

This Guidebook includes information accurate at the time it was collected from Express Scripts' systems and may not reflect actual benefit setup details at later times.

Table of Contents

ANTI - INFECTIVES	3
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS	13
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH	26
AUTONOMIC & CNS DRUGS, NEUROLOGY	47
CARDIOVASCULAR, HYPERTENSION & LIPIDS	49
DERMATOLOGICALS/TOPICAL THERAPY	60
DIAGNOSTICS & MISCELLANEOUS AGENTS	74
EAR, NOSE & THROAT MEDICATIONS	78
ENDOCRINE/DIABETES	80
GASTROENTEROLOGY	93
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY	100
MUSCULOSKELETAL & RHEUMATOLOGY	105
OBSTETRICS & GYNECOLOGY	108
OPHTHALMOLOGY	117
RESPIRATORY, ALLERGY, COUGH & COLD	123
UROLOGICALS	130
VITAMINS, HEMATINICS & ELECTROLYTES	132
Index	140

List of Abbreviations

1: Generics

2: Preferred Brands

3: Non-Preferred Brands

ACA: Affordable Care Act.

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		
ANCOBON	3	Preferred Alternatives (flucytosine)
BREXAFEMME	3	ST; QL (4 Per fill); Preferred Alternatives (fluconazole)
<i>clotrimazole</i>	1	
CRESEMBA	2	PA
DIFLUCAN	3	Preferred Alternatives (fluconazole)
<i>fluconazole oral suspension for reconstitution</i>	1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	1	
<i>fluconazole oral tablet 150 mg</i>	1	QL (2 Per fill)
<i>flucytosine</i>	1	
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>itraconazole oral capsule</i>	1	QL (30 Per fill)
<i>itraconazole oral solution</i>	1	QL (300 Per fill)
<i>ketoconazole</i>	1	
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON	2	PA
NOXAFIL ORAL SUSPENSION	3	PA; Preferred Alternatives (posaconazole)
<i>nystatin</i>	1	
ORAVIG	3	Preferred Alternatives (nystatin, clotrimazole)
<i>posaconazole</i>	1	PA
SPORANOX	3	QL (30 Per fill); Preferred Alternatives (itraconazole)
<i>terbinafine hcl</i>	1	
VFEND	3	PA; Preferred Alternatives (voriconazole)
VIVJOA	3	PA; QL (18 Per fill); Preferred Alternatives (fluconazole)
<i>voriconazole</i>	1	PA
ANTIVIRALS		
<i>abacavir</i>	3	
<i>abacavir-lamivudine</i>	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>acyclovir</i>	1	
<i>adefovir</i>	1	
<i>amantadine hcl</i>	1	
APRETUDE	3	ACA
APTIVUS	3	
<i>atazanavir</i>	3	
BARACLUDE	2	
BEYFORTUS	2	ACA
BIKTARVY	3	
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML	3	QL (1 per 23 days)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML	3	QL (1 per 45 days)
CIMDUO	3	
<i>darunavir</i>	3	
DELSTRIGO	3	
DESCOVY ORAL TABLET 120-15 MG	3	
DESCOVY ORAL TABLET 200-25 MG	3	ACA
DOVATO	3	
EDURANT	3	
EDURANT PED	3	
<i>efavirenz</i>	3	
<i>efavirenz-emtricitabin-tenofov</i>	3	
<i>efavirenz-lamivu-tenofov disop</i>	3	
<i>emtricitabine</i>	3	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	3	
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	3	ACA
<i>emtricitabine-rilpivirine-tenofov df</i>	3	
EMTRIVA ORAL CAPSULE	3	Preferred Alternatives (emtricitabine)
EMTRIVA ORAL SOLUTION	3	
ENFLONISIA	2	ACA
<i>entecavir</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
EPCLUSA	3	ST; QL (84 per 365 days)
EPIVIR	3	Preferred Alternatives (lamivudine)
<i>etravirine</i>	3	
EVOTAZ	3	Preferred Alternatives (atazanavir sulfate, lopinavir-ritonavir, ritonavir, NORVIR)
<i>famciclovir oral tablet 125 mg, 500 mg</i>	1	QL (21 Per fill)
<i>famciclovir oral tablet 250 mg</i>	1	QL (60 Per fill)
FLUMADINE	3	Preferred Alternatives (rimantadine hcl)
<i>fosamprenavir</i>	3	
GENVOYA	3	
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	3	ST; QL (56 per 365 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	3	ST; QL (112 per 365 days)
HARVONI ORAL TABLET 45-200 MG	3	ST; QL (112 per 365 days)
HARVONI ORAL TABLET 90-400 MG	3	ST; QL (56 per 365 days)
INTELENCE ORAL TABLET 100 MG, 200 MG	3	Preferred Alternatives (etravirine)
INTELENCE ORAL TABLET 25 MG	3	
ISENTRESS	3	
ISENTRESS HD	3	
JULUCA	3	
KALETRA	3	Preferred Alternatives (lopinavir-ritonavir)
LAGEVRIO (EUA)	2	QL (40 per 180 days)
<i>lamivudine oral solution</i>	3	
<i>lamivudine oral tablet 100 mg</i>	1	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	3	
<i>lamivudine-zidovudine</i>	3	
LIVTENCITY	3	PA; QL (112 per 21 days)
<i>lopinavir-ritonavir</i>	3	
<i>maraviroc</i>	3	
<i>nevirapine</i>	3	
NORVIR ORAL POWDER IN PACKET	3	
NORVIR ORAL TABLET	3	Preferred Alternatives (ritonavir)

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

Drug Name	Drug Tier	Requirements / Limits
ODEFSEY	3	
<i>oseltamivir oral capsule 30 mg</i>	1	QL (20 Per fill)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	1	QL (10 Per fill)
<i>oseltamivir oral suspension for reconstitution</i>	1	QL (180 Per fill)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	2	QL (20 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	2	
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	2	QL (30 per 180 days)
PIFELTRO	3	
PREVYMIS ORAL PELLETS IN PACKET	2	
PREVYMIS ORAL TABLET	2	QL (112 per 365 days)
PREZISTA ORAL SUSPENSION	3	
PREZISTA ORAL TABLET 150 MG, 75 MG	3	
PREZISTA ORAL TABLET 600 MG, 800 MG	3	Preferred Alternatives (darunavir)
RELENZA DISKHALER	3	QL (20 Per fill); Preferred Alternatives (oseltamivir phosphate)
RETROVIR INTRAVENOUS	3	
RETROVIR ORAL	3	Preferred Alternatives (zidovudine)
REYATAZ ORAL CAPSULE	3	Preferred Alternatives (atazanavir sulfate)
REYATAZ ORAL POWDER IN PACKET	3	
<i>ribavirin inhalation</i>	1	PA
<i>ribavirin oral</i>	3	
<i>rimantadine</i>	1	
<i>ritonavir</i>	3	
SELZENTRY ORAL SOLUTION	3	
SELZENTRY ORAL TABLET	3	Preferred Alternatives (maraviroc)
SUNLENCA	3	
SYMFI	3	
SYMTUZA	3	
SYNAGIS	3	
TAMIFLU ORAL CAPSULE 30 MG	3	QL (20 Per fill); Preferred Alternatives (oseltamivir phosphate)

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

Drug Name	Drug Tier	Requirements / Limits
TAMIFLU ORAL CAPSULE 45 MG, 75 MG	3	QL (10 Per fill); Preferred Alternatives (oseltamivir phosphate)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	3	QL (180 Per fill); Preferred Alternatives (oseltamivir phosphate)
TEMBEXA	3	
<i>tenofovir disoproxil fumarate</i>	3	
TIVICAY	3	
TIVICAY PD	3	
TRIUMEQ	3	
TRIUMEQ PD	3	
TROGARZO	3	
TYBOST	3	Preferred Alternatives (ritonavir, NORVIR)
<i>valacyclovir</i>	1	QL (30 Per fill)
VALCYTE	3	Preferred Alternatives (valganciclovir hcl)
<i>valganciclovir</i>	1	
VEMLIDY	2	
VIRACEPT	3	
VIREAD ORAL POWDER	3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	3	
VIREAD ORAL TABLET 300 MG	3	Preferred Alternatives (tenofovir disoproxil fumarate)
VOSEVI	3	ST; QL (84 per 365 days)
XOFLUZA	3	QL (1 Per fill); Preferred Alternatives (oseltamivir phosphate)
YEZTUGO	3	ACA
ZEPATIER	3	ST; QL (84 per 365 days)
ZIAGEN	3	Preferred Alternatives (abacavir)
<i>zidovudine</i>	3	
CEPHALOSPORINS		
<i>cefaclor</i>	1	
<i>cefadroxil</i>	1	
<i>cefdinir</i>	1	
<i>cefixime</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>cefpodoxime</i>	1	
<i>cefprozil</i>	1	
<i>cefuroxime axetil</i>	1	
<i>cephalexin</i>	1	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin</i>	1	
<i>clarithromycin</i>	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	3	QL (1 Per fill); Preferred Alternatives (vancomycin hcl)
DIFICID ORAL TABLET	3	QL (20 Per fill); Preferred Alternatives (fidaxomicin)
<i>e.e.s. 400</i>	1	
E.E.S. GRANULES	3	Preferred Alternatives (erythromycin ethylsuccinate)
ERYPED 200	3	Preferred Alternatives (erythromycin ethylsuccinate)
ERYPED 400	3	Preferred Alternatives (erythromycin ethylsuccinate)
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	
<i>erythrocin (as stearate)</i>	1	
<i>erythromycin</i>	1	
<i>erythromycin ethylsuccinate</i>	1	
<i>fidaxomicin</i>	1	QL (20 Per fill)
ZITHROMAX	3	Preferred Alternatives (azithromycin)
ZITHROMAX TRI-PAK	3	Preferred Alternatives (azithromycin)
ZITHROMAX Z-PAK	3	Preferred Alternatives (azithromycin)
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	1	QL (120 per 23 days)
ALINIA	2	QL (180 per 23 days)
ARAKODA	3	Preferred Alternatives (atovaquone-proguanil hcl, chloroquine phosphate, doxycycline hyclate, mefloquine hcl, primaquine generic); QL (32 per 180 days)

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

Drug Name	Drug Tier	Requirements / Limits
ARIKAYCE	3	PA
<i>atovaquone</i>	1	
<i>atovaquone-proguanil oral tablet 250-100 mg</i>	1	QL (60 per 180 days)
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i>	1	QL (180 per 180 days)
BENZNIDAZOLE	2	QL (720 per 365 days)
BETHKIS	3	PA; QL (224 Per fill); Preferred Alternatives (tobramycin sulfate)
BILTRICIDE	3	Preferred Alternatives (praziquantel)
CAYSTON	3	QL (84 Per fill)
<i>chloroquine phosphate</i>	1	
CLEOCIN HCL	3	Preferred Alternatives (clindamycin hcl)
CLEOCIN PEDIATRIC	3	Preferred Alternatives (clindamycin (pediatric))
<i>clindamycin hcl</i>	1	
<i>clindamycin pediatric</i>	1	
COARTEM	2	QL (24 per 23 days)
<i>cycloserine</i>	1	
<i>dapsone</i>	1	
DARAPRIM	3	PA; Preferred Alternatives (pyrimethamine)
EMVERM	2	QL (6 per 23 days)
<i>ethambutol</i>	1	
HUMATIN	3	
<i>hydroxychloroquine</i>	1	
IMPAVIDO	2	QL (84 per 23 days)
<i>isoniazid</i>	1	
<i>ivermectin oral tablet 3 mg</i>	1	PA; QL (14 per 23 days)
<i>ivermectin oral tablet 6 mg</i>	1	PA; QL (8 per 23 days)
KITABIS PAK	3	ST; QL (280 Per fill)
KRINTAFEL	3	Preferred Alternatives (primaquine generic); QL (2 per 23 days)
<i>linezolid</i>	1	
MALARONE	3	Preferred Alternatives (atovaquone-proguanil hcl); QL (60 per 180 days)

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

Drug Name	Drug Tier	Requirements / Limits
MALARONE PEDIATRIC	3	Preferred Alternatives (atovaquone-proguanil hcl); QL (180 per 180 days)
<i>mefloquine</i>	1	QL (13 per 180 days)
MEPRON	3	Preferred Alternatives (atovaquone)
<i>metronidazole</i>	1	
NEBUPENT	3	Preferred Alternatives (pentamidine isethionate); QL (1 per 21 days)
<i>neomycin</i>	1	
<i>nitazoxanide</i>	1	QL (12 per 23 days)
<i>pentamidine</i>	1	QL (1 per 21 days)
<i>praziquantel</i>	1	
PRETOMANID	3	PA
PRIFTIN	2	
<i>primaquine</i>	1	QL (120 per 180 days)
<i>pyrazinamide</i>	1	
<i>pyrimethamine</i>	1	PA
<i>quinine sulfate</i>	1	QL (42 per 23 days)
<i>rifabutin</i>	1	
<i>rifampin</i>	1	
SIRTURO	2	PA
SOLOSEC	2	QL (1 Per fill)
STROMECTOL	3	PA; Preferred Alternatives (ivermectin); QL (14 per 23 days)
<i>tinidazole oral tablet 250 mg</i>	1	QL (40 per 23 days)
<i>tinidazole oral tablet 500 mg</i>	1	QL (20 per 23 days)
TOBI PODHALER	3	ST; QL (224 Per fill)
<i>tobramycin</i>	3	ST; QL (224 Per fill)
<i>tobramycin in 0.225 % nacl</i>	3	ST; QL (280 Per fill)
TOBRAMYCIN WITH NEBULIZER	3	ST; QL (280 Per fill); Preferred Alternatives (tobramycin sulfate, TOBI PODHALER)
XENLETA	3	Preferred Alternatives (azithromycin, clarithromycin, doxycycline hyclate, moxifloxacin hcl, levofloxacin, amoxicillin-clavulanate potass, cefdinir)
XIFAXAN ORAL TABLET 200 MG	2	QL (9 Per fill)

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

Drug Name	Drug Tier	Requirements / Limits
XIFAXAN ORAL TABLET 550 MG	2	QL (60 Per fill)
ZYVOX	3	Preferred Alternatives (linezolid)
PENICILLINS		
<i>amoxicillin</i>	1	
<i>amoxicillin-pot clavulanate</i>	1	
<i>ampicillin</i>	1	
AUGMENTIN	2	
AUGMENTIN ES-600	3	Preferred Alternatives (amoxicillin-clavulanate potass)
AUGMENTIN XR	3	Preferred Alternatives (amoxicillin-clavulanate pot er)
<i>dicloxacillin</i>	1	
MOXATAG	3	Preferred Alternatives (amoxicillin)
<i>penicillin v potassium</i>	1	
QUINOLONES		
BAXDELA	2	QL (28 Per fill)
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	3	Preferred Alternatives (ciprofloxacin)
CIPRO ORAL TABLET	3	Preferred Alternatives (ciprofloxacin hcl)
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin hcl</i>	1	
<i>levofloxacin</i>	1	
<i>moxifloxacin</i>	1	
<i>ofloxacin</i>	1	
SULFA'S & RELATED AGENTS		
BACTRIM	3	Preferred Alternatives (sulfamethoxazole-trimethoprim)
BACTRIM DS	3	Preferred Alternatives (sulfamethoxazole-trimethoprim)
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole-trimethoprim</i>	1	
<i>sulfatrim</i>	1	
TETRACYCLINES		
<i>avidoxy</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
AVIDOXY DK	3	ST; Preferred Alternatives (doxycycline monohydrate)
<i>demeclocycline</i>	1	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	1	ST
<i>doxycycline hyclate oral tablet, delayed release (dr/ec)</i>	1	ST
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	1	ST
<i>doxycycline monohydrate oral capsule, ir - delay rel, biphasic</i>	1	ST
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
<i>minocycline oral capsule</i>	1	
<i>minocycline oral tablet</i>	1	ST
<i>minocycline oral tablet extended release 24 hr</i>	1	ST
<i>mondoxylene nl oral capsule 100 mg</i>	1	
<i>mondoxylene nl oral capsule 75 mg</i>	1	ST
MORGIDOX 1X 50	3	ST; Preferred Alternatives (doxycycline hyclate)
MORGIDOX 1X100	3	ST; Preferred Alternatives (doxycycline hyclate)
NUZYRA	3	QL (30 Per fill); Preferred Alternatives (doxycycline hyclate, tetracycline hcl)
SEYSARA	3	ST; Preferred Alternatives (doxycycline hyclate, minocycline hcl, tetracycline hcl)
TARGADOX	3	ST; Preferred Alternatives (doxycycline hyclate)
<i>tetracycline oral capsule</i>	1	
<i>tetracycline oral tablet</i>	1	ST

URINARY TRACT 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
FURADANTIN	3	Preferred Alternatives (nitrofurantoin)
MACROBID	3	Preferred Alternatives (nitrofurantoin mono-macro)
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd/m-cryst</i>	1	
PRIMSOL	3	Preferred Alternatives (trimethoprim)
<i>trimethoprim</i>	1	
VANCOMYCIN		
VANCOCIN ORAL CAPSULE 125 MG	3	QL (40 Per fill); Preferred Alternatives (vancomycin hcl)
VANCOCIN ORAL CAPSULE 250 MG	3	QL (80 Per fill); Preferred Alternatives (vancomycin hcl)
<i>vancomycin oral capsule 125 mg</i>	1	QL (40 Per fill)
<i>vancomycin oral capsule 250 mg</i>	1	QL (80 Per fill)
<i>vancomycin oral recon soln 25 mg/ml</i>	1	QL (300 Per fill)
<i>vancomycin oral recon soln 50 mg/ml</i>	1	QL (450 Per fill)
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
BILPREVDA	3	PA
KEPIVANCE	3	
<i>leucovorin calcium</i>	1	
MESNEX	3	Preferred Alternatives (mesna)
OSENVELT	3	PA; QL (1.7 Per fill)
VISTOGARD	3	PA; QL (20 Per fill)
XGEVA	3	PA; QL (1.7 Per fill)
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	3	ST; QL (120 Per fill)
<i>abiraterone oral tablet 500 mg</i>	3	ST; QL (60 Per fill)
<i>abirtega</i>	3	ST; QL (120 Per fill)
ABRAXANE	3	Preferred Alternatives (paclitaxel protein-bound)
ADAKVEO	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
ADCETRIS	3	PA
ALECENSA	3	PA; QL (240 Per fill)
ALIQOPA	3	
ALKERAN	3	Preferred Alternatives (melphalan hcl)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	3	PA; QL (30 Per fill)
ALUNBRIG ORAL TABLET 30 MG	3	PA; QL (60 Per fill)
ALUNBRIG ORAL TABLETS,DOSE PACK	3	PA; QL (30 Per fill)
<i>anastrozole</i>	1	
AROMASIN	3	Preferred Alternatives (exemestane)
ARRANON	3	Preferred Alternatives (nelarabine)
ASPARLAS	3	PA; Preferred Alternatives (ONCASPAR)
ASTAGRAF XL	3	ST; Preferred Alternatives (tacrolimus)
AUGTYRO	3	PA
AVMAPKI-FAKZYNJA	3	PA
AYVAKIT	3	PA; QL (30 Per fill)
<i>azacitidine</i>	3	
AZASAN	3	Preferred Alternatives (azathioprine)
<i>azathioprine</i>	3	
<i>azathioprine sodium</i>	3	
BALVERSA	3	PA
BAVENCIO	3	PA
BELEODAQ	3	PA; Preferred Alternatives (ISTODAX, FOLOTYN)
BELRAPZO	3	PA; Preferred Alternatives (bendamustine hcl, BENDEKA)
<i>bendamustine intravenous recon soln</i>	3	PA
BENDAMUSTINE INTRAVENOUS SOLUTION	3	PA; Preferred Alternatives (bendamustine hcl, BENDEKA)
BENDEKA	3	PA
BESPONSA	3	PA
<i>bevacizumab</i>	1	
<i>bexarotene</i>	3	ST
<i>bicalutamide</i>	1	
BIZENGRI	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
BLINCYTO	3	PA
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	3	PA
<i>bortezomib injection recon soln 3.5 mg</i>	3	PA
BORTEZOMIB INTRAVENOUS	3	PA
BOSULIF ORAL CAPSULE 100 MG	3	ST; QL (90 Per fill)
BOSULIF ORAL CAPSULE 50 MG	3	ST; QL (30 Per fill)
BOSULIF ORAL TABLET 100 MG	3	ST; QL (90 Per fill)
BOSULIF ORAL TABLET 400 MG, 500 MG	3	ST; QL (30 Per fill)
BRAFTOVI	3	PA; QL (180 Per fill)
BRUKINSA	3	PA
CABOMETYX	3	PA; QL (30 Per fill)
CALQUENCE (ACALABRUTINIB MAL)	3	PA; QL (60 Per fill)
<i>capecitabine oral tablet 150 mg</i>	3	ST; QL (56 Per fill)
<i>capecitabine oral tablet 500 mg</i>	3	ST; QL (140 Per fill)
CAPRELSA ORAL TABLET 100 MG	3	PA; QL (60 Per fill)
CAPRELSA ORAL TABLET 300 MG	3	PA; QL (30 Per fill)
CASODEX	3	Preferred Alternatives (bicalutamide)
CELLCEPT	3	Preferred Alternatives (mycophenolate mofetil)
CELLCEPT INTRAVENOUS	3	Preferred Alternatives (mycophenolate mofetil)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	3	PA; QL (56 Per fill)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	3	PA; QL (112 Per fill)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	3	PA; QL (84 Per fill)
COPIKTRA	3	PA; QL (56 Per fill); Preferred Alternatives (BRUKINSA, CALQUENCE, IMBRUVICA, VENCLEXTA)
COSELA	3	PA
COTELLIC	3	PA; QL (63 Per fill)
<i>cyclophosphamide oral capsule</i>	1	
CYCLOPHOSPHAMIDE ORAL TABLET	3	Preferred Alternatives (cyclophosphamide)

You can find information 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>cyclosporine</i>	3	
<i>cyclosporine modified</i>	3	
CYRAMZA	3	PA
DANYELZA	3	PA; Preferred Alternatives (UNITUXIN)
DANZITEN	3	ST
DARZALEX	3	PA
DARZALEX FASPRO	3	PA
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg</i>	3	ST; QL (30 Per fill)
<i>dasatinib oral tablet 20 mg</i>	3	ST; QL (90 Per fill)
<i>dasatinib oral tablet 70 mg</i>	3	ST; QL (60 Per fill)
DATROWAY	3	PA
DAURISMO ORAL TABLET 100 MG	3	PA; QL (30 Per fill); Preferred Alternatives (azacitidine, cytarabine, decitabine, VENCLEXTA)
DAURISMO ORAL TABLET 25 MG	3	PA; QL (60 Per fill); Preferred Alternatives (azacitidine, cytarabine, decitabine, VENCLEXTA)
<i>decitabine</i>	3	PA
DROXIA	2	
ELAHERE	3	PA; Preferred Alternatives (carboplatin, cyclophosphamide, etoposide, paclitaxel, LYNPARZA, ZIRABEV)
ELIGARD	3	PA
ELIGARD (3 MONTH)	3	PA
ELIGARD (4 MONTH)	3	PA
ELIGARD (6 MONTH)	3	PA
ELREXFIO	3	PA; Preferred Alternatives (bortezomib, CARVYKTI, DARZALEX, KYPROLIS, POMALYST, REVLIMID, THALOMID)
ELZONRIS	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
EMPLICITI	3	PA; Preferred Alternatives (bortezomib, DARZALEX, KYPROLIS, NINLARO, POMALYST, REVLIMID, THALOMID)
EMRELIS	3	PA
ENHERTU	3	ST
ENSACOVE	3	PA
ENSPRYNG	3	PA
ERBITUX	3	PA
<i>eribulin</i>	3	PA
ERIVEDGE	3	ST; QL (30 Per fill)
ERLEADA ORAL TABLET 240 MG	3	PA; QL (30 Per fill)
ERLEADA ORAL TABLET 60 MG	3	PA; QL (120 Per fill)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	3	ST; QL (30 Per fill)
<i>erlotinib oral tablet 25 mg</i>	3	ST; QL (60 Per fill)
ERWINASE	3	
<i>etoposide</i>	1	
EULEXIN	3	
<i>everolimus (antineoplastic)</i>	3	ST; QL (30 Per fill)
<i>everolimus (immunosuppressive)</i>	3	
EVOMELA	3	Preferred Alternatives (melphalan hcl)
<i>exemestane</i>	1	
FARESTON	3	Preferred Alternatives (toremifene citrate)
FEMARA	3	Preferred Alternatives (letrozole)
FENSOLVI	3	
FIRMAGON KIT W DILUENT SYRINGE	3	ST
FOLOTYN	3	PA
FRUZAQLA	3	PA
FYARRO	3	PA
GAMIFANT	3	PA
GAVRETO	3	PA; QL (120 Per fill)
GAZYVA	3	PA
<i>gefitinib</i>	3	PA; QL (30 Per fill)
<i>gengraf</i>	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
GILOTRIF	3	ST; QL (30 Per fill)
GLEOSTINE	2	
GOMEKLI	3	PA
HALAVEN	3	PA; Preferred Alternatives (eribulin mesylate)
HEPZATO (50 MM CATHETER)	3	
HERCESSI	3	ST
HYCAMTIN	3	PA
HYDREA	3	Preferred Alternatives (hydroxyurea)
<i>hydroxyurea</i>	1	
IBRANCE	3	PA; QL (21 Per fill)
IBTROZI	3	PA
ICLUSIG	3	ST; QL (30 Per fill)
IDHIFA	3	PA; QL (30 Per fill)
<i>imatinib oral tablet 100 mg</i>	3	ST; QL (180 Per fill)
<i>imatinib oral tablet 400 mg</i>	3	ST; QL (60 Per fill)
IMBRUVICA ORAL CAPSULE 140 MG	3	ST; QL (120 Per fill)
IMBRUVICA ORAL CAPSULE 70 MG	3	ST; QL (30 Per fill)
IMBRUVICA ORAL SUSPENSION	3	ST; QL (324 Per fill)
IMBRUVICA ORAL TABLET 140 MG, 280 MG	3	PA; QL (30 Per fill)
IMBRUVICA ORAL TABLET 420 MG	3	ST; QL (30 Per fill)
IMDELLTRA	3	PA
IMFINZI	3	PA
IMJUDO	3	PA
IMKELDI	3	ST
IMURAN	3	Preferred Alternatives (azathioprine)
INLYTA ORAL TABLET 1 MG	3	ST; QL (180 Per fill)
INLYTA ORAL TABLET 5 MG	3	ST; QL (120 Per fill)
IRESSA	3	PA; QL (30 Per fill); Preferred Alternatives (gefitinib)
ISTODAX	3	PA
IWILFIN	3	PA
IXEMPRA	3	PA
JAKAFI	3	PA; QL (60 Per fill)
JELMYTO	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
JEMPERLI	3	PA; Preferred Alternatives (KEYTRUDA)
JEVTANA	3	PA
KADCYLA	3	ST
KEYTRUDA	3	PA
KIMMTRAK	3	PA
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	3	PA; QL (21 Per fill)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	3	PA; QL (42 Per fill)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	3	PA; QL (63 Per fill)
KOSELUGO	3	PA; Preferred Alternatives (GOMEKLI)
KYPROLIS	3	PA
<i>lanreotide</i>	3	ST; QL (1 per 21 days)
<i>lapatinib</i>	3	ST; QL (180 Per fill)
LAZCLUZE	3	PA
<i>lenalidomide</i>	3	PA; QL (30 Per fill)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	3	PA; QL (30 Per fill)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1)	3	PA; QL (90 Per fill)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	3	PA; QL (60 Per fill)
<i>letrozole</i>	1	
LEUKERAN	2	
<i>leuprolide</i>	3	ST
LIBTAYO	3	PA
LONSURF	3	PA
LOQTORZI	3	PA
LORBRENA ORAL TABLET 100 MG	3	PA; QL (30 Per fill)
LORBRENA ORAL TABLET 25 MG	3	PA; QL (90 Per fill)
LUMAKRAS	3	PA
LUNSUMIO	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
LUPKYNIS	3	PA; QL (180 Per fill)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	3	
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	3	PA
LUPRON DEPOT (4 MONTH)	3	PA
LUPRON DEPOT (6 MONTH)	3	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	3	
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	3	PA
LUTRATE DEPOT (3 MONTH)	3	ST
LYNOZYFIC	3	PA; Preferred Alternatives (bortezomib, lenalidomide, DARZALEX, KYPROLIS, NINLARO, POMALYST, THALOMID)
LYNPARZA	3	PA; QL (120 Per fill)
LYSODREN	3	
LYTGOBI	3	PA
MATULANE	3	
<i>megestrol</i>	1	
MEKINIST ORAL RECON SOLN	3	ST; QL (1260 Per fill)
MEKINIST ORAL TABLET 0.5 MG	3	ST; QL (90 Per fill)
MEKINIST ORAL TABLET 2 MG	3	ST; QL (30 Per fill)
MEKTOVI	3	PA; QL (180 Per fill)
<i>mercaptopurine oral suspension</i>	3	ST
<i>mercaptopurine oral tablet</i>	1	
<i>methotrexate sodium</i>	1	
<i>methotrexate sodium (pf)</i>	1	
<i>mitoxantrone</i>	3	
MODEYSO	3	PA
MONJUVI	3	PA; Preferred Alternatives (cyclophosphamide, doxorubicin hcl, lenalidomide, vincristine sulfate, RUXIENCE)
MVASI	3	ST; Preferred Alternatives (ZIRABEV)

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

Drug Name	Drug Tier	Requirements / Limits
MYCAPSSA	3	ST; Preferred Alternatives (SOMATULINE DEPOT); QL (56 per 21 days)
<i>mycophenolate mofetil</i>	3	
<i>mycophenolate mofetil (hcl)</i>	3	
<i>mycophenolate sodium</i>	3	
MYFORTIC	3	Preferred Alternatives (mycophenolic acid)
MYHIBBIN	3	
MYLERAN	2	
MYLOTARG	3	PA
<i>nelarabine</i>	3	
NEMLUVIO	2	PA; QL (2 per 21 days)
NEORAL	3	Preferred Alternatives (cyclosporine)
NERLYNX	3	PA
NEXAVAR	3	PA; QL (120 Per fill); Preferred Alternatives (sorafenib)
<i>nilotinib hcl oral capsule 150 mg, 200 mg</i>	3	ST; QL (112 Per fill)
<i>nilotinib hcl oral capsule 50 mg</i>	3	ST; QL (120 Per fill)
<i>nilutamide</i>	1	PA
NINLARO	3	PA; QL (3 Per fill)
NUBEQA	3	PA; QL (120 Per fill)
<i>octreotide acetate</i>	3	ST
<i>octreotide,microspheres intramuscular suspension,extended rel recon 10 mg, 30 mg</i>	3	ST; QL (1 per 21 days)
<i>octreotide,microspheres intramuscular suspension,extended rel recon 20 mg</i>	3	ST; QL (2 per 21 days)
ODOMZO	3	PA; QL (30 Per fill)
OGIVRI	3	ST
OGSIVEO	3	PA
OJEMDA	3	PA
ONIVYDE	3	PA
OPDIVO	3	PA
OPDIVO QVANTIG	3	PA
OPDUALAG	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
ORGOVYX	3	QL (30 Per fill); Preferred Alternatives (ELIGARD, FIRMAGON, LUPRON DEPOT, LUTRATE DEPOT)
ORSERDU ORAL TABLET 345 MG	3	PA; QL (30 Per fill)
ORSERDU ORAL TABLET 86 MG	3	PA; QL (90 Per fill)
<i>paclitaxel protein-bound</i>	3	
PADCEV	3	PA
<i>pazopanib</i>	3	ST; QL (120 Per fill)
PEMAZYRE	3	PA; QL (28 Per fill)
PERJETA	3	ST
PHESGO	3	PA
PIQRAY	3	PA
POLIVY	3	PA
POMALYST	3	PA
POTELIGEO	3	PA
PRALATREXATE	3	PA
PROGRAF INTRAVENOUS	3	
PROGRAF ORAL CAPSULE	3	Preferred Alternatives (TACROLIMUS)
PROGRAF ORAL GRANULES IN PACKET	3	
PURIXAN	3	ST
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	3	PA; QL (60 Per fill)
RETEVMO ORAL TABLET 40 MG	3	PA; QL (90 Per fill)
REVLIMID	3	PA; QL (30 Per fill); Preferred Alternatives (lenalidomide)
REVUFORJ	3	PA
REZUROCK	3	PA; QL (30 Per fill)
<i>romidepsin intravenous recon soln</i>	3	PA
ROMIDEPSIN INTRAVENOUS SOLUTION	3	PA; Preferred Alternatives (ISTODAX)
ROMVIMZA	3	PA; QL (8 Per fill)
ROZLYTREK ORAL CAPSULE 100 MG	3	PA; QL (30 Per fill)
ROZLYTREK ORAL CAPSULE 200 MG	3	PA; QL (90 Per fill)
ROZLYTREK ORAL PELLETS IN PACKET	3	PA; QL (42 Per fill)

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

Drug Name	Drug Tier	Requirements / Limits
RUXIENCE	3	ST
RYBREVANT	3	PA; Preferred Alternatives (EXKIVITY)
RYDAPT	3	PA; QL (224 Per fill)
RYLAZE	3	PA
SANDIMMUNE	3	Preferred Alternatives (cyclosporine)
SANDOSTATIN	3	ST; Preferred Alternatives (octreotide acetate)
SAPHNELO	3	PA; Preferred Alternatives (BENLYSTA)
SARCLISA	3	PA; Preferred Alternatives (DARZALEX)
SCEMBLIX ORAL TABLET 100 MG	3	PA; QL (120 Per fill)
SCEMBLIX ORAL TABLET 20 MG, 40 MG	3	PA; QL (60 Per fill)
SIGNIFOR	3	PA
SIMULECT	3	
<i>sirolimus</i>	3	
SOLTAMOX	3	Preferred Alternatives (tamoxifen citrate)
SOMATULINE DEPOT	3	ST; QL (1 per 21 days)
<i>sorafenib</i>	3	ST; QL (120 Per fill)
STIVARGA	3	ST; QL (84 Per fill)
<i>sunitinib malate oral capsule 12.5 mg</i>	3	ST; QL (90 Per fill)
<i>sunitinib malate oral capsule 25 mg, 37.5 mg, 50 mg</i>	3	ST; QL (30 Per fill)
SUPPRELIN LA	3	
SUTENT ORAL CAPSULE 12.5 MG	3	PA; QL (90 Per fill); Preferred Alternatives (sunitinib malate)
SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG	3	PA; QL (30 Per fill); Preferred Alternatives (sunitinib malate)
SYLVANT	3	PA
TABLOID	3	
TABRECTA	3	PA
TACROLIMUS INTRAVENOUS	3	
<i>tacrolimus oral</i>	3	
TAFINLAR ORAL CAPSULE	3	ST; QL (120 Per fill)
TAFINLAR ORAL TABLET FOR SUSPENSION	3	ST; QL (840 Per fill)

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

Drug Name	Drug Tier	Requirements / Limits
TAGRISSE	3	PA; QL (30 Per fill)
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML	3	PA; Preferred Alternatives (bortezomib, CARVYKTI, DARZALEX, KYPROLIS, POMALYST, REVLIMID, THALOMID)
TALVEY SUBCUTANEOUS SOLUTION 40 MG/ML	3	PA
TALZENNA	3	PA; QL (30 Per fill)
<i>tamoxifen</i>	1	
TARGRETIN	3	ST; Preferred Alternatives (bexarotene)
TAZVERIK	3	PA
TECENTRIQ	3	PA
TECENTRIQ HYBREZA	3	PA
TECVAYLI	3	PA; Preferred Alternatives (bortezomib, CARVYKTI, DARZALEX, KYPROLIS, POMALYST, REVLIMID, THALOMID)
TEMODAR	3	
<i>temozolomide</i>	3	PA
<i>temsirolimus</i>	3	PA
TEVIMBRA	3	PA
THALOMID ORAL CAPSULE 100 MG	3	PA; QL (112 Per fill)
THALOMID ORAL CAPSULE 50 MG	3	PA; QL (28 Per fill)
TIBSOVO	3	PA
TIVDAK	3	PA
<i>topotecan</i>	3	PA
<i>toremifene</i>	1	
TORISEL	3	PA; Preferred Alternatives (temsirolimus)
<i>torpenz</i>	3	ST; QL (30 Per fill)
TREANDA	3	PA; Preferred Alternatives (bendamustine hcl)
<i>tretinoin (antineoplastic)</i>	1	
TRIPTODUR	3	
TRODELVY	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
TRUQAP	3	PA
TUKYSA ORAL TABLET 150 MG	3	PA; QL (120 Per fill)
TUKYSA ORAL TABLET 50 MG	3	PA; QL (300 Per fill)
TURALIO	3	PA; QL (120 Per fill)
UNITUXIN	3	PA
<i>valrubicin</i>	3	PA
VECTIBIX	3	PA
VELCADE	3	PA; Preferred Alternatives (bortezomib)
VENCLEXTA ORAL TABLET 10 MG	2	PA; QL (56 Per fill)
VENCLEXTA ORAL TABLET 100 MG	2	PA; QL (180 Per fill)
VENCLEXTA ORAL TABLET 50 MG	2	PA; QL (28 Per fill)
VENCLEXTA STARTING PACK	2	PA; QL (42 Per fill)
VERZENIO	3	PA; QL (60 Per fill)
VIDAZA	3	Preferred Alternatives (azacitidine)
VIJOICE ORAL GRANULES IN PACKET	3	PA; QL (28 per 21 days)
VIJOICE ORAL TABLET 125 MG, 50 MG	3	PA; QL (28 per 21 days)
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	3	PA; QL (56 per 21 days)
VITRAKVI ORAL CAPSULE 100 MG	3	PA; QL (60 Per fill)
VITRAKVI ORAL CAPSULE 25 MG	3	PA; QL (180 Per fill)
VITRAKVI ORAL SOLUTION	3	PA; QL (300 Per fill)
VIZIMPRO	3	PA; QL (30 Per fill)
VONJO	3	PA; QL (120 Per fill)
VORANIGO	3	PA
VOTRIENT	3	PA; QL (120 Per fill); Preferred Alternatives (pazopanib hcl)
VYLOY	3	PA
VYXEOS	3	PA
WELIREG	3	PA
XALKORI ORAL CAPSULE	3	ST; QL (60 Per fill)
XALKORI ORAL PELLETT	3	ST; QL (120 Per fill)
XELODA ORAL TABLET 150 MG	3	ST; QL (56 Per fill); Preferred Alternatives (capecitabine)
XELODA ORAL TABLET 500 MG	3	ST; QL (140 Per fill); Preferred Alternatives (capecitabine)

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

Drug Name	Drug Tier	Requirements / Limits
XERMELO	3	PA; QL (84 Per fill)
XOSPATA	3	PA; QL (90 Per fill)
XTANDI ORAL CAPSULE	3	PA; QL (120 Per fill)
XTANDI ORAL TABLET 40 MG	3	PA; QL (120 Per fill)
XTANDI ORAL TABLET 80 MG	3	PA; QL (60 Per fill)
YERVOY	3	PA
YONDELIS	3	
YONSA	3	PA; QL (120 Per fill)
ZALTRAP	3	PA
ZELBORAF	3	ST; QL (224 Per fill)
ZEPZELCA	3	PA
ZIRABEV	3	ST
ZOLADEX	3	
ZOLINZA	3	PA; QL (120 Per fill)
ZORTRESS	3	Preferred Alternatives (everolimus)
ZYDELIG	3	PA; QL (60 Per fill)
ZYKADIA	3	ST; QL (90 Per fill)
ZYNLONTA	3	PA; Preferred Alternatives (cyclophosphamide, doxorubicin hcl, vincristine sulfate, RUXIENCE)
ZYNYZ	3	PA

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONVULSANTS

APTIOM	3	Preferred Alternatives (carbamazepine, lacosamide, oxcarbazepine, pregabalin, topiramate, FYCOMPA)
BRIVIACT	3	ST; Preferred Alternatives (levetiracetam)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	
<i>carbamazepine oral suspension</i>	1	
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet extended release 12 hr</i>	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
CARBAMAZEPINE ORAL TABLET, CHEWABLE 200 MG	3	Preferred Alternatives (carbamazepine)

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

Drug Name	Drug Tier	Requirements / Limits
CARBATROL	3	Preferred Alternatives (carbamazepine er)
CELONTIN	3	Preferred Alternatives (methsuximide)
<i>clobazam</i>	1	PA
<i>clonazepam</i>	1	
DEPAKOTE	3	ST; Preferred Alternatives (divalproex sodium)
DEPAKOTE ER	3	ST; Preferred Alternatives (divalproex sodium er)
DEPAKOTE SPRINKLES	3	ST; Preferred Alternatives (divalproex sodium)
DIACOMIT	3	PA
<i>diazepam</i>	1	
DILANTIN	2	
DILANTIN EXTENDED	3	Preferred Alternatives (phenytoin sodium)
DILANTIN INFATABS	3	Preferred Alternatives (phenytoin)
DILANTIN-125	3	Preferred Alternatives (phenytoin)
<i>divalproex</i>	1	
ELEPSIA XR	3	ST; Preferred Alternatives (levetiracetam)
EPIDIOLEX	3	PA
EQUETRO	3	Preferred Alternatives (carbamazepine, carbamazepine er)
<i>eslicarbazepine</i>	1	
<i>ethosuximide</i>	1	
<i>felbamate</i>	1	
FELBATOL	3	Preferred Alternatives (felbamate)
FYCOMPA	2	
<i>gabapentin oral capsule</i>	1	
<i>gabapentin oral solution</i>	1	
<i>gabapentin oral tablet</i>	1	
<i>gabapentin oral tablet extended release 24 hr</i>	1	ST
GRALISE	3	ST; Preferred Alternatives (gabapentin er)
<i>lacosamide</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
LAMICTAL XR STARTER (BLUE)	3	ST; Preferred Alternatives (lamotrigine)
LAMICTAL XR STARTER (GREEN)	3	ST; Preferred Alternatives (lamotrigine)
LAMICTAL XR STARTER (ORANGE)	3	ST; Preferred Alternatives (lamotrigine)
<i>lamotrigine</i>	1	
<i>levetiracetam oral solution</i>	1	
<i>levetiracetam oral tablet</i>	1	
<i>levetiracetam oral tablet extended release 24 hr</i>	1	
LEVETIRACETAM ORAL TABLET FOR SUSPENSION	3	ST
<i>methsuximide</i>	1	
MYSOLINE	3	Preferred Alternatives (primidone)
NAYZILAM	2	PA; QL (2 Per fill)
<i>oxcarbazepine</i>	1	
<i>perampanel</i>	1	
<i>phenobarbital</i>	1	
PHENYTEK	3	Preferred Alternatives (phenytoin sodium)
<i>phenytoin</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>pregabalin oral capsule</i>	1	
<i>pregabalin oral solution</i>	1	
<i>pregabalin oral tablet extended release 24 hr</i>	1	ST
<i>primidone</i>	1	
<i>roweepra</i>	1	
<i>rufinamide</i>	1	PA
SPRITAM	3	ST; Preferred Alternatives (levetiracetam, levetiracetam)
<i>subvenite</i>	1	
<i>subvenite starter (blue) kit</i>	1	
<i>subvenite starter (green) kit</i>	1	
<i>subvenite starter (orange) kit</i>	1	
SYMPAZAN	3	PA; Preferred Alternatives (clobazam)

