITH OMEGA-3			4
dilt-xr	55	DUETACT	98	effer-k	151
dimethyl fumarate	111	DUEXIS	39	EFFIENT	60
DIPENTUM	103	dulcolax (magnesium		EFUDEX	69
DIPHEN	142	hydroxide)	104	EGRIFTA SV	110
diphenoxylate-atropine	101	DULERA	146	ELEMENT COMPACT	
DIPROLENE		duroxetine	45	NORMAL CONTROL	91
(AUGMENTED)	78	DUOBRII	78	eletriptan	30
dipyridamole	60	DUREZOL	140	ELIMITE	81
DISALCID	39	dutasteride	150	elinest	127
diskets	35	dutasteride-tamsulosin	150	ELIQUIS	61
disopyramide phosphate	51				

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

ELIQUIS DVT-PE TREAT	
30D START	61
elite-ob.....	153
ELIXOPHYLLIN.....	146
ELLA.....	127
ELMIRON.....	151
eluryng.....	124
ELZONRIS	18
EMBRACE EVO LEVEL 1.92	
EMBRACE TALK	
CONTROL-LOW (L1)	92
EMCYT.....	18
EMGALITY PEN	30
EMGALITY SYRINGE.....	30
emoquette	127
EMSAM	45
emtricitabine.....	4
emtricitabine-tenofovir (tdf)...4	
EMTRIVA.....	4
EMVERM	11
enalapril maleate	55
enalapril-hydrochlorothiazide	55
ENBRACE HR.....	153
ENBREL	119
ENBREL MINI	119
ENBREL SURECLICK	120
endocet	35
ENDOMETRIN	122
ENGERIX-B (PF)	114
ENGERIX-B PEDIATRIC (PF).....	114
ENHERTU	18
ENLITE SYSTEM	92
enoxaparin	61
enpresse	127
enskyce.....	127
ENSPRYNG.....	18
ENSTILAR	67
entacapone	29
entecavir	5
ENTEREG.....	104
ENTOCORT EC	104
ENTRESTO	65
enulose.....	104
ENZOCLEAR	71
EPCLUSA	5
EPIDIOLEX	25
EPIFOAM	67
epinastine.....	136
epinephrine	142
epinephrine hcl	146
EPIPEN 2-PAK	142
EPIPEN JR 2-PAK.....	142
EPISIL	85
epitol	25
EPIVIR	5
EPIVIR HBV	5
eplerenone	55
eprosartan	55
EPZICOM	5
EQUETRO	25
ergocalciferol (vitamin d2).154	
ergoloid.....	45
ERGOMAR	30
ergotamine-caffeine.....	30
ERIVEDGE	18
erlotinib	18
errin	122
ery pads.....	71
erygel	71
ERYPED 200	9
ERYPED 400	9
ery-tab.....	9
ERY-TAB.....	10
erythrocin (as stearate)	10
erythromycin	10, 132
erythromycin ethylsuccinate.10	
erythromycin with ethanol....	71
escitalopram oxalate	45
ESGIC	35
esomeprazole magnesium...109	
estarrylla	127
ESTRACE	122
estradiol	122, 123
estradiol valerate.....	123
estradiol-norethindrone acet	123
estrogens-methyltestosterone	123
eszopiclone	45
ethacrynic acid.....	55
ethambutol.....	11
ethosuximide	25
ethynodiol diac-eth estradiol	127
etodolac.....	39
etonogestrel-ethinyl estradiol	124
etoposide	18
etravirine.....	5
EUFLAXXA	39
EURAX	81
euthyrox	100
EVEKEO	45
EVEKEO ODT	45
everolimus (antineoplastic) ..18	
everolimus (immunosuppressive) ..	18
EVERSENSE SENSOR-HOLDER	92
EVISTA.....	119
EVKEEZA.....	63
EVOCLIN.....	71
EVOTAZ	5
EVOXAC	82
EVRYSDI.....	32
EXELDERM	75
EXELON PATCH	32
exemestane	18
EXTINA	75
EYSUVIS	140
ezetimibe.....	63
F	
FABIOR	71
FACTIVE	13
falmina (28)	127
famciclovir.....	5
famotidine	109
FANAPT	45
FARXIGA	98
FARYDAK.....	18
FC2 FEMALE CONDOM .121	
febuxostat	118
felbamate	25
FELBATOL	25
FELDENE	39
felodipine	55
fem ph.....	124
FEMARA	18
FEMCAP	121
FEMHRT LOW DOSE	123
femynor.....	127
fenofibrate.....	63

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

FENOFIBRATE.....	63
fenofibrate micronized	63
fenofibrate nanocrystallized.	63
fenofibric acid	63
fenofibric acid (choline).....	63
FENOGLIDE	63
fenoprofen	39
fentanyl.....	35
fentanyl citrate.....	35
FERAHEME	154
FERRIPROX.....	82
FERRLECIT.....	82
ferumoxytol	154
FETZIMA	45, 46
FEXMID	33
FIBRICOR	63
FINACEA	71
finasteride.....	150
FIORICET	35
FIORICET WITH CODEINE	35
flac otic oil.....	86
FLAGYL	11
flavoxate.....	150
flecainide	52
FLECTOR	39
FLEXICHAMBER.....	89
FLOLIPID	64
FLOMAX	150
FLORIVA (FLUORIDE-VITAMIN D3)	154
FLOVENT DISKUS	146
FLOVENT HFA.....	146
FLUAD QUAD 2021-22(65Y UP)(PF)	114
FLUARIX QUAD 2021-2022 (PF).....	114
FLUBLOK QUAD 2021-2022 (PF).....	114
FLUCELVAX QUAD 2021-2022	115
FLUCELVAX QUAD 2021-2022 (PF).....	114
fluconazole	3
fludrocortisone	87
FLULAVAL QUAD 2021-2022 (PF).....	115
FLUMADINE	5
fluocinolone.....	79
fluocinolone acetonide oil ...	86
fluocinolone and shower cap	79
fluocinonide.....	79
fluocinonide-e.....	79
FLUORESCEIN-BENOXINATE	136
fluoride (sodium).....	85, 154
FLUORIDEX DAILY DEFENSE	85
FLUORIDEX SENSITIVITY RELIEF	85
fluorometholone	140
FLUOROPLEX	69
fluorouracil	69
fluoxetine.....	46
fluphenazine hcl	46
flurazepam.....	46
flurbiprofen.....	39
flurbiprofen sodium.....	137
flutamide.....	18
fluticasone propionate ..	79, 146
fluticasone propion-salmeterol	146
fluvastatin	64
fluvoxamine.....	46
FLUZONE HIGHDOSE QUAD 21-22 PF.....	115
FLUZONE QUAD 2021-2022	115
FLUZONE QUAD 2021-2022 (PF).....	115
FORA GTEL MULTI-FUNCTN MONITOR	92
FORA KETONE CONTROL SOLN-L1	92
FORA TN'G ADVANCE PRO MONITOR	92
FORFIVO XL.....	46
formoterol fumarate.....	147
FORTESTA.....	96
FOSAMAX	119
FOSAMAX PLUS D.....	119
fosamprenavir	5
fosinopril.....	55
fosinopril-hydrochlorothiazide	55
FREESTYLE FREEDOM....	92
FREESTYLE FREEDOM LITE	92
FREESTYLE INSULINX...88,	92
FREESTYLE INSULINX TEST STRIPS	88
FREESTYLE LIBRE 14 DAY READER	92
FREESTYLE LIBRE 14 DAY SENSOR.....	92
FREESTYLE LIBRE 2 READER	92
FREESTYLE LIBRE 2 SENSOR.....	92
FREESTYLE LITE METER92	
FREESTYLE LITE STRIPS 88	
FREESTYLE TEST	88
FROVA.....	30
frovatriptan	30
full spectrum b-vitamin c....	154
FULPHILA.....	110
FURADANTIN	15
furosemide	55, 56
FUZEON	5
fyavolv	123
G	
gabapentin.....	25
GABITRIL	25
galantamine.....	32
GALZIN	152
GARDASIL 9 (PF).....	115
GASTROCROM	104
gatifloxacin	132
GATTEX 30-VIAL	104
gavilax	104
GAVRETO	18
GELCLAIR	85
GELNIQUE	150
GELX	85
gemfibrozil	64
gummily	127
GEMTESA	150
generlac.....	104

