



HealthSelectSM of Texas

Prescription Drug Program

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Consumer Directed HealthSelectSM Prescription Drug Program

Preferred Drug List

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Express Scripts
By EVERNORTH

This list includes information accurate at the time Express Scripts compiled it and may not reflect coverage changes made later. Express Scripts publishes an updated preferred drug list every six months, in January and July.

ANTI - INFECTIVES	3
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS	14
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH	24
AUTONOMIC & CNS DRUGS, NEUROLOGY	52
CARDIOVASCULAR, HYPERTENSION & LIPIDS.....	52
DERMATOLOGICALS/TOPICAL THERAPY	64
DIAGNOSTICS & MISCELLANEOUS AGENTS	82
EAR, NOSE & THROAT MEDICATIONS.....	87
ENDOCRINE/DIABETES	89
GASTROENTEROLOGY	112
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY	121
MUSCULOSKELETAL & RHEUMATOLOGY	126
OBSTETRICS & GYNECOLOGY	129
OPHTHALMOLOGY	136
RESPIRATORY, ALLERGY, COUGH & COLD	142
UROLOGICALS	148
VITAMINS, HEMATINICS & ELECTROLYTES	150
Index.....	159

List of Abbreviations

ACA: Affordable Care Act.

E: Excluded from coverage. In some cases there may be lower cost alternatives available.

M: Maintenance Medication – Medications used for long periods of time to treat chronic conditions, for example, cholesterol–stabilizing or hypertension medications.

PA: Prior Authorization – Your doctor is required to provide additional information to determine if the drug will be covered by your prescription drug plan.

QL: Quantity Limit – Limits the amount of a medication that will be covered under your prescription drug plan.

SP: Specialty Medication – Drugs that are used in the treatment of rare or complex conditions and are typically injected or infused, are high cost, have special delivery and storage requirements, or require close monitoring or care coordination with your doctor.

ST: Step Therapy – Requires you to first try a cost-effective medication before the more expensive medication will be covered.

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	2	
AMBISOME	3	
<i>amphotericin b</i>	1	
<i>amphotericin b liposome</i>	1	
ANCOBON	3	
BREXAFEMME	3	ST; QL
CANCIDAS	3	
<i>caspofungin</i>	1	
<i>clotrimazole</i>	1	
CRESEMBA	2	PA
DIFLUCAN	3	
ERAXIS (WATER DILUENT)	2	
<i>fluconazole in nacl (iso-osm)</i>	1	PA
<i>fluconazole oral suspension for reconstitution</i>	1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	1	
<i>fluconazole oral tablet 150 mg</i>	1	QL
<i>flucytosine</i>	1	
<i>griseofulvin microsize</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>griseofulvin ultramicrosize</i>	1	
<i>itraconazole</i>	1	QL
<i>ketoconazole</i>	1	
<i>micafungin</i>	1	
MICAFUNGIN IN 0.9 % SODIUM CHL	3	
MYCAMINE	3	
NOXAFIL INTRAVENOUS	3	PA
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON	2	PA
NOXAFIL ORAL SUSPENSION	3	PA
NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC)	E	E
<i>nystatin</i>	1	
ORAVIG	3	
<i>posaconazole</i>	1	PA
REZZAYO	3	
SPORANOX	3	QL
<i>terbinafine hcl</i>	1	
TOLSURA	E	E
VFEND	3	PA
VFEND IV	3	PA

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

Drug Name	Drug Tier	Requirements / Limits
VIVJOA	3	PA; SP; QL
<i>voriconazole</i>	1	PA
<i>voriconazole-hpbc</i>	1	PA
ANTIVIRALS		
<i>abacavir</i>	1	
<i>abacavir-lamivudine</i>	1	
<i>acyclovir</i>	1	
ACYCLOVIR IN 0.9 % SODIUM CHLR	3	
<i>acyclovir sodium</i>	1	
<i>adefovir</i>	1	
<i>amantadine hcl</i>	1	M
APRETUDE	2	SP
APTIVUS	2	
<i>atazanavir</i>	1	
BARACLUDE ORAL SOLUTION	2	
BARACLUDE ORAL TABLET	E	E
BEYFORTUS	0	ACA
BIKTARVY	2	
CABENUVA	2	SP; QL
<i>cidofovir</i>	1	
CIMDUO	2	
COMPLERA	E	E
<i>darunavir</i>	1	
DELSTRIGO	E	E
DESCOVY	2	

Drug Name	Drug Tier	Requirements / Limits
DOVATO	2	
EDURANT	2	
EDURANT PED	2	
<i>efavirenz</i>	1	
<i>efavirenz-emtricitabin-tenofo</i>	1	
<i>efavirenz-lamivu-tenofo</i>	1	
<i>emtricitabine</i>	1	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1	
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	0	ACA
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	1	
EMTRIVA ORAL CAPSULE	3	
EMTRIVA ORAL SOLUTION	2	
ENFLONIA	E	
<i>entecavir</i>	1	
EPCLUSA	2	PA; SP; QL
EPIVIR	3	
<i>etravirine</i>	1	
EVOTAZ	3	
<i>famciclovir</i>	1	QL
FLUMADINE	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>fosamprenavir</i>	1	
<i>foscarnet</i>	1	
FOSCAVIR	3	
FUZEON	2	QL
<i>ganciclovir sodium</i>	1	
GENVOYA	2	
HARVONI	2	PA; SP; QL
INTELENCE ORAL TABLET 100 MG, 200 MG	3	
INTELENCE ORAL TABLET 25 MG	2	
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	
KALETRA	3	
LAGEVRIO (EUA)	2	QL
<i>lamivudine</i>	1	
<i>lamivudine-zidovudine</i>	1	
LEDIPASVIR-SOFOSBUVIR	E	E; SP
LIVTENCITY	3	PA; QL
<i>lopinavir-ritonavir</i>	1	
<i>maraviroc</i>	1	
MAVYRET	E	E; SP
<i>nevirapine</i>	1	
NORVIR ORAL POWDER IN PACKET	2	

Drug Name	Drug Tier	Requirements / Limits
NORVIR ORAL TABLET	3	
ODEFSEY	2	
<i>oseltamivir</i>	1	QL
PAXLOVID ORAL TABLETS, DOSE PACK 150 MG (10)-100 MG (10)	2	QL
PAXLOVID ORAL TABLETS, DOSE PACK 150 MG (6)-100 MG (5)	2	
PIFELTRO	E	E
PREVYMIS INTRAVENOUS	2	
PREVYMIS ORAL PELLETS IN PACKET	2	
PREVYMIS ORAL TABLET	2	QL
PREZCOBIX	E	E
PREZISTA ORAL SUSPENSION	2	
PREZISTA ORAL TABLET 150 MG, 75 MG	2	
PREZISTA ORAL TABLET 600 MG, 800 MG	3	
RAPIVAB (PF)	2	
RELENZA DISKHALER	3	QL

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Drug Name	Drug Tier	Requirements / Limits
RETROVIR INTRAVENOUS	2	
RETROVIR ORAL	3	
REYATAZ ORAL CAPSULE	3	
REYATAZ ORAL POWDER IN PACKET	2	
<i>ribavirin inhalation</i>	1	PA
<i>ribavirin oral</i>	1	SP
<i>rimantadine</i>	1	
<i>ritonavir</i>	1	
RUKOBIA	E	E
SELZENTRY ORAL SOLUTION	2	
SELZENTRY ORAL TABLET	3	
SOFOSBUVIR-VELPATASVIR	E	E; SP
SOVALDI	E	E; SP
STRIBILD	E	E
SUNLENCA	3	SP
SYMFI	2	
SYMTUZA	2	
SYNAGIS	2	PA; SP
TAMIFLU	3	QL
TEMBEXA	3	
<i>tenofovir disoproxil fumarate</i>	1	
TIVICAY	2	

Drug Name	Drug Tier	Requirements / Limits
TIVICAY PD	2	
TRIUMEQ	2	
TRIUMEQ PD	2	
TROGARZO	2	PA; SP
TRUVADA	E	E
TYBOST	3	
<i>valacyclovir</i>	1	QL
VALCYTE	3	
<i>valganciclovir</i>	1	
VALTREX	E	E
VEKLURY	2	PA
VEMLIDY	2	
VIRACEPT	2	
VIREAD ORAL POWDER	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	3	
VOSEVI	2	PA; SP; QL
XOFLUZA	3	QL
YEZTUGO	0	ACA
ZEPATIER	2	PA; SP; QL
ZIAGEN	3	
<i>zidovudine</i>	1	
CEPHALOSPORINS		
AVYCAZ	2	
<i>cefaclor</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>cefadroxil</i>	1	
<i>cefazolin in 0.9% sod chloride</i>	1	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML, 3 GRAM/150 ML, 3 GRAM/50 ML	3	
<i>cefazolin in dextrose 5 %</i>	1	
CEFAZOLIN IN STERILE WATER	3	
<i>cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 20 gram, 3 gram, 300 gram, 500 mg</i>	1	
CEFAZOLIN INJECTION RECON SOLN 2 GRAM	3	
<i>cefazolin intravenous recon soln 1 gram</i>	1	
CEFAZOLIN INTRAVENOUS RECON SOLN 2 GRAM, 3 GRAM	3	

Drug Name	Drug Tier	Requirements / Limits
<i>cefdinir</i>	1	
CEFEPIME IN DEXTROSE 5 %	3	
<i>cefepime in dextrose, iso-osm</i>	1	
<i>cefepime injection</i>	1	
CEFEPIME INTRAVENOUS	3	
<i>cefixime</i>	1	
CEFOTAN	3	
<i>cefotaxime</i>	1	
<i>cefotetan</i>	1	
<i>cefoxitin</i>	1	
<i>cefoxitin in dextrose, iso-osm</i>	1	
<i>cefpodoxime</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime</i>	1	
<i>ceftriaxone in dextrose, iso-os</i>	1	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	1	
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	3	
<i>ceftriaxone intravenous</i>	1	
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>cephalexin</i>	1	
FETROJA	3	
<i>tazicef</i>	1	
TEFLARO	2	
ZERBAXA	2	
ZEVERTA	3	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin</i>	1	
<i>clarithromycin</i>	1	
DIFICID	3	QL
<i>e.e.s. 400</i>	1	
E.E.S. GRANULES	3	
ERYPED 200	3	
ERYPED 400	3	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	
<i>erythrocin (as stearate)</i>	1	
ERYTHROCIN 500 MG ADDVAN VIAL P/F, SUV, OUTER	2	

Drug Name	Drug Tier	Requirements / Limits
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	
<i>erythromycin</i>	1	
<i>erythromycin ethylsuccinate</i>	1	
<i>erythromycin lactobionate</i>	1	
<i>fidaxomicin</i>	1	QL
ZITHROMAX	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	1	QL
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	2	QL
ALINIA ORAL TABLET	E	E
<i>amikacin</i>	1	
ARAKODA	3	QL
ARIKAYCE	2	PA; SP
ARTESUNATE	3	
<i>atovaquone</i>	1	
<i>atovaquone-proguanil</i>	1	QL
AZACTAM	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>aztreonam</i>	1	
<i>bacitracin</i>	1	
BENZNIDAZOLE	2	QL
BETHKIS	3	PA; SP; QL
BILTRICIDE	3	
CAYSTON	2	PA; SP; QL
<i>chloramphenicol sod succinate</i>	1	
<i>chloroquine phosphate</i>	1	
CLEOCIN	3	
CLEOCIN HCL	3	
CLEOCIN PEDIATRIC	3	
<i>clindamycin hcl</i>	1	
CLINDAMYCIN IN 0.9 % SOD CHLOR	3	
<i>clindamycin in 5 % dextrose</i>	1	
<i>clindamycin pediatric</i>	1	
<i>clindamycin phosphate</i>	1	
COARTEM	2	QL
<i>colistin (colistimethate na)</i>	1	
COLY-MYCIN M PARENTERAL	3	
<i>cycloserine</i>	1	
DALVANCE	2	
<i>dapsone</i>	1	

Drug Name	Drug Tier	Requirements / Limits
DAPTOMYCIN IN 0.9 % SOD CHLOR	3	
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	3	
<i>daptomycin intravenous recon soln 500 mg</i>	1	
DARAPRIM	3	PA; SP
EMBLAVEO	3	
EMVERM	2	QL
<i>ertapenem</i>	1	
<i>ethambutol</i>	1	
<i>gentamicin</i>	1	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	1	
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML	2	
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 120 MG/100 ML	3	
<i>gentamicin sulfate (ped) (pf)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
HUMATIN	3	SP
<i>hydroxychloroquine</i>	1	M
<i>imipenem-cilastatin</i>	1	
IMPAVIDO	2	PA; QL
<i>isoniazid</i>	1	
<i>ivermectin oral tablet 3 mg</i>	1	PA; QL
<i>ivermectin oral tablet 6 mg</i>	1	PA
KIMYRSA	3	
KITABIS PAK	2	PA; SP; QL
KRINTAFEL	3	QL
LAMPIT	E	E
LIKMEZ	E	E
LINCOCIN	3	
<i>lincomycin</i>	1	
<i>linezolid</i>	1	
<i>linezolid in dextrose 5%</i>	1	
<i>linezolid-0.9% sodium chloride</i>	1	
MALARONE	3	QL
MALARONE PEDIATRIC	3	QL
<i>mefloquine</i>	1	QL
MEPRON	3	
<i>meropenem</i>	1	
MEROPENEM-0.9% SODIUM CHLORIDE	2	

Drug Name	Drug Tier	Requirements / Limits
<i>metro i.v.</i>	1	
<i>metronidazole in nacl (iso-os)</i>	1	
<i>metronidazole oral capsule</i>	1	
METRONIDAZOL E ORAL TABLET 125 MG	E	E
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
NEBUPENT	3	QL
<i>neomycin</i>	1	
<i>nitazoxanide</i>	1	QL
ORBACTIV	2	
PASER	3	
PENTAM	3	
<i>pentamidine inhalation</i>	1	QL
<i>pentamidine injection</i>	1	
PLAQUENIL	E	E; M
<i>polymyxin b sulfate</i>	1	
<i>praziquantel</i>	1	
PRETOMANID	3	PA
PRIFTIN	2	
<i>primaquine</i>	1	QL
PRIMAXIN IV	3	
<i>pyrazinamide</i>	1	
<i>pyrimethamine</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>quinine sulfate</i>	1	QL
RECARBRIO	3	
<i>rifabutin</i>	1	
RIFADIN	3	
<i>rifampin</i>	1	
SIRTURO	2	PA
SIVEXTRO INTRAVENOUS	3	
SIVEXTRO ORAL	E	E
SOLOSEC	2	QL
SOVUNA	E	E; M
STREPTOMYCIN	2	
STROMECTOL	3	PA; QL
<i>tigecycline</i>	1	
<i>tinidazole</i>	1	QL
TOBI	E	E; SP
TOBI PODHALER	2	PA; SP; QL
<i>tobramycin</i>	1	PA; SP; QL
<i>tobramycin in 0.225 % nacl</i>	1	PA; SP; QL
<i>tobramycin sulfate</i>	1	
TOBRAMYCIN WITH NEBULIZER	3	PA; SP; QL
TYGACIL	3	
VABOMERE	3	
XACDURO	3	
XENLETA	3	
XIFAXAN	2	PA; QL
ZEMDRI	3	

Drug Name	Drug Tier	Requirements / Limits
ZYVOX	3	
PENICILLINS		
<i>amoxicillin</i>	1	
<i>amoxicillin-pot clavulanate</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin sodium</i>	1	
<i>ampicillin-sulbactam</i>	1	
AUGMENTIN	2	
AUGMENTIN ES-600	3	
AUGMENTIN XR	3	
BICILLIN C-R	2	
BICILLIN L-A	2	
<i>dicloxacillin</i>	1	
EXTENCILLINE	3	
LENTOCILIN S	3	
MOXATAG	3	
<i>nafcillin</i>	1	
<i>nafcillin in dextrose iso-osm</i>	1	
<i>oxacillin</i>	1	
<i>oxacillin in dextrose(iso-osm)</i>	1	
PENICILLIN G POT IN DEXTROSE	2	
<i>penicillin g potassium</i>	1	
<i>penicillin g sodium</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>penicillin v potassium</i>	1	
<i>pfizerpen-g</i>	1	
<i>piperacillin-tazobactam</i>	1	
UNASYN	3	
ZOSYN IN DEXTROSE (ISO-OSM)	2	
QUINOLONES		
AVELOX IN NACL (ISO-OSMOTIC)	3	
BAXDELA INTRAVENOUS	2	
BAXDELA ORAL	2	QL
CIPRO	3	
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin hcl</i>	1	
<i>ciprofloxacin in 5 % dextrose</i>	1	
<i>levofloxacin</i>	1	
<i>levofloxacin in d5w</i>	1	
<i>moxifloxacin</i>	1	
MOXIFLOXACIN-SOD.ACE,SUL-WATER	2	
<i>moxifloxacin-sod.chloride(iso)</i>	1	
<i>ofloxacin</i>	1	
SULFAS & RELATED AGENTS		
BACTRIM	3	

Drug Name	Drug Tier	Requirements / Limits
BACTRIM DS	3	
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole-trimethoprim</i>	1	
<i>sulfatrim</i>	1	
TETRACYCLINES		
<i>avidoxy</i>	1	
AVIDOXY DK	3	ST
BENZODOX 30	E	E
BENZODOX 60	E	E
<i>demeclocycline</i>	1	
DORYX	E	E
DORYX MPC	E	E
<i>doxy-100</i>	1	
<i>doxycycline hyclate intravenous</i>	1	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	1	ST
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	ST

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Drug Name	Drug Tier	Requirements / Limits
DOXYCYCLINE HYCLATE ORAL TABLET, DELAYED RELEASE (DR/EC) 80 MG	E	E
<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, biphase</i>	1	ST
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
EMROSI	E	E
MINOCIN	2	
<i>minocycline oral capsule</i>	1	
MINOCYCLINE ORAL CAPSULE, EXTENDED RELEASE 24HR	E	E
<i>minocycline oral tablet</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
<i>minocycline oral tablet extended release 24 hr</i>	1	ST
<i>mondoxyne nl oral capsule 100 mg</i>	1	
<i>mondoxyne nl oral capsule 75 mg</i>	1	ST
MORGIDOX 1X 50	3	ST
MORGIDOX 1X100	3	ST
NUZYRA INTRAVENOUS	3	
NUZYRA ORAL	3	QL
ORACEA	E	E
SEYSARA	3	ST
TARGADOX	3	ST
<i>tetracycline oral capsule</i>	1	
<i>tetracycline oral tablet</i>	1	ST
XERAVA	3	
XIMINO	E	E
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine</i>	1	
FURADANTIN	3	
MACROBID	3	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd/m-cryst</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	
NITROFURANTOIN ORAL SUSPENSION 50 MG/5 ML	E	E
PRIMSOL	3	
<i>trimethoprim</i>	1	
VANCOMYCIN		
FIRVANQ	E	E
VANCOCIN	3	QL
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	2	
<i>vancomycin in 0.9 % sodium chl intravenous solution 1 gram/250 ml, 1.25 gram/250 ml, 1.5 gram/250 ml, 1.5 gram/500 ml, 1.75 gram/500 ml, 2 gram/500 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS SOLUTION 1.75 GRAM/250 ML, 750 MG/150 ML, 750 MG/250 ML	2	
VANCOMYCIN IN DEXTROSE 5 %	2	
VANCOMYCIN INJECTION	3	
<i>vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 1.5 gram, 10 gram, 5 gram, 500 mg, 750 mg</i>	1	
VANCOMYCIN INTRAVENOUS RECON SOLN 1.75 GRAM, 2 GRAM	3	
<i>vancomycin oral</i>	1	QL
VANCOMYCIN-DILUENT COMBO NO.1	3	
VIBATIV	2	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
BOMYNTRA	E	PA; E
<i>dexrazoxane hcl</i>	1	

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

Drug Name	Drug Tier	Requirements / Limits
ELITEK	2	
ETHYOL	3	
KEPIVANCE	2	SP
KHAPZORY	3	PA
<i>leucovorin calcium</i>	1	
<i>levoleucovorin calcium</i>	1	PA
<i>mesna</i>	1	
MESNEX INTRAVENOUS	3	
MESNEX ORAL	2	
OSENVELT	E	PA; E; SP; M
VISTOGARD	2	PA; SP; QL
VORAXAZE	2	
WYOST	E	PA; E
XGEVA	2	PA; SP; QL
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ABECMA	3	PA; SP
<i>abiraterone</i>	1	PA; SP; QL
<i>abirtega</i>	1	PA; QL
ABRAXANE	3	SP
ADAKVEO	2	PA; SP
ADCETRIS	2	PA; SP
ADRIAMYCIN	3	
<i>adrucil</i>	1	
AFINITOR	E	E; SP
AFINITOR DISPERZ	E	E; SP

Drug Name	Drug Tier	Requirements / Limits
AKEEGA	E	E; SP
ALECENSA	2	PA; SP; QL
ALIMTA	3	
ALIQOPA	2	PA; SP
ALKERAN	3	
ALKERAN (AS HCL)	3	
ALUNBRIG	2	PA; SP; QL
ALYMSYS	E	E; SP
AMTAGVI	2	PA; SP
<i>anastrozole</i>	1	M
ARIMIDEX	E	E; M
AROMASIN	3	M
ARRANON	3	SP
<i>arsenic trioxide</i>	1	PA
ASPARLAS	3	PA; SP
ASTAGRAF XL	3	PA
AUCATZYL	3	PA; SP
AUGTYRO	3	PA; SP
AVASTIN	E	E; SP
AVGEMSI	E	E
AVMAPKI-FAKZYNJA	3	PA
AXTLE	E	E
AYVAKIT	3	PA; SP; QL
<i>azacitidine</i>	1	SP
AZASAN	3	
<i>azathioprine</i>	1	
<i>azathioprine sodium</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
BALVERSA	2	PA; SP
BAVENCIO	2	PA; SP
BELEODAQ	3	PA; SP
BELRAPZO	3	PA; SP
<i>bendamustine intravenous recon soln</i>	1	PA; SP
BENDAMUSTINE INTRAVENOUS SOLUTION	3	PA; SP
BENDEKA	2	PA; SP
BESPONSA	2	PA; SP
<i>bevacizumab</i>	3	
<i>bexarotene</i>	1	PA; SP
<i>bicalutamide</i>	1	M
BICNU	3	PA
BIZENGRI	2	PA; SP
<i>bleomycin</i>	1	
BLINCYTO	2	PA; SP
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	2	PA; SP
<i>bortezomib injection recon soln 3.5 mg</i>	1	PA; SP
BORTEZOMIB INTRAVENOUS	2	PA; SP
BORUZU	E	E; SP
BOSULIF	2	PA; SP; QL
BRAFTOVI	2	PA; SP; QL
BREYANZI	3	PA; SP

Drug Name	Drug Tier	Requirements / Limits
BRUKINSA	2	PA; SP
<i>busulfan</i>	1	
BUSULFEX	3	
CABOMETYX	2	PA; SP; QL
CALQUENCE (ACALABRUTINIB MAL)	2	PA; SP; QL
CAMCEVI (6 MONTH)	E	E; SP
CAMPTOSAR	3	
<i>capecitabine</i>	1	PA; SP; QL
CAPRELSA	2	PA; SP; QL
<i>carboplatin</i>	1	
<i>carmustine intravenous recon soln 100 mg</i>	1	PA
CARMUSTINE INTRAVENOUS RECON SOLN 300 MG	3	PA
CARVYKTI	2	PA; SP
CASODEX	3	M
CELLCEPT	3	
CELLCEPT INTRAVENOUS	3	
CISPLATIN INTRAVENOUS RECON SOLN	3	
<i>cisplatin intravenous solution</i>	1	
<i>cladribine</i>	1	
<i>clofarabine</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
COLUMVI	E	E; SP
COMETRIQ	2	PA; SP; QL
COPIKTRA	3	PA; SP; QL
COSELA	3	PA; SP
COTELLIC	2	PA; SP; QL
<i>cyclophosphamide intravenous recon soln</i>	1	
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION	3	
<i>cyclophosphamide oral capsule</i>	1	
CYCLOPHOSPHAMIDE ORAL TABLET	3	
<i>cyclosporine</i>	1	
<i>cyclosporine modified</i>	1	
CYRAMZA	2	PA; SP
<i>cytarabine</i>	1	
<i>cytarabine (pf)</i>	1	
<i>dacarbazine</i>	1	
<i>dactinomycin</i>	1	
DANYELZA	3	PA; SP
DANZITEN	2	PA; SP
DARZALEX	2	PA; SP
DARZALEX FASPRO	3	PA; SP
<i>dasatinib</i>	1	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
DATROWAY	3	PA; SP
<i>daunorubicin</i>	1	
DAURISMO	3	PA; SP; QL
<i>decitabine</i>	1	PA; SP
<i>docetaxel</i>	1	
DOCIVYX	E	E
DOXIL	3	
<i>doxorubicin</i>	1	
<i>doxorubicin, peg-liposomal</i>	1	
DROXIA	2	
ELAHERE	3	PA; SP
ELIGARD	2	PA; SP
ELIGARD (3 MONTH)	2	PA; SP
ELIGARD (4 MONTH)	2	PA; SP
ELIGARD (6 MONTH)	2	PA; SP
ELLENCE	3	
ELREXFIO	3	PA; SP
ELZONRIS	2	PA; SP
EMPLICITI	3	PA; SP
EMRELIS	3	PA
ENHERTU	3	PA; SP
ENSACOVE	E	PA; E; SP
ENSPRYNG	2	PA; SP
ENVARUSUS XR	E	E
<i>epirubicin</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
EPKINLY	E	E; SP
ERBITUX	2	PA; SP
<i>eribulin</i>	1	PA; SP
ERIVEDGE	2	PA; SP; QL
ERLEADA	2	PA; SP; QL
<i>erlotinib</i>	1	PA; SP; QL
ERWINASE	3	ST; SP
ETOPOPHOS	2	
<i>etoposide</i>	1	
EULEXIN	3	M
<i>everolimus (antineoplastic)</i>	1	PA; SP; QL
<i>everolimus (immunosuppressive)</i>	1	
EVOMELA	3	SP
<i>exemestane</i>	1	M
FARESTON	3	M
FASLODEX	3	PA; M
FEMARA	3	M
FENSOLVI	2	PA; SP
FIRMAGON KIT W DILUENT SYRINGE	2	PA; SP
<i>floxuridine</i>	1	
<i>fludarabine</i>	1	
<i>fluorouracil</i>	1	
FOLOTYN	2	PA; SP
FOTIVDA	E	E; SP
FRINDOVYX	3	

Drug Name	Drug Tier	Requirements / Limits
FRUZAQLA	E	PA; E; SP
<i>fulvestrant</i>	1	PA; M
FYARRO	3	PA; SP
GAMIFANT	2	PA; SP
GAVRETO	2	PA; SP; QL
GAZYVA	2	PA; SP
<i>gefitinib</i>	1	PA; SP; QL
<i>gemcitabine intravenous recon soln</i>	1	
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	1	
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	3	
<i>gengraf</i>	1	
GILOTRIF	2	PA; SP; QL
GLEEVEC	E	E; SP
GLEOSTINE	2	
GLIADEL WAFER	3	
GOMEKLI	3	PA; SP
GRAFAPEX	E	PA; E
HALAVEN	2	PA; SP
HEPZATO (50 MM CATHETER)	3	SP
HERCEPTIN	E	E; SP

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Drug Name	Drug Tier	Requirements / Limits
HERCEPTIN HYLECTA	E	E; SP
HERCESSI	E	E; SP
HERZUMA	E	E; SP
HYCAMTIN ORAL CAPSULE 0.25 MG	2	PA
HYCAMTIN ORAL CAPSULE 1 MG	2	PA; SP
HYDREA	3	
<i>hydroxyurea</i>	1	
IBRANCE	2	PA; SP; QL
IBTROZI	E	PA; E; SP
ICLUSIG	2	PA; SP; QL
IDAMYCIN PFS	3	
<i>idarubicin</i>	1	
IDHIFA	2	PA; SP; QL
IFEX	3	
<i>ifosfamide</i>	1	
<i>imatinib</i>	1	PA; SP; QL
IMBRUVICA	2	PA; SP; QL
IMDELLTRA	3	PA; SP
IMFINZI	2	PA; SP
IMJUDO	3	PA; SP
IMKELDI	2	PA; SP
IMLYGIC	3	PA; SP
IMURAN	3	
INFUGEM	3	
INLYTA	2	PA; SP; QL
INQOVI	E	E; SP

Drug Name	Drug Tier	Requirements / Limits
INREBIC	E	E; SP
IODOPEN	2	
IRESSA	3	PA; SP; QL
<i>irinotecan</i>	1	
ISTODAX	2	PA; SP
ITOVEBI	E	E; SP
IVRA	E	E
IWILFIN	2	PA; SP
IXEMPRA	2	PA; SP
JAKAFI	2	PA; SP; QL
JAYPIRCA	E	E; SP
JELMYTO	3	PA; SP
JEMPERLI	3	PA; SP
JEVTANA	2	PA; SP
JYLAMVO	E	E
KADCYLA	2	PA; SP
KANJINTI	2	PA; SP
<i>kemoplat</i>	1	
KEYTRUDA	2	PA; SP
KIMMTRAK	2	PA; SP
KISQALI	2	PA; SP; QL
KLISYRI (250 MG)	E	E
KOSELUGO	3	PA; SP
KRAZATI	E	E; SP
KYMRIAH	2	PA; SP
KYPROLIS	2	PA; SP
<i>lanreotide</i>	1	PA; SP; QL
<i>lapatinib</i>	1	PA; SP; QL