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

Drug Name	Drug Tier	Requirements / Limits
TEGRETOL	3	Preferred Alternatives (carbamazepine)
TEGRETOL XR	3	Preferred Alternatives (carbamazepine er)
<i>tiagabine</i>	1	
<i>topiramate oral capsule, sprinkle</i>	1	
<i>topiramate oral capsule, extended release 24hr</i>	1	ST
<i>topiramate oral capsule, sprinkle, er 24hr</i>	1	ST
<i>topiramate oral solution</i>	1	
<i>topiramate oral tablet</i>	1	
TROKENDI XR	3	ST; Preferred Alternatives (topiramate, topiramate er)
<i>valproic acid</i>	1	
<i>valproic acid (as sodium salt)</i>	1	
VALTOCO	2	PA; QL (10 Per fill)
<i>vigabatrin oral powder in packet</i>	3	PA; QL (150 Per fill)
<i>vigabatrin oral tablet</i>	3	PA; QL (180 Per fill)
<i>vigadrone oral powder in packet</i>	3	PA; QL (150 Per fill)
<i>vigadrone oral tablet</i>	3	PA; QL (180 Per fill)
XCOPRI	3	QL (30 Per fill); Preferred Alternatives (gabapentin, lacosamide, lamotrigine, levetiracetam, oxcarbazepine, topiramate, zonisamide)
XCOPRI MAINTENANCE PACK	3	QL (56 Per fill); Preferred Alternatives (gabapentin, lacosamide, lamotrigine, levetiracetam, oxcarbazepine, topiramate, zonisamide)
XCOPRI TITRATION PACK	3	QL (28 Per fill); Preferred Alternatives (gabapentin, lacosamide, lamotrigine, levetiracetam, oxcarbazepine, topiramate, zonisamide)
ZARONTIN	3	Preferred Alternatives (ethosuximide)
<i>zonisamide</i>	1	
ZTALMY	3	PA

ANTIPARKINSONISM 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
<i>apomorphine</i>	3	QL (30 per 23 days)
AZILECT	3	ST; Preferred Alternatives (rasagiline mesylate)
<i>benztropine</i>	1	
<i>bromocriptine</i>	1	
<i>carbidopa</i>	1	
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
CREXONT	3	ST; Preferred Alternatives (carbidopa-levodopa er)
DUOPA	3	Preferred Alternatives (carbidopa-levodopa, carbidopa-levodopa er, carbidopa-levodopa)
<i>entacapone</i>	1	
INBRIJA	3	PA; QL (300 Per fill)
LODOSYN	3	Preferred Alternatives (carbidopa)
NEUPRO	3	Preferred Alternatives (pramipexole di-hcl, pramipexole er, ropinirole hcl)
ONGENTYS	3	PA; QL (30 Per fill); Preferred Alternatives (entacapone)
<i>pramipexole</i>	1	
<i>rasagiline</i>	1	
<i>ropinirole</i>	1	
RYTARY	3	ST; Preferred Alternatives (carbidopa-levodopa, carbidopa-levodopa er)
<i>selegiline hcl</i>	1	
SINEMET	3	Preferred Alternatives (carbidopa-levodopa)
TASMAR	3	Preferred Alternatives (tolcapone)
<i>tolcapone</i>	1	
<i>trihexyphenidyl</i>	1	
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	2	PA; QL (1 per 23 days)
AJOVY AUTOINJECTOR	2	PA; QL (1.5 per 23 days)
AJOVY SYRINGE	2	PA; QL (1 per 23 days)
<i>almotriptan malate oral tablet 12.5 mg</i>	1	ST; QL (12 Per fill)

You can find information 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>almotriptan malate oral tablet 6.25 mg</i>	1	ST; QL (6 Per fill)
<i>dihydroergotamine injection</i>	1	
<i>dihydroergotamine nasal</i>	1	ST; QL (8 Per fill)
<i>eletriptan</i>	1	QL (6 Per fill)
EMGALITY PEN	2	PA; QL (1 per 23 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; QL (1 per 23 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	2	PA; QL (3 per 23 days)
ERGOMAR	3	Preferred Alternatives (ergotamine-caffeine)
<i>ergotamine-caffeine</i>	1	
FROVA	3	ST; QL (9 Per fill); Preferred Alternatives (frovatriptan succinate)
<i>frovatriptan</i>	1	ST; QL (9 Per fill)
<i>migergot</i>	1	
MIGRANAL	3	ST; QL (8 Per fill); Preferred Alternatives (dihydroergotamine mesylate)
<i>naratriptan</i>	1	QL (9 Per fill)
NURTEC ODT	2	PA; QL (16 Per fill)
QULIPTA	2	PA; QL (30 per 23 days)
REYVOW	3	PA; QL (8 Per fill); Preferred Alternatives (eletriptan hbr, naratriptan hcl, rizatriptan, sumatriptan succinate, NURTEC ODT, UBRELVY)
<i>rizatriptan</i>	1	QL (18 Per fill)
<i>sumatriptan</i>	1	QL (6 Per fill)
<i>sumatriptan succinate oral</i>	1	QL (9 Per fill)
<i>sumatriptan succinate subcutaneous</i>	1	QL (1 Per fill)
TOSYMRA	3	ST; QL (6 Per fill); Preferred Alternatives (sumatriptan, zolmitriptan, ZOMIG)
UBRELVY	2	PA; QL (10 Per fill)
ZEMBRACE SYMTOUCH	3	ST; QL (2 Per fill); Preferred Alternatives (sumatriptan succinate)

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

Drug Name	Drug Tier	Requirements / Limits
ZOLMITRIPTAN NASAL SPRAY, NON-AEROSOL 2.5 MG	3	ST; QL (6 Per fill); Preferred Alternatives (sumatriptan, zolmitriptan, ZOMIG)
<i>zolmitriptan nasal spray, non-aerosol 5 mg</i>	1	ST; QL (6 Per fill)
<i>zolmitriptan oral</i>	1	QL (6 Per fill)
ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG	2	ST; QL (6 Per fill)
ZOMIG NASAL SPRAY, NON-AEROSOL 5 MG	3	ST; QL (6 Per fill); Preferred Alternatives (zolmitriptan)

MISCELLANEOUS NEUROLOGICAL THERAPY

ADLARITY	3	ST; Preferred Alternatives (donepezil hcl)
AMVUTTRA	3	ST
ARICEPT	3	ST; Preferred Alternatives (donepezil hcl)
<i>dalfampridine</i>	3	ST; QL (60 Per fill)
<i>dichlorphenamide</i>	3	ST
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil oral tablet 23 mg</i>	1	ST
<i>donepezil oral tablet, disintegrating</i>	1	
<i>edaravone intravenous solution 30 mg/100 ml</i>	3	
EDARAVONE INTRAVENOUS SOLUTION 60 MG/100 ML	3	
EVRYSDI ORAL RECON SOLN	3	PA; QL (240 Per fill); Preferred Alternatives (SPINRAZA)
EVRYSDI ORAL TABLET	3	PA; QL (30 Per fill); Preferred Alternatives (SPINRAZA)
EXELON PATCH	3	ST; Preferred Alternatives (rivastigmine)
FIRDAPSE	3	PA
<i>galantamine</i>	1	
HORIZANT	3	ST; Preferred Alternatives (gabapentin, gabapentin er, pregabalin, pregabalin er)
INGREZZA	3	ST; QL (30 Per fill)
INGREZZA INITIATION PK(TARDIV)	3	ST; QL (28 Per fill)
INGREZZA SPRINKLE	3	ST; QL (30 Per fill)
<i>memantine oral capsule, sprinkle, er 24hr</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>memantine oral solution</i>	1	
<i>memantine oral tablet</i>	1	
MEMANTINE ORAL TABLETS,DOSE PACK	3	Preferred Alternatives (memantine hcl)
<i>memantine-donepezil</i>	1	ST
NAMENDA XR	3	Preferred Alternatives (memantine hcl er)
NAMZARIC	2	ST
NUEDEXTA	2	
NULIBRY	3	PA
<i>ormalvi</i>	3	ST
RADICAVA	3	
RADICAVA ORS STARTER KIT SUSP	3	
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i>	1	
SKYCLARYS	3	PA
SPINRAZA (PF)	3	PA; QL (5 per 90 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	3	ST; QL (120 Per fill)
<i>tetrabenazine oral tablet 25 mg</i>	3	ST; QL (60 Per fill)
TYRUKO	3	PA
TYSABRI	3	PA; QL (15 Per fill)
ZEPOSIA	3	PA; QL (30 Per fill)
ZEPOSIA STARTER KIT (28-DAY)	3	PA; QL (28 Per fill)
ZEPOSIA STARTER PACK (7-DAY)	3	PA; QL (7 Per fill)
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>baclofen oral solution</i>	1	ST
<i>baclofen oral suspension</i>	1	
<i>baclofen oral tablet</i>	1	
<i>carisoprodol</i>	1	Preferred Alternatives (metaxalone, tizanidine hcl)
<i>carisoprodol-aspirin</i>	1	Preferred Alternatives (metaxalone, tizanidine hcl)
<i>carisoprodol-aspirin-codeine</i>	1	Preferred Alternatives (metaxalone, tizanidine hcl)
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	1	PA
<i>chlorzoxazone oral tablet 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>cyclobenzaprine oral capsule, extended release 24hr</i>	1	ST
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	
<i>cyclobenzaprine oral tablet 7.5 mg</i>	1	PA
DANTRIUM	3	Preferred Alternatives (dantrolene sodium)
<i>dantrolene</i>	1	
FEXMID	3	ST; Preferred Alternatives (cyclobenzaprine hcl)
LORZONE	3	ST; Preferred Alternatives (chlorzoxazone)
<i>meprobamate</i>	1	Preferred Alternatives (alprazolam, buspirone hcl, chlordiazepoxide hcl, diazepam, lorazepam)
<i>metaxalone</i>	1	
<i>methocarbamol</i>	1	
NORGESIC	3	PA
NORGESIC FORTE	3	PA; Preferred Alternatives (orphenadrine-aspirin-caffeine)
<i>orphenadrine citrate</i>	1	
<i>orphenadrine-asa-caffeine</i>	1	PA
<i>orphengesic forte</i>	1	PA
<i>pyridostigmine bromide oral syrup</i>	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	Preferred Alternatives (pyridostigmine bromide)
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET EXTENDED RELEASE 105 MG	3	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1	
SOMA	3	Preferred Alternatives (metaxalone, tizanidine hcl)
<i>tanlor</i>	1	
<i>tizanidine oral capsule</i>	1	PA
<i>tizanidine oral tablet</i>	1	
<i>vanadom</i>	1	Preferred Alternatives (metaxalone, tizanidine hcl)
VYVGART	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
VYVGART HYTRULO	3	PA
ZANAFLEX	3	Preferred Alternatives (tizanidine hcl)
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod</i>	1	
<i>acetaminophen-codeine</i>	1	
<i>ascomp with codeine</i>	1	
BELBUCA	2	PA; QL (60 Per fill)
BRIXADI	3	
<i>buprenorphine</i>	1	PA
<i>buprenorphine hcl</i>	1	
<i>butalbital-acetaminop-caf-cod</i>	1	
<i>butalbital-acetaminophen</i>	1	
<i>butalbital-acetaminophen-caff</i>	1	
<i>butalbital-aspirin-caffeine</i>	1	
<i>codeine sulfate</i>	1	
<i>codeine-butalbital-asa-caff</i>	1	
DILAUDID	3	Preferred Alternatives (hydromorphone hcl)
<i>diskets</i>	1	
DSUVIA	3	
<i>endocet</i>	1	
<i>fentanyl</i>	1	PA; QL (15 per 23 days)
FENTANYL CITRATE	3	PA; Preferred Alternatives (fentanyl citrate); QL (90 per 23 days)
FIORICET	3	ST; Preferred Alternatives (butalbital-acetaminophen-caffe)
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr</i>	1	PA; QL (90 per 23 days)
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr</i>	1	PA; QL (60 per 23 days)
<i>hydrocodone-acetaminophen</i>	1	
<i>hydrocodone-ibuprofen</i>	1	
<i>hydromorphone oral liquid</i>	1	
<i>hydromorphone oral tablet</i>	1	
<i>hydromorphone oral tablet extended release 24 hr</i>	1	PA; QL (60 per 23 days)
<i>hydromorphone rectal</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
HYSINGLA ER	3	PA; Preferred Alternatives (hydrocodone bitartrate er); QL (60 per 23 days)
<i>meperidine oral solution</i>	1	Preferred Alternatives (hydromorphone hcl, morphine sulfate, oxycodone hcl)
<i>meperidine oral tablet</i>	1	Preferred Alternatives (codeine sulfate, hydromorphone hcl, morphine sulfate, oxycodone hcl)
<i>methadone</i>	1	
<i>methadose</i>	1	
<i>morphine concentrate</i>	1	
<i>morphine oral capsule, er multiphase 24 hr</i>	1	PA; QL (60 per 23 days)
<i>morphine oral capsule, extend. release pellets</i>	1	PA; QL (90 per 23 days)
<i>morphine oral solution</i>	1	
<i>morphine oral tablet</i>	1	
<i>morphine oral tablet extended release</i>	1	PA; QL (120 per 23 days)
<i>morphine rectal</i>	1	
MS CONTIN	3	PA; Preferred Alternatives (morphine sulfate er); QL (120 per 23 days)
NALOCET	3	PA; Preferred Alternatives (oxycodone-acetaminophen)
<i>oxycodone</i>	1	
<i>oxycodone-acetaminophen oral solution</i>	1	PA
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg</i>	1	PA
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
<i>oxymorphone oral tablet</i>	1	
<i>oxymorphone oral tablet extended release 12 hr</i>	1	PA; QL (90 per 23 days)
<i>prolate</i>	1	PA
ROXICODONE	3	Preferred Alternatives (oxycodone hcl)
SUBLOCADE	3	
<i>tencon</i>	1	
TREZIX	3	Preferred Alternatives (apap-caffeine-dihydrocodeine)

NON-NARCOTIC ANALGESICS

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

Drug Name	Drug Tier	Requirements / Limits
<i>adult aspirin regimen</i>	1	ACA
ANAPROX DS	3	ST; Preferred Alternatives (naproxen sodium)
ARTHROTEC 50	3	ST; Preferred Alternatives (diclofenac sodium-misoprostol)
ARTHROTEC 75	3	ST; Preferred Alternatives (diclofenac sodium-misoprostol)
<i>aspirin</i>	1	ACA
<i>aspirin childrens</i>	1	ACA
<i>bayer low dose aspirin</i>	1	ACA
<i>buprenorphine-naloxone</i>	1	
<i>butorphanol injection</i>	1	
<i>butorphanol nasal</i>	1	QL (5 Per fill)
CAMBIA	3	ST; QL (9 Per fill); Preferred Alternatives (diclofenac potassium)
<i>celecoxib</i>	1	
<i>diclofenac potassium oral capsule</i>	1	ST
<i>diclofenac potassium oral powder in packet</i>	1	ST; QL (9 Per fill)
<i>diclofenac potassium oral tablet 25 mg</i>	1	ST
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral</i>	1	
<i>diclofenac sodium topical drops</i>	1	QL (150 per 21 days)
<i>diclofenac sodium topical gel</i>	1	QL (500 per 21 days)
<i>diclofenac sodium topical solution in metered-dose pump</i>	1	ST; QL (112 per 21 days)
<i>diclofenac-misoprostol</i>	1	
<i>diflunisal</i>	1	
DISALCID	3	Preferred Alternatives (salsalate)
EC-NAPROSYN	3	ST; Preferred Alternatives (naproxen)
<i>ecotrin low strength</i>	1	ACA
<i>etodolac</i>	1	
<i>fenoprofen</i>	1	ST
FLECTOR	2	ST; QL (60 Per fill)
<i>flurbiprofen</i>	1	
<i>ibu</i>	1	
<i>ibuprofen</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>indomethacin oral capsule</i>	1	
<i>indomethacin oral capsule, extended release</i>	1	
<i>indomethacin oral suspension</i>	1	ST
<i>indomethacin rectal</i>	1	
JOURNAVX	3	Preferred Alternatives (acetaminophen, diclofenac sodium, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen); QL (30 per 68 days)
<i>ketoprofen oral capsule 25 mg</i>	1	PA
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr</i>	1	ST
<i>ketorolac</i>	1	QL (20 Per fill)
KLOXXADO	2	QL (2 Per fill)
LICART	2	ST; QL (30 Per fill)
LODINE	3	ST
<i>lofena</i>	1	ST
<i>lofexidine</i>	1	PA; QL (224 Per fill)
LOTREXONE	3	
<i>lurbiro</i>	1	
<i>meclofenamate</i>	1	
<i>mefenamic acid</i>	1	
<i>meloxicam</i>	1	QL (30 Per fill)
<i>meloxicam submicronized</i>	1	ST; QL (30 Per fill)
<i>nabumetone</i>	1	
NALFON	3	ST; Preferred Alternatives (fenoprofen calcium)
<i>naloxone</i>	1	
NALTREX	3	
<i>naltrexone</i>	1	
NAPRELAN CR	3	ST; Preferred Alternatives (naproxen sodium er)
NAPROSYN	3	ST; Preferred Alternatives (naproxen)
<i>naproxen oral suspension</i>	1	ST
<i>naproxen oral tablet</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	1	ST
<i>naproxen sodium oral tablet</i>	1	
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	1	ST
NARCAN	3	QL (2 Per fill); Preferred Alternatives (naloxone hcl)
OPVEE	3	Preferred Alternatives (naloxone hcl, KLOXXADO, REXTOVY)
<i>oxaprozin</i>	1	
<i>pentazocine-naloxone</i>	1	Preferred Alternatives (codeine sulfate, hydromorphone hcl, morphine sulfate, oxycodone hcl)
<i>piroxicam</i>	1	
REXTOVY	2	QL (2 Per fill)
<i>salsalate</i>	1	
<i>st joseph aspirin</i>	1	ACA
<i>st. joseph aspirin</i>	1	ACA
<i>sulindac</i>	1	
TOLECTIN 600	3	ST
<i>tolmetin</i>	1	ST
<i>tramadol oral tablet 100 mg</i>	1	QL (120 Per fill)
<i>tramadol oral tablet 50 mg</i>	1	QL (240 Per fill)
<i>tramadol oral tablet extended release 24 hr</i>	1	PA; QL (30 Per fill)
<i>tramadol oral tablet, er multiphase 24 hr</i>	1	PA; QL (30 Per fill)
<i>tramadol-acetaminophen</i>	1	QL (240 Per fill)
ZUBSOLV	2	
PSYCHOTHERAPEUTIC DRUGS		
ADASUVE	3	
ADZENYS XR-ODT	3	ST; Preferred Alternatives (dextroamphetamine-amphet er, lisdexamfetamine dimesylate)
<i>alprazolam</i>	1	
<i>alprazolam intensol</i>	1	
<i>amitriptyline</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>amitriptyline-chlordiazepoxide</i>	1	
<i>amoxapine</i>	1	
<i>amphetamine sulfate</i>	1	
ANAFRANIL	3	Preferred Alternatives (clomipramine hcl)
<i>aripiprazole oral solution</i>	1	
<i>aripiprazole oral tablet</i>	1	QL (30 Per fill)
<i>aripiprazole oral tablet, disintegrating</i>	1	QL (60 Per fill)
<i>armodafinil</i>	1	ST; QL (30 Per fill)
<i>asenapine maleate</i>	1	QL (60 Per fill)
ATIVAN	3	Preferred Alternatives (lorazepam)
<i>atomoxetine</i>	1	
AUVELITY	3	ST; QL (60 Per fill); Preferred Alternatives (bupropion hcl, citalopram hbr, duloxetine hcl, paroxetine hcl, sertraline hcl, venlafaxine hcl, FETZIMA)
AZSTARYS	2	ST
BELSOMRA	3	ST; QL (30 Per fill); Preferred Alternatives (zolpidem tartrate, doxepin hcl, eszopiclone, zaleplon, ramelteon)
<i>bupropion hcl oral tablet</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr</i>	1	QL (30 Per fill)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	QL (60 Per fill)
<i>buspirone</i>	1	
CAPLYTA	3	QL (30 Per fill); Preferred Alternatives (aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl)
<i>chlordiazepoxide hcl</i>	1	
<i>chlorpromazine</i>	1	
<i>citalopram oral solution</i>	1	
<i>citalopram oral tablet</i>	1	QL (30 Per fill)
<i>clomipramine</i>	1	
<i>clonidine hcl</i>	1	
<i>clorazepate dipotassium</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>clozapine</i>	1	
CLOZARIL	3	Preferred Alternatives (clozapine)
COTEMPLA XR-ODT	3	ST; Preferred Alternatives (dexmethylphenidate hcl er, methylphenidate hcl cd, methylphenidate er, methylphenidate er (la), AZSTARYS)
DAYTRANA	3	ST; Preferred Alternatives (methylphenidate)
DAYVIGO	3	ST; QL (30 Per fill); Preferred Alternatives (zolpidem tartrate, doxepin hcl, eszopiclone, zaleplon, ramelteon)
<i>desipramine</i>	1	
DESOXYN	3	Preferred Alternatives (methamphetamine hcl)
DESVENLAFAXINE	3	ST; QL (30 Per fill); Preferred Alternatives (desvenlafaxine succinate er, duloxetine hcl, venlafaxine hcl er, FETZIMA)
<i>desvenlafaxine succinate</i>	1	ST; QL (30 Per fill)
DEXEDRINE SPANSULE	3	ST; Preferred Alternatives (dextroamphetamine sulfate er)
<i>dexmethylphenidate</i>	1	
<i>dextroamphetamine sulfate</i>	1	
<i>dextroamphetamine-amphetamine</i>	1	
<i>diazepam</i>	1	
<i>diazepam intensol</i>	1	
<i>doxepin oral capsule</i>	1	
<i>doxepin oral concentrate</i>	1	
<i>doxepin oral tablet</i>	1	ST; QL (30 Per fill)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 60 mg</i>	1	QL (60 Per fill)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	1	QL (30 Per fill)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	1	ST; QL (30 Per fill)

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

Drug Name	Drug Tier	Requirements / Limits
EDLUAR	3	ST; QL (30 Per fill); Preferred Alternatives (eszopiclone, zaleplon, zolpidem tartrate)
EMSAM	3	Preferred Alternatives (phenelzine sulfate, tranylcypromine sulfate)
<i>ergoloid</i>	1	
<i>escitalopram oxalate oral solution</i>	1	ST
<i>escitalopram oxalate oral tablet</i>	1	QL (30 Per fill)
<i>estazolam</i>	1	QL (15 Per fill)
<i>eszopiclone</i>	1	QL (30 Per fill)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	2	ST; QL (28 Per fill)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	2	ST; QL (30 Per fill)
<i>fluoxetine oral capsule 10 mg</i>	1	QL (30 Per fill)
<i>fluoxetine oral capsule 20 mg</i>	1	
<i>fluoxetine oral capsule 40 mg</i>	1	QL (60 Per fill)
<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	1	ST; QL (4 Per fill)
<i>fluoxetine oral solution</i>	1	
<i>fluoxetine oral tablet 10 mg</i>	1	ST; QL (30 Per fill)
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	1	ST
<i>fluphenazine hcl</i>	1	
<i>flurazepam</i>	1	QL (15 Per fill)
<i>fluvoxamine oral capsule,extended release 24hr</i>	1	ST; QL (60 Per fill)
<i>fluvoxamine oral tablet 100 mg</i>	1	QL (90 Per fill)
<i>fluvoxamine oral tablet 25 mg</i>	1	QL (30 Per fill)
<i>fluvoxamine oral tablet 50 mg</i>	1	QL (60 Per fill)
GEODON	3	QL (60 Per fill); Preferred Alternatives (ziprasidone hcl)
<i>guanfacine</i>	1	
HALCION	3	QL (15 Per fill); Preferred Alternatives (triazolam)
<i>haloperidol</i>	1	
<i>haloperidol lactate</i>	1	
HETLIOZ	3	ST; QL (30 Per fill)
HETLIOZ LQ	3	ST; QL (158 Per fill)

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

Drug Name	Drug Tier	Requirements / Limits
IGALMI	3	
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 9 MG	3	QL (30 Per fill); Preferred Alternatives (paliperidone er)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	3	QL (60 Per fill); Preferred Alternatives (paliperidone er)
JORNAY PM	3	ST; Preferred Alternatives (dexmethylphenidate hcl er, methylphenidate hcl cd, methylphenidate er, methylphenidate er (1a), AZSTARYS)
<i>lisdexamfetamine oral capsule</i>	1	
<i>lisdexamfetamine oral tablet, chewable</i>	1	ST
<i>lithium carbonate</i>	1	
<i>lithium citrate</i>	1	
LITHOBID	3	Preferred Alternatives (lithium carbonate)
<i>lorazepam</i>	1	
<i>lorazepam intensol</i>	1	
<i>loxapine succinate</i>	1	
LUMRYZ	3	QL (30 Per fill)
LUMRYZ STARTER PACK	3	QL (28 Per fill)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	1	QL (30 Per fill)
<i>lurasidone oral tablet 80 mg</i>	1	QL (60 Per fill)
LYBALVI	3	QL (30 Per fill); Preferred Alternatives (aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl)
MARPLAN	3	Preferred Alternatives (phenelzine sulfate, tranlycypromine sulfate)
METADATE CD	3	ST
<i>methamphetamine</i>	1	
METHYLIN	3	Preferred Alternatives (methylphenidate hcl)
<i>methylphenidate</i>	1	ST

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

Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60</i>	1	ST
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	1	
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	1	
<i>methylphenidate hcl oral solution</i>	1	
<i>methylphenidate hcl oral tablet</i>	1	
<i>methylphenidate hcl oral tablet extended release</i>	1	
<i>methylphenidate hcl oral tablet extended release 24hr</i>	1	
<i>methylphenidate hcl oral tablet,chewable</i>	1	
<i>midazolam</i>	1	
<i>mirtazapine</i>	1	
MKO (MIDAZOLAM-KETAMINE-ONDAN)	3	
<i>modafinil oral tablet 100 mg</i>	1	ST; QL (30 Per fill)
<i>modafinil oral tablet 200 mg</i>	1	ST; QL (60 Per fill)
<i>molindone</i>	1	
MYDAYIS	3	ST; Preferred Alternatives (dextroamphetamine-amphet er)
NARDIL	3	Preferred Alternatives (phenelzine sulfate)
<i>nefazodone</i>	1	Preferred Alternatives (bupropion hcl, mirtazapine, trazodone hcl)
<i>nortriptyline</i>	1	
NUPLAZID	3	PA; QL (30 Per fill); Preferred Alternatives (clozapine, quetiapine fumarate)
<i>olanzapine</i>	1	QL (30 Per fill)
<i>olanzapine-fluoxetine</i>	1	
<i>oxazepam</i>	1	Preferred Alternatives (lorazepam)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	1	QL (30 Per fill)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	1	QL (60 Per fill)
PAMELOR	3	Preferred Alternatives (nortriptyline hcl)

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

Drug Name	Drug Tier	Requirements / Limits
PARNATE	3	Preferred Alternatives (tranylcypromine sulfate)
<i>paroxetine hcl oral suspension</i>	1	ST
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	1	QL (30 Per fill)
<i>paroxetine hcl oral tablet 20 mg, 30 mg</i>	1	QL (60 Per fill)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	ST; QL (60 Per fill)
PAXIL CR	3	ST; QL (60 Per fill); Preferred Alternatives (paroxetine er)
PAXIL ORAL SUSPENSION	3	ST; Preferred Alternatives (paroxetine hcl)
PAXIL ORAL TABLET 10 MG, 40 MG	3	ST; QL (30 Per fill); Preferred Alternatives (paroxetine hcl)
PAXIL ORAL TABLET 20 MG, 30 MG	3	ST; QL (60 Per fill); Preferred Alternatives (paroxetine hcl)
<i>perphenazine</i>	1	
<i>perphenazine-amitriptyline</i>	1	
<i>phenelzine</i>	1	
<i>pimozide</i>	1	
<i>procentra</i>	1	
<i>protriptyline</i>	1	
QELBREE	3	ST; Preferred Alternatives (atomoxetine hcl, clonidine hcl er, guanfacine hcl er)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	QL (90 Per fill)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	QL (60 Per fill)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	QL (30 Per fill)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	1	QL (60 Per fill)
QUVIVIQ	3	ST; QL (30 Per fill); Preferred Alternatives (doxepin hcl, eszopiclone, ramelteon, zaleplon, zolpidem tartrate, zolpidem tartrate er)
<i>ramelteon</i>	1	QL (30 Per fill)
REMERON	3	Preferred Alternatives (mirtazapine)
REMERON SOLTAB	3	Preferred Alternatives (mirtazapine)

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

Drug Name	Drug Tier	Requirements / Limits
RESTORIL	3	QL (15 Per fill); Preferred Alternatives (lorazepam)
REXULTI	3	QL (30 Per fill); Preferred Alternatives (aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl)
RISPERDAL ORAL SOLUTION	3	Preferred Alternatives (risperidone)
RISPERDAL ORAL TABLET	3	QL (60 Per fill); Preferred Alternatives (risperidone)
<i>risperidone oral solution</i>	1	
<i>risperidone oral tablet</i>	1	QL (60 Per fill)
<i>risperidone oral tablet, disintegrating</i>	1	QL (60 Per fill)
SECUADO	3	QL (30 Per fill); Preferred Alternatives (aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl)
<i>sertraline oral capsule</i>	1	ST; QL (30 Per fill)
<i>sertraline oral concentrate</i>	1	
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	QL (60 Per fill)
<i>sertraline oral tablet 25 mg</i>	1	QL (45 Per fill)
SILENOR	3	ST; QL (30 Per fill); Preferred Alternatives (doxepin hcl)
SODIUM OXYBATE	3	QL (540 Per fill); Preferred Alternatives (LUMRYZ, SODIUM OXYBATE, XYWAV)
SPRAVATO	2	PA
SUNOSI	2	ST; QL (30 Per fill)
<i>tasimelteon</i>	3	ST; QL (30 Per fill)
<i>temazepam</i>	1	QL (15 Per fill); Preferred Alternatives (lorazepam)
<i>thioridazine</i>	1	
<i>thiothixene</i>	1	
<i>tranylcypromine</i>	1	
<i>trazodone</i>	1	
<i>triazolam</i>	1	QL (15 Per fill)
<i>trifluoperazine</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>trimipramine</i>	1	
TRINTELLIX	3	ST; QL (30 Per fill); Preferred Alternatives (citalopram hbr, escitalopram oxalate, fluoxetine hcl, fluvoxamine maleate, paroxetine hcl, sertraline hcl, vilazodone hcl)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i>	1	QL (30 Per fill)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	1	QL (90 Per fill)
<i>venlafaxine oral tablet</i>	1	QL (90 Per fill)
<i>venlafaxine oral tablet extended release 24hr</i>	1	ST; QL (30 Per fill)
VERSACLOZ	3	Preferred Alternatives (clozapine odt, clozapine)
<i>vilazodone</i>	1	ST; QL (30 Per fill)
VRAYLAR	3	QL (30 Per fill); Preferred Alternatives (aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl)
WAKIX ORAL TABLET 17.8 MG	3	ST; QL (60 Per fill); Preferred Alternatives (armodafinil, modafinil, LUMRYZ, SODIUM OXYBATE, SUNOSI)
WAKIX ORAL TABLET 4.45 MG	3	ST; QL (30 Per fill); Preferred Alternatives (armodafinil, modafinil, LUMRYZ, SODIUM OXYBATE, SUNOSI)
XYWAV	3	QL (540 Per fill)
<i>zaleplon</i>	1	QL (30 Per fill)
<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	Preferred Alternatives (dextroamphetamine sulfate)
<i>ziprasidone hcl</i>	1	QL (60 Per fill)
<i>zolpidem</i>	1	QL (30 Per fill)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	3	QL (28 per 365 days)
ZURZUVAE ORAL CAPSULE 30 MG	3	QL (14 per 365 days)
ZYPREXA	3	QL (30 Per fill); Preferred Alternatives (olanzapine)

AUTONOMIC & CNS DRUGS, NEUROLOGY

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

Drug Name	Drug Tier	Requirements / Limits
MULTIPLE SCLEROSIS AGENTS		
AVONEX	3	PA; QL (1 per 21 days)
BAFIERTAM	3	PA; QL (120 Per fill)
BETASERON	3	PA; QL (14 per 23 days)
<i>dimethyl fumarate</i>	3	PA; QL (60 Per fill)
<i>fingolimod</i>	3	PA; QL (30 Per fill)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	3	PA; QL (1 per 23 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	3	PA; QL (12 per 23 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	3	PA; QL (1 per 23 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	3	PA; QL (12 per 23 days)
KESIMPTA PEN	3	PA; QL (1 per 21 days)
LEMTRADA	3	PA; QL (3.6 per 365 days)
MAVENCLAD (10 TABLET PACK)	3	PA; QL (40 per 720 days)
MAVENCLAD (4 TABLET PACK)	3	PA; QL (16 per 720 days)
MAVENCLAD (5 TABLET PACK)	3	PA; QL (20 per 720 days)
MAVENCLAD (6 TABLET PACK)	3	PA; QL (24 per 720 days)
MAVENCLAD (7 TABLET PACK)	3	PA; QL (28 per 720 days)
MAVENCLAD (8 TABLET PACK)	3	PA; QL (32 per 720 days)
MAVENCLAD (9 TABLET PACK)	3	PA; QL (36 per 720 days)
MAYZENT	3	PA; QL (30 Per fill)
MAYZENT STARTER(FOR 1MG MAINT)	3	PA; QL (7 Per fill)
MAYZENT STARTER(FOR 2MG MAINT)	3	PA; QL (12 Per fill)
OCREVUS	3	PA; QL (20 per 135 days)
OCREVUS ZUNOVO	3	PA; QL (23 per 135 days)
PLEGRIDY INTRAMUSCULAR	3	PA; QL (1 per 21 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	3	PA; QL (1 per 21 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	3	PA; QL (1 per 365 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	3	PA; QL (1 per 21 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	3	PA; QL (1 per 365 days)
REBIF (WITH ALBUMIN)	3	PA; QL (6 per 21 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	3	PA; QL (6 per 21 days)

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

Drug Name	Drug Tier	Requirements / Limits
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	3	PA; QL (4.2 per 21 days)
REBIF TITRATION PACK	3	PA; QL (4.2 per 21 days)
<i>teriflunomide</i>	3	PA; QL (30 Per fill)
VUMERITY	3	PA; QL (120 Per fill)

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone</i>	1	
BETAPACE	3	Preferred Alternatives (sotalol)
BETAPACE AF	3	Preferred Alternatives (sotalol af)
<i>disopyramide phosphate</i>	1	Preferred Alternatives (amiodarone hcl, quinidine sulfate, sotalol)
<i>dofetilide</i>	1	
<i>flecainide</i>	1	
<i>mexiletine</i>	1	
MULTAQ	2	
<i>pacerone</i>	1	
<i>propafenone</i>	1	
<i>quinidine gluconate</i>	1	
<i>quinidine sulfate</i>	1	
<i>sotalol</i>	1	
<i>sotalol af</i>	1	
SOTYLIZE	2	

ANTIHYPERTENSIVE THERAPY

<i>acebutolol</i>	1	
ALDACTONE	3	Preferred Alternatives (spironolactone)
<i>aliskiren</i>	1	
ALTACE	3	Preferred Alternatives (ramipril)
<i>amiloride</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	
<i>amlodipine</i>	1	
<i>amlodipine-benazepril</i>	1	
<i>amlodipine-olmesartan</i>	1	
<i>amlodipine-valsartan</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>amlodipine-valsartan-hcthiazid</i>	1	
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>betaxolol</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>bumetanide</i>	1	
<i>candesartan</i>	1	
<i>candesartan-hydrochlorothiazid</i>	1	
<i>captopril</i>	1	
<i>captopril-hydrochlorothiazide</i>	1	
CARDIZEM	3	Preferred Alternatives (diltiazem hcl)
CARDIZEM CD	3	Preferred Alternatives (cartia xt, diltiazem 24hr er (cd))
CARDIZEM LA	3	Preferred Alternatives (matzim la)
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG	3	QL (30 Per fill); Preferred Alternatives (doxazosin mesylate)
CARDURA ORAL TABLET 8 MG	3	QL (60 Per fill); Preferred Alternatives (doxazosin mesylate)
CARDURA XL	3	QL (30 Per fill); Preferred Alternatives (alfuzosin hcl er, doxazosin mesylate, silodosin, tamsulosin hcl, terazosin hcl)
<i>cartia xt</i>	1	
<i>carvedilol</i>	1	
<i>carvedilol phosphate</i>	1	
CATAPRES-TTS-1	3	Preferred Alternatives (clonidine hcl); QL (4 per 21 days)
CATAPRES-TTS-2	3	Preferred Alternatives (clonidine hcl); QL (4 per 21 days)
CATAPRES-TTS-3	3	Preferred Alternatives (clonidine hcl); QL (4 per 21 days)
<i>chlorthalidone</i>	1	
<i>clonidine</i>	1	QL (4 per 21 days)
<i>clonidine hcl</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
CONSENSI	3	PA; Preferred Alternatives (amlodipine besylate, celecoxib)
COREG CR	3	Preferred Alternatives (carvedilol er)
DEMSER	3	PA; Preferred Alternatives (metyrosine)
<i>diltiazem</i>	1	
<i>dilt-xr</i>	1	
DIURIL	3	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	QL (30 Per fill)
<i>doxazosin oral tablet 8 mg</i>	1	QL (60 Per fill)
EDECRIN	3	ST; Preferred Alternatives (ethacrynic acid)
<i>enalapril maleate</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>eplerenone</i>	1	
<i>epoprostenol</i>	3	ST
<i>eprosartan</i>	1	
<i>ethacrynic acid</i>	1	
<i>felodipine</i>	1	
FLOLAN	3	ST
<i>fosinopril</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	1	
<i>furosemide</i>	1	
<i>guanfacine</i>	1	
HEMANGEOL	3	ST
<i>hydralazine</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
INSPRA	3	Preferred Alternatives (eplerenone)
<i>irbesartan</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>isosorbide-hydralazine</i>	1	
<i>isradipine</i>	1	
KERENDIA ORAL TABLET 10 MG, 20 MG	2	PA; QL (30 Per fill)
KERENDIA ORAL TABLET 40 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
<i>labetalol</i>	1	
LASIX	3	ST; Preferred Alternatives (furosemide)
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
LOPRESSOR	3	Preferred Alternatives (metoprolol tartrate)
<i>losartan</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
LOTENSIN	3	Preferred Alternatives (benazepril hcl)
LOTENSIN HCT	3	Preferred Alternatives (benazepril-hydrochlorothiazide)
<i>matzim la</i>	1	
<i>methyldopa</i>	1	
<i>methyldopa-hydrochlorothiazide</i>	1	
<i>metolazone</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol ta-hydrochlorothiaz</i>	1	
<i>metoprolol tartrate</i>	1	
<i>metyrosine</i>	1	PA
<i>minoxidil</i>	1	
<i>moexipril</i>	1	
<i>nadolol</i>	1	
<i>nebivolol</i>	1	
<i>nicardipine</i>	1	
<i>nifedipine oral capsule</i>	1	Preferred Alternatives (nicardipine hcl, isradipine)
<i>nifedipine oral tablet extended release</i>	1	
<i>nifedipine oral tablet extended release 24hr</i>	1	
<i>nimodipine</i>	1	
<i>nisoldipine</i>	1	
NYMALIZE	3	Preferred Alternatives (nimodipine)
<i>olmesartan</i>	1	
<i>olmesartan-amlodipin-hcthiazyd</i>	1	
<i>olmesartan-hydrochlorothiazide</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
ORENITRAM	3	PA; QL (90 Per fill); Preferred Alternatives (UPTRAVI)
ORENITRAM MONTH 1 TITRATION KT	3	PA; QL (168 Per fill); Preferred Alternatives (UPTRAVI)
ORENITRAM MONTH 2 TITRATION KT	3	PA; QL (336 Per fill); Preferred Alternatives (UPTRAVI)
ORENITRAM MONTH 3 TITRATION KT	3	PA; QL (252 Per fill); Preferred Alternatives (UPTRAVI)
<i>perindopril erbumine</i>	1	
<i>phenoxybenzamine</i>	1	
<i>pindolol</i>	1	
<i>prazosin</i>	1	
PRESTALIA	3	Preferred Alternatives (amlodipine besylate-benazepril)
PROCARDIA XL	3	Preferred Alternatives (nifedipine er)
<i>propranolol</i>	1	
<i>propranolol-hydrochlorothiazid</i>	1	
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
REMODULIN	3	ST; Preferred Alternatives (treprostinil)
<i>spironolactone</i>	1	
<i>spironolacton-hydrochlorothiaz</i>	1	
SULAR	3	Preferred Alternatives (nisoldipine)
<i>telmisartan</i>	1	
<i>telmisartan-hydrochlorothiazid</i>	1	
TENORETIC 100	3	Preferred Alternatives (atenolol-chlorthalidone)
TENORETIC 50	3	Preferred Alternatives (atenolol-chlorthalidone)
TENORMIN	3	Preferred Alternatives (atenolol)
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	QL (30 Per fill)
<i>terazosin oral capsule 10 mg</i>	1	QL (60 Per fill)
<i>tiadylt er</i>	1	
TIAZAC	3	Preferred Alternatives (diltiazem er, taztia xt)