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

gengraf.....	18
GENOTROPIN	111
GENOTROPIN MINIQUICK	111
gentak	132
gentamicin	75, 132
GENTEEL VACUUM LANCING DEVICE	92
gentle laxative (bisacodyl)	104
gentlelax	104
GENVOYA	5
GEODON	46
GILENYA	111
GIOTRIF	19
GIVLAARI.....	82
glatiramer	111
glatopa	111
GLEOLAN	83
GLEOSTINE	19
glimepiride	98
glipizide	98
glipizide-metformin.....	98
GLOPERBA.....	118
GLUCAGEN DIAGNOSTIC KIT	89
GLUCAGEN HYPOKIT	90
GLUCAGON (HCL) EMERGENCY KIT	90
glucagon emergency kit (human)	90
GLUCAGON HCL	89
GLUCOTROL.....	98
GLUCOTROL XL	98
glyburide.....	98
glyburide micronized.....	98
glyburide-metformin	98
glydo.....	74
GLYNASE	98
GLYXAMBI	98
GOJJI MULTI-FUNCTIONAL METER	92
GONITRO	65
GRALISE	25
gransetron hcl.....	104
griseofulvin microsize	3
griseofulvin ultramicrosize.....	3
guanfacine	46, 56
GVOKE HYPOPEN 2-PACK	90
GVOKE PFS 2-PACK SYRINGE.....	90
GYZNAZOLE-1	124
gynol ii.....	124
H	
hailey	127
hailey 24 fe	127
hailey fe 1.5/30 (28)	127
hailey fe 1/20 (28)	127
halcinonide	79
halobetasol propionate.....	79
HALOBETASOL PROPIONATE	79
HALOG	79
haloperidol	46
haloperidol lactate	46
HAVRIX (PF)	115
healthylax	104
heather	123
hemmorex-hc	104
hep flush-10 (pf)	61
heparin (porcine)	61
HEPARIN (PORCINE) IN 0.9% NaCl	61
heparin (porcine) in 5 % dex	61
heparin (porcine) in nacl (pf)	61
heparin flush(porcine)-0.9nacl	61
heparin lock flush (porcine)	61
heparin lockflush(porcine)(pf)	61
heparin(porcine) in 0.45% nacl	62
HEPARIN(PORCINE) IN 0.45% NaCl	62
heparin, porcine (pf)	62
HEPARIN, PORCINE (PF)	62
HEPLISAV-B (PF).....	115
HEPSERA	5
HETLIOZ	46
HETLIOZ LQ	46
HIBERIX (PF).....	115
hidex	87
HISTEX-AC	143
homatropaire	135
HORIZANT	32
HUMALOG JUNIOR	
KWIKPEN U-100	93
HUMALOG KWIKPEN	
INSULIN	93
HUMALOG MIX 50-50	
INSULN U-100	93
HUMALOG MIX 50-50	
KWIKPEN.....	93
HUMALOG MIX 75-25	
KWIKPEN.....	93
HUMALOG MIX 75-25(U-100)INSULN	93
HUMALOG U-100 INSULIN	93, 94
HUMIRA	120
HUMIRA PEN	120
HUMIRA PEN CROHNS-UCHS START	120
HUMIRA PEN PSOR-UVEITS-ADOL HS	120
HUMIRA(CF)	120
HUMIRA(CF) PEDI CROHNS STARTER	120
HUMIRA(CF) PEN	120
HUMIRA(CF) PEN CROHNS-UC-HS	120
HUMIRA(CF) PEN PEDIATRIC UC	120
HUMIRA(CF) PEN PSOR-UV-ADOL HS	120
HUMULIN 70/30 U-100 INSULIN	94
HUMULIN 70/30 U-100 KWIKPEN	94
HUMULIN N NPH INSULIN KWIKPEN	94
HUMULIN N NPH U-100 INSULIN	94
HUMULIN R REGULAR U-100 INSULN	94
HUMULIN R U-500 (CONC) INSULIN	94
HUMULIN R U-500 (CONC) KWIKPEN	94
HYCODAN (WITH HOMATROPINE)	143
hydralazine	56
HYDREA	19

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

hydrochlorothiazide.....	56	INBRIJA.....	29	isosorbide dinitrate	65
hydrocodone bitartrate.....	35	incassia	123	isosorbide mononitrate	65
hydrocodone-acetaminophen	35, 36	INCRUSE ELLIPTA.....	147	isotretinoin	71
hydrocodone-homatropine .	143	indapamide	56	isoxsuprine	124
hydrocodone-ibuprofen	36	INDOCIN	39	isradipine	56
hydrocortisone	79, 87, 104	indomethacin	39	itraconazole.....	3
hydrocortisone acetate.....	104	INFANRIX (DTAP) (PF)...	115	ivermectin	11, 72, 81
hydrocortisone butyrate.....	79	INFASURF.....	83	IXIARO (PF)	115
hydrocortisone butyr-emollient	79	INFED	154	J	
hydrocortisone valerate ..	79, 80	INFINITY VOICE CTRL		jaimiess	127
hydrocortisone-acetic acid....	86	SOLN-LVL 2	92	JAKAFI	19
hydrocortisone-pramoxine ..	67, 104	INGREZZA	32	JALYN	150
hydromet.....	143	INGREZZA INITIATION		JANSSEN COVID-19	
hydromorphone	36	PACK	32	VACCINE (EUA)	115
hydroxocobalamin.....	154	INJECTAFER	154	jantoven	62
hydroxychloroquine	11	INLYTA	19	JANUMET	98
HYDROXYCHLOROQUINE		INOVA	71	JANUMET XR	98
.....	11	INOVA 4-1.....	68	JANUVIA.....	98
hydroxyurea.....	19	INOVA 8-2.....	68	JARDIANCE	99
hydroxyzine hcl.....	142	INPEN (FOR HUMALOG) .	92	jasmiel (28).....	127
hydroxyzine pamoate	142	INPEN (FOR NOVOLOG OR		JEMPERLI	19
hyphen	151	FIASP).....	92	jencycla.....	123
hyoscyamine sulfate	101	INSPIRACHAMBER.....	89	jinteli.....	123
hyosyne	101	INSPRA	56	jolessa	127
HYPER-SAL.....	147	INSULIN SYRINGE-		JORNAY PM.....	47
HYSINGLA ER	36	NEEDLE U-100	89	juleber	127
I		INTELENCE	5	JULUCA	5
ibandronate	119	INVEGA.....	46	junel 1.5/30 (21)	127
IBRANCE	19	INVELTYS	140	junel 1/20 (21)	127
ibu.....	39	INVIRASE	5	junel fe 1.5/30 (28)	127
ibuprofen	39	iodine-sodium iodide.....	69	junel fe 1/20 (28)	127
ibuprofen-famotidine.....	39	IODOFLEX	69	junel fe 24	127
iclevia	127	IODOSORB.....	69	K	
ICLUSIG	19	IOPIDINE.....	142	kaitlib fe	127
icosapent ethyl.....	64	IPOL	115	KALETRA	5
IDHIFA	19	ipratropium bromide....	85, 147	kalliga	127
ILEVRO	137	ipratropium-albuterol.....	147	KALYDECO	147
imatinib	19	irbesartan	56	KANJINTI	19
imipramine hcl.....	46	irbesartan-hydrochlorothiazide		KAPVAY	47
imipramine pamoate	46	56	KARBINAL ER	143
imiquimod	113	IRESSA	19	kariva (28)	128
IMOVAX RABIES VACCINE		ISENTRESS	5	KEFLEX.....	9
(PF).....	115	ISENTRESS HD	5	kelnor 1/35 (28)	128
IMPOYZ	80	isibloom.....	127	kelnor 1-50 (28).....	128
IMURAN.....	19	isoniazid.....	11	KENALOG.....	80
		ISOPTO CARPINE.....	135	KESIMPTA PEN.....	111
		ISORDIL	65	KETAMINE	47
		ISORDIL TITRADOSE	65	ketoconazole	3, 76