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Drug Name	Drug Tier	Requirements / Limits
LAZCLUZE	3	PA; SP
<i>lenalidomide</i>	1	PA; SP; QL
LENVIMA	2	PA; SP; QL
<i>letrozole</i>	1	M
LEUKERAN	2	
<i>leuprolide</i>	1	PA; SP
LIBTAYO	2	PA; SP
LONSURF	2	PA; SP
LOQTORZI	2	PA; SP
LORBRENA	2	PA; SP; QL
LUMAKRAS	3	PA; SP
LUNSUMIO	2	PA; SP
LUPKYNIS	2	PA; SP; QL
LUPRON DEPOT	2	PA; SP
LUPRON DEPOT (3 MONTH)	2	PA; SP
LUPRON DEPOT (4 MONTH)	2	PA; SP
LUPRON DEPOT (6 MONTH)	2	PA; SP
LUPRON DEPOT-PED	E	E; SP
LUPRON DEPOT-PED (3 MONTH)	E	E; SP
LUTRATE DEPOT (3 MONTH)	2	PA; SP
LYNOZYFIC	E	PA; E
LYNPARZA	2	PA; SP; QL
LYSODREN	2	SP
LYTGOBI	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
MARGENZA	3	PA; SP
MATULANE	2	SP
<i>megestrol</i>	1	
MEKINIST	2	PA; SP; QL
MEKTOVI	2	PA; SP; QL
<i>melphalan hcl</i>	1	
<i>mercaptopurine oral suspension</i>	1	SP
<i>mercaptopurine oral tablet</i>	1	
<i>methotrexate sodium</i>	1	
<i>methotrexate sodium (pf)</i>	1	
<i>mitomycin</i>	1	
<i>mitoxantrone</i>	1	SP
MONJUVI	3	PA; SP
MVASI	3	PA; SP
MYCAPSSA	3	PA; SP; QL
<i>mycophenolate mofetil</i>	1	
<i>mycophenolate mofetil (hcl)</i>	1	
<i>mycophenolate sodium</i>	1	
MYFORTIC	3	
MYHIBBIN	2	
MYLERAN	2	
MYLOTARG	2	PA; SP
<i>nelarabine</i>	1	SP
NEMLUVIO	E	PA; E

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Drug Name	Drug Tier	Requirements / Limits
NEORAL	3	
NERLYNX	2	PA; SP
NEXAVAR	3	PA; SP; QL
NIKTIMVO	E	E; M
NILANDRON	3	PA; M
<i>nilotinib hcl</i>	1	PA; QL
NILOTINIB TARTRATE	E	PA; E
<i>nilutamide</i>	1	PA; M
NINLARO	2	PA; SP; QL
NIPENT	3	
NUBEQA	2	PA; SP; QL
NULOJIX	2	
<i>octreotide acetate</i>	1	PA; SP
<i>octreotide, microspheres</i>	1	PA; SP; QL
ODOMZO	2	PA; SP; QL
OGIVRI	E	E; SP
OGSIVEO	3	PA; SP
OJEMDA	2	PA; SP
OJJAARA	E	E; SP
ONCASPAR	2	PA
ONIVYDE	2	PA; SP
ONTRUZANT	E	E; SP
ONUREG	E	E; SP
OPDIVO	2	PA; SP
OPDIVO QVANTIG	2	PA; SP
OPDUALAG	2	PA; SP
ORGOVYX	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
ORSERDU	2	PA; SP; QL
<i>oxaliplatin</i>	1	
<i>paclitaxel</i>	1	
<i>paclitaxel protein-bound</i>	1	SP
PADCEV	3	PA; SP
<i>paraplatin</i>	1	
<i>pazopanib</i>	1	PA; SP; QL
PEMAZYRE	2	PA; SP; QL
PEMETREXED	3	
<i>pemetrexed disodium intravenous recon soln</i>	1	
PEMETREXED DISODIUM INTRAVENOUS SOLUTION	3	
PEMFEXY	3	
PEMRYDI RTU	3	
PERJETA	2	PA; SP
PHESGO	2	PA; SP
PHOTOFRIN	2	
PIQRAY	2	PA; SP
POLIVY	3	PA; SP
POMALYST	2	PA; SP
POTELIGEO	2	PA; SP
PRALATREXATE	2	PA; SP
PROGRAF INTRAVENOUS	2	

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

Drug Name	Drug Tier	Requirements / Limits
PROGRAF ORAL CAPSULE	3	
PROGRAF ORAL GRANULES IN PACKET	2	
PURIXAN	2	SP
QINLOCK	E	E; SP
RETEVMO	3	PA; SP; QL
REVLIMID	2	PA; SP; QL
REVUFORJ	2	PA; SP
REZLIDHIA	E	E; SP
REZUROCK	3	PA; QL
RIABNI	E	E; SP
RITUXAN	E	E; SP
RITUXAN HYCELA	E	E; SP
<i>romidepsin intravenous recon soln</i>	1	PA; SP
ROMIDEPSIN INTRAVENOUS SOLUTION	3	PA; SP
ROMVIMZA	3	PA; SP
ROZLYTREK	2	PA; SP; QL
RUBRACA	E	E; SP
RUXIENCE	2	PA; SP
RYBREVANT	3	PA; SP
RYDAPT	2	PA; SP; QL
RYLAZE	3	PA; SP
RYTELO	E	E; SP

Drug Name	Drug Tier	Requirements / Limits
SANDIMMUNE	3	
SANDOSTATIN	3	PA; SP
SANDOSTATIN LAR DEPOT	E	E; SP
SAPHNELO	3	PA; SP
SARCLISA	3	PA; SP
SCEMBLIX	2	PA; SP; QL
SIGNIFOR	2	PA; SP
SIGNIFOR LAR	E	E; SP
SIKLOS	E	E
SIMULECT	2	
<i>sirolimus</i>	1	
SOLTAMOX	3	M
SOMATULINE DEPOT	2	PA; SP; QL
<i>sorafenib</i>	1	PA; SP; QL
SPRYCEL	3	SP; QL
STIVARGA	2	PA; SP; QL
<i>sunitinib malate</i>	1	PA; SP; QL
SUPPRELIN LA	E	PA; E; SP
SUTENT	3	PA; SP; QL
SYLVANT	2	PA; SP
TABLOID	3	
TABRECTA	2	PA; SP
<i>tacrolimus</i>	1	
TAFINLAR	2	PA; SP; QL
TAGRISSO	2	PA; SP; QL
TALVEY	3	PA; SP
TALZENNA	2	PA; SP; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>tamoxifen</i>	1	M
TARGRETIN ORAL	E	E; SP
TARGRETIN TOPICAL	3	PA; SP
TASIGNA	2	PA; SP; QL
TAZVERIK	3	PA; SP
TECARTUS	3	PA; SP
TECELRA	2	PA; SP
TECENTRIQ	2	PA; SP
TECENTRIQ HYBREZA	E	PA; E; SP
TECVAYLI	3	PA; SP
TEMODAR	2	SP
<i>temozolomide</i>	1	PA; SP
<i>temsirolimus</i>	1	PA; SP
TEPADINA	3	PA
TEPMETKO	E	E; SP
TEPYLUTE	E	PA; E
TEVIMBRA	2	PA; SP
THALOMID	2	PA; SP; QL
<i>thiotepa</i>	1	PA
TIBSOVO	2	PA; SP
TIVDAK	3	PA; SP
<i>topotecan</i>	1	PA; SP
<i>toremifene</i>	1	M
TORISEL	3	PA; SP
<i>torpenz</i>	1	PA; SP; QL
TRAZIMERA	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
TREANDA	3	PA; SP
TRELSTAR	E	E
<i>tretinoin (antineoplastic)</i>	1	
TREXALL	3	
TRIPTODUR	2	PA; SP
TRISENOX	3	PA
TRODELVY	3	PA; SP
TRUQAP	2	PA; SP
TRUXIMA	E	E; SP
TUKYSA	3	PA; SP; QL
TURALIO	3	PA; SP; QL
TYKERB	3	SP; QL
UNITUXIN	2	PA; SP
UPLIZNA	E	E; SP
VANFLYTA	E	E; SP
VECTIBIX	2	PA; SP
VEGZELMA	E	E; SP
VELCADE	3	PA; SP
VENCLEXTA	2	PA; QL
VENCLEXTA STARTING PACK	2	PA; QL
VERZENIO	2	PA; SP; QL
VIDAZA	3	SP
VIJOICE	2	PA; SP; QL
<i>vinblastine</i>	1	
<i>vincasar pfs</i>	1	
<i>vincristine</i>	1	
<i>vinorelbine</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
VITRAKVI	2	PA; SP; QL
VIVIMUSTA	E	E; SP
VIZIMPRO	2	PA; SP; QL
VONJO	2	PA; SP; QL
VORANIGO	3	PA; SP
VOTRIENT	3	PA; SP; QL
VYLOY	2	PA; SP
VYXEOS	2	PA; SP
WELIREG	3	PA; SP
XALKORI	2	PA; SP; QL
XATMEP	E	E
XELODA	3	PA; SP; QL
XERMELO	2	PA; SP; QL
XOSPATA	2	PA; SP; QL
XPOVIO	E	E; SP
XROMI	E	E
XTANDI	2	PA; SP; QL
YERVOY	2	PA; SP
YESCARTA	2	PA; SP
YONDELIS	2	SP
YONSA	2	PA; SP; QL
ZALTRAP	2	PA; SP
ZEJULA	E	E; SP
ZELBORAF	2	PA; SP; QL
ZEPZELCA	3	PA; SP
ZEVALIN (Y-90)	2	
ZIIHERA	E	E; SP
ZIRABEV	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
ZOLADEX	2	PA; SP
ZOLINZA	2	PA; SP; QL
ZORTRESS	3	
ZYDELIG	2	PA; SP; QL
ZYKADIA	2	PA; SP; QL
ZYNLONTA	3	PA; SP
ZYNYZ	2	PA; SP
ZYTIGA	E	E; SP

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONVULSANTS

APTIOM	3	M
BANZEL ORAL SUSPENSION	E	E; M
BANZEL ORAL TABLET 200 MG	E	E
BANZEL ORAL TABLET 400 MG	E	E; M
BRIVIACT INTRAVENOUS	3	
BRIVIACT ORAL	3	ST; M
<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	

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Drug Name	Drug Tier	Requirements / Limits
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
CARBAMAZEPINE ORAL TABLET, CHEWABLE 200 MG	3	
CARBATROL	3	
CELONTIN	3	M
CEREBYX	3	
<i>clobazam</i>	1	PA
<i>clonazepam</i>	1	M
DEPAKOTE ER	3	ST; M
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG	3	ST; M
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 250 MG, 500 MG	3	ST
DEPAKOTE SPRINKLES	3	ST; M
DIACOMIT	2	PA; SP
<i>diazepam</i>	1	
DILANTIN	2	M
DILANTIN EXTENDED	3	M
DILANTIN INFATABS	3	M
DILANTIN-125	3	M

Drug Name	Drug Tier	Requirements / Limits
<i>divalproex</i>	1	M
ELEPSIA XR	3	ST; M
EPIDIOLEX	2	PA; SP
<i>epitol</i>	1	
EPRONTIA	E	E
EQUETRO	3	
<i>eslicarbazepine</i>	1	
<i>ethosuximide</i>	1	M
<i>felbamate oral suspension</i>	1	M
<i>felbamate oral tablet 400 mg</i>	1	
<i>felbamate oral tablet 600 mg</i>	1	M
FELBATOL	3	M
FINTEPLA	E	E; SP
<i>fosphenytoin</i>	1	
FYCOMPA	2	
<i>gabapentin oral capsule</i>	1	M
<i>gabapentin oral solution</i>	1	M
<i>gabapentin oral tablet</i>	1	M
<i>gabapentin oral tablet extended release 24 hr</i>	1	ST; M
GABARONE	E	E; M
GRALISE	3	ST; M
KEPPRA INTRAVENOUS	E	E

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

Drug Name	Drug Tier	Requirements / Limits
KEPPRA ORAL	E	E; M
KEPPRA XR	E	E; M
KLONOPIN	E	E; M
<i>lacosamide intravenous</i>	1	
<i>lacosamide oral</i>	1	M
LAMICTAL	E	E; M
LAMICTAL ODT	E	E; M
LAMICTAL ODT STARTER (BLUE)	E	E; M
LAMICTAL ODT STARTER (GREEN)	E	E; M
LAMICTAL ODT STARTER (ORANGE)	E	E; M
LAMICTAL STARTER (BLUE) KIT	E	E; M
LAMICTAL STARTER (GREEN) KIT	E	E; M
LAMICTAL STARTER (ORANGE) KIT	E	E; M
LAMICTAL XR	E	E; M
LAMICTAL XR STARTER (BLUE)	3	ST; M
LAMICTAL XR STARTER (GREEN)	3	ST; M

Drug Name	Drug Tier	Requirements / Limits
LAMICTAL XR STARTER (ORANGE)	3	ST; M
<i>lamotrigine</i>	1	M
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i>	1	
LEVETIRACETAM IN NACL (ISO-OS) INTRAVENOUS PIGGYBACK 250 MG/50 ML	3	
<i>levetiracetam intravenous</i>	1	
<i>levetiracetam oral solution</i>	1	M
<i>levetiracetam oral tablet</i>	1	M
<i>levetiracetam oral tablet extended release 24 hr</i>	1	
LEVETIRACETAM ORAL TABLET FOR SUSPENSION	3	ST; M
LYRICA	E	E; M
LYRICA CR	E	E; M
<i>methsuximide</i>	1	M
MOTPOLY XR	E	E
MYSOLINE	3	M
NAYZILAM	2	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
NEURONTIN	E	E; M
ONFI	E	E
<i>oxcarbazepine oral suspension</i>	1	M
<i>oxcarbazepine oral tablet</i>	1	M
<i>oxcarbazepine oral tablet extended release 24 hr</i>	1	
OXTELLAR XR	3	ST
<i>perampanel</i>	1	
<i>phenobarbital</i>	1	M
PHENYTEK	3	M
<i>phenytoin</i>	1	M
<i>phenytoin sodium</i>	1	
<i>phenytoin sodium extended</i>	1	M
<i>pregabalin oral capsule</i>	1	M
<i>pregabalin oral solution</i>	1	M
<i>pregabalin oral tablet extended release 24 hr</i>	1	PA; M
PRIMIDONE ORAL TABLET 125 MG	E	E; M
<i>primidone oral tablet 250 mg, 50 mg</i>	1	M
<i>roweepra</i>	1	M
<i>rufinamide oral suspension</i>	1	PA; M

Drug Name	Drug Tier	Requirements / Limits
<i>rufinamide oral tablet 200 mg</i>	1	PA
<i>rufinamide oral tablet 400 mg</i>	1	PA; M
SABRIL	E	E; SP; M
SPRITAM	3	ST; M
<i>subvenite</i>	1	M
<i>subvenite starter (blue) kit</i>	1	M
<i>subvenite starter (green) kit</i>	1	M
<i>subvenite starter (orange) kit</i>	1	M
SYMPAZAN	3	PA
TEGRETOL	3	
TEGRETOL XR	3	
<i>tiagabine oral tablet 12 mg, 4 mg</i>	1	M
<i>tiagabine oral tablet 16 mg, 2 mg</i>	1	
TOPAMAX	E	E; M
<i>topiramate oral capsule, sprinkle</i>	1	M
<i>topiramate oral capsule, extended release 24hr</i>	1	ST; M
<i>topiramate oral capsule, sprinkle, er 24hr</i>	1	ST; M
<i>topiramate oral solution</i>	1	

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

Drug Name	Drug Tier	Requirements / Limits
<i>topiramate oral tablet</i>	1	M
TRILEPTAL	E	E; M
TROKENDI XR	3	ST; M
<i>valproate sodium</i>	1	
<i>valproic acid</i>	1	M
<i>valproic acid (as sodium salt)</i>	1	M
VALTOCO	2	PA; QL
<i>vigabatrin</i>	1	PA; SP; M; QL
<i>vigadrone</i>	1	PA; SP; M; QL
VIGAFYDE	E	E; SP
VIMPAT INTRAVENOUS	E	E
VIMPAT ORAL	E	E; M
XCOPRI	3	M; QL
XCOPRI MAINTENANCE PACK	3	M; QL
XCOPRI TITRATION PACK	3	M; QL
ZARONTIN	3	M
ZONEGRAN	E	E; M
ZONISADE	E	E
<i>zonisamide</i>	1	M
ZTALMY	2	PA; SP
ANTIPARKINSONISM AGENTS		
APOKYN	E	E; SP
<i>apomorphine</i>	1	PA; SP; QL
AZILECT	3	ST; M

Drug Name	Drug Tier	Requirements / Limits
<i>benztropine injection</i>	1	
<i>benztropine oral</i>	1	M
<i>bromocriptine</i>	1	M
<i>carbidopa</i>	1	PA; M
<i>carbidopa-levodopa</i>	1	M
<i>carbidopa-levodopa-entacapone</i>	1	M
CREXONT	E	E; M
DHIVY	E	E; M
DUOPA	3	PA; SP
<i>entacapone</i>	1	M
GOCOVRI	E	E; SP; M
INBRIJA	2	PA; SP; M; QL
LODOSYN	3	PA; M
NEUPRO	3	M
NOURIANZ	3	PA; SP; M; QL
ONAPGO	E	E; SP
ONGENTYS	3	PA; M; QL
<i>pramipexole</i>	1	M
<i>rasagiline</i>	1	M
<i>ropinirole</i>	1	M
RYTARY	3	M
<i>selegiline hcl</i>	1	M
SINEMET	3	M
TASMAR	3	PA; M
<i>tolcapone</i>	1	PA; M
<i>trihexyphenidyl</i>	1	M
VYALEV	E	E; SP
XADAGO	E	E; M

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

Drug Name	Drug Tier	Requirements / Limits
ZELAPAR	E	E; M
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	2	PA; M; QL
AJOVY AUTOINJECTOR	2	PA; M; QL
AJOVY SYRINGE	2	PA; M; QL
<i>almotriptan malate</i>	1	ST; M; QL
<i>dihydroergotamine injection</i>	1	
<i>dihydroergotamine nasal</i>	1	ST; QL
<i>eletriptan</i>	1	QL
ELYXYB	E	E
EMGALITY PEN	2	PA; M; QL
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; M; QL
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	2	PA; QL
ERGOMAR	3	
<i>ergotamine-caffeine</i>	1	
FROVA	3	ST; QL
<i>frovatriptan</i>	1	ST; QL
IMITREX	E	E

Drug Name	Drug Tier	Requirements / Limits
IMITREX STATDOSE PEN	E	E
IMITREX STATDOSE REFILL	E	E
MAXALT	E	E
MAXALT-MLT	E	E
<i>migergot</i>	1	
MIGRANAL	3	ST; QL
MIGRANOW	E	E
<i>naratriptan</i>	1	QL
NURTEC ODT	2	PA; QL
ONZETRA XSAIL	E	E
QULIPTA	2	PA; M; QL
RELPAK	E	E
REYVOW	3	PA; QL
<i>rizatriptan</i>	1	QL
<i>sumatriptan</i>	1	QL
<i>sumatriptan succinate</i>	1	QL
<i>sumatriptan-naproxen</i>	1	QL
SYMBRAVO	E	ST; E
TOSYMRA	3	ST; QL
TREXIMET	E	E
TRUDHESA	E	E
UBRELVY	2	PA; QL
VYEPTI	E	E; SP
ZAVZPRET	E	E

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Drug Name	Drug Tier	Requirements / Limits
ZEMBRACE SYMTOUCH	3	ST; QL
ZOLMITRIPTAN NASAL SPRAY, NON- AEROSOL 2.5 MG	3	ST; QL
<i>zolmitriptan nasal spray, non-aerosol 5 mg</i>	1	ST; QL
<i>zolmitriptan oral</i>	1	QL
ZOMIG NASAL SPRAY, NON- AEROSOL 2.5 MG	2	ST; QL
ZOMIG NASAL SPRAY, NON- AEROSOL 5 MG	3	ST; QL
ZOMIG ORAL	E	E
MISCELLANEOUS NEUROLOGICAL THERAPY		
ADLARITY	3	ST; M
AMONDYS-45	E	E; SP
AMPYRA	E	E; SP
AMVUTTRA	E	PA; E; SP
ARICEPT	3	ST; M
AUSTEDO	2	PA; SP; QL
AUSTEDO XR	2	PA; SP; QL
AUSTEDO XR TITRATION KT(WK1-4)	2	PA; SP; QL
<i>dalfampridine</i>	1	PA; SP; QL
DAYBUE	E	E; SP
<i>dichlorphenamide</i>	1	PA; SP

Drug Name	Drug Tier	Requirements / Limits
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	M
<i>donepezil oral tablet 23 mg</i>	1	ST; M
<i>donepezil oral tablet, disintegrating</i>	1	M
<i>edaravone</i>	1	PA; SP
EVRYSDI	3	PA; SP; QL
EXELON PATCH	3	ST; M
EXONDYS-51	E	E; SP
FIRDAPSE	2	PA; SP
<i>galantamine</i>	1	M
HORIZANT	3	ST; M
INGREZZA	3	PA; SP; QL
INGREZZA INITIATION PK(TARDIV)	3	PA; SP; QL
INGREZZA SPRINKLE	3	PA; SP; QL
KEVEYIS	E	E; SP
KISUNLA	E	E; SP
LEQEMBI	E	E; SP
<i>memantine oral capsule, sprinkle, er 24hr</i>	1	M
<i>memantine oral solution</i>	1	M
<i>memantine oral tablet</i>	1	M

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Drug Name	Drug Tier	Requirements / Limits
MEMANTINE ORAL TABLETS,DOSE PACK	3	M
<i>memantine-donepezil</i>	1	ST; M
MIPLYFFA	E	E; SP
NAMENDA TITRATION PAK	3	M
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	3	
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR	E	E; M
NAMZARIC	2	ST; M
NUEDEXTA	2	PA
NULIBRY	3	PA; SP
ONPATTRO	E	E; SP
<i>ormalvi</i>	1	PA; SP
RADICAVA	2	PA; SP
RADICAVA ORS STARTER KIT SUSP	2	PA; SP
<i>rivastigmine</i>	1	M
<i>rivastigmine tartrate</i>	1	M
SKYCLARYS	E	E; SP
SKYSONA	2	PA; SP
SPINRAZA (PF)	2	PA; SP; QL
<i>tetrabenazine</i>	1	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
TYSABRI	2	PA; SP; QL
VILTEPSO	E	E; SP
VYONDYS-53	E	E; SP
WAINUA	E	E; SP
XENAZINE	E	E; SP
ZEPOSIA	2	PA; SP; QL
ZEPOSIA STARTER KIT (28-DAY)	2	PA; SP; QL
ZEPOSIA STARTER PACK (7-DAY)	2	PA; SP; QL
ZOLGENSMA	2	PA; SP
ZUNVEYL	E	E; M
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
AMRIX	E	E
<i>atracurium</i>	1	
<i>baclofen oral solution 10 mg/5 ml (2 mg/ml)</i>	E	E
<i>baclofen oral solution 5 mg/5 ml</i>	1	ST
<i>baclofen oral suspension</i>	1	
<i>baclofen oral tablet</i>	1	
BLOXIVERZ	3	
BRIDION	3	
<i>carisoprodol</i>	1	
<i>carisoprodol-aspirin</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>carisoprodol-aspirin-codeine</i>	1	
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine oral capsule, extended release 24hr</i>	1	PA
<i>cyclobenzaprine oral tablet</i>	1	
CYCLOTENS REFILL	E	E
CYCLOTENS STARTER	E	E
DANTRIUM	3	
<i>dantrolene</i>	1	
FEXMID	3	PA
FLEQSUVY	E	E
IMAAVY	E	PA; E
LORZONE	3	PA
<i>meprobamate</i>	1	
MESTINON	E	E; M
MESTINON TIMESPAN	E	E; M
<i>metaxalone oral tablet 400 mg, 800 mg</i>	1	
METAXALONE ORAL TABLET 640 MG	E	E
<i>methocarbamol</i>	1	
<i>neostigmine in sterile water</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>neostigmine methylsulfate intravenous solution</i>	1	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SYRINGE 2 MG/2 ML (1 MG/ML), 4 MG/4 ML (1 MG/ML)	3	
<i>neostigmine methylsulfate intravenous syringe 3 mg/3 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)</i>	1	
NIMBEX	3	
NORGESIC	3	
NORGESIC FORTE	3	
<i>orphenadrine citrate</i>	1	
<i>orphenadrine-asa-caffeine</i>	1	
<i>orphengesic forte</i>	1	
OZOBAX	E	E
OZOBAX DS	E	E
PREVDUO	3	
<i>pyridostigmine bromide oral syrup</i>	1	M
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	M
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	M

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Drug Name	Drug Tier	Requirements / Limits
<i>pyridostigmine bromide oral tablet extended release</i>	1	M
<i>regonol</i>	1	
<i>revonto</i>	1	
ROBAXIN	3	
RYANODEX	3	
RYSTIGGO	E	E; SP
SOMA	3	
SUGAMMADEX	3	
SUGAMMADEX IN STERILE WATER	3	
<i>tanlor</i>	1	
<i>tizanidine</i>	1	
<i>vanadom</i>	1	
VYVGART	3	PA; SP
VYVGART HYTRULO SUBCUTANEOUS SOLUTION	3	PA; SP
VYVGART HYTRULO SUBCUTANEOUS SYRINGE	E	PA; E; SP; M
ZANAFLEX	3	
ZILBRYSQ	E	E; SP
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>acetaminophen-codeine</i>	1	
<i>ascomp with codeine</i>	1	
BELBUCA	2	ST; QL
BRIXADI	2	SP
<i>buprenorphine</i>	1	ST
<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	
BUTRANS	E	E
<i>codeine sulfate</i>	1	
<i>codeine-bitalbital-asa-caff</i>	1	
DEMEROL	3	
DEMEROL (PF)	3	
DILAUDID	3	
DILAUDID (PF)	3	
<i>diskets</i>	1	ST
DSUVIA	3	
<i>duramorph (pf)</i>	1	
<i>endocet</i>	1	
<i>fentanyl</i>	1	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>fentanyl (pf)-bupivacaine-nacl injection prefilled pump reservoir</i>	1	
<i>fentanyl (pf)-bupivacaine-nacl injection solution 2 mcg/ml- 0.0625 %, 2 mcg/ml- 0.1 %, 2 mcg/ml- 0.125 %</i>	1	
FENTANYL (PF)-BUPIVACAINE-NACL INJECTION SOLUTION 4 MCG/ML- 0.125 %	3	
FENTANYL CITRATE (PF) INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN	3	
<i>fentanyl citrate (pf) intravenous prefilled pump reservoir</i>	1	
<i>fentanyl citrate (pf) intravenous pt controlled analgesia syring 1,000 mcg/20 ml (50 mcg/ml), 2,500 mcg/50 ml (50 mcg/ml)</i>	1	

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

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Drug Name	Drug Tier	Requirements / Limits
FENTANYL CITRATE (PF)-0.9%NACL INJECTION PT CONTROLLED ANALGESIA SYRING 550 MCG/55 ML	3	
FENTANYL CITRATE (PF)-0.9%NACL INJECTION SOLUTION	3	
FENTANYL CITRATE (PF)-0.9%NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 1,000 MCG/20 ML (50 MCG/ML), 1,000 MCG/50 ML (20 MCG/ML), 500 MCG/50 ML (10 MCG/ML)	3	
<i>fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 1,500 mcg/30 ml (50 mcg/ml), 2,500 mcg/50 ml (50 mcg/ml)</i>	1	
<i>fentanyl citrate (pf)-0.9%nacl intravenous solution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>fentanyl citrate (pf)-0.9%nacl intravenous syringe 10 mcg/ml, 50 mcg/5 ml (10 mcg/ml)</i>	1	
FENTANYL CITRATE (PF)-0.9%NACL INTRAVENOUS SYRINGE 100 MCG/10 ML (10 MCG/ML), 20 MCG/2 ML (10 MCG/ML), 250 MCG/5 ML (50 MCG/ML), 50 MCG/ML	3	
FENTANYL-ROPIVACAINE-NACL (PF) INJECTION PREFILLED PUMP RESERVOIR	3	
<i>fentanyl-ropivacaine-nacl (pf) injection solution</i>	1	
FIORICET	3	ST
FIORICET WITH CODEINE	3	
<i>hydrocodone bitartrate</i>	1	ST; QL
<i>hydrocodone-acetaminophen</i>	1	
<i>hydrocodone-ibuprofen</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
HYDROMORPHONE (PF) IN WATER	3	
HYDROMORPHONE (PF) INJECTION SOLUTION 1 MG/ML, 4 MG/ML	3	
<i>hydromorphone (pf) injection solution 10 mg/ml, 2 mg/ml</i>	1	
<i>hydromorphone (pf) injection syringe</i>	1	
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN	3	
<i>hydromorphone (pf)-0.9 % nacl intravenous prefilled pump reservoir 10 mg/50 ml (0.2 mg/ml)</i>	1	
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR 20 MG/100 ML (0.2 MG/ML), 50 MG/50 ML (1 MG/ML)	3	