You can find information 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>timolol maleate</i>	1	
<i>torseamide</i>	1	
<i>trandolapril</i>	1	
<i>trandolapril-verapamil</i>	1	
<i>treprostinil sodium</i>	3	ST
<i>triamterene-hydrochlorothiazid</i>	1	
UPTRAVI INTRAVENOUS	3	
UPTRAVI ORAL TABLET	3	PA; QL (60 Per fill)
UPTRAVI ORAL TABLETS,DOSE PACK	3	PA; QL (200 per 365 days)
<i>valsartan</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
VASERETIC	3	Preferred Alternatives (enalapril-hydrochlorothiazide)
VASOTEC	3	Preferred Alternatives (enalapril maleate)
<i>veletri</i>	3	ST
<i>verapamil</i>	1	
ZESTORETIC	3	Preferred Alternatives (lisinopril-hydrochlorothiazide)
ZESTRIL	3	Preferred Alternatives (lisinopril)
CARDIAC GLYCOSIDES		
<i>digoxin</i>	1	
LANOXIN	3	Preferred Alternatives (digoxin)
COAGULATION THERAPY		
ADVATE	3	ST
ADYNOVATE	3	ST
ADZYNMA	3	PA
AFSTYLA	3	ST
ALHEMO PEN	3	PA
ALPHANATE	3	ST
ALPHANINE SD	3	ST
ALPROLIX	3	ST
ALTUVIIIIO	3	ST
AMICAR	3	Preferred Alternatives (aminocaproic acid)

You can find information 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>aminocaproic acid</i>	1	
ARIXTRA	3	Preferred Alternatives (fondaparinux sodium)
<i>aspirin-dipyridamole</i>	1	
BENEFIX	3	ST
CABLIVI	3	PA
CEPROTIN (BLUE BAR)	3	
CEPROTIN (GREEN BAR)	3	
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
COAGADEX	3	PA
CORIFACT	3	PA
<i>dabigatran etexilate</i>	1	
<i>dipyridamole</i>	1	
DOPTELET (15 TAB PACK)	3	PA; QL (60 Per fill)
DOPTELET SPRINKLE	3	PA; QL (60 Per fill)
EFFIENT	3	Preferred Alternatives (prasugrel hcl)
ELIQUIS	2	
ELIQUIS DVT-PE TREAT 30D START	2	
ELIQUIS SPRINKLE	2	
ELOCTATE	3	ST
<i>eltrombopag olamine</i>	3	PA
<i>enoxaparin</i>	3	
ESPEROCT	3	ST
FEIBA NF	3	PA
FIBRYGA	3	
<i>fondaparinux</i>	3	
FRAGMIN	3	
HEMLIBRA	3	PA
HEMOFIL M HIGH	3	ST
HEMOFIL M LOW	3	ST
HEMOFIL M MID	3	ST
HEMOFIL M SUPER HIGH	3	ST
<i>hep flush-10 (pf)</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>heparin (porcine)</i>	1	
<i>heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml)</i>	1	
HEPARIN (PORCINE) IN 0.9% NACL INTRAVENOUS PARENTERAL SOLUTION 30,000 UNIT/1,000 ML, 5,000 UNIT/1,000 ML, 5,000 UNIT/500 ML (10 UNIT/ML)	3	
<i>heparin (porcine) in 5 % dex</i>	1	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution</i>	1	
HEPARIN (PORCINE) IN NACL (PF) INTRAVENOUS SYRINGE	3	
<i>heparin lock flush (porcine)</i>	1	
<i>heparin lockflush(porcine)(pf)</i>	1	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	
<i>heparin, porcine (pf)</i>	1	
HUMATE-P	3	ST
HYMPAVZI PEN	3	PA
IDELVION	3	ST
<i>jantoven</i>	1	
JIVI	3	ST
KOATE	3	ST; Preferred Alternatives (ALPHANATE, HEMOFIL-M, HUMATE-P, WILATE)
KOGENATE FS	3	ST
KOVALTRY	3	ST
NOVOEIGHT	3	ST
NPLATE	3	PA
OBIZUR	3	
<i>pentoxifylline</i>	1	
PHYTONADIONE (VITAMIN K1) INJECTION SOLUTION 1 MG/0.5 ML	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	1	
<i>phytonadione (vitamin k1) injection syringe</i>	1	
<i>phytonadione (vitamin k1) oral</i>	1	QL (10 Per fill)
<i>prasugrel hcl</i>	1	
PROFILNINE	3	ST
RIASTAP	3	
<i>rivaroxaban</i>	1	
SEVENFACT	3	PA
TAVALISSE	3	PA; QL (60 Per fill)
<i>ticagrelor</i>	1	
TRETTEN	3	PA
<i>vitamin k</i>	1	
<i>vitamin k1</i>	1	
VONVENDI	3	PA
<i>warfarin</i>	1	
WILATE	3	ST
XARELTO	2	
XARELTO DVT-PE TREAT 30D START	2	
XYNTHA	3	ST
XYNTHA SOLOFUSE	3	ST
ZONTIVITY	3	PA; Preferred Alternatives (clopidogrel, aspirin)
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin</i>	1	QL (30 Per fill)
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	1	QL (30 Per fill); ACA
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	QL (30 Per fill)
CADUET	3	ST; QL (30 Per fill); Preferred Alternatives (amlodipine-atorvastatin)
<i>cholestyramine (with sugar)</i>	1	
<i>cholestyramine light</i>	1	
<i>colesevelam</i>	1	
COLESTID	3	Preferred Alternatives (colestipol hcl)
<i>colestipol</i>	1	
EVKEEZA	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
<i>ezetimibe</i>	1	
<i>ezetimibe-simvastatin</i>	1	QL (30 Per fill)
<i>fenofibrate micronized oral capsule 130 mg</i>	1	ST
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized</i>	1	
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	1	ST
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibric acid</i>	1	
<i>fenofibric acid (choline)</i>	1	
FIBRICOR	3	ST; Preferred Alternatives (fenofibric acid)
FLOLIPID	3	ST; QL (150 Per fill); Preferred Alternatives (atorvastatin calcium, fluvastatin er, lovastatin, pitavastatin calcium, pravastatin sodium, rosuvastatin calcium, simvastatin)
<i>fluvastatin oral capsule 20 mg</i>	1	QL (30 Per fill); ACA
<i>fluvastatin oral capsule 40 mg</i>	1	QL (60 Per fill); ACA
<i>fluvastatin oral tablet extended release 24 hr</i>	1	QL (30 Per fill); ACA
<i>gemfibrozil</i>	1	
<i>icosapent ethyl</i>	1	PA
JUXTAPID	3	
LESCOL XL	3	ST; QL (30 Per fill); Preferred Alternatives (fluvastatin er)
LOPID	3	Preferred Alternatives (gemfibrozil)
<i>lovastatin oral tablet 10 mg</i>	1	QL (30 Per fill); ACA
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	QL (60 Per fill); ACA
NEXLETOL	2	PA
NEXLIZET	2	PA
<i>niacin oral tablet</i>	1	PA
<i>niacin oral tablet extended release 24 hr</i>	1	
NIACOR	3	PA; Preferred Alternatives (niacin er)
<i>omega-3 acid ethyl esters</i>	1	PA
<i>pitavastatin calcium</i>	1	QL (30 Per fill)
<i>pravastatin</i>	1	QL (30 Per fill); ACA

You can find information 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>prevalite</i>	1	
QUESTRAN	3	Preferred Alternatives (cholestyramine)
QUESTRAN LIGHT	3	
REPATHA PUSHTRONEX	2	QL (1 per 21 days)
REPATHA SURECLICK	2	QL (2 per 21 days)
REPATHA SYRINGE	2	QL (2 per 21 days)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	1	QL (30 Per fill); ACA
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	QL (30 Per fill)
ROSZET	3	ST; QL (30 Per fill); Preferred Alternatives (ezetimibe, atorvastatin calcium, rosuvastatin calcium)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	QL (30 Per fill); ACA
<i>simvastatin oral tablet 80 mg</i>	1	QL (30 Per fill)
TRYNGOLZA	3	PA
VASCEPA	2	PA
ZYPITAMAG	3	ST; QL (30 Per fill); Preferred Alternatives (atorvastatin calcium, fluvastatin er, lovastatin, pitavastatin calcium, pravastatin sodium, rosuvastatin calcium, simvastatin)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ATTRUBY	3	ST
CAMZYOS	3	PA; QL (30 Per fill)
ENTRESTO	3	ST; QL (60 Per fill); Preferred Alternatives (sacubitril-valsartan)
ENTRESTO SPRINKLE	2	QL (240 Per fill)
FILSPARI	3	PA; QL (30 per 23 days)
<i>ivabradine</i>	1	PA
<i>ranolazine</i>	1	
<i>sacubitril-valsartan</i>	1	QL (60 Per fill)
VANRAFIA	3	PA
VECAMYL	3	Preferred Alternatives (clonidine hcl, RESERPINE)
VERQUVO	2	QL (30 Per fill)
VYNDAMAX	3	ST
VYNDAQEL	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
NITRATES		
GONITRO	3	Preferred Alternatives (nitroglycerin, nitroglycerin)
ISORDIL	3	Preferred Alternatives (isosorbide dinitrate)
ISORDIL TITRADOSE	3	Preferred Alternatives (isosorbide dinitrate)
<i>isosorbide dinitrate</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>nitro-bid</i>	1	
NITRO-DUR	3	Preferred Alternatives (nitroglycerin)
<i>nitroglycerin</i>	1	
NITROLINGUAL	3	Preferred Alternatives (nitroglycerin)
NITROMIST	3	Preferred Alternatives (nitroglycerin)
NITROSTAT	3	Preferred Alternatives (nitroglycerin)
<i>nitro-time</i>	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	1	
ANALPRAM-HC	3	ST; Preferred Alternatives (hc pramoxine, pramoxine hcl w/hydrocortisone)
<i>calcipotriene</i>	1	QL (120 per 23 days)
<i>calcipotriene-betamethasone topical ointment</i>	1	ST; QL (60 per 23 days)
<i>calcipotriene-betamethasone topical suspension</i>	1	QL (60 per 23 days)
<i>calcitriol</i>	1	
ENSTILAR	2	ST; QL (60 per 23 days)
EPIFOAM	3	ST; Preferred Alternatives (hc pramoxine)
<i>hydrocortisone-pramoxine</i>	1	ST
IMULDOSA INTRAVENOUS	3	ST
IMULDOSA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	ST; QL (45 per 63 days)
IMULDOSA SUBCUTANEOUS SYRINGE 90 MG/ML	3	ST; QL (90 per 42 days)

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

Drug Name	Drug Tier	Requirements / Limits
OVACE	3	Preferred Alternatives (sodium sulfacetamide)
OVACE PLUS	3	Preferred Alternatives (sodium sulfacetamide)
OVACE PLUS SHAMPOO	3	Preferred Alternatives (sodium sulfacetamide)
OVACE PLUS WASH	3	Preferred Alternatives (sodium sulfacetamide)
PLEXION NS	3	Preferred Alternatives (sodium sulfacetamide)
PRAMOSONE	3	ST; Preferred Alternatives (hc pramoxine)
SELARSDI INTRAVENOUS	3	ST
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; QL (45 per 63 days)
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML	3	PA; QL (90 per 42 days)
<i>selenium sulfide</i>	1	
SKYRIZI	3	ST; QL (1 per 63 days)
SOTYKTU	3	ST; QL (30 per 23 days)
SPEVIGO	3	PA
STELARA SUBCUTANEOUS SOLUTION	3	ST; Preferred Alternatives (IMULDOSA, SELARSDI, USTEKINUMAB-TTWE, YESINTEK); QL (45 per 63 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	ST; Preferred Alternatives (IMULDOSA, SELARSDI, USTEKINUMAB-TTWE, YESINTEK); QL (45 per 63 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	3	ST; Preferred Alternatives (IMULDOSA, SELARSDI, USTEKINUMAB-TTWE, YESINTEK); QL (90 per 42 days)
<i>sulfacetamide sodium</i>	1	
TALTZ AUTOINJECTOR	3	ST; QL (1 per 21 days)
TALTZ AUTOINJECTOR (2 PACK)	3	ST; QL (1 per 21 days)
TALTZ AUTOINJECTOR (3 PACK)	3	ST; QL (1 per 21 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML	3	ST; QL (0.25 per 21 days)

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

Drug Name	Drug Tier	Requirements / Limits
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 40 MG/0.5 ML	3	ST; QL (0.5 per 21 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	3	ST; QL (1 per 21 days)
TREMFYA INTRAVENOUS	3	ST
TREMFYA ONE-PRESS	3	ST; QL (100 per 42 days)
TREMFYA PEN INDUCTION PK(2PEN)	3	ST; QL (1200 per 365 days)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	3	ST; QL (100 per 42 days)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	3	ST; QL (200 per 21 days)
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	3	ST; QL (100 per 42 days)
TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML	3	ST; QL (200 per 21 days)
USTEKINUMAB-TTWE INTRAVENOUS	3	PA
USTEKINUMAB-TTWE SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; QL (45 per 63 days)
USTEKINUMAB-TTWE SUBCUTANEOUS SYRINGE 90 MG/ML	3	PA; QL (90 per 42 days)
VECTICAL	3	Preferred Alternatives (calcitriol)
VTAMA	2	ST; QL (60 per 21 days)
WYNZORA	3	ST; Preferred Alternatives (amcinonide, betamethasone dipropionate, betamethasone dp augmented, clobetasol propionate, calcipotriene, calcipotriene-betamethasone); QL (60 per 23 days)
YESINTEK INTRAVENOUS	3	ST
YESINTEK SUBCUTANEOUS SOLUTION	3	ST; QL (45 per 63 days)
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	ST; QL (45 per 63 days)
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	3	ST; QL (90 per 42 days)
ZORYVE TOPICAL CREAM 0.15 %	2	ST; QL (60 per 23 days)

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

Drug Name	Drug Tier	Requirements / Limits
ZORYVE TOPICAL CREAM 0.3 %	3	ST; Preferred Alternatives (betamethasone valerate, calcipotriene, clobetasol e, desoximetasone, fluocinonide, ENSTILAR, VTAMA); QL (60 per 23 days)
ZORYVE TOPICAL FOAM	3	ST; Preferred Alternatives (betamethasone valerate, ciclopirox, clobetasol e, desonide, fluocinonide, ketoconazole, mometasone furoate); QL (60 per 23 days)
BURN THERAPY		
SILVADENE	3	Preferred Alternatives (silver sulfadiazine)
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS AUTO-INJECTOR	3	PA; QL (2 per 21 days)
ADBRY SUBCUTANEOUS SYRINGE	3	PA; QL (4 per 21 days)
AMELUZ	3	
ANZUPGO	2	PA; QL (60 per 23 days)
CIBINQO	2	PA; QL (30 per 23 days)
CORTANE-B	3	Preferred Alternatives (hc pramoxine)
<i>diclofenac sodium</i>	1	PA; QL (100 per 21 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	2	PA; QL (400 per 21 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	2	PA; QL (600 per 21 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	2	PA; QL (400 per 21 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	2	PA; QL (600 per 21 days)
EBGLYSS PEN	2	PA; QL (4 per 21 days)
EBGLYSS SYRINGE	2	PA
EFUDEX	3	Preferred Alternatives (fluorouracil)
EUCRISA	2	ST; QL (120 per 23 days)
<i>fluorouracil</i>	1	
HYFTOR	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
<i>imiquimod</i>	1	
IODOFLEX	3	
IODOSORB	3	
LEVULAN	3	
<i>methoxsalen</i>	1	
<i>methyl salicylate</i>	1	
NORMLGEL AG	3	
OPZELURA	3	PA; Preferred Alternatives (pimecrolimus, tacrolimus, betamethasone dipropionate, fluocinonide, triamcinolone acetonide, VTAMA, ZORYVE); QL (240 per 21 days)
PANRETIN	3	PA
<i>pimecrolimus</i>	1	ST; QL (120 per 23 days)
<i>podofilox topical gel</i>	1	ST; QL (7 Per fill)
<i>podofilox topical solution</i>	1	
SCENESSE	3	PA
<i>tacrolimus</i>	1	ST; QL (120 per 23 days)
VALCHLOR	3	PA
<i>wintergreen oil</i>	1	
YCANTH	3	
ZONALON	3	ST; Preferred Alternatives (alclometasone dipropionate, desonide, fluocinolone acetonide, hydrocortisone, hydrocortisone valerate); QL (90 per 23 days)
THERAPY FOR ACNE		
ABSORICA	3	Preferred Alternatives (accutane, amnesteem, claravis, isotretinoin, myorisan, zenatane)
<i>accutane</i>	1	
ACZONE	3	ST; Preferred Alternatives (dapsona)
<i>adapalene topical cream</i>	1	
<i>adapalene topical gel</i>	1	
<i>adapalene topical gel with pump</i>	1	
ADAPALENE TOPICAL LOTION	3	ST; Preferred Alternatives (adapalene, adapalene)

You can find information 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>adapalene topical solution</i>	1	
<i>adapalene topical swab</i>	1	ST
<i>adapalene-benzoyl peroxide</i>	1	
AKLIEF	3	PA; Preferred Alternatives (adapalene, tazarotene, tretinoin, tretinoin microsphere)
ALTRENO	3	Preferred Alternatives (tretinoin, tretinoin microsphere)
<i>amnesteem</i>	1	
AMZEEQ	3	ST; Preferred Alternatives (adapalene, azelaic acid, benzoyl peroxide, clindamycin phosphate, erythromycin, tazarotene, tretinoin)
ARAZLO	3	PA; Preferred Alternatives (tazarotene, tretinoin, tretinoin microsphere)
<i>avar</i>	1	ST
AVAR LS	3	ST; Preferred Alternatives (sulfacetamide sodium-sulfur)
AVAR-E	3	ST; Preferred Alternatives (sulfacetamide sodium-sulfur)
<i>azelaic acid</i>	1	
AZELEX	3	ST; Preferred Alternatives (adapalene, clindamycin phosphate, ivermectin, metronidazole, tazarotene, tretinoin, FINACEA)
BENZAMYCIN	3	ST; Preferred Alternatives (erythromycin-benzoyl peroxide)
<i>benzepro</i>	1	
BENZEPRO (MICROSPHERES)	3	ST
<i>benzoyl peroxide</i>	1	
<i>bp 10-1</i>	1	ST
<i>brimonidine</i>	1	PA
<i>claravis</i>	1	
CLEOCIN T	3	ST; Preferred Alternatives (clindamycin phosphate); QL (120 per 23 days)
<i>clindacin</i>	1	ST; QL (100 per 23 days)

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

Drug Name	Drug Tier	Requirements / Limits
CLINDACIN ETZ TOPICAL KIT	3	ST; Preferred Alternatives (clindamycin phosphate, clindacin etz)
<i>clindacin etz topical swab</i>	1	
<i>clindacin p</i>	1	
CLINDACIN PAC	3	ST; Preferred Alternatives (clindamycin phosphate, clindacin etz)
<i>clindamycin phosphate topical foam</i>	1	ST; QL (100 per 23 days)
<i>clindamycin phosphate topical gel</i>	1	QL (120 per 23 days)
<i>clindamycin phosphate topical gel, once daily</i>	1	ST; QL (150 per 23 days)
<i>clindamycin phosphate topical lotion</i>	1	QL (120 per 23 days)
<i>clindamycin phosphate topical solution</i>	1	QL (120 per 23 days)
<i>clindamycin phosphate topical swab</i>	1	
<i>clindamycin-benzoyl peroxide</i>	1	
<i>clindamycin-tretinoin</i>	1	
<i>dapsone</i>	1	
DIFFERIN TOPICAL CREAM	3	ST; Preferred Alternatives (adapalene)
DIFFERIN TOPICAL GEL WITH PUMP	3	ST; Preferred Alternatives (adapalene)
DIFFERIN TOPICAL LOTION	3	ST; Preferred Alternatives (adapalene, tretinoin, tretinoin microsphere)
EPIDUO FORTE	3	ST; Preferred Alternatives (adapalene-benzoyl peroxide)
<i>ery pads</i>	1	
<i>erythromycin with ethanol</i>	1	
<i>erythromycin-benzoyl peroxide</i>	1	
EVOCLIN	3	ST; Preferred Alternatives (clindamycin phosphate); QL (100 per 23 days)
FINACEA	2	ST
<i>isotretinoin</i>	1	
<i>ivermectin</i>	1	QL (45 per 23 days)
METROCREAM	3	ST; Preferred Alternatives (metronidazole)
METROGEL	3	ST; Preferred Alternatives (metronidazole)
<i>metronidazole</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
MIRVASO	2	PA
<i>neuac</i>	1	
NEUAC KIT	3	ST
ONEXTON	3	ST; Preferred Alternatives (clindamycin-benzoyl peroxide)
PACNEX	3	ST; Preferred Alternatives (benzoyl peroxide)
PLEXION	3	ST; Preferred Alternatives (sodium sulfacetamide-sulfur)
PLEXION CLEANSING CLOTHS	3	ST; Preferred Alternatives (sodium sulfacetamide-sulfur)
PR BENZOYL PEROXIDE	3	ST
RETIN-A	3	Preferred Alternatives (tretinoin)
RETIN-A MICRO PUMP	3	Preferred Alternatives (tretinoin microsphere)
RHOFADE	3	PA; Preferred Alternatives (brimonidine tartrate)
<i>rosadan topical cream</i>	1	
<i>rosadan topical gel</i>	1	
ROSDAN TOPICAL KIT, CLEANSER AND GEL	3	ST; Preferred Alternatives (metronidazole)
ROSDAN TOPICAL KIT,CLEANSER AND CREAM	3	ST; Preferred Alternatives (metronidazole)
ROSULA	3	ST
<i>rosula cleansing cloths</i>	1	
SOOLANTRA	3	ST; Preferred Alternatives (ivermectin); QL (45 per 23 days)
<i>sss 10-5 topical cream</i>	1	
<i>sss 10-5 topical foam</i>	1	ST
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9-4 %, 9-4.5 %, 9.8-4.8 %</i>	1	ST
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	1	
<i>sulfacetamide sodium-sulfur topical cream 10-2 %, 9.8-4.8 %</i>	1	ST
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i>	1	
<i>sulfacetamide sodium-sulfur topical lotion</i>	1	ST

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

Drug Name	Drug Tier	Requirements / Limits
<i>sulfacetamide sodium-sulfur topical pads, medicated</i>	1	
<i>sulfacetamide sodium-sulfur topical suspension</i>	1	ST
<i>sulfacleanse 8-4</i>	1	ST
SUMADAN TOPICAL CLEANSER	3	ST; Preferred Alternatives (sulfacetamide sodium-sulfur)
SUMADAN TOPICAL KIT	3	ST; Preferred Alternatives (sodium sulfacetamide-sulfur)
SUMADAN XLT	3	ST
SUMAXIN	3	ST; Preferred Alternatives (sodium sulfacetamide-sulfur)
SUMAXIN CP	3	ST; Preferred Alternatives (sodium sulfacetamide-sulfur)
SUMAXIN TS	3	ST; Preferred Alternatives (sodium sulfacetamide-sulfur)
<i>tazarotene</i>	1	PA
TAZORAC	3	PA; Preferred Alternatives (tazarotene)
<i>tretinoin</i>	1	
<i>tretinoin microspheres</i>	1	
VANOXIDE-HC	3	ST
<i>zenatane</i>	1	
ZIANA	3	ST; Preferred Alternatives (clindamycin phos-tretinoin)
TOPICAL ANESTHETICS		
COCAINE	3	
<i>dermacinrx lidocan</i>	1	PA
GOPRELTO	3	
<i>lidocaine hcl</i>	1	
<i>lidocaine hcl-hydrocortison ac</i>	1	
<i>lidocaine topical adhesive patch, medicated</i>	1	PA
<i>lidocaine topical ointment</i>	1	QL (50 per 23 days)
<i>lidocaine viscous</i>	1	
<i>lidocaine-prilocaine topical cream</i>	1	QL (30 per 23 days)
<i>lidocaine-prilocaine topical kit</i>	1	
<i>lidocan iii</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
<i>lidocan iv</i>	1	PA
<i>lidocan v</i>	1	PA
<i>lidocort</i>	1	
NUMBRINO	3	
ZTLIDO	2	PA
TOPICAL ANTIBACTERIALS		
ALTABAX	3	ST; QL (30 Per fill); Preferred Alternatives (mupirocin, mupirocin)
CENTANY	3	ST; QL (30 Per fill); Preferred Alternatives (mupirocin, mupirocin)
CENTANY AT	3	ST; QL (1 Per fill); Preferred Alternatives (mupirocin, mupirocin)
<i>gentamicin</i>	1	QL (60 Per fill)
KLARON	3	ST; Preferred Alternatives (sulfacetamide sodium)
<i>lugols</i>	1	
<i>mupirocin</i>	1	QL (44 Per fill)
<i>mupirocin calcium</i>	1	ST; QL (30 Per fill)
NEO-SYNALAR	3	
NEO-SYNALAR KIT	3	
<i>strong iodine</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	
SULFAMYLON	2	
XEPI	3	ST; QL (30 Per fill); Preferred Alternatives (mupirocin, mupirocin)
TOPICAL ANTIFUNGALS		
CICLODAN KIT TOPICAL COMBO PACK	3	
CICLODAN KIT TOPICAL SOLUTION	3	ST; Preferred Alternatives (ciclopirox)
<i>ciclodan topical cream</i>	1	QL (90 per 21 days)
<i>ciclodan topical solution</i>	1	
<i>ciclopirox topical cream</i>	1	QL (90 per 21 days)
<i>ciclopirox topical gel</i>	1	QL (100 per 21 days)
<i>ciclopirox topical shampoo</i>	1	QL (120 per 21 days)
<i>ciclopirox topical solution</i>	1	
<i>ciclopirox topical suspension</i>	1	QL (60 per 21 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>clotrimazole-betamethasone topical cream</i>	1	QL (90 per 21 days)
<i>clotrimazole-betamethasone topical lotion</i>	1	QL (60 per 21 days)
<i>econazole nitrate</i>	1	QL (85 per 21 days)
EXELDERM	3	Preferred Alternatives (ciclopirox, clotrimazole, econazole nitrate, ketoconazole); QL (60 per 21 days)
EXTINA	3	ST; Preferred Alternatives (ketoconazole); QL (100 per 21 days)
JUBLIA	3	ST; Preferred Alternatives (ciclopirox, tavaborole)
<i>ketoconazole topical cream</i>	1	QL (60 per 21 days)
<i>ketoconazole topical foam</i>	1	ST; QL (100 per 21 days)
<i>ketoconazole topical shampoo</i>	1	QL (120 per 21 days)
<i>ketodan</i>	1	ST; QL (100 per 21 days)
<i>ketodan kit</i>	1	ST
<i>klayesta</i>	1	QL (180 Per fill)
LOPROX (AS OLAMINE) TOPICAL CREAM	3	Preferred Alternatives (ciclopirox); QL (90 per 21 days)
LOPROX (AS OLAMINE) TOPICAL SUSPENSION	3	Preferred Alternatives (ciclopirox); QL (60 per 21 days)
LOPROX KIT TOPICAL COMBO PACK	3	Preferred Alternatives (ciclopirox); QL (544 per 23 days)
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER	3	Preferred Alternatives (ciclopirox); QL (1 per 23 days)
<i>nyamyc</i>	1	QL (180 Per fill)
<i>nystatin topical cream</i>	1	QL (60 per 21 days)
<i>nystatin topical ointment</i>	1	QL (60 per 21 days)
<i>nystatin topical powder</i>	1	QL (180 Per fill)
<i>nystatin-triamcinolone</i>	1	QL (60 per 21 days)
<i>nystop</i>	1	QL (180 Per fill)
<i>tavaborole</i>	1	ST
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream</i>	1	PA; QL (5 Per fill)
<i>acyclovir topical ointment</i>	1	PA; QL (30 Per fill)
ZOVIRAX	3	PA; QL (5 Per fill); Preferred Alternatives (acyclovir)
TOPICAL CORTICOSTEROIDS		

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

Drug Name	Drug Tier	Requirements / Limits
ALA-SCALP	3	ST; Preferred Alternatives (hydrocortisone)
<i>alclometasone</i>	1	
<i>amcinonide</i>	1	ST
<i>beser</i>	1	ST
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate topical cream</i>	1	
<i>betamethasone valerate topical foam</i>	1	ST
<i>betamethasone valerate topical lotion</i>	1	
<i>betamethasone valerate topical ointment</i>	1	
<i>betamethasone, augmented</i>	1	
BRYHALI	3	ST; Preferred Alternatives (betamethasone dipropionate, clobetasol propionate, clobetasol e, desoximetasone, fluocinonide, halobetasol propionate)
CAPEX	3	ST; Preferred Alternatives (fluocinolone acetonide)
<i>clobetasol scalp</i>	1	QL (100 per 23 days)
<i>clobetasol topical cream</i>	1	QL (120 per 23 days)
<i>clobetasol topical foam</i>	1	ST; QL (100 per 23 days)
<i>clobetasol topical gel</i>	1	QL (120 per 23 days)
<i>clobetasol topical lotion</i>	1	ST; QL (118 per 23 days)
<i>clobetasol topical ointment</i>	1	QL (120 per 23 days)
<i>clobetasol topical shampoo</i>	1	ST; QL (236 per 23 days)
<i>clobetasol topical spray,non-aerosol</i>	1	ST; QL (125 per 23 days)
<i>clobetasol-emollient topical cream</i>	1	QL (120 per 23 days)
<i>clobetasol-emollient topical foam</i>	1	ST; QL (100 per 23 days)
CLOBEX TOPICAL SHAMPOO	3	ST; Preferred Alternatives (clobetasol propionate); QL (236 per 23 days)
CLOBEX TOPICAL SPRAY,NON-AEROSOL	3	ST; Preferred Alternatives (clobetasol propionate); QL (125 per 23 days)
<i>clodan</i>	1	ST; QL (236 per 23 days)

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

Drug Name	Drug Tier	Requirements / Limits
CLODAN KIT	3	ST; Preferred Alternatives (betamethasone dipropionate, clobetasol propionate, clobetasol e, desoximetasone, fluocinonide, halobetasol propionate); QL (2 per 21 days)
CORDRAN TAPE LARGE ROLL	3	ST; Preferred Alternatives (betamethasone valerate, fluocinolone acetonide, hydrocortisone butyrate, hydrocortisone valerate, mometasone furoate, prednicarbate, triamcinolone acetonide)
DERMA-SMOOTHIE/FS BODY OIL	3	ST; Preferred Alternatives (fluocinolone acetonide)
DERMA-SMOOTHIE/FS SCALP OIL	3	ST; Preferred Alternatives (fluocinolone acetonide)
<i>desonide topical cream</i>	1	
<i>desonide topical gel</i>	1	ST
<i>desonide topical lotion</i>	1	ST
<i>desonide topical ointment</i>	1	
<i>desoximetasone</i>	1	ST
DIPROLENE (AUGMENTED)	3	ST; Preferred Alternatives (betamethasone dipropionate)
DUOBRII	3	ST; Preferred Alternatives (tazarotene, betamethasone dipropionate, clobetasol propionate, halobetasol propionate); QL (200 per 23 days)
<i>fluocinolone</i>	1	
<i>fluocinolone and shower cap</i>	1	
<i>fluocinonide topical cream 0.05 %</i>	1	QL (120 per 23 days)
<i>fluocinonide topical cream 0.1 %</i>	1	ST; QL (120 per 23 days)
<i>fluocinonide topical gel</i>	1	QL (120 per 23 days)
<i>fluocinonide topical ointment</i>	1	QL (120 per 23 days)
<i>fluocinonide topical solution</i>	1	QL (120 per 23 days)
<i>fluocinonide-e</i>	1	QL (120 per 23 days)
<i>fluticasone propionate topical cream</i>	1	
<i>fluticasone propionate topical lotion</i>	1	ST
<i>fluticasone propionate topical ointment</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>halobetasol propionate topical cream</i>	1	
<i>halobetasol propionate topical foam</i>	1	ST
<i>halobetasol propionate topical ointment</i>	1	
HALOG	3	ST; Preferred Alternatives (amcinonide, betamethasone dipropionate, betamethasone valerate, desoximetasone, fluocinonide, fluocinonide-e, triamcinolone acetonide)
<i>hydrocortisone</i>	1	
<i>hydrocortisone butyrate topical cream</i>	1	QL (120 per 23 days)
<i>hydrocortisone butyrate topical lotion</i>	1	ST; QL (118 per 23 days)
<i>hydrocortisone butyrate topical ointment</i>	1	ST; QL (120 per 21 days)
<i>hydrocortisone butyrate topical solution</i>	1	ST; QL (120 per 23 days)
<i>hydrocortisone valerate</i>	1	
KENALOG	3	ST; Preferred Alternatives (triamcinolone acetonide); QL (100 per 23 days)
<i>lexette</i>	1	ST
<i>mometasone</i>	1	
NUCORT	3	ST
OLUX	3	ST; Preferred Alternatives (clobetasol propionate); QL (100 per 23 days)
PANDEL	3	ST; Preferred Alternatives (betamethasone valerate, fluocinolone acetonide, hydrocortisone butyrate, hydrocortisone valerate, mometasone furoate, prednicarbate, triamcinolone acetonide)
<i>prednicarbate</i>	1	
<i>scalacort</i>	1	
SCALACORT DK	3	ST
SYNALAR	3	ST; Preferred Alternatives (fluocinolone acetonide)
SYNALAR CREAM KIT	3	ST; Preferred Alternatives (fluocinolone acetonide)
SYNALAR OINTMENT KIT	3	ST; Preferred Alternatives (fluocinolone acetonide)

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

Drug Name	Drug Tier	Requirements / Limits
SYNALAR TS	3	ST; Preferred Alternatives (fluocinolone acetonide)
TEXACORT	3	ST; Preferred Alternatives (hydrocortisone)
TOPICORT	3	ST; Preferred Alternatives (desoximetasone)
<i>tovet emollient</i>	1	ST; QL (100 per 23 days)
<i>triamcinolone acetonide topical aerosol</i>	1	ST; QL (126 per 23 days)
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	1	ST
<i>triderm</i>	1	ST
TOPICAL ENZYMES		
NEXOBRID	3	
SANTYL	2	QL (180 Per fill)
TOPICAL SCABICIDES / PEDICULICIDES		
ELIMITE	3	Preferred Alternatives (permethrin)
EURAX	3	Preferred Alternatives (permethrin)
<i>malathion</i>	1	
OVIDE	3	Preferred Alternatives (malathion)
<i>permethrin</i>	1	
<i>spinosad</i>	1	
ULESFIA	3	Preferred Alternatives (ivermectin, permethrin, malathion, spinosad)
DIAGNOSTICS & MISCELLANEOUS AGENTS		
DIAGNOSTICS & MISCELLANEOUS AGENTS		
EUA PATIENT ASSESSMENT	2	
IRRIGATING SOLUTIONS		
<i>lactated ringers</i>	1	
<i>neomycin-polymyxin b gu</i>	1	
PHYSIOLYTE	3	
PHYSIOSOL IRRIGATION	3	
<i>ringer's</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
SORBITOL	3	
SORBITOL-MANNITOL	3	
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	1	
<i>acetic acid</i>	1	
AGRYLIN	3	Preferred Alternatives (anagrelide hydrochloride)
<i>anagrelide</i>	1	
ARALAST NP	3	ST
BUPHENYL	3	ST; Preferred Alternatives (sodium phenylbutyrate)
<i>caffeine citrate</i>	1	
CARBAGLU	3	
<i>carglumic acid</i>	3	
CARNITOR	3	Preferred Alternatives (levocarnitine)
CARNITOR (SUGAR-FREE)	3	Preferred Alternatives (levocarnitine)
<i>cevimeline</i>	1	
CHEMET	2	PA
<i>deferasirox</i>	3	ST
<i>deferiprone</i>	3	ST
<i>disulfiram</i>	1	
<i>droxidopa</i>	3	PA; Preferred Alternatives (desmopressin acetate, desmopressin acetate, fludrocortisone acetate, indomethacin, midodrine hcl, pyridostigmine bromide)
EMPAVELI	3	PA
ENJAYMO	3	PA
EPYSQLI	3	PA
EVOXAC	3	Preferred Alternatives (cevimeline hcl)
FABHALTA	3	PA
FERRIPROX (2 TIMES A DAY)	3	PA
FERRIPROX ORAL SOLUTION	3	PA
FERRIPROX ORAL TABLET 1,000 MG	3	PA; Preferred Alternatives (deferiprone (3 times a day))

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

Drug Name	Drug Tier	Requirements / Limits
FERRIPROX ORAL TABLET 500 MG	3	PA; Preferred Alternatives (deferiprone)
GIVLAARI	3	PA
GLASSIA	3	ST
<i>glutamine (sickle cell)</i>	3	ST
<i>glycerol phenylbutyrate</i>	3	ST
INCRELEX	3	PA
JOENJA	3	PA; QL (60 Per fill)
KORSUVA	3	
LAMZEDE	3	PA
<i>levocarnitine</i>	1	
<i>levocarnitine (with sugar)</i>	1	
LITFULO	3	PA; Preferred Alternatives (betamethasone dipropionate, clobetasol propionate, cyclosporine, fluocinonide, methotrexate, prednisone); QL (28 per 21 days)
LITHOSTAT	3	
METOPIRONE	3	
<i>midodrine</i>	1	
<i>nitisinone</i>	3	PA
NITYR	3	PA
OLPRUVA	3	ST; Preferred Alternatives (sodium phenylbutyrate, PHEBURANE)
ORFADIN ORAL CAPSULE	3	PA; Preferred Alternatives (nitisinone)
ORFADIN ORAL SUSPENSION	3	PA; Preferred Alternatives (nitisinone, NITYR)
PHEBURANE	3	ST
PROLASTIN-C	3	ST
PYRUKYND ORAL TABLET	3	PA; QL (56 per 21 days)
PYRUKYND ORAL TABLETS,DOSE PACK	3	PA; QL (14 per 365 days)
RADIOGARDASE	3	
RECLAST	3	Preferred Alternatives (zoledronic acid)
REVCOVI	3	
REZDIFFRA	3	PA; QL (30 per 23 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>riluzole</i>	1	PA
<i>risedronate</i>	1	QL (30 Per fill)
<i>sodium chloride</i>	1	
<i>sodium chloride 0.9 %</i>	1	
<i>sodium phenylbutyrate</i>	1	ST
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG	3	PA; QL (112 Per fill)
SOHONOS ORAL CAPSULE 10 MG	3	PA; QL (56 Per fill)
SOHONOS ORAL CAPSULE 2.5 MG	3	PA; QL (140 Per fill)
SOHONOS ORAL CAPSULE 5 MG	3	PA; QL (84 Per fill)
SYPRINE	3	PA; Preferred Alternatives (trientine hcl)
TAVNEOS	3	PA; Preferred Alternatives (azathioprine, methotrexate, mycophenolate mofetil, RUXIENCE); QL (180 per 23 days)
TEGLUTIK	3	PA; Preferred Alternatives (riluzole)
TIGLUTIK	3	PA; Preferred Alternatives (riluzole)
<i>tiopronin</i>	3	ST
<i>trientine</i>	1	PA
<i>venxxiva</i>	3	ST
VEOPOZ	3	PA
VOYDEYA	3	PA
VYKAT XR	3	PA
<i>water for irrigation, sterile</i>	1	
XENPOZYME	3	PA
XURIDEN	3	
ZEMAIRA	3	ST
ZOKINVY	3	PA; QL (120 Per fill)
<i>zoledronic acid-mannitol-water</i>	3	
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	1	ACA
CHANTIX	3	Preferred Alternatives (varenicline tartrate)
CHANTIX STARTING MONTH BOX	3	Preferred Alternatives (varenicline tartrate)
NICODERM CQ	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
NICORETTE BUCCAL GUM 2 MG	2	
<i>nicorette buccal gum 4 mg</i>	1	ACA
NICORETTE BUCCAL LOZENGE	2	
NICORETTE BUCCAL MINI LOZENGE	2	
<i>nicotine</i>	1	ACA
<i>nicotine (polacrilex)</i>	1	ACA
NICOTROL NS	3	Preferred Alternatives (nicotine, nicotine gum); ACA
<i>quit 2</i>	1	ACA
<i>quit 4</i>	1	ACA
<i>stop smoking aid</i>	1	ACA
<i>varenicline tartrate</i>	1	ACA