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

ketodan	76	lamotrigine.....	25, 26	levora-28	128
ketodan kit	76	LANCETS	92	levo-t.....	100
ketoprofen.....	39	LANCING DEVICE	92	levothyroxine	100
ketorolac	137	LANOXIN.....	60	levoxyl	100
KINRIX (PF).....	116	lansoprazole.....	109	LEVSIN	101
KITABIS PAK	11	LANTUS SOLOSTAR U-100 INSULIN	94	LEVSIN/SL	101
KLARITY-A (AZITHRO- CHONDR)(PF)	136	LANTUS U-100 INSULIN ..	94	LEXETTE.....	80
KLARITY-B (BETAMETH- CHOND)(PF)	136	lapatinib	19	LEXIVA	6
KLARITY-L (LOTEPRED- CHOND)(PF)	136	larin 1.5/30 (21).....	128	LICART.....	40
KLARON	75	larin 1/20 (21).....	128	lidocaine	74
KLONOPIN	25	larin 24 fe.....	128	lidocaine hcl.....	74
klor-con	152	larin fe 1.5/30 (28).....	128	lidocaine hcl-hydrocortison ac	74, 105
klor-con 10	152	larin fe 1/20 (28).....	128	LIDOCAINE HCL- HYDROCORTISON AC105	
klor-con 8	152	larissia.....	128	lidocaine viscous	74
klor-con m10	152	LASIX	56	lidocaine-hydrocortisone-aloe	105
klor-con m15	152	latanoprost	138	LIDOCAINE- PHENYLEPHRIN-BSS(PF)	136
klor-con m20	152	LATANOPROST (PF)	138	lidocaine-phenylephrn in water	136
klor-con/ef	152	LATUDA.....	47	lidocaine-prilocaine	74
kobee	154	laxaclear.....	104	lidocort.....	74
KOSELUGO	19	laxative (bisacodyl) ...	104, 105	lillow (28)	128
KOSHER PRENATAL PLUS IRON	154	laxative peg 3350.....	105	lindane	81
K-PHOS NO 2.....	151	layolis fe	128	linezolid	11
K-PHOS ORIGINAL	151	leena 28.....	128	liothyronine.....	100
kpn.....	154	leflunomide.....	120	LIPOFEN.....	64
KRISTALOSE	104	LENVIMA.....	19	lisinopril.....	56
k-tab.....	152	LESCOL XL.....	64	lisinopril-hydrochlorothiazide	56
K-TAB.....	152	lessina	128	LITEAIRE MDI CHAMBER	89
kurvelo (28).....	128	letrozole	19	lithium carbonate	47
KYNMOBI.....	29	leucovorin calcium	16	LITHOBID	47
L		LEUKERAN	19	LITHOSTAT	83
1 norgest/e.estriadiol-e.estrad	128	levalbuterol hcl	147	LIVALO	64
labetalol	56	LEVIBID	101	LODINE	40
LACRISERT	136	LEVEMIR FLEXTOUCH U- 100 INSULN	94	LODOSYN	29
lactated ringers	81	LEVEMIR U-100 INSULIN	94	lojaimiess	128
lactulose.....	104	levetiracetam	26	LOMOTIL	101
LAMICTAL XR STARTER (BLUE).....	25	levobunolol.....	134	LONHALA MAGNAIR REFILL.....	147
LAMICTAL XR STARTER (GREEN).....	25	levocarnitine	83	LONHALA MAGNAIR STARTER	147
LAMICTAL XR STARTER (ORANGE).....	25	levocarnitine (with sugar)....	83	loperamide	101
lamivudine.....	5	levocetirizine	143		
lamivudine-zidovudine.....	5	levofloxacin.....	13, 132		
		levonest (28).....	128		
		levonorgestrel	128		
		levonorgestrel-ethinyl estrad	128		
		levonorg-eth estrad triphasic	128		

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

LOPID	64	MALARONE	11	melphalan	20
lopinavir-ritonavir	6	MALARONE PEDIATRIC .	11	memantine	32
LOPRESSOR	56	malathion	81	MEMANTINE.....	32
LOPROX	76	maprotiline.....	47	MENACTRA (PF).....	116
LOPROX (AS OLAMINE) ..	76	MARGENZA	19	M-END PE	143
LOPROX KIT	76	MARINOL	105	MENOPUR.....	96
lorazepam	47	marlissa (28).....	129	MENOSTAR	123
lorazepam intensol.....	47	MARNATAL-F.....	154	MENQUADFI (PF)	116
LORBRENA	19	MARPLAN	47	MENTAX	76
LORTAB ELIXIR.....	36	MATULANE.....	20	MENVEO A-C-Y-W-135-DIP (PF)	116
loryna (28).....	128	matzim la	56	MEPHYTON	62
LORZONE	33	MAVENCLAD (10 TABLET PACK)	111	MEPRON	11
losartan	56	MAVENCLAD (4 TABLET PACK)	111	mercaptopurine	20
losartan-hydrochlorothiazide	56	MAVENCLAD (5 TABLET PACK)	112	merzee.....	129
LOTEMAX	141	MAVENCLAD (6 TABLET PACK)	112	mesalamine	105
LOTEMAX SM	141	MAVENCLAD (7 TABLET PACK)	112	mesalamine with cleansing wipe	105
LOTENSIN	56	MAVENCLAD (8 TABLET PACK)	112	MESNEX	16
LOTENSIN HCT	56	MAVENCLAD (9 TABLET PACK)	112	metaproterenol	147
loteprednol etabonate	141	MAXITROL	139	metaxalone	33
lovastatin	64	MAXI-TUSS CD.....	143	metformin	99
LOVAZA	64	MAXZIDE.....	56	methadone.....	36
low-ogestrel (28)	128	MAXZIDE-25MG.....	56	methadose	36
loxapine succinate	47	MAYZENT	112	methamphetamine.....	47
lo-zumandimine (28)	128	MAYZENT STARTER PACK	112	methazolamide.....	138
lta pre-attached	74	meclizine	105	methenamine hippurate	15
ludent fluoride	154	meclofenamate.....	40	methenamine mandelate	15
lugols	75, 152	MECOBALAMIN (VITAMIN B12)	155	methen-sod phos-meth blue- hyos.....	151
LUMIGAN	138	MEDISENSE GLUCOSE KETONE	92	methergine	132
lutera (28)	128	MEDROL	87	methimazole	88
LUXIQ	80	MEDROL (PAK)	87	METHITEST	96
lyleq.....	123	medroxyprogesterone	123	methocarbamol	33
lyllana.....	123	mefenamic acid.....	40	methotrexate sodium	20
LYNPARZA.....	19	mefloquine.....	11	methotrexate sodium (pf)	20
LYSODREN.....	19	megestrol	20	methoxsalen	69
LYSTEDA.....	124	MEKINIST	20	methscopolamine	101
LYUMJEV KWIKPEN U-100 INSULIN.....	94	MEKTOVI.....	20	methyl salicylate.....	69
LYUMJEV KWIKPEN U-200 INSULIN.....	94	meloxicam	40	methyldopa	56
LYUMJEV U-100 INSULIN	94	meloxicam submicronized....	40	methyldopa- hydrochlorothiazide	56
lyza	123			methylergonovine	132
M				METHYLIN	47
MACRILEN	110			methylphenidate hcl.....	47, 48
MACROBID	15			METHYLPHENIDATE HCL	48
MACRODANTIN	15			methylprednisolone	87
mafenide acetate.....	75				
magnesium citrate	105				