Drug Name	Drug Tier	Requirements / Limits
<i>hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syringe 10 mg/50 ml (0.2 mg/ml), 15 mg/30 ml (0.5 mg/ml), 25 mg/50 ml (0.5 mg/ml), 30 mg/30 ml (1 mg/ml)</i>	1	
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRINGE 25 MG/25 ML (1 MG/ML), 50 MG/50 ML (1 MG/ML), 55 MG/55 ML (1 MG/ML), 6 MG/30 ML (0.2 MG/ML)	3	
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS SOLUTION	3	
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS SYRINGE	3	
<i>hydromorphone in 0.9 % nacl injection</i>	1	

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

Drug Name	Drug Tier	Requirements / Limits
<i>hydromorphone in 0.9 % nacl intravenous prefilled pump reservoir 10 mg/50 ml (0.2 mg/ml)</i>	1	
HYDROMORPHO NE IN 0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR 20 MG/100 ML (0.2 MG/ML), 50 MG/50 ML (1 MG/ML)	3	
<i>hydromorphone in 0.9 % nacl intravenous pt controlled analgesia syring</i>	1	
<i>hydromorphone injection solution</i>	1	
HYDROMORPHO NE INJECTION SYRINGE 0.25 MG/0.5 ML, 0.5 MG/0.5 ML	3	
<i>hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	
<i>hydromorphone oral liquid</i>	1	
<i>hydromorphone oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>hydromorphone oral tablet extended release 24 hr</i>	1	ST; QL
<i>hydromorphone rectal</i>	1	
HYDROMORPHO NE(PF)-NACL,ISO-OSM INJECTION SYRINGE 0.2 MG/ML, 0.5 MG/ML	3	
<i>hydromorphone(pf)-nacl,iso-osm injection syringe 2 mg/10 ml (0.2 mg/ml)</i>	1	
HYDROMORPHO NE(PF)-NACL,ISO-OSM INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 10 MG/50 ML (0.2 MG/ML)	3	
<i>hydromorphone(pf)-nacl,iso-osm intravenous pt controlled analgesia syringe 6 mg/30 ml (0.2 mg/ml)</i>	1	
HYDROMORPHO NE(PF)-NACL,ISO-OSM INTRAVENOUS SOLUTION	3	

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Drug Name	Drug Tier	Requirements / Limits
HYDROMORPHONE(PF)-NACL,ISO-OSM INTRAVENOUS SYRINGE	3	
HYSINGLA ER	2	ST; QL
INFUMORPH P/F	2	
<i>levorphanol tartrate</i>	1	
<i>meperidine</i>	1	
<i>meperidine (pf)</i>	1	
<i>methadone</i>	1	ST
METHADONE IN 0.9 % SOD.CHLORID	3	
METHADONE IN SOD CHLOR,ISO-OSM	3	
<i>methadose</i>	1	ST
MITIGO (PF)	3	
MORPHINE (PF) IN 0.9 % SOD CHL INJECTION	3	
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN	3	
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS PREFILLED PUMP RESERVOIR	3	

Drug Name	Drug Tier	Requirements / Limits
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 150 MG/30 ML (5 MG/ML), 25 MG/25 ML (1 MG/ML), 55 MG/55 ML (1 MG/ML)	3	
<i>morphine (pf) in 0.9 % sod chl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	1	
<i>morphine (pf) in 0.9 % sod chl intravenous solution</i>	1	
<i>morphine (pf) in 0.9 % sod chl intravenous syringe 1 mg/ml, 2 mg/2 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)</i>	1	
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS SYRINGE 2 MG/ML, 4 MG/ML	3	
<i>morphine (pf) injection</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>morphine (pf) intravenous patient control.analgesia soln</i>	1	
MORPHINE (PF) INTRAVENOUS SYRINGE	3	
<i>morphine concentrate</i>	1	
MORPHINE IN 0.9 % SODIUM CHLOR INJECTION	3	
<i>morphine in 0.9 % sodium chlor intravenous prefilled pump reservoir</i>	1	
<i>morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syring</i>	1	
MORPHINE IN 0.9 % SODIUM CHLOR INTRAVENOUS SOLUTION	3	
MORPHINE INJECTION SOLUTION	3	
MORPHINE INJECTION SYRINGE 2 MG/ML	3	

Drug Name	Drug Tier	Requirements / Limits
<i>morphine injection syringe 4 mg/ml</i>	1	
MORPHINE INTRAMUSCULA R	3	
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml, 50 mg/ml</i>	1	
MORPHINE INTRAVENOUS SOLUTION 8 MG/ML	3	
MORPHINE INTRAVENOUS SYRINGE 10 MG/ML	3	
<i>morphine intravenous syringe 2 mg/ml, 4 mg/ml</i>	1	
<i>morphine oral capsule, er multiphase 24 hr</i>	1	ST; QL
<i>morphine oral capsule,extend.relea se pellets</i>	1	ST; QL
<i>morphine oral solution</i>	1	
<i>morphine oral tablet</i>	1	
<i>morphine oral tablet extended release</i>	1	ST; QL
<i>morphine rectal</i>	1	
MS CONTIN	3	ST; QL
NALOCET	3	

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

Drug Name	Drug Tier	Requirements / Limits
<i>oxycodone oral capsule</i>	1	
<i>oxycodone oral concentrate</i>	1	
<i>oxycodone oral solution</i>	1	
<i>oxycodone oral tablet</i>	1	
OXYCODONE ORAL TABLET, ORAL ONLY	E	E
OXYCODONE ORAL TABLET, ORAL ONLY, EXT.REL.12 HR	E	E
<i>oxycodone-acetaminophen</i>	1	
OXYCONTIN	2	ST; QL
<i>oxymorphone oral tablet</i>	1	
<i>oxymorphone oral tablet extended release 12 hr</i>	1	ST; QL
PERCOCET	E	E
PRIMLEV	E	E
PROLATE ORAL SOLUTION	E	E
<i>prolate oral tablet</i>	1	
ROXICODONE	3	
ROXYBOND	E	E
SUBLOCADE	2	SP

Drug Name	Drug Tier	Requirements / Limits
<i>tencon</i>	1	
TREZIX	3	
XTAMPZA ER	E	E
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen</i>	0	ACA
ANAPROX DS	3	ST
ARTHROTEC 50	3	ST
ARTHROTEC 75	3	ST
<i>aspirin childrens</i>	0	ACA
<i>aspirin oral tablet 325 mg</i>	E	E
<i>aspirin oral tablet 81 mg</i>	0	ACA
<i>aspirin oral tablet, chewable</i>	0	ACA
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg</i>	E	E
<i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	0	ACA
<i>aspirin, buffd-calcium carb-mag</i>	E	E
<i>bayer aspirin</i>	E	E
BAYER CHEWABLE ASPIRIN	E	E
<i>bayer low dose aspirin</i>	0	ACA

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

Drug Name	Drug Tier	Requirements / Limits
<i>bufferin</i>	E	E
<i>buprenorphine-naloxone</i>	1	
<i>butorphanol injection</i>	1	
<i>butorphanol nasal</i>	1	QL
CALDOLOR INTRAVENOUS PIGGYBACK	3	
CALDOLOR INTRAVENOUS RECON SOLN	2	
CAPSFENAC PAK	E	E
CAPSINAC	E	E
CELEBREX	E	E
<i>celecoxib</i>	1	
CONZIP	E	E
COXANTO	E	E
DERMACINRX LEXITRAL	E	E
DICLOFENAC EPOLAMINE	E	ST; E
<i>diclofenac potassium oral capsule</i>	1	ST
<i>diclofenac potassium oral powder in packet</i>	1	ST; QL
<i>diclofenac potassium oral tablet 25 mg</i>	1	ST
<i>diclofenac potassium oral tablet 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>diclofenac sodium oral</i>	1	
<i>diclofenac sodium topical drops</i>	1	QL
<i>diclofenac sodium topical gel</i>	E	E
<i>diclofenac sodium topical solution in metered-dose pump</i>	1	ST; QL
DICLOFENAC SUBMICRONIZED	E	E
<i>diclofenac-misoprostol</i>	1	
DICLOFEX DC	E	E
DICLOFONO	E	E
DICLOGEN	E	E
DICLOPR	E	E
DICLOSAICIN	E	E
DICLOTRAL	E	E
DICLOTREX	E	E
<i>diflunisal</i>	1	
DIMENTHO	E	E
DISALCID	3	
DITHOL	E	E
DOLOBID	E	E
DUROLANE	E	E
EC-NAPROSYN	3	ST
<i>ecotrin</i>	E	E
<i>ecotrin low strength</i>	0	ACA
<i>etodolac</i>	1	

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

Drug Name	Drug Tier	Requirements / Limits
EUFLEXXA	E	E
FENOPROFEN ORAL CAPSULE 200 MG	E	E
<i>fenoprofen oral capsule 400 mg</i>	1	ST
<i>fenoprofen oral tablet</i>	1	ST
FENOPRON	E	E
FENOVAR	E	E
FLECTOR	2	ST; QL
<i>flurbiprofen</i>	1	
FROTEK	E	E
<i>ibu</i>	1	
IBUPAK	E	E
<i>ibuprofen</i>	1	
<i>ibuprofen-famotidine</i>	1	
ICLOFENAC CP	E	E
INDOCIN	E	E
<i>indomethacin oral capsule</i>	1	
<i>indomethacin oral capsule, extended release</i>	1	
<i>indomethacin oral suspension</i>	1	ST
INDOMETHACIN RECTAL SUPPOSITORY 100 MG	E	E
<i>indomethacin rectal suppository 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
INFLAMMA-K	E	E
JOURNAVX	E	E
KERAXA	E	E
<i>ketoprofen oral capsule 25 mg</i>	1	ST
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr</i>	1	ST
<i>ketorolac injection</i>	1	
<i>ketorolac intramuscular</i>	1	
<i>ketorolac oral</i>	1	QL
<i>kiprofen</i>	1	ST
KLOXXADO	2	QL
LEXTOL	E	E
LICART	2	ST; QL
LIFEMS NALOXONE	E	E
LIXOFEN	E	E
LODINE	3	ST
<i>lofena</i>	1	ST
<i>lofexidine</i>	1	PA; QL
LOTREXONE	3	
LUCEMYRA	E	PA; E
<i>meclofenamate</i>	1	
<i>mefenamic acid</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
MELOXICAM ORAL SUSPENSION	E	E
<i>meloxicam oral tablet</i>	1	QL
<i>meloxicam submicronized</i>	1	ST; QL
MONOVISC	2	PA
<i>nabumetone</i>	1	
<i>nalbuphine</i>	1	
NALFON ORAL CAPSULE	E	E
NALFON ORAL TABLET	3	ST
NALMEFENE	3	
<i>naloxone injection</i>	1	
<i>naloxone nasal</i>	E	E
NALTREX	3	
<i>naltrexone</i>	1	M
NAPRELAN CR	3	ST
NAPROSYN	3	ST
<i>naproxen oral suspension</i>	1	ST
<i>naproxen oral tablet</i>	1	
<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

Drug Name	Drug Tier	Requirements / Limits
<i>naproxen sodium oral tablet</i>	1	
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	1	ST
<i>naproxen-esomeprazole oral tablet, ir, delayed rel, biphasic 375-20 mg</i>	1	
<i>naproxen-esomeprazole oral tablet, ir, delayed rel, biphasic 500-20 mg</i>	E	E
NARCAN	3	QL
NUCYNTA	E	E
NUCYNTA ER	E	E
OLINVYK	3	
OPVEE	3	
ORTHOVISC	2	PA
OXAPROZIN ORAL CAPSULE	E	E
<i>oxaprozin oral tablet</i>	1	
PENNSAID	E	E
<i>pentazocine-naloxone</i>	1	
<i>piroxicam</i>	1	
PROFINAC	E	E
RELAFEN DS	E	E
REXTOVY	2	QL
ROAOXIA	E	E

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

Drug Name	Drug Tier	Requirements / Limits
<i>salsalate</i>	1	
SPRIX	3	ST; SP; QL
<i>st joseph aspirin</i>	0	ACA
<i>st. joseph aspirin</i>	0	ACA
SUBOXONE	E	E
<i>sulindac</i>	1	
TOLECTIN 600	3	ST
<i>tolmetin</i>	1	ST
TORONOVA II SUIK	E	E
TORONOVA SUIK	E	E
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	E	E
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75	E	E
TRAMADOL ORAL SOLUTION	E	E
<i>tramadol oral tablet 100 mg, 50 mg</i>	1	QL
TRAMADOL ORAL TABLET 25 MG, 75 MG	E	E
<i>tramadol oral tablet extended release 24 hr</i>	1	ST; QL
<i>tramadol oral tablet, er multiphase 24 hr</i>	1	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>tramadol-acetaminophen</i>	1	QL
TRESNI	E	E
<i>tri-buffered aspirin</i>	E	E
VAROPHEN (DICLOFENAC)	E	E
VENNGEL II	E	E
VENNGEL ONE	E	E
VIMOVO	E	E
VISCO-3	E	E
VIVITROL	2	
VIVLODEX	E	E
XIFYRM	3	
XRYLIX (DICLOFENAC-KINES TAPE)	E	E
ZICLOCIN	E	E
ZICLOPRO	E	E
ZIMHI	E	E
ZIPSOR	E	E
ZORVOLEX	E	E
ZUBSOLV	2	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY	E	E
ABILIFY ASIMTUFII	2	
ABILIFY MAINTENA	2	
ADASUVE	3	
ADDERALL	E	E

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

Drug Name	Drug Tier	Requirements / Limits
ADDERALL XR	E	E
ADDYI	3	PA
ADZENYS XR-ODT	3	ST
<i>alprazolam</i>	1	
<i>alprazolam intensol</i>	1	
AMBIEN	E	E
AMBIEN CR	E	E
<i>amitriptyline</i>	1	
<i>amitriptyline-chlordiazepoxide</i>	1	
<i>amoxapine</i>	1	
<i>amphetamine sulfate</i>	1	
ANAFRANIL	3	
APLENZIN	E	E; M
APTENSIO XR	E	E
<i>aripiprazole oral solution</i>	1	
<i>aripiprazole oral tablet</i>	1	QL
<i>aripiprazole oral tablet, disintegrating</i>	1	QL
ARISTADA	2	
ARISTADA INITIO	2	
<i>armodafinil</i>	1	PA; QL
<i>asenapine maleate</i>	1	QL
ATIVAN	3	
<i>atomoxetine</i>	1	M
AUVELITY	3	ST; M; QL
AZSTARYS	2	ST

Drug Name	Drug Tier	Requirements / Limits
BELSOMRA	3	ST; QL
BUCAPSOL	E	E; M
<i>bupropion hcl oral tablet</i>	1	M
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	M; QL
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	E	E; M
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	M; QL
<i>buspirone</i>	1	M
BYFAVO	3	
CAPLYTA	3	QL
CELEXA	E	E; M
<i>chlordiazepoxide hcl</i>	1	
<i>chlorpromazine</i>	1	
CITALOPRAM ORAL CAPSULE	E	E; M
<i>citalopram oral solution</i>	1	
<i>citalopram oral tablet</i>	1	M; QL
<i>clomipramine</i>	1	
<i>clonidine hcl</i>	1	M
<i>clorazepate dipotassium</i>	1	

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

Drug Name	Drug Tier	Requirements / Limits
<i>clozapine</i>	1	
CLOZARIL	3	
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG	E	E; M
COBENFY ORAL CAPSULE 50-20 MG	E	E
COBENFY STARTER PACK	E	E
CONCERTA	E	E
COTEMPLA XR-ODT	3	ST
DAYTRANA	3	ST
DAYVIGO	3	ST; QL
<i>desipramine</i>	1	
DESOXYN	3	
DESVENLAFAXIN E	3	ST; M; QL
<i>desvenlafaxine succinate</i>	1	ST; M; QL
DEXEDRINE SPANSULE	3	ST
<i>dexmethylphenidate</i>	1	
<i>dextroamphetamine sulfate</i>	1	
<i>dextroamphetamine-amphetamine</i>	1	
<i>diazepam</i>	1	
<i>diazepam intensol</i>	1	
DORAL	E	E

Drug Name	Drug Tier	Requirements / Limits
<i>doxepin oral capsule</i>	1	
<i>doxepin oral concentrate</i>	1	
<i>doxepin oral tablet</i>	1	ST; QL
DRIZALMA SPRINKLE	E	E; M
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	M; QL
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	1	ST; M; QL
DULOXICAINE	E	E
DYANAVEL XR	E	E
EDLUAR SUBLINGUAL TABLET 10 MG	3	
EDLUAR SUBLINGUAL TABLET 5 MG	3	ST; QL
EFFEXOR XR	E	E; M
EMSAM	3	
<i>ergoloid</i>	1	M
ERZOFRI	2	
<i>escitalopram oxalate oral solution</i>	1	ST
<i>escitalopram oxalate oral tablet</i>	1	M; QL
<i>estazolam</i>	1	QL
<i>eszopiclone</i>	1	QL
EVEKEO	E	E

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Drug Name	Drug Tier	Requirements / Limits
FANAPT	E	E
FANAPT TITRATION PACK A	E	E
FANAPT TITRATION PACK B	3	QL
FANAPT TITRATION PACK C	3	QL
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	2	ST; QL
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	2	ST; M; QL
<i>fluoxetine oral capsule 10 mg, 40 mg</i>	1	M; QL
<i>fluoxetine oral capsule 20 mg</i>	1	M
<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	1	ST; M; QL
<i>fluoxetine oral solution</i>	1	M
<i>fluoxetine oral tablet 10 mg</i>	1	ST; M; QL
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	1	ST; M
<i>fluphenazine decanoate</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>fluphenazine hcl</i>	1	
<i>flurazepam</i>	1	QL
<i>fluvoxamine oral capsule,extended release 24hr</i>	1	ST; M; QL
<i>fluvoxamine oral tablet 100 mg, 50 mg</i>	1	M; QL
<i>fluvoxamine oral tablet 25 mg</i>	1	QL
FOCALIN	E	E
FOCALIN XR	E	E
FORFIVO XL	E	E; M
GEODON INTRAMUSCULAR	3	
GEODON ORAL	3	QL
<i>guanfacine</i>	1	M
HALCION	3	QL
HALDOL DECANOATE	3	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	
HETLIOZ	3	PA; SP; QL
HETLIOZ LQ	3	PA; SP; QL
IGALMI	3	
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
INTUNIVER	E	E; M

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

Drug Name	Drug Tier	Requirements / Limits
INVEGA	3	QL
INVEGA HAFYERA	E	E
INVEGA SUSTENNA	3	
INVEGA TRINZA	3	
JORNAY PM	3	ST
LATUDA	E	E
LEXAPRO	E	E; M
<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	
<i>lorazepam</i>	1	
<i>lorazepam intensol</i>	1	
LOREEV XR	E	E
<i>loxapine succinate</i>	1	
LUMRYZ	2	ST; SP; QL
LUMRYZ STARTER PACK	2	ST; SP
LUNESTA	E	E
<i>lurasidone</i>	1	QL
LYBALVI	3	QL
MARPLAN	3	
METADATE CD	3	ST
<i>methamphetamine</i>	1	
METHYLIN	3	

Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate</i>	1	ST
<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 18 mg, 27 mg, 36 mg, 54 mg, 72 mg</i>	1	
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG	E	E
<i>methylphenidate hcl oral tablet, chewable</i>	1	
<i>midazolam (pf)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
MIDAZOLAM (PF) IN 0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR	3	
<i>midazolam (pf) in 0.9 % nacl intravenous solution</i>	1	
MIDAZOLAM (PF) IN 0.9 % NACL INTRAVENOUS SYRINGE	3	
MIDAZOLAM IN 0.9 % SOD CHLORID	3	
MIDAZOLAM IN NACL, ISO-OSMOTIC	3	
MIDAZOLAM IN NACL,ISO-OSMO(PF)	3	
<i>midazolam injection</i>	1	
MIDAZOLAM INTRAVENOUS	3	
<i>midazolam oral</i>	1	
<i>mirtazapine</i>	1	M
MKO (MIDAZOLAM-KETAMINE-ONDAN)	3	
<i>modafinil</i>	1	PA; QL
<i>molindone</i>	1	
MYDAYIS	3	ST

Drug Name	Drug Tier	Requirements / Limits
NARDIL	3	
<i>nefazodone</i>	1	M
<i>nortriptyline</i>	1	
NUPLAZID	3	PA; SP; QL
NUVIGIL	E	E
<i>olanzapine intramuscular</i>	1	
<i>olanzapine oral</i>	1	QL
<i>olanzapine-fluoxetine</i>	1	
ONYDA XR	E	E; M
OPIPZA	E	E
<i>oxazepam</i>	1	
<i>paliperidone</i>	1	QL
PAMELOR	3	
PARNATE	3	
<i>paroxetine hcl oral suspension</i>	1	ST; M
<i>paroxetine hcl oral tablet</i>	1	M; QL
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 37.5 mg</i>	1	ST; M; QL
<i>paroxetine hcl oral tablet extended release 24 hr 25 mg</i>	1	ST; QL
<i>paroxetine mesylate(menop.sym)</i>	1	ST; M; QL
PAXIL CR	3	ST; M; QL

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

Drug Name	Drug Tier	Requirements / Limits
PAXIL ORAL SUSPENSION	3	ST; M
PAXIL ORAL TABLET	3	ST; M; QL
<i>perphenazine</i>	1	
<i>perphenazine-amitriptyline</i>	1	
PERSERIS	3	
<i>phenelzine</i>	1	
<i>pimozide</i>	1	
PRISTIQ	E	E; M
<i>procentra</i>	1	
<i>protriptyline</i>	1	
PROVIGIL	E	E
PROZAC ORAL CAPSULE 10 MG	E	E; M
PROZAC ORAL CAPSULE 20 MG	3	ST
QELBREE	3	ST; M
QUAZEPAM	E	E
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	QL
QUETIAPINE ORAL TABLET 150 MG	E	E
<i>quetiapine oral tablet extended release 24 hr</i>	1	QL
QUILLICHEW ER	E	E
QUILLIVANT XR	E	E

Drug Name	Drug Tier	Requirements / Limits
QUVIVIQ	3	ST; QL
RALDESY	E	ST; E; M
<i>ramelteon</i>	1	QL
RELEXXII	E	E
REMERON	3	M
REMERON SOLTAB	3	M
RESTORIL	3	QL
REXULTI	3	QL
RISPERDAL CONSTA	3	
RISPERDAL ORAL SOLUTION	3	
RISPERDAL ORAL TABLET	3	QL
<i>risperidone microspheres</i>	1	
<i>risperidone oral solution</i>	1	
<i>risperidone oral tablet</i>	1	QL
<i>risperidone oral tablet, disintegrating</i>	1	QL
RITALIN	E	E
RITALIN LA	E	E
ROZEREM	E	E
RYKINDO	2	
SAPHRIS	E	E
SECUADO	3	QL
SEROQUEL	E	E

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

Drug Name	Drug Tier	Requirements / Limits
SEROQUEL XR	E	E
<i>sertraline oral capsule</i>	1	QL
<i>sertraline oral concentrate</i>	1	M
<i>sertraline oral tablet</i>	1	M; QL
SILENOR	3	ST; QL
SODIUM OXYBATE	2	SP; QL
SPRAVATO	E	E
SUNOSI	2	PA; QL
<i>tasimelteon</i>	1	PA; SP; QL
<i>temazepam</i>	1	QL
<i>thioridazine</i>	1	
<i>thiothixene</i>	1	
<i>tranlycypromine</i>	1	
<i>trazodone</i>	1	M
<i>triazolam</i>	1	QL
<i>trifluoperazine</i>	1	
<i>trimipramine</i>	1	
TRINTELLIX	3	ST; M; QL
UZEDY	2	
VALIUM	E	E
VENLAFAXINE BESYLATE	E	E; M
<i>venlafaxine oral capsule, extended release 24hr</i>	1	M; QL
<i>venlafaxine oral tablet</i>	1	M; QL

Drug Name	Drug Tier	Requirements / Limits
<i>venlafaxine oral tablet extended release 24hr</i>	1	ST; M; QL
VERSACLOZ	3	
VIIBRYD	E	E; M
<i>vilazodone</i>	1	ST; M; QL
VRAYLAR	3	QL
VYLEESI	3	PA; SP; QL
VYVANSE	3	ST
WAKIX	3	PA; SP; QL
WELLBUTRIN SR	E	E; M
WELLBUTRIN XL	E	E; M
XANAX	E	E
XANAX XR	E	E
XELSTRYM	E	E
XYREM	E	E; SP
XYWAV	2	ST; SP; QL
<i>zaleplon</i>	1	QL
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	
<i>ziprasidone hcl</i>	1	QL
<i>ziprasidone mesylate</i>	1	
ZOLOFT	E	E; M
ZOLPIDEM ORAL CAPSULE	E	E
<i>zolpidem oral tablet</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>zolpidem oral tablet, ext release multiphase</i>	1	QL
<i>zolpidem sublingual</i>	1	QL
ZURZUVAE	2	PA; SP; QL
ZYPREXA	3	QL

AUTONOMIC & CNS DRUGS, NEUROLOGY

MULTIPLE SCLEROSIS AGENTS

AUBAGIO	E	E; SP
AVONEX	2	PA; SP; QL
BAFIERTAM	2	PA; SP; QL
BETASERON	2	PA; SP; QL
BRIUMVI	E	E; SP
COPAXONE	E	E; SP
<i>dimethyl fumarate</i>	1	PA; SP; QL
<i>fingolimod</i>	1	PA; SP; QL
GILENYA	E	E; SP
<i>glatiramer</i>	1	PA; SP; QL
<i>glatopa</i>	1	PA; SP; QL
KESIMPTA PEN	2	PA; SP; QL
LEMTRADA	3	PA; SP; QL
MAVENCLAD (10 TABLET PACK)	3	PA; SP; QL
MAVENCLAD (4 TABLET PACK)	3	PA; SP; QL
MAVENCLAD (5 TABLET PACK)	3	PA; SP; QL
MAVENCLAD (6 TABLET PACK)	3	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
MAVENCLAD (7 TABLET PACK)	3	PA; SP; QL
MAVENCLAD (8 TABLET PACK)	3	PA; SP; QL
MAVENCLAD (9 TABLET PACK)	3	PA; SP; QL
MAYZENT	2	PA; SP; QL
MAYZENT STARTER(FOR 1MG MAINT)	2	PA; SP; QL
MAYZENT STARTER(FOR 2MG MAINT)	2	PA; SP; QL
OCREVUS	2	PA; SP; QL
OCREVUS ZUNOVO	E	PA; E; SP
PLEGRIDY	2	PA; SP; QL
PONVORY	E	E; SP
PONVORY 14-DAY STARTER PACK	E	E; SP
REBIF (WITH ALBUMIN)	2	PA; SP; QL
REBIF REBIDOSE	2	PA; SP; QL
REBIF TITRATION PACK	2	PA; SP; QL
TASCENSO ODT	E	E; SP
TECFIDERA	E	E; SP
<i>teriflunomide</i>	1	PA; SP; QL
VUMERITY	2	PA; SP; QL

CARDIOVASCULAR, HYPERTENSION & LIPIDS

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

Drug Name	Drug Tier	Requirements / Limits
ANTIARRHYTHMIC AGENTS		
<i>adenosine</i>	1	
<i>amiodarone intravenous</i>	1	
<i>amiodarone oral</i>	1	M
BETAPACE	3	M
BETAPACE AF	3	M
<i>disopyramide phosphate</i>	1	M
<i>dofetilide</i>	1	M
<i>flecainide</i>	1	M
<i>lidocaine (pf)</i>	1	
<i>lidocaine in 5 % dextrose (pf)</i>	1	
<i>mexiletine</i>	1	M
MULTAQ	2	M
NEXTERONE	3	
NORPACE	E	E; M
NORPACE CR	E	E; M
<i>pacerone</i>	1	M
<i>procainamide</i>	1	
<i>propafenone</i>	1	M
<i>quinidine gluconate</i>	1	M
<i>quinidine sulfate</i>	1	M
<i>sotalol af</i>	1	M
SOTALOL INTRAVENOUS	3	
<i>sotalol oral</i>	1	M
SOTYLIZE	2	M

Drug Name	Drug Tier	Requirements / Limits
TIKOSYN	E	E
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL	3	M
ACCURETIC	3	M
<i>acebutolol</i>	1	M
ALDACTONE	3	M
<i>aliskiren</i>	1	M
ALTACE	3	M
<i>amiloride</i>	1	M
<i>amiloride-hydrochlorothiazide</i>	1	M
<i>amlodipine</i>	1	M
<i>amlodipine-benazepril</i>	1	M
<i>amlodipine-olmesartan</i>	1	M
<i>amlodipine-valsartan</i>	1	M
<i>amlodipine-valsartan-hcthiazid</i>	1	M
ARBLI	E	PA; E; M
ATACAND	E	E; M
ATACAND HCT	E	E; M
<i>atenolol</i>	1	M
<i>atenolol-chlorthalidone</i>	1	M
AURLUMYN	3	
AVALIDE	E	E; M
AVAPRO	E	E; M
AZOR	E	E; M