EAR, NOSE & THROAT MEDICATIONS

MISCELLANEOUS AGENTS

ARESTIN	3	
<i>azelastine</i>	1	QL (60 Per fill)
<i>chlorhexidine gluconate</i>	1	
CLINPRO 5000	3	Preferred Alternatives (sodium fluoride)
<i>denta 5000 plus</i>	1	
<i>denta 5000 plus sensitive</i>	1	
<i>dentagel</i>	1	
<i>fluoride (sodium)</i>	1	
FLUORIDEX DAILY DEFENSE	3	
FLUORIDEX SENSITIVITY RELIEF	3	Preferred Alternatives (denta 5000 plus, sf 5000 plus)
FLUORIMAX 5000	3	
FLUORIMAX 5000 SENSITIVE	3	
<i>fraiche 5000</i>	1	
FRAICHE 5000 PREVI	3	
GELCLAIR	3	
<i>ipratropium bromide</i>	1	QL (30 Per fill)
JUST RIGHT 5000	3	
<i>kourzeq</i>	1	
MUGARD	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>olopatadine</i>	1	QL (31 Per fill)
<i>oralone</i>	1	
ORAMAGICRX	3	
<i>paroex oral rinse</i>	1	
PERIDEX	3	Preferred Alternatives (chlorhexidine gluconate)
<i>periogard</i>	1	
<i>pilocarpine hcl</i>	1	
PREVIDENT	3	Preferred Alternatives (sodium fluoride)
PREVIDENT 5000 BOOSTER PLUS	3	Preferred Alternatives (sodium fluoride)
PREVIDENT 5000 ENAMEL PROTECT	3	Preferred Alternatives (denta 5000 plus, sf 5000 plus)
PREVIDENT 5000 ORTHO DEFENSE	3	Preferred Alternatives (sodium fluoride)
PREVIDENT 5000 PLUS	3	Preferred Alternatives (sodium fluoride)
PREVIDENT 5000 SENSITIVE	3	Preferred Alternatives (denta 5000 plus, sf 5000 plus)
PREVIDENT KIDS	3	
PROTHELIAL	3	
SALAGEN (PILOCARPINE)	3	Preferred Alternatives (pilocarpine hcl)
<i>sf</i>	1	
<i>sf 5000 plus</i>	1	
<i>sodium fluoride 5000 plus</i>	1	
<i>sodium fluoride-pot nitrate</i>	1	
<i>triamcinolone acetonide</i>	1	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid</i>	1	
<i>ciprofloxacin hcl</i>	1	
DERMOTIC OIL	3	Preferred Alternatives (fluocinolone acetonide oil)
<i>flac otic oil</i>	1	
<i>fluocinolone acetonide oil</i>	1	
<i>hydrocortisone-acetic acid</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>ofloxacin</i>	1	
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin-dexamethasone</i>	1	
CORTISPORIN-TC	3	Preferred Alternatives (neomycin/polymyxin/hc)
<i>neomycin-polymyxin-hc</i>	1	
OTOVEL	3	Preferred Alternatives (ciprofloxacin-dexamethasone)
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR	3	
ACTHAR SELFJECT	3	
CORTEF	3	Preferred Alternatives (hydrocortisone)
<i>cortisone</i>	1	
<i>deflazacort</i>	3	ST
<i>dexabliss</i>	1	ST
<i>dexamethasone intensol</i>	1	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>dexamethasone oral tablets,dose pack</i>	1	ST
<i>fludrocortisone</i>	1	
<i>hydrocortisone</i>	1	
<i>jaythari</i>	3	ST
<i>kymbee</i>	1	ST
MEDROL	3	Preferred Alternatives (methylprednisolone)
MEDROL (PAK)	3	Preferred Alternatives (methylprednisolone)
<i>methylprednisolone</i>	1	
<i>millipred</i>	1	
<i>millipred dp</i>	1	
ORAPRED ODT	3	Preferred Alternatives (prednisolone sodium phosphate)
<i>prednisolone</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone</i>	1	
<i>prednisone intensol</i>	1	
<i>pyquvi</i>	3	ST
TAPERDEX	3	ST; Preferred Alternatives (dexamethasone)
TARPEYO	3	PA; Preferred Alternatives (methylprednisolone, prednisone); QL (28 per 30 days)
TRIESENCE (PF)	3	
XIPERE (PF)	3	
ZCORT	3	ST; Preferred Alternatives (dexamethasone)
ANTITHYROID AGENTS		
<i>methimazole</i>	1	
<i>potassium iodide</i>	1	
<i>propylthiouracil</i>	1	
SSKI	3	Preferred Alternatives (potassium iodide)
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ACCU-CHEK AVIVA CONTROL SOLN	1	
ACCU-CHEK GUIDE L1-L2 CTRL SOL	1	
ACCU-CHEK SMARTVIEW CONTRL SOL	1	
ACCUTREND GLUCOSE CONTROL	1	
ADVOCATE REDI-CODE PLUS CTRL L	1	
AGAMATRIX CONTROL SOLN-HIGH	1	
AGAMATRIX CONTROL SOLN-NORMAL	1	
ASSURE 4 CONTROL SOLUTION	1	
ASSURE DOSE NORMAL CONTROL	1	
ASSURE PRISM CONTROL 1-2 SOLN	1	
AT HOME A1C	1	
BLOOD GLUCOSE CONTROL, NORMAL	1	
BREEZE 2 CONTROL SOLUTION,HIGH	1	
CARESENS CONTROL A AND B	1	
CARESENS S CONTROL A AND B	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
CARETOUCH CONTROL SOLN L2-L3	1	
CLEVER CHOICE LEVEL 2 CONTROL	1	
CONTOUR CONTROL SOLUTION, NML	1	
CONTOUR NEXT LEV 2 CONTROL SOL	1	
DEXCOM G6 RECEIVER	1	QL (1 per 365 days)
DEXCOM G6 SENSOR	1	QL (3 per 23 days)
DEXCOM G6 TRANSMITTER	1	QL (1 per 68 days)
DEXCOM G7 RECEIVER	1	QL (1 per 365 days)
DEXCOM G7 SENSOR	1	QL (3 per 23 days)
DIATRUE CONTROL SOLN NORMAL	1	
EASY PLUS II HIGH CONTROL	1	
EASY STEP HIGH CONTROL SOLN	1	
EASY TALK HIGH CONTROL	1	
EASY TALK PLUS II LOW CONTROL	1	
EASY TOUCH BLU CTRL SOLN-L1,L3	1	
EASY TRAK II CTRL SOLN-NORMAL	1	
EASY TRAK LOW CONTROL	1	
EASYMAX 15 LEVEL 2	1	
EASYMAX NORMAL CONTROL	1	
ELEMENT COMPACT NORMAL CONTROL	1	
ELEMENT NORMAL CONTROL	1	
EMBRACE EVO LEVEL 1	1	
EMBRACE GLUCOSE CONTROL LOW	1	
EMBRACE TALK CONTROL-LOW (L1)	1	
EVOLUTION NORMAL CONTROL	1	
FORA GTEL MULTI-FUNCTN MONITOR	1	
FORA KETONE CONTROL SOLN-L1	1	
FORA NORMAL CONTROL	1	
FORA TN'G ADV MOBILE MULTI MTR	1	
FORA TN'G ADVANCE MULTI-FN MTR	1	
FORA TN'G ADVANCE PRO MONITOR	1	
FORACARE GDH LOW CONTROL	1	
FREESTYLE CONTROL	1	
FREESTYLE FREEDOM	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
FREESTYLE FREEDOM LITE	1	
FREESTYLE INSULINX	1	
FREESTYLE INSULINX TEST STRIPS	1	
FREESTYLE LIBRE 14 DAY READER	1	
FREESTYLE LIBRE 14 DAY SENSOR	1	QL (2 per 21 days)
FREESTYLE LIBRE 2 PLUS SENSOR	1	QL (2 per 23 days)
FREESTYLE LIBRE 2 READER	1	QL (1 per 365 days)
FREESTYLE LIBRE 2 SENSOR	1	QL (2 per 21 days)
FREESTYLE LIBRE 3 PLUS SENSOR	1	QL (2 per 23 days)
FREESTYLE LIBRE 3 READER	1	QL (1 per 365 days)
FREESTYLE LIBRE 3 SENSOR	1	QL (2 per 21 days)
FREESTYLE LITE METER	1	
FREESTYLE LITE STRIPS	1	
FREESTYLE PRECISION NEO STRIPS	1	PA
FREESTYLE TEST	1	
GE100 CONTROL SOLUTION NORMAL	1	
GLUCOCARD 01 NORMAL CONTROL	1	
GLUCOCOM CONTROL NORMAL	1	
GLUCOSE CONTROL	1	
GOJJI GLUCOSE CNTRL SOL-NORMAL	1	
GOJJI KETONE CONTROL SOLN-L1	1	
GOJJI MULTI-FUNCTIONAL METER	1	
GUARDIAN 4 GLUCOSE SENSOR	1	QL (5 per 23 days)
GUARDIAN 4 TRANSMITTER	1	QL (1 per 365 days)
GUARDIAN LINK 3 TRANSMITTER	1	QL (1 per 365 days)
GUARDIAN SENSOR 3	1	QL (5 per 23 days)
HEALTHPRO HIGH-LOW CONTROL	1	
IHEALTH CONTROL SOLN LEVEL 2	1	
INFINITY CONTROL SOLUTION NORM	1	
MEDISENSE	1	
MEDISENSE GLUCOSE KETONE	1	
MINIMED INSTINCT SENSOR	1	
MYGLUCOHEALTH CONTROL SOLUTION	1	
NOVA MAX PLUS GLUC-KETON METER	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
NOVAMAX PLUS GLU-KET	1	
ON CALL EXPRESS CONTROL	1	
ONETOUCH ULTRA CONTROL	1	
ONETOUCH VERIO MID CONTROL	1	
PIP GLUCOSE CONTROL SOLN L1-L2	1	
PRECISION XTRA KETONE-GLUCOSE	1	
PRECISION XTRA MONITOR	1	
PRECISION XTRA TEST	1	
PRODIGY CONTROL SOLUTION, LOW	1	
PRODIGY CONTROL SOLUTION,HIGH	1	
REFUAH PLUS GLUCOSE CONTROL	1	
RIGHTEST CONTROL SOLUTION HIGH	1	
SIMPLERA SENSOR	1	QL (5 per 23 days)
SIMPLERA SYNC SENSOR	1	QL (5 per 23 days)
SMARTTEST CONTROL	1	
SOLUS V2 CONTROL SOLUTION,HIGH	1	
TELCARE CONTROL	1	
TRUE METRIX AIR GLUCOSE METER	1	
TRUE METRIX GLUCOSE METER	1	
TRUE METRIX GO GLUCOSE METER	1	
TRUE METRIX LEVEL 1	1	
UNISTRIP LOW CONTROL	1	
VIVAGUARD INO CTRL SOLN-L1,2,3	1	
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
GLUCAGON HCL	3	
INSULIN SYRINGE-NEEDLE U-100	1	
GLUCOSE ELEVATING AGENTS		
BAQSIMI	2	QL (2 Per fill)
<i>diazoxide</i>	1	
<i>glucagon emergency kit (human)</i>	1	QL (2 Per fill)
GVOKE	2	QL (2 Per fill)
GVOKE HYPOPEN 2-PACK	2	QL (2 Per fill)
GVOKE PFS 2-PACK SYRINGE	2	QL (2 Per fill)
PROGLYCEM	3	Preferred Alternatives (diazoxide)

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

Drug Name	Drug Tier	Requirements / Limits
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
AUTOJECT 2 INJECTION DEVICE	1	
AUTOPEN 1 TO 21 UNITS	1	
AUTOSOFT 30	1	
AUTOSOFT 90	1	
AUTOSOFT XC INFUSION SET 32"	1	
BD INTEGRA NEEDLE	1	
BD MICROTAINER LANCET	1	
BD SPECIALTY USE NEEDLES	1	
CEQR SIMPLICITY	1	
GENTEEL VACUUM LANCING DEVICE	1	
ILET INFUSION KIT-INSET 23"	1	
ILET INFUSION-CONTACT DTCH 23"	1	
ILET STARTER KIT-INSET	1	
INPEN (FOR HUMALOG) PINK	1	
INPEN (NOVOLOG OR FIASP) BLUE	1	
LANCETS	1	
LANCING DEVICE	1	
MEDTRONIC EXT INFUSION SET 23"	1	
MINIMED MIO ADVANCE INF SET23"	1	
MINIMED QUICK SET 43"	1	
MINIMED SILHOUETTE 23"	1	
MINIMED SURE T 32"	1	
MODD1 PATIENT WELCOME KIT	1	Preferred Alternatives (ILET INFUSION-CONTACT DETACH, ILET INFUSION KIT-INSET, ILET INSULIN PUMP, MINIMED, TANDEM MOBI SYSTEM)
MODD1 SUPPLY KIT	1	Preferred Alternatives (ILET INFUSION-CONTACT DETACH, ILET INFUSION KIT-INSET, MINIMED SILHOUETTE, MINIMED SURE T, TANDEM MOBI AUTOSOFT XC SUPPLY)
NOVOPEN ECHO	1	
OMNIPOD 5 (G6/LIBRE 2 PLUS)	1	QL (15 per 23 days)
OMNIPOD 5 G6-G7 PODS (GEN 5)	1	QL (15 per 23 days)

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

Drug Name	Drug Tier	Requirements / Limits
OMNIPOD DASH PODS (GEN 4)	1	QL (15 per 23 days)
T:FLEX	1	
T:SLIM X2	1	
TANDEM MOBI AUTOSOFT 30 KT 23"	1	
TANDEM MOBI AUTOSOFT XC KIT 5"	1	
TANDEM MOBI TRUSTEEL KIT 23"	1	
TANDEM T:SLIM ASFT 30 PK10 23"	1	
TANDEM T:SLIM ASFT XC PK10 23"	1	
TANDEM T:SLIM TRUSTL PK10 23"	1	
TRUSTEEL INFUSION SET 32"	1	
TWIIIST REFILL KT(CSST-NDL-SYR)	1	
TWIIIST RFL(INFUS-CSST-NDL-SYR)	1	
TWIIIST STARTER KIT	1	
VARISOFT INFUSION SET 43"	1	
V-GO 20	1	
V-GO 30	1	
V-GO 40	1	
INSULIN THERAPY		
HUMALOG JUNIOR KWIKPEN U-100	1	
HUMALOG KWIKPEN INSULIN	1	
HUMALOG MIX 50-50 KWIKPEN	1	
HUMALOG MIX 75-25 KWIKPEN	1	
HUMALOG MIX 75-25(U-100)INSULN	1	
HUMALOG U-100 INSULIN	1	
HUMULIN 70/30 U-100 INSULIN	1	
HUMULIN 70/30 U-100 KWIKPEN	1	
HUMULIN N NPH INSULIN KWIKPEN	1	
HUMULIN N NPH U-100 INSULIN	1	
HUMULIN R REGULAR U-100 INSULN	1	
HUMULIN R U-500 (CONC) KWIKPEN	1	
INSULIN GLARGINE-YFGN	1	
INSULIN LISPRO	1	
INSULIN LISPRO PROTAMIN-LISPRO	1	
LANTUS SOLOSTAR U-100 INSULIN	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
LANTUS U-100 INSULIN	1	
LYUMJEV KWIKPEN U-100 INSULIN	1	
LYUMJEV KWIKPEN U-200 INSULIN	1	
LYUMJEV U-100 INSULIN	1	
SEMGLEE(INSULIN GLARGINE-YFGN)	1	
SEMGLEE(INSULIN GLARG-YFGN)PEN	1	
SOLIQUA 100/33	2	QL (15 Per fill)
TOUJEO MAX U-300 SOLOSTAR	1	
TOUJEO SOLOSTAR U-300 INSULIN	1	
TRESIBA FLEXTOUCH U-100	1	
TRESIBA FLEXTOUCH U-200	1	
TRESIBA U-100 INSULIN	1	
MISCELLANEOUS HORMONES		
ALDURAZYME	3	
BRINEURA	3	
<i>cabergoline</i>	1	QL (8 per 21 days)
<i>calcitonin (salmon)</i>	1	
<i>calcitriol</i>	1	
CERDELGA	3	ST; QL (56 Per fill)
CEREZYME	3	ST
<i>cinacalcet</i>	1	
CRENESSITY	3	PA
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML	3	PA; QL (14 per 21 days)
CRYSVITA SUBCUTANEOUS SOLUTION 20 MG/ML	3	PA; QL (8 per 21 days)
CRYSVITA SUBCUTANEOUS SOLUTION 30 MG/ML	3	PA; QL (12 per 21 days)
<i>danazol</i>	1	
DDAVP	3	Preferred Alternatives (desmopressin acetate)
DEPO-TESTOSTERONE	3	Preferred Alternatives (testosterone cypionate)
<i>desmopressin injection</i>	3	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 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
DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	2	
<i>desmopressin oral</i>	1	
<i>doxercalciferol</i>	1	
ELAPRASE	3	
ELFABRIO	3	PA
FABRAZYME	3	
GALAFOLD	3	PA; QL (14 Per fill); Preferred Alternatives (FABRAZYME)
JATENZO ORAL CAPSULE 158 MG, 198 MG	3	QL (120 Per fill); Preferred Alternatives (testosterone, testosterone)
JATENZO ORAL CAPSULE 237 MG	3	QL (60 Per fill); Preferred Alternatives (testosterone, testosterone)
<i>javygtor</i>	3	PA
JYNARQUE ORAL TABLET	3	PA; QL (120 Per fill); Preferred Alternatives (tolvaptan)
JYNARQUE ORAL TABLETS, SEQUENTIAL	3	PA; QL (56 Per fill); Preferred Alternatives (tolvaptan)
KANUMA	3	
LUMIZYME	3	
MEPSEVII	3	
METHITEST	2	
<i>methyltestosterone</i>	1	
MIACALCIN	3	Preferred Alternatives (calcitonin-salmon)
<i>mifepristone</i>	3	ST
<i>miglustat</i>	3	ST; QL (90 Per fill)
MYALEPT	3	PA
NAGLAZYME	3	
NEXVIAZYME	3	
OPFOLDA	3	PA; QL (8 Per fill); Preferred Alternatives (LUMIZYME)
ORILISSA ORAL TABLET 150 MG	2	PA; QL (180 per 365 days)
ORILISSA ORAL TABLET 200 MG	2	PA; QL (360 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	3	PA; QL (30 Per fill)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	3	PA; QL (8 Per fill)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	3	PA; QL (60 Per fill)
<i>paricalcitol</i>	1	
POMBILITI	3	Preferred Alternatives (LUMIZYME)
RAYALDEE	3	Preferred Alternatives (calcitriol, doxercalciferol, paricalcitol)
ROCALTROL	3	Preferred Alternatives (calcitriol)
<i>sapropterin</i>	3	PA
SOMAVERT	3	
STRENSIQ	3	PA
SYNAREL	2	
TEPEZZA	3	PA
TERLIVAZ	3	
TESTOPEL	3	Preferred Alternatives (testosterone cypionate, testosterone enanthate, XYOSTED)
<i>testosterone cypionate</i>	1	
<i>testosterone enanthate</i>	1	
<i>testosterone transdermal gel</i>	1	QL (60 Per fill)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	1	QL (120 Per fill)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	1	QL (300 Per fill)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	1	QL (150 Per fill)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	1	QL (75 Per fill)
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i>	1	QL (300 Per fill)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	1	QL (30 Per fill)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	1	QL (60 Per fill)

You can find information 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>testosterone transdermal solution in metered pump w/app</i>	1	QL (180 Per fill)
<i>tolvaptan (polycys kidney dis) oral tablet</i>	3	ST; QL (120 Per fill)
<i>tolvaptan (polycys kidney dis) oral tablets, sequential</i>	3	ST
<i>tolvaptan oral tablet 15 mg</i>	3	PA; QL (30 Per fill)
<i>tolvaptan oral tablet 30 mg</i>	3	PA; QL (60 Per fill)
VIMIZIM	3	
VOGELXO TRANSDERMAL GEL	3	QL (60 Per fill); Preferred Alternatives (testosterone)
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	3	QL (300 Per fill); Preferred Alternatives (testosterone)
VOGELXO TRANSDERMAL GEL IN PACKET	3	QL (60 Per fill); Preferred Alternatives (testosterone)
VOXZOGO	3	PA
XYOSTED	2	QL (2 per 21 days)
YORVIPATH	3	PA
<i>zelvysia</i>	3	PA
ZEMPLAR	3	Preferred Alternatives (paricalcitol)
<i>zoledronic acid</i>	3	
<i>zoledronic acid-mannitol-water</i>	3	
ZOLEDRONIC AC-MANNITOL-0.9NACL	3	
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose</i>	1	
ACTOPLUS MET	3	QL (90 Per fill); Preferred Alternatives (pioglitazone-metformin)
ACTOS	3	QL (30 Per fill); Preferred Alternatives (pioglitazone hcl)
BYDUREON BCISE	2	PA; QL (3.4 per 21 days)
CYCLOSET	3	Preferred Alternatives (metformin hcl, glimepiride, glipizide, glyburide)
DUETACT	3	QL (30 Per fill); Preferred Alternatives (pioglitazone-glimepiride)
<i>exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml</i>	1	PA; QL (2.4 per 23 days)
<i>exenatide subcutaneous pen injector 5 mcg/dose (250 mcg/ml) 1.2 ml</i>	1	PA; QL (1.2 per 23 days)

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

Drug Name	Drug Tier	Requirements / Limits
FARXIGA	2	ST; QL (30 Per fill)
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glipizide-metformin</i>	1	
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide-metformin</i>	1	
GLYXAMBI	2	ST; QL (30 Per fill)
JANUMET	2	QL (60 Per fill)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	QL (30 Per fill)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	QL (60 Per fill)
JANUVIA	2	QL (30 Per fill)
JARDIANCE	2	ST; QL (30 Per fill)
<i>liraglutide</i>	1	PA; QL (6 per 23 days)
<i>metformin oral solution</i>	1	ST
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
<i>metformin oral tablet 750 mg</i>	1	ST
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	QL (120 Per fill)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	QL (60 Per fill)
<i>metformin oral tablet extended release 24hr 1,000 mg</i>	1	ST; QL (60 Per fill)
<i>metformin oral tablet extended release 24hr 500 mg</i>	1	ST; QL (30 Per fill)
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg</i>	1	ST; QL (60 Per fill)
<i>metformin oral tablet,er gast.retention 24 hr 500 mg</i>	1	ST; QL (120 Per fill)
<i>miglitol</i>	1	
MOUNJARO	2	PA; QL (2 per 21 days)
<i>nateglinide</i>	1	
OSENI	3	QL (30 Per fill); Preferred Alternatives (pioglitazone hcl, saxagliptin hcl, JANUVIA)

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

Drug Name	Drug Tier	Requirements / Limits
OZEMPIC	2	PA; QL (3 per 21 days)
<i>pioglitazone</i>	1	QL (30 Per fill)
<i>pioglitazone-glimepiride</i>	1	QL (30 Per fill)
<i>pioglitazone-metformin</i>	1	QL (90 Per fill)
PRECOSE	3	Preferred Alternatives (acarbose)
<i>repaglinide</i>	1	
RIOMET	3	ST; Preferred Alternatives (metformin hcl)
RYBELSUS	2	PA; QL (30 per 23 days)
<i>saxagliptin</i>	1	QL (30 Per fill)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	1	QL (60 Per fill)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	1	QL (30 Per fill)
SYNJARDY	2	ST; QL (60 Per fill)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	2	ST; QL (30 Per fill)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	2	ST; QL (60 Per fill)
TRIJARDY XR	2	ST
TRULICITY	2	PA; QL (2 per 21 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG	2	ST; QL (30 Per fill)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	2	ST; QL (60 Per fill)
THYROID HORMONES		
<i>adthyza</i>	1	
ARMOUR THYROID	2	
<i>euthyrox</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine</i>	1	
<i>levoxyl</i>	1	
<i>liomny</i>	1	
<i>liothyronine</i>	1	
<i>niva thyroid</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>np thyroid</i>	1	
<i>renthyroid</i>	1	
<i>thyroid (pork)</i>	1	
<i>unithroid</i>	1	

GASTROENTEROLOGY

ANTIDIARRHEALS & ANTISPASMODICS

<i>anaspaz</i>	1	
<i>belladonna alkaloids-opium</i>	1	
<i>chlordiazepoxide-clidinium</i>	1	
<i>dicyclomine</i>	1	
<i>diphenoxylate-atropine</i>	1	
DONNATAL	3	Preferred Alternatives (phenohtro)
<i>ed-spaz</i>	1	
GLYCATE	3	Preferred Alternatives (glycopyrrolate)
<i>glycopyrrolate</i>	1	
<i>hyoscyamine sulfate</i>	1	
<i>hyosyne</i>	1	
LEVVID	3	Preferred Alternatives (hyoscyamine sulfate)
LEVSIN	3	Preferred Alternatives (hyoscyamine sulfate)
LEVSIN/SL	3	Preferred Alternatives (hyoscyamine sulfate)
LOMOTIL	3	Preferred Alternatives (diphenoxylate-atropine)
<i>methscopolamine</i>	1	Preferred Alternatives (glycopyrrolate)
MOTOFEN	3	Preferred Alternatives (diphenoxylate-atropine)
NULEV	3	Preferred Alternatives (hyoscyamine sulfate)
<i>oscimin</i>	1	
<i>oscimin sl</i>	1	
<i>phenobarb-hyoscy-atropine-scop</i>	1	
<i>phenohtro</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
ROBINUL	3	Preferred Alternatives (glycopyrrolate)
ROBINUL FORTE	3	Preferred Alternatives (glycopyrrolate)
SYMAX DUOTAB	3	Preferred Alternatives (hyoscyamine sulfate)
<i>symax fastabs</i>	1	
<i>symax-sl</i>	1	
<i>symax-sr</i>	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron</i>	1	
<i>alvimopan</i>	1	
ANALPRAM-HC RECTAL CREAM 1-1 %	3	Preferred Alternatives (hc pramoxine, pramoxine hcl w/hydrocortisone)
ANALPRAM-HC RECTAL CREAM 2.5-1 %	3	ST; Preferred Alternatives (hc pramoxine, pramoxine hcl w/hydrocortisone)
<i>anucort-hc</i>	1	
<i>aprepitant oral capsule 125 mg, 40 mg</i>	1	QL (1 Per fill)
<i>aprepitant oral capsule 80 mg</i>	1	QL (2 Per fill)
<i>aprepitant oral capsule, dose pack</i>	1	QL (3 Per fill)
APRISO	3	Preferred Alternatives (mesalamine er)
AVSOLA	3	ST
AZULFIDINE	3	Preferred Alternatives (sulfasalazine)
AZULFIDINE EN-TABS	3	Preferred Alternatives (sulfasalazine)
<i>balsalazide</i>	1	
<i>betaine</i>	3	ST
<i>bisacodyl</i>	1	ACA
<i>budesonide</i>	1	
BYLVAY ORAL CAPSULE 1,200 MCG	3	PA; QL (60 Per fill); Preferred Alternatives (cholestyramine, fenofibrate, naltrexone hydrochloride, rifampin, sertraline hcl, ursodiol)
BYLVAY ORAL CAPSULE 400 MCG	3	PA; QL (150 Per fill); Preferred Alternatives (cholestyramine, fenofibrate, naltrexone hydrochloride, rifampin, sertraline hcl, ursodiol)

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

Drug Name	Drug Tier	Requirements / Limits
BYLVAY ORAL PELLETT 200 MCG	3	PA; QL (120 Per fill); Preferred Alternatives (cholestyramine, fenofibrate, naltrexone hydrochloride, rifampin, sertraline hcl, ursodiol)
BYLVAY ORAL PELLETT 600 MCG	3	PA; QL (30 Per fill); Preferred Alternatives (cholestyramine, fenofibrate, naltrexone hydrochloride, rifampin, sertraline hcl, ursodiol)
CHOLBAM ORAL CAPSULE 250 MG	3	PA
CHOLBAM ORAL CAPSULE 50 MG	3	PA; QL (120 Per fill)
CIMZIA POWDER FOR RECONST	3	PA; Preferred Alternatives (ENBREL, OTEZLA, SKYRIZI PEN, SOTYKTU, TALTZ AUTOINJECTOR, TREMFYA); QL (1 per 21 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML	3	PA; Preferred Alternatives (ENBREL, OTEZLA, SKYRIZI PEN, SOTYKTU, TALTZ AUTOINJECTOR, TREMFYA)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	3	PA; Preferred Alternatives (ENBREL, OTEZLA, SKYRIZI PEN, SOTYKTU, TALTZ AUTOINJECTOR, TREMFYA); QL (1 per 21 days)
<i>citroma</i>	1	ACA
<i>clearlax</i>	1	ACA
COLAZAL	3	Preferred Alternatives (balsalazide disodium)
COMPAZINE	3	Preferred Alternatives (prochlorperazine maleate)
<i>compro</i>	1	
<i>constulose</i>	1	
CORTENEMA	3	Preferred Alternatives (hydrocortisone)
CREON	2	
<i>cromolyn</i>	1	
CTEXLI	3	PA
DICLEGIS	3	Preferred Alternatives (doxylamine succ-pyridoxine hcl); QL (720 per 365 days)
<i>doxylamine-pyridoxine (vit b6)</i>	1	QL (720 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>dronabinol</i>	1	PA
<i>dulcolax (magnesium hydroxide)</i>	1	ACA
ENTYVIO	3	ST
<i>enulose</i>	1	
GASTROCROM	3	Preferred Alternatives (cromolyn sodium)
GATTEX 30-VIAL	3	
<i>gavilax</i>	1	ACA
<i>gavilyte-c</i>	1	ACA
<i>gavilyte-g</i>	1	ACA
<i>gavilyte-n</i>	1	ACA
<i>generlac</i>	1	
<i>gentle laxative (bisacodyl)</i>	1	ACA
<i>gentle laxative (mag hydrox)</i>	1	ACA
<i>gentlelax</i>	1	ACA
GOLYTELY	3	Preferred Alternatives (gavilyte-g, peg 3350-electrolyte)
<i>granisetron hcl</i>	1	QL (6 Per fill)
<i>hemmorex-hc</i>	1	
<i>hydrocortisone</i>	1	
<i>hydrocortisone acetate</i>	1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	1	ST
INFLIXIMAB	3	ST
IQIRVO	3	PA
KRISTALOSE	3	Preferred Alternatives (lactulose)
<i>lactulose oral packet 10 gram</i>	1	PA
<i>lactulose oral packet 20 gram</i>	1	
<i>lactulose oral solution</i>	1	
<i>laxative (bisacodyl)</i>	1	ACA
<i>laxative peg 3350</i>	1	ACA
<i>lidocaine hcl-hydrocortison ac rectal cream</i>	1	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL	3	Preferred Alternatives (lidocaine-hydrocortisone)

You can find information 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>lidocaine hcl-hydrocortison ac rectal kit</i>	1	
<i>lidocaine-hydrocortisone-aloe</i>	1	
LINZESS	2	QL (30 Per fill)
LIVDELZI	3	PA
LIVMARLI	3	PA; Preferred Alternatives (cholestyramine, fenofibrate, naltrexone hydrochloride, rifampin, sertraline hcl, ursodiol)
<i>lubiprostone</i>	1	QL (60 Per fill)
<i>magnesium citrate</i>	1	ACA
MARINOL	3	PA; Preferred Alternatives (dronabinol)
<i>meclizine</i>	1	
<i>mesalamine</i>	1	
<i>mesalamine with cleansing wipe</i>	1	
<i>metoclopramide hcl</i>	1	
<i>milk of magnesia</i>	1	ACA
<i>milk of magnesia concentrated</i>	1	ACA
MOVANTIK	2	QL (30 Per fill)
<i>natura-lax</i>	1	ACA
<i>nitroglycerin</i>	1	
OMVOH INTRAVENOUS	3	ST
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML (100 MG/ML X 2)	3	ST; QL (2 per 21 days)
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 300MG/3ML(100MG /ML-200 MG/2ML)	3	ST; QL (3 per 21 days)
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML (100 MG/ML X 2)	3	ST; QL (2 per 21 days)
OMVOH SUBCUTANEOUS SYRINGE 300MG/3ML(100MG /ML-200 MG/2ML)	3	ST; QL (3 per 21 days)
<i>ondansetron</i>	1	QL (9 Per fill)
<i>ondansetron hcl oral solution</i>	1	QL (100 Per fill)
<i>ondansetron hcl oral tablet</i>	1	QL (9 Per fill)
<i>onelax magnesium citrate</i>	1	ACA
<i>oral saline laxative</i>	1	ACA

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

Drug Name	Drug Tier	Requirements / Limits
PANCREAZE	2	
<i>peg 3350-electrolytes</i>	1	ACA
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	1	ACA
<i>peg-electrolyte soln</i>	1	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	3	Preferred Alternatives (mesalamine er)
<i>phosphate laxative</i>	1	ACA
<i>polyethylene glycol 3350</i>	1	ACA
<i>powderlax</i>	1	ACA
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate</i>	1	
PROCORT	3	Preferred Alternatives (hc pramoxine, pramoxine hcl w/hydrocortisone)
PROCTOCORT	3	ST; Preferred Alternatives (hydrocortisone acetate)
<i>procto-med hc</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
<i>prucalopride</i>	1	QL (30 Per fill)
<i>purelax</i>	1	ACA
REBYOTA	3	
RECTIV	2	
REGLAN	3	Preferred Alternatives (metoclopramide hcl)
RELISTOR	2	ST
ROWASA	3	Preferred Alternatives (mesalamine)
SANCUSO	3	QL (1 Per fill); Preferred Alternatives (granisetron hcl, ondansetron hcl)
<i>scopolamine base</i>	1	
SFROWASA	3	Preferred Alternatives (mesalamine)
SKYRIZI INTRAVENOUS	3	ST
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	3	ST; QL (1.2 per 42 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	3	ST; QL (2.4 per 42 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>smoothlax</i>	1	ACA
<i>sodium,potassium,mag sulfates</i>	1	ACA
SUCRAID	3	
<i>sulfasalazine</i>	1	
SYMPROIC	2	
SYNDROS	3	PA; Preferred Alternatives (dronabinol)
<i>trimethobenzamide</i>	1	
TRULANCE	2	
UCERIS ORAL	3	Preferred Alternatives (budesonide er)
UCERIS RECTAL	3	Preferred Alternatives (budesonide)
URSO FORTE	3	Preferred Alternatives (ursodiol)
<i>ursodiol</i>	1	
VARUBI	2	QL (2 Per fill)
VELSIPITY	3	ST; QL (30 per 23 days)
VIBERZI	2	
VIOKACE	2	
VOWST	3	
<i>women's gentle laxative(bisac)</i>	1	ACA
ZENPEP	2	
ZYMFENTRA	3	ST; QL (2 per 21 days)
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz</i>	1	QL (112 Per fill)
<i>bismuth subcit k-metronidz-ten</i>	1	
<i>cimetidine</i>	1	
<i>cimetidine hcl</i>	1	
CYTOTEC	3	Preferred Alternatives (misoprostol)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec)</i>	1	
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	ST; QL (30 Per fill)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	1	ST
<i>famotidine</i>	1	
<i>lansoprazole oral capsule,delayed release(dr/ec)</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>lansoprazole oral tablet,disintegrat, delay rel 15 mg</i>	1	ST; QL (30 Per fill)
<i>lansoprazole oral tablet,disintegrat, delay rel 30 mg</i>	1	ST
<i>misoprostol</i>	1	
<i>nizatidine</i>	1	
OMECLAMOX-PAK	3	QL (80 Per fill); Preferred Alternatives (bismuth-metronidazole-tetracyc, lansoprazol-amoxicil-clarithro, TALICIA)
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg</i>	1	QL (30 Per fill)
<i>omeprazole oral capsule,delayed release(dr/ec) 40 mg</i>	1	
<i>omeprazole-sodium bicarbonate oral capsule</i>	1	ST
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	1	ST; QL (30 Per fill)
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	1	ST
<i>pantoprazole oral granules dr for susp in packet</i>	1	ST
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i>	1	QL (30 Per fill)
<i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</i>	1	
PEPCID	3	Preferred Alternatives (famotidine)
<i>rabeprazole</i>	1	
<i>sucralfate</i>	1	
TALICIA	2	QL (168 Per fill)
VOQUEZNA	3	ST; Preferred Alternatives (esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole sodium, rabeprazole sodium)
VOQUEZNA DUAL PAK	3	Preferred Alternatives (bismuth-metronidazole-tetracyc, lansoprazol-amoxicil-clarithro, TALICIA)
VOQUEZNA TRIPLE PAK	3	Preferred Alternatives (bismuth-metronidazole-tetracyc, lansoprazol-amoxicil-clarithro, TALICIA)

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

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

Drug Name	Drug Tier	Requirements / Limits
BIOTECHNOLOGY DRUGS		
ARCALYST	3	ST; Preferred Alternatives (ILARIS); QL (4 per 21 days)
FULPHILA	3	ST; QL (1.2 per 23 days)
ILARIS (PF)	3	PA; QL (2 per 21 days)
LEUKINE	3	
MOZOBIL	3	Preferred Alternatives (plerixafor)
NIVESTYM	3	ST
<i>plerixafor</i>	3	
PROCRIT	3	ST
PROLEUKIN	3	PA
REBLOZYL	3	PA
RETACRIT	3	ST
XOLREMDI	3	PA
ZIEXTENZO	3	ST; QL (1.2 per 23 days)
GROWTH HORMONES		
EGRIFTA SV	3	PA
EGRIFTA WR	3	PA
GENOTROPIN	3	ST
GENOTROPIN MINIQUICK	3	ST
NGENLA	3	ST
OMNITROPE	3	ST
SEROSTIM	3	PA
INTERFERONS		
ACTIMMUNE	3	
ALFERON N	2	
PEGASYS SUBCUTANEOUS SOLUTION	3	QL (4 per 21 days)
PEGASYS SUBCUTANEOUS SYRINGE	3	QL (2 per 21 days)
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF)	2	ACA
ACTHIB (PF)	2	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF)	2	ACA
AFLURIA 2025-2026 (3YR UP)(PF)	2	ACA

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

Drug Name	Drug Tier	Requirements / Limits
ALYGLO	3	Preferred Alternatives (GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX-C)
AREXVY (PF)	2	ACA
ASCENIV	3	Preferred Alternatives (GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX-C)
BEXSERO	2	ACA
BIOTHRAX	2	ACA
BIVIGAM	3	Preferred Alternatives (GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX-C)
BOOSTRIX TDAP	2	ACA
CAPVAXIVE	2	ACA
COMIRNATY 2025-2026(5-11Y)(PF)	2	ACA
COMIRNATY 2025-26 (12Y UP)(PF)	2	ACA
CUVITRU	3	Preferred Alternatives (XEMBIFY)
CYTOGAM	3	
DAPTACEL (DTAP PEDIATRIC) (PF)	2	ACA
DENGVAXIA (PF)	2	ACA
DYSPORT	3	ST
ENGERIX-B (PF)	2	ACA
ENGERIX-B PEDIATRIC (PF)	2	ACA
FLEBOGAMMA DIF	3	Preferred Alternatives (GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX-C)
FLUAD 2025-2026 (65 YR UP)(PF)	2	ACA
FLUARIX 2025-2026 (PF)	2	ACA
FLUBLOK 2025-2026 (PF)	2	ACA
FLUCELVAX 2025-2026 (PF)	2	ACA
FLULAVAL 2025-2026 (PF)	2	ACA
FLUMIST 2025-2026	2	ACA
FLUMIST HOME 2025-2026	2	ACA
FLUZONE 2025-2026 (PF)	2	ACA

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

Drug Name	Drug Tier	Requirements / Limits
FLUZONE HIGH-DOSE 2025-26 (PF)	2	ACA
GAMASTAN	3	
GAMMAGARD LIQUID	3	
GAMMAGARD S-D (IGA < 1 MCG/ML)	3	
GAMMAPLEX	3	Preferred Alternatives (GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX- C)
GAMMAPLEX (WITH SORBITOL)	3	Preferred Alternatives (GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX- C)
GAMUNEX-C	3	
GARDASIL 9 (PF)	2	ACA
GRASTEK	2	PA
HAVRIX (PF)	2	ACA
HEPLISAV-B (PF)	2	ACA
HIBERIX (PF)	2	ACA
HIZENTRA	3	Preferred Alternatives (XEMBIFY)
HYQVIA	3	Preferred Alternatives (GAMMAGARD LIQUID, GAMUNEX-C, XEMBIFY)
IMOVAX RABIES VACCINE (PF)	2	ACA
INFANRIX (DTAP) (PF)	2	ACA
IPOL	2	ACA
IXIARO (PF)	2	ACA
JYNNEOS (PF)	2	ACA
KINRIX (PF)	2	ACA
MENQUADFI (PF)	2	ACA
MENVEO A-C-Y-W-135-DIP (PF)	2	ACA
M-M-R II (PF)	2	ACA
MNEXSPIKE 2025-2026 (PF)	2	ACA
MRESVIA (PF)	2	ACA
MYOBLOC	3	ST
NUVAXOVID 2025-2026 (PF)	2	ACA

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

Drug Name	Drug Tier	Requirements / Limits
OCTAGAM	3	Preferred Alternatives (GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX- C)
ODACTRA	2	PA
ORALAIR	2	PA
PANZYGA	3	Preferred Alternatives (GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX- C)
PEDIARIX (PF)	2	ACA
PEDVAX HIB (PF)	2	ACA
PENBRAYA (PF)	2	ACA
PENMENVY MEN A-B-C-W-Y (PF)	2	ACA
PENTACEL (PF)	2	ACA
PNEUMOVAX-23	2	ACA
PREVNAR 20 (PF)	2	ACA
PRIORIX (PF)	2	ACA
PRIVIGEN	3	Preferred Alternatives (GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX- C)
PROQUAD (PF)	2	ACA
QUADRACEL (PF)	2	ACA
RABAVERT (PF)	2	ACA
RAGWITEK	2	PA
RECOMBIVAX HB (PF)	2	ACA
ROTARIX	2	ACA
ROTATEQ VACCINE	2	ACA
SHINGRIX (PF)	2	ACA
SPIKEVAX 2025-2026(12Y UP)(PF)	2	ACA
SPIKEVAX 2025-26 (6M-11Y) (PF)	2	ACA
STAMARIL (PF)	2	ACA
TENIVAC (PF)	2	ACA
THYMOGLOBULIN	3	
TICOVAC	2	ACA
TRUMENBA	2	ACA

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

Drug Name	Drug Tier	Requirements / Limits
TWINRIX (PF)	2	ACA
TYPHIM VI	2	ACA
VAQTA (PF)	2	ACA
VARIVAX (PF)	2	ACA
VAXCHORA VACCINE	2	ACA
VAXELIS (PF)	2	ACA
VAXNEUVANCE (PF)	2	ACA
VIMKUNYA	2	ACA
VIVOTIF	2	ACA
XEMBIFY	3	
YF-VAX (PF)	2	ACA

MUSCULOSKELETAL & RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol</i>	1	
<i>colchicine oral capsule</i>	1	ST
<i>colchicine oral tablet</i>	1	
<i>febuxostat</i>	1	ST
GLOPERBA	3	Preferred Alternatives (colchicine, MITIGARE)
KRYSTEXXA	3	PA
MITIGARE	2	ST
<i>probenecid</i>	1	
<i>probenecid-colchicine</i>	1	
ZYLOPRIM	3	Preferred Alternatives (allopurinol)