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

methyltestosterone.....	96	MKO (MIDAZOLAM-KETAMINE-ONDAN)	48
metoclopramide hcl	105	M-M-R II (PF).....	116
metolazone	57	m-natal plus	155
METOPIRONE	83	MOBIC	40
metoprolol succinate	57	modafinil	48
metoprolol tartrate	57	MODERNA COVID-19	
METROCREAM.....	72	VACCINE (EUA)	116
METROGEL	72	moexipril	57
METROGEL VAGINAL...	124	molindone	48
metronidazole.....	11, 72, 124	mometasone.....	80, 147
metyrosine	57	mondoxyne nl	15
mexiletine.....	52	MONJUVI.....	20
MIACALCIN	96	MONODOX	15
mibelas 24 fe	129	mono-linyah.....	129
MICONAZOLE NITRATE-ZINC OX-PET	76	montelukast	147
miconazole-3	124	morgodox	15
MICROCHAMBER	89	MORGIDOX 1X 50	15
microgestin 1.5/30 (21)	129	MORGIDOX 2X100	15
microgestin 1/20 (21)	129	morphine.....	36
MICROGESTIN 24 FE.....	129	morphine concentrate	36
microgestin fe 1.5/30 (28)	129	MOTEGRITY	105
microgestin fe 1/20 (28)	129	MOVANTIK	105
MICROSPACER.....	89	MOXATAG.....	13
midazolam	48	MOXEZA	132
midodrine	83	moxifloxacin.....	13, 132, 133
migergot	30	MOXIFLOXACIN (PF)-BSS	132
miglitol	99	MOXIFLOXACIN-SOD CHLOR,ISO(PF)	133
MIGRALAN	30	MOZOBIL.....	110
mili	129	MS CONTIN	37
milk of magnesia	105	MUGARD	85
milk of magnesia concentrated	105	multi-vitamin with fluoride	155
millipred	87	multivitamins with fluoride	155
millipred dp	87	mupirocin.....	75
MINIPRESS	57	mupirocin calcium	75
MINITRAN	66	MVASI	20
minocycline	14, 15	mvc-fluoride	155
MINOLIRA ER.....	15	my choice	129
minoxidil	57	my way	129
MIOCHOL-E	135	MYAMBUTOL.....	11
miostat	138	MYCOBUTIN.....	11
miralax.....	105	mycophenolate mofetil	20
MIRAPEX ER.....	29	mycophenolate sodium	20
mirtazapine	48	MYDAYIS	48
misoprostol	109	MYDRIACYL.....	135
MITIGARE	118		
		MYDRIATIC4(TROP-PROP-PE-KTRL).....	136
		MYFORTIC	20
		MYLERAN	20
		mynatal	155
		mynatal plus.....	155
		mynatal-z	155
		myorisan	72
		MYSOLINE	26
		N	
		nabumetone.....	40
		nadolol	57
		nadolol-bendroflumethiazide	57
		naftifine.....	76
		NAFTIN	76
		NALFON	40
		NALOCET	37
		naloxone	40
		naltrexone	40
		NAMENDA	32
		NAMENDA TITRATION PAK	32
		NAMENDA XR	32
		NAPRELAN CR	40
		NAPROSYN.....	40
		naproxen	40
		naproxen sodium	40
		NAPROXEN SODIUM.....	40
		naproxen-esomeprazole	40
		naratriptan	30
		NARCAN	40
		NARDIL	48
		NASCOBAL	155
		NATACHEW (FE BIS-GLYCINATE)	155
		NATACYN	133
		nateglinide	99
		NATESTO	96
		natural b-100 complex	155
		natura-lax	106
		nebivolol	57
		NEBUPENT	12
		nebusal	147
		NEBUSAL	147
		necon 0.5/35 (28)	129
		NEEVODHA (WITH ALGAL OIL)	155
		nefazodone	48

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

neomycin	12
neomycin-bacitracin-poly-hc	139
neomycin-bacitracin-	
polymyxin	133
neomycin-polymyxin b gu ...	81
neomycin-polymyxin b-	
dexameth	139
neomycin-polymyxin-	
gramicidin.....	133
neomycin-polymyxin-hc	87,
139	
NEONATAL COMPLETE	155
NEONATAL FE	155
NEONATAL-DHA	155
neo-polycin.....	133
neo-polycin hc	139
NEORAL.....	20
NEO-SYNALAR KIT	75
NERLYNX.....	20
NESTABS	155
NESTABS ABC.....	155
NESTABS DHA	155
NESTABS ONE.....	155
neuac.....	72
NEUAC KIT	72
nevirapine.....	6
new day	129
newgen	155
NEXAVAR	20
NEXLETOL	64
NEXLIZET.....	64
niacin	64
NIACOR	64
NIASPAN EXTENDED-	
RELEASE	64
nicardipine.....	57
NICODERM CQ.....	84
nicorette.....	84
NICORETTE.....	84
nicotine	84
nicotine (polacrilex)	84
NICOTROL.....	84
NICOTROL NS	84
nifedipine.....	57
nikki (28).....	129
NILANDRON	20
nilutamide.....	20
nimodipine.....	57
NINLARO.....	21
nisoldipine	57
nitazoxanide.....	12
nitro-bid	66
NITRO-DUR	66
nitrofurantoin	16
nitrofurantoin macrocrystal ..	15
nitrofurantoin monohyd/m-	
cryst	16
nitroglycerin	66
NITROLINGUAL	66
NITROMIST	66
NITROSTAT	66
nitro-time	66
NIVESTYM	110
nizatidine	109
NOCDURNA (MEN).....	96
NOCDURNA (WOMEN)	96
nora-be	123
NORDITROPIN FLEXPRO	
.....	111
noreth-ethinyl estradiol-iron	
.....	129
norethindrone (contraceptive)	
.....	123
norethindrone acetate	123
norethindrone ac-eth estradiol	
.....	123, 129
norethindrone-e.estradiol-iron	
.....	129
NORGESIC FORTE	33
norgestimate-ethinyl estradiol	
.....	129
NORITATE	72
norlyda.....	123
NORPACE	52
NORPACE CR	52
NORPRAMIN	48
nortrel 0.5/35 (28).....	129
nortrel 1/35 (21).....	130
nortrel 1/35 (28).....	130
nortrel 7/7/7 (28)	130
nortriptyline	48
NORVIR.....	6
NOURIANZ	29
NOVAMAX PLUS GLU-KET	
.....	92
NOVAREL	96
NOVOPEN ECHO	92
np thyroid.....	100
NUBEQA	21
NUCALA	147
NUCORT	80
NUEDEXTA	32
NULEV.....	101
NULIBRY	32
NULYTELY LEMON-LIME	
.....	106
NURTEC ODT	30
NUVARING	124
NUVESSA.....	124
NUZYRA	15
nyamyc	76
nylia 7/7/7 (28)	130
NYMALIZE	57
nymyo	130
nystatin	3, 76
nystatin-triamcinolone	76
nystop	76
NYVEPRIA	110
O	
OB COMPLETE	156
OB COMPLETE ONE	156
OB COMPLETE PETITE ..	156
OB COMPLETE PREMIER	
.....	156
OB COMPLETE WITH DHA	
.....	156
ocella.....	130
OCUFLOX	133
ODEFSEY	6
ODOMZO	21
OFEV	147
ofloxacin	13, 86, 133
olanzapine	48
olanzapine-fluoxetine	48
olmesartan	57
olmesartan-amlodipin-	
hthiazid	57
olmesartan-	
hydrochlorothiazide	57
olopatadine	85, 136
OLUX	80
OLUX-E	80
OMECLAMOX-PAK.....	109