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Drug Name	Drug Tier	Requirements / Limits
<i>benazepril</i>	1	M
<i>benazepril-hydrochlorothiazide</i>	1	M
BENICAR	E	E; M
BENICAR HCT	E	E; M
<i>betaxolol</i>	1	M
BIDIL	E	E; M
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	M
BISOPROLOL FUMARATE ORAL TABLET 2.5 MG	E	E
<i>bisoprolol-hydrochlorothiazide</i>	1	M
BREVIBLOC	3	
BREVIBLOC IN NACL (ISO-OSM)	3	
<i>bumetanide injection</i>	1	
<i>bumetanide oral</i>	1	M
BYSTOLIC	E	E; M
<i>candesartan</i>	1	M
<i>candesartan-hydrochlorothiazid</i>	1	M
<i>captopril</i>	1	M
<i>captopril-hydrochlorothiazide</i>	1	M
CARDIZEM	3	M
CARDIZEM CD	3	M
CARDIZEM LA	3	M
CARDURA	3	M; QL

Drug Name	Drug Tier	Requirements / Limits
CARDURA XL	3	M; QL
CAROSPIR	E	E; M
<i>cartia xt</i>	1	M
<i>carvedilol</i>	1	M
<i>carvedilol phosphate</i>	1	M
CATAPRES-TTS-1	3	M; QL
CATAPRES-TTS-2	3	M; QL
CATAPRES-TTS-3	3	M; QL
<i>chlorothiazide sodium</i>	1	
<i>chlorthalidone</i>	1	M
<i>clonidine</i>	1	M; QL
<i>clonidine hcl oral tablet</i>	1	M
CLONIDINE HCL ORAL TABLET EXTENDED RELEASE 24 HR	E	E
CONJUPRI	E	E; M
CONSENSI	3	
COREG	E	E; M
COREG CR	3	M
COZAAR	E	E; M
DEMSEER	3	PA
DIBENZYLINE	3	PA; M
<i>diltiazem</i>	1	M
<i>dilt-xr</i>	1	M
DIOVAN	E	E; M
DIOVAN HCT	E	E; M
DIURIL	3	M

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Drug Name	Drug Tier	Requirements / Limits
<i>doxazosin</i>	1	M; QL
DYRENIUM	3	M
EDARBI	E	E; M
EDARBYCLOR	E	E; M
EDECIN	3	ST; M
<i>enalapril maleate</i>	1	M
<i>enalaprilat</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	M
EPANED	E	E; M
<i>eplerenone</i>	1	M
<i>epoprostenol</i>	1	PA; SP
<i>eprosartan</i>	1	M
<i>esmolol</i>	1	
<i>esmolol in nacl (iso-osm)</i>	1	
ESMOLOL IN STERILE WATER	3	
<i>ethacrynate sodium</i>	1	
<i>ethacrynic acid</i>	1	M
EXFORGE	E	E; M
EXFORGE HCT	E	E; M
<i>felodipine</i>	1	M
FLOLAN	2	PA; SP
<i>fosinopril</i>	1	M
<i>fosinopril-hydrochlorothiazide</i>	1	M
FUROSCIX	E	E
FUROSEMIDE IN 0.9 % NACL	3	

Drug Name	Drug Tier	Requirements / Limits
<i>furosemide injection</i>	1	
<i>furosemide oral</i>	1	M
<i>guanfacine</i>	1	M
HEMANGEOL	E	PA; E; SP; M
HEMICLOR	E	E
<i>hydralazine injection</i>	1	
<i>hydralazine oral</i>	1	M
<i>hydrochlorothiazide</i>	1	M
HYZAAR	E	E; M
<i>indapamide</i>	1	M
INDERAL LA	E	E; M
INDERAL XL	E	E; M
INNOPRAN XL	E	E; M
INSPIRA	3	M
INZIRQO	E	E; M
<i>irbesartan</i>	1	M
<i>irbesartan-hydrochlorothiazide</i>	1	M
<i>isosorbide-hydralazine</i>	1	M
<i>isradipine</i>	1	M
KAPSPARGO SPRINKLE	E	E; M
KATERZIA	E	E; M
KERENDIA ORAL TABLET 10 MG, 20 MG	2	PA; M; QL
KERENDIA ORAL TABLET 40 MG	2	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>labetalol intravenous solution</i>	1	
LABETALOL INTRAVENOUS SYRINGE	3	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	M
LABETALOL ORAL TABLET 400 MG	E	E; M
LASIX	3	ST; M
LEVAMLODIPINE	E	E; M
<i>lisinopril</i>	1	M
<i>lisinopril-hydrochlorothiazide</i>	1	M
LOPRESSOR ORAL SOLUTION	E	E
LOPRESSOR ORAL TABLET	3	M
<i>losartan</i>	1	M
<i>losartan-hydrochlorothiazide</i>	1	M
LOTENSIN	3	M
LOTENSIN HCT	3	M
LOTREL	E	E; M
<i>matzim la</i>	1	M
<i>methyldopa</i>	1	M
<i>methyldopa-hydrochlorothiazide</i>	1	M
<i>methyldopate</i>	1	
<i>metolazone</i>	1	M

Drug Name	Drug Tier	Requirements / Limits
<i>metoprolol succinate</i>	1	M
<i>metoprolol tartrate hydrochlorothiazide</i>	1	M
<i>metoprolol tartrate intravenous</i>	1	
<i>metoprolol tartrate oral</i>	1	M
<i>metirosine</i>	1	PA
MICARDIS	E	E; M
MICARDIS HCT	E	E; M
<i>minoxidil</i>	1	M
<i>moexipril</i>	1	M
<i>nadolol</i>	1	M
<i>nebivolol</i>	1	M
NEXICLON XR	E	E; M
<i>nicardipine</i>	1	M
<i>nifedipine</i>	1	M
<i>nimodipine oral capsule</i>	1	M
<i>nimodipine oral solution</i>	1	
<i>nisoldipine</i>	1	M
NORLIQVA	E	E; M
NORVASC	E	E; M
NYMALIZE	3	
<i>olmesartan</i>	1	M

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Drug Name	Drug Tier	Requirements / Limits
<i>olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	M
<i>olmesartan-amlodipin-hcthiazid oral tablet 40-10-25 mg</i>	1	
<i>olmesartan-hydrochlorothiazide</i>	1	M
ORENITRAM	3	PA; SP; QL
ORENITRAM MONTH 1 TITRATION KT	3	PA; SP; QL
ORENITRAM MONTH 2 TITRATION KT	3	PA; SP; QL
ORENITRAM MONTH 3 TITRATION KT	3	PA; SP; QL
<i>papaverine</i>	1	
<i>perindopril erbumine</i>	1	M
<i>phenoxybenzamine</i>	1	PA; M
<i>pindolol</i>	1	M
<i>prazosin</i>	1	M
PRESTALIA	3	M
PROCARDIA XL	3	M
<i>propranolol intravenous</i>	1	
<i>propranolol oral</i>	1	M

Drug Name	Drug Tier	Requirements / Limits
<i>propranolol-hydrochlorothiazid</i>	1	M
QBRELIS	E	E; M
<i>quinapril</i>	1	M
<i>quinapril-hydrochlorothiazide</i>	1	M
<i>ramipril</i>	1	M
RAPIBLYK	3	
REMODULIN	3	PA; SP
SOAANZ	E	E; M
<i>spironolactone</i>	1	M
<i>spironolacton-hydrochlorothiaz</i>	1	M
SULAR	3	M
TEKTURNA	E	E; M
<i>telmisartan</i>	1	M
<i>telmisartan-amlodipine</i>	1	M
<i>telmisartan-hydrochlorothiazid</i>	1	M
TENORETIC 100	3	M
TENORETIC 50	3	M
TENORMIN ORAL TABLET 100 MG, 50 MG	3	
TENORMIN ORAL TABLET 25 MG	3	M
<i>terazosin</i>	1	M; QL
TEZRULY	E	E; M
THALITONE	E	E; M

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Drug Name	Drug Tier	Requirements / Limits
<i>tiadylt er</i>	1	M
TIAZAC	3	M
<i>timolol maleate</i>	1	M
TOPROL XL	E	E; M
<i>torse mide</i>	1	M
<i>trandolapril</i>	1	M
<i>trandolapril-verapamil</i>	1	M
<i>treprostinil sodium</i>	1	PA; SP
<i>triamterene</i>	1	M
<i>triamterene-hydrochlorothiazid</i>	1	M
TRIBENZOR	E	E; M
UPTRAVI INTRAVENOUS	3	SP
UPTRAVI ORAL	2	PA; SP; QL
<i>valsartan</i>	1	M
<i>valsartan-hydrochlorothiazide</i>	1	M
VASERETIC	3	M
VASOTEC	3	M
<i>veleti</i>	1	PA; SP
<i>verapamil</i>	1	M
ZESTORETIC	3	M
ZESTRIL	3	M
CARDIAC GLYCOSIDES		
<i>digoxin</i>	1	M
LANOXIN	3	M
COAGULATION THERAPY		

Drug Name	Drug Tier	Requirements / Limits
ADVATE	2	PA; SP
ADYNOVATE	2	PA; SP
ADZYNMA	3	PA; SP
AFSTYLA	2	PA; SP
AGGRASTAT CONCENTRATE	3	
ALHEMO PEN	E	E; SP
ALPHANATE	2	PA; SP
ALPHANINE SD	2	PA; SP
ALPROLIX	2	PA; SP
ALTUVIIIIO	2	PA; SP
ALVAIZ	E	E; SP
AMICAR	3	
<i>aminocaproic acid</i>	1	
ANDEXXA	3	
ARGATROBAN	3	
<i>argatroban in 0.9 % sod chlor</i>	1	
ARIXTRA	3	SP
<i>aspirin-dipyridamole</i>	1	M
BALFAXAR	3	
BENEFIX	2	PA; SP
<i>bivalirudin intravenous recon soln</i>	1	
BIVALIRUDIN INTRAVENOUS SOLUTION	3	
BRILINTA	2	ST; M
CABLIVI	2	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
CEPROTIN (BLUE BAR)	2	PA; SP
CEPROTIN (GREEN BAR)	2	PA; SP
<i>cilostazol</i>	1	M
<i>clopidogrel</i>	1	M
COAGADEX	2	PA; SP
CORIFACT	2	PA; SP
CYKLOKAPRON	3	
<i>dabigatran etexilate</i>	1	M
DEFITELIO	3	
<i>dipyridamole</i>	1	M
DOPTELET (15 TAB PACK)	2	PA; SP; QL
EFFIENT	3	M
ELIQUIS	2	M
ELIQUIS DVT-PE TREAT 30D START	2	M
ELOCTATE	2	PA; SP
<i>eltrombopag olamine</i>	1	PA
<i>enoxaparin</i>	1	SP
ENOXILUV	E	E
<i>eptifibatide</i>	1	
ESPEROCT	2	PA; SP
FEIBA NF	2	PA; SP
FIBRYGA	3	PA; SP
<i>fondaparinux</i>	1	SP
FRAGMIN	2	SP
HEMGENIX	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
HEMLIBRA	2	PA; SP
HEMOFIL M HIGH	2	PA; SP
HEMOFIL M LOW	2	PA; SP
HEMOFIL M MID	2	PA; SP
HEMOFIL M SUPER HIGH	2	PA; SP
<i>hep flush-10 (pf)</i>	1	
<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	

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

Drug Name	Drug Tier	Requirements / Limits
HUMATE-P	2	PA; SP
HYMPAVZI PEN	E	E; SP
IDELVION	2	PA; SP
IXINITY	E	E; SP
<i>jantoven</i>	1	
JIVI	2	PA; SP
KCENTRA	3	
KENGREAL	3	
KOATE	3	PA; SP
KOGENATE FS	2	PA; SP
KOVALTRY	2	PA; SP
LOVENOX	E	E; SP
MULPLETA	E	E; SP
NOVOEIGHT	2	PA; SP
NOVOSEVEN RT	E	E; SP
NPLATE	2	PA; SP
NUWIQ	E	E; SP
OBIZUR	2	SP
<i>pentoxifylline</i>	1	M
PHYTONADIONE (VITAMIN K1) INJECTION SOLUTION 1 MG/0.5 ML	2	
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	1	
<i>phytonadione (vitamin k1) injection syringe</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
PHYTONADIONE (VITAMIN K1) ORAL TABLET 100 MCG	E	E
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	QL
PLAVIX	E	E; M
PRADAXA ORAL CAPSULE	E	E; M
PRADAXA ORAL PELLETS IN PACKET	E	E; SP
<i>prasugrel hcl</i>	1	M
PRAXBIND	3	
PROFILNINE	2	PA; SP
PROMACTA	2	PA; SP
<i>protamine</i>	1	
QFITLIA	E	PA; E; SP
QFITLIA PEN	E	PA; E; SP
REBINYN	E	E; SP
RECOMBINATE	E	E; SP
RIASTAP	2	PA; SP
<i>rivaroxaban oral suspension for reconstitution</i>	1	
<i>rivaroxaban oral tablet</i>	1	M
RIXUBIS	E	E; SP
ROCTAVIAN	2	PA; SP
SAVAYSA	E	E; M

Drug Name	Drug Tier	Requirements / Limits
SEVENFACT	2	PA; SP
TAVALISSE	2	PA; SP; QL
<i>ticagrelor oral tablet 60 mg</i>	1	
<i>ticagrelor oral tablet 90 mg</i>	1	M
<i>tirofiban-0.9% sodium chloride</i>	1	
<i>tranexamic acid</i>	1	
<i>tranexamic acid in nacl,iso-os</i>	1	
TRETTEN	2	PA; SP
<i>vitamin k</i>	1	
<i>vitamin k1</i>	1	
VONVENDI	2	PA; SP
<i>warfarin</i>	1	
WILATE	2	PA; SP
XARELTO	2	M
XARELTO DVT-PE TREAT 30D START	2	
XYNTHA	2	PA; SP
XYNTHA SOLOFUSE	2	PA; SP
YOSPRALA	E	E
ZONTIVITY	3	PA; M
LIPID/CHOLESTEROL LOWERING AGENTS		
ALTOPREV	E	E; M
<i>amlodipine-atorvastatin</i>	1	M; QL

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

Drug Name	Drug Tier	Requirements / Limits
ATORVALIQ	E	E; M
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	0	M; ACA; QL
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	M; QL
CADUET	3	ST; M; QL
<i>cholestyramine (with sugar)</i>	1	M
<i>cholestyramine light</i>	1	M
<i>colesevelam</i>	1	M
COLESTID	3	M
<i>colestipol</i>	1	M
CRESTOR	E	E; M
EVKEEZA	3	PA; SP
EZALLOR SPRINKLE	E	E; M
<i>ezetimibe</i>	1	M
EZETIMIBE-ROSUVASTATIN	E	E; M
<i>ezetimibe-simvastatin</i>	1	M; QL
<i>fenofibrate micronized oral capsule 130 mg</i>	1	ST; M
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	M
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	E	E; M

Drug Name	Drug Tier	Requirements / Limits
<i>fenofibrate nanocrystallized</i>	1	M
FENOFIBRATE ORAL CAPSULE	E	E; M
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	1	ST; M
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	M
<i>fenofibric acid</i>	1	M
<i>fenofibric acid (choline)</i>	1	M
FIBRICOR	3	ST; M
FLOLIPID	3	ST; M; QL
<i>fluvastatin</i>	1	M; QL
<i>gemfibrozil</i>	1	M
<i>icosapent ethyl</i>	1	PA; M
JUXTAPID	2	PA; SP
LEQVIO	E	E; SP
LESCOL XL	3	ST; M; QL
LIPITOR	E	E; M
LIPOFEN	E	E; M
LIVALO	3	M; QL
LOPID	3	M
<i>lovastatin</i>	0	M; ACA; QL
LOVAZA	E	E; M
NEXLETOL	2	PA; M
NEXLIZET	2	PA; M
<i>niacin</i>	1	M
NIACOR	3	M

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Drug Name	Drug Tier	Requirements / Limits
<i>omega-3 acid ethyl esters</i>	1	PA; M
<i>pitavastatin calcium</i>	1	M; QL
PRALUENT PEN	E	E
<i>pravastatin</i>	1	M; QL
<i>prevalite</i>	1	M
QUESTRAN	3	M
QUESTRAN LIGHT	3	M
REPATHA PUSHTRONEX	2	PA; QL
REPATHA SURECLICK	2	PA; QL
REPATHA SYRINGE	2	PA; QL
<i>rosuvastatin</i>	1	M; QL
ROSZET	3	ST; M; QL
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	0	M; ACA; QL
<i>simvastatin oral tablet 80 mg</i>	1	M; QL
TRICOR	E	E; M
TRYNGOLZA	3	PA; SP
VASCEPA	2	PA; M
VYTORIN 10-10	E	E; M
VYTORIN 10-20	E	E; M
VYTORIN 10-40	E	E; M
VYTORIN 10-80	E	E; M
WELCHOL	E	E; M

Drug Name	Drug Tier	Requirements / Limits
ZETIA	E	E; M
ZOCOR	E	E; M
ZYPITAMAG	3	ST; M; QL
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ASPRUZYO SPRINKLE	E	E; M
ATTRUBY	2	PA; SP
CAMZYOS	2	PA; SP; QL
CORLANOR ORAL SOLUTION	E	E; SP
CORLANOR ORAL TABLET	E	E; M
ENTRESTO	2	M; QL
ENTRESTO SPRINKLE	2	M; QL
FILSPARI	E	E; SP
GIAPREZA	3	
<i>isoproterenol hcl</i>	1	
<i>ivabradine</i>	1	PA; M
LODOCO	E	E; M
<i>ranolazine</i>	1	M
TRYVIO	E	E; M
VANRAFIA	E	PA; E; SP
VECAMYL	3	PA
VERQUVO	2	M; QL
VYNDAMAX	2	PA; SP
VYNDAQEL	2	PA; SP
NITRATES		

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

Drug Name	Drug Tier	Requirements / Limits
GONITRO	3	
ISORDIL	3	M
ISORDIL TITRADOSE	3	M
<i>isosorbide dinitrate</i>	1	M
<i>isosorbide mononitrate</i>	1	M
<i>nitro-bid</i>	1	M
NITRO-DUR	3	M
<i>nitroglycerin sublingual</i>	1	
<i>nitroglycerin transdermal</i>	1	M
<i>nitroglycerin translingual</i>	1	M
NITROLINGUAL	3	M
NITROMIST	3	
NITROSTAT	3	
<i>nitro-time</i>	1	M

DERMATOLOGICALS/ TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

<i>acitretin</i>	1	
ANALPRAM-HC	3	ST
BIMZELX	E	E; SP
BIMZELX AUTOINJECTOR	E	E; SP
<i>calcipotriene scalp</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>calcipotriene topical cream</i>	1	QL
CALCIPOTRIENE TOPICAL FOAM	E	E
<i>calcipotriene topical ointment</i>	1	QL
<i>calcipotriene-betamethasone topical ointment</i>	1	ST; QL
<i>calcipotriene-betamethasone topical suspension</i>	1	QL
<i>calcitriol</i>	1	
COSENTYX	E	E; SP
COSENTYX (2 SYRINGES)	E	E; SP
COSENTYX PEN	E	E; SP
COSENTYX PEN (2 PENS)	E	E; SP
COSENTYX UNOREADY PEN	E	E; SP
DIOCHLOY	E	E
DIOOXIA	E	E
<i>drithocrema hp</i>	E	E
ENSTILAR	2	ST; QL
EPIFOAM	3	ST
HYDROCORTISON E-PRAMOXINE TOPICAL CREAM 2.35-1 %	E	ST; E

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Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	1	ST
ILUMYA	E	E; SP
IMULDOSA	E	PA; E
OTULFI	E	E; SP
OVACE	3	
OVACE PLUS	3	
OVACE PLUS SHAMPOO	3	
OVACE PLUS WASH	3	
PLENURA	E	E
PLEXION NS	3	
PRAMOSONE	3	ST
PURAZIL	E	E
PYZCHIVA INTRAVENOUS	E	E; SP
PYZCHIVA SUBCUTANEOUS SOLUTION	E	PA; E
PYZCHIVA SUBCUTANEOUS SYRINGE	E	E; SP
SCYTERA	E	E
SELARSDI INTRAVENOUS	2	PA; SP
SELARSDI SUBCUTANEOUS	2	PA; SP; QL
<i>selenium sulfide</i>	1	
SILIQ	E	E; SP

Drug Name	Drug Tier	Requirements / Limits
SKYRIZI	2	PA; SP; QL
SORILUX	E	E
SOTYKTU	2	PA; SP; QL
SPEVIGO INTRAVENOUS	2	PA; SP
SPEVIGO SUBCUTANEOUS	3	PA; SP
STELARA INTRAVENOUS	2	PA; SP
STELARA SUBCUTANEOUS	2	PA; SP; QL
STEQEYMA	E	E; SP
STEQEYMA I.V.	E	E; SP
<i>sulfacetamide sodium</i>	1	
TACLONEX	3	QL
TALTZ AUTOINJECTOR	2	PA; SP; QL
TALTZ AUTOINJECTOR (2 PACK)	2	PA; SP; QL
TALTZ AUTOINJECTOR (3 PACK)	2	PA; SP; QL
TALTZ SYRINGE	2	PA; SP; QL
TERSI FOAM	3	
TREMFYA INTRAVENOUS	2	PA; SP
TREMFYA PEN INDUCTION PK-CROHN	2	PA; SP; QL

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Drug Name	Drug Tier	Requirements / Limits
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	2	PA; SP; M
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	2	PA; SP
TREMFYA SUBCUTANEOUS AUTO-INJECTOR	2	PA; SP; QL
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; SP; QL
TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML	2	PA; SP
TRIONEX	E	E
USTEKINUMAB	E	PA; E; SP
USTEKINUMAB-AEKN	E	PA; E
USTEKINUMAB-TTWE INTRAVENOUS	2	PA; SP
USTEKINUMAB-TTWE SUBCUTANEOUS	2	PA; SP; QL
VECTICAL	3	
VTAMA	3	PA; QL
WEZLANA	E	E; SP
WEZLANA I.V.	E	E; SP

Drug Name	Drug Tier	Requirements / Limits
WYNZORA	3	ST; QL
YESINTEK INTRAVENOUS	2	PA; SP
YESINTEK SUBCUTANEOUS	2	PA; SP; QL
ZITHRANOL	E	E
ZORYVE TOPICAL CREAM 0.15 %	E	ST; E
ZORYVE TOPICAL CREAM 0.3 %	3	PA; QL
ZORYVE TOPICAL FOAM	3	ST; QL
BURN THERAPY		
SILVADENE	3	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
KERATOLYTICS		
<i>keralyt</i>	E	E
KERALYT RX	E	E
KERALYT SCALP	E	E
NENDRUX	E	E
PODOCON	E	E
RAYASAL	E	E
SALICATE	E	E
<i>salicylic acid</i>	E	E
<i>salicylic acid-ceramides no.1</i>	E	E
<i>salimez</i>	E	E
SALIMEZ FORTE	E	E
<i>salvax</i>	E	E

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Drug Name	Drug Tier	Requirements / Limits
SALVAX DUO PLUS	E	E
<i>salycim</i>	E	E
ULTRASAL-ER	E	E
VIRASAL	E	E
WAYZEN	E	E
XALIX	E	E
MISCELLANEOUS DERMATOLOGICALS		
<i>abravo</i>	E	E
ADBRY	2	PA; SP; QL
AMELUZ	3	
<i>ammonium lactate</i>	E	E
ATRAPRO CP	E	E
ATRAPRO HYDROGEL	E	E
<i>avo cream</i>	E	E
BIAFINE EMULSION	E	E
CANTHARIDIN IN ACETONE	3	
CARAC	E	E
<i>celacyn</i>	E	E
<i>cem-urea</i>	E	E
CERACADE	E	E
CERAMAX	E	E
CIBINQO	2	PA; QL
CONDYLOX	E	E
CORTANE-B	3	

Drug Name	Drug Tier	Requirements / Limits
DAYLOGIC MINOXIDIL	E	E
DAZINIA	E	E
<i>derma-r</i>	E	E
DERMASO PLUS	E	E
<i>diclofenac sodium</i>	1	PA; QL
<i>doxepin</i>	1	QL
DRYSOL DAB-O-MATIC	E	E
DUPIXENT PEN	2	PA; QL
DUPIXENT SYRINGE	2	PA; QL
EBGLYSS PEN	2	PA
EBGLYSS SYRINGE	2	PA
EFUDEX	3	
ELIDEL	E	E
ELYZIA	E	E
ELYZIA (WITH HYALURONATE)	E	E
<i>emulsion sb</i>	E	E
ENTTY	E	E
EPICERAM	E	E
EUCRISA	2	ST; QL
FLUOROURACIL TOPICAL CREAM 0.5 %	E	E
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>gainextra hair regrowth</i>	E	E
HAIR REGROWTH TREATMENT TOPICAL FOAM	E	E
<i>hair regrowth treatment topical solution</i>	E	E
HALUCORT	E	E
HAPRODERM	E	E
HOVYN	E	ST; E
<i>hpr</i>	E	E
<i>hpr plus</i>	E	E
<i>hpr plus hydrogel</i>	E	E
HPR PLUS-MB HYDROGEL	E	E
HYDRO 35	E	E
HYDRO 40	E	E
HYFTOR	3	PA; SP
<i>imiquimod</i>	1	
IODOFLEX	3	
IODOSORB	3	
KAZURI	E	E
KERASTAT	E	E
KERIDA	E	E
KYNARA	E	E
LEVICYN ANTIPRURITIC	E	E
LEVICYN ANTIPRURITIC SG	E	E

Drug Name	Drug Tier	Requirements / Limits
LEVULAN	3	
LOUTREX	E	E
LOYON	E	E
LUXAMEND	E	E
<i>mb hydrogel</i>	E	E
<i>mb hydrogel (cyclomethicone)</i>	E	E
METDRAY	E	E
<i>methoxsalen</i>	1	
<i>methyl salicylate</i>	1	
MICURADERM	E	E
MINOXIDIL TOPICAL FOAM	E	E
<i>minoxidil topical solution</i>	E	E
NEOSALUS	E	E
NORMLGEL AG	3	
NUJO	E	ST; E
NUJU	E	E
NUTRASEB	E	E
OPZELURA	3	PA; QL
OXIANUJO	E	E
OXIANUJO (WITH HYALURONATE)	E	E
PANRETIN	3	PA
PHEODOYO	E	E
<i>pimecrolimus</i>	1	ST; QL
<i>podofilox topical gel</i>	1	ST; QL
<i>podofilox topical solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
PRESERA	E	E
PROMISEB	E	E
PRONAL	E	E
<i>pruclair</i>	E	E
<i>prudoxin</i>	1	QL
<i>prumyx</i>	E	E
QBREXZA	E	E
QUIDROXZAR	E	E
QUIHOXAXIA	E	E
QUIHOXVAR	E	E
QUTENZA	E	E; SP
REGRANEX	2	QL
ROGAINE	E	E
ROGAINE EXTRA STRENGTH FOR MEN	E	E
RYNODERM	E	E
SCENESSE	3	PA; SP
SEBUDERM	E	E
<i>silver nitrate</i>	E	E
<i>silver nitrate applicators</i>	E	E
SOFDRA	E	E
SOLOX GEL	E	E
<i>sonafine</i>	E	E
<i>tacrolimus</i>	1	ST; QL
URAMAXIN	E	E
<i>urea nail stick</i>	E	E

Drug Name	Drug Tier	Requirements / Limits
<i>urea topical cream 39 %, 40 %, 41 %, 45 %, 47 %, 50 %</i>	E	E
UREA TOPICAL CREAM 39.5 %	E	E
<i>urea topical foam</i>	E	E
<i>urea topical gel</i>	E	E
UREA TOPICAL LOTION	E	E
<i>ure-k</i>	E	E
UVADEX	2	
VALCHLOR	2	PA; SP
VEREGEN	E	E
VEVEN	E	E
VYJUVEK	3	PA; SP
WELERIS	E	E
<i>wintergreen oil</i>	1	
XCLAIR	E	E
XIRUN	E	E
XUREA	E	E
YCANTH	3	SP
ZELSUVMI	E	E
ZEVASKYN	3	SP
ZONALON	3	ST; QL
ZYCLARA	E	E
THERAPY FOR ACNE		
ABENOR	E	E
ABENOR HP	E	E
ABSORICA	3	

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Drug Name	Drug Tier	Requirements / Limits
ABSORICA LD	E	E
ACANYA	E	E
<i>accutane</i>	1	
ACIOXIAY	E	ST; E
ACZONE	3	ST
ADAINZOXIA	E	ST; E
ADALINA	E	ST; E
<i>adapalene topical cream</i>	1	
<i>adapalene topical gel 0.1 %</i>	E	E
<i>adapalene topical gel 0.3 %</i>	1	
<i>adapalene topical gel with pump</i>	1	
ADAPALENE TOPICAL LOTION	3	ST
<i>adapalene topical solution</i>	1	
<i>adapalene topical swab</i>	1	ST
<i>adapalene-benzoyl peroxide</i>	1	
ADERMICA	E	ST; E
ADERMICA HP	E	ST; E
ADMIRAZOL	E	ST; E
ADMIRAZOL HP	E	ST; E
AKLIEF	3	ST
ALIXI	E	ST; E
ALIXI HP	E	ST; E