OSTEOPOROSIS THERAPY

ACTONEL ORAL TABLET 150 MG	3	ST; Preferred Alternatives (risedronate sodium); QL (1 per 23 days)
ACTONEL ORAL TABLET 35 MG	3	ST; Preferred Alternatives (risedronate sodium); QL (4 per 21 days)
<i>alendronate oral solution</i>	1	QL (300 per 21 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	QL (30 Per fill)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL (4 per 21 days)

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

Drug Name	Drug Tier	Requirements / Limits
ATELVIA	3	ST; Preferred Alternatives (risedronate sodium dr); QL (4 per 21 days)
BILDYOS	3	QL (1 per 135 days)
BINOSTO	3	ST; Preferred Alternatives (alendronate sodium); QL (4 per 21 days)
BONSITY	3	PA; QL (1 per 21 days)
EVISTA	3	Preferred Alternatives (raloxifene hcl)
FOSAMAX	3	ST; Preferred Alternatives (alendronate sodium); QL (4 per 21 days)
FOSAMAX PLUS D	3	ST; Preferred Alternatives (alendronate sodium); QL (4 per 21 days)
<i>ibandronate intravenous</i>	3	
<i>ibandronate oral</i>	1	QL (1 per 23 days)
<i>raloxifene</i>	1	
<i>risedronate oral tablet 150 mg</i>	1	QL (1 per 23 days)
<i>risedronate oral tablet 35 mg</i>	1	QL (4 per 21 days)
<i>risedronate oral tablet 5 mg</i>	1	QL (30 Per fill)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	QL (4 per 21 days)
<i>teriparatide</i>	3	PA; QL (1 per 21 days)
TYMLOS	3	PA; QL (1 Per fill)
OTHER RHEUMATOLOGICALS		
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	3	PA; QL (4 per 21 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	3	PA; QL (2 per 21 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML	3	PA; QL (2 per 21 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	3	PA; QL (4 per 21 days)
ADALIMUMAB-ADB M SUBCUTANEOUS PEN INJECTOR KIT	3	ST; QL (4 per 21 days)
ADALIMUMAB-ADB M SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	3	ST; QL (2 per 21 days)

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

Drug Name	Drug Tier	Requirements / Limits
ADALIMUMAB-ADB M SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML	3	ST; QL (4 per 21 days)
ADALIMUMAB-RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT	3	ST; Preferred Alternatives (ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADB M(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, SIMLANDI(CF) AUTOINJECTOR); QL (4 per 21 days)
ADALIMUMAB-RYVK SUBCUTANEOUS SYRINGE KIT	3	ST; QL (4 per 21 days)
ARAVA	3	QL (30 Per fill); Preferred Alternatives (leflunomide)
AURANOFIN	2	
AVTOZMA	3	ST
BENLYSTA INTRAVENOUS	3	PA
BENLYSTA SUBCUTANEOUS	3	PA; QL (4 per 21 days)
DEPEN TITRATABS	3	PA; Preferred Alternatives (penicillamine)
ENBREL MINI	3	ST; QL (4 per 21 days)
ENBREL SUBCUTANEOUS SOLUTION	3	ST; QL (8 per 21 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	3	ST; QL (8 per 21 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	3	ST; QL (4 per 21 days)
ENBREL SURECLICK	3	ST; QL (4 per 21 days)
<i>leflunomide</i>	1	QL (30 Per fill)
LEQSELVI	3	PA; Preferred Alternatives (betamethasone dipropionate, clobetasol propionate, cyclosporine, fluocinonide, methotrexate, prednisone)
OTEZLA	3	ST; QL (60 per 23 days)
OTEZLA STARTER	3	ST; QL (55 per 365 days)
OTEZLA XR	3	ST
OTEZLA XR INITIATION	3	ST
<i>penicillamine</i>	1	PA
RIDAURA	2	
RINVOQ LQ	3	PA; QL (360 per 23 days)

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

Drug Name	Drug Tier	Requirements / Limits
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	3	PA; QL (30 per 23 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	3	PA; QL (56 per 365 days)
SAVELLA ORAL TABLET	2	ST; QL (60 Per fill)
SAVELLA ORAL TABLETS,DOSE PACK	2	ST; QL (55 Per fill)
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	3	ST; QL (4 per 21 days)
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	3	ST; QL (2 per 21 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	3	ST; QL (2 per 21 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	3	ST; QL (4 per 21 days)
SIMPONI	3	PA; QL (1 per 21 days)
SIMPONI ARIA	3	ST; Preferred Alternatives (ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADB(M)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, AVSOLA, INFLIXIMAB, SIMLANDI(CF) AUTOINJECTOR, SIMPONI)
TYENNE AUTOINJECTOR	3	PA; QL (3.6 per 21 days)
TYENNE INTRAVENOUS	3	ST
TYENNE SUBCUTANEOUS	3	PA; QL (3.6 per 21 days)
XELJANZ ORAL SOLUTION	3	PA; QL (480 per 23 days)
XELJANZ ORAL TABLET	3	PA; QL (60 per 23 days)
XELJANZ XR	3	PA; QL (30 per 23 days)

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

CAYA CONTOURED	2	ACA
DUREX AVANTI BARE REAL FEEL	3	ACA
DUREX TROPICAL CONDOM	3	ACA
FC2 FEMALE CONDOM	2	ACA
FEMCAP	2	ACA
KYLEENA	2	ACA

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

Drug Name	Drug Tier	Requirements / Limits
LILETTA	3	Preferred Alternatives (KYLEENA, MIRENA, SKYLA); ACA
MIRENA	2	ACA
MIUDELLA	3	Preferred Alternatives (PARAGARD T 380-A); ACA
PARAGARD T 380A	2	ACA
SKYLA	2	ACA
TRUSTEX-RIA NON-LUB CONDOMS	2	ACA
WIDE-SEAL DIAPHRAGM	3	ACA
ESTROGENS & PROGESTINS		
<i>abigale</i>	1	
<i>abigale lo</i>	1	
ACTIVELLA	3	Preferred Alternatives (estradiol-norethindrone acetat)
ANGELIQ	3	Preferred Alternatives (abigale, estradiol-norethindrone acetat, fyavolv, jinteli, mimvey, norethindron-ethinyl estradiol)
<i>camila</i>	1	ACA
CLIMARA	3	Preferred Alternatives (estradiol); QL (4 per 21 days)
COMBIPATCH	2	
<i>conjugated estrogens</i>	1	
<i>covaryx</i>	1	
<i>covaryx h.s.</i>	1	
<i>deblitane</i>	1	ACA
DELESTROGEN	3	Preferred Alternatives (estradiol valerate)
DEPO-ESTRADIOL	2	
DEPO-PROVERA	3	Preferred Alternatives (medroxyprogesterone acetate); ACA; QL (1 per 68 days)
DEPO-SUBQ PROVERA 104	3	Preferred Alternatives (medroxyprogesterone acetate); ACA; QL (1 per 68 days)
<i>dotti</i>	1	QL (8 per 21 days)
DUAVEE	2	
<i>eemt</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>eemt hs</i>	1	
<i>emzahh</i>	1	ACA
<i>errin</i>	1	ACA
<i>estradiol oral</i>	1	
<i>estradiol transdermal gel in metered-dose pump</i>	1	QL (1 Per fill)
<i>estradiol transdermal gel in packet</i>	1	QL (30 Per fill)
<i>estradiol transdermal patch semiweekly</i>	1	QL (8 per 21 days)
<i>estradiol transdermal patch weekly</i>	1	QL (4 per 21 days)
<i>estradiol vaginal</i>	1	
<i>estradiol valerate</i>	1	
<i>estradiol-norethindrone acet</i>	1	
ESTRATEST H.S.	3	
<i>estrogens-methyltestosterone</i>	1	
EVAMIST	3	QL (17 Per fill); Preferred Alternatives (estradiol, estradiol, estradiol)
<i>fyavolv</i>	1	
<i>gallifrey</i>	1	
<i>heather</i>	1	ACA
<i>incassia</i>	1	ACA
<i>jencycla</i>	1	ACA
<i>jinteli</i>	1	
<i>lyleq</i>	1	ACA
<i>lyllana</i>	1	QL (8 per 21 days)
<i>lyza</i>	1	ACA
<i>medroxyprogesterone intramuscular</i>	1	ACA; QL (1 per 68 days)
<i>medroxyprogesterone oral</i>	1	
<i>meleya</i>	1	ACA
MENOSTAR	3	Preferred Alternatives (estradiol); QL (4 per 21 days)
<i>mimvey</i>	1	
<i>nora-be</i>	1	ACA
<i>norethindrone (contraceptive)</i>	1	ACA
<i>norethindrone acetate</i>	1	
<i>norethindrone ac-eth estradiol</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
OPILL	2	ACA
<i>orquidea</i>	1	ACA
PREMARIN	2	
<i>progesterone</i>	3	
<i>progesterone micronized</i>	1	
PROMETRIUM	3	Preferred Alternatives (progesterone)
PROVERA	3	Preferred Alternatives (medroxyprogesterone acetate)
<i>sharobel</i>	1	ACA
<i>tulana</i>	1	ACA
<i>yuvafem</i>	1	
MISCELLANEOUS OB/GYN		
ANNOVERA	3	Preferred Alternatives (drospirenone-ethinyl estradiol, eluryng, etonogestrel-ethinyl estradiol, junel fe, sprintec, tri-sprintec, xulane); ACA; QL (1 per 274 days)
CERVIDIL	3	
CLEOCIN VAGINAL CREAM	3	Preferred Alternatives (clindamycin phosphate)
CLEOCIN VAGINAL SUPPOSITORY	3	Preferred Alternatives (clindamycin phosphate, metronidazole, XACIATO)
<i>clindamycin phosphate</i>	1	
CLINDESSE	3	Preferred Alternatives (clindamycin phosphate, metronidazole, XACIATO)
<i>eluryng</i>	1	ACA
<i>enilloring</i>	1	ACA
<i>etonogestrel-ethinyl estradiol</i>	1	ACA
<i>fem ph</i>	1	
GYNAZOLE-1	3	Preferred Alternatives (terconazole)
<i>haloette</i>	1	ACA
<i>metronidazole</i>	1	
<i>miconazole-3</i>	1	
MYFEMBREE	2	PA
NEXPLANON	2	ACA

You can find information 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>norelgestromin-ethin.estradiol</i>	1	ACA
NUVESSA	3	Preferred Alternatives (metronidazole, clindamycin phosphate, XACIATO)
ORIAHNN	2	PA
PREPIDIL	3	
RELAGARD	3	Preferred Alternatives (fem ph)
<i>terconazole</i>	1	
<i>tranexamic acid</i>	1	
TRIMO-SAN JELLY	2	
<i>vandazole</i>	1	
VCF CONTRACEPTIVE FILM	2	ACA
VCF CONTRACEPTIVE GEL	2	ACA
VEOZAH	3	Preferred Alternatives (estradiol, estradiol, paroxetine hcl)
XACIATO	2	
<i>xulane</i>	1	ACA
<i>zafemy</i>	1	ACA

ORAL CONTRACEPTIVES & RELATED AGENTS

<i>afirmelle</i>	1	ACA
<i>after pill</i>	1	QL (1 Per fill); ACA
AFTERA	3	QL (1 Per fill); ACA
<i>altavera (28)</i>	1	ACA
<i>alyacen 1/35 (28)</i>	1	ACA
<i>alyacen 7/7/7 (28)</i>	1	ACA
<i>amethia</i>	1	ACA
<i>amethyst (28)</i>	1	ACA
<i>apri</i>	1	ACA
<i>aranelle (28)</i>	1	ACA
<i>ashlyna</i>	1	ACA
<i>aubra</i>	1	ACA
<i>aubra eq</i>	1	ACA
<i>aurovela 1.5/30 (21)</i>	1	ACA
<i>aurovela 1/20 (21)</i>	1	ACA
<i>aurovela 24 fe</i>	1	ACA
<i>aurovela fe 1.5/30 (28)</i>	1	ACA

You can find information 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>aurovela fe 1-20 (28)</i>	1	ACA
<i>aviane</i>	1	ACA
<i>ayuna</i>	1	ACA
<i>azurette (28)</i>	1	ACA
<i>balziva (28)</i>	1	ACA
BEYAZ	3	Preferred Alternatives (drospirenone-eth estro-levomef); ACA
<i>blisovi 24 fe</i>	1	ACA
<i>blisovi fe 1.5/30 (28)</i>	1	ACA
<i>blisovi fe 1/20 (28)</i>	1	ACA
<i>briellyn</i>	1	ACA
<i>camrese</i>	1	ACA
<i>camrese lo</i>	1	ACA
<i>caziant (28)</i>	1	ACA
<i>charlotte 24 fe</i>	1	ACA
<i>chateal eq (28)</i>	1	ACA
<i>cryselle (28)</i>	1	ACA
<i>cyred</i>	1	ACA
<i>cyred eq</i>	1	ACA
<i>dasetta 1/35 (28)</i>	1	ACA
<i>dasetta 7/7/7 (28)</i>	1	ACA
<i>daysee</i>	1	ACA
<i>desog-e.estradiol/e.estradiol</i>	1	ACA
<i>dolishale</i>	1	ACA
<i>drospirenone-e.estradiol-lm.fa</i>	1	ACA
<i>drospirenone-ethinyl estradiol</i>	1	ACA
<i>econtra ez</i>	1	QL (1 Per fill); ACA
<i>econtra one-step</i>	1	QL (1 Per fill); ACA
<i>elinest</i>	1	ACA
ELLA	2	QL (1 Per fill); ACA
<i>enpresse</i>	1	ACA
<i>enskyce</i>	1	ACA
<i>estarylla</i>	1	ACA
<i>ethynodiol diac-eth estradiol</i>	1	ACA

You can find information 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>falmina (28)</i>	1	ACA
<i>feirza</i>	1	ACA
<i>finzala</i>	1	ACA
<i>galbriela</i>	1	ACA
<i>gemmily</i>	1	ACA
<i>hailey</i>	1	ACA
<i>hailey 24 fe</i>	1	ACA
<i>hailey fe 1.5/30 (28)</i>	1	ACA
<i>hailey fe 1/20 (28)</i>	1	ACA
<i>iclevia</i>	1	ACA
<i>introvale</i>	1	ACA
<i>isibloom</i>	1	ACA
<i>jaimiess</i>	1	ACA
<i>jasmiel (28)</i>	1	ACA
<i>jolessa</i>	1	ACA
<i>joyeaux</i>	1	ACA
<i>juleber</i>	1	ACA
<i>junel 1.5/30 (21)</i>	1	ACA
<i>junel 1/20 (21)</i>	1	ACA
<i>junel fe 1.5/30 (28)</i>	1	ACA
<i>junel fe 1/20 (28)</i>	1	ACA
<i>junel fe 24</i>	1	ACA
<i>kaitlib fe</i>	1	ACA
<i>kalliga</i>	1	ACA
<i>kariva (28)</i>	1	ACA
<i>kelnor 1/35 (28)</i>	1	ACA
<i>kurvelo (28)</i>	1	ACA
<i>l norgest/e.estradiol-e.estradiol</i>	1	ACA
<i>larin 1.5/30 (21)</i>	1	ACA
<i>larin 1/20 (21)</i>	1	ACA
<i>larin 24 fe</i>	1	ACA
<i>larin fe 1.5/30 (28)</i>	1	ACA
<i>larin fe 1/20 (28)</i>	1	ACA
<i>lessina</i>	1	ACA

You can find information 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>levonest (28)</i>	1	ACA
<i>levonorgest-eth.estradiol-iron</i>	1	ACA
<i>levonorgestrel</i>	1	QL (1 Per fill); ACA
<i>levonorgestrel-ethinyl estrad</i>	1	ACA
<i>levonorg-eth estrad triphasic</i>	1	ACA
<i>levora-28</i>	1	ACA
<i>lojaimiess</i>	1	ACA
<i>loryna (28)</i>	1	ACA
<i>low-ogestrel (28)</i>	1	ACA
<i>lo-zumandimine (28)</i>	1	ACA
<i>luizza</i>	1	ACA
<i>lutra (28)</i>	1	ACA
<i>marlissa (28)</i>	1	ACA
<i>mibelas 24 fe</i>	1	ACA
<i>microgestin 1.5/30 (21)</i>	1	ACA
<i>microgestin 1/20 (21)</i>	1	ACA
<i>microgestin fe 1.5/30 (28)</i>	1	ACA
<i>microgestin fe 1/20 (28)</i>	1	ACA
<i>mili</i>	1	ACA
<i>minzoya</i>	1	ACA
<i>mono-linyah</i>	1	ACA
<i>my choice</i>	1	QL (1 Per fill); ACA
<i>my way</i>	1	QL (1 Per fill); ACA
<i>necon 0.5/35 (28)</i>	1	ACA
<i>new day</i>	1	QL (1 Per fill); ACA
<i>nikki (28)</i>	1	ACA
<i>noreth-ethinyl estradiol-iron</i>	1	ACA
<i>norethindrone ac-eth estradiol</i>	1	ACA
<i>norethindrone-e.estradiol-iron</i>	1	ACA
<i>norgestimate-ethinyl estradiol</i>	1	ACA
<i>nortrel 0.5/35 (28)</i>	1	ACA
<i>nortrel 1/35 (21)</i>	1	ACA
<i>nortrel 1/35 (28)</i>	1	ACA
<i>nortrel 7/7/7 (28)</i>	1	ACA

You can find information 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>nylia 1/35 (28)</i>	1	ACA
<i>nylia 7/7/7 (28)</i>	1	ACA
<i>ocella</i>	1	ACA
<i>opcicon one-step</i>	1	QL (1 Per fill); ACA
<i>option-2</i>	1	QL (1 Per fill); ACA
<i>philith</i>	1	ACA
<i>pimtrea (28)</i>	1	ACA
PLAN B ONE-STEP	2	QL (1 Per fill); ACA
<i>portia 28</i>	1	ACA
<i>reclipsen (28)</i>	1	ACA
<i>rivelsa</i>	1	ACA
<i>rosyrah</i>	1	ACA
<i>setlakin</i>	1	ACA
<i>simliya (28)</i>	1	ACA
<i>simpesse</i>	1	ACA
<i>sprintec (28)</i>	1	ACA
<i>sronyx</i>	1	ACA
<i>syeda</i>	1	ACA
TAKE ACTION	3	QL (1 Per fill); ACA
<i>tarina 24 fe</i>	1	ACA
<i>tarina fe 1/20 (28)</i>	1	ACA
<i>tilia fe</i>	1	ACA
<i>tri-estarylla</i>	1	ACA
<i>tri-legest fe</i>	1	ACA
<i>tri-linyah</i>	1	ACA
<i>tri-lo-estarylla</i>	1	ACA
<i>tri-lo-marzia</i>	1	ACA
<i>tri-lo-mili</i>	1	ACA
<i>tri-lo-sprintec</i>	1	ACA
<i>tri-mili</i>	1	ACA
<i>tri-sprintec (28)</i>	1	ACA
<i>tri-vylibra</i>	1	ACA
<i>tri-vylibra lo</i>	1	ACA
<i>turqoz (28)</i>	1	ACA

You can find information 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>tydemy</i>	1	ACA
<i>valtya</i>	1	ACA
<i>velivet triphasic regimen (28)</i>	1	ACA
<i>vestura (28)</i>	1	ACA
<i>vienva</i>	1	ACA
<i>viorele (28)</i>	1	ACA
<i>volnea (28)</i>	1	ACA
<i>vyfemla (28)</i>	1	ACA
<i>vylibra</i>	1	ACA
<i>wera (28)</i>	1	ACA
<i>wymzya fe</i>	1	ACA
<i>xarah fe</i>	1	ACA
<i>xelria fe</i>	1	ACA
YAZ (28)	3	Preferred Alternatives (drospirenone-ethinyl estradiol, jasmiel, loryna, lo-zumandimine, nikki, vestura); ACA
<i>zarah</i>	1	ACA
<i>zovia 1-35 (28)</i>	1	ACA
<i>zumandimine (28)</i>	1	ACA

OXYTOCICS

<i>methylergonovine</i>	1	QL (240 Per fill)
-------------------------	---	-------------------

OPHTHALMOLOGY

ANTIBIOTICS

AZASITE	2	
<i>bacitracin</i>	1	
<i>bacitracin-polymyxin b</i>	1	
BETADINE OPHTHALMIC PREP	3	
<i>ciprofloxacin hcl</i>	1	
<i>erythromycin</i>	1	
<i>gatifloxacin</i>	1	
<i>gentamicin</i>	1	
<i>levofloxacin</i>	1	
<i>moxifloxacin</i>	1	
MOXIFLOXACIN (PF)-BSS	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
MOXIFLOXACIN-SOD CHLOR,ISO(PF)	3	
NATACYN	2	
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>neo-polycin</i>	1	
OCUFLOX	3	Preferred Alternatives (ofloxacin)
<i>ofloxacin</i>	1	
<i>polycin</i>	1	
<i>polymyxin b sulf-trimethoprim</i>	1	
<i>povidone-iodine</i>	1	
<i>tobramycin</i>	1	
TOBRAMYCIN-VANCOMYCIN	3	
TOBREX	3	Preferred Alternatives (tobramycin sulfate)
VIGAMOX	3	Preferred Alternatives (moxifloxacin hcl)
ANTIVIRALS		
<i>trifluridine</i>	1	
ZIRGAN	3	Preferred Alternatives (trifluridine)
BETA-BLOCKERS		
<i>betaxolol</i>	1	
BETOPTIC S	3	Preferred Alternatives (betaxolol hcl, carteolol hcl, levobunolol hcl, timolol maleate)
<i>carteolol</i>	1	
<i>levobunolol</i>	1	
<i>timolol</i>	1	
<i>timolol maleate</i>	1	
<i>timolol maleate (pf)</i>	1	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE	3	
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 1 %</i>	1	
ATROPINE OPHTHALMIC (EYE) DROPS 0.05 %	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
CYCLOGYL	3	Preferred Alternatives (cyclopentolate hcl)
<i>cyclopentolate</i>	1	
<i>cyclopen-tropic-phenyleph-watr</i>	1	
CYCLOPENT-TROPIC-PHEN-KETR-WAT	3	
CYCLOP-TROP-PROPA-PHEN-KET-WAT	3	
<i>homatropaire</i>	1	
MYDCOMBI	3	
MYDRIACYL	3	Preferred Alternatives (tropicamide)
<i>phenyleph-tropicamide in water</i>	1	
<i>tropicamide</i>	1	
DIRECT ACTING MIOTICS		
MIOCHOL-E	3	
<i>pilocarpine hcl</i>	1	
MISCELLANEOUS OPHTHALMOLOGICS		
AKTEN (PF)	3	
ALCAINE	3	Preferred Alternatives (proparacaine hcl)
<i>altacaine</i>	1	
ALTAFLUOR BENOX	3	
<i>azelastine</i>	1	
BEOVU	3	ST; Preferred Alternatives (PAVBLU)
<i>bepotastine besilate</i>	1	ST
BEVACIZUMAB	3	
BYOOVIZ	3	ST
CEQUA	3	PA; QL (60 Per fill); Preferred Alternatives (cyclosporine, MIEBO, RESTASIS MULTIDOSE, XIIDRA)
CIMERLI	3	ST
<i>cromolyn</i>	1	
<i>cyclosporine</i>	1	PA; QL (60 Per fill)
CYSTARAN	3	
DEXAMET-MOXIFL-KETORO-NACL(PF)	3	
<i>epinastine</i>	1	
FLUORESCEIN-BENOXINATE	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>fluorescein-proparacaine</i>	1	
IHEEZO (PF)	3	
KLARITY (CHONDROITIN) (PF)	3	
MIEBO (PF)	2	PA; QL (3 Per fill)
MOXIFLOXACIN-BROMFENAC	3	
MYDRIATIC4(TROP-PROP-PE-KTRLC)	3	
OMIDRIA	3	
OXERVATE	3	PA
PAVBLU	3	ST
PHOTREXA CROSS-LINKING KIT	3	
<i>prednisoln sp-moxiflox-bromfen</i>	1	
PREDNISOLONE ACETATE-BROMFENAC	3	
PREDNISOLONE ACETATE-NEPAFENAC	3	
<i>prednisolone sod ph-bromfenac</i>	1	
PREDNISOLONE-MOXIFLO-NEPAFENAC	3	
PREDNISOLONE-MOXIFLOX-BROMFEN	3	
PREDNISOLON-MOXIFLOX-KETOROLAC	3	
<i>proparacaine</i>	1	
RESTASIS	3	PA; QL (60 Per fill); Preferred Alternatives (cyclosporine)
RESTASIS MULTIDOSE	2	PA; QL (6 Per fill)
<i>tetracaine hcl</i>	1	
TETRACAINE HCL (PF)	3	
TRYPTYR	3	PA; Preferred Alternatives (cyclosporine, MIEBO, RESTASIS MULTIDOSE, XIIDRA)
TYRVAYA	3	PA; Preferred Alternatives (cyclosporine, RESTASIS MULTIDOSE, XIIDRA)
VEVYE	3	PA; QL (2 Per fill); Preferred Alternatives (cyclosporine, MIEBO, RESTASIS MULTIDOSE, XIIDRA)
XDEMZY	3	QL (10 Per fill)
XIIDRA	2	PA; QL (60 Per fill)

NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

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

Drug Name	Drug Tier	Requirements / Limits
ACULAR	3	ST; Preferred Alternatives (ketorolac tromethamine)
ACULAR LS	3	ST; Preferred Alternatives (ketorolac tromethamine)
<i>bromfenac</i>	1	
<i>diclofenac sodium</i>	1	
<i>flurbiprofen sodium</i>	1	
ILEVRO	3	Preferred Alternatives (bromfenac sodium, diclofenac sodium, ketorolac tromethamine)
<i>ketorolac</i>	1	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	
<i>methazolamide</i>	1	
OTHER GLAUCOMA DRUGS		
<i>bimatoprost</i>	1	ST
BRIMONIDINE-DORZOLAMIDE	3	
BRIMONIDINE-DORZOLAMIDE (PF)	3	
BRIMONIDINE-DORZOL-BIMATOPROST	3	
<i>brimonidine-timolol</i>	1	
<i>brinzolamide</i>	1	
COMBIGAN	3	Preferred Alternatives (brimonidine tartrate-timolol)
<i>dorzolamide</i>	1	
DORZOLAMIDE (PF)	3	
<i>dorzolamide-timolol</i>	1	
<i>dorzolamide-timolol (pf)</i>	1	
<i>latanoprost</i>	1	ST
<i>miostat</i>	1	
RHOPRESSA	3	Preferred Alternatives (betaxolol hcl, bimatoprost, dorzolamide-timolol, latanoprost, levobunolol hcl, timolol maleate)
ROCKLATAN	3	ST; Preferred Alternatives (betaxolol hcl, bimatoprost, dorzolamide-timolol, latanoprost, levobunolol hcl, timolol maleate)

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

Drug Name	Drug Tier	Requirements / Limits
SIMBRINZA	3	Preferred Alternatives (brimonidine tartrate, brinzolamide, dorzolamide-timolol)
TIMOL-BRIMON-DORZOL-BIMATO(PF)	3	
TIMOLOL-BIMATOPROST	3	
TIMOLOL-BRIMON-DORZOL-BIMATOP	3	
TIMOLOL-BRIMONIDI-DORZOLAM(PF)	3	
TIMOLOL-BRIMONIDINE-DORZOLAMID	3	
TIMOLOL-DORZOLAM-BIMATOPRO(PF)	3	
TIMOLOL-DORZOLAMIDE-BIMATOPROS	3	
STEROID-ANTIBIOTIC COMBINATIONS		
DEXAMETH-MOXIFLOX(PF)-NACL,ISO	3	
MAXITROL	3	Preferred Alternatives (neomycin-polymyxin-dexameth)
<i>neomycin-bacitracin-poly-hc</i>	1	
<i>neomycin-polymyxin b-dexameth</i>	1	
<i>neomycin-polymyxin-hc</i>	1	
<i>neo-polycin hc</i>	1	
PREDNISOLONE SOD PH-MOXIFLOX	3	
PREDNISOLONE-MOXIFLOXACIN HCL	3	
TOBRADEX	3	Preferred Alternatives (tobramycin-dexamethasone)
<i>tobramycin-dexamethasone</i>	1	
STEROIDS		
<i>dexamethasone sodium phosphate</i>	1	
DEXTENZA	3	
<i>difluprednate</i>	1	
EYSUVIS	2	PA; QL (8.3 Per fill)
<i>fluorometholone</i>	1	
FML LIQUIFILM	3	ST; Preferred Alternatives (fluorometholone)
ILUVIEN	3	Preferred Alternatives (OZURDEX)
INVELTYS	3	ST; Preferred Alternatives (dexamethasone sodium phosphate, difluprednate, fluorometholone, loteprednol etabonate, prednisolone acetate)

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

Drug Name	Drug Tier	Requirements / Limits
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	3	ST; Preferred Alternatives (loteprednol etabonate)
LOTEMAX OPHTHALMIC (EYE) OINTMENT	3	ST; Preferred Alternatives (dexamethasone sodium phosphate, difluprednate, fluorometholone, loteprednol etabonate, prednisolone acetate)
LOTEMAX SM	3	ST; Preferred Alternatives (dexamethasone sodium phosphate, difluprednate, fluorometholone, loteprednol etabonate, prednisolone acetate)
<i>loteprednol etabonate</i>	1	ST
OZURDEX	3	
PRED FORTE	3	Preferred Alternatives (prednisolone acetate)
<i>prednisolone acetate</i>	1	
PREDNISOLONE ACETATE (PF)	3	
<i>prednisolone sodium phosphate</i>	1	
RETISERT	3	
YUTIQ	3	Preferred Alternatives (OZURDEX)
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide-prednisolone</i>	1	
SULFONAMIDES		
<i>sulfacetamide sodium</i>	1	
SYMPATHOMIMETICS		
ALPHAGAN P	3	Preferred Alternatives (brimonidine tartrate)
<i>apraclonidine</i>	1	
<i>brimonidine</i>	1	
IOPIDINE	3	Preferred Alternatives (brimonidine tartrate)
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL	3	
<i>phenylephrine hcl</i>	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTI-ALLERGENIC 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
AUVI-Q	2	QL (4 Per fill)
<i>carbinoxamine maleate oral liquid</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	1	ST
<i>carbzah</i>	1	ST
CLARINEX	3	QL (30 Per fill); Preferred Alternatives (desloratadine)
<i>cypheptadine</i>	1	
<i>desloratadine</i>	1	QL (30 Per fill)
<i>dexchlorpheniramine maleate</i>	1	PA
<i>epinephrine injection auto-injector</i>	1	QL (4 Per fill)
EPINEPHRINE INJECTION SYRINGE	3	QL (4 Per fill)
EPIPEN	3	QL (4 Per fill); Preferred Alternatives (epinephrine)
EPIPEN JR	3	QL (4 Per fill); Preferred Alternatives (epinephrine)
<i>hydroxyzine hcl</i>	1	
<i>hydroxyzine pamoate</i>	1	
NEFFY	2	QL (4 Per fill)
<i>promethazine</i>	1	
<i>promethegan</i>	1	
RYCLORA	3	Preferred Alternatives (dexchlorpheniramine maleate)
RYVENT	3	ST; Preferred Alternatives (carbinoxamine, desloratadine, hydroxyzine hcl, levocetirizine dihydrochloride)
COUGH & COLD THERAPY		
<i>benzonatate</i>	1	
BROMFED DM	3	Preferred Alternatives (brompheniramin-pseudoephed-dm)
<i>brompheniramine-pseudoeph-dm</i>	1	
CLARINEX-D 12 HOUR	3	QL (60 Per fill); Preferred Alternatives (desloratadine, fexofenadine-pse er)
<i>codeine-guaifenesin</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
CODITUSSIN AC	3	Preferred Alternatives (g tussin ac, guaifenesin ac, guaifenesin with codeine, guiatussin ac, m-clear wc, virtussin ac)
CODITUSSIN DAC	3	Preferred Alternatives (guaifenesin dac, VIRTUSSIN DAC)
<i>g tussin ac</i>	1	
HISTEX-AC	3	Preferred Alternatives (promethazine vc w/codeine)
HYCODAN (WITH HOMATROPINE) ORAL SOLUTION	3	
HYCODAN (WITH HOMATROPINE) ORAL TABLET	3	Preferred Alternatives (hydrocodone-homatropine mbr)
<i>hydrocodone-chlorpheniramine</i>	1	
<i>hydrocodone-homatropine</i>	1	
<i>hydromet</i>	1	
MAR-COF CG	3	Preferred Alternatives (g tussin ac, guaifenesin ac, guaifenesin with codeine, guiatussin ac, m-clear wc, virtussin ac)
<i>maxi-tuss ac</i>	1	
MAXI-TUSS CD	3	
NINJACOF-XG	3	Preferred Alternatives (g tussin ac, guaifenesin ac, guaifenesin with codeine, guiatussin ac, m-clear wc, virtussin ac)
POLY-TUSSIN AC	3	
<i>promethazine-codeine</i>	1	
<i>promethazine-dm</i>	1	
<i>promethazine-phenylephrine</i>	1	
RESPA-AR	3	
TUXARIN ER	3	
PULMONARY AGENTS		
ACCOLATE	3	Preferred Alternatives (zafirlukast)
<i>acetylcysteine</i>	1	
ADEMPAS	3	PA; QL (90 Per fill)
ADVAIR HFA	2	ST; QL (8 Per fill)
AIRSUPRA	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>albuterol sulfate inhalation hfa aerosol inhaler</i>	1	QL (17 Per fill)
<i>albuterol sulfate inhalation solution for nebulization</i>	1	
<i>albuterol sulfate oral</i>	1	
ALYFTREK ORAL TABLET 10-50-125 MG	3	PA; QL (56 Per fill)
ALYFTREK ORAL TABLET 4-20-50 MG	3	PA; QL (84 Per fill)
<i>alyq</i>	3	ST; QL (60 Per fill)
<i>ambrisentan</i>	3	ST; QL (30 Per fill)
ANDEMBRY AUTOINJECTOR	3	ST; Preferred Alternatives (HAEGARDA, TAKHZYRO)
ANORO ELLIPTA	2	QL (14 Per fill)
<i>arformoterol</i>	1	QL (120 Per fill)
ASMANEX HFA	2	QL (13 Per fill)
ASMANEX TWISTHALER	2	QL (1 Per fill)
ATROVENT HFA	3	QL (26 Per fill); Preferred Alternatives (budesonide-formoterol fumarate, tiotropium bromide, ANORO ELLIPTA, INCRUSE ELLIPTA, SPIRIVA RESPIMAT, STIOLTO RESPIMAT, STRIVERDI RESPIMAT)
<i>bosentan oral tablet</i>	3	ST; QL (60 Per fill)
<i>bosentan oral tablet for suspension</i>	3	PA; QL (120 Per fill)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	2	ST; QL (28 Per fill)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE	2	ST; QL (60 Per fill)
<i>breyna</i>	1	ST; QL (11 Per fill)
BREZTRI AEROSPHERE	2	QL (5.9 Per fill)
BRINSUPRI	3	PA
BRONCHITOL	3	PA; Preferred Alternatives (nebusal, pulmosal, sodium chloride)
BROVANA	3	QL (120 Per fill); Preferred Alternatives (arformoterol tartrate)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	1	QL (120 Per fill)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1	QL (60 Per fill)

You can find information 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>budesonide-formoterol</i>	1	ST; QL (11 Per fill)
CINRYZE	3	ST; QL (32 per 21 days)
COMBIVENT RESPIMAT	2	QL (8 Per fill)
<i>cromolyn</i>	1	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION	2	ST; QL (1 Per fill)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION	2	ST; QL (9 Per fill)
DULERA INHALATION HFA AEROSOL INHALER 50-5 MCG/ACTUATION	2	ST; QL (13 Per fill)
FASENRA PEN	2	ST; QL (1 per 42 days)
<i>flunisolide</i>	1	ST; QL (50 Per fill)
<i>fluticasone propionate</i>	1	QL (16 Per fill)
<i>fluticasone propion-salmeterol</i>	1	ST; QL (1 Per fill)
<i>formoterol fumarate</i>	1	QL (120 Per fill)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	3	ST; QL (24 per 21 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	3	ST; QL (16 per 21 days)
HYPER-SAL	3	Preferred Alternatives (sodium chloride)
<i>icatibant</i>	3	ST; QL (12 per 21 days)
INCRUSE ELLIPTA	2	QL (1 Per fill)
<i>ipratropium bromide</i>	1	
<i>ipratropium-albuterol</i>	1	QL (540 Per fill)
KALBITOR	3	ST; Preferred Alternatives (icatibant); QL (12 per 21 days)
KALYDECO	3	PA; QL (56 Per fill)
<i>levalbuterol hcl</i>	1	
<i>mometasone</i>	1	ST; QL (17 Per fill)
<i>montelukast</i>	1	
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
NUCALA SUBCUTANEOUS AUTO-INJECTOR	2	ST; QL (1 per 21 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	2	ST; QL (1 per 21 days)

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

Drug Name	Drug Tier	Requirements / Limits
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	2	ST; QL (0.4 per 21 days)
OFEV	3	PA; QL (60 Per fill)
OPSUMIT	3	ST; QL (30 Per fill)
OPSYNVI	3	ST; QL (30 Per fill)
ORKAMBI ORAL GRANULES IN PACKET	3	PA; QL (56 Per fill)
ORKAMBI ORAL TABLET	3	PA; QL (112 Per fill)
ORLADEYO	3	ST; Preferred Alternatives (HAEGARDA, TAKHZYRO); QL (28 per 21 days)
<i>pirfenidone oral capsule</i>	3	ST; QL (270 Per fill)
<i>pirfenidone oral tablet 267 mg</i>	3	ST; QL (270 Per fill)
<i>pirfenidone oral tablet 801 mg</i>	3	ST; QL (90 Per fill)
<i>pulmosal</i>	1	
PULMOZYME	3	
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	2	QL (11 Per fill)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	2	QL (22 Per fill)
REVATIO INTRAVENOUS	3	Preferred Alternatives (sildenafil citrate)
REVATIO ORAL	3	ST; QL (90 Per fill); Preferred Alternatives (sildenafil citrate)
<i>roflumilast oral tablet 250 mcg</i>	1	ST; QL (30 Per fill)
<i>roflumilast oral tablet 500 mcg</i>	1	ST
RUCONEST	3	ST; QL (16 per 21 days)
RYALTRIS	3	ST; QL (29 Per fill); Preferred Alternatives (azelastine hcl, flunisolide, fluticasone propionate, mometasone furoate, olopatadine hcl)
<i>sajazir</i>	3	ST; QL (12 per 21 days)
<i>sildenafil (pulm.hypertension) intravenous</i>	3	
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution</i>	3	ST; QL (112 Per fill)
<i>sildenafil (pulm.hypertension) oral tablet</i>	3	PA; QL (90 Per fill)
SINUVA	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>sodium chloride</i>	1	
SPIRIVA RESPIMAT	2	QL (4 Per fill)
SPIRIVA WITH HANDIHALER	3	QL (30 Per fill); Preferred Alternatives (tiotropium bromide)
STIOLTO RESPIMAT	2	QL (4 Per fill)
STRIVERDI RESPIMAT	2	QL (4 Per fill)
SYMDEKO	3	PA; QL (56 Per fill)
<i>tadalafil (pulm. hypertension)</i>	3	ST; QL (60 Per fill)
TAKHZYRO	3	ST; QL (2 per 21 days)
<i>terbutaline</i>	1	
TEZSPIRE	3	PA; QL (1.91 per 21 days)
THEO-24	3	Preferred Alternatives (theophylline anhydrous)
<i>theophylline</i>	1	
<i>tiotropium bromide</i>	1	
TRACLEER ORAL TABLET	3	ST; QL (60 Per fill); Preferred Alternatives (bosentan)
TRACLEER ORAL TABLET FOR SUSPENSION	3	PA; QL (120 Per fill); Preferred Alternatives (bosentan)
TRELEGY ELLIPTA	2	QL (28 Per fill)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	3	PA; QL (56 Per fill)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	3	PA; QL (84 Per fill)
TYVASO	3	PA
TYVASO DPI	3	PA
TYVASO REFILL KIT	3	PA
TYVASO STARTER KIT	3	PA
VENTAVIS	3	ST; Preferred Alternatives (TYVASO, YUTREPIA)
WINREVAIR	3	ST
<i>wixela inhub</i>	1	ST; QL (1 Per fill)
XHANCE	2	ST; QL (32 Per fill)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR	2	PA; QL (2 per 21 days)
XOLAIR SUBCUTANEOUS RECON SOLN	2	PA; QL (6 per 21 days)
XOLAIR SUBCUTANEOUS SYRINGE	2	PA; QL (2 per 21 days)
YUPELRI	2	QL (30 Per fill)

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

Drug Name	Drug Tier	Requirements / Limits
YUTREPIA	3	PA
<i>zafirlukast</i>	1	
PULMONARY DEVICES		
ACE AEROSOL CLOUD ENHANCER	2	
AEROCHAMBER MECHANICAL VENT	2	
AEROCHAMBER MINI	2	
AEROCHAMBER PLUS FLOW-VU	2	
AEROCHAMBER PLUS Z STAT	2	
AEROCHAMBER2GO	2	
AEROTRACH PLUS	2	
AEROVENT PLUS	2	
BREATHERITE MDI SPACER	2	
COMPACT SPACE CHAMBER	2	
EASIVENT HOLDING CHAMBER	2	
FLEXICHAMBER	2	
LITEAIRE MDI CHAMBER	2	
MICROCHAMBER	2	
MICROSPACER	2	
OPTICHAMBER DIAMOND VHC	2	
POCKET CHAMBER	2	
PRIMEAIRE	2	
PROCHAMBER	2	
RITEFLO AEROCHAMBER	2	
SPACE CHAMBER	2	
VORTEX HOLDING CHAMBER	2	
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		
<i>darifenacin</i>	1	
<i>fesoterodine</i>	1	
<i>flavoxate</i>	1	
GEMTESA	3	Preferred Alternatives (mirabegron er, MYRBETRIQ)
<i>mirabegron</i>	1	
MYRBETRIQ	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>oxybutynin chloride</i>	1	
OXYTROL	3	ST; Preferred Alternatives (fesoterodine fumarate er, oxybutynin chloride er, solifenacin succinate, tolterodine tartrate er, trospium chloride, MYRBETRIQ); QL (8 per 21 days)
<i>solifenacin</i>	1	
<i>tolterodine</i>	1	
<i>trospium</i>	1	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin</i>	1	
<i>dutasteride</i>	1	ST
<i>dutasteride-tamsulosin</i>	1	ST
<i>finasteride</i>	1	
JALYN	3	ST; Preferred Alternatives (dutasteride-tamsulosin)
PROSCAR	3	ST; Preferred Alternatives (finasteride)
<i>silodosin</i>	1	
<i>tadalafil oral tablet 10 mg, 20 mg, 5 mg</i>	1	PA; QL (8 Per fill)
<i>tadalafil oral tablet 2.5 mg</i>	1	PA; QL (30 Per fill)
<i>tamsulosin</i>	1	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride</i>	1	
MISCELLANEOUS UROLOGICALS		
<i>avanafil</i>	1	PA; QL (8 Per fill)
CAVERJECT	2	PA; QL (12 Per fill)
CAVERJECT IMPULSE	2	PA; QL (12 Per fill)
CYSTAGON	3	
EDEX	3	PA; QL (6 Per fill); Preferred Alternatives (CAVERJECT, CAVERJECT)
ELMIRON	2	
IFE-BIMIX 30/1	3	
K-PHOS NO 2	3	Preferred Alternatives (phospha 250 neutral, K-PHOS ORIGINAL)