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

omega-3 acid ethyl esters	64
omeprazole	109
omeprazole-sodium bicarbonate	109
ON CALL EXPRESS CONTROL	92
ondansetron	106
ondansetron hcl	106
one daily prenatal	156
ONETOUCH ULTRA TEST	88
ONETOUCH ULTRA2 METER	92
ONETOUCH ULTRAMINI	93
ONETOUCH VERIO FLEX METER	93
ONETOUCH VERIO IQ METER	93
ONETOUCH VERIO METER	93
ONETOUCH VERIO REFLECT METER.....	93
ONETOUCH VERIO TEST STRIPS.....	89
ONEXTON.....	72
ONFI	26
ONZETRA XSAIL	31
opcicon one-step.....	130
opium tincture	101
OPSUMIT	147
OPTICHAMBER DIAMOND VHC	89
option-2	130
ORACEA	15
ORACIT	151
oral saline laxative.....	106
oralone.....	85
ORAMAGICRX	85
ORAPRED ODT	88
ORAVIG	3
ORIAHNN	124
ORILISSA.....	96
ORKAMBI	148
ORLADEYO	148
orphenadrine citrate.....	33
orphenadrine-asa-caffeine	33
orphengesic forte	33
orsythia.....	130
ORTHOVISC	41
ORTIKOS.....	106
oscimin	101
oscimin sl.....	101
oscimin sr	101
oseltamivir	6
OSMOLEX ER.....	29
OTEZLA	120
OTEZLA STARTER.....	120
OVACE	67
OVACE PLUS	67
OVACE PLUS SHAMPOO.	67
OVACE PLUS WASH.....	67
OVIDE.....	81
OVIDREL	96
oxandrolone	96
oxaprozin	41
OXAYDO.....	37
oxazepam.....	48
oxcarbazepine	26
oxiconazole.....	76
OXISTAT	76
OXLUMO	151
OXTELLAR XR	26
oxybutynin chloride.....	150
oxycodone	37
oxycodone-acetaminophen	37
OXYCONTIN	37
oxymorphone.....	37
OXYTROL	150
OZEMPIC	99
P	
pacerone.....	52
PACNEX	72
PADCEV	21
paliperidone	48
PAMELOR.....	48
PANCREAZE	106
PANDEL	80
PANRETIN	69
pantoprazole	109
PAREMYD	135
paricalcitol	96
PARLODEL	29
PARNATE.....	48
paroex oral rinse	85
paroxetine hcl	48, 49
paroxetine	
mesylate(menop.sym).....	49
PASER.....	12
PATANASE	85
PAXIL	49
PAXIL CR	49
PEDIATRIX (PF)	116
PEDVAX HIB (PF).....	116
PEGASYS	112
peg-electrolyte soln	106
peg-prep	106
PEMAZYRE.....	21
PEN NEEDLE, DIABETIC	.93
penicillamine	120
penicillin v potassium.....	13
PENTACEL (PF).....	116
PENTACEL ACTHIB COMPONENT (PF)	116
pentamidine	12
PENTASA	106
pentazocine-naloxone	41
pentoxifylline.....	62
PEPAXTO	21
PEPCID	110
PERFOROMIST	148
PERIDEX	85
perindopril erbumine	57
periogard.....	85
permethrin.....	81
perphenazine	49
perphenazine-amitriptyline..	49
perry prenatal.....	156
PFIZER COVID-19 VACCINE (EUA)	116
phenazopyridine	151
phenelzine.....	49
phenobarb-hyoscy-atropine- scop.....	102
phenobarbital	26
phenoxybenzamine	57
phenylephrine hcl	142
PHENYLEPH- TROPICAMIDE IN WATER	135
PHENYTEK	26
phenytoin	26
phenytoin sodium extended..	26
philith.....	130

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

PHOSLYRA	106
phosphasal	151
phosphate laxative	106
PHYSIOLYTE	81
PHYSIOSOL IRRIGATION	82
phytonadione (vitamin k1)	62
PHYTONADIONE (VITAMIN K1)	62
pilocarpine hcl	83, 85, 135
pimecrolimus	69
pimozide	49
pimtrea (28)	130
pindolol	57
pioglitazone	99
pioglitazone-glimepiride	99
pioglitazone-metformin	99
pirmella	130
piroxicam	41
PLAN B ONE-STEP	130
PLEGRIDY	112
PLEXION	72
PLEXION CLEANSING CLOTHS	72
PNEUMOVAX-23	116
pnv 29-1	156
pnv-dha	156
pnv-omega	156
pnv-select	156
POCKET CHAMBER	89
podofilox	69
POLIVY	21
polycin	133
polyethylene glycol 3350	106
polymyxin b sulf-trimethoprim	133
POLYTRIM	133
POLY-TUSSIN AC	143
POMALYST	112
PONVORY	112
PONVORY 14-DAY STARTER PACK	112
portia 28	130
POTABA	152
potassium chloride	152
potassium citrate	151
powderlax	106
PR BENZOYL PEROXIDE	72
pr natal 400	156
pr natal 400 ec	156
pr natal 430	156
pr natal 430 ec	156
pramipexole	29
PRAMOSONE	67
prasugrel	62
pravastatin	64
prazosin	57
PRECISION XTRA KETONE-GLUCOSE	93
PRECISION XTRA MONITOR	93
PRECISION XTRA TEST	89
PRECOSE	99
PRED FORTE	141
PRED-G	139
PRED-G S.O.P.	139
prednicarbate	80
PREDNISOL ACE- GATIFLOX-BROMFEN	136
PREDNISOLN SP- GATIFLOX-BROMFEN	136
PREDNISOLN SP- MOXIFLOX-BROMFEN	136
prednisolone	88
prednisolone acetate	141
PREDNISOLONE ACETATE (PF)	141
PREDNISOLONE ACETATE- NEPAFENAC	136
PREDNISOLONE ACET- GATIFLOXACIN	140
PREDNISOLONE SOD PH- MOXIFLOX	140
prednisolone sodium phosphate	88, 141
PREDNISOLONE- MOXIFLO-NEPAFENAC	137
PREDNISOLONE- MOXIFLOXACIN HCL	140
PREDNISOLONE- MOXIFLOX-BROMFEN	137
prednisone	88
prednisone intensol	88
PREFEST	123
pregabalin	26, 27
PREMARIN	124
prena1 chew	156
prena1 pearl	156
prena1 true	156
PRENATA	156
prenatabs fa	156
prenatabs rx	156
prenatal	157
prenatal complete	156
prenatal multi-dha (algal oil)	156
prenatal multivitamins	157
prenatal one daily	157
prenatal plus	157
prenatal plus (calcium carb)	157
PRENATAL PLUS DHA	157
prenatal vitamin	157
prenatal vitamin plus low iron	157
prenatal vitamin with minerals	157
prenatal vits96-iron fum-folic	157
prenatal-u	157
PRENATE AM	157
PRENATE CHEWABLE	157
PRENATE DHA (FERR ASP GLYCIN)	157
PRENATE ELITE (IRON ASP GLYC)	157
PRENATE ENHANCE	157
PRENATE ESSENTIAL(IRON-ASP- GL)	157
PRENATE MINI (FERR ASP GLYCIN)	157
PRENATE PIXIE	157
PRENATE RESTORE	158
PRENATE STAR	158
preplus	158
pretab	158
PRETOMANID	12
prevalite	64
PREVIDENT	86
PREVIDENT 5000 BOOSTER PLUS	85