Drug Name	Drug Tier	Requirements / Limits
ALOMIRA	E	ST; E
ALOMIRA HP	E	ST; E
ALOMIRA LP	E	ST; E
ALTRENO	3	
ALURIS	E	ST; E
ALURIS HP	E	ST; E
ALURIS HP PLUS	E	ST; E
ALURIS LP	E	ST; E
ALURIS LP PLUS	E	ST; E
ALURIS PLUS	E	ST; E
ALUXOF	E	ST; E
ALUXOF HP	E	ST; E
ALVOX	E	E
ALVOX HP	E	E
<i>amnesteam</i>	1	
AMZEEQ	3	ST
APEXOL	E	ST; E
APEXOL HP	E	ST; E
APHORIA	E	ST; E
APORIX	E	ST; E
ARAZLO	3	PA
ARTILIS	E	ST; E
ARTILIS HP	E	ST; E
ATRALIN	E	E
AUGUSTIL	E	ST; E
<i>avar</i>	1	ST
AVAR LS	3	ST
AVAR-E	3	ST

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

Drug Name	Drug Tier	Requirements / Limits
AVEIDA	E	E
AVEIDAOXIA	E	E
AVIDORA	E	ST; E
AVIDORA HP	E	ST; E
AWANIS	E	ST; E
AZALTA	E	ST; E
AZALTA HP	E	ST; E
<i>azelaic acid</i>	1	
AZELEX	3	ST
BAXONIL	E	E
BENZAMYCIN	3	ST
<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
CABTREO	E	E
<i>claravis</i>	1	
<i>cleansing wash</i>	E	ST; E
CLENIA PLUS	E	E
CLEOCIN T	3	QL
<i>clindacin</i>	1	ST; QL
CLINDACIN ETZ TOPICAL KIT	3	ST
<i>clindacin etz topical swab</i>	1	
<i>clindacin p</i>	1	
CLINDACIN PAC	3	ST

Drug Name	Drug Tier	Requirements / Limits
CLINDAGEL	E	E
<i>clindamycin phosphate topical foam</i>	1	ST; QL
<i>clindamycin phosphate topical gel</i>	1	QL
<i>clindamycin phosphate topical gel, once daily</i>	1	ST; QL
<i>clindamycin phosphate topical lotion</i>	1	QL
<i>clindamycin phosphate topical solution</i>	1	QL
<i>clindamycin phosphate topical swab</i>	1	
<i>clindamycin-benzoyl peroxide</i>	1	
<i>clindamycin-tretinoin</i>	1	
<i>dapsone topical gel 5 %</i>	1	
DAPSONE TOPICAL GEL 7.5 %	E	ST; E
<i>dapsone topical gel with pump</i>	1	
DAZAVEIDAOXIA	E	E
DAZOMON	E	PA; E
DEOXIA	E	ST; E

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Drug Name	Drug Tier	Requirements / Limits
DEOXIADEMTAR	E	ST; E
DEOXIATAR	E	ST; E
DEOXIAVAR	E	ST; E
DIADIMAXIA	E	ST; E
DIAOXIA	E	ST; E
DIASAXIATAR	E	ST; E
DIASDIMAXIA	E	ST; E
DIASOXIA	E	ST; E
DIFFERIN TOPICAL CREAM	3	ST
DIFFERIN TOPICAL GEL	E	ST; E
DIFFERIN TOPICAL GEL WITH PUMP	3	ST
DIFFERIN TOPICAL LOTION	3	ST
DIMOXIA	E	ST; E
DRA XACE	E	ST; E
DRA XACEY	E	ST; E
DRIXECE	E	ST; E
ECEOXIA	E	E
EPIDUO FORTE	3	ST
EPSOLAY	3	ST
<i>ery pads</i>	1	
<i>erygel</i>	1	
<i>erythromycin with ethanol</i>	1	
<i>erythromycin- benzoyl peroxide</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ETHOXIA	E	E
EVOCLIN	3	ST; QL
FABIOR	E	E
FINACEA	2	ST
IDARAN	E	E
IDYYXIATAR	E	ST; E
INZDEAXIATAR	E	ST; E
INZDEAXIAVAR	E	ST; E
INZDEOXIA	E	ST; E
<i>isotretinoin</i>	1	
ITHOXIA	E	E
<i>ivermectin</i>	1	QL
LOUNZDOMDIOX IATAR	E	ST; E
METROCREAM	3	ST
METROGEL	3	ST
<i>metronidazole</i>	1	
MIRVASO	2	PA
<i>neuac</i>	1	
NEUAC KIT	3	ST
NORITATE	E	E
ONEXTON	3	ST
ONZDEAXIADEM TAR	E	ST; E
ONZDEAXIADEM VAR	E	ST; E
ONZDEAXIATAR	E	ST; E
ONZDEAXIAVAR	E	ST; E
ONZDEAXIAZAR	E	ST; E

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Drug Name	Drug Tier	Requirements / Limits
ONZDEOXIA	E	ST; E
OXIAICE	E	E
OXIATAR	E	ST; E
OXIAVARRY	E	ST; E
OXIAVARY	E	ST; E
OXIAZAR	E	ST; E
PACNEX	3	ST
PLEXION	3	ST
PLEXION CLEANSING CLOTHS	3	ST
PR BENZOYL PEROXIDE	3	ST
<i>refissa</i>	E	E
REMYDA	E	PA; E
RENOVA	E	E
RESTIMO	E	E
RETIN-A	3	
RETIN-A MICRO	E	E
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.04 %, 0.1 %	E	E
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	3	
RHOFADE	3	PA
<i>rosadan topical cream</i>	1	
<i>rosadan topical gel</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ROSADAN TOPICAL KIT, CLEANSER AND GEL	3	ST
ROSADAN TOPICAL KIT, CLEANSER AND CREAM	3	ST
ROSITARA	E	E
ROSULA	3	ST
<i>rosula cleansing cloths</i>	1	
ROVIS	E	E
RUMILO	E	ST; E
SAROXIA	E	ST; E
SIRVANA	E	ST; E
SOOLANTRA	3	ST; QL
SORIXIA	E	ST; E
<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	

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Drug Name	Drug Tier	Requirements / Limits
SULFACETAMIDE SODIUM-SULFUR TOPICAL CLEANSER 8-4 %	E	E
<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
<i>sulfacetamide sodium-sulfur topical pads, medicated</i>	1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i>	1	ST
SULFACETAMIDE SODIUM-SULFUR TOPICAL SUSPENSION 9-4.25 %	E	E
<i>sulfacetamide sod-sulfur-urea</i>	E	E
<i>sulfacleanse 8-4</i>	1	ST
SUMADAN	3	ST
SUMADAN XLT	3	ST
SUMAXIN	3	ST

Drug Name	Drug Tier	Requirements / Limits
SUMAXIN CP	3	ST
SUMAXIN TS	3	ST
TARDEOXIA	E	ST; E
TARDIMAXIA	E	ST; E
TAROXIA	E	ST; E
<i>tazarotene topical cream</i>	1	PA
TAZAROTENE TOPICAL FOAM	E	E
<i>tazarotene topical gel</i>	1	PA
TAZORAC	E	E
<i>tretinoin</i>	1	
<i>tretinoin (emollient)</i>	E	E
<i>tretinoin microspheres</i>	1	
TWYNEO	3	ST
UNZDOMDIOXIA ZAR	E	ST; E
VANOXIDE-HC	3	ST
VARDIMAXIA	E	ST; E
VAROXIA	E	ST; E
VELTIN	E	E
WINLEVI	E	E
<i>zenatane</i>	1	
ZIANA	3	ST
ZILXI	E	E
ZMA CLEAR	E	E
TOPICAL ANESTHETICS		
AGONEAZE	E	E

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Drug Name	Drug Tier	Requirements / Limits
ANASTIA	E	E
ANODYNE LPT	E	E
APRIZIO PAK	E	E
ASTERO	E	E
<i>bupivacaine (pf)</i>	1	
<i>bupivacaine-epinephrine (pf)</i>	1	
<i>chloroprocaine (pf)</i>	1	
COCAINE	3	
<i>dermacinrx lidocan</i>	1	PA
DERMACINRX LIDOGEL	E	E
DERMACINRX LIDOREX	E	E
<i>dermacinrx prizopak</i>	E	E
DOLOTRANZ	E	E
<i>ethyl chloride</i>	E	E
EXPAREL (PF)	3	
GOPRELTO	3	
LDO PLUS	E	E
<i>lidocaine (pf)</i>	1	
<i>lidocaine hcl injection</i>	1	
<i>lidocaine hcl laryngotracheal</i>	1	
<i>lidocaine hcl mucous membrane</i>	1	
<i>lidocaine hcl topical</i>	E	E
<i>lidocaine hcl-hydrocortison ac</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine topical adhesive patch,medicated</i>	1	PA
<i>lidocaine topical ointment</i>	1	QL
<i>lidocaine viscous</i>	1	
<i>lidocaine-epinephrine (pf)</i>	1	
<i>lidocaine-prilocaine topical cream</i>	1	QL
<i>lidocaine-prilocaine topical kit</i>	1	
LIDOCAINE-TETRACAINE	E	E
<i>lidocan iii</i>	1	PA
<i>lidocan iv</i>	1	PA
<i>lidocan v</i>	1	PA
<i>lidocort</i>	1	
LIDODERM	E	E
<i>lido-k</i>	E	E
<i>lidopin topical cream 3 %</i>	E	E
LIDOPIN TOPICAL CREAM 3.25 %	E	E
LIDO-PRILOCAINE PACK	E	E
LIDORX	E	E
<i>lido-sorb</i>	E	E
<i>lidotor</i>	E	E
LIDOTRAL	E	E
<i>lidozion</i>	E	E

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Drug Name	Drug Tier	Requirements / Limits
LIDTOPIC	E	E
LIDTOPIC MAX	E	E
LIVIXIL PAK	E	E
MARCAINE-EPINEPHRINE	3	
MOXICAINE	E	E
NOLIRA	3	
NUMBONEX	E	E
NUMBRINO	3	
NYNUTEY	3	
PLIAGLIS	E	E
<i>polocaine-mpf</i>	1	
PRILO PATCH	E	E
<i>ropivacaine (pf)</i>	1	
TRANZAREL	E	E
<i>valladerm-90</i>	E	E
XARACOLL	3	
XYLOCAINE-MPF/EPINEPHRIN E	3	
ZILOVAL	E	E
<i>zionodil</i>	E	E
ZTLIDO	2	PA
TOPICAL ANTIBACTERIALS		
ALCORTIN A	E	E
ALTABAX	3	ST; QL
BASADROX	E	E
BATIZIA	E	E
CENTANY	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
CENTANY AT	3	ST; QL
<i>corti-sav</i>	E	E
DERMAZENE	E	E
<i>gentamicin</i>	1	QL
<i>hydrocortisone-iodoquinl-aloe2</i>	E	E
<i>hydrocortisone-iodoquinol</i>	E	E
<i>hydrocortisone-iodoquinol-aloe</i>	E	E
KLARON	3	ST
<i>lugols</i>	1	
<i>mupirocin</i>	1	QL
<i>mupirocin calcium</i>	1	ST; QL
NANRAN	E	E
NEO-SYNALAR	3	
NEO-SYNALAR KIT	3	
QUINJA	E	E
SILVRSTAT	E	E
<i>strong iodine</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	
SULFAMYLON	2	
VYTON	E	E
XEPI	3	ST; QL
TOPICAL ANTIFUNGALS		
CICLODAN KIT TOPICAL COMBO PACK	3	

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Drug Name	Drug Tier	Requirements / Limits
CICLODAN KIT TOPICAL SOLUTION	3	ST
<i>ciclodan topical cream</i>	1	QL
<i>ciclodan topical solution</i>	1	
<i>ciclopirox topical cream</i>	1	QL
<i>ciclopirox topical gel</i>	1	QL
<i>ciclopirox topical shampoo</i>	1	QL
<i>ciclopirox topical solution</i>	1	
<i>ciclopirox topical suspension</i>	1	QL
<i>ciclopirox-ure-camph-menth-euc</i>	1	
<i>clotrimazole</i>	E	E
<i>clotrimazole-betamethasone</i>	1	QL
DAFILOR	E	E
DELIBON	E	E
DENVITA	E	E
DERMACINRX THERAZOLE PAK	E	E
DIFMETIOXRIME	E	E
DIONARIS	E	E
DIVENDO	E	E
<i>econazole nitrate</i>	1	QL
ECOZA	E	E

Drug Name	Drug Tier	Requirements / Limits
ERTACZO	E	E
EXELDERM	3	QL
EXODERM	E	E
EXTINA	3	ST; QL
FENOVIA	E	E
FERVINA	E	ST; E
FIDILA	E	E
FILOMA	E	E
FRIVO	E	E
HAXCHLO	E	E
HAXCHLODREX	E	E
HAXDRAX	E	E
HEXIOUNYL	E	ST; E
HIXDEFRIMA	E	E
IMIOXIA	E	E
JUBLIA	3	ST
<i>ketoconazole topical cream</i>	1	QL
<i>ketoconazole topical foam</i>	1	ST; QL
<i>ketoconazole topical shampoo</i>	1	QL
<i>ketodan</i>	1	ST; QL
<i>ketodan kit</i>	1	ST
<i>klayesta</i>	1	QL
LOPROX (AS OLAMINE)	3	QL
LOPROX KIT	3	QL
LULICONAZOLE	E	E

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Drug Name	Drug Tier	Requirements / Limits
LUZU	E	E
MICONAZOLE NITRATE-ZINC OX-PET	E	E
<i>naftifine</i>	1	QL
NAFTIN	3	QL
<i>nyamyc</i>	1	QL
<i>nystatin</i>	1	QL
<i>nystatin- triamcinolone</i>	1	QL
<i>nystop</i>	1	QL
<i>oxiconazole</i>	1	QL
OXISTAT	E	E
PHEDRAX	E	E
PHEOXIA	E	E
PHEYO	E	E
SULCONAZOLE	E	E
<i>tavaborole</i>	1	ST
VUSION	E	E
TOPICAL ANTIVIRALS		
<i>acyclovir</i>	1	PA; QL
DENAVIR	3	
<i>penciclovir</i>	1	
XERESE	E	E
ZOVIRAX TOPICAL CREAM	3	PA; QL
ZOVIRAX TOPICAL OINTMENT	E	E
TOPICAL CORTICOSTEROIDS		

Drug Name	Drug Tier	Requirements / Limits
ACIOXIA	E	E
ADVANCED ALLERGY COLLECT KIT	E	E
<i>ala-cort</i>	E	E
ALA-SCALP	3	ST
<i>alclometasone</i>	1	
<i>amcinonide</i>	1	ST
<i>apexicon e</i>	1	
<i>beser</i>	1	ST
BESER KIT	E	ST; E
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate topical cream</i>	1	
<i>betamethasone valerate topical foam</i>	1	ST
<i>betamethasone valerate topical lotion</i>	1	
<i>betamethasone valerate topical ointment</i>	1	
<i>betamethasone, augmented</i>	1	
BRYHALI	3	ST
CAPEX	3	ST
CHLOHUX	E	ST; E
CHLOOXIA	E	ST; E
<i>clobetasol scalp</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
CLOBETASOL TOPICAL CREAM 0.025 %	E	E
<i>clobetasol topical cream 0.05 %</i>	1	QL
<i>clobetasol topical foam</i>	1	ST; QL
<i>clobetasol topical gel</i>	1	QL
<i>clobetasol topical lotion</i>	1	ST; QL
<i>clobetasol topical ointment</i>	1	QL
<i>clobetasol topical shampoo</i>	1	ST; QL
<i>clobetasol topical spray, non-aerosol</i>	1	ST; QL
<i>clobetasol-emollient topical cream</i>	1	QL
<i>clobetasol-emollient topical foam</i>	1	ST; QL
CLOBEX	3	ST; QL
<i>clocortolone pivalate</i>	1	
<i>clodan</i>	1	ST; QL
CLODAN KIT	3	ST; QL
CORDRAN TAPE LARGE ROLL	3	ST
DERMA-SMOOTH/FS BODY OIL	3	ST

Drug Name	Drug Tier	Requirements / Limits
DERMA-SMOOTH/FS SCALP OIL	3	ST
DERMAWERX SDS	E	E
<i>desonide topical cream</i>	1	
<i>desonide topical gel</i>	1	ST
<i>desonide topical lotion</i>	1	ST
<i>desonide topical ointment</i>	1	
DESOWEN	3	ST
<i>desoximetasone</i>	1	ST
<i>diflorasone</i>	1	QL
DIPROLENE (AUGMENTED)	3	ST
DIVINIX	E	ST; E
DOMELA	E	ST; E
DUOBRII	3	ST; QL
DYNOMA	E	ST; E
ELLZIA PAK	E	E
<i>fluocinolone</i>	1	
<i>fluocinolone and shower cap</i>	1	
<i>fluocinonide topical cream 0.05 %</i>	1	QL
<i>fluocinonide topical cream 0.1 %</i>	1	ST; QL
<i>fluocinonide topical gel</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>fluocinonide topical ointment</i>	1	QL
<i>fluocinonide topical solution</i>	1	QL
<i>fluocinonide-e</i>	1	QL
FLUOPAR	E	ST; E
FLUOXIA	E	ST; E
<i>flurandrenolide topical cream</i>	1	ST; QL
<i>flurandrenolide topical lotion</i>	1	QL
<i>flurandrenolide topical ointment</i>	1	QL
<i>fluticasone propionate topical cream</i>	1	
<i>fluticasone propionate topical lotion</i>	1	ST
<i>fluticasone propionate topical ointment</i>	1	
<i>halcinonide topical cream</i>	1	
<i>halcinonide topical solution</i>	E	E
<i>halobetasol propionate topical cream</i>	1	
<i>halobetasol propionate topical foam</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
<i>halobetasol propionate topical ointment</i>	1	
HALOG	3	ST
<i>hydrocortisone butyrate topical cream</i>	1	QL
<i>hydrocortisone butyrate topical lotion</i>	1	ST; QL
<i>hydrocortisone butyrate topical ointment</i>	1	ST; QL
<i>hydrocortisone butyrate topical solution</i>	1	ST; QL
HYDROCORTISON E LOTION COMPLETE	E	ST; E
<i>hydrocortisone topical cream 1 %</i>	E	E
<i>hydrocortisone topical cream 2.5 %</i>	1	
<i>hydrocortisone topical lotion</i>	1	
<i>hydrocortisone topical ointment 1 %</i>	E	E
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone topical solution</i>	1	
<i>hydrocortisone valerate</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
HYDROXYM	E	ST; E
ILEXOR	E	ST; E
IMPOYZ	E	E
KENALOG	3	ST; QL
<i>mometasone</i>	1	
NOXIPAK	E	E
NUCORT	3	ST
OLUX	3	ST; QL
PANDEL	3	ST
<i>prednicarbate</i>	1	
PROCTOCORT	E	ST; E
QUINIXIL	E	ST; E
<i>scalacort</i>	1	
SCALACORT DK	3	ST
SERNIVO	E	E
SURE RESULT TAC PAK	E	E
SYNALAR	3	ST
SYNALAR CREAM KIT	3	ST
SYNALAR OINTMENT KIT	3	ST
SYNALAR TS	3	ST
TELIORA	E	E
TETOXIA	E	ST; E
TEXACORT	3	ST
TOPICORT TOPICAL CREAM	3	ST
TOPICORT TOPICAL GEL	3	ST

Drug Name	Drug Tier	Requirements / Limits
TOPICORT TOPICAL OINTMENT	3	ST
TOPICORT TOPICAL SPRAY,NON- AEROSOL	E	E
<i>tovet emollient</i>	1	ST; QL
TOVET KIT	E	ST; E
<i>triamcinolone acetonide topical aerosol</i>	1	ST; QL
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	1	ST
TRIASIL	E	E
<i>triderm</i>	1	ST
ULTRAVATE	E	E
VANOS	E	E
VERDESO	E	E
WHYTEDERM TDPAK	E	E

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Drug Name	Drug Tier	Requirements / Limits
WHYTEDERM TRILASIL PAK	E	E
XILAPAK	E	ST; E
TOPICAL ENZYMES		
NEXOBRID	3	
SANTYL	2	QL
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	1	
ELIMITE	3	
EURAX	3	
<i>malathion</i>	1	
NATROBA	E	E
OVIDE	3	
<i>permethrin</i>	1	
<i>pruradik</i>	1	
<i>spinosad</i>	1	
ULESFIA	3	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANOREXIANTS		
ADIPEX-P	E	E
ALLI	E	E
<i>benzphetamine</i>	E	E
CONTRAVE	E	E; M
<i>diethylpropion</i>	E	E
IMCIVREE	E	PA; E; SP
LOMAIRA	E	E

Drug Name	Drug Tier	Requirements / Limits
ORLISTAT	E	E; M
<i>phendimetrazine tartrate</i>	E	E
<i>phentermine</i>	E	E
<i>phentermine- topiramate</i>	E	E
PLENITY (WELCOME KIT)	E	E; M
QSYMIA	E	E
SAXENDA	E	E; M
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML	2	PA; QL
WEGOVY SUBCUTANEOUS PEN INJECTOR 2.4 MG/0.75 ML	2	PA; M; QL
XENICAL	E	E; M
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML	E	E; M
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 12.5 MG/0.5 ML, 7.5 MG/0.5 ML	E	E

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

Drug Name	Drug Tier	Requirements / Limits
ZEPBOUND SUBCUTANEOUS SOLUTION 10 MG/0.5 ML, 5 MG/0.5 ML	E	E; M
ZEPBOUND SUBCUTANEOUS SOLUTION 12.5 MG/0.5 ML, 15 MG/0.5 ML	E	
ZEPBOUND SUBCUTANEOUS SOLUTION 2.5 MG/0.5 ML, 7.5 MG/0.5 ML	E	E
ANTIDOTES		
PROVAYBLUE	3	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ADVIN COVID-19 AG HOME TEST	E	E
BD VERITOR SARS-COV-2, FLU A-B	E	E
BD VERITOR SYSTEM SARS- COV-2	E	E
BINAXNOW COVD AG CARD HOME TST	E	E
BINAXNOW COVID-19 AG CARD	E	E

Drug Name	Drug Tier	Requirements / Limits
BINAXNOW COVID-19 AG SELF TEST	E	E
CARESTART COVID-19 AG HOME TST	E	E
CLINITEST COVID-19 HOME TEST	E	E
CORDX COVID-19 AG HOME TEST	E	E
CORDX TYFAST FLU-COVID-19 TEST	E	E
COVID-19 AT- HOME TEST	E	E
COVID19 TEST ADM.BY PHARMACIST	E	E
ELLUME COVID- 19 HOME TEST	E	E
EUA PATIENT ASSESSMENT	E	E
FASTEP COVID-19 AG HOME TEST	E	E
FLOWFLEX COVID-19 AG HOME TEST	E	E
FLOWFLEX PLUS COVID-19 AND FLU	E	E
GENABIO COVID- 19 RAPID AT- HOME	E	E

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Drug Name	Drug Tier	Requirements / Limits
GOTOKNOW COVID-19 AG HOME TEST	E	E
ID NOW COVID-19 TEST KIT	E	E
IHEALTH COVID-19 AG HOME TEST	E	E
INDICAID COVID-19 AG HOME TEST	E	E
INTELISWAB COVID-19 HOME TEST	E	E
LUCIRA CHECK-IT COVID HOME TST	E	E
ON-GO COVID-19 AG AT HOME TEST	E	E
PILOT COVID-19 AT-HOME TEST	E	E
PIXEL COVID19 HOME COLLECT KIT	E	E
QUICKVUE AT-HOME COVID-19 TEST	E	E
QUICKVUE SARS ANTIGEN	E	E
RAPID SARS-COV-2 AG HOME TEST	E	E
RAPIDGO FLU AND COVID-19 TEST	E	E

Drug Name	Drug Tier	Requirements / Limits
SOFIA SARS ANTIGEN FIA	E	E
SOFIA2 FLU-SARS ANTIGEN FIA	E	E
SPEEDYSWAB COVID-19 AND FLU	E	E
SPEEDYSWAB COVID-19 HOME TEST	E	E
IRRIGATING SOLUTIONS		
<i>lactated ringers</i>	1	
<i>neomycin-polymyxin b gu</i>	1	
PHYSIOLYTE	3	
PHYSIOSOL IRRIGATION	3	
<i>ringer's</i>	1	
SORBITOL	3	
SORBITOL-MANNITOL	3	
VASHE	E	E
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	1	
<i>acetic acid</i>	1	
AGRYLIN	3	M
AMMONUL	3	
AMPHADASE	3	
<i>anagrelide</i>	1	M
ARALAST NP	E	PA; E; SP
BKEMV	E	E; SP

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Drug Name	Drug Tier	Requirements / Limits
BUPHENYL	3	PA; SP
<i>caffeine citrate</i>	1	
CARBAGLU	2	PA; SP
<i>carglumic acid</i>	1	PA; SP
CARNITOR (SUGAR-FREE)	3	M
CARNITOR INTRAVENOUS	3	
CARNITOR ORAL	3	M
<i>cevimeline</i>	1	M
CHEMET	2	PA
<i>curity sterile water</i>	E	E
CUVRIOR	E	E; SP
DEFENCATH	3	
<i>deferasirox</i>	1	PA; SP
<i>deferiprone</i>	1	PA; SP
<i>disulfiram</i>	1	
<i>droxidopa</i>	1	PA; SP
DUVYZAT	E	E; SP
EMPAVELI	2	PA; SP
ENDARI	3	PA; SP
ENJAYMO	2	PA; SP
EPYSQLI	3	PA; SP
EVOXAC	3	M
EXJADE	E	E; SP
FABHALTA	2	PA; SP
FERRIPROX (2 TIMES A DAY)	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
FERRIPROX ORAL SOLUTION	2	PA; SP
FERRIPROX ORAL TABLET	3	PA; SP
FERRLECIT	3	PA
<i>finasteride</i>	E	E; M
GIVLAARI	3	PA; SP
GLASSIA 1 GM/50 ML VIAL	E	PA; E; SP
GLASSIA INTRAVENOUS SOLUTION 20 MG/ML (2 %)	2	
<i>glutamine (sickle cell)</i>	1	PA; SP
HARLIKU	E	PA; E
HYLENEX	3	
INCRELEX	2	PA; SP
JADENU	E	E; SP
JADENU SPRINKLE	E	E; SP
JOENJA	3	PA; SP; QL
KORSUVA	3	SP
LAMZEDE	2	PA; SP
<i>levocarnitine (with sugar)</i>	1	M
<i>levocarnitine intravenous</i>	1	
<i>levocarnitine oral</i>	1	M
LITFULO	3	PA; SP; QL
LITHOSTAT	3	

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Drug Name	Drug Tier	Requirements / Limits
METOPIRONE	3	
<i>midodrine</i>	1	
<i>nitisinone</i>	1	PA; SP
NITYR	2	PA; SP
NORTHERA	E	E; SP
OLPRUVA	3	PA; SP
OMISIRGE	3	
ORFADIN	3	PA; SP
PEDMARK	2	
PHEBURANE	2	PA; SP
PIASKY	E	E; SP
PROLASTIN-C	2	PA; SP
PROPECIA	E	E; M
PYRUKYND	3	PA; SP; QL
RADIOGARDASE	3	
RAVICTI	E	E; SP
RECLAST	3	SP
REVCovi	2	PA; SP
REZDIFFRA	2	PA; SP; QL
RILUTEK	3	PA; M
<i>riluzole</i>	1	PA; M
<i>risedronate</i>	1	M; QL
RYONCIL	3	PA
<i>sodium benzoate-sodium phenylacetate</i>	1	
<i>sodium chlor 0.9% bacteriostat</i>	1	
<i>sodium chloride</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>sodium chloride 0.9 %</i>	1	
<i>sodium ferric gluconate-sucrose</i>	1	PA
<i>sodium phenylbutyrate</i>	1	PA; M
SOHONOS	3	PA; SP; QL
SOLIRIS	2	PA; SP
SYPRINE	3	PA; M
TAVNEOS	3	PA; SP; QL
TEGLUTIK	3	PA; SP
THIOLA	E	E; SP
THIOLA EC	3	PA; SP
TIGLUTIK	3	PA; SP
<i>tiopronin</i>	1	PA; SP
<i>trientine oral capsule 250 mg</i>	1	PA; M
TRIENTINE ORAL CAPSULE 500 MG	E	E; M
ULTOMIRIS	3	PA; SP
VAFSEO	E	E
<i>venxxiva</i>	1	PA; SP
VEOPOZ	3	PA; SP
VOYDEYA	2	PA; SP
VYKAT XR	E	PA; E; SP
<i>water for irrigation, sterile</i>	1	
XENPOZYME	2	PA; SP
XURIDEN	2	PA; SP
ZEMAIRA	E	E; SP

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Drug Name	Drug Tier	Requirements / Limits
<i>zoledronic acid-mannitol-water</i>	1	SP
ZYNRELEF	3	
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	0	ACA
CHANTIX	0	ACA
CHANTIX CONTINUING MONTH BOX	0	ACA
CHANTIX STARTING MONTH BOX	0	ACA
NICODERM CQ	0	ACA
NICORETTE BUCCAL GUM 2 MG	0	ACA
<i>nicorette buccal gum 4 mg</i>	0	ACA
NICORETTE BUCCAL LOZENGE	0	ACA
NICORETTE BUCCAL MINI LOZENGE	0	ACA
<i>nicotine</i>	0	ACA
<i>nicotine (polacrilex) buccal gum</i>	0	ACA
<i>nicotine (polacrilex) buccal lozenge 2 mg</i>	0	
<i>nicotine (polacrilex) buccal lozenge 4 mg</i>	0	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>nicotine (polacrilex) buccal mini lozenge</i>	0	ACA
NICOTROL NS	0	ACA
<i>quit 2</i>	0	ACA
<i>quit 4</i>	0	ACA
<i>stop smoking aid</i>	0	ACA
<i>varenicline tartrate</i>	0	ACA