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

Drug Name	Drug Tier	Requirements / Limits
K-PHOS ORIGINAL	2	
<i>mb caps</i>	1	
<i>methen-sod phos-meth blue-hyos</i>	1	
ORACIT	3	Preferred Alternatives (oral citrate)
OXLUMO	3	PA
<i>potassium citrate</i>	1	
RENACIDIN	2	
<i>sildenafil</i>	1	PA; QL (8 Per fill)
<i>sodium citrate-citric acid</i>	1	
STENDRA	3	PA; QL (8 Per fill); Preferred Alternatives (avanafil)
TRI-MIX (PAPAVRN-PHNTLMN-PGE1)	3	
URELLE	3	Preferred Alternatives (phosphasal, uretron d-s)
<i>uretron d-s</i>	1	
URIBEL TABS	3	
<i>urimar-t</i>	1	
UROCIT-K 10	3	Preferred Alternatives (potassium citrate er)
UROCIT-K 15	3	Preferred Alternatives (potassium citrate er)
<i>urogesic-blue</i>	1	
<i>uro-mp</i>	1	
UROQID-ACID NO.2	3	Preferred Alternatives (methenamine mandelate)
<i>uro-sp</i>	1	
<i>uryl</i>	1	
<i>vardenafil</i>	1	PA; QL (8 Per fill)
URINARY ANESTHETICS		
<i>phenazopyridine</i>	1	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
AURYXIA	3	
<i>calcium acetate(phosphat bind)</i>	1	QL (360 Per fill)
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	Preferred Alternatives (effer-k, klor-con-ef)

You can find information 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>effer-k oral tablet, effervescent 25 meq</i>	1	
GALZIN	3	
<i>klor-con</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>lanthanum</i>	1	QL (90 Per fill)
LOKELMA	2	QL (30 Per fill)
<i>lugols</i>	1	
<i>potassium chloride oral capsule, extended release</i>	1	
<i>potassium chloride oral liquid</i>	1	
<i>potassium chloride oral packet</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ	3	
<i>potassium chloride oral tablet, er particles/crystals</i>	1	
RENVELA ORAL POWDER IN PACKET 0.8 GRAM	3	QL (180 Per fill)
RENVELA ORAL POWDER IN PACKET 2.4 GRAM	3	QL (90 Per fill)
RENVELA ORAL TABLET	3	QL (270 Per fill)
<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	1	QL (180 Per fill)
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	1	QL (90 Per fill)
<i>sevelamer carbonate oral tablet</i>	1	QL (270 Per fill)
<i>sevelamer hcl oral tablet 400 mg</i>	1	QL (450 Per fill)
<i>sevelamer hcl oral tablet 800 mg</i>	1	QL (270 Per fill)
<i>sodium polystyrene sulfonate</i>	1	
<i>sps (with sorbitol)</i>	1	
<i>strong iodine</i>	1	
VELTASSA ORAL POWDER IN PACKET 1 GRAM	2	QL (120 Per fill)

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

Drug Name	Drug Tier	Requirements / Limits
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM	2	QL (30 Per fill)
VELTASSA ORAL POWDER IN PACKET 8.4 GRAM	2	QL (90 Per fill)
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI	3	PA
VITAMINS & HEMATINICS		
ACCRUFER	3	Preferred Alternatives (ferrous fumarate, ferrous gluconate)
<i>b complex 1 (with folic acid)</i>	1	ACA
<i>b complex-vitamin c-folic acid</i>	1	ACA
<i>bal-care dha</i>	1	
BAL-CARE DHA ESSENTIAL	3	Preferred Alternatives (complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha)
<i>b-complex with vitamin c</i>	1	ACA
<i>classic prenatal</i>	1	ACA
<i>c-nate dha</i>	1	
<i>complete natal dha</i>	1	
CONCEPT DHA	3	Preferred Alternatives (taron-c dha, VIRT-C DHA)
CONCEPT OB	3	Preferred Alternatives (folivane-ob)
<i>cyanocobalamin (vitamin b-12) injection</i>	1	
<i>cyanocobalamin (vitamin b-12) nasal</i>	1	ST; QL (4 Per fill)
<i>dialyvite 800</i>	1	ACA
<i>dodex</i>	1	
<i>elite-ob</i>	1	
ENBRACE HR	3	Preferred Alternatives (complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha)
<i>ergocalciferol (vitamin d2)</i>	1	
<i>flotrex</i>	1	ACA
<i>fluoride (sodium)</i>	1	ACA
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	1	ACA
<i>folitab</i>	1	ACA

You can find information 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>folivane-ob</i>	1	
<i>foltabs 800</i>	1	ACA
<i>full spectrum b-vitamin c</i>	1	ACA
<i>hydroxocobalamin</i>	1	
<i>kobee</i>	1	ACA
KOSHER PRENATAL PLUS IRON	3	Preferred Alternatives (m-natal plus, prenatal tabs rx, prenatal plus, se-natal 19, westab plus)
<i>ludent fluoride</i>	1	ACA
MARNATAL-F	3	Preferred Alternatives (m-natal plus, prenatal tabs rx, prenatal plus, se-natal 19, westab plus)
MECOBALAMIN (VITAMIN B12)	3	
<i>m-natal plus</i>	1	
<i>multi-vitamin with fluoride</i>	1	ACA
<i>multivit-fluoride (metafolin)</i>	1	ACA
<i>mvc-fluoride</i>	1	ACA
<i>mynatal</i>	1	
<i>mynatal plus</i>	1	
<i>mynatal-z</i>	1	
NASCOBAL	2	ST; QL (4 Per fill)
NEEVODHA (WITH ALGAL OIL)	3	Preferred Alternatives (complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha)
<i>neo-vital rx</i>	1	
NESTABS	3	Preferred Alternatives (m-natal plus, prenatal tabs rx, prenatal plus, se-natal 19, westab plus)
NESTABS ABC	3	Preferred Alternatives (complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha)
NESTABS DHA	3	Preferred Alternatives (complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha)
NESTABS ONE	3	Preferred Alternatives (complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha)
<i>newgen</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
OB COMPLETE	3	Preferred Alternatives (complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha)
OB COMPLETE ONE	3	Preferred Alternatives (complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha)
OB COMPLETE PETITE	3	Preferred Alternatives (complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha)
OB COMPLETE PREMIER	3	Preferred Alternatives (m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus)
OB COMPLETE WITH DHA	3	Preferred Alternatives (complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha)
<i>one natal rx</i>	1	
<i>pnv-dha</i>	1	
<i>pnv-omega</i>	1	
<i>pnv-select</i>	1	
<i>pr natal 400</i>	1	
<i>pr natal 400 ec</i>	1	
<i>pr natal 430</i>	1	
<i>pr natal 430 ec</i>	1	
PRENATA	3	Preferred Alternatives (m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus)
<i>prenatabs fa</i>	1	
<i>prenatabs rx</i>	1	
<i>prenatal</i>	1	ACA
<i>prenatal complete</i>	1	ACA
<i>prenatal multi-dha (algal oil)</i>	1	ACA
<i>prenatal multivitamins</i>	1	ACA
<i>prenatal one daily</i>	1	ACA
<i>prenatal plus</i>	1	
<i>prenatal plus (calcium carb)</i>	1	
PRENATAL PLUS DHA	3	Preferred Alternatives (complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha)

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

Drug Name	Drug Tier	Requirements / Limits
PRENATAL PLUS VITAMIN-MINERAL	3	Preferred Alternatives (m-natal plus, prenatal tabs rx, prenatal plus, se-natal 19, westab plus)
<i>prenatal vit no.179-iron-folic</i>	1	ACA
<i>prenatal vitamin</i>	1	ACA
<i>prenatal vitamin with minerals</i>	1	ACA
<i>prenatal-u</i>	1	
PRENATE AM	3	Preferred Alternatives (m-natal plus, prenatal tabs rx, prenatal plus, se-natal 19, westab plus)
PRENATE CHEWABLE	3	Preferred Alternatives (m-natal plus, prenatal tabs rx, prenatal plus, se-natal 19, westab plus)
PRENATE DHA (FERR ASP GLYCIN)	3	Preferred Alternatives (complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha)
PRENATE ELITE (IRON ASP GLYC)	3	Preferred Alternatives (m-natal plus, prenatal tabs rx, prenatal plus, se-natal 19, westab plus)
PRENATE ENHANCE	3	Preferred Alternatives (complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha)
PRENATE ESSENTIAL(IRON-ASP-GL)	3	Preferred Alternatives (complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha)
PRENATE MINI (FERR ASP GLYCIN)	3	Preferred Alternatives (complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha)
PRENATE PIXIE	3	Preferred Alternatives (complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha)
PRENATE RESTORE	3	Preferred Alternatives (complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha)
PRENATE STAR	3	Preferred Alternatives (m-natal plus, prenatal tabs rx, prenatal plus, se-natal 19, westab plus)
PROVIDA OB	3	Preferred Alternatives (m-natal plus, prenatal tabs rx, prenatal plus, se-natal 19, westab plus)
<i>purevita folic acid</i>	1	ACA

You can find information 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>rena-vite</i>	1	ACA
R-NATAL OB	3	Preferred Alternatives (complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha)
SELECT-OB	3	Preferred Alternatives (m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus)
SELECT-OB (FOLIC ACID)	3	Preferred Alternatives (m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus)
SELECT-OB + DHA	3	Preferred Alternatives (complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha)
<i>se-natal 19</i>	1	
<i>se-natal 19 chewable</i>	1	
<i>soluvita</i>	1	ACA
<i>soluvita a,c,d with fluoride</i>	1	ACA
<i>stress formula with iron(sulf)</i>	1	ACA
<i>super b-50 complex</i>	1	ACA
<i>super quint</i>	1	ACA
<i>taron-c dha</i>	1	
THRIVITE RX	3	Preferred Alternatives (m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus)
TRICARE	3	Preferred Alternatives (m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus)
<i>tricon</i>	1	ACA
TRIFERIC	3	
<i>trinatal rx 1</i>	1	
<i>trinate</i>	1	
TRISTART DHA	3	Preferred Alternatives (complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha)
<i>tri-vitamin with fluoride</i>	1	ACA
VITAFOL FE PLUS	3	Preferred Alternatives (complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha)

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

Drug Name	Drug Tier	Requirements / Limits
VITAFOL GUMMIES	3	Preferred Alternatives (complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha)
VITAFOL ULTRA	3	Preferred Alternatives (complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha)
VITAFOL-OB	3	Preferred Alternatives (m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus)
VITAFOL-OB+DHA	3	Preferred Alternatives (complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha)
VITAFOL-ONE	3	Preferred Alternatives (complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha)
VITAMEDMD ONE RX	3	Preferred Alternatives (complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha)
<i>vitamin b complex-folic acid</i>	1	ACA
<i>vitamins a,c,d and fluoride</i>	1	ACA
<i>wescap-pn dha</i>	1	
<i>wesnatal dha complete</i>	1	
<i>wesnate dha</i>	1	
<i>westab plus</i>	1	
<i>westgel dha</i>	1	
<i>zatean-pn dha</i>	1	
<i>zatean-pn plus</i>	1	
<i>zingiber</i>	1	

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

Index

A		
<i>abacavir</i>	3	
<i>abacavir-lamivudine</i>	3	
<i>abigale</i>	109	
<i>abigale lo</i>	109	
<i>abiraterone</i>	13	
<i>abirtega</i>	13	
ABRAXANE.....	13	
ABRYSVO (PF).....	101	
ABSORICA.....	64	
<i>acamprosate</i>	75	
<i>acarbose</i>	90	
ACCOLATE.....	125	
ACCRUFER.....	134	
ACCU-CHEK AVIVA CONTROL SOLN.....	81	
ACCU-CHEK GUIDE L1-L2 CTRL SOL.....	81	
ACCU-CHEK SMARTVIEW CONTRL SOL.....	81	
<i>accutane</i>	64	
ACCU-TREND GLUCOSE CONTROL.....	81	
ACE AEROSOL CLOUD ENHANCER.....	130	
<i>acebutolol</i>	49	
<i>acetaminophen-caff-</i> <i>dihydrocod</i>	35	
<i>acetaminophen-codeine</i>	35	
<i>acetazolamide</i>	121	
<i>acetic acid</i>	75, 79	
<i>acetylcysteine</i>	125	
<i>acitretin</i>	60	
ACTHAR.....	80	
ACTHAR SELFJECT.....	80	
ACTHIB (PF).....	101	
ACTIMMUNE.....	101	
ACTIVELLA.....	109	
ACTONEL.....	105	
ACTOPLUS MET.....	90	
ACTOS.....	90	
ACULAR.....	121	
ACULAR LS.....	121	
<i>acyclovir</i>	4, 70	
ACZONE.....	64	
ADACEL(TDAP ADOLESN/ADULT)(PF)	101	
ADAKVEO.....	13	
ADALIMUMAB-ADAZ....	106	
ADALIMUMAB-ADBM..	106,	
107		
ADALIMUMAB-RYVK ...	107	
<i>adapalene</i>	64, 65	
ADAPALENE.....	64	
<i>adapalene-benzoyl peroxide</i>	65	
ADASUVE.....	39	
ADBRY.....	63	
ADCETRIS.....	14	
<i>adefovir</i>	4	
ADEMPAS.....	125	
ADLARITY.....	32	
<i>adthyza</i>	92	
<i>adult aspirin regimen</i>	37	
ADVAIR HFA.....	125	
ADVATE.....	54	
ADVOCATE REDI-CODE PLUS CTRL L.....	81	
ADYNOVATE.....	54	
ADZENYS XR-ODT.....	39	
ADZYNMA.....	54	
AEROCHAMBER MECHANICAL VENT..	130	
AEROCHAMBER MINI ...	130	
AEROCHAMBER PLUS FLOW-VU.....	130	
AEROCHAMBER PLUS Z STAT.....	130	
AEROCHAMBER2GO.....	130	
AEROTRACH PLUS.....	130	
AEROVENT PLUS.....	130	
<i>afirmelle</i>	112	
AFLURIA 2025-2026 (3YR UP)(PF).....	101	
AFSTYLA.....	54	
<i>after pill</i>	112	
AFTERA.....	112	
AGAMATRIX CONTROL SOLN-HIGH.....	81	
AGAMATRIX CONTROL SOLN-NORMAL.....	81	
AGRYLIN.....	75	
AIMOVIG AUTOINJECTOR	30	
AIRSUPRA.....	125	
AJOVY AUTOINJECTOR..	30	
AJOVY SYRINGE.....	30	
AKLIEF.....	65	
AKTEN (PF).....	119	
ALA-SCALP.....	71	
<i>albendazole</i>	8	
<i>albuterol sulfate</i>	126	
ALCAINE.....	119	
<i>alclometasone</i>	71	
ALDACTONE.....	49	
ALDURAZYME.....	87	
ALECENSA.....	14	
<i>alendronate</i>	105	
ALFERON N.....	101	
<i>alfuzosin</i>	131	
ALHEMO PEN.....	54	
ALINIA.....	8	
ALIQOPA.....	14	
<i>aliskiren</i>	49	
ALKERAN.....	14	
<i>allopurinol</i>	105	
<i>almotriptan malate</i>	30, 31	
<i>alosetron</i>	94	
ALPHAGAN P.....	123	
ALPHANATE.....	54	
ALPHANINE SD.....	54	
<i>alprazolam</i>	39	
<i>alprazolam intensol</i>	39	
ALPROLIX.....	54	
ALTABAX.....	69	
<i>altacaine</i>	119	
ALTACE.....	49	
ALTAFLUOR BENOX.....	119	
<i>altavera (28)</i>	112	
ALTRENO.....	65	
ALTUVIIIIO.....	54	
ALUNBRIG.....	14	
<i>alvimopan</i>	94	
<i>alyacen 1/35 (28)</i>	112	
<i>alyacen 7/7/7 (28)</i>	112	
ALYFTREK.....	126	
ALYGLO.....	102	
<i>alyq</i>	126	
<i>amantadine hcl</i>	4	

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

<i>ambrisentan</i>	126	APRISO.....	94	<i>atropine</i>	118
<i>amcinonide</i>	71	APTIOM.....	26	ATROPINE.....	118
AMELUZ.....	63	APTIVUS.....	4	ATROVENT HFA.....	126
<i>amethia</i>	112	ARAKODA.....	8	ATTRUBY.....	59
<i>amethyst (28)</i>	112	ARALAST NP.....	75	<i>aubra</i>	112
AMICAR.....	54	<i>aranelle (28)</i>	112	<i>aubra eq</i>	112
<i>amiloride</i>	49	ARAVA.....	107	AUGMENTIN.....	11
<i>amiloride-hydrochlorothiazide</i>	49	ARAZLO.....	65	AUGMENTIN ES-600.....	11
<i>aminocaproic acid</i>	55	ARCALYST.....	101	AUGMENTIN XR.....	11
<i>amiodarone</i>	49	ARESTIN.....	78	AUGTYRO.....	14
<i>amitriptyline</i>	39	AREXVY (PF).....	102	AURANOFIN.....	107
<i>amitriptyline-chlordiazepoxide</i>	40	<i>arformoterol</i>	126	<i>aurovela 1.5/30 (21)</i>	112
<i>amlodipine</i>	49	ARICEPT.....	32	<i>aurovela 1/20 (21)</i>	112
<i>amlodipine-atorvastatin</i>	57	ARIKAYCE.....	9	<i>aurovela 24 fe</i>	112
<i>amlodipine-benazepril</i>	49	<i>aripiprazole</i>	40	<i>aurovela fe 1.5/30 (28)</i>	112
<i>amlodipine-olmesartan</i>	49	ARIXTRA.....	55	<i>aurovela fe 1-20 (28)</i>	113
<i>amlodipine-valsartan</i>	49	<i>armodafinil</i>	40	AURYXIA.....	132
<i>amlodipine-valsartan-hcthiazid</i>	50	ARMOUR THYROID.....	92	AUTOJECT 2 INJECTION DEVICE.....	85
<i>amnesteem</i>	65	AROMASIN.....	14	AUTOPEN 1 TO 21 UNITS.....	85
<i>amoxapine</i>	40	ARRANON.....	14	AUTOSOFT 30.....	85
<i>amoxicil-clarithromy-</i> <i>lansopraz</i>	99	ARTHROTEC 50.....	37	AUTOSOFT 90.....	85
<i>amoxicillin</i>	11	ARTHROTEC 75.....	37	AUTOSOFT XC INFUSION SET 32.....	85
<i>amoxicillin-pot clavulanate</i>	11	ASCENIV.....	102	AUVELITY.....	40
<i>amphetamine sulfate</i>	40	<i>ascomp with codeine</i>	35	AUVI-Q.....	124
<i>ampicillin</i>	11	<i>asenapine maleate</i>	40	<i>avanafil</i>	131
AMVUTTRA.....	32	<i>ashlyna</i>	112	<i>avar</i>	65
AMZEEQ.....	65	ASMANEX HFA.....	126	AVAR LS.....	65
ANAFRANIL.....	40	ASMANEX TWISTHALER	126	AVAR-E.....	65
<i>anagrelide</i>	75	ASPARLAS.....	14	<i>aviane</i>	113
ANALPRAM-HC.....	60, 94	<i>aspirin</i>	37	<i>avidoxy</i>	11
ANAPROX DS.....	37	<i>aspirin childrens</i>	37	AVIDOXY DK.....	12
<i>anaspaz</i>	93	<i>aspirin-dipyridamole</i>	55	AVMAPKI-FAKZYNJA.....	14
<i>anastrozole</i>	14	ASSURE 4 CONTROL SOLUTION.....	81	AVONEX.....	48
ANCOBON.....	3	ASSURE DOSE NORMAL CONTROL.....	81	AVSOLA.....	94
ANDEMBRY AUTOINJECTOR.....	126	ASSURE PRISM CONTROL 1-2 SOLN.....	81	AVTOZMA.....	107
ANGELIQ.....	109	ASTAGRAF XL.....	14	<i>ayuna</i>	113
ANNOVERA.....	111	AT HOME A1C.....	81	AYVAKIT.....	14
ANORO ELLIPTA.....	126	<i>atazanavir</i>	4	<i>azacitidine</i>	14
<i>anucort-hc</i>	94	ATELVIA.....	106	AZASAN.....	14
ANZUPGO.....	63	<i>atenolol</i>	50	AZASITE.....	117
<i>apomorphine</i>	30	<i>atenolol-chlorthalidone</i>	50	<i>azathioprine</i>	14
<i>apraclonidine</i>	123	ATIVAN.....	40	<i>azathioprine sodium</i>	14
<i>aprepitant</i>	94	<i>atomoxetine</i>	40	<i>azelaic acid</i>	65
APRETUDE.....	4	<i>atorvastatin</i>	57	<i>azelastine</i>	78, 119
<i>apri</i>	112	<i>atovaquone</i>	9	AZELEX.....	65
		<i>atovaquone-proguanil</i>	9	AZILECT.....	30
				<i>azithromycin</i>	8
				AZSTARYS.....	40

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

AZULFIDINE	94	<i>benzoyl peroxide</i>	65	BORTEZOMIB	15
AZULFIDINE EN-TABS	94	<i>benztropine</i>	30	<i>bosentan</i>	126
<i>azurette (28)</i>	113	BEOVU	119	BOSULIF	15
B		<i>bepotastine besilate</i>	119	<i>bp 10-1</i>	65
<i>b complex 1 (with folic acid)</i>		<i>beser</i>	71	BRAFTOVI	15
.....	134	BESPONSA.....	14	BREATHERITE MDI	
<i>b complex-vitamin c-folic acid</i>		BETADINE OPHTHALMIC		SPACER	130
.....	134	PREP	117	BREEZE 2 CONTROL	
<i>bacitracin</i>	117	<i>betaine</i>	94	SOLUTION,HIGH	81
<i>bacitracin-polymyxin b</i>	117	<i>betamethasone dipropionate</i> 71		BREO ELLIPTA	126
<i>baclofen</i>	33	<i>betamethasone valerate</i>	71	BREXAFEMME	3
BACTRIM.....	11	<i>betamethasone, augmented</i> ..71		<i>breynga</i>	126
BACTRIM DS	11	BETAPACE	49	BREZTRI AEROSPHERE.126	
BAFIERTAM.....	48	BETAPACE AF	49	<i>briellyn</i>	113
<i>bal-care dha</i>	134	BETASERON	48	<i>brimonidine</i>	65, 123
BAL-CARE DHA		<i>betaxolol</i>	50, 118	BRIMONIDINE-	
ESSENTIAL.....	134	<i>bethanechol chloride</i>	131	DORZOLAMIDE.....	121
<i>balsalazide</i>	94	BETHKIS	9	BRIMONIDINE-	
BALVERSA.....	14	BETOPTIC S.....	118	DORZOLAMIDE (PF)...121	
<i>balziva (28)</i>	113	<i>bevacizumab</i>	14	BRIMONIDINE-DORZOL-	
BAQSIMI	84	BEVACIZUMAB.....	119	BIMATOPROST.....	121
BARACLUDGE	4	<i>bexarotene</i>	14	<i>brimonidine-timolol</i>	121
BAVENCIO	14	BEXSERO.....	102	BRINEURA.....	87
BAXDELA.....	11	BEYAZ.....	113	BRINSUPRI	126
<i>bayer low dose aspirin</i>	37	BEYFORTUS.....	4	<i>brinzolamide</i>	121
<i>b-complex with vitamin c</i>	134	<i>bicalutamide</i>	14	BRIVIACT	26
BD INTEGRA NEEDLE	85	BIKTARVY	4	BRIXADI	35
BD MICROTAINER		BILDYOS.....	106	BROMFED DM	124
LANCET	85	BILPREVDA.....	13	<i>bromfenac</i>	121
BD SPECIALTY USE		BILTRICIDE.....	9	<i>bromocriptine</i>	30
NEEDLES	85	<i>bimatoprost</i>	121	<i>brompheniramine-pseudoeph-</i>	
BELBUCA	35	BINOSTO.....	106	<i>dm</i>	124
BELEODAQ	14	BIOTHRAX	102	BRONCHITOL	126
<i>belladonna alkaloids-opium</i> .93		<i>bisacodyl</i>	94	BROVANA	126
BELRAPZO	14	<i>bismuth subcit k-metronidz-tcn</i>		BRUKINSA.....	15
BELSOMRA	40	.....	99	BRYHALI	71
<i>benazepril</i>	50	<i>bisoprolol fumarate</i>	50	<i>budesonide</i>	94, 126
<i>benazepril-hydrochlorothiazide</i>		<i>bisoprolol-hydrochlorothiazide</i>		<i>budesonide-formoterol</i>	127
.....	50	.....	50	<i>bumetanide</i>	50
<i>bendamustine</i>	14	BIVIGAM	102	BUPHENYL.....	75
BENDAMUSTINE	14	BIZENGRI	14	<i>buprenorphine</i>	35
BENDEKA.....	14	BLINCYTO.....	15	<i>buprenorphine hcl</i>	35
BENEFIX.....	55	<i>blisovi 24 fe</i>	113	<i>buprenorphine-naloxone</i>	37
BENLYSTA	107	<i>blisovi fe 1.5/30 (28)</i>	113	<i>bupropion hcl</i>	40
BENZAMYCIN	65	<i>blisovi fe 1/20 (28)</i>	113	<i>bupropion hcl (smoking deter)</i>	
<i>benzepra</i>	65	BLOOD GLUCOSE		.....	77
BENZEPRO		CONTROL, NORMAL....	81	<i>buspirone</i>	40
(MICROSPHERES).....	65	BONSITY.....	106	<i>butalbital-acetaminop-caf-cod</i>	
BENZNIDAZOLE	9	BOOSTRIX TDAP.....	102	.....	35
<i>benzonatate</i>	124	<i>bortezomib</i>	15	<i>butalbital-acetaminophen</i>	35

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

<i>butalbital-acetaminophen-caff</i>	CARDIZEM CD.....	50	CERDELGA.....	87
.....	CARDIZEM LA.....	50	CEREZYME.....	87
<i>butalbital-aspirin-caffeine</i>	CARDURA	50	CERVIDIL	111
<i>butorphanol</i>	CARDURA XL	50	<i>cevimeline</i>	75
BYDUREON BCISE	CARESENS CONTROL A		CHANTIX.....	77
BYLVAY	AND B.....	81	CHANTIX STARTING	
BYOOVIZ.....	CARESENS S CONTROL A		MONTH BOX.....	77
C	AND B.....	81	<i>charlotte 24 fe</i>	113
CABENUVA.....	CARETOUCH CONTROL		<i>chateal eq (28)</i>	113
<i>cabergoline</i>	SOLN L2-L3	82	CHEMET.....	75
CABLIVI.....	<i>carglumic acid</i>	75	<i>chlordiazepoxide hcl</i>	40
CABOMETYX	<i>carisoprodol</i>	33	<i>chlordiazepoxide-clidinium</i> ..	93
CADUET.....	<i>carisoprodol-aspirin</i>	33	<i>chlorhexidine gluconate</i>	78
<i>caffeine citrate</i>	<i>carisoprodol-aspirin-codeine</i>		<i>chloroquine phosphate</i>	9
<i>calcipotriene</i>.....	.....	33	<i>chlorpromazine</i>	40
<i>calcipotriene-betamethasone</i>	CARNITOR.....	75	<i>chlorthalidone</i>	50
60	CARNITOR (SUGAR-FREE)		<i>chlorzoxazone</i>	33
<i>calcitonin (salmon)</i>.....	.....	75	CHOLBAM	95
<i>calcitriol</i>	<i>carteolol</i>	118	<i>cholestyramine (with sugar)</i> .	57
<i>calcium acetate(phosphat bind)</i>	<i>cartia xt</i>	50	<i>cholestyramine light</i>	57
.....	<i>carvedilol</i>	50	CIBINQO	63
CALQUENCE	<i>carvedilol phosphate</i>	50	<i>ciclodan</i>	69
(ACALABRUTINIB MAL)	CASODEX.....	15	CICLODAN KIT.....	69
.....	CATAPRES-TTS-1	50	<i>ciclopirox</i>	69
CAMBIA.....	CATAPRES-TTS-2.....	50	<i>cilostazol</i>	55
<i>camila</i>	CATAPRES-TTS-3.....	50	CIMDUO	4
109	CAVERJECT	131	CIMERLI.....	119
<i>camrese</i>	CAVERJECT IMPULSE ..	131	<i>cimetidine</i>	99
113	CAYA CONTOURED	108	<i>cimetidine hcl</i>	99
<i>camrese lo</i>	CAYSTON	9	CIMZIA	95
113	<i>caziant (28)</i>	113	CIMZIA POWDER FOR	
CAMZYOS	<i>cefaclor</i>	7	RECONST.....	95
<i>candesartan</i>	<i>cefadroxil</i>	7	<i>cinacalcet</i>	87
50	<i>cefdinir</i>	7	CINRYZE.....	127
<i>candesartan-</i>	<i>cefixime</i>	7	CIPRO	11
<i>hydrochlorothiazid</i>	<i>cefpodoxime</i>	8	<i>ciprofloxacin</i>	11
50	<i>cefprozil</i>	8	<i>ciprofloxacin hcl</i>	11, 79, 117
<i>capecitabine</i>	<i>cefuroxime axetil</i>	8	<i>ciprofloxacin-dexamethasone</i>	
15	<i>celecoxib</i>	37	.....	80
CAPEX.....	CELLCEPT	15	<i>citalopram</i>	40
71	CELLCEPT INTRAVENOUS		<i>citroma</i>	95
CAPLYTA .....	.....	15	<i>claravis</i>	65
40	CELONTIN	27	CLARINEX.....	124
CAPRELSA	CENTANY	69	CLARINEX-D 12 HOUR ..	124
15	CENTANY AT.....	69	<i>clarithromycin</i>	8
<i>captopril</i>	<i>cephalexin</i>	8	<i>classic prenatal</i>	134
50	CEPROTIN (BLUE BAR) ..	55	<i>clearlax</i>	95
<i>captopril-hydrochlorothiazide</i>	CEPROTIN (GREEN BAR) 55		CLEOCIN.....	111
.....	CEQUA	119	CLEOCIN HCL.....	9
50	CEQUR SIMPLICITY	85	CLEOCIN PEDIATRIC	9
CAPVAXIVE.....				
102				
CARBAGLU.....				
75				
<i>carbamazepine</i>				
26				
CARBAMAZEPINE.....				
26				
CARBATROL.....				
27				
<i>carbidopa</i>				
30				
<i>carbidopa-levodopa</i>				
30				
<i>carbidopa-levodopa-</i>				
<i>entacapone</i>				
30				
<i>carbinoxamine maleate</i>				
124				
<i>carbzah</i>				
124				
CARDIZEM.....				
50				

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

CLEOCIN T	65	COMETRIQ	15	<i>cyclophen-tropic-phenyleph-</i>	
CLEVER CHOICE LEVEL 2		COMIRNATY 2025-2026(5-		<i>watr</i>	119
CONTROL	82	11Y)(PF).....	102	CYCLOPENT-TROPIC-	
CLIMARA	109	COMIRNATY 2025-26 (12Y		PHEN-KETR-WAT	119
<i>clindacin</i>	65	UP)(PF)	102	<i>cyclophosphamide</i>	15
<i>clindacin etz</i>	66	COMPACT SPACE		CYCLOPHOSPHAMIDE	15
CLINDACIN ETZ.....	66	CHAMBER	130	CYCLOP-TROP-PROPA-	
<i>clindacin p</i>	66	COMPAZINE.....	95	PHEN-KET-WAT	119
CLINDACIN PAC	66	<i>complete natal dha</i>	134	<i>cycloserine</i>	9
<i>clindamycin hcl</i>	9	<i>compro</i>	95	CYCLOSET	90
<i>clindamycin pediatric</i>	9	CONCEPT DHA	134	<i>cyclosporine</i>	16, 119
<i>clindamycin phosphate</i>	66, 111	CONCEPT OB	134	<i>cyclosporine modified</i>	16
<i>clindamycin-benzoyl peroxide</i>		<i>conjugated estrogens</i>	109	<i>cyproheptadine</i>	124
.....	66	CONSENSI	51	CYRAMZA	16
<i>clindamycin-tretinoin</i>	66	<i>constulose</i>	95	<i>cyred</i>	113
CLINDESSE	111	CONTOUR CONTROL		<i>cyred eq</i>	113
CLINPRO 5000.....	78	SOLUTION, NML	82	CYSTAGON	131
<i>clobazam</i>	27	CONTOUR NEXT LEV 2		CYSTARAN.....	119
<i>clobetasol</i>	71	CONTROL SOL.....	82	CYTOGAM.....	102
<i>clobetasol-emollient</i>	71	COPIKTRA	15	CYTOTEC.....	99
CLOBEX.....	71	CORDRAN TAPE LARGE		D	
<i>clodan</i>	71	ROLL.....	72	<i>dabigatran etexilate</i>	55
CLODAN KIT.....	72	COREG CR	51	<i>dalfampridine</i>	32
<i>clomipramine</i>	40	CORIFACT	55	<i>danazol</i>	87
<i>clonazepam</i>	27	CORTANE-B	63	DANTRIUM.....	34
<i>clonidine</i>	50	CORTEF.....	80	<i>dantrolene</i>	34
<i>clonidine hcl</i>	40, 50	CORTENEMA	95	DANYELZA	16
<i>clopidogrel</i>	55	<i>cortisone</i>	80	DANZITEN.....	16
<i>clorazepate dipotassium</i>	40	CORTISPORIN-TC	80	<i>dapsone</i>	9, 66
<i>clotrimazole</i>	3	COSELA	15	DAPTACEL (DTAP	
<i>clotrimazole-betamethasone</i>	70	COTELLIC.....	15	PEDIATRIC) (PF).....	102
<i>clozapine</i>	41	COTEMPLA XR-ODT	41	DARAPRIM	9
CLOZARIL	41	<i>covaryx</i>	109	<i>darifenacin</i>	130
<i>c-nate dha</i>	134	<i>covaryx h.s.</i>	109	<i>darunavir</i>	4
COAGADEX	55	CRENESSITY	87	DARZALEX.....	16
COARTEM	9	CREON	95	DARZALEX FASPRO	16
COCAINE	68	CRESEMBA	3	<i>dasatinib</i>	16
<i>codeine sulfate</i>	35	CREXONT	30	<i>dasetta 1/35 (28)</i>	113
<i>codeine-butalbital-asa-caff</i>	35	<i>cromolyn</i>	95, 119, 127	<i>dasetta 7/7/7 (28)</i>	113
<i>codeine-guaifenesin</i>	124	<i>cryselle (28)</i>	113	DATROWAY	16
CODITUSSIN AC	125	CRYSVITA	87	DAURISMO.....	16
CODITUSSIN DAC.....	125	CTEXLI.....	95	<i>daysee</i>	113
COLAZAL	95	CUVITRU	102	DAYTRANA.....	41
<i>colchicine</i>	105	<i>cyanocobalamin (vitamin b-12)</i>		DAYVIGO	41
<i>colesevelam</i>	57	.....	134	DDAVP	87
COLESTID	57	<i>cyclobenzaprine</i>	34	<i>deblitane</i>	109
<i>colestipol</i>	57	CYCLOGYL	119	<i>decitabine</i>	16
COMBIGAN	121	CYCLOMYDRIL.....	123	<i>deferasirox</i>	75
COMBIPATCH.....	109	<i>cyclopentolate</i>	119	<i>deferiprone</i>	75
COMBIVENT RESPIMAT	127			<i>deflazacort</i>	80

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

DELESTROGEN	109	DEXCOM G6		<i>dofetilide</i>	49
DELSTRIGO.....	4	TRANSMITTER	82	DOJOLVI	134
<i>demeclocycline</i>	12	DEXCOM G7 RECEIVER ..	82	<i>dolishale</i>	113
DEMSER.....	51	DEXCOM G7 SENSOR	82	<i>donepezil</i>	32
DENGVAXIA (PF).....	102	DEXEDRINE SPANSULE ..	41	DONNATAL.....	93
<i>denta 5000 plus</i>	78	<i>dexmethylphenidate</i>	41	DOPTELET (15 TAB PACK)	
<i>denta 5000 plus sensitive</i>	78	DEXTENZA.....	122	.....	55
<i>dentagel</i>	78	<i>dextroamphetamine sulfate</i> ..	41	DOPTELET SPRINKLE.....	55
DEPAKOTE.....	27	<i>dextroamphetamine-</i>		<i>dorzolamide</i>	121
DEPAKOTE ER.....	27	<i>amphetamine</i>	41	DORZOLAMIDE (PF).....	121
DEPAKOTE SPRINKLES ..	27	DIACOMIT	27	<i>dorzolamide-timolol</i>	121
DEPEN TITRATABS	107	<i>dialyvite 800</i>	134	<i>dorzolamide-timolol (pf)</i>	121
DEPO-ESTRADIOL.....	109	DIATRUE CONTROL SOLN		<i>dotti</i>	109
DEPO-PROVERA	109	NORMAL.....	82	DOVATO	4
DEPO-SUBQ PROVERA	104	<i>diazepam</i>	27, 41	<i>doxazosin</i>	51
.....	109	<i>diazepam intensol</i>	41	<i>doxepin</i>	41
DEPO-TESTOSTERONE....	87	<i>diazoxide</i>	84	<i>doxercalciferol</i>	88
<i>dermacinrx lidocan</i>	68	<i>dichlorphenamide</i>	32	<i>doxycycline hyclate</i>	12
DERMA-SMOOTH/FS		DICLEGIS.....	95	<i>doxycycline monohydrate</i>	12
BODY OIL.....	72	<i>diclofenac potassium</i>	37	<i>doxylamine-pyridoxine (vit b6)</i>	
DERMA-SMOOTH/FS		<i>diclofenac sodium</i> ...37, 63, 121		.....	95
SCALP OIL.....	72	<i>diclofenac-misoprostol</i>	37	<i>dronabinol</i>	96
DERMOTIC OIL	79	<i>dicloxacillin</i>	11	<i>drospirenone-e.estradiol-lm,fa</i>	
DESCOVY	4	<i>dicyclomine</i>	93	.....	113
<i>desipramine</i>	41	DIFFERIN	66	<i>drospirenone-ethinyl estradiol</i>	
<i>desloratadine</i>	124	DIFICID	8	.....	113
<i>desmopressin</i>	87, 88	DIFLUCAN.....	3	DROXIA.....	16
DESMOPRESSIN.....	88	<i>diflunisal</i>	37	<i>droxidopa</i>	75
<i>desog-e.estradiol/e.estradiol</i>		<i>difluprednate</i>	122	DSUVIA	35
.....	113	<i>digoxin</i>	54	DUAVEE.....	109
<i>desonide</i>	72	<i>dihydroergotamine</i>	31	DUETACT	90
<i>desoximetasone</i>	72	DILANTIN.....	27	<i>dulcolax (magnesium</i>	
DESOXYN.....	41	DILANTIN EXTENDED....	27	<i>hydroxide)</i>	96
DESVENLAFAXINE	41	DILANTIN INFATABS	27	DULERA.....	127
<i>desvenlafaxine succinate</i>	41	DILANTIN-125.....	27	<i>duloxetine</i>	41
<i>dexabliss</i>	80	DILAUDID	35	DUOBRII	72
<i>dexamethasone</i>	80	<i>diltiazem</i>	51	DUOPA	30
<i>dexamethasone intensol</i>	80	<i>dilt-xr</i>	51	DUPIXENT PEN.....	63
<i>dexamethasone sodium</i>		<i>dimethyl fumarate</i>	48	DUPIXENT SYRINGE.....	63
<i>phosphate</i>	122	<i>diphenoxylate-atropine</i>	93	DUREX AVANTI BARE	
DEXAMETH-		DIPROLENE		REAL FEEL	108
MOXIFLOX(PF)-		(AUGMENTED).....	72	DUREX TROPICAL	
NACL,ISO	122	<i>dipyridamole</i>	55	CONDOM	108
DEXAMET-MOXIFL-		DISALCID	37	<i>dutasteride</i>	131
KETORO-NACL(PF)	119	<i>diskets</i>	35	<i>dutasteride-tamsulosin</i>	131
<i>dexchlorpheniramine maleate</i>		<i>disopyramide phosphate</i>	49	DYSPORT	102
.....	124	<i>disulfiram</i>	75	E	
DEXCOM G6 RECEIVER ..	82	DIURIL	51	<i>e.e.s. 400</i>	8
DEXCOM G6 SENSOR	82	<i>divalproex</i>	27	E.E.S. GRANULES.....	8
		<i>dodex</i>	134		