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

PREVIDENT 5000 DRY	
MOUTH	86
PREVIDENT 5000 ENAMEL	
PROTECT	86
PREVIDENT 5000 ORTHO	
DEFENSE	86
PREVIDENT 5000 PLUS....	86
PREVIDENT 5000	
SENSITIVE.....	86
previfem	130
PREVNAR 13 (PF)	116
PREZISTA	6
PRIFTIN.....	12
PRIMACARE	158
primaquine.....	12
PRIMEAIRE	89
primidone	27
PRIMSOL	16
PRINVIL.....	58
probenecid	118
probenecid-colchicine	118
PROCARDIA XL	58
procentra.....	49
PROCHAMBER	89
prochlorperazine.....	106
prochlorperazine maleate ...	106
PROCORT	106
PROCTOCORT	80, 106
procto-med hc.....	107
procto-pak.....	107
proctosol hc	107
protozone-hc	107
progesterone micronized	124
PROGLYCEM	90
PROGRAF	21
prolate.....	37
PROLENSA	137
promethazine	143
promethazine-codeine	144
promethazine-dm.....	144
promethazine-phenyleph-	
codeine	144
promethazine-phenylephrine	
.....	144
promethegan	143
PROMETRIUM	124
propafenone.....	52
propranolol	58
propranolol-hydrochlorothiazid	
.....	58
propylthiouracil	88
PROQUAD (PF).....	116
PROSCAR.....	150
PROTHELIAL	86
PROTOPIC.....	69
protriptyline	49
PROVERA	124
PROVIDA OB.....	158
pulmosal	148
PULMOZYME.....	148
PUREFE OB PLUS.....	158
purelax	107
PURIXAN	21
pyrazinamide	12
PYRIDIUM	151
pyridostigmine bromide	33
PYRIDOSTIGMINE	
BROMIDE.....	33
pyrimethamine	12
Q	
QBREXZA	69
QUADRACEL (PF)	117
QUALAQUIN	12
QUDEXY XR.....	27
QUESTRAN	64
QUESTRAN LIGHT.....	64
quetiapine	49
QUILLICHEW ER.....	49
QUILLIVANT XR	49
quinapril.....	58
quinapril-hydrochlorothiazide	
.....	58
quinidine gluconate	52
quinidine sulfate	52
quinine sulfate	12
quit 2	84
quit 4	84
QVAR REDIHALER	148
R	
RABAVERT (PF)	117
rabeprazole	110
RACEPINEPH-LIDOCAINE-	
BSS 7(PF).....	137
raloxifene.....	119
ramelteon	49
ramipril	58
ranolazine	65
RAPAMUNE.....	21
rasagiline.....	29
RASUVO (PF).....	121
RAYOS.....	88
RAZADYNE ER.....	32
REBIF REBIDOSE	112
REBLOZYL	110
reclipsen (28)	130
RECOMBIVAX HB (PF)....	117
RECTIV.....	107
REGLAN	107
RELAFEN	41
RELAGARD	124
RELENZA DISKHALER	6
RELEXXII.....	49
RELPAX	31
REMERON	49
REMERON SOLTAB	49
rena-vite	158
RENVELA	107
repaglinide	99
repaglinide-metformin	99
REPATHA PUSHTRONEX	64
REPATHA SURECLICK	65
REPATHA SYRINGE	65
RESPA-AR	144
RESTASIS	137
RESTASIS MULTIDOSE..	137
RESTORIL	49
RETACRIT	110
RETEVMO	21
RETIN-A	72
RETIN-A MICRO PUMP	72
RETROVIR	6
REVATIO	148
REVLIMID	112
REYATAZ	6
REYVOW	31
ribavirin	6, 112
RIDAURA	121
rifabutin	12
rifampin	12
RILUTEK	83
riluzole	83
rimantadine	6
ringer's	82
RINVOQ	121

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

RIOMET	99
RIOMET ER	99
risedronate	83, 119
RISPERDAL	49, 50
risperidone	50
RITALIN	50
RITALIN LA.....	50
RITEFLO AEROCHAMBER	89
ritonavir	6
rivastigmine	32
rivastigmine tartrate.....	32
rivelsa	130
rizatriptan	31
R-NATAL OB.....	158
ROCALTROL	97
ROMIDEPSIN	21
ropinirole	29
rosadan	72
ROSADAN	72, 73
ROSANIL	73
ROSULA	73
rosula cleansing cloths	73
rosuvastatin.....	65
ROSZET	65
ROTARIX	117
ROTATEQ VACCINE	117
ROWASA	107
roweepra.....	27
ROXICODONE	37
ROZLYTREK	21
RUBRACA	21
RUXIENCE.....	21
RUZURGI	33
RYBELSUS	99
RYCLORA.....	143
RYDAPT	21
RYTARY	29
RYTHMOL SR	52
RYVENT	143
S	
SAFE-CLIP BY MAIL	93
SALAGEN (PILOCARPINE)	83, 86
salsalate	41
SANCUSO	107
SANDIMMUNE	21
SARCLISA	21
SAVELLA.....	121
scalacort.....	80
SCALACORT DK	80
SCENESSE	69
scopolamine base.....	107
seconal sodium	50
SECUADO	50
SELECT-OB	158
SELECT-OB (FOLIC ACID)	158
SELECT-OB + DHA.....	158
selegiline hcl.....	29
selenium sulfide.....	67
SELRX	67
SELZENTRY	6
se-natal 19 chewable	158
se-natal-19	158
SERNIVO.....	80
SEROSTIM	111
sertraline	50
setlakin.....	130
sevelamer carbonate	107
sevelamer hcl	107
SEYSARA.....	15
sf 86	
sf 5000 plus	86
SFROWASA	107
sharobel	124
SHINGRIX (PF).....	117
SIGNIFOR.....	21
sildenafil (pulm.hypertension)	148
SILENOR	50
silodosin.....	150
SILVADENE.....	68
silver sulfadiazine	68
SIMBRINZA	138
simliya (28).....	130
simpesse.....	130
SIMPONI	121
SIMPONI ARIA	121
simvastatin.....	65
SINEMET	29
SINUVA	148
sirolimus	21
SKELAXIN	33
SKYRIZI	67
smoothlax	107
sodium chloride	83, 148
sodium chloride 0.9 %.....	83
sodium chloride 0.9 % (flush)	83
sodium ferric gluconat-sucrose	83
sodium fluoride 5000 dry mouth.....	86
sodium fluoride 5000 plus	86
sodium fluoride-pot nitrate ...	86
sodium polystyrene sulfonate	107
solifenacin.....	150
SOLIQUA 100/33	95
SOLODYN	15
SOLTAMOX	22
SOMAVERT	97
SOOLANTRA	73
SORBITOL	82
SORBITOL-MANNITOL	82
SORIATANE	67
SORILUX	67
sorine	52
sotalol	52
sotalol af	52
SOTYLIZE	52
SPACE CHAMBER	89
SPECTRACEF	9
SPIRIVA RESPIMAT	148
SPIRIVA WITH HANDIHALER	148
spironolactone	58
spironolacton-hydrochlorothiaz	58
SPORANOX	3
SPORANOX PULSEPAK	3
sprintec (28)	130
SPRITAM	27
SPRYCEL	22
sps (with sorbitol)	107
sronyx	130
ssd	68
SSKI	88
sss 10-5	73
st joseph aspirin	41
st. joseph aspirin	41
STALEVO 100	29
STALEVO 125	29

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

STALEVO 150.....	30
STALEVO 200.....	30
STALEVO 50.....	30
STALEVO 75.....	30
STAMARIL (PF)	117
stavudine.....	6
STELARA.....	67, 68
STIOLTO RESPIMAT	148
STIVARGA.....	22
stop smoking aid.....	84
stress formula	158
stress formula with iron.....	158
stress formula with iron(sulf)	
.....	158
STROMECTOL	12
strong iodine.....	75, 152
SUBLOCADE.....	37
subvenite.....	27
subvenite starter (blue) kit....	27
subvenite starter (green) kit..	27
subvenite starter (orange) kit	27
SUCRAID	107
sucralfate	110
SULAR.....	58
sulfacetamide sodium...68, 141	
sulfacetamide sodium (acne) 75	
sulfacetamide sodium-sulfur 73	
sulfacetamide-prednisolone 141	
sulfacetamide-sulfur-cleansr23	
.....	73
sulfacleanse 8-4	73
sulfadiazine.....	14
sulfamethoxazole-trimethoprim	
.....	14
SULFAMYLYON	75
sulfasalazine	107
sulfatrim	14
sulindac.....	41
SUMADAN.....	73
SUMADAN XLT	73
sumatriptan	31
sumatriptan succinate	31
SUMAXIN	73
SUMAXIN CP	73
SUMAXIN TS.....	73
sunitinib.....	22
SUNOSI	50
super b complex-vitamin c.158	
super b maxi complex.....	158
super quints.....	159
super quints b-50	158
SUPRAX	9
SURVANTA	83
SUSTIVA	7
SUTENT.....	22
syeda.....	130
SYMAX DUOTAB	102
symax fastabs	102
symax-sl.....	102
symax-sr	102
SYMBYAX	50
SYMDEKO	148
SYMFI	7
SYMFI LO	7
SYMJEPY	143
SYMLINPEN 120	99
SYMLINPEN 60	99
SYMPAZAN	27
SYMTUZA.....	7
SYNALAR	80
SYNALAR CREAM KIT	80
SYNALAR OINTMENT KIT	
.....	80
SYNALAR TS	80
SYNAREL.....	97
SYNDROS	108
SYNJARDY	99
SYNJARDY XR.....	99
SYNTHROID	100
T	
TABRECTA	22
TACLONEX	68
tacrolimus	22, 69
tadalafil (pulm. hypertension)	
.....	148
TAFINLAR	22
TAGRISSO	22
TAKE ACTION	130
TALICIA	110
TALTZ AUTOINJECTOR ..68	
TALTZ AUTOINJECTOR (2	
PACK).....	68
TALTZ AUTOINJECTOR (3	
PACK).....	68
TALTZ SYRINGE	68
TALZENNA.....	22
TAMIFLU	7
tamoxifen.....	22
tamsulosin.....	150
TAPAZOLE	88
TAPERDEX	88
TARCEVA	22
TARGADOX.....	15
TARGRETIN	22
tarina 24 fe	130
tarina fe 1/20 (28)	130
taron-c dha	159
TASIGNA.....	22
TASMAR	30
taysofy	130
tazarotene.....	74
TAZORAC	74
taztia xt	58
TAZVERIK	22
TDVAX	117
TECARTUS	22
TECFIDERA	113
TEGRETOL	27
TEGRETOL XR.....	27
TEGSEDI	33
TEKTURNA HCT.....	58
telmisartan	58
telmisartan-amlodipine	58
telmisartan-hydrochlorothiazid	
.....	58
temazepam	50
TEMIXYS	7
TEMODAR	22
TEMOVATE	80
temozolomide	22
tencon	37
TENIVAC (PF)	117
tenofovir disoproxil fumarate	
7	
TENORMIN	58
TEPEZZA.....	97
terazosin.....	58
terbinafine hcl.....	3
terbutaline	148
terconazole	124
TERSI FOAM	68
testosterone	97
testosterone cypionate	97
testosterone enanthate.....	97