EAR, NOSE & THROAT MEDICATIONS

MISCELLANEOUS AGENTS

ARESTIN	3	SP
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	1	QL
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>	E	E
<i>chlorhexidine gluconate</i>	1	
CLINPRO 5000	E	E; M
DEBACTEROL	E	E
<i>denta 5000 plus</i>	E	E; M
<i>denta 5000 plus sensitive</i>	E	E; M
<i>dentagel</i>	E	E; M
<i>fluoride (sodium)</i>	E	E; M
FLUORIDEX DAILY DEFENSE	E	E; M
FLUORIDEX SENSITIVITY RELIEF	E	E; M

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Drug Name	Drug Tier	Requirements / Limits
FLUORIMAX 5000	E	E; M
FLUORIMAX 5000 SENSITIVE	E	E; M
<i>fraiche 5000</i>	E	E; M
FRAICHE 5000 PREVI	E	E; M
GELCLAIR	3	
GEL-KAM	E	E
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %)</i>	1	M; QL
<i>ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)</i>	1	QL
JUST RIGHT 5000	E	E; M
<i>kourzeq</i>	1	
MUGARD	3	SP
<i>olopatadine</i>	1	QL
<i>oralone</i>	1	
ORAMAGICRX	3	
ORAPEUTIC	E	E
<i>paroex oral rinse</i>	1	
PERIDEX	3	
<i>periogard</i>	1	
PHOS-FLUR	E	E
<i>pilocarpine hcl</i>	1	M
PREVIDENT	E	E; M
PREVIDENT 5000 BOOSTER PLUS	E	E; M

Drug Name	Drug Tier	Requirements / Limits
PREVIDENT 5000 ENAMEL PROTECT	E	E; M
PREVIDENT 5000 ORTHO DEFENSE	E	E; M
PREVIDENT 5000 PLUS	E	E; M
PREVIDENT 5000 SENSITIVE	E	E; M
PREVIDENT KIDS	E	E; M
PROTHELIAL	3	SP
Q-CARE RX Q4	E	E
SALAGEN (PILOCARPINE)	3	M
<i>sf</i>	E	E; M
<i>sf 5000 plus</i>	E	E; M
<i>sodium fluoride 5000 plus</i>	E	E; M
<i>sodium fluoride-pot nitrate</i>	E	E; M
<i>triamcinolone acetonide</i>	1	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid</i>	1	
CETRAXAL	E	E
<i>ciprofloxacin hcl</i>	1	
DERMOTIC OIL	3	
<i>flac otic oil</i>	1	
<i>fluocinolone acetonide oil</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone-acetic acid</i>	1	
<i>ofloxacin</i>	1	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	E	E
<i>ciprofloxacin-dexamethasone</i>	1	
CIPROFLOXACIN-FLUOCINOLONE	E	E
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc</i>	1	
OTOVEL	3	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR	3	PA; SP
ACTHAR SELFJECT	3	PA; SP
AGAMREE	E	E; SP
ALKINDI SPRINKLE	E	E
<i>betamethasone acet,sod phos</i>	1	
CELESTONE SOLUSPAN	3	
CORTEF	3	
<i>cortisone</i>	1	
CORTROPHIN GEL	E	E; SP
CORTROSYN	3	

Drug Name	Drug Tier	Requirements / Limits
<i>cosyntropin</i>	1	
<i>deflazacort</i>	1	PA; SP
DEPO-MEDROL	3	
<i>dexabliss</i>	1	PA
<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	PA
<i>dexamethasone sodium phos (pf)</i>	1	
<i>dexamethasone sodium phosphate</i>	1	
EMFLAZA	E	E; SP
<i>fludrocortisone</i>	1	M
HEMADY	E	E
<i>hydrocortisone</i>	1	
KENALOG	3	
KENALOG-80	3	
KHINDIVI	E	E
MEDROL	3	
MEDROL (PAK)	3	
<i>methylprednisolone</i>	1	
<i>methylprednisolone acetate</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>millipred</i>	1	
<i>millipred dp</i>	1	
ORAPRED ODT	3	
<i>prednisolone</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone</i>	1	
<i>prednisone intensol</i>	1	
RAYOS	3	PA
TAPERDEX	3	PA
TARPEYO	3	PA; SP; QL
<i>triamcinolone acetonide</i>	1	
TRIESENCE (PF)	3	
XIPERE (PF)	3	SP
ZCORT	3	PA
ANTITHYROID AGENTS		
<i>methimazole</i>	1	M
POTASSIUM IODIDE ORAL DROPS	E	E
<i>potassium iodide oral solution</i>	1	
<i>propylthiouracil</i>	1	M
SSKI	3	
THYROSAFE	E	E
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		

Drug Name	Drug Tier	Requirements / Limits
2TEK GLUCOSE/BLOOD PRESSURE	E	E
ACCU-CHEK AVIVA CONTROL SOLN	3	
ACCU-CHEK AVIVA PLUS TEST STRP	E	E; M
ACCU-CHEK GUIDE GLUCOSE METER	E	E; M
ACCU-CHEK GUIDE L1-L2 CTRL SOL	3	
ACCU-CHEK GUIDE ME GLUCOSE MTR	E	E; M
ACCU-CHEK GUIDE TEST STRIPS	E	E; M
ACCU-CHEK SMARTVIEW CONTRL SOL	3	M
ACCU-CHEK SMARTVIEW TEST STRIP	E	E; M
ACCUTREND GLUCOSE CONTROL	3	
ACCUTREND GLUCOSE TEST STRIPS	E	E; M

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Drug Name	Drug Tier	Requirements / Limits
ADVANCED ALL-IN-ONE METER	3	
ADVANCED GLUC METER TEST STRIP	E	E; M
ADVANCED GLUCOSE METER	3	
ADVOCATE REDI-CODE PLUS	E	E; M
ADVOCATE REDI-CODE PLUS CTRL L	3	
AGAMATRIX AMP TEST STRIPS	E	E; M
AGAMATRIX CONTROL SOLN-HIGH	3	M
AGAMATRIX CONTROL SOLN-NORMAL	3	M
AGAMATRIX JAZZ TEST STRIPS	3	
AGAMATRIX JAZZ WIRELESS 2 MNTR	E	E
AGAMATRIX PRESTO SYSTEM	E	E; M
AGAMATRIX PRESTO TEST STRIPS	3	
ASSURE 4 CONTROL SOLUTION	3	
ASSURE 4 STRIPS	E	E; M

Drug Name	Drug Tier	Requirements / Limits
ASSURE DOSE NORMAL CONTROL	3	M
ASSURE PLATINUM GLUCOSE METER	E	E; M
ASSURE PLATINUM TEST STRIP	E	E; M
ASSURE PRISM CONTROL 1-2 SOLN	3	
ASSURE PRISM MULTI METER	E	E; M
ASSURE PRISM MULTI STRIP	E	E; M
AT HOME A1C	3	
BIGFOOT UNITY	E	E
BIONIME RIGHTEST GM300 SYSTEM	E	E
BIONIME RIGHTEST TEST STRIPS	E	E; M
BIOTEL CARE BGM-4 METER	E	E; M
BLOOD GLUCOSE CONTROL, NORMAL	3	M
BLOOD GLUCOSE TEST	E	E; M
BLOOD-GLUCOSE METER	E	E; M

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Drug Name	Drug Tier	Requirements / Limits
BLULINK DIABETIC TEST BUNDLE	E	E
BLULINK GLUCOSE MONITOR SYSTEM	E	E; M
BLULINK GLUCOSE TEST STRIP	E	E; M
BREEZE 2 CONTROL SOLUTION,HIGH	3	M
CARESENS CONTROL A AND B	3	
CARESENS N	E	E; M
CARESENS N FELIZ GLUCOSE METER	E	E; M
CARESENS N TEST STRIPS	E	E; M
CARESENS N VOICE	E	E; M
CARETOUCH CONTROL SOLN L2-L3	3	
CARETOUCH GLUCOSE MONITORING	E	E
CARETOUCH TEST STRIP	E	E; M
CLEVER CHEK BLOOD GLUCOSE	E	E; M

Drug Name	Drug Tier	Requirements / Limits
CLEVER CHOICE GLUCOSE MONITOR	E	E; M
CLEVER CHOICE LEVEL 2 CONTROL	3	M
CLEVER CHOICE MICRO	E	E; M
CLEVER CHOICE MICRO TEST STRIP	E	E; M
CLEVER CHOICE PRO	E	E; M
CLEVER CHOICE TALK GLUCOSE SYS	E	E; M
CLEVER CHOICE TALK TEST	E	E; M
CLEVER CHOICE TEST STRIPS	E	E; M
CLEVER CHOICE VOICE PLUS TEST	E	E; M
CONTOUR CONTROL SOLUTION, NML	3	M
CONTOUR NEXT EZ METER	E	E; M
CONTOUR NEXT GEN METER	E	E
CONTOUR NEXT LEV 2 CONTROL SOL	3	M
CONTOUR NEXT LINK	E	E

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Drug Name	Drug Tier	Requirements / Limits
CONTOUR NEXT LINK 2.4	E	E
CONTOUR NEXT METER	E	E; M
CONTOUR NEXT ONE METER	E	E; M
CONTOUR NEXT TEST STRIPS	E	E; M
CONTOUR PLUS BLUE METER	E	E; M
CONTOUR PLUS TEST STRIP	E	E; M
CONTOUR TEST STRIPS	E	E; M
DEXCOM G6 RECEIVER	2	QL
DEXCOM G6 SENSOR	2	QL
DEXCOM G6 TRANSMITTER	2	M; QL
DEXCOM G7 RECEIVER	2	QL
DEXCOM G7 SENSOR	2	QL
DIATRUE CONTROL SOLN NORMAL	3	M
DIATRUE PLUS BLOOD GLUCOSE MET	E	E; M
DIATRUE PLUS TEST STRIP	E	E; M

Drug Name	Drug Tier	Requirements / Limits
EASY PLUS II HIGH CONTROL	3	M
EASY PLUS II TEST	E	E; M
EASY STEP	E	E; M
EASY STEP BLOOD GLUCOSE METER	E	E; M
EASY STEP HIGH CONTROL SOLN	3	M
EASY TALK GLUCOSE TEST	E	E; M
EASY TALK HIGH CONTROL	3	M
EASY TALK PLUS II LOW CONTROL	3	
EASY TALK PLUS II TEST STRIP	E	E; M
EASY TOUCH BLU CTRL SOLN-L1,L3	3	
EASY TOUCH BLULINK GLUC SYST	E	E; M
EASY TOUCH BLULINK TEST STRIP	E	E; M
EASY TOUCH GLUCOSE MONITOR	E	E; M
EASY TOUCH TEST STRIP	E	E; M
EASY TRAK GLUCOSE TEST	E	E; M

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Drug Name	Drug Tier	Requirements / Limits
EASY TRAK II BLOOD GLUCOSE MTR	E	E; M
EASY TRAK II CTRL SOLN-NORMAL	3	M
EASY TRAK II TEST STRIP	E	E; M
EASY TRAK LOW CONTROL	3	
EASYGLUCO METER	E	E
EASYGLUCO TEST	E	E; M
EASYMAX	E	E; M
EASYMAX 15 LEVEL 2	3	M
EASYMAX NG	E	E
EASYMAX NORMAL CONTROL	3	M
EASYMAX T1	E	E
EASYMAX V SPEAKING GLUCOSE SYS	E	E; M
ELEMENT COMPACT GLUCOSE METER	E	E; M
ELEMENT COMPACT NORMAL CONTROL	3	M

Drug Name	Drug Tier	Requirements / Limits
ELEMENT COMPACT TEST STRIPS	E	E; M
ELEMENT COMPACT V GLUCOSE MTR	E	E; M
ELEMENT NORMAL CONTROL	3	M
ELEMENT PLUS BLOOD GLUCOSE KIT	E	E
ELEMENT TEST STRIPS	E	E; M
EMBRACE BLOOD GLUCOSE SYSTEM	E	E; M
EMBRACE EVO LEVEL 1	3	
EMBRACE EVO TEST STRIPS	E	E; M
EMBRACE GLUCOSE CONTROL LOW	3	
EMBRACE PRO GLUCOSE METER	E	E; M
EMBRACE PRO TEST STRIPS	E	E; M
EMBRACE TALK BLOOD GLUCOSE SYS	E	E
EMBRACE TALK CONTROL-LOW (L1)	3	

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Drug Name	Drug Tier	Requirements / Limits
EMBRACE TALK TEST STRIPS	E	E; M
EMBRACE WAVE PLUS GLUCOSE MTR	E	E; M
EVENCARE G2	E	E; M
EVENCARE G3 GLUCOSE METER	E	E
EVENCARE G3 TEST	E	E; M
EVENCARE MINI GLUCOSE TEST STR	E	E; M
EVENCARE MINI MONITOR SYSTEM	E	E; M
EVENCARE PROVIEW TEST STRIP	E	E; M
EVERSENSE 365 SENSOR	E	E
EVERSENSE 365 TRANSMITTER	E	E; M
EVOLUTION BLOOD GLUCOSE METER	E	E
EVOLUTION NORMAL CONTROL	3	M
EVOLUTION TEST STRIPS	E	E; M
EZ SMART PLUS SYSTEM	E	E

Drug Name	Drug Tier	Requirements / Limits
EZ SMART PLUS TEST	E	E; M
EZ SMART SYSTEM	E	E
EZ SMART TEST	E	E; M
FORA 6 CONNECT GLUCOSE STRIP	E	E; M
FORA 6CONN-GTEL-TN'G ADV STRIP	E	E; M
FORA D40D GLUCOSE-BP MONITOR	E	E
FORA D40-G31 TEST STRIPS	E	E; M
FORA G20 KIT	E	E
FORA G20 STRIP	E	E; M
FORA G30A	E	E; M
FORA GD50 BLOOD GLUCOSE SYSTEM	E	E; M
FORA GD50 TEST STRIPS	E	E; M
FORA GTEL GLUCOSE TEST STRIP	E	E; M
FORA GTEL MULTI-FUNCTN MONITOR	3	
FORA KETONE CONTROL SOLN-L1	3	

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Drug Name	Drug Tier	Requirements / Limits
FORA NORMAL CONTROL	3	M
FORA PREMIUM V10 GLUCOSE METER	E	E; M
FORA TEST N'GO VOICE METER	E	E; M
FORA TEST STRIP	E	E; M
FORA TN'G ADV MOBILE MULTI MTR	3	
FORA TN'G ADVAN PRO TEST STRIP	E	E; M
FORA TN'G ADVANCE MULTI-FN MTR	3	
FORA TN'G ADVANCE PRO MONITOR	3	
FORA TN'G VOICE METER	E	E; M
FORA TN'G VOICE TEST STRIPS	E	E; M
FORA V10	E	E; M
FORA V10-V12-D10-D20 STRIPS	E	E; M
FORA V12 BLOOD GLUCOSE SYSTEM	E	E; M
FORACARE GD20	E	E; M
FORACARE GD20 GLUCOSE METER	E	E; M

Drug Name	Drug Tier	Requirements / Limits
FORACARE GD40 TEST STRIPS	E	E; M
FORACARE GD40B GLUCOSE METER	E	E; M
FORACARE GDH LOW CONTROL	3	
FREESTYLE CONTROL	2	M
FREESTYLE FLASH SYSTEM	E	E
FREESTYLE FREEDOM	2	
FREESTYLE FREEDOM LITE	2	
FREESTYLE INSULINX	2	M
FREESTYLE INSULINX TEST STRIPS	2	M
FREESTYLE LIBRE 14 DAY READER	2	
FREESTYLE LIBRE 14 DAY SENSOR	2	QL
FREESTYLE LIBRE 2 PLUS SENSOR	2	QL
FREESTYLE LIBRE 2 READER	2	QL
FREESTYLE LIBRE 2 SENSOR	2	QL

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Drug Name	Drug Tier	Requirements / Limits
FREESTYLE LIBRE 3 PLUS SENSOR	2	QL
FREESTYLE LIBRE 3 READER	2	QL
FREESTYLE LIBRE 3 SENSOR	2	QL
FREESTYLE LITE METER	2	
FREESTYLE LITE STRIPS	2	M
FREESTYLE PRECISION NEO METER	E	E; M
FREESTYLE PRECISION NEO STRIPS	2	M
FREESTYLE SIDEKICK II	E	E
FREESTYLE SYSTEM KIT	E	E
FREESTYLE TEST	2	M
GE100 BLOOD GLUCOSE SYSTEM	E	E
GE100 BLOOD GLUCOSE TEST STRIP	E	E; M
GE100 CONTROL SOLUTION NORMAL	3	M
GE333 BLOOD GLUCOSE SYSTEM	E	E; M

Drug Name	Drug Tier	Requirements / Limits
GE333 BLOOD GLUCOSE TEST STRIP	E	E; M
GENSTRIP TEST STRIP	E	E; M
GLUCO NAVII GLUCOSE MONITOR	E	E
GLUCO NAVII TEST STRIP	E	E; M
GLUCOCARD 01 METER	E	E
GLUCOCARD 01 NORMAL CONTROL	3	M
GLUCOCARD 01 SENSOR PLUS	E	E; M
GLUCOCARD EXPRESSION	E	E; M
GLUCOCARD SHINE CONNEX METER	E	E; M
GLUCOCARD SHINE EXPRESS METER	E	E; M
GLUCOCARD SHINE METER	E	E; M
GLUCOCARD SHINE TEST STRIPS	E	E; M
GLUCOCARD SHINE XL METER	E	E; M
GLUCOCARD VITAL	E	E

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Drug Name	Drug Tier	Requirements / Limits
GLUCOCARD VITAL SENSOR	E	E; M
GLUCOCARD VITAL TEST STRIPS	E	E; M
GLUCOCOM BLOOD GLUCOSE	E	E
GLUCOCOM CONTROL NORMAL	3	M
GLUCOCOM GLUCOSE	E	E; M
GLUCOSE CONTROL	3	M
GM100 KIT	E	E
GM100 STRIP	E	E; M
GOJJI BLOOD GLUCOSE TEST STRIP	E	E; M
GOJJI GLUCOSE CNTRL SOL-NORMAL	3	M
GOJJI KETONE CONTROL SOLN-L1	3	
GOJJI MULTI-FUNCTIONAL METER	3	
GUARDIAN 4 GLUCOSE SENSOR	3	QL
GUARDIAN 4 TRANSMITTER	3	M; QL

Drug Name	Drug Tier	Requirements / Limits
GUARDIAN LINK 3 TRANSMITTER	3	M; QL
GUARDIAN SENSOR 3	3	QL
HARMONY GLUCOSE TEST STRIP	E	E; M
HEALTHPRO GLUCOSE MONITOR	E	E; M
HEALTHPRO HIGH-LOW CONTROL	3	
HEALTHPRO TEST STRIPS	E	E; M
IHEALTH CONTROL SOLN LEVEL 2	3	M
IHEALTH GLUCO PLUS METER	E	E
IHEALTH GLUCOSE TEST STRIP	E	E; M
INFINITY CONTROL SOLUTION NORM	3	M
INFINITY STARTER KIT	E	E
INFINITY TEST STRIPS	E	E; M
MEDISENSE	2	
MEDISENSE GLUCOSE KETONE	2	

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Drug Name	Drug Tier	Requirements / Limits
MICRO BLOOD GLUCOSE	E	E; M
MICRODOT BLOOD GLUCOSE SYSTEM	E	E; M
MICRODOT XTRA BLOOD GLUCOSE	E	E; M
MYGLUCOHEALTH CONTROL SOLUTION	3	
MYGLUCOHEALTH KIT	E	E
MYGLUCOHEALTH STRIP	E	E; M
NEUTEK 2TEK TEST STRIPS	E	E; M
NOVA MAX GLUCOSE TEST	E	E; M
NOVA MAX PLUS GLUC-KETON METER	3	
NOVAMAX PLUS GLU-KET	3	
ON CALL EXPRESS CONTROL	3	
ON CALL EXPRESS METER	E	E
ON CALL EXPRESS TEST STRIP	E	E; M
ONETOUCH ULTRA CONTROL	2	M

Drug Name	Drug Tier	Requirements / Limits
ONETOUCH ULTRA TEST	2	M
ONETOUCH ULTRA2 METER	2	M
ONETOUCH VERIO FLEX METER	2	M
ONETOUCH VERIO MID CONTROL	2	M
ONETOUCH VERIO REFLECT METER	2	M
ONETOUCH VERIO TEST STRIPS	2	M
OPTIUM EZ	E	E; M
OPTIUM TEST	E	E; M
PHARMACIST CHOICE	E	E; M
PHARMACIST CHOICE GLUCOSE SYS	E	E; M
PIP BLOOD GLUCOSE MONITOR	E	E; M
PIP BLOOD GLUCOSE TEST STRIP	E	E; M
PIP GLUCOSE CONTROL SOLN L1-L2	3	
PLATINUM TEST STRIP	E	E; M

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Drug Name	Drug Tier	Requirements / Limits
PRECISION PCX PLUS TEST	E	E; M
PRECISION PCX TEST	E	E; M
PRECISION POINT OF CARE TEST	E	E; M
PRECISION Q-I-D TEST	E	E; M
PRECISION XTRA KETONE-GLUCOSE	2	
PRECISION XTRA MONITOR	2	M
PRECISION XTRA TEST	2	M
PREMIER BLU GLUCOSE METER	E	E; M
PREMIER CLASSIC GLUCOSE METER	E	E; M
PREMIER COMPACT GLUCOSE METER	E	E
PREMIER TEST STRIP	E	E; M
PREMIER VOICE GLUCOSE METER	E	E; M
PREMIUM BLOOD GLUCOSE MONITOR	E	E; M
PREMIUM V10	E	E; M
PRO VOICE V8-V9 TEST STRIP	E	E; M

Drug Name	Drug Tier	Requirements / Limits
PRO VOICE V9 GLUCOSE MONITOR	E	E; M
PRODIGY AUTOCODE METER	E	E
PRODIGY AUTOCODE MONITOR SYST	E	E; M
PRODIGY CONTROL SOLUTION, LOW	3	
PRODIGY CONTROL SOLUTION,HIGH	3	M
PRODIGY NO CODING	E	E; M
PRODIGY POCKET METER	E	E
PRODIGY VOICE GLUCOSE METER	E	E
QUINTET AC	E	E; M
QUINTET BLOOD GLUCOSE METER	E	E; M
REFUAH PLUS	E	E; M
REFUAH PLUS GLUCOSE CONTROL	3	M
REFUAH PLUS GLUCOSE MONITOR	E	E
RELION ALL-IN-ONE METER	E	E

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Drug Name	Drug Tier	Requirements / Limits
RELION CONFIRM	E	E
RELION CONFIRM-MICRO	E	E; M
RELION MICRO GLUCOSE MONITOR	E	E
RELION PRIME METER	E	E; M
RELION PRIME TEST STRIPS	E	E; M
RELION ULTIMA	E	E; M
REVEAL BLOOD GLUCOSE METER	E	E
REVEAL TEST STRIP	E	E; M
RIGHTEST CONTROL SOLUTION HIGH	3	M
RIGHTEST GM550 SYSTEM	E	E
RIGHTEST GS550 TEST STRIPS	E	E; M
RIGHTEST GT333 GLUCOSE METER	E	E; M
RIGHTEST GT333 TEST STRIP	E	E; M
SIMPLERA SENSOR	E	E
SIMPLERA SYNC SENSOR	E	E
SMART SENSE MONITORING SYSTEM	E	E; M

Drug Name	Drug Tier	Requirements / Limits
SMART SENSE TEST STRIPS	E	E; M
SMARTTEST CONTROL	3	M
SMARTTEST EJECT	E	E
SMARTTEST PERSONA STARTER	E	E
SMARTTEST PRONTO STARTER	E	E
SMARTTEST PROTEGE	E	E
SMARTTEST TEST	E	E; M
SOLUS V2 AUDIBLE METER	E	E; M
SOLUS V2 AUDIBLE METER KIT	E	E
SOLUS V2 CONTROL SOLUTION,HIGH	3	M
SOLUS V2 TEST STRIPS	E	E; M
SURE-TEST EASYPLUS MINI	E	E; M
SURE-TEST EASYPLUS MINI METER	E	E; M
TELCARE CONTROL	3	
TELCARE TEST STRIPS	E	E; M

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Drug Name	Drug Tier	Requirements / Limits
TEMPO SMART BUTTON	E	E
TEMPO WELCOME KIT	E	E
TEST N'GO BLOOD GLUCOSE SYSTEM	E	E; M
TEST N'GO TEST	E	E; M
TRUE METRIX AIR GLUCOSE METER	E	E; M
TRUE METRIX GLUCOSE METER	E	E; M
TRUE METRIX GLUCOSE TEST STRIP	E	E; M
TRUE METRIX GO GLUCOSE METER	E	E; M
TRUE METRIX LEVEL 1	3	
TRUERESULT BLOOD GLUCOSE SYSTM	E	E
TRUETEST TEST STRIPS	E	E; M
TRUETRACK BLOOD GLUCOSE SYSTEM	E	E
TRUETRACK SMART SYSTEM	E	E
TRUETRACK TEST	E	E; M

Drug Name	Drug Tier	Requirements / Limits
ULTIMA MONITOR	E	E; M
ULTRATRAK	E	E; M
ULTRATRAK GLUCOSE METER	E	E; M
ULTRATRAK ULTIMATE	E	E; M
UNISTRIp LOW CONTROL	3	
UNISTRIp1 TEST STRIP	E	E; M
VIVAGUARD INO CTRL SOLN-L1,2,3	3	
VIVAGUARD INO GLUCOSE METER	E	E; M
VIVAGUARD INO SMART GLUC METER	E	E; M
VIVAGUARD INO TEST STRIP	E	E; M
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
GLUCAGON HCL	3	
INSULIN SYRINGE- NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	E	E; M
INSULIN SYRINGE- NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE X 1/2"	2	M

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Drug Name	Drug Tier	Requirements / Limits
OMNIPOD 5 INTRO(G6/LIBRE2 PLUS)	2	
GLUCOSE ELEVATING AGENTS		
BAQSIMI	2	QL
<i>diazoxide</i>	1	M
GLUCAGON (HCL) EMERGENCY KIT	E	E
<i>glucagon emergency kit (human)</i>	1	QL
GVOKE	2	QL
GVOKE HYPOPEN 2-PACK	2	QL
GVOKE PFS 2- PACK SYRINGE	2	QL
PROGLYCEM	3	M
ZEGALOGUE AUTOINJECTOR	E	E
ZEGALOGUE SYRINGE	E	E
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
AUTOJECT 2 INJECTION DEVICE	2	
AUTOPEN 1 TO 21 UNITS	2	
AUTOSOFT 30	E	E
AUTOSOFT 90	E	E

Drug Name	Drug Tier	Requirements / Limits
AUTOSOFT XC INFUSION SET 32"	E	E
BD INTEGRA NEEDLE	2	M
BD MICROTAINER LANCET	2	M
BD SPECIALTY USE NEEDLES	2	M
CEQUR SIMPLICITY	2	
GENTEEL VACUUM LANCING DEVICE	3	
ILET INFUSION KIT-INSET 23"	E	E
ILET INFUSION- CONTACT DTCH 23"	E	E
ILET INSULIN PUMP	E	E
ILET STARTER KIT-INSET	2	
INPEN (FOR HUMALOG) PINK	3	
INPEN (NOVOLOG OR FIASP) BLUE	3	
LANCETS	2	M
LANCING DEVICE	2	M
MEDTRONIC EXT INFUSION SET 23"	E	E
MINIMED MIO ADVANCE INF SET23"	E	E

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Drug Name	Drug Tier	Requirements / Limits
MINIMED QUICK SET 43"	E	E
MINIMED SILHOUETTE 23"	E	E
MINIMED SURE T 32"	E	E
NOVOPEN ECHO	3	
OMNIPOD 5 (G6/LIBRE 2 PLUS)	2	
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	2	QL
OMNIPOD 5 G6-G7 PODS (GEN 5)	2	QL
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL
OMNIPOD DASH PODS (GEN 4)	2	QL
PEN NEEDLE, DIABETIC	E	E; M
T:FLEX	E	E
T:SLIM X2	E	E
T:SLIM X2 BASAL-IQ INSULIN PMP	E	E
T:SLIM X2 CONTROL-IQ	E	E
TANDEM MOBI AUTOSOFT 30 KT 23"	E	E
TANDEM MOBI AUTOSOFT XC KIT 5"	E	E

Drug Name	Drug Tier	Requirements / Limits
TANDEM MOBI SYSTEM	E	E
TANDEM MOBI TRUSTEEL KIT 23"	E	E
TANDEM T:SLIM ASFT 30 PK10 23"	E	E
TANDEM T:SLIM ASFT XC PK10 23"	E	E
TANDEM T:SLIM TRUSTL PK10 23"	E	E
TRUSTEEL INFUSION SET 32"	E	E
TWIIST REFILL KT(CSST-NDL-SYR)	E	E
TWIIST RFL(INFUS-CSST-NDL-SYR)	E	E
TWIIST STARTER KIT	2	
VARISOFT INFUSION SET 43"	E	E
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
INSULIN THERAPY		
ADMELOG SOLOSTAR U-100 INSULIN	E	E; M
ADMELOG U-100 INSULIN LISPRO	E	E; M
AFREZZA	E	E; M