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

EASIVENT HOLDING	ELEMENT NORMAL	ENGERIX-B PEDIATRIC
CHAMBER..... 130	CONTROL.....82	(PF).....102
EASY PLUS II HIGH	ELEPSIA XR .....27	ENHERTU .....17
CONTROL..... 82	<i>eletriptan</i> .....31	<i>enilloring</i> .....111
EASY STEP HIGH	ELFABRIO .....88	ENJAYMO .....75
CONTROL SOLN..... 82	ELIGARD .....16	<i>enoxaparin</i> .....55
EASY TALK HIGH	ELIGARD (3 MONTH) .....16	<i>enpresse</i> .....113
CONTROL..... 82	ELIGARD (4 MONTH) .....16	ENSACOVE.....17
EASY TALK PLUS II LOW	ELIGARD (6 MONTH) .....16	<i>enskyce</i>.....113
CONTROL..... 82	ELIMITE .....74	ENSPRYNG .....17
EASY TOUCH BLU CTRL	<i>elinest</i>.....113	ENSTILAR.....60
SOLN-L1,L3 82	ELIQUIS .....55	<i>entacapone</i>.....30
EASY TRAK II CTRL SOLN-	ELIQUIS DVT-PE TREAT	<i>entecavir</i> .....4
NORMAL 82	30D START .....55	ENTRESTO.....59
EASY TRAK LOW	ELIQUIS SPRINKLE .....55	ENTRESTO SPRINKLE.....59
CONTROL..... 82	<i>elite-ob</i>.....134	ENTYVIO .....96
EASYMAX 15 LEVEL 2 ....82	ELLA.....113	<i>enulose</i>.....96
EASYMAX NORMAL	ELMIRON.....131	EPCLUSA .....5
CONTROL..... 82	ELOCTATE .....55	EPIDIOLEX .....27
EBGLYSS PEN .....63	ELREXFIO.....16	EPIDUO FORTE.....66
EBGLYSS SYRINGE.....63	<i>eltrombopag olamine</i>.....55	EPIFOAM.....60
EC-NAPROSYN.....37	<i>eluryng</i>.....111	<i>epinastine</i>.....119
<i>econazole nitrate</i> .....70	ELZONRIS.....16	<i>epinephrine</i> .....124
<i>econtra ez</i> .....113	EMBRACE EVO LEVEL 1.82	EPINEPHRINE .....124
<i>econtra one-step</i> .....113	EMBRACE GLUCOSE	EPIPEN.....124
<i>ecotrin low strength</i>.....37	CONTROL LOW .....82	EPIPEN JR .....124
<i>edaravone</i> .....32	EMBRACE TALK	EPIVIR .....5
EDARAVONE .....32	CONTROL-LOW (L1)....82	<i>eplerenone</i> .....51
EDECRIN .....51	EMGALITY PEN.....31	<i>epoprostenol</i> .....51
EDEX .....131	EMGALITY SYRINGE.....31	<i>eprosartan</i>.....51
EDLUAR.....42	EMPAVELI.....75	EPYSQLI.....75
<i>ed-spaz</i>.....93	EMPLICITI .....17	EQUETRO .....27
EDURANT .....4	EMRELIS.....17	ERBITUX.....17
EDURANT PED .....4	EMSAM .....42	<i>ergocalciferol (vitamin d2)</i> .134
<i>eemt</i> .....109	<i>emtricitabine</i>.....4	<i>ergoloid</i>.....42
<i>eemt hs</i>.....110	<i>emtricitabine-tenofovir (tdf)</i> ...4	ERGOMAR .....31
<i>efavirenz</i> .....4	<i>emtricitabine-tenofovir df</i> ...4	<i>ergotamine-caffeine</i> .....31
<i>efavirenz-emtricitabin-tenofov</i> 4	EMTRIVA .....4	<i>eribulin</i> .....17
<i>efavirenz-lamivu-tenofov disop</i>	EMVERM .....9	ERIVEDGE .....17
.....4	<i>emzahh</i>.....110	ERLEADA .....17
<i>effer-k</i> .....133	<i>enalapril maleate</i>.....51	<i>erlotinib</i> .....17
EFFER-K.....132	<i>enalapril-hydrochlorothiazide</i>	<i>errin</i> .....110
EFFIENT .....55	.....51	ERWINASE .....17
EFUDEX .....63	ENBRACE HR.....134	<i>ery pads</i> .....66
EGRIFTA SV .....101	ENBREL .....107	ERYPED 200.....8
EGRIFTA WR.....101	ENBREL MINI .....107	ERYPED 400.....8
ELAHERE.....16	ENBREL SURECLICK .....107	<i>ery-tab</i>.....8
ELAPRASE.....88	<i>endocet</i>.....35	ERY-TAB.....8
ELEMENT COMPACT	ENFLONSIA.....4	<i>erythrocin (as stearate)</i> .....8
NORMAL CONTROL.....82	ENGERIX-B (PF) .....102	<i>erythromycin</i> .....8, 117

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

<i>erythromycin ethylsuccinate</i> ...8	<i>exenatide</i>.....90	FIRMAGON KIT W
<i>erythromycin with ethanol</i>....66	EXTINA.....70	DILUENT SYRINGE .....17
<i>erythromycin-benzoyl peroxide</i>	EYSUVIS.....122	<i>flac otic oil</i>.....79
.....66	<i>ezetimibe</i>.....58	<i>flavoxate</i>.....130
<i>escitalopram oxalate</i>.....42	<i>ezetimibe-simvastatin</i>.....58	FLEBOGAMMA DIF.....102
<i>eslicarbazepine</i>.....27	F	<i>flecainide</i>.....49
<i>esomeprazole magnesium</i>....99	FABHALTA.....75	FLECTOR.....37
ESPEROCT.....55	FABRAZYME.....88	FLEXICHAMBER.....130
<i>estarylla</i>.....113	<i>falmina (28)</i>.....114	FLOLAN.....51
<i>estazolam</i>.....42	<i>famciclovir</i>.....5	FLOLIPID.....58
<i>estradiol</i>.....110	<i>famotidine</i>.....99	<i>flotrex</i>.....134
<i>estradiol valerate</i>.....110	FARESTON.....17	FLUAD 2025-2026 (65 YR
<i>estradiol-norethindrone acet</i>	FARXIGA.....91	UP)(PF).....102
.....110	FASENRA PEN.....127	FLUARIX 2025-2026 (PF) 102
ESTRATEST H.S. ....110	FC2 FEMALE CONDOM .108	FLUBLOK 2025-2026 (PF)
<i>estrogens-methyltestosterone</i>	<i>febuxostat</i>.....105	.....102
.....110	FEIBA NF.....55	FLUCELVAX 2025-2026 (PF)
<i>eszopiclone</i>.....42	<i>feirza</i>.....114	.....102
<i>ethacrynic acid</i>.....51	<i>felbamate</i>.....27	<i>fluconazole</i>.....3
<i>ethambutol</i>.....9	FELBATOL.....27	<i>flucytosine</i>.....3
<i>ethosuximide</i>.....27	<i>felodipine</i>.....51	<i>fludrocortisone</i>.....80
<i>ethynodiol diac-eth estradiol</i>	<i>fem ph</i>.....111	FLULAVAL 2025-2026 (PF)
.....113	FEMARA.....17	.....102
<i>etodolac</i>.....37	FEMCAP.....108	FLUMADINE.....5
<i>etonogestrel-ethinyl estradiol</i>	<i>fenofibrate</i>.....58	FLUMIST 2025-2026.....102
.....111	<i>fenofibrate micronized</i>.....58	FLUMIST HOME 2025-2026
<i>etoposide</i>.....17	<i>fenofibrate nanocrystallized</i>.....58	.....102
<i>etravirine</i>.....5	<i>fenofibric acid</i>.....58	<i>flunisolide</i>.....127
EUA PATIENT	<i>fenofibric acid (choline)</i>.....58	<i>fluocinolone</i>.....72
ASSESSMENT.....74	<i>fenopropfen</i>.....37	<i>fluocinolone acetonide oil</i> ...79
EUCRISA.....63	FENSOLVI.....17	<i>fluocinolone and shower cap</i> 72
EULEXIN.....17	<i>fentanyl</i>.....35	<i>fluocinonide</i>.....72
EURAX.....74	FENTANYL CITRATE.....35	<i>fluocinonide-e</i>.....72
<i>euthyrox</i>.....92	FERRIPROX.....75, 76	FLUORESCEIN-
EVAMIST.....110	FERRIPROX (2 TIMES A	BENOXINATE.....119
<i>everolimus (antineoplastic)</i> ..17	DAY).....75	<i>fluorescein-propraracaine</i> ...120
<i>everolimus</i>	<i>fesoterodine</i>.....130	<i>fluoride (sodium)</i>.....78, 134
(<i>immunosuppressive</i>).....17	FETZIMA.....42	FLUORIDEX DAILY
EVISTA.....106	FEXMID.....34	DEFENSE.....78
EVKEEZA.....57	FIBRICOR.....58	FLUORIDEX SENSITIVITY
EVOCLIN.....66	FIBRYGA.....55	RELIEF.....78
EVOLUTION NORMAL	<i>fidaxomicin</i>.....8	FLUORIMAX 5000.....78
CONTROL.....82	FILSPARI.....59	FLUORIMAX 5000
EVOMELA.....17	FINACEA.....66	SENSITIVE.....78
EVOTAZ.....5	<i>finasteride</i>.....131	<i>fluorometholone</i>.....122
EVOXAC.....75	<i>finolimid</i>.....48	<i>fluorouracil</i>.....63
EVRYSDI.....32	<i>finzala</i>.....114	<i>fluoxetine</i>.....42
EXELDERM.....70	FIORICET.....35	<i>fluphenazine hcl</i>.....42
EXELON PATCH.....32	FIRDAPSE.....32	<i>flurazepam</i>.....42
<i>exemestane</i>.....17		<i>flurbiprofen</i>.....37

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

<i>flurbiprofen sodium</i>	121	FREESTYLE LIBRE 14 DAY SENSOR.....	83	<i>gavilax</i>	96
<i>fluticasone propionate</i> ..	72, 127	FREESTYLE LIBRE 2 PLUS SENSOR.....	83	<i>gavilyte-c</i>	96
<i>fluticasone propion-salmeterol</i>	127	FREESTYLE LIBRE 2 READER.....	83	<i>gavilyte-g</i>	96
<i>fluvastatin</i>	58	FREESTYLE LIBRE 2 SENSOR.....	83	<i>gavilyte-n</i>	96
<i>fluvoxamine</i>	42	FREESTYLE LIBRE 3 PLUS SENSOR.....	83	GAVRETO	17
FLUZONE 2025-2026 (PF)	102	FREESTYLE LIBRE 3 READER	83	GAZYVA	17
FLUZONE HIGH-DOSE 2025-26 (PF)	103	FREESTYLE LIBRE 3 SENSOR.....	83	GE100 CONTROL SOLUTION NORMAL....	83
FML LIQUIFILM	122	FREESTYLE LITE METER	83	<i>gefitinib</i>	17
<i>folic acid</i>	134	FREESTYLE LITE STRIPS	83	GELCLAIR	78
<i>folitab</i>	134	FREESTYLE PRECISION NEO STRIPS.....	83	<i>gemfibrozil</i>	58
<i>folivane-ob</i>	135	FROVA	31	<i>gemmily</i>	114
FOLOTYN	17	<i>frovatriptan</i>	31	GEMTESA	130
<i>foltabs 800</i>	135	FRUZAQLA.....	17	<i>generlac</i>	96
<i>fondaparinux</i>	55	<i>full spectrum b-vitamin c</i>	135	<i>gengraf</i>	17
FORA GTEL MULTI- FUNCTN MONITOR	82	FULPHILA.....	101	GENOTROPIN.....	101
FORA KETONE CONTROL SOLN-L1.....	82	FURADANTIN	13	GENOTROPIN MINIQUICK	101
FORA NORMAL CONTROL	82	<i>furosemide</i>	51	<i>gentamicin</i>	69, 117
FORA TN'G ADV MOBILE MULTI MTR.....	82	FYARRO.....	17	GENTEEL VACUUM LANCING DEVICE	85
FORA TN'G ADVANCE MULTI-FN MTR.....	82	<i>fyavolv</i>	110	<i>gentle laxative (bisacodyl)</i>	96
FORA TN'G ADVANCE PRO MONITOR	82	FYCOMPA.....	27	<i>gentle laxative (mag hydrox)</i>	96
FORACARE GDH LOW CONTROL	82	G		<i>gentlelax</i>	96
<i>formoterol fumarate</i>	127	<i>g tussin ac</i>	125	GENVOYA	5
FOSAMAX	106	<i>gabapentin</i>	27	GEODON	42
FOSAMAX PLUS D.....	106	GALAFOLD	88	GILOTRIF	18
<i>fosamprenavir</i>	5	<i>galantamine</i>	32	GIVLAARI.....	76
<i>fosinopril</i>	51	<i>galbriela</i>	114	GLASSIA	76
<i>fosinopril-hydrochlorothiazide</i>	51	<i>gallifrey</i>	110	<i>glatiramer</i>	48
FRAGMIN	55	GALZIN	133	<i>glatopa</i>	48
<i>fraiche 5000</i>	78	GAMASTAN	103	GLEOSTINE	18
FRAICHE 5000 PREVI	78	GAMIFANT	17	<i>glimepiride</i>	91
FREESTYLE CONTROL....	82	GAMMAGARD LIQUID ..	103	<i>glipizide</i>	91
FREESTYLE FREEDOM ...	82	GAMMAGARD S-D (IGA < 1 MCG/ML)	103	<i>glipizide-metformin</i>	91
FREESTYLE FREEDOM LITE	83	GAMMAPLEX	103	GLOPERBA	105
FREESTYLE INSULINX....	83	GAMMAPLEX (WITH SORBITOL).....	103	<i>glucagon emergency kit</i> (human).....	84
FREESTYLE INSULINX TEST STRIPS	83	GAMUNEX-C.....	103	GLUCAGON HCL.....	84
FREESTYLE LIBRE 14 DAY READER.....	83	GARDASIL 9 (PF).....	103	GLUCOCARD 01 NORMAL CONTROL	83
		GASTROCROM	96	GLUCOCOM CONTROL NORMAL.....	83
		<i>gatifloxacin</i>	117	GLUCOSE CONTROL.....	83
		GATTEX 30-VIAL	96	<i>glutamine (sickle cell)</i>	76
				<i>glyburide</i>	91
				<i>glyburide micronized</i>	91
				<i>glyburide-metformin</i>	91
				GLYCATE	93
				<i>glycerol phenylbutyrate</i>	76

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

<i>glycopyrrolate</i>	93	HEMLIBRA	55	HUMULIN 70/30 U-100	
GLYXAMBI	91	<i>hemmorex-hc</i>	96	INSULIN	86
GOJJI GLUCOSE CNTRL		HEMOFIL M HIGH.....	55	HUMULIN 70/30 U-100	
SOL-NORMAL.....	83	HEMOFIL M LOW.....	55	KWIKPEN.....	86
GOJJI KETONE CONTROL		HEMOFIL M MID.....	55	HUMULIN N NPH INSULIN	
SOLN-L1.....	83	HEMOFIL M SUPER HIGH	55	KWIKPEN.....	86
GOJJI MULTI-FUNCTIONAL		<i>hep flush-10 (pf)</i>	55	HUMULIN N NPH U-100	
METER	83	<i>heparin (porcine)</i>	56	INSULIN	86
GOLYTELY.....	96	<i>heparin (porcine) in 0.9% nacl</i>		HUMULIN R REGULAR U-	
GOMEKLI	18	.....	56	100 INSULN	86
GONITRO.....	60	HEPARIN (PORCINE) IN		HUMULIN R U-500 (CONC)	
GOPRELTO.....	68	0.9% NACL.....	56	KWIKPEN.....	86
GRALISE	27	<i>heparin (porcine) in 5 % dex</i>	56	HYCAMTIN.....	18
<i>granisetron hcl</i>	96	<i>heparin (porcine) in nacl (pf)</i>		HYCODAN (WITH	
GRASTEK	103	.....	56	HOMATROPINE).....	125
<i>griseofulvin microsize</i>	3	HEPARIN (PORCINE) IN		<i>hydralazine</i>	51
<i>griseofulvin ultramicrosize</i>	3	NACL (PF).....	56	HYDREA	18
<i>guanfacine</i>	42, 51	<i>heparin lock flush (porcine)</i> .	56	<i>hydrochlorothiazide</i>	51
GUARDIAN 4 GLUCOSE		<i>heparin lockflush(porcine)(pf)</i>		<i>hydrocodone bitartrate</i>	35
SENSOR	83	.....	56	<i>hydrocodone-acetaminophen</i>	35
GUARDIAN 4		<i>heparin(porcine) in 0.45% nacl</i>		<i>hydrocodone-</i>	
TRANSMITTER.....	83	.....	56	<i>chlorpheniramine</i>	125
GUARDIAN LINK 3		HEPARIN(PORCINE) IN		<i>hydrocodone-homatropine</i> .	125
TRANSMITTER.....	83	0.45% NACL.....	56	<i>hydrocodone-ibuprofen</i>	35
GUARDIAN SENSOR 3	83	<i>heparin, porcine (pf)</i>	56	<i>hydrocortisone</i>	73, 80, 96
GVOKE.....	84	HEPLISAV-B (PF).....	103	<i>hydrocortisone acetate</i>	96
GVOKE HYPOPEN 2-PACK		HEPZATO (50 MM		<i>hydrocortisone butyrate</i>	73
.....	84	CATHETER).....	18	<i>hydrocortisone valerate</i>	73
GVOKE PFS 2-PACK		HERCESSI.....	18	<i>hydrocortisone-acetic acid</i> ..	79
SYRINGE	84	HETLIOZ	42	<i>hydrocortisone-pramoxine</i> ..	60,
GYNAZOLE-1	111	HETLIOZ LQ.....	42	96	
H		HIBERIX (PF).....	103	<i>hydromet</i>	125
HAEGARDA	127	HISTEX-AC	125	<i>hydromorphone</i>	35
<i>hailey</i>	114	HIZENTRA	103	<i>hydroxocobalamin</i>	135
<i>hailey 24 fe</i>	114	<i>homatropaire</i>	119	<i>hydroxychloroquine</i>	9
<i>hailey fe 1.5/30 (28)</i>	114	HORIZANT.....	32	<i>hydroxyurea</i>	18
<i>hailey fe 1/20 (28)</i>	114	HUMALOG JUNIOR		<i>hydroxyzine hcl</i>	124
HALAVEN.....	18	KWIKPEN U-100	86	<i>hydroxyzine pamoate</i>	124
HALCION.....	42	HUMALOG KWIKPEN		HYFTOR	63
<i>halobetasol propionate</i>	73	INSULIN	86	HYMPAVZI PEN	56
<i>haloette</i>	111	HUMALOG MIX 50-50		<i>hyoscyamine sulfata</i>	93
HALOG.....	73	KWIKPEN.....	86	<i>hyosyne</i>	93
<i>haloperidol</i>	42	HUMALOG MIX 75-25		HYPER-SAL	127
<i>haloperidol lactate</i>	42	KWIKPEN.....	86	HYQVIA	103
HARVONI	5	HUMALOG MIX 75-25(U-		HYSINGLA ER.....	36
HAVRIX (PF)	103	100)INSULN	86	I	
HEALTHPRO HIGH-LOW		HUMALOG U-100 INSULIN		<i>ibandronate</i>	106
CONTROL	83	.....	86	IBRANCE.....	18
<i>heather</i>	110	HUMATE-P	56	IBTROZI	18
HEMANGEOL	51	HUMATIN	9	<i>ibu</i>	37

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

<i>ibuprofen</i>	37	INPEN (FOR HUMALOG)	JANUMET	91
<i>icatibant</i>	127	PINK.....	JANUMET XR.....	91
<i>iclevia</i>	114	INPEN (NOVOLOG OR	JANUVIA.....	91
ICLUSIG	18	FIASP) BLUE	JARDIANCE.....	91
<i>icosapent ethyl</i>	58	INSPIRA	<i>jasmiel (28)</i>	114
IDELVION.....	56	INSULIN GLARGINE-YFGN	JATENZO.....	88
IDHIFA	18	.....	<i>javygtor</i>	88
IFE-BIMIX 30/1.....	131	INSULIN LISPRO	<i>jaythari</i>	80
IGALMI	43	INSULIN LISPRO	JELMYTO	18
IHEALTH CONTROL SOLN		PROTAMIN-LISPRO	JEMPERLI	19
LEVEL 2	83	INSULIN SYRINGE-	<i>jencycla</i>	110
IHEEZO (PF)	120	NEEDLE U-100	JEVTANA	19
ILARIS (PF).....	101	INTELENCE	<i>jinteli</i>	110
ILET INFUSION KIT-INSET		<i>introvale</i>	JIVI.....	56
23.....	85	INVEGA.....	JOENJA.....	76
ILET INFUSION-CONTACT		INVELTYS	<i>jolessa</i>	114
DTCH 23	85	IODOFLEX	JORNAY PM.....	43
ILET STARTER KIT-INSET		IODOSORB.....	JOURNAVX.....	38
.....	85	IOPIDINE.....	<i>joyeaux</i>	114
ILEVRO	121	IPOL	JUBLIA	70
ILUVIEN.....	122	<i>ipratropium bromide</i>	<i>juleber</i>	114
<i>imatinib</i>	18	<i>ipratropium-albuterol</i>	JULUCA.....	5
IMBRUVICA	18	IQIRVO	<i>junel 1.5/30 (21)</i>	114
IMDELLTRA.....	18	<i>irbesartan</i>	<i>junel 1/20 (21)</i>	114
IMFINZI.....	18	<i>irbesartan-hydrochlorothiazide</i>	<i>junel fe 1.5/30 (28)</i>	114
<i>imipramine hcl</i>	43	.....	<i>junel fe 1/20 (28)</i>	114
<i>imipramine pamoate</i>	43	IRESSA	<i>junel fe 24</i>	114
<i>imiquimod</i>	64	ISENTRESS	JUST RIGHT 5000.....	78
IMJUDO.....	18	ISENTRESS HD	JUXTAPID	58
IMKELDI	18	<i>isibloom</i>	JYNARQUE	88
IMOVAX RABIES VACCINE		<i>isoniazid</i>	JYNNEOS (PF).....	103
(PF).....	103	ISORDIL	K	
IMPAVIDO	9	ISORDIL TITRADOSE	KADCYLA.....	19
IMULDOSA.....	60	<i>isosorbide dinitrate</i>	<i>kaitlib fe</i>	114
IMURAN.....	18	<i>isosorbide mononitrate</i>	KALBITOR.....	127
INBRIJA	30	<i>isosorbide-hydralazine</i>	KALETRA	5
<i>incassia</i>	110	<i>isotretinoin</i>	<i>kalliga</i>	114
INCRELEX	76	<i>isradipine</i>	KALYDECO	127
INCRUSE ELLIPTA	127	ISTODAX	KANUMA	88
<i>indapamide</i>	51	<i>itraconazole</i>	<i>kariva (28)</i>	114
<i>indomethacin</i>	38	<i>ivabradine</i>	<i>kelnor 1/35 (28)</i>	114
INFANRIX (DTAP) (PF) ..	103	<i>ivermectin</i>	KENALOG.....	73
INFINITY CONTROL		IWILFIN.....	KEPIVANCE	13
SOLUTION NORM.....	83	IXEMPRA	KERENDIA.....	51
INFLIXIMAB	96	IXIARO (PF).....	KESIMPTA PEN.....	48
INGREZZA	32	J	<i>ketoconazole</i>	3, 70
INGREZZA INITIATION		<i>jaimiess</i>	<i>ketodan</i>	70
PK(TARDIV).....	32	JAKAFI	<i>ketodan kit</i>	70
INGREZZA SPRINKLE.....	32	JALYN	<i>ketoprofen</i>	38
INLYTA	18	<i>jantoven</i>	<i>ketorolac</i>	38, 121

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

KEYTRUDA.....	19	<i>lamotrigine</i>	28	<i>levora-28</i>	115
KIMMTRAK.....	19	LAMZEDE.....	76	<i>levo-t</i>	92
KINRIX (PF).....	103	LANCETS	85	<i>levothyroxine</i>	92
KISQALI.....	19	LANCING DEVICE	85	<i>levoxyl</i>	92
KITABIS PAK	9	LANOXIN.....	54	LEVSIN.....	93
KLARITY (CHONDROITIN)		<i>lanreotide</i>	19	LEVSIN/SL	93
(PF).....	120	<i>lansoprazole</i>	99, 100	LEVULAN	64
KLARON	69	<i>lanthanum</i>	133	<i>lexette</i>	73
<i>klayesta</i>	70	LANTUS SOLOSTAR U-100		LIBTAYO.....	19
<i>klor-con</i>	133	INSULIN	86	LICART.....	38
<i>klor-con 10</i>	133	LANTUS U-100 INSULIN ..	87	<i>lidocaine</i>	68
<i>klor-con 8</i>	133	<i>lapatinib</i>	19	<i>lidocaine hcl</i>	68
<i>klor-con m10</i>	133	<i>larin 1.5/30 (21)</i>	114	<i>lidocaine hcl-hydrocortison ac</i>	
<i>klor-con m15</i>	133	<i>larin 1/20 (21)</i>	114	.....	68, 96, 97
<i>klor-con m20</i>	133	<i>larin 24 fe</i>	114	LIDOCAINE HCL-	
KLOXXADO	38	<i>larin fe 1.5/30 (28)</i>	114	HYDROCORTISON AC .96	
KOATE	56	<i>larin fe 1/20 (28)</i>	114	<i>lidocaine viscous</i>	68
<i>kobee</i>	135	LASIX	52	<i>lidocaine-hydrocortisone-alo</i>	
KOGENATE FS.....	56	<i>latanoprost</i>	121	.....	97
KORSUVA	76	<i>laxative (bisacodyl)</i>	96	<i>lidocaine-prilocaine</i>	68
KOSELUGO	19	<i>laxative peg 3350</i>	96	<i>lidocan iii</i>	68
KOSHER PRENATAL PLUS		LAZCLUZE	19	<i>lidocan iv</i>	69
IRON	135	<i>leflunomide</i>	107	<i>lidocan v</i>	69
<i>kourzeq</i>	78	LEMTRADA.....	48	<i>lidocort</i>	69
KOVALTRY.....	56	<i>lenalidomide</i>	19	LILETTA.....	109
K-PHOS NO 2.....	131	LENVIMA.....	19	<i>linezolid</i>	9
K-PHOS ORIGINAL	132	LEQSELVI.....	107	LINZESS	97
KRINTAFEL.....	9	LESCOL XL.....	58	<i>liomny</i>	92
KRISTALOSE	96	<i>lessina</i>	114	<i>liothyronine</i>	92
KRYSTEXXA.....	105	<i>letrozole</i>	19	<i>liraglutide</i>	91
<i>kurvelo (28)</i>	114	<i>leucovorin calcium</i>	13	<i>lisdexamfetamine</i>	43
KYLEENA	108	LEUKERAN	19	<i>lisinopril</i>	52
<i>kymbee</i>	80	LEUKINE.....	101	<i>lisinopril-hydrochlorothiazide</i>	
KYPROLIS	19	<i>leuprolide</i>	19	.....	52
L		<i>levabuterol hcl</i>	127	LITEAIRE MDI CHAMBER	
<i>l norgest/e.estradiol-e.estr</i>		LEVBID	93	.....	130
.....	114	<i>levetiracetam</i>	28	LITFULO	76
<i>labetalol</i>	52	LEVETIRACETAM	28	<i>lithium carbonate</i>	43
<i>lacosamide</i>	27	<i>levobunolol</i>	118	<i>lithium citrate</i>	43
<i>lactated ringers</i>	74	<i>levocarnitine</i>	76	LITHOBID	43
<i>lactulose</i>	96	<i>levocarnitine (with sugar)</i>	76	LITHOSTAT	76
LAGEVRIO (EUA).....	5	<i>levofloxacin</i>	11, 117	LIVDELZI.....	97
LAMICTAL XR STARTER		<i>levonest (28)</i>	115	LIVMARLI.....	97
(BLUE).....	28	<i>levonorgest-eth.estradiol-iron</i>		LIVTENCITY	5
LAMICTAL XR STARTER		.....	115	LODINE	38
(GREEN).....	28	<i>levonorgestrel</i>	115	LODOSYN	30
LAMICTAL XR STARTER		<i>levonorgestrel-ethinyl estrad</i>		<i>lofena</i>	38
(ORANGE).....	28	.....	115	<i>lofexidine</i>	38
<i>lamivudine</i>	5	<i>levonorg-eth estrad triphasic</i>		<i>lojaimiess</i>	115
<i>lamivudine-zidovudine</i>	5	.....	115	LOKELMA.....	133

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

LOMOTIL.....	93	<i>lyleq</i>	110	<i>meclizine</i>	97
LONSURF.....	19	<i>lyllana</i>	110	<i>meclofenamate</i>	38
LOPID	58	LYNOZYFIC	20	MECOBALAMIN (VITAMIN	
<i>lopinavir-ritonavir</i>	5	LYNPARZA.....	20	B12).....	135
LOPRESSOR	52	LYSODREN.....	20	MEDISENSE.....	83
LOPROX (AS OLAMINE)..	70	LYTGOBI	20	MEDISENSE GLUCOSE	
LOPROX KIT	70	LYUMJEV KWIKPEN U-100		KETONE	83
LOQTORZI.....	19	INSULIN	87	MEDROL	80
<i>lorazepam</i>	43	LYUMJEV KWIKPEN U-200		MEDROL (PAK).....	80
<i>lorazepam intensol</i>	43	INSULIN	87	<i>medroxyprogesterone</i>	110
LORBRENA	19	LYUMJEV U-100 INSULIN		MEDTRONIC EXT	
<i>loryna (28)</i>	115	.....	87	INFUSION SET 23	85
LORZONE	34	<i>lyza</i>	110	<i>mefenamic acid</i>	38
<i>losartan</i>	52	M		<i>mefloquine</i>	10
<i>losartan-hydrochlorothiazide</i>		MACROBID	13	<i>megestrol</i>	20
.....	52	<i>magnesium citrate</i>	97	MEKINIST	20
LOTEMAX	123	MALARONE	9	MEKTOVI.....	20
LOTEMAX SM	123	MALARONE PEDIATRIC .	10	<i>meleya</i>	110
LOTENSIN	52	<i>malathion</i>	74	<i>meloxicam</i>	38
LOTENSIN HCT	52	<i>maraviroc</i>	5	<i>meloxicam submicronized</i>	38
<i>loteprednol etabonate</i>	123	MAR-COF CG	125	<i>memantine</i>	32, 33
LOTREXONE.....	38	MARINOL	97	MEMANTINE.....	33
<i>lovastatin</i>	58	<i>marlissa (28)</i>	115	<i>memantine-donepezil</i>	33
<i>low-ogestrel (28)</i>	115	MARNATAL-F	135	MENOSTAR	110
<i>loxapine succinate</i>	43	MARPLAN	43	MENQUADFI (PF).....	103
<i>lo-zumandimine (28)</i>	115	MATULANE.....	20	MENVEO A-C-Y-W-135-DIP	
<i>lubiprostone</i>	97	<i>matzim la</i>	52	(PF).....	103
<i>ludent fluoride</i>	135	MAVENCLAD (10 TABLET		<i>meperidine</i>	36
<i>lugols</i>	69, 133	PACK).....	48	<i>meprobamate</i>	34
<i>luizza</i>	115	MAVENCLAD (4 TABLET		MEPRON	10
LUMAKRAS	19	PACK).....	48	MEPSEVII.....	88
LUMIZYME	88	MAVENCLAD (5 TABLET		<i>mercaptopurine</i>	20
LUMRYZ.....	43	PACK).....	48	<i>mesalamine</i>	97
LUMRYZ STARTER PACK		MAVENCLAD (6 TABLET		<i>mesalamine with cleansing</i>	
.....	43	PACK).....	48	<i>wipe</i>	97
LUNSUMIO.....	19	MAVENCLAD (7 TABLET		MESNEX.....	13
LUPKYNIS	20	PACK).....	48	METADATE CD.....	43
LUPRON DEPOT	20	MAVENCLAD (8 TABLET		<i>metaxalone</i>	34
LUPRON DEPOT (3		PACK).....	48	<i>metformin</i>	91
MONTH).....	20	MAVENCLAD (9 TABLET		<i>methadone</i>	36
LUPRON DEPOT (4		PACK).....	48	<i>methadose</i>	36
MONTH).....	20	MAXITROL.....	122	<i>methamphetamine</i>	43
LUPRON DEPOT (6		<i>maxi-tuss ac</i>	125	<i>methazolamide</i>	121
MONTH).....	20	MAXI-TUSS CD.....	125	<i>methenamine hippurate</i>	13
<i>lurasidone</i>	43	MAYZENT	48	<i>methenamine mandelate</i>	13
<i>lurbiro</i>	38	MAYZENT STARTER(FOR		<i>methen-sod phos-meth blue-</i>	
<i>lutra (28)</i>	115	1MG MAINT).....	48	<i>hyos</i>	132
LUTRATE DEPOT (3		MAYZENT STARTER(FOR		<i>methimazole</i>	81
MONTH).....	20	2MG MAINT).....	48	METHITEST.....	88
LYBALVI	43	<i>mb caps</i>	132	<i>methocarbamol</i>	34

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

<i>methotrexate sodium</i>	20	<i>mimvey</i>	110	MOXIFLOXACIN (PF)-BSS	117
<i>methotrexate sodium (pf)</i>	20	MINIMED INSTINCT		.....
<i>methoxsalen</i>	64	SENSOR.....	83	MOXIFLOXACIN-	
<i>methscopolamine</i>	93	MINIMED MIO ADVANCE		BROMFENAC	120
<i>methsuximide</i>	28	INF SET23	85	MOXIFLOXACIN-SOD	
<i>methyl salicylate</i>	64	MINIMED QUICK SET 43	85	CHLOR,ISO(PF).....	118
<i>methyl dopa</i>	52	MINIMED SILHOUETTE 23		MOZOBIL	101
<i>methyl dopa-</i>		.....	85	MRESVIA (PF).....	103
<i>hydrochlorothiazide</i>	52	MINIMED SURE T 32	85	MS CONTIN	36
<i>methylergonovine</i>	117	<i>minocycline</i>	12	MUGARD	78
METHYLIN	43	<i>minoxidil</i>	52	MULTAQ	49
<i>methylphenidate</i>	43	<i>minzoya</i>	115	<i>multi-vitamin with fluoride</i> .	135
<i>methylphenidate hcl</i>	44	MIOCHOL-E.....	119	<i>multivit-fluoride (metafolin)</i>	
<i>methylprednisolone</i>	80	<i>miostat</i>	121	.....	135
<i>methyltestosterone</i>	88	<i>mirabegron</i>	130	<i>mupirocin</i>	69
<i>metoclopramide hcl</i>	97	MIRENA	109	<i>mupirocin calcium</i>	69
<i>metolazone</i>	52	<i>mirtazapine</i>	44	MVASI	20
METOPIRONE	76	MIRVASO.....	67	<i>myc-fluoride</i>	135
<i>metoprolol succinate</i>	52	<i>misoprostol</i>	100	<i>my choice</i>	115
<i>metoprolol ta-hydrochlorothiaz</i>		MITIGARE	105	<i>my way</i>	115
.....	52	<i>mitoxantrone</i>	20	MYALEPT	88
<i>metoprolol tartrate</i>	52	MIUDELLA	109	MYCAPSSA.....	21
METROCREAM.....	66	MKO (MIDAZOLAM-		<i>mycophenolate mofetil</i>	21
METROGEL	66	KETAMINE-ONDAN) ...	44	<i>mycophenolate mofetil (hcl)</i> .	21
<i>metronidazole</i>	10, 66, 111	M-M-R II (PF).....	103	<i>mycophenolate sodium</i>	21
<i>metyrosine</i>	52	<i>m-natal plus</i>	135	MYDAYIS	44
<i>mexiletine</i>	49	MNEXSPIKE 2025-2026 (PF)		MYDCOMBI.....	119
MIACALCIN	88	.....	103	MYDRIACYL.....	119
<i>mibelas 24 fe</i>	115	<i>modafinil</i>	44	MYDRIATIC4(TROP-PROP-	
<i>miconazole-3</i>	111	MODD1 PATIENT		PE-KTRLC).....	120
MICROCHAMBER.....	130	WELCOME KIT	85	MYFEMBREE	111
<i>microgestin 1.5/30 (21)</i>	115	MODD1 SUPPLY KIT	85	MYFORTIC	21
<i>microgestin 1/20 (21)</i>	115	MODEYSO	20	MYGLUCOHEALTH	
<i>microgestin fe 1.5/30 (28)</i> ..	115	<i>moexipril</i>	52	CONTROL SOLUTION ..	83
<i>microgestin fe 1/20 (28)</i>	115	<i>molindone</i>	44	MYHIBBIN.....	21
MICROSPACER.....	130	<i>mometasone</i>	73, 127	MYLERAN	21
<i>midazolam</i>	44	<i>mondoxylene nl</i>	12	MYLOTARG	21
<i>midodrine</i>	76	MONJUVI.....	20	<i>mynatal</i>	135
MIEBO (PF).....	120	<i>mono-linyah</i>	115	<i>mynatal plus</i>	135
<i>mifepristone</i>	88	<i>montelukast</i>	127	<i>mynatal-z</i>	135
<i>migergot</i>	31	MORGIDOX 1X 50	12	MYOBLOC	103
<i>miglitol</i>	91	MORGIDOX 1X100.....	12	MYRBETRIQ.....	130
<i>miglustat</i>	88	<i>morphine</i>	36	MYSOLINE	28
MIGRANAL	31	<i>morphine concentrate</i>	36	N	
<i>mili</i>	115	MOTOFEN.....	93	<i>nabumetone</i>	38
<i>milk of magnesia</i>	97	MOUNJARO.....	91	<i>nadolol</i>	52
<i>milk of magnesia concentrated</i>		MOVANTIK	97	NAGLAZYME.....	88
.....	97	MOXATAG.....	11	NALFON.....	38
<i>millipred</i>	80	<i>moxifloxacin</i>	11, 117	NALOCET	36
<i>millipred dp</i>	80			<i>naloxone</i>	38

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

NALTREX	38	NEUAC KIT.....	67	<i>noreth-ethinyl estradiol-iron</i>	
<i>naltrexone</i>	38	NEUPRO	30	.....	115
NAMENDA XR.....	33	<i>nevirapine</i>	5	<i>norethindrone (contraceptive)</i>	
NAMZARIC.....	33	<i>new day</i>	115	.....	110
NAPRELAN CR	38	<i>newgen</i>	135	<i>norethindrone acetate</i>	110
NAPROSYN	38	NEXAVAR	21	<i>norethindrone ac-eth estradiol</i>	
<i>naproxen</i>	38, 39	NEXLETOL	58	.....	110, 115
<i>naproxen sodium</i>	39	NEXLIZET.....	58	<i>norethindrone-e.estradiol-iron</i>	
<i>naratriptan</i>	31	NEXOBRID	74	.....	115
NARCAN	39	NEXPLANON.....	111	NORGESIC	34
NARDIL.....	44	NEXVIAZYME	88	NORGESIC FORTE	34
NASCOBAL	135	NGENLA.....	101	<i>norgestimate-ethinyl estradiol</i>	
NATACYN	118	<i>niacin</i>	58	.....	115
<i>nateglinide</i>	91	NIACOR.....	58	NORMLGEL AG	64
<i>natura-lax</i>	97	<i>nicardipine</i>	52	<i>nortrel 0.5/35 (28)</i>	115
NAYZILAM	28	NICODERM CQ	77	<i>nortrel 1/35 (21)</i>	115
<i>nebivolol</i>	52	<i>nicorette</i>	78	<i>nortrel 1/35 (28)</i>	115
NEBUPENT	10	NICORETTE.....	78	<i>nortrel 7/7/7 (28)</i>	115
<i>nebusal</i>	127	<i>nicotine</i>	78	<i>nortriptyline</i>	44
NEBUSAL	127	<i>nicotine (polacrilex)</i>	78	NORVIR.....	5
<i>necon 0.5/35 (28)</i>	115	NICOTROL NS.....	78	NOVA MAX PLUS GLUC-	
NEEVODHA (WITH ALGAL		<i>nifedipine</i>	52	KETON METER.....	83
OIL).....	135	<i>nikki (28)</i>	115	NOVAMAX PLUS GLU-KET	
<i>nefazodone</i>	44	<i>nilotinib hcl</i>	21	.....	84
NEFFY	124	<i>nilutamide</i>	21	NOVOEIGHT.....	56
<i>nelarabine</i>	21	<i>nimodipine</i>	52	NOVOPEN ECHO	85
NEMLUVIO.....	21	NINJACOF-XG.....	125	NOXAFIL.....	3
<i>neomycin</i>	10	NINLARO	21	<i>np thyroid</i>	93
<i>neomycin-bacitracin-poly-hc</i>		<i>nisoldipine</i>	52	NPLATE.....	56
.....	122	<i>nitazoxanide</i>	10	NUBEQA	21
<i>neomycin-bacitracin-</i>		<i>nitisinone</i>	76	NUCALA	127, 128
<i>polymyxin</i>	118	<i>nitro-bid</i>	60	NUCORT.....	73
<i>neomycin-polymyxin b gu</i>	74	NITRO-DUR	60	NUEDEXTA	33
<i>neomycin-polymyxin b-</i>		<i>nitrofurantoin</i>	13	NULEV.....	93
<i>dexameth</i>	122	<i>nitrofurantoin macrocrystal</i> .	13	NULIBRY	33
<i>neomycin-polymyxin-</i>		<i>nitrofurantoin monohyd/m-</i>		NUMBRINO	69
<i>gramicidin</i>	118	<i>cryst</i>	13	NUPLAZID	44
<i>neomycin-polymyxin-hc 80,</i>	122	<i>nitroglycerin</i>	60, 97	NURTEC ODT	31
<i>neo-polycin</i>	118	NITROLINGUAL	60	NUVAXOVID 2025-2026	
<i>neo-polycin hc</i>	122	NITROMIST	60	(PF).....	103
NEORAL.....	21	NITROSTAT	60	NUVESSA.....	112
NEO-SYNALAR	69	<i>nitro-time</i>	60	NUZYRA	12
NEO-SYNALAR KIT.....	69	NITYR.....	76	<i>nyamyc</i>	70
<i>neo-vital rx</i>	135	<i>niva thyroid</i>	92	<i>nylia 1/35 (28)</i>	116
NERLYNX.....	21	NIVESTYM	101	<i>nylia 7/7/7 (28)</i>	116
NESTABS	135	<i>nizatidine</i>	100	NYMALIZE	52
NESTABS ABC.....	135	<i>nora-be</i>	110	<i>nystatin</i>	3, 70
NESTABS DHA	135	<i>norelgestromin-ethin.estradiol</i>		<i>nystatin-triamcinolone</i>	70
NESTABS ONE.....	135	.....	112	<i>nystop</i>	70
<i>neuac</i>	67				