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

TETANUS,DIPHTHERIA	
TOX PED(PF).....	117
tetrabenazine.....	33
tetracaine hcl	137
TETRACAINE HCL (PF)..	137
tetracycline	15
TEXACORT.....	80
THALITONE	58
THEO-24.....	149
theophylline.....	149
THIOLA.....	83
THIOLA EC.....	83
thioridazine.....	50
thiothixene.....	50
THRIVITE RX.....	159
tiadylt er.....	59
tiagabine	27
TIAZAC	59
TIBSOVO	22
TIGLUTIK	83
tilia fe.....	130
TIMOL-BRIMON-DORZO-	
LATANOP(PF)	138
timolol maleate.....	59, 134
timolol maleate (pf).....	134
TIMOLOL-BRIMONIDI-	
DORZOLAM(PF)	138
TIMOLOL-DORZOLAMID-	
LATANOP(PF)	139
TIMOLOL-	
LATANOPROST(PF)....	139
TIMOPTIC	134
TIMOPTIC-XE	134
tinidazole	12
tiopronin	83
tis-u-sol pentalyte	82
TIVICAY	7
TIVICAY PD	7
tizanidine	33, 34
TOBI PODHALER	12
TOBRADEX.....	140
tobramycin.....	12, 133
tobramycin in 0.225 % nacl..	12
TOBRAMYCIN WITH	
NEBULIZER.....	12
tobramycin-dexamethasone	140
TOBREX.....	133

TODAY CONTRACEPTIVE	
SPONGE	125
TOLAK	69
tolcapone	30
tolmetin.....	41
tolterodine.....	150
TOPICORT	80, 81
topiramate.....	27
toremifene.....	22
torsemide	59
TOSYMRA	31
TOUJE MAX U-300	
SOLOSTAR	95
TOUJE SOLOSTAR U-300	
INSULIN	95
tovet emollient	81
TOVIAZ	150
TRACLEER	149
tramadol.....	41
TRAMADOL	41
tramadol-acetaminophen	41
trandolapril	59
trandolapril-verapamil	59
tranexamic acid.....	125
TRANXENE T-TAB.....	50
tranylcypromine.....	50
travoprost.....	139
TRAZIMERA.....	22
trazodone	50
TREANDA	22
TRECATOR.....	12
TRELEGY ELLIPTA.....	149
TRESIBA FLEXTOUCH U-	
100	95
TRESIBA FLEXTOUCH U-	
200	95
TRESIBA U-100 INSULIN	.95
tretinoi	74
tretinoi (antineoplastic).....	22
tretinoi microspheres	74
TREXALL.....	22
tri femynor	131
triamcinolone acetonide .	81, 86
TRIAMCINOLON-	
MOXIFLOX-WATR(PF)	
.....	140
triamterene.....	59

triamterene-hydrochlorothiazid	
.....	59
trianex	81
TRICARE	159
triderm	81
TRIDESILON.....	81
TRIESENCE (PF)	88
tri-estarylla.....	131
TRIFERIC	159
trifluoperazine.....	50
trifluridine.....	134
trihexyphenidyl.....	30
TRIJARDY XR	90
TRIKAFTA	149
tri-legest fe.....	131
tri-linyah	131
TRILIPIX	65
tri-lo-estarylla	131
tri-lo-marzia	131
tri-lo-mili	131
tri-lo-sprintec	131
trimethobenzamide	108
trimethoprim	16
tri-mili	131
trimipramine	50
TRIMO-SAN JELLY	125
trinatal rx 1	159
trinate	159
TRINTELLIX	50
tri-nymyo	131
tri-previfem (28)	131
tri-sprintec (28)	131
TRISTART DHA	159
tritocin.....	81
TRIUMEQ	7
tri-vitamin with fluoride	159
trivora (28)	131
tri-vylibra	131
tri-vylibra lo	131
TRIZIVIR	7
TRODELVY	23
TROKENDI XR	27
tropicamide	135
trospium	150
TRUDHESA	31
TRUE METRIX LEVEL 1...	93
TRULICITY	100
TRUMENBA.....	117

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

TRUSOPT	139	vancomycin	16	virt-pn dha	159
TUKYSA.....	23	vandazole.....	125	virt-pn plus.....	159
tulana	124	VANOXIDE-HC	74	virtussin dac.....	144
TURALIO	23	VAQTA (PF).....	118	VISTARIL	143
TUSSICAPS.....	144	varenicline	84	VITAFOL FE PLUS.....	159
TUZISTRA XR.....	144	VARIVAX (PF)	118	VITAFOL GUMMIES	159
TWINRIX (PF)	117	VARIZIG.....	118	VITAFOL NANO	159
TYBOST	7	VASCEPA.....	65	VITAFOL ULTRA.....	159
tydemy.....	131	VASERETIC	59	VITAFOL-OB	159
TYKERB.....	23	VASOTEC.....	59	VITAFOL-OB+DHA	159
TYMLOS	119	VAXELIS (PF).....	118	VITAFOL-ONE	159
TYPHIM VI	117	VCF CONTRACEPTIVE FILM	125	VITAMED MD ONE RX ..	159
U		VCF CONTRACEPTIVE GEL	125	VITAMEDMD REDICHEW RX.....	160
UBRELVY	31	VECTICAL	68	vitamin b complex	160
UCERIS.....	108	velvet triphasic regimen (28)	131	vitamin b complex-folic acid	160
UKONIQ.....	23	VEMLIDY.....	7	vitamin k	62
ULTRACET	41	VENCLEXTA	23	vitamin k1	62
ULTRAM.....	41	VENCLEXTA STARTING PACK	23	vitamins a,c,d and fluoride ..	160
ULTRAVATE.....	81	venlafaxine	50, 51	VITAPEARL	160
unithroid	100	VENOFER.....	159	VITATRUE	160
UPTRAVI	59	verapamil	59	VITRAKVI.....	23
URELLE.....	151	VERELAN	60	VIVAGUARD INO CTRL SOLN-L1,2,3	93
uretron d-s	151	VERELAN PM.....	60	VIVITROL	41
URIBEL	151	VERQUVO	65	VIZIMPRO	23
urimar-t.....	151	VERSACLOZ	51	VOGELXO.....	97
uro-458	151	VERZENIO	23	volnea (28).....	131
urogesic-blue	151	vestura (28).....	131	voriconazole	3
uro-mp	151	VFEND.....	3	VORTEX HOLDING CHAMBER	90
UROQID-ACID NO.2	151	V-GO 20	93	VOSEVI	7
URSO 250	108	V-GO 30	93	VOTRIENT	23
URSO FORTE	108	V-GO 40	93	VP-PNV-DHA	160
ursodiol.....	108	VIBRAMYCIN	15	vtol lq.....	37
uryl	151	vienna	131	VUMERTY	113
ustell	151	VIGAMOX.....	133	VUSION	76
utira-c	151	VIMOVO.....	41	vyfemla (28)	131
V		VIMPAT.....	28	VYLEESI	51
valacyclovir	7	VIOKACE	108	vylibra.....	131
VALCHLOR	69	viorele (28)	131	VYNDAMAX	65
VALCYTE	7	VIRACEPT	7	VYNDAQEL	65
valganciclovir	7	VIRAMUNE XR.....	7	W	
valproic acid	27	VIRAZOLE	7	WAKIX	51
valproic acid (as sodium salt)	27	VIREAD	7	warfarin.....	62
valsartan	59	virt-c dha.....	159	water for irrigation, sterile....	83
valsartan-hydrochlorothiazide	59	virt-nate dha.....	159	wera (28).....	131
VALTOCO.....	28				
VANCOCIN.....	16				