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Drug Name	Drug Tier	Requirements / Limits
APIDRA SOLOSTAR U-100 INSULIN	E	E; M
APIDRA U-100 INSULIN	E	E; M
BASAGLAR KWIKPEN U-100 INSULIN	E	E; M
BASAGLAR TEMPO PEN(U- 100)INSLN	E	E; M
FIASP FLEXTOUCH U- 100 INSULIN	E	E; M
FIASP PENFILL U- 100 INSULIN	E	E; M
FIASP PUMPCART	E	E; M
FIASP U-100 INSULIN	E	E; M
HUMALOG JUNIOR KWIKPEN U-100	2	M
HUMALOG KWIKPEN INSULIN	2	M
HUMALOG MIX 50-50 KWIKPEN	2	M
HUMALOG MIX 75-25 KWIKPEN	2	M
HUMALOG MIX 75-25(U- 100)INSULN	2	M

Drug Name	Drug Tier	Requirements / Limits
HUMALOG TEMPO PEN(U- 100)INSULN	2	M
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	2	M
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	E	E; M
HUMULIN 70/30 U-100 INSULIN	2	M
HUMULIN 70/30 U-100 KWIKPEN	2	M
HUMULIN N NPH INSULIN KWIKPEN	2	M
HUMULIN N NPH U-100 INSULIN	2	M
HUMULIN R REGULAR U-100 INSULN	2	M
HUMULIN R U-500 (CONC) INSULIN	2	M
HUMULIN R U-500 (CONC) KWIKPEN	2	M
INSULIN ASP PRT- INSULIN ASPART	E	E; M
INSULIN ASPART U-100	E	E; M
INSULIN DEGLUDEC	E	E; M

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Drug Name	Drug Tier	Requirements / Limits
INSULIN GLARGINE U-300 CONC	E	E; M
INSULIN GLARGINE-YFGN	2	M
INSULIN LISPRO	2	M
INSULIN LISPRO PROTAMIN-LISPRO	2	M
LANTUS SOLOSTAR U-100 INSULIN	E	E; M
LANTUS U-100 INSULIN	E	E; M
LYUMJEV KWIKPEN U-100 INSULIN	2	M
LYUMJEV KWIKPEN U-200 INSULIN	2	M
LYUMJEV TEMPO PEN(U-100)INSULIN	2	M
LYUMJEV U-100 INSULIN	2	M
MERILOG	E	
MERILOG SOLOSTAR	E	
MYXREDLIN	3	
NOVOLIN 70-30 FLEXPEN U-100	E	E; M
NOVOLIN N FLEXPEN	E	E; M

Drug Name	Drug Tier	Requirements / Limits
NOVOLIN R FLEXPEN	E	E; M
NOVOLOG FLEXPEN U-100 INSULIN	E	E; M
NOVOLOG MIX 70-30 U-100 INSULIN	E	E; M
NOVOLOG MIX 70-30FLEXPEN U-100	E	E; M
NOVOLOG PENFILL U-100 INSULIN	E	E; M
NOVOLOG U-100 INSULIN ASPART	E	E; M
RELION NOVOLIN 70/30	E	E
RELION NOVOLIN N	E	E
RELION NOVOLIN R	E	E
REZVOGLAR KWIKPEN	E	E; M
SEMGLEE(INSULIN GLARGINE-YFGN)	2	M
SEMGLEE(INSULIN GLARG-YFGN)PEN	2	M
SOLIQUA 100/33	2	M; QL
TOUJEO MAX U-300 SOLOSTAR	2	M

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Drug Name	Drug Tier	Requirements / Limits
TOUJEO SOLOSTAR U-300 INSULIN	2	M
TRESIBA FLEXTOUCH U- 100	2	M
TRESIBA FLEXTOUCH U- 200	2	M
TRESIBA U-100 INSULIN	2	M
XULTOPHY 100/3.6	E	E; M
MISCELLANEOUS HORMONES		
ALDURAZYME	2	PA; SP
ANDROGEL	E	E; M
AVEED	E	E; SP
AZMIRO	E	E
BRINEURA	2	PA; SP
<i>cabergoline</i>	1	M; QL
<i>calcitonin (salmon) injection</i>	1	
<i>calcitonin (salmon) nasal</i>	1	M
<i>calcitriol intravenous</i>	1	
<i>calcitriol oral capsule</i>	1	M
<i>calcitriol oral solution</i>	1	
CERDELGA	2	PA; SP; QL
CEREZYME	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
<i>cetrorelix</i>	1	SP
CETROTIDE	2	SP
CHORIONIC GONADOTROPIN, HUMAN INJECTION	3	ST
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULA R	E	E; SP
<i>cinacalcet</i>	1	PA; M
<i>clomid</i>	1	
<i>clomiphene citrate</i>	1	
CRENESSITY ORAL CAPSULE 100 MG, 50 MG	3	PA; SP
CRENESSITY ORAL CAPSULE 25 MG	3	PA
CRENESSITY ORAL SOLUTION	3	PA; SP
CRYSVITA	2	PA; SP; QL
<i>danazol</i>	1	
DDAVP	3	M
DEPO- TESTOSTERONE	3	PA
<i>desmopressin injection</i>	1	SP
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	M

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Drug Name	Drug Tier	Requirements / Limits
DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	2	M
<i>desmopressin oral</i>	1	M
<i>doxercalciferol intravenous</i>	1	
<i>doxercalciferol oral</i>	1	M
ELAPRASE	2	PA; SP
ELELYSO	E	E; SP
ELFABRIO	2	PA; SP
FABRAZYME	2	PA; SP
FOLLISTIM AQ	E	E; SP
<i>fyremadel</i>	1	SP
GALAFOLD	3	PA; SP; QL
<i>ganirelix</i>	1	ST; SP
GONAL-F	2	ST; SP
GONAL-F RFF REDI-JECT	2	ST; SP
HECTOROL	3	
ISTURISA	E	E; SP
JATENZO	3	PA; M; QL
<i>javygtor</i>	1	PA; SP
JYNARQUE	3	PA; SP; QL
KANUMA	2	PA; SP
KORLYM	E	E; SP
KUVAN	E	E; SP
KYZATREX	E	E; M

Drug Name	Drug Tier	Requirements / Limits
LUMIZYME	2	PA; SP
MENOPUR	2	SP
MEPSEVII	2	PA; SP
METHITEST	2	
<i>methyltestosterone</i>	1	M
MIACALCIN	3	
<i>mifepristone</i>	1	PA; SP
<i>miglustat</i>	1	PA; SP; QL
MYALEPT	2	PA; SP
NAGLAZYME	2	PA; SP
NATESTO	E	E; M
NEXVIAZYME	3	PA; SP
NOVAREL	2	ST; SP; QL
OPFOLDA	3	PA; SP; QL
ORILISSA ORAL TABLET 150 MG	2	ST; M; QL
ORILISSA ORAL TABLET 200 MG	2	ST; QL
OVIDREL	2	SP
PALYNZIQ	2	PA; SP; QL
<i>pamidronate</i>	1	
PARICALCITOL HEMODIALYSIS PORT INJECTION	3	
<i>paricalcitol intravenous</i>	1	
<i>paricalcitol oral</i>	1	M
PARSABIV	3	
POMBILITI	3	PA; SP
<i>prasterone (dhea)</i>	E	E

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Drug Name	Drug Tier	Requirements / Limits
PREGNYL	3	ST; SP; QL
RAYALDEE	3	
RECORLEV	E	E; SP
ROCALTROL	3	
SAMSCA	E	E; SP
<i>sapropterin</i>	1	PA; SP
SENSIPAR	E	E; M
SOMAVERT	2	PA; SP
STRENSIQ	2	PA; SP
SYNAREL	2	
TEPEZZA	3	PA; SP
TERLIVAZ	3	SP
TESTIM	E	E; M
TESTONE CIK	E	E
TESTOPEL	3	PA; SP
<i>testosterone cypionate</i>	1	PA
<i>testosterone enanthate</i>	1	PA
TESTOSTERONE IMPLANT	3	PA
<i>testosterone transdermal gel</i>	1	PA; M; QL
<i>testosterone transdermal gel in metered-dose pump</i>	1	PA; M; QL

Drug Name	Drug Tier	Requirements / Limits
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (40.5 mg/2.5 gram)</i>	1	PA; M; QL
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	1	PA; QL
<i>testosterone transdermal solution in metered pump w/app</i>	1	PA; M; QL
TLANDO	E	E; M
<i>tolvaptan</i>	1	PA; SP; QL
<i>tolvaptan (polycys kidney dis) oral tablet</i>	1	PA; QL
<i>tolvaptan (polycys kidney dis) oral tablets, sequential</i>	1	PA
UNDECATREX	E	E; M
VAPRISOL IN 5 % DEXTROSE	3	
<i>vasopressin</i>	1	
VASOPRESSIN IN 0.9 % SOD CHLOR	3	
VASOPRESSIN IN DEXTROSE 5 %	3	
VIMIZIM	2	PA; SP
VOGELXO	3	PA; M; QL

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Drug Name	Drug Tier	Requirements / Limits
VOXZOGO	3	PA; SP
VPRIV	E	E; SP
XYOSTED	2	PA; QL
YORVIPATH	3	PA; SP
ZEMPLAR INTRAVENOUS	3	
ZEMPLAR ORAL	3	M
<i>zoledronic acid</i>	1	SP
<i>zoledronic acid-mannitol-water</i>	1	SP
ZOLEDRONIC AC-MANNITOL-0.9NACL	3	SP
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose</i>	1	M
ACTOPLUS MET	3	M; QL
ACTOS	3	M; QL
ALOGLIPTIN	E	E; M
ALOGLIPTIN-METFORMIN	E	E; M
ALOGLIPTIN-PIOGLITAZONE	E	E; M
BRENZAVVY	E	E; M
BYDUREON BCISE	2	PA; M; QL
CYCLOSET	3	M
DAPAGLIFLOZ PROPANED-METFORMIN	E	E; M

Drug Name	Drug Tier	Requirements / Limits
DAPAGLIFLOZIN PROPANEDIOL	E	E; M
DUETACT	3	M; QL
<i>exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml</i>	1	PA; M; QL
<i>exenatide subcutaneous pen injector 5 mcg/dose (250 mcg/ml) 1.2 ml</i>	1	PA; QL
FARXIGA	2	ST; M; QL
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	M
GLIMEPIRIDE ORAL TABLET 3 MG	E	E; M
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	M
GLIPIZIDE ORAL TABLET 2.5 MG	E	E; M
<i>glipizide oral tablet extended release 24hr</i>	1	M
<i>glipizide-metformin</i>	1	M
<i>glyburide</i>	1	M
<i>glyburide micronized</i>	1	M
<i>glyburide-metformin</i>	1	M
GLYXAMBI	2	ST; M; QL
INPEFA	E	E; M
INVOKAMET	E	E; M

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Drug Name	Drug Tier	Requirements / Limits
INVOKAMET XR	E	E; M
INVOKANA	E	E; M
JANUMET	2	ST; M; QL
JANUMET XR	2	ST; M; QL
JANUVIA	2	ST; M; QL
JARDIANCE	2	ST; M; QL
JENTADUETO	E	E; M
JENTADUETO XR	E	E; M
KAZANO	E	E; M
<i>liraglutide</i>	1	PA
<i>metformin oral solution</i>	1	ST; M
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	M
METFORMIN ORAL TABLET 625 MG	E	E; M
<i>metformin oral tablet 750 mg</i>	1	ST; M
<i>metformin oral tablet extended release 24 hr</i>	1	M; QL
<i>metformin oral tablet extended release 24hr</i>	1	ST; M; QL
<i>metformin oral tablet,er gast.retention 24 hr</i>	1	ST; M; QL
<i>miglitol</i>	1	M

Drug Name	Drug Tier	Requirements / Limits
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	2	PA; M; QL
MOUNJARO SUBCUTANEOUS PEN INJECTOR 2.5 MG/0.5 ML	2	PA; QL
<i>nateglinide</i>	1	M
NESINA	E	E; M
OSENI	3	ST; M; QL
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML)	2	PA; QL
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; M; QL
<i>pioglitazone</i>	1	M; QL
<i>pioglitazone-glimepiride</i>	1	M; QL
<i>pioglitazone-metformin</i>	1	M; QL
PRECOSE	3	M
<i>repaglinide</i>	1	M
RIOMET	3	ST; M

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Drug Name	Drug Tier	Requirements / Limits
RYBELSUS	2	PA; M; QL
<i>saxagliptin</i>	1	ST; M; QL
<i>saxagliptin-metformin</i>	1	ST; M; QL
SEGLUROMET	E	E; M
SITAGLIPTIN	E	E; M
SITAGLIPTIN-METFORMIN ORAL TABLET	E	E; M
SITAGLIPTIN-METFORMIN ORAL TABLET, ER MULTIPHASE 24 HR	E	ST; E
STEGLATRO	E	E; M
STEGLUJAN	E	E; M
SYNJARDY	2	ST; M; QL
SYNJARDY XR	2	ST; M; QL
TRADJENTA	E	E; M
TRIJARDY XR	2	ST; M
TRULICITY	2	PA; M; QL
VICTOZA 2-PAK	E	E; M
VICTOZA 3-PAK	E	E; M
XIGDUO XR	2	ST; M; QL
ZITUVIMET	E	E; M
ZITUVIMET XR	E	E; M
ZITUVIO	E	E; M
THYROID HORMONES		
<i>adthyza oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	M

Drug Name	Drug Tier	Requirements / Limits
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	E	E; M
ARMOUR THYROID	2	M
CYTOMEL	E	E; M
ERMEZA	3	ST; M
<i>euthyrox</i>	1	M
<i>levo-t</i>	1	M
LEVOTHYROXINE INTRAVENOUS	3	
LEVOTHYROXINE ORAL CAPSULE	E	E; M
<i>levothyroxine oral tablet</i>	1	M
<i>levoxyl</i>	1	M
<i>liothyronine intravenous</i>	1	
<i>liothyronine oral</i>	1	M
<i>niva thyroid</i>	1	M
<i>np thyroid</i>	1	M
<i>renthyroid</i>	1	
SYNTHROID	2	M
THYQUIDITY	E	E; M
<i>thyroid (pork)</i>	1	M
TIROSINT	E	E; M
TIROSINT-SOL	E	E; M
<i>unithroid</i>	1	M

GASTROENTEROLOGY

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Drug Name	Drug Tier	Requirements / Limits
ANTIDIARRHEALS & ANTISPASMODICS		
<i>anaspaz</i>	1	
<i>anti-diarrheal (loperamide)</i>	E	E
<i>atropine in 0.9 % sod chloride intravenous syringe 0.8 mg/2 ml (0.4 mg/ml)</i>	1	
ATROPINE IN 0.9 % SOD CHLORIDE INTRAVENOUS SYRINGE 1 MG/2.5 ML (0.4 MG/ML), 1.2 MG/3 ML (0.4 MG/ML)	3	
<i>atropine injection</i>	1	
<i>atropine intravenous solution</i>	1	
<i>atropine intravenous syringe 0.25 mg/5 ml (0.05 mg/ml), 0.8 mg/2 ml (0.4 mg/ml)</i>	1	
ATROPINE INTRAVENOUS SYRINGE 0.4 MG/ML	3	
<i>belladonna alkaloids-opium</i>	1	
<i>chlordiazepoxide-clidinium</i>	1	
CUVPOSA	E	E
DARTISLA	E	E; M

Drug Name	Drug Tier	Requirements / Limits
<i>dicyclomine intramuscular</i>	1	
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	1	
<i>dicyclomine oral tablet 20 mg</i>	1	
DICYCLOMINE ORAL TABLET 40 MG	E	E
<i>diphenoxylate-atropine</i>	1	
DONNATAL	3	
<i>ed-spaz</i>	1	
GLYCATE	3	M
<i>glycopyrrolate (pf)</i>	1	
GLYCOPYRROLAT E (PF) IN WATER INJECTION	3	
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)</i>	1	
GLYCOPYRROLAT E (PF) IN WATER INTRAVENOUS SYRINGE 0.6 MG/3 ML (0.2 MG/ML)	3	
<i>glycopyrrolate injection</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>glycopyrrolate intravenous</i>	1	
<i>glycopyrrolate oral</i>	1	M
GLYRX-PF	3	
HYOSCYAMINE SULFATE INJECTION	3	
<i>hyoscyamine sulfate oral drops</i>	1	
<i>hyoscyamine sulfate oral elixir</i>	1	
<i>hyoscyamine sulfate oral tablet</i>	1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr</i>	1	M
<i>hyoscyamine sulfate oral tablet, disintegrating</i>	1	
<i>hyoscyamine sulfate sublingual</i>	1	
<i>hyosyne</i>	1	
IMODIUM A-D	E	E
IMODIUM MULTI-SYMPTOM RELIEF	E	E
LEVBID	3	M
LEVSIN	3	
LEVSIN/SL	3	
LIBRAX (WITH CLIDINIUM)	E	E
LOMOTIL	3	

Drug Name	Drug Tier	Requirements / Limits
<i>loperamide</i>	E	E
<i>methscopolamine</i>	1	
MOTOFEN	3	
MYTESI	E	E; SP
NULEV	3	
<i>opium tincture</i>	1	
<i>oscimin</i>	1	
<i>oscimin sl</i>	1	
PEPTO-BISMOL	E	E
PEPTO-BISMOL MAX ST	E	E
<i>phenobarb-hyoscy-atropine-scop</i>	1	
<i>phenohydro</i>	1	
PROMELLA	E	E
ROBINUL	3	M
ROBINUL FORTE	3	M
SYMAX DUOTAB	3	
<i>symax fastabs</i>	1	
<i>symax-sl</i>	1	
<i>symax-sr</i>	1	M
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (FOSNETUPITANT)	3	
AKYNZEO (NETUPITANT)	E	E
<i>alosetron</i>	1	M
<i>alvimopan</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
AMITIZA	E	E; M
ANALPRAM-HC RECTAL CREAM 1-1 %	3	
ANALPRAM-HC RECTAL CREAM 2.5-1 %	3	ST
ANTIVERT	E	E
<i>anucort-hc</i>	1	
ANUSOL-HC	E	E
APONVIE	3	
<i>aprepitant</i>	1	QL
APRISO	3	M
AVSOLA	E	E; SP
AZULFIDINE	3	M
AZULFIDINE EN- TABS	3	M
<i>balsalazide</i>	1	M
BARHEMSYS	3	
<i>betaine</i>	1	PA; SP
<i>bisacodyl</i>	0	ACA
BONJESTA	E	E
<i>budesonide</i>	1	
BYLVAY	3	PA; SP; QL
CANASA	E	E; M
CHENODAL	2	PA; SP
CHOLBAM ORAL CAPSULE 250 MG	2	PA; SP
CHOLBAM ORAL CAPSULE 50 MG	2	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
CIMZIA	E	E; SP
CIMZIA POWDER FOR RECONST	E	E; SP
CINVANTI	E	E
<i>citrate of magnesia</i>	0	ACA
<i>citroma</i>	0	ACA
<i>clearlax</i>	0	ACA
CLENPIQ	E	E
COLAZAL	3	M
COMPAZINE	3	
<i>compro</i>	1	
<i>constulose</i>	1	
CORTENEMA	3	
CORTIFOAM	E	E
CREON	2	M
<i>cromolyn</i>	1	M
CTEXLI	2	PA; SP
CYSTADANE	E	E; SP
DICLEGIS	3	QL
<i>dimenhydrinate</i>	1	
DIPENTUM	E	E; M
<i>doxylamine- pyridoxine (vit b6)</i>	1	QL
<i>dronabinol</i>	1	PA
<i>droperidol</i>	1	
<i>dulcolax (magnesium hydroxide)</i>	0	ACA
EMEND	E	E

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Drug Name	Drug Tier	Requirements / Limits
EMEND (FOSAPREPITANT)	E	E
ENTYVIO	2	PA; SP
ENTYVIO PEN	E	E; SP
<i>enulose</i>	1	
EOHILIA	E	E
FOCINVEZ	E	E
<i>fosaprepitant</i>	1	
GASTROCROM	3	M
GATTEX 30-VIAL	3	PA; SP
<i>gavilax</i>	0	ACA
<i>gavilyte-c</i>	0	ACA
<i>gavilyte-g</i>	0	ACA
<i>gavilyte-n</i>	0	
<i>generlac</i>	1	
<i>gentle laxative (bisacodyl)</i>	0	ACA
<i>gentle laxative (mag hydrox)</i>	0	
<i>gentlelax</i>	0	ACA
GIMOTI	E	E; SP
GOLYTELY	3	
<i>granisetron (pf)</i>	1	
<i>granisetron hcl intravenous</i>	1	
<i>granisetron hcl oral</i>	1	QL
<i>hemmorex-hc</i>	1	
<i>hydrocortisone</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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
HYDROCORTISON E-PRAMOXINE RECTAL SUPPOSITORY	E	E
IBSRELA	E	E; M
INFLECTRA	2	PA; SP
INFLIXIMAB	E	E; SP
IQIRVO	E	PA; E; SP
KINEVAC	2	
KRISTALOSE	3	
<i>lactulose</i>	1	
<i>laxative (bisacodyl) oral tablet</i>	E	E
<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>	0	ACA
<i>laxative peg 3350</i>	0	
LIALDA	E	E; M
<i>lidocaine hcl-hydrocortison ac rectal cream</i>	1	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine hcl-hydrocortison ac rectal kit</i>	1	
<i>lidocaine-hydrocortisone-aloe</i>	1	
LINZESS	2	M; QL
LIVDELZI	E	PA; E; SP
LIVMARLI	3	PA; SP
LOTRONEX	E	E; M
<i>lubiprostone</i>	1	M; QL
<i>magnesium citrate</i>	0	ACA
MARINOL	3	PA
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	E	E
<i>meclizine oral tablet 50 mg</i>	1	
<i>mesalamine</i>	1	M
<i>mesalamine with cleansing wipe</i>	1	M
<i>metoclopramide hcl</i>	1	
<i>milk of magnesia</i>	0	ACA
<i>milk of magnesia concentrated</i>	0	ACA
MOTEGRITY	E	E; M
MOVANTIK	2	M; QL
MOVIPREP	E	E
<i>natura-lax</i>	0	ACA
<i>nitroglycerin</i>	1	
NOVACORT	E	PA; E
OICALIVA	2	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
OMVOH INTRAVENOUS	2	PA; SP
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	2	PA; SP; QL
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 300MG/3ML(100M G /ML-200 MG/2ML)	2	PA; SP; M; QL
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; SP; QL
OMVOH SUBCUTANEOUS SYRINGE 300MG/3ML(100M G /ML-200 MG/2ML)	2	PA; SP; M; QL
<i>ondansetron hcl (pf)</i>	1	
<i>ondansetron hcl intravenous</i>	1	
<i>ondansetron hcl oral</i>	1	QL
ONDANSETRON ORAL TABLET,DISINTEGRATING 16 MG	E	E
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	1	QL
<i>onelax magnesium citrate</i>	0	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>oral saline laxative</i>	0	ACA
<i>palonosetron</i>	1	
PANCREAZE	2	M
<i>peg 3350-electrolytes</i>	0	ACA
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	0	ACA
<i>peg-electrolyte soln</i>	0	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	M
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	3	M
PERTZYE	E	E; M
<i>phosphate laxative</i>	0	ACA
PLENVU	E	E
<i>polyethylene glycol 3350</i>	0	ACA
POSFREA	3	
<i>powderlax</i>	0	ACA
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate</i>	1	
PROCORT	3	
PROCTOCORT	3	ST
PROCTOFOAM HC	E	E

Drug Name	Drug Tier	Requirements / Limits
<i>procto-med hc</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
<i>prucalopride</i>	1	M; QL
<i>purelax</i>	0	ACA
REBYOTA	3	SP
RECTIV	2	
REGLAN	3	
RELISTOR ORAL	E	E; M
RELISTOR SUBCUTANEOUS	2	ST
RELTONE	E	E; M
REMICADE	E	E; SP
RENFLEXIS	E	E; SP
ROWASA	3	
SANCUSO	3	QL
<i>scopolamine base</i>	1	
SFROWASA	3	M
SINCALIDE	3	
SKYRIZI INTRAVENOUS	2	PA; SP
SKYRIZI SUBCUTANEOUS	2	PA; SP; QL
<i>smoothlax</i>	0	ACA
<i>sodium,potassium,mag sulfates</i>	0	ACA
SUCRAID	2	PA; SP
SUFLAVE	E	E
<i>sulfasalazine</i>	1	M

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Drug Name	Drug Tier	Requirements / Limits
SUPREP BOWEL PREP KIT	E	E
SUSTOL	3	
SUTAB	3	
SYMPROIC	2	M
SYNDROS	3	PA
TIGAN	3	
TRANSDERM-SCOP	E	E
<i>trimethobenzamide</i>	1	
TRULANCE	2	M
UCERIS	3	
URSO FORTE	3	M
<i>ursodiol</i>	1	M
VARUBI	2	QL
VELSIPITY	3	PA; SP; QL
VIBERZI	2	M
VIOKACE	2	M
VOWST	3	SP
<i>women's gentle laxative(bisac)</i>	0	ACA
ZENPEP	2	M
ZYMFENTRA	2	PA; SP; QL
ULCER THERAPY		
ACIPHEX	E	E; M
<i>amoxicil-clarithromy-lansopraz</i>	1	QL
<i>bismuth subcit k-metronidz-tcn</i>	1	

Drug Name	Drug Tier	Requirements / Limits
CARAFATE	E	E; M
<i>cimetidine hcl</i>	1	M
<i>cimetidine oral tablet 200 mg</i>	E	E; M
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	M
CYTOTEC	3	PA; M; QL
DEXILANT	E	E; M
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg</i>	1	M; QL
<i>dexlansoprazole oral capsule,biphase delayed releas 60 mg</i>	1	M
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	E	E
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	1	M
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	ST; M; QL
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	1	ST; M
<i>esomeprazole sodium</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>famotidine (pf)</i>	1	
<i>famotidine (pf)-nacl (iso-os)</i>	1	
<i>famotidine intravenous</i>	1	
<i>famotidine oral suspension for reconstitution</i>	1	M
<i>famotidine oral tablet 20 mg</i>	E	E; M
<i>famotidine oral tablet 40 mg</i>	1	M
KONVOMEF	E	E
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	E	E; M
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	1	M
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg</i>	1	ST; M; QL
<i>lansoprazole oral tablet,disintegrat, delay rel 30 mg</i>	1	ST; M
<i>misoprostol</i>	1	PA; M; QL
NEXIUM	E	E; M
NEXIUM 24HR	E	E
NEXIUM PACKET	E	E; M
<i>nizatidine</i>	1	M
OMECLAMOX-PAK	3	QL

Drug Name	Drug Tier	Requirements / Limits
<i>omeprazole magnesium</i>	E	E
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg</i>	1	M; QL
<i>omeprazole oral capsule,delayed release(dr/ec) 40 mg</i>	1	M
<i>omeprazole oral tablet,delayed release (dr/ec)</i>	E	E
<i>omeprazole oral tablet,disintegrat, delay rel</i>	E	E
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	E	PA; E; M
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	1	PA; M
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	1	PA; M; QL
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	1	PA; M
PANTOPRAZOLE IN 0.9% SOD CHLOR	3	
<i>pantoprazole intravenous</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>pantoprazole oral granules dr for susp in packet</i>	1	ST; M
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	M; QL
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	M
PEPCID ORAL TABLET 20 MG	E	E; M
PEPCID ORAL TABLET 40 MG	3	M
PREVACID	E	E; M
PREVACID 24HR	E	ST; E
PREVACID SOLUTAB	E	E; M
PRILOSEC	E	E; M
PRILOSEC OTC	E	ST; E
PROTONIX INTRAVENOUS	E	E
PROTONIX ORAL	E	E; M
PYLERA	E	E
RABEPRAZOLE ORAL CAPSULE, DELAYED REL SPRINKLE	E	E; M
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	1	M
<i>sucralfate</i>	1	M

Drug Name	Drug Tier	Requirements / Limits
TALICIA	2	QL
VOQUEZNA	3	ST
VOQUEZNA DUAL PAK	3	
VOQUEZNA TRIPLE PAK	3	
ZEGERID OTC	E	PA; E
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
APHEXDA	E	E; SP
ARANESP (IN POLYSORBATE)	E	E; SP
ARCALYST	3	PA; SP; QL
EPOGEN	E	E; SP
FULPHILA	2	PA; SP; QL
FYLNETRA	E	E; SP
GRANIX	E	E; SP
ILARIS (PF)	2	PA; SP
LEUKINE	2	PA; SP
MIRCERA	E	E; SP
MOZOBIL	3	SP
NEULASTA	E	E; SP
NEULASTA ONPRO	E	E; SP
NEUPOGEN	E	E; SP
NIVESTYM	2	PA; SP
NYPOZI	E	E; SP
NYVEPRIA	E	E; SP

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Drug Name	Drug Tier	Requirements / Limits
<i>plerixafor</i>	1	SP
PROCRT	2	PA; SP
PROLEUKIN	2	PA; SP
REBLOZYL	3	PA; SP
RELEUKO	E	E; SP
RETACRIT	2	PA; SP
ROLVEDON	E	E; SP
RYZNEUTA	E	PA; E; SP
STIMUFEND	E	E; SP
UDENYCA	E	E; SP
UDENYCA AUTOINJECTOR	E	E; SP
UDENYCA ONBODY	E	E; SP
XOLREMDI	3	PA; SP
ZARXIO	E	E; SP
ZIEXTENZO	2	PA; SP; QL
ZYNTEGLO	2	PA; SP
GROWTH HORMONES		
EGRIFTA SV	2	PA; SP
GENOTROPIN	2	PA; SP
GENOTROPIN MINQUICK	2	PA; SP
HUMATROPE	E	E; SP
NGENLA	2	PA; SP
NORDITROPIN FLEXPOR	E	E; SP
NUTROPIN AQ NUSPIN	E	E; SP
OMNITROPE	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
SEROSTIM	2	PA; SP
SKYTROFA	E	E; SP
SOGROYA	E	E; SP
ZOMACTON	E	E; SP
INTERFERONS		
ACTIMMUNE	2	PA; SP
ALFERON N	2	
BESREMI	E	E; SP
PEGASYS	2	SP; QL
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF)	0	ACA
ACAM2000 (NATIONAL STOCKPILE)	2	
ACTHIB (PF)	0	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF)	0	ACA
AFLURIA 2025-2026 (3YR UP)(PF)	0	ACA
AFLURIA 2025-2026 (6MO UP)	0	ACA
ALYGLO	3	PA; SP
AREXVY (PF)	0	ACA
ASCENIV	3	PA; SP
ATGAM	2	PA
AUDENZ (NATIONAL STOCKPILE)	0	

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Drug Name	Drug Tier	Requirements / Limits
AUDENZ(PF)(NATIONAL STOCKPILE)	0	
BABYBIG	3	
BCG VACCINE, LIVE (PF)	2	
BEXSERO	0	ACA
BIOTHRAX	E	E
BIVIGAM	3	PA; SP
BOOSTRIX TDAP	0	ACA
BOTOX	E	E
BOTOX COSMETIC	E	E
CAPVAXIVE	2	
COMIRNATY 2024-25 (12Y UP)(PF)	0	
CUTAQUIG	E	E; SP
CUVITRU	3	PA; SP
CYTOGAM	2	PA; SP
DAPTACEL (DTAP PEDIATRIC) (PF)	0	ACA
DAXXIFY	E	E; SP
DENGVAIXIA (PF)	0	ACA
DYSFORT	2	PA; SP
ENGERIX-B (PF)	0	ACA
ENGERIX-B PEDIATRIC (PF)	0	ACA
ERVEBO(PF)(NATIONAL STOCKPILE)	2	

Drug Name	Drug Tier	Requirements / Limits
FLEBOGAMMA DIF	3	PA; SP
FLUAD 2025-2026 (65 YR UP)(PF)	0	ACA
FLUARIX 2025-2026 (PF)	0	ACA
FLUBLOK 2025-2026 (PF)	0	ACA
FLUCELVAX 2025-2026	0	ACA
FLUCELVAX 2025-2026 (PF)	0	ACA
FLULAVAL 2025-2026 (PF)	0	ACA
FLUMIST 2025-2026	0	ACA
FLUMIST HOME 2025-2026	0	ACA
FLUZONE 2025-2026	0	ACA
FLUZONE 2025-2026 (PF)	0	ACA
FLUZONE HIGH-DOSE 2025-26 (PF)	0	ACA
GAMASTAN	2	SP
GAMMAGARD LIQUID	2	PA; SP
GAMMAGARD S-D (IGA < 1 MCG/ML)	2	PA; SP
GAMMAKED	E	E; SP
GAMMAPLEX	3	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
GAMMAPLEX (WITH SORBITOL)	3	PA; SP
GAMUNEX-C	2	PA; SP
GARDASIL 9 (PF)	0	ACA
GRASTEK	2	PA; M
HAVRIX (PF)	0	ACA
HEPAGAM B	2	
HEPLISAV-B (PF)	0	ACA
HIBERIX (PF)	0	ACA
HIZENTRA	3	PA; SP
HYPERHEP B	2	
HYPERHEP B NEONATAL	2	
HYPERRAB (PF)	2	
HYPERTET (PF)	2	
HYQVIA	3	PA; SP
IMOGAM RABIES-HT (PF)	2	
IMOVAX RABIES VACCINE (PF)	E	E
INFANRIX (DTAP) (PF)	0	ACA
IPOL	0	ACA
IXCHIQ (PF)	2	
IXIARO (PF)	E	E
JEUVEAU	E	E
JYNNEOS (PF)	2	
KEDRAB (PF)	3	
KINRIX (PF)	0	ACA
MENQUADFI (PF)	0	ACA

Drug Name	Drug Tier	Requirements / Limits
MENVEO A-C-Y-W-135-DIP (PF)	0	ACA
M-M-R II (PF)	0	ACA
MODERNA COVID 24-25(6M-11Y)PF	0	
MRESVIA (PF)	2	
MYOBLOC	2	PA; SP
NABI-HB	3	
NOVAVAX COVID 2024-25(PF)(EUA)	0	
OCTAGAM	3	PA; SP
ODACTRA	2	PA; M
ORALAIR	2	PA
PALFORZIA (LEVEL 0)	E	E; SP
PALFORZIA (LEVEL 1)	E	E; SP
PALFORZIA (LEVEL 2)	E	E; SP
PALFORZIA (LEVEL 3)	E	E; SP
PALFORZIA (LEVEL 4)	E	E; SP
PALFORZIA (LEVEL 5)	E	E; SP
PALFORZIA (LEVEL 6)	E	E; SP
PALFORZIA (LEVEL 7)	E	E; SP
PALFORZIA (LEVEL 8)	E	E; SP

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Drug Name	Drug Tier	Requirements / Limits
PALFORZIA (LEVEL 9)	E	E; SP
PALFORZIA (LEVEL 10)	E	E; SP
PALFORZIA INITIAL (1-3 YRS)	E	E; SP
PALFORZIA INITIAL (4-17 YRS)	E	E; SP
PALFORZIA LEVEL 11 MAINTENANCE	E	E; SP
PANZYGA	3	PA; SP
PEDIARIX (PF)	0	ACA
PEDVAX HIB (PF)	0	ACA
PENBRAYA (PF)	2	
PENMENVY MEN A-B-C-W-Y (PF)	2	
PENTACEL (PF)	0	ACA
PFIZER COVID 2024-25(5Y-11Y)PF	0	
PFIZER COVID 2024-25(6MO-4Y)PF	0	
PNEUMOVAX-23	0	ACA
PREVNAR 20 (PF)	0	ACA
PRIORIX (PF)	0	ACA
PRIVIGEN	3	PA; SP
PROQUAD (PF)	0	ACA
QUADRACEL (PF)	0	ACA
RABAVERT (PF)	E	E

Drug Name	Drug Tier	Requirements / Limits
RAGWITEK	2	PA; M
RECOMBIVAX HB (PF)	0	ACA
ROTARIX	0	ACA
ROTATEQ VACCINE	0	ACA
SHINGRIX (PF)	0	ACA
SPIKEVAX 2024-2025(12Y UP)(PF)	0	
STAMARIL (PF)	E	E
TENIVAC (PF)	0	ACA
THYMOGLOBULIN	2	
TICE BCG	2	
TICOVAC	E	E
TRUMENBA	0	ACA
TWINRIX (PF)	0	ACA
TYPHIM VI	E	E
VAQTA (PF)	0	ACA
VARIVAX (PF)	0	ACA
VARIZIG	2	
VAXCHORA VACCINE	E	E
VAXELIS (PF)	0	ACA
VAXNEUVANCE (PF)	0	ACA
VIMKUNYA	2	
VIVOTIF	E	E
XEMBIFY	2	PA; SP
XEOMIN	E	E; SP

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Drug Name	Drug Tier	Requirements / Limits
YF-VAX (PF)	E	E
ZINPLAVA	3	
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol</i>	1	M
<i>allopurinol sodium</i>	1	
<i>aloprim</i>	1	
<i>colchicine oral capsule</i>	1	ST; M
<i>colchicine oral tablet</i>	1	M
COLCRYS	E	E; M
<i>febuxostat</i>	1	ST; M
GLOPERBA	3	
KRYSTEXXA	2	PA; SP
MITIGARE	2	ST; M
<i>probenecid</i>	1	M
<i>probenecid-colchicine</i>	1	M
ULORIC	E	E; M
ZYLOPRIM	3	M
OSTEOPOROSIS THERAPY		
ACTONEL	3	ST; M; QL
<i>alendronate</i>	1	M; QL
ATELVIA	3	ST; M; QL
BINOSTO	3	ST; M; QL
BONSITY	3	PA; QL
CONEXXENCE	E	PA; E

Drug Name	Drug Tier	Requirements / Limits
EVENITY	E	E; SP
EVISTA	3	M
FORTEO	E	E; SP
FOSAMAX	3	ST; M; QL
FOSAMAX PLUS D	3	ST; M; QL
<i>ibandronate intravenous</i>	1	SP
<i>ibandronate oral</i>	1	M; QL
JUBBONTI	E	PA; E
PROLIA	E	E; SP
<i>raloxifene</i>	1	M
<i>risedronate</i>	1	M; QL
STOBOCLO	E	PA; E
<i>teriparatide</i>	1	PA; SP; QL
TYMLOS	2	PA; SP; QL
OTHER RHEUMATOLOGICALS		
ABRILADA(CF)	E	E; SP
ABRILADA(CF) PEN	E	E; SP
ACTEMRA ACTPEN	2	PA; SP; QL
ACTEMRA INTRAVENOUS	2	PA; SP
ACTEMRA SUBCUTANEOUS	2	PA; SP; QL
ADALIMUMAB-AACF	E	E; SP
ADALIMUMAB-AACF(CF) PEN CROHNS	E	E; SP

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Drug Name	Drug Tier	Requirements / Limits
ADALIMUMAB-AACF(CF) PEN PS-UV	E	E; SP
ADALIMUMAB-AATY	E	E; SP
ADALIMUMAB-AATY(CF) AI CROHNS	E	PA; E; SP
ADALIMUMAB-ADAZ	2	PA; SP; QL
ADALIMUMAB-ADBIM	2	PA; SP; QL
ADALIMUMAB-ADBIM(CF) PEN CROHNS	2	PA; SP; QL
ADALIMUMAB-ADBIM(CF) PEN PS-UV	2	PA; SP; QL
ADALIMUMAB-FKJP	E	E; SP
ADALIMUMAB-RYVK	2	PA; SP; QL
AMJEVITA(CF)	E	E; SP
AMJEVITA(CF) AUTOINJECTOR	E	E; SP
ARAVA	3	M; QL
AURANOFIN	2	M
BENLYSTA INTRAVENOUS	2	PA; SP
BENLYSTA SUBCUTANEOUS	2	PA; SP; QL
CUPRIMINE	E	E; M
CYLTEZO(CF)	2	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
CYLTEZO(CF) PEN	2	PA; SP; QL
CYLTEZO(CF) PEN CROHN'S-UC-HS	2	PA; SP; QL
CYLTEZO(CF) PEN PSORIASIS-UV	2	PA; SP; QL
DEPEN TITRATABS	3	PA; M
ENBREL	2	PA; SP; QL
ENBREL MINI	2	PA; SP; QL
ENBREL SURECLICK	2	PA; SP; QL
HADLIMA	E	E; SP
HADLIMA PUSHTOUCH	E	E; SP
HADLIMA(CF)	E	E; SP
HADLIMA(CF) PUSHTOUCH	E	E; SP
HULIO(CF)	E	E; SP
HULIO(CF) PEN	E	E; SP
HUMIRA (ONLY NDCS STARTING WITH 00074)	E	E; SP
HUMIRA PEN (ONLY NDCS STARTING WITH 00074)	E	E; SP
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074)	E	E; SP

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Drug Name	Drug Tier	Requirements / Limits
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074)	E	E; SP
HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074)	E	E; SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS (ONLY NDCS STARTING WITH 00074)	E	E; SP
HYRIMOZ PEN CROHN'S-UC STARTER	E	E; SP
HYRIMOZ PEN PSORIASIS STARTER	E	E; SP
HYRIMOZ(CF)	E	E; SP
HYRIMOZ(CF) PEDI CROHN STARTER	E	E; SP
HYRIMOZ(CF) PEN	E	E; SP
KEVZARA	E	E; SP
KINERET	E	E; SP
LEFLUNICLO	E	E
<i>leflunomide</i>	1	M; QL
LEQSELVI	E	PA; E
OLUMIANT	E	E; SP
ORENCIA	E	E; SP

Drug Name	Drug Tier	Requirements / Limits
ORENCIA (WITH MALTOSE)	E	E; SP
ORENCIA CLICKJECT	E	E; SP
OTEZLA	2	PA; SP; QL
OTEZLA STARTER	2	PA; SP; QL
OTREXUP (PF)	E	E; M
<i>penicillamine</i>	1	PA; M
RASUVO (PF)	2	ST; M
RIDAURA	2	M
RINVOQ	2	PA; SP; QL
RINVOQ LQ	2	PA; SP; QL
SAVELLA	2	ST; M; QL
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	2	PA; SP; QL
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	2	PA; SP; M; QL
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 80 MG/0.8 ML	2	PA; SP; M; QL
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	2	PA; SP; QL
SIMPONI ARIA	3	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	2	PA; SP; QL
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	E	E; SP
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; SP; QL
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	E	E; SP
TOFIDENCE	E	E; SP
TYENNE	2	PA; SP
TYENNE AUTOINJECTOR	2	PA; SP
XELJANZ	2	PA; SP; QL
XELJANZ XR	2	PA; SP; QL
YUFLYMA(CF)	E	E; SP
YUFLYMA(CF) AI CROHN'S-UC-HS	E	E; SP
YUFLYMA(CF) AUTOINJECTOR	E	E; SP
YUSIMRY(CF) PEN	E	E; SP

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

Drug Name	Drug Tier	Requirements / Limits
CAYA CONTOURED	0	ACA
DUREX AVANTI BARE REAL FEEL	0	ACA
DUREX TROPICAL CONDOM	0	
FC2 FEMALE CONDOM	0	ACA
FEMCAP	0	ACA
KYLEENA	E	E; ACA
LILETTA	E	E; ACA
MIRENA	E	E; ACA
MIUDELLA	E	E
PARAGARD T 380A	E	E; ACA
SKYLA	E	E; ACA
TRUSTEX-RIA NON-LUB CONDOMS	0	ACA
WIDE-SEAL DIAPHRAGM	0	ACA

ESTROGENS & PROGESTINS

<i>abigale</i>	1	PA
<i>abigale lo</i>	1	PA
ACTIVELLA	3	PA; M
ANGELIQ	3	M
BIJUVA	E	E; M
<i>camila</i>	0	ST; M; ACA
CLIMARA	3	PA; M; QL
CLIMARA PRO	E	PA; E; M

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Drug Name	Drug Tier	Requirements / Limits
COMBIPATCH	2	PA; M
<i>covaryx</i>	1	M
<i>covaryx h.s.</i>	1	M
CRINONE VAGINAL GEL 4 %	E	E
CRINONE VAGINAL GEL 8 %	2	SP
<i>deblitane</i>	0	ST; M; ACA
DELESTROGEN	3	PA
DEPO-ESTRADIOL	2	PA
DEPO-PROVERA	3	M; QL
DEPO-SUBQ PROVERA 104	0	M; ACA; QL
DIVIGEL	E	PA; E; M
<i>dotti</i>	1	PA; M; QL
DUAVEE	2	M
<i>eemt</i>	1	M
<i>eemt hs</i>	1	M
ELESTRIN	E	PA; E; M
<i>emzahh</i>	0	ST; M; ACA
ENDOMETRIN	E	E
<i>errin</i>	0	ST; M; ACA
ESTRACE ORAL	3	PA; M
ESTRACE VAGINAL	E	E; M
ESTRADIOL IMPLANT	3	PA
<i>estradiol oral</i>	1	PA; M
<i>estradiol transdermal</i>	1	PA; M; QL

Drug Name	Drug Tier	Requirements / Limits
<i>estradiol vaginal</i>	1	M
<i>estradiol valerate</i>	1	PA
<i>estradiol-norethindrone acet</i>	1	PA; M
ESTRATEST F.S.	3	M
ESTRATEST H.S.	3	M
ESTRING	E	E; M
ESTROGEL	E	PA; E; M
<i>estrogens-methyltestosterone</i>	1	M
EVAMIST	3	PA; M; QL
FEMRING	E	E; M
<i>fyavolv</i>	1	PA; M
<i>gallifrey</i>	1	M
<i>heather</i>	0	ST; M; ACA
IMVEXXY MAINTENANCE PACK	E	E; M
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG	E	E
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 4 MCG	E	E; M
<i>incassia</i>	0	ST; M; ACA
<i>jencycla</i>	0	ST; M; ACA
<i>jinteli</i>	1	PA; M
<i>lyleq</i>	0	ST; M; ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>lyllana</i>	1	PA; M; QL
<i>lyza</i>	0	ST; M; ACA
<i>medroxyprogesterone intramuscular</i>	0	M; ACA; QL
<i>medroxyprogesterone oral</i>	1	M
<i>meleya</i>	0	ST; ACA
MENEST	E	PA; E; M
MENOSTAR	3	PA; M; QL
<i>mimvey</i>	1	PA; M
MINIVELLE	E	PA; E; M
<i>nora-be</i>	0	ST; M; ACA
<i>norethindrone (contraceptive)</i>	0	ST; ACA
<i>norethindrone acetate</i>	1	M
<i>norethindrone ac-eth estradiol</i>	1	PA; M
OPILL	2	ST
<i>orquidea</i>	0	ST; ACA
PREMARIN INJECTION	2	PA
PREMARIN ORAL	E	PA; E; M
PREMARIN VAGINAL	2	M
PREMPHASE	E	PA; E; M
PREMPRO	E	PA; E; M
<i>progesterone</i>	1	SP
<i>progesterone micronized</i>	1	M

Drug Name	Drug Tier	Requirements / Limits
PROMETRIUM	3	M
PROVERA	3	M
<i>sharobel</i>	0	ST; M; ACA
<i>tulana</i>	0	ST; M; ACA
VAGIFEM	E	E; M
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	E	PA; E; M
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.05 MG/24 HR	E	PA; E
<i>yuvafem</i>	1	M
MISCELLANEOUS OB/GYN		
ANNOVERA	0	ACA; QL
CERVIDIL	3	
CLEOCIN	3	
<i>clindamycin phosphate</i>	1	
CLINDESSE	3	
<i>eluryng</i>	0	M; ACA
<i>enilloring</i>	0	M; ACA
<i>etonogestrel-ethinyl estradiol</i>	0	M; ACA
<i>fem ph</i>	1	
GYNAZOLE-1	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>haloette</i>	0	M; ACA
INTRAROSA	E	E; M
<i>metronidazole</i>	1	
<i>miconazole-3</i>	1	
MIFEPREX	E	E
<i>mifepristone</i>	E	E
MYFEMBREE	2	PA; M
NEXPLANON	E	E; ACA
<i>norelgestromin-ethin.estradiol</i>	0	M; ACA
NUVARING	E	E; M
NUVESSA	3	
ORIAHNN	2	PA; M
OSPHENA	E	E; M
PHEXXI	E	E
PREPIDIL	3	
RELAGARD	3	
<i>terconazole</i>	1	
<i>tranexamic acid</i>	1	
TRIMO-SAN JELLY	2	
TWIRLA	E	E; M
<i>vandazole</i>	1	
VCF CONTRACEPTIVE FILM	0	ACA
VCF CONTRACEPTIVE GEL	0	ACA
VEOZAH	3	M

Drug Name	Drug Tier	Requirements / Limits
XACIATO	2	
<i>xulane</i>	0	M; ACA
<i>zafemy</i>	0	M; ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle</i>	0	ST; M; ACA
<i>after pill</i>	0	ST; M; ACA; QL
AFTERA	3	ST; M; QL
<i>altavera (28)</i>	0	ST; M; ACA
<i>alyacen 1/35 (28)</i>	0	ST; M; ACA
<i>alyacen 7/7/7 (28)</i>	0	ST; M; ACA
<i>amethia</i>	0	ST; M; ACA
<i>amethyst (28)</i>	0	ST; M; ACA
<i>apri</i>	0	ST; M; ACA
<i>aranelle (28)</i>	0	ST; M; ACA
<i>ashlyna</i>	0	ST; M; ACA
<i>aubra</i>	0	ST; M; ACA
<i>aubra eq</i>	0	ST; M; ACA
<i>aurovela 1.5/30 (21)</i>	0	ST; M; ACA
<i>aurovela 1/20 (21)</i>	0	ST; M; ACA
<i>aurovela 24 fe</i>	0	ST; M; ACA
<i>aurovela fe 1.5/30 (28)</i>	0	ST; M; ACA
<i>aurovela fe 1-20 (28)</i>	0	ST; M; ACA
AVERI	0	ST; M; ACA
<i>aviane</i>	0	ST; M; ACA
<i>ayuna</i>	0	ST; M; ACA
<i>azurette (28)</i>	0	ST; M; ACA

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Drug Name	Drug Tier	Requirements / Limits
BALCOLTRA	E	E; M
<i>balziva (28)</i>	0	ST; M; ACA
BEYAZ	3	ST; M
<i>blisovi 24 fe</i>	0	ST; M; ACA
<i>blisovi fe 1.5/30 (28)</i>	0	ST; M; ACA
<i>blisovi fe 1/20 (28)</i>	0	ST; M; ACA
<i>briellyn</i>	0	ST; M; ACA
<i>camrese</i>	0	ST; M; ACA
<i>camrese lo</i>	0	ST; M; ACA
<i>caziant (28)</i>	0	ST; M; ACA
<i>charlotte 24 fe</i>	0	ST; M; ACA
<i>chateal eq (28)</i>	0	ST; M; ACA
<i>cryselle (28)</i>	0	ST; M; ACA
<i>cyred</i>	0	ST; M; ACA
<i>cyred eq</i>	0	ST; M; ACA
<i>dasetta 1/35 (28)</i>	0	ST; M; ACA
<i>dasetta 7/7/7 (28)</i>	0	ST; M; ACA
<i>daysee</i>	0	ST; M; ACA
<i>desog-e.estradiol/e.estradiol</i>	0	ST; M; ACA
<i>dolishale</i>	0	ST; M; ACA
<i>drospirenone-e.estradiol-lm.fa</i>	0	ST; M; ACA
<i>drospirenone-ethinyl estradiol</i>	0	ST; M; ACA
<i>econtra ez</i>	0	ST; M; ACA; QL
<i>econtra one-step</i>	0	ST; M; ACA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>elinest</i>	0	ST; M; ACA
ELLA	0	ST; M; ACA; QL
<i>enpresse</i>	0	ST; M; ACA
<i>enskyce</i>	0	ST; M; ACA
<i>estarylla</i>	0	ST; M; ACA
<i>ethynodiol diac-eth estradiol</i>	0	ST; M; ACA
<i>falmina (28)</i>	0	ST; M; ACA
<i>feirza</i>	0	ST; M; ACA
FEMLYV	E	E; M
<i>finzala</i>	0	ST; M; ACA
<i>galbriela</i>	0	ST; ACA
<i>gemmily</i>	0	ST; M; ACA
<i>hailey</i>	0	ST; M; ACA
<i>hailey 24 fe</i>	0	ST; M; ACA
<i>hailey fe 1.5/30 (28)</i>	0	ST; M; ACA
<i>hailey fe 1/20 (28)</i>	0	ST; M; ACA
<i>iclevia</i>	0	ST; M; ACA
<i>introvale</i>	0	ST; ACA
<i>isibloom</i>	0	ST; M; ACA
<i>jaimiess</i>	0	ST; M; ACA
<i>jasmiel (28)</i>	0	ST; M; ACA
<i>jolessa</i>	0	ST; M; ACA
<i>joyeaux</i>	0	ST; M; ACA
<i>juleber</i>	0	ST; M; ACA
<i>junel 1.5/30 (21)</i>	0	ST; M; ACA
<i>junel 1/20 (21)</i>	0	ST; M; ACA
<i>junel fe 1.5/30 (28)</i>	0	ST; M; ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>junel fe 1/20 (28)</i>	0	ST; M; ACA
<i>junel fe 24</i>	0	ST; M; ACA
<i>kaitlib fe</i>	0	ST; M; ACA
<i>kalliga</i>	0	ST; M; ACA
<i>kariva (28)</i>	0	ST; M; ACA
<i>kelnor 1/35 (28)</i>	0	ST; M; ACA
<i>kelnor 1/50 (28)</i>	0	ST; M; ACA
<i>kurvelo (28)</i>	0	ST; M; ACA
<i>l norgest/e.estradiol-e.estrad</i>	0	ST; M; ACA
<i>larin 1.5/30 (21)</i>	0	ST; M; ACA
<i>larin 1/20 (21)</i>	0	ST; M; ACA
<i>larin 24 fe</i>	0	ST; M; ACA
<i>larin fe 1.5/30 (28)</i>	0	ST; M; ACA
<i>larin fe 1/20 (28)</i>	0	ST; M; ACA
<i>leena 28</i>	0	ST; M; ACA
<i>lessina</i>	0	ST; M; ACA
<i>levonest (28)</i>	0	ST; M; ACA
<i>levonorgest-eth.estradiol-iron</i>	0	ST; M; ACA
<i>levonorgestrel</i>	0	ST; M; ACA; QL
<i>levonorgestrel-ethinyl estrad</i>	0	ST; M; ACA
<i>levonorg-eth estrad triphasic</i>	0	ST; M; ACA
<i>levora-28</i>	0	ST; M; ACA
LO LOESTRIN FE	E	E; M
LOESTRIN 1.5/30 (21)	E	E; M

Drug Name	Drug Tier	Requirements / Limits
LOESTRIN 1/20 (21)	E	E; M
LOESTRIN FE 1.5/30 (28-DAY)	E	E; M
LOESTRIN FE 1/20 (28-DAY)	E	E; M
<i>lojaimiess</i>	0	ST; M; ACA
<i>loryna (28)</i>	0	ST; M; ACA
<i>low-ogestrel (28)</i>	0	ST; M; ACA
<i>lo-zumandimine (28)</i>	0	ST; M; ACA
<i>luteru (28)</i>	0	ST; M; ACA
<i>marlissa (28)</i>	0	ST; M; ACA
<i>merzee</i>	0	ST; M; ACA
<i>mibelas 24 fe</i>	0	ST; M; ACA
<i>microgestin 1.5/30 (21)</i>	0	ST; M; ACA
<i>microgestin 1/20 (21)</i>	0	ST; M; ACA
<i>microgestin fe 1.5/30 (28)</i>	0	ST; M; ACA
<i>microgestin fe 1/20 (28)</i>	0	ST; M
<i>mili</i>	0	ST; M; ACA
<i>minzoya</i>	0	ST; M; ACA
<i>mono-lynyah</i>	0	ST; M; ACA
<i>my choice</i>	0	ST; M; ACA; QL
<i>my way</i>	0	ST; M; ACA; QL
NATAZIA	E	E; M
<i>necon 0.5/35 (28)</i>	0	ST; M; ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>new day</i>	0	ST; M; ACA; QL
NEXTSTELLIS	E	E; M
<i>nikki (28)</i>	0	ST; M; ACA
<i>noreth-ethinyl estradiol-iron</i>	0	ST; M; ACA
<i>norethindrone ac-eth estradiol</i>	0	ST; M; ACA
<i>norethindrone-e.estradiol-iron</i>	0	ST; M; ACA
<i>norgestimate-ethinyl estradiol</i>	0	ST; M; ACA
<i>nortrel 0.5/35 (28)</i>	0	ST; M; ACA
<i>nortrel 1/35 (21)</i>	0	ST; M; ACA
<i>nortrel 1/35 (28)</i>	0	ST; M; ACA
<i>nortrel 7/7/7 (28)</i>	0	ST; M; ACA
<i>nylia 1/35 (28)</i>	0	ST; M; ACA
<i>nylia 7/7/7 (28)</i>	0	ST; M; ACA
<i>ocella</i>	0	ST; M; ACA
<i>opcicon one-step</i>	0	ST; M; ACA; QL
<i>option-2</i>	0	ST; M; ACA; QL
<i>philith</i>	0	ST; M; ACA
<i>pimtrea (28)</i>	0	ST; M; ACA
PLAN B ONE-STEP	2	ST; M; QL
<i>portia 28</i>	0	ST; M; ACA
<i>reclipsen (28)</i>	0	ST; M; ACA
<i>rivelsa</i>	0	ST; M; ACA
<i>rosyrah</i>	0	ST; ACA

Drug Name	Drug Tier	Requirements / Limits
SAFYRAL	E	E; M
<i>setlakin</i>	0	ST; M; ACA
<i>simliya (28)</i>	0	ST; M; ACA
<i>simpesse</i>	0	ST; M; ACA
SLYND	E	E; M
<i>sprintec (28)</i>	0	ST; M; ACA
<i>sronyx</i>	0	ST; M; ACA
<i>syeda</i>	0	ST; M; ACA
TAKE