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

O	ON CALL EXPRESS	<i>orquidea</i>	111
OB COMPLETE	CONTROL	ORSERDU	22
OB COMPLETE ONE	<i>ondansetron</i>	<i>oscimin</i>	93
OB COMPLETE PETITE..	<i>ondansetron hcl</i>	<i>oscimin sl</i>	93
OB COMPLETE PREMIER	<i>one natal rx</i>	<i>oseltamivir</i>	6
.....	<i>onelax magnesium citrate</i>	OSENI	91
OB COMPLETE WITH DHA	ONETOUCH ULTRA	OSENVELT	13
.....	CONTROL	OTEZLA.....	107
OBIZUR.....	ONETOUCH VERIO MID	OTEZLA STARTER.....	107
<i>ocella</i>	CONTROL	OTEZLA XR.....	107
OCREVUS	ONEXTON.....	OTEZLA XR INITIATION	.....
OCREVUS ZUNOVO	ONGENTYS .....	.....	107
OCTAGAM.....	ONIVYDE.....	OTOVEL	80
<i>octreotide acetate</i>	<i>opcicon one-step</i>	OVACE	61
<i>octreotide,microspheres</i>	OPDIVO.....	OVACE PLUS.....	61
OCUFLOX.....	OPDIVO QVANTIG.....	OVACE PLUS SHAMPOO	61
ODACTRA	OPDUALAG	OVACE PLUS WASH.....	61
ODEFSEY.....	OPFOLDA.....	OVIDE.....	74
ODOMZO	OPILL.....	<i>oxaprozin</i>	39
OFEV	OPSUMIT	<i>oxazepam</i>	44
<i>ofloxacin</i>	OPSYNVI.....	<i>oxcarbazepine</i>	28
OGIVRI.....	OPTICHAMBER DIAMOND	OXERVATE.....	120
OGSIVEO	VHC.....	OXLUMO.....	132
OJEMDA.....	<i>option-2</i>	<i>oxybutynin chloride</i>	131
<i>olanzapine</i>	OPVEE	<i>oxycodone</i>	36
<i>olanzapine-fluoxetine</i>	OPZELURA	<i>oxycodone-acetaminophen</i>	36
<i>olmesartan</i>	ORACIT	<i>oxymorphone</i>	36
<i>olmesartan-amlodipin-</i>	<i>oral saline laxative</i>	OXYTROL	131
<i>hcthiamid</i>	ORALAIR	OZEMPIC.....	92
<i>olmesartan-</i>	<i>oralone</i>	OZURDEX	123
<i>hydrochlorothiazide</i>	ORAMAGICRX.....	P	
<i>olopatadine</i>	ORAPRED ODT	<i>pacerone</i>	49
OLPRUVA	ORAVIG	<i>paclitaxel protein-bound</i>	22
OLUX.....	ORENITRAM	PACNEX	67
OMECLAMOX-PAK	ORENITRAM MONTH 1	PADCEV	22
<i>omega-3 acid ethyl esters</i>	TITRATION KT	<i>paliperidone</i>	44
<i>omeprazole</i>	ORENITRAM MONTH 2	PALYNZIQ	89
<i>omeprazole-sodium</i>	TITRATION KT	PAMELOR	44
<i>bicarbonate</i>	ORENITRAM MONTH 3	PANCREAZE.....	98
OMIDRIA	TITRATION KT	PANDEL	73
OMNIPOD 5 (G6/LIBRE 2	ORFADIN	PANRETIN	64
PLUS).....	ORGOVYX	<i>pantoprazole</i>	100
OMNIPOD 5 G6-G7 PODS	ORIAHNN.....	PANZYGA	104
(GEN 5).....	ORILISSA	PARAGARD T 380A.....	109
OMNIPOD DASH PODS	ORKAMBI.....	<i>paricalcitol</i>	89
(GEN 4).....	ORLADEYO	PARNATE.....	45
OMNITROPE.....	<i>ormalvi</i>	<i>paroex oral rinse</i>	79
OMVOH.....	<i>orphenadrine citrate</i>	<i>paroxetine hcl</i>	45
OMVOH PEN	<i>orphenadrine-asa-caffeine</i>	PAVBLU	120
	<i>orphengesic forte</i>	PAXIL	45

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

PAXIL CR.....	45	PHYSIOLYTE	74	PR BENZOYL PEROXIDE..	67
PAXLOVID	6	PHYSIOSOL IRRIGATION	74	<i>pr natal 400</i>	136
<i>pazopanib</i>	22	<i>phytonadione (vitamin k1)</i>	57	<i>pr natal 400 ec</i>	136
PEDIARIX (PF).....	104	PHYTONADIONE		<i>pr natal 430</i>	136
PEDVAX HIB (PF).....	104	(VITAMIN K1).....	56	<i>pr natal 430 ec</i>	136
<i>peg 3350-electrolytes</i>	98	PIFELTRO	6	PRALATREXATE.....	22
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	98	<i>pilocarpine hcl</i>	79, 119	<i>pramipexole</i>	30
PEGASYS.....	101	<i>pimecrolimus</i>	64	PRAMOSONE	61
<i>peg-electrolyte soln</i>	98	<i>pimozide</i>	45	<i>prasugrel hcl</i>	57
PEMAZYRE	22	<i>pimtree (28)</i>	116	<i>pravastatin</i>	58
PENBRAYA (PF).....	104	<i>pindolol</i>	53	<i>praziquantel</i>	10
<i>penicillamine</i>	107	<i>pioglitazone</i>	92	<i>prazosin</i>	53
<i>penicillin v potassium</i>	11	<i>pioglitazone-glimepiride</i>	92	PRECISION XTRA	
PENMENVY MEN A-B-C-W-		<i>pioglitazone-metformin</i>	92	KETONE-GLUCOSE	84
Y (PF).....	104	PIP GLUCOSE CONTROL		PRECISION XTRA	
PENTACEL (PF)	104	SOLN L1-L2	84	MONITOR	84
<i>pentamidine</i>	10	PIQRAY	22	PRECISION XTRA TEST ..	84
PENTASA.....	98	<i>pirfenidone</i>	128	PRECOSE.....	92
<i>pentazocine-naloxone</i>	39	<i>piroxicam</i>	39	PRED FORTE	123
<i>pentoxifylline</i>	56	<i>pitavastatin calcium</i>	58	<i>prednicarbate</i>	73
PEPCID.....	100	PLAN B ONE-STEP	116	<i>prednisoln sp-moxiflox-</i>	
<i>perampanel</i>	28	PLEGRIDY	48	<i>bromfen</i>	120
PERIDEX.....	79	<i>plerixafor</i>	101	<i>prednisolone</i>	80
<i>perindopril erbumine</i>	53	PLEXION.....	67	<i>prednisolone acetate</i>	123
<i>periogard</i>	79	PLEXION CLEANSING		PREDNISOLONE ACETATE	
PERJETA	22	CLOTHS	67	(PF).....	123
<i>permethrin</i>	74	PLEXION NS.....	61	PREDNISOLONE ACETATE-	
<i>perphenazine</i>	45	PNEUMOVAX-23	104	BROMFENAC	120
<i>perphenazine-amitriptyline</i> ..	45	<i>pnv-dha</i>	136	PREDNISOLONE ACETATE-	
PHEBURANE.....	76	<i>pnv-omega</i>	136	NEPAFENAC.....	120
<i>phenazopyridine</i>	132	<i>pnv-select</i>	136	<i>prednisolone sod ph-</i>	
<i>phenelzine</i>	45	POCKET CHAMBER.....	130	<i>bromfenac</i>	120
<i>phenobarb-hyoscy-atropine-</i>		<i>podofilox</i>	64	PREDNISOLONE SOD PH-	
<i>scop</i>	93	POLIVY	22	MOXIFLOX	122
<i>phenobarbital</i>	28	<i>polycin</i>	118	<i>prednisolone sodium</i>	
<i>phenohydro</i>	93	<i>polyethylene glycol 3350</i>	98	<i>phosphate</i>	81, 123
<i>phenoxybenzamine</i>	53	<i>polymyxin b sulf-trimethoprim</i>		PREDNISOLONE-	
<i>phenylephrine hcl</i>	123	.....	118	MOXIFLO-NEPAFENAC	
<i>phenyleph-tropicamide in</i>		POLY-TUSSIN AC.....	125	.....	120
<i>water</i>	119	POMALYST	22	PREDNISOLONE-	
PHENYTEK.....	28	POMBILITI.....	89	MOXIFLOXACIN HCL	122
<i>phenytoin</i>	28	<i>portia 28</i>	116	PREDNISOLONE-	
<i>phenytoin sodium extended</i> ..	28	<i>posaconazole</i>	3	MOXIFLOX-BROMFEN	
PHESGO	22	<i>potassium chloride</i>	133	.....	120
<i>philith</i>	116	POTASSIUM CHLORIDE	133	PREDNISOLON-	
<i>phosphate laxative</i>	98	<i>potassium citrate</i>	132	MOXIFLOX-KETOROLAC	
PHOSPHOLINE IODIDE..	118	<i>potassium iodide</i>	81	.....	120
PHOTREXA CROSS-		POTELIGEO	22	<i>prednisone</i>	81
LINKING KIT.....	120	<i>povidone-iodine</i>	118	<i>prednisone intensol</i>	81
		<i>powderlax</i>	98	<i>pregabalin</i>	28

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

PREMARIN	111	PREVIDENT 5000		<i>propylthiouracil</i>	81
PRENATA	136	SENSITIVE.....	79	PROQUAD (PF).....	104
<i>prenatabs fa</i>	136	PREVIDENT KIDS	79	PROSCAR.....	131
<i>prenatabs rx</i>	136	PREVNAR 20 (PF)	104	PROTHELIAL	79
<i>prenatal</i>	136	PREVYMIS.....	6	<i>protriptyline</i>	45
<i>prenatal complete</i>	136	PREZISTA	6	PROVERA	111
<i>prenatal multi-dha (algal oil)</i>		PRIFTIN.....	10	PROVIDA OB.....	137
.....	136	<i>primaquine</i>	10	<i>prucalopride</i>	98
<i>prenatal multivitamins</i>	136	PRIMEAIRE	130	<i>pulmosal</i>	128
<i>prenatal one daily</i>	136	<i>primidone</i>	28	PULMOZYME.....	128
<i>prenatal plus</i>	136	PRIMSOL.....	13	<i>purelax</i>	98
<i>prenatal plus (calcium carb)</i>		PRIORIX (PF).....	104	<i>purevita folic acid</i>	137
.....	136	PRIVIGEN	104	PURIXAN	22
PRENATAL PLUS DHA...	136	<i>probenecid</i>	105	<i>pyquvi</i>	81
PRENATAL PLUS		<i>probenecid-colchicine</i>	105	<i>pyrazinamide</i>	10
VITAMIN-MINERAL ...	137	PROCARDIA XL.....	53	<i>pyridostigmine bromide</i>	34
<i>prenatal vit no.179-iron-folic</i>		<i>procentra</i>	45	PYRIDOSTIGMINE	
.....	137	PROCHAMBER	130	BROMIDE.....	34
<i>prenatal vitamin</i>	137	<i>prochlorperazine</i>	98	<i>pyrimethamine</i>	10
<i>prenatal vitamin with minerals</i>		<i>prochlorperazine maleate</i>	98	PYRUKYND.....	76
.....	137	PROCORT.....	98	Q	
<i>prenatal-u</i>	137	PROCRIT	101	QELBREE	45
PRENATE AM	137	PROCTOCORT.....	98	QUADRACEL (PF)	104
PRENATE CHEWABLE...	137	<i>procto-med hc</i>	98	QUESTRAN.....	59
PRENATE DHA (FERR ASP		<i>proctosol hc</i>	98	QUESTRAN LIGHT.....	59
GLYCIN)	137	<i>proctozone-hc</i>	98	<i>quetiapine</i>	45
PRENATE ELITE (IRON ASP		PRODIGY CONTROL		<i>quinapril</i>	53
GLYC).....	137	SOLUTION, LOW	84	<i>quinapril-hydrochlorothiazide</i>	
PRENATE ENHANCE.....	137	PRODIGY CONTROL		.....	53
PRENATE		SOLUTION,HIGH	84	<i>quinidine gluconate</i>	49
ESSENTIAL(IRON-ASP-		PROFILNINE.....	57	<i>quinidine sulfate</i>	49
GL)	137	<i>progesterone</i>	111	<i>quinine sulfate</i>	10
PRENATE MINI (FERR ASP		<i>progesterone micronized</i>	111	<i>quit 2</i>	78
GLYCIN)	137	PROGLYCEM	84	<i>quit 4</i>	78
PRENATE PIXIE.....	137	PROGRAF.....	22	QULIPTA	31
PRENATE RESTORE	137	PROLASTIN-C	76	QUVIVIQ.....	45
PRENATE STAR.....	137	<i>prolate</i>	36	QVAR REDHALER	128
PREPIDIL	112	PROLEUKIN	101	R	
PRESTALIA	53	<i>promethazine</i>	124	RABAVERT (PF)	104
PRETOMANID.....	10	<i>promethazine-codeine</i>	125	<i>rabeprazole</i>	100
<i>prevalite</i>	59	<i>promethazine-dm</i>	125	RADICAVA	33
PREVIDENT.....	79	<i>promethazine-phenylephrine</i>		RADICAVA ORS STARTER	
PREVIDENT 5000 BOOSTER		.....	125	KIT SUSP	33
PLUS	79	<i>promethegan</i>	124	RADIOGARDASE.....	76
PREVIDENT 5000 ENAMEL		PROMETRIUM	111	RAGWITEK.....	104
PROTECT	79	<i>propafenone</i>	49	<i>raloxifene</i>	106
PREVIDENT 5000 ORTHO		<i>proparacaine</i>	120	<i>ramelteon</i>	45
DEFENSE	79	<i>propranolol</i>	53	<i>ramipril</i>	53
PREVIDENT 5000 PLUS....	79	<i>propranolol-</i>		<i>ranolazine</i>	59
		<i>hydrochlorothiazid</i>	53	<i>rasagiline</i>	30

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

RAYALDEE	89	<i>ribavirin</i>	6	RYBELSUS.....	92
REBIF (WITH ALBUMIN).....	48	RIDAURA.....	107	RYBREVANT.....	23
REBIF REBIDOSE.....	48, 49	<i>rifabutin</i>	10	RYCLORA.....	124
REBIF TITRATION PACK.....	49	<i>rifampin</i>	10	RYDAPT.....	23
REBLOZYL.....	101	RIGHTEST CONTROL		RYLAZE.....	23
REBYOTA.....	98	SOLUTION HIGH.....	84	RYTARY.....	30
RECLAST.....	76	<i>riluzole</i>	77	RYVENT.....	124
<i>reclipsen (28)</i>	116	<i>rimantadine</i>	6	S	
RECOMBIVAX HB (PF) ..	104	<i>ringer's</i>	74	<i>sacubitril-valsartan</i>	59
RECTIV.....	98	RINVOQ.....	108	<i>sajazir</i>	128
REFUAH PLUS GLUCOSE		RINVOQ LQ.....	107	SALAGEN (PILOCARPINE)	
CONTROL.....	84	RIOMET.....	92	.....	79
REGLAN.....	98	<i>risedronate</i>	77, 106	<i>salsalate</i>	39
RELAGARD.....	112	RISPERDAL.....	46	SANCUSO.....	98
RELENZA DISKHALER.....	6	<i>risperidone</i>	46	SANDIMMUNE.....	23
RELISTOR.....	98	RITEFLO AEROCHAMBER		SANDOSTATIN.....	23
REMERON.....	45	.....	130	SANTYL.....	74
REMERON SOLTAB.....	45	<i>ritonavir</i>	6	SAPHNELO.....	23
REMODULIN.....	53	<i>rivaroxaban</i>	57	<i>sapropterin</i>	89
RENACIDIN.....	132	<i>rivastigmine</i>	33	SARCLISA.....	23
<i>rena-vite</i>	138	<i>rivastigmine tartrate</i>	33	SAVELLA.....	108
<i>renthyroid</i>	93	<i>rivelsa</i>	116	<i>saxagliptin</i>	92
RENVELA.....	133	<i>rizatriptan</i>	31	<i>saxagliptin-metformin</i>	92
<i>repaglinide</i>	92	R-NATAL OB.....	138	<i>scalacort</i>	73
REPATHA PUSHTRONEX.....	59	ROBINUL.....	94	SCALACORT DK.....	73
REPATHA SURECLICK.....	59	ROBINUL FORTE.....	94	SCSEMBLIX.....	23
REPATHA SYRINGE.....	59	ROCALTROL.....	89	SCENESSE.....	64
RESPA-AR.....	125	ROCKLATAN.....	121	<i>scopolamine base</i>	98
RESTASIS.....	120	<i>roflumilast</i>	128	SECUADO.....	46
RESTASIS MULTIDOSE.....	120	<i>romidepsin</i>	22	SELARSDI.....	61
RESTORIL.....	46	ROMIDEPSIN.....	22	SELECT-OB.....	138
RETACRIT.....	101	ROMVIMZA.....	22	SELECT-OB (FOLIC ACID)	
RETEVMO.....	22	<i>ropinirole</i>	30	.....	138
RETIN-A.....	67	<i>rosadan</i>	67	SELECT-OB + DHA.....	138
RETIN-A MICRO PUMP.....	67	ROSDAN.....	67	<i>selegiline hcl</i>	30
RETISERT.....	123	ROSULA.....	67	<i>selenium sulfide</i>	61
RETROVIR.....	6	<i>rosula cleansing cloths</i>	67	SELZENTRY.....	6
REVATIO.....	128	<i>rosuvastatin</i>	59	SEMGLEE(INSULIN	
REVCIVI.....	76	<i>rosyrah</i>	116	GLARGINE-YFGN).....	87
REVLIMID.....	22	ROSZET.....	59	SEMGLEE(INSULIN	
REVUFORJ.....	22	ROTARIX.....	104	GLARG-YFGN)PEN.....	87
REXTOVY.....	39	ROTATEQ VACCINE.....	104	<i>se-natal 19</i>	138
REXULTI.....	46	ROWASA.....	98	<i>se-natal 19 chewable</i>	138
REYATAZ.....	6	<i>roweepira</i>	28	SEROSTIM.....	101
REYVOW.....	31	ROXICODONE.....	36	<i>sertraline</i>	46
REZDIFFRA.....	76	ROZLYTREK.....	22	<i>setlakin</i>	116
REZUROCK.....	22	RUCONEST.....	128	<i>sevelamer carbonate</i>	133
RHOFADE.....	67	<i>rufinamide</i>	28	<i>sevelamer hcl</i>	133
RHOPRESSA.....	121	RUXIENCE.....	23	SEVENFACT.....	57
RIASTAP.....	57	RYALTRIS.....	128	SEYSARA.....	12

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

<i>sf 79</i>	SOLTAMOX.....23	STRIVERDI RESPIMAT ..129
<i>sf 5000 plus</i> 79	SOLUS V2 CONTROL	STROMEKTOL .....10
SFROWASA .....98	SOLUTION,HIGH..... 84	<i>strong iodine</i> .....69, 133
<i>sharobel</i> 111	<i>soluvita</i> 138	SUBLOCADE .....36
SHINGRIX (PF)..... 104	<i>soluvita a,c,d with fluoride</i> .138	<i>subvenite</i> .....28
SIGNIFOR .....23	SOMA .....34	<i>subvenite starter (blue) kit</i> ...28
<i>sildenafil</i> .....132	SOMATULINE DEPOT .....23	<i>subvenite starter (green) kit</i> ..28
<i>sildenafil (pulm.hypertension)</i>	SOMAVERT .....89	<i>subvenite starter (orange) kit</i> 28
..... 128	SOOLANTRA.....67	SUCRAID.....99
SILENOR .....46	<i>sorafenib</i> .....23	<i>sucralfate</i> .....100
<i>silodosin</i> 131	SORBITOL .....75	SULAR.....53
SILVADENE .....63	SORBITOL-MANNITOL....75	<i>sulfacetamide sodium</i> ...61, 123
<i>silver sulfadiazine</i>.....63	<i>sotalol</i> .....49	<i>sulfacetamide sodium (acne)</i> 69
SIMBRINZA..... 122	<i>sotalol af</i>.....49	<i>sulfacetamide sodium-sulfur</i> 67,
SIMLANDI(CF)..... 108	SOTYKTU .....61	68
SIMLANDI(CF)	SOTYLIZE.....49	<i>sulfacetamide-prednisolone</i> 123
AUTOINJECTOR..... 108	SPACE CHAMBER.....130	<i>sulfacleanse 8-4</i> .....68
<i>simliya (28)</i> 116	SPEVIGO .....61	<i>sulfadiazine</i>.....11
<i>simpesse</i> 116	SPIKEVAX 2025-2026(12Y	<i>sulfamethoxazole-trimethoprim</i>
SIMPLERA SENSOR.....84	UP)(PF) .....104	.....11
SIMPLERA SYNC SENSOR	SPIKEVAX 2025-26 (6M-	SULFAMYLON.....69
..... 84	11Y) (PF)..... 104	<i>sulfasalazine</i> .....99
SIMPONI 108	<i>spinosad</i> 74	<i>sulfatrim</i>.....11
SIMPONI ARIA..... 108	SPINRAZA (PF) .....33	<i>sulindac</i>.....39
SIMULECT.....23	SPIRIVA RESPIMAT..... 129	SUMADAN.....68
<i>simvastatin</i>.....59	SPIRIVA WITH	SUMADAN XLT .....68
SINEMET .....30	HANDIHALER.....129	<i>sumatriptan</i>.....31
SINUVA.....128	<i>spironolactone</i> .....53	<i>sumatriptan succinate</i>.....31
<i>sirolimus</i> .....23	<i>spironolacton-</i>	SUMAXIN .....68
SIRTURO.....10	<i>hydrochlorothiaz</i> .....53	SUMAXIN CP.....68
SKYCLARYS .....33	SPORANOX .....3	SUMAXIN TS.....68
SKYLA .....109	SPRAVATO.....46	<i>sunitinib malate</i> .....23
SKYRIZI.....61, 98	<i>sprintec (28)</i> .....116	SUNLENCA.....6
SMARTEST CONTROL .....84	SPRITAM.....28	SUNOSI.....46
<i>smoothlax</i> .....99	<i>sps (with sorbitol)</i>.....133	<i>super b-50 complex</i>.....138
<i>sodium chloride</i> .....77, 129	<i>sronyx</i> .....116	<i>super quints</i> .....138
<i>sodium chloride 0.9 %</i>77	<i>ssd</i>.....63	SUPPRELIN LA .....23
<i>sodium citrate-citric acid</i> ...132	SSKI .....81	SUTENT .....23
<i>sodium fluoride 5000 plus</i> ....79	<i>sss 10-5</i> .....67	<i>syeda</i> .....116
<i>sodium fluoride-pot nitrate</i> ...79	<i>st joseph aspirin</i>.....39	SYLVANT .....23
SODIUM OXYBATE .....46	<i>st. joseph aspirin</i>.....39	SYMAX DUOTAB.....94
<i>sodium phenylbutyrate</i> .....77	STAMARIL (PF) .....104	<i>symax fastabs</i>.....94
<i>sodium polystyrene sulfonate</i>	STELARA .....61	<i>symax-sl</i> .....94
..... 133	STENDRA.....132	<i>symax-sr</i>.....94
<i>sodium,potassium,mag sulfates</i>	STIOLTO RESPIMAT.....129	SYMDEKO .....129
.....99	STIVARGA.....23	SYMFI.....6
SOHONOS .....77	<i>stop smoking aid</i>.....78	SYMPAZAN .....28
<i>solifenacin</i> .....131	STRENSIQ.....89	SYMPROIC.....99
SOLIQUA 100/33 .....87	<i>stress formula with iron(sulf)</i>	SYMTUZA.....6
SOLOSEC .....10	.....138	SYNAGIS.....6

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

SYNALAR.....	73	TARGADOX.....	12	<i>tetracycline</i>	12
SYNALAR CREAM KIT	73	TARGRETIN	24	TEVIMBRA	24
SYNALAR OINTMENT KIT		<i>tarina 24 fe</i>	116	TEXACORT	74
.....	73	<i>tarina fe 1/20 (28)</i>	116	TEZSPIRE.....	129
SYNALAR TS	74	<i>taron-c dha</i>	138	THALOMID.....	24
SYNAREL	89	TARPEYO.....	81	THEO-24	129
SYNDROS	99	<i>tasimelteon</i>	46	<i>theophylline</i>	129
SYNJARDY	92	TASMAR	30	<i>thioridazine</i>	46
SYNJARDY XR	92	<i>tavaborole</i>	70	<i>thiothixene</i>	46
SYPRINE	77	TAVALISSE	57	THRIVITE RX	138
T		TAVNEOS	77	THYMOGLOBULIN	104
T/FLEX	86	<i>tazarotene</i>	68	<i>thyroid (pork)</i>	93
T/SLIM X2.....	86	TAZORAC	68	<i>tiadylt er</i>	53
TABLOID	23	TAZVERIK	24	<i>tiagabine</i>	29
TABRECTA.....	23	TECENTRIQ.....	24	TIAZAC	53
<i>tacrolimus</i>	23, 64	TECENTRIQ HYBREZA....	24	TIBSOVO.....	24
TACROLIMUS.....	23	TECVAYLI.....	24	<i>ticagrelor</i>	57
<i>tadalafil</i>	131	TEGLUTIK	77	TICOVAC	104
<i>tadalafil (pulm. hypertension)</i>		TEGRETOL	29	TIGLUTIK	77
.....	129	TEGRETOL XR.....	29	<i>tilia fe</i>	116
TAFINLAR	23	TELCARE CONTROL	84	TIMOL-BRIMON-DORZOL-	
TAGRISSE	24	<i>telmisartan</i>	53	BIMATO(PF)	122
TAKE ACTION	116	<i>telmisartan-hydrochlorothiazid</i>		<i>timolol</i>	118
TAKHZYRO.....	129	.....	53	<i>timolol maleate</i>	54, 118
TALICIA.....	100	<i>temazepam</i>	46	<i>timolol maleate (pf)</i>	118
TALTZ AUTOINJECTOR ..	61	TEMBEXA.....	7	TIMOLOL-BIMATOPROST	
TALTZ AUTOINJECTOR (2		TEMODAR	24	.....	122
PACK).....	61	<i>temozolomide</i>	24	TIMOLOL-BRIMON-	
TALTZ AUTOINJECTOR (3		<i>temsirolimus</i>	24	DORZOL-BIMATOP.....	122
PACK).....	61	<i>tencon</i>	36	TIMOLOL-BRIMONIDI-	
TALTZ SYRINGE.....	61, 62	TENIVAC (PF)	104	DORZOLAM(PF)	122
TALVEY.....	24	<i>tenofovir disoproxil fumarate</i> ..	7	TIMOLOL-BRIMONIDINE-	
TALZENNA.....	24	TENORETIC 100.....	53	DORZOLAMID	122
TAMIFLU	6, 7	TENORETIC 50.....	53	TIMOLOL-DORZOLAM-	
<i>tamoxifen</i>	24	TENORMIN.....	53	BIMATOPRO(PF)	122
<i>tamsulosin</i>	131	TEPEZZA.....	89	TIMOLOL-DORZOLAMIDE-	
TANDEM MOBI AUTOSOFT		<i>terazosin</i>	53	BIMATOPROS	122
30 KT 23	86	<i>terbinafine hcl</i>	3	<i>tinidazole</i>	10
TANDEM MOBI AUTOSOFT		<i>terbutaline</i>	129	<i>tiopronin</i>	77
XC KIT 5.....	86	<i>terconazole</i>	112	<i>tiotropium bromide</i>	129
TANDEM MOBI TRUSTEEL		<i>teriflunomide</i>	49	TIVDAK.....	24
KIT 23	86	<i>teriparatide</i>	106	TIVICAY.....	7
TANDEM T/SLIM ASFT 30		TERLIVAZ	89	TIVICAY PD.....	7
PK10 23.....	86	TESTOPEL	89	<i>tizanidine</i>	34
TANDEM T/SLIM ASFT XC		<i>testosterone</i>	89, 90	TOBI PODHALER	10
PK10 23.....	86	<i>testosterone cypionate</i>	89	TOBRADEX	122
TANDEM T/SLIM TRUSTL		<i>testosterone enanthate</i>	89	<i>tobramycin</i>	10, 118
PK10 23.....	86	<i>tetrabenazine</i>	33	<i>tobramycin in 0.225 % nacl</i> ..	10
<i>tanlor</i>	34	<i>tetracaine hcl</i>	120	TOBRAMYCIN WITH	
TAPERDEX.....	81	TETRACAINE HCL (PF)..	120	NEBULIZER.....	10

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

<i>tobramycin-dexamethasone</i> 122	<i>triamcinolone acetonide</i> .74, 79	TRUE METRIX GO
TOBRAMYCIN-	<i>triamterene-hydrochlorothiazid</i>	GLUCOSE METER .....84
VANCOMYCIN 118	.....54	TRUE METRIX LEVEL 1...84
TOBREX..... 118	<i>triazolam</i>.....46	TRULANCE.....99
<i>tolcapone</i> 30	TRICARE..... 138	TRULICITY .....92
TOLECTIN 600 .....39	<i>tricon</i> 138	TRUMENBA.....104
<i>tolmetin</i>.....39	<i>triderm</i> .....74	TRUQAP .....25
<i>tolterodine</i> 131	<i>trientine</i> .....77	TRUSTEEL INFUSION SET
<i>tolvaptan</i>.....90	TRIESENCE (PF) .....81	32 .....86
<i>tolvaptan (polycys kidney dis)</i>	<i>tri-estarylla</i>.....116	TRUSTEX-RIA NON-LUB
.....90	TRIFERIC 138	CONDOMS .....109
TOPICORT 74	<i>trifluoperazine</i> .....46	TRYNGOLZA.....59
<i>topiramate</i> .....29	<i>trifluridine</i> .....118	TRYPTYR.....120
<i>topotecan</i> .....24	<i>trihexyphenidyl</i>.....30	TUKYSA.....25
<i>toremifene</i>.....24	TRIJARDY XR .....92	<i>tulana</i> .....111
TORISEL .....24	TRIKAFTA .....129	TURALIO.....25
<i>torpenz</i>.....24	<i>tri-legest fe</i>.....116	<i>turqoz (28)</i> .....116
<i>torseamide</i> .....54	<i>tri-linyah</i>.....116	TUXARIN ER .....125
TOSYMRA .....31	<i>tri-lo-estarylla</i> .....116	TWIIST REFILL KT(CSST-
TOUJEO MAX U-300	<i>tri-lo-marzia</i> .....116	NDL-SYR) .....86
SOLOSTAR .....87	<i>tri-lo-mili</i> .....116	TWIIST RFL(INFUS-CSST-
TOUJEO SOLOSTAR U-300	<i>tri-lo-sprintec</i>.....116	NDL-SYR) .....86
INSULIN.....87	<i>trimethobenzamide</i> .....99	TWIIST STARTER KIT .....86
<i>tovet emollient</i> .....74	<i>trimethoprim</i>.....13	TWINRIX (PF).....105
TRACLEER 129	<i>tri-mili</i>.....116	TYBOST.....7
<i>tramadol</i> .....39	<i>trimipramine</i>.....47	<i>tydemy</i>.....117
<i>tramadol-acetaminophen</i> .....39	TRI-MIX (PAPAVRN-	TYENNE .....108
<i>trandolapril</i> .....54	PHNTLMN-PGE1) .....132	TYENNE AUTOINJECTOR
<i>trandolapril-verapamil</i>.....54	TRIMO-SAN JELLY .....112	.....108
<i>tranexamic acid</i>.....112	<i>trinatal rx 1</i>.....138	TYMLOS.....106
<i>tranylcypromine</i> .....46	<i>trinatal</i> .....138	TYPHIM VI.....105
<i>trazodone</i>.....46	TRINTELLIX.....47	TYRUKO .....33
TREANDA.....24	TRIPTODUR.....24	TYRVAYA.....120
TRELEGY ELLIPTA 129	<i>tri-sprintec (28)</i> .....116	TYSABRI .....33
TREMFYA.....62	TRISTART DHA .....138	TYVASO.....129
TREMFYA ONE-PRESS ....62	TRIUMEQ.....7	TYVASO DPI .....129
TREMFYA PEN .....62	TRIUMEQ PD.....7	TYVASO REFILL KIT .....129
TREMFYA PEN	<i>tri-vitamin with fluoride</i> .....138	TYVASO STARTER KIT .129
INDUCTION PK(2PEN) .62	<i>tri-vylibra</i>.....116	U
<i>treprostinil sodium</i> .....54	<i>tri-vylibra lo</i> .....116	UBRELVY .....31
TRESIBA FLEXTOUCH U-	TRODELVY .....24	UCERIS.....99
100.....87	TROGARZO .....7	ULESFIA.....74
TRESIBA FLEXTOUCH U-	TROKENDI XR.....29	UNISTRIP LOW CONTROL
200.....87	<i>tropicamide</i>.....119	.....84
TRESIBA U-100 INSULIN .87	<i>trospium</i>.....131	<i>unithroid</i> .....93
<i>tretinoin</i> .....68	TRUE METRIX AIR	UNITUXIN.....25
<i>tretinoin (antineoplastic)</i>.....24	GLUCOSE METER .....84	UPTRAVI.....54
<i>tretinoin microspheres</i> .....68	TRUE METRIX GLUCOSE	URELLE.....132
TRETTEN .....57	METER .....84	<i>uretron d-s</i> .....132
TREZIX.....36		URIBEL TABS .....132

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

<i>urimar-t</i>	132	VECTICAL	62	<i>vitamin k</i>	57
UROCID-K 10.....	132	VELCADE	25	<i>vitamin k1</i>	57
UROCID-K 15.....	132	<i>veletri</i>	54	<i>vitamins a,c,d and fluoride</i> .	139
<i>urogesic-blue</i>	132	<i>velivet triphasic regimen (28)</i>		VITRAKVI.....	25
<i>uro-mp</i>	132	.....	117	VIVAGUARD INO CTRL	
UROQID-ACID NO.2	132	VELSIPITY	99	SOLN-L1,2,3	84
<i>uro-sp</i>	132	VELTASSA.....	133, 134	VIVJOA.....	3
URSO FORTE	99	VEMLIDY.....	7	VIVOTIF	105
<i>ursodiol</i>	99	VENCLEXTA	25	VIZIMPRO.....	25
<i>uryl</i>	132	VENCLEXTA STARTING		VOGELXO.....	90
USTEKINUMAB-TTWE	62	PACK	25	<i>volnea (28)</i>	117
V		<i>venlafaxine</i>	47	VONJO	25
<i>valacyclovir</i>	7	VENTAVIS	129	VONVENDI.....	57
VALCHLOR.....	64	<i>venxxiva</i>	77	VOQUEZNA.....	100
VALCYTE	7	VEOPOZ	77	VOQUEZNA DUAL PAK .	100
<i>valganciclovir</i>	7	VEOZAH.....	112	VOQUEZNA TRIPLE PAK	
<i>valproic acid</i>	29	<i>verapamil</i>	54	.....	100
<i>valproic acid (as sodium salt)</i>		VERQUVO	59	VORANIGO.....	25
.....	29	VERSACLOZ	47	<i>voriconazole</i>	3
<i>valrubicin</i>	25	VERZENIO	25	VORTEX HOLDING	
<i>valsartan</i>	54	<i>vestura (28)</i>	117	CHAMBER	130
<i>valsartan-hydrochlorothiazide</i>		VEVYE	120	VOSEVI	7
.....	54	VFEND.....	3	VOTRIENT	25
VALTOCO.....	29	V-GO 20.....	86	VOWST.....	99
<i>valtya</i>	117	V-GO 30.....	86	VOXZOGO	90
<i>vanadom</i>	34	V-GO 40.....	86	VOYDEYA	77
VANCOICIN.....	13	VIBERZI	99	VRAYLAR.....	47
<i>vancomycin</i>	13	VIDAZA.....	25	VTAMA	62
<i>vandazole</i>	112	<i>vienna</i>	117	VUMERITY	49
VANOXIDE-HC.....	68	<i>vigabatrin</i>	29	<i>vyfemla (28)</i>	117
VANRAFIA	59	<i>vigadrone</i>	29	VYKAT XR.....	77
VAQTA (PF).....	105	VIGAMOX.....	118	<i>vylibra</i>	117
<i>ardenafil</i>	132	VIJOICE.....	25	VYLOY	25
<i>varenicline tartrate</i>	78	<i>vilazodone</i>	47	VYNDAMAX	59
VARISOFT INFUSION SET		VIMIZIM.....	90	VYNDAQEL.....	59
43.....	86	VIMKUNYA.....	105	VYVGART.....	34
VARIVAX (PF)	105	VIOKACE	99	VYVGART HYTRULO	35
VARUBI	99	<i>viorele (28)</i>	117	VYXEOS.....	25
VASCEPA.....	59	VIRACEPT	7	W	
VASERETIC.....	54	VIREAD.....	7	WAKIX	47
VASOTEC	54	VISTOGARD.....	13	<i>warfarin</i>	57
VAXCHORA VACCINE ..	105	VITAFOL FE PLUS	138	<i>water for irrigation, sterile</i> ...	77
VAXELIS (PF).....	105	VITAFOL GUMMIES	139	WELIREG	25
VAXNEUVANCE (PF)	105	VITAFOL ULTRA.....	139	<i>wera (28)</i>	117
VCF CONTRACEPTIVE		VITAFOL-OB	139	<i>wescap-pn dha</i>	139
FILM	112	VITAFOL-OB+DHA	139	<i>wesnata dha complete</i>	139
VCF CONTRACEPTIVE GEL		VITAFOL-ONE	139	<i>wesnate dha</i>	139
.....	112	VITAMEDMD ONE RX ..	139	<i>westab plus</i>	139
VECAMYL.....	59	<i>vitamin b complex-folic acid</i>		<i>westgel dha</i>	139
VECTIBIX	25	.....	139		

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

WIDE-SEAL DIAPHRAGM	XYNTHA SOLOFUSE.....57	ZIAGEN.....7
.....109	XYOSTED.....90	ZIANA.....68
WILATE.....57	XYWAV.....47	<i>zidovudine</i>.....7
WINREVAIR.....129	Y	ZIEXTENZO.....101
<i>wintergreen oil</i>.....64	YAZ (28).....117	<i>zingiber</i>.....139
<i>wixela inhub</i>.....129	YCANTH.....64	<i>ziprasidone hcl</i>.....47
<i>women's gentle laxative(bisac)</i>	YERVOY.....26	ZIRABEV.....26
.....99	YESINTEK.....62	ZIRGAN.....118
<i>wymzya fe</i>.....117	YEZTUGO.....7	ZITHROMAX.....8
WYNZORA.....62	YF-VAX (PF).....105	ZITHROMAX TRI-PAK.....8
X	YONDELIS.....26	ZITHROMAX Z-PAK.....8
XACIATO.....112	YONSA.....26	ZOKINVY.....77
XALKORI.....25	YORVIPATH.....90	ZOLADEx.....26
<i>xarah fe</i>.....117	YUPELRI.....129	<i>zoledronic acid</i>.....90
XARELTO.....57	YUTIQ.....123	<i>zoledronic acid-mannitol-water</i>
XARELTO DVT-PE TREAT	YUTREPIA.....130	.....77, 90
30D START.....57	<i>yuvaferm</i>.....111	ZOLEDRONIC AC-
XCOPRI.....29	Z	MANNITOL-0.9NACL...90
XCOPRI MAINTENANCE	<i>zafemy</i>.....112	ZOLINZA.....26
PACK.....29	<i>zafirlukast</i>.....130	<i>zolmitriptan</i>.....32
XCOPRI TITRATION PACK	<i>zaleplon</i>.....47	ZOLMITRIPTAN.....32
.....29	ZALTRAP.....26	<i>zolpidem</i>.....47
XDEMvY.....120	ZANAFLEX.....35	ZOMIG.....32
XELJANZ.....108	<i>zarah</i>.....117	ZONALON.....64
XELJANZ XR.....108	ZARONTIN.....29	<i>zonisamide</i>.....29
XELODA.....25	<i>zatean-pn dha</i>.....139	ZONTIVITY.....57
<i>xelria fe</i>.....117	<i>zatean-pn plus</i>.....139	ZORTRESS.....26
XEMBIFY.....105	ZCORT.....81	ZORYVE.....62, 63
XENLETA.....10	ZELBORAF.....26	<i>zovia 1-35 (28)</i>.....117
XENPOZYME.....77	<i>zelvysia</i>.....90	ZOVIRAX.....70
XEPI.....69	ZEMAIRA.....77	ZTALMY.....29
XERMELO.....26	ZEMBRACE SYMTOUCH.31	ZTLIDO.....69
XGEVA.....13	ZEMPLAR.....90	ZUBSOLV.....39
XHANCE.....129	<i>zenatane</i>.....68	<i>zumandimine (28)</i>.....117
XIFAXAN.....10, 11	ZENPEP.....99	ZURZUVAE.....47
XIGDUO XR.....92	<i>zenzedi</i>.....47	ZYDELIG.....26
XIIDRA.....120	ZENZEDI.....47	ZYKADIA.....26
XIPERE (PF).....81	ZEPATIER.....7	ZYLOPRIM.....105
XOFLUZA.....7	ZEPOSIA.....33	ZYMFENTRA.....99
XOLAIR.....129	ZEPOSIA STARTER KIT (28-	ZYNLONTA.....26
XOLREMDI.....101	DAY).....33	ZYNYZ.....26
XOSPATA.....26	ZEPOSIA STARTER PACK	ZYPITAMAG.....59
XTANDI.....26	(7-DAY).....33	ZYPREXA.....47
<i>xulane</i>.....112	ZEPZELCA.....26	ZYVOX.....11
XURIDEN.....77	ZESTORETIC.....54	
XYNTHA.....57	ZESTRIL.....54	

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