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

westab plus	160	XYWAV.....	51	ZIAGEN	8
westgel dha.....	160	Y		ZIANA.....	74
westhroid	100	YAZ (28).....	132	zidovudine	8
WIDE-SEAL DIAPHRAGM	121	YF-VAX (PF).....	118	ZIEXTENZO	110
wintergreen oil.....	69	YUPELRI.....	149	zileuton	149
wixela inhub	149	yuvafem	124	ZILXI.....	74
women's gentle laxative(bisac)	108	Z		zingiber	160
women's laxative (bisacodyl)	108	zafemy	125	ZIOPTAN (PF).....	139
wymzya fe	132	zafirlukast	149	ziprasidone hcl.....	51
X		zaleplon	51	ZIRABEV	23
XALKORI.....	23	ZANAFLEX.....	34	ZIRGAN	134
XARELTO	63	zarah	132	ZITHROMAX	10
XARELTO DVT-PE TREAT 30D START	62	ZARONTIN.....	28	ZITHROMAX TRI-PAK	10
XCOPRI	28	ZARXIO.....	110	ZITHROMAX Z-PAK	10
XCOPRI MAINTENANCE PACK	28	zatean-pn dha.....	160	ZOFRAN	108
XCOPRI TITRATION PACK	28	zatean-pn plus.....	160	ZOKINVY	83
XELJANZ	121	ZCORT	88	ZOLINZA	23
XELJANZ XR.....	121	zebutal	37	zolmitriptan.....	31
XELODA	23	ZEGALOGUE AUTOINJECTOR	90	zolpidem	51
XEMBIFY	118	ZEGALOGUE SYRINGE	90	ZOLPIMIST	51
XENLETA	12	ZEJULA	23	ZOMIG	31
XERESE.....	77	ZELBORAF	23	zonisamide	28
XHANCE	149	ZELNORM.....	108	ZONTIVITY	63
XIFAXAN.....	12	ZEMBRACE SYMTOUCH	31	ZORTRESS	23
XIGDUO XR.....	100	ZEMPLAR	97, 98	ZOSTAVAX (PF)	118
XOFLUZA	8	zenatane	74	zovia 1/35e (28).....	132
XOPENEX	149	ZENPEP	108	ZOVIRAX	8, 77
XOPENEX CONCENTRATE	149	zenzedi	51	ZTLIDO	74
XOSPATA	23	ZENZEDI	51	ZUBSOLV	42
xulane	125	ZEPATIER	8	ZULRESSO	51
XULTOPHY 100/3.6	95	ZEPOSIA	113	zumandimine (28).....	132
XYOSTED	97	ZEPOSIA STARTER KIT	113	ZUPLENZ	108
XYREM	51	ZEPOSIA STARTER PACK	113	ZYDELIG	23
		ZEPZELCA	23	ZYFLO	149
		ZERVIADE	137	ZYKADIA	23
		ZESTORETIC	60	ZYLOPRIM	118
		ZESTRIL	60	ZYMAXID	133
		ZIAC	60	ZYPITAMAG	65
				ZYPREXA	51
				ZYPREXA ZYDIS	51

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 1-855-202-0622 TTY:711.

ARABIC

إذا كان لديك، أو لدى أي شخص تساعد، أية استفسارات بخصوص CareSource، فيحق لك الحصول على مساعدة معلومات مجاناً وباللغة التي تحدث بها. للتحدث إلى أحد المترجمين الفوريين، اتصل على 1-855-202-0622 TTY:711.

AMHARIC

አርስኩርድ፡ ወደም አርስኩርድ የሚያገኘት ጉለሰብ፡ ስለ CareSource ተያቄ ካልተሆነ፡ ይለ ምንም ክፍያ በቁጥራዊ አርማታና መረጃ የሚያገኘት መብት አላቸው፡ ከሳነተርጻሚ ፖርድ ላመከንበር፡ 1-855-202-0622 TTY:711 ዓዲዎለሁ፡

BURMESE

CareSourceအကြောင်းသင်သိမ္မဟတ်သင်အကုအညီပေးနော်
တစ်စုံတစ်ယောက်က မေးမြန်းလာပါက သင်ကြောခို့သော
ဘာသာစကားဖြင့် အကုအညီနှင့် အချက်အလက်များအား အခဲ့
ရပါနိုင်ရန် အခွင့်အရေးရှိပါသည်။ ဘာသာပြန်တစ်ဦးအား
စကားကြောဆိုရန် 1-855-202-0622 TTY:711 ဤထွင်
နံပါတ်ဖြည့်သွင်းပါ] သို့ ပေါ်ဆိုပါ။

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 1-855-202-0622 TTY:711。

CUSHITE – OROMO

Isin yookan namni bira isin deeggartan CareSource irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeaffanoo argachuu fi deeggarsa argachuuq mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa
1-855-202-0622 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 1-855-202-0622 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 1-855-202-0622 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 1-855-202-0622 TTY:711 an.

GUJARATI જો તમે અથવા તમે કોઈને મદદ કરી રહ્યાં તેમાં થી કોઈને CareSource વિશે પ્રશ્નાં હારૂ તો તમને મદદ અનુ મ હહતી મેળજીના અવિકરણ ને ખર્ચ વિન તમ રી ભ પ મ પ નત કરી શકુ ર છો દ ભ વધરો ન કરી મ ટે, આ 1-855-202-0622 TTY:711 પર કાલે કરો.

HINDI

यदि आपके, या आप जिसकी मदद कर रहे हैं उसके CareSource के बारे में कोई सवाल हैं तो आपके पास बंगेर किसी लागत के अपनी भाषा में सहायता और जानकारी प्राप्त करने का अधिकार है। एक दुभाषिण से बात करने के लिए कॉल करें, 1-855-202-0622 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, chiama il 1-855-202-0622 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、1-855-202-0622 TTY:711にご連絡ください。

KOREAN

귀하 본인이나 귀하께서 듣고 계신 분이 CareSource에 대해 궁금한 점이 있으시면, 원하는 언어로 별도 비용 없이 도움을 받으실 수 있습니다. 통역사가 필요하시면 다음 번호로 전화해 주십시오: 1-855-202-0622 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 grieye, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 1-855-202-0622 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 1-855-202-0622 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 1-855-202-0622 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 1-855-202-0622 TTY:711.

VIETNAMESE

Nếu bạn hoặc ai đó bạn đang giúp đỡ, có thắc mắc về CareSource, bạn có quyền được nhân trợ giúp và thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, vui lòng gọi số 1-855-202-0622 TTY:711.

Notice of Non-Discrimination



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 1-855-202-0622 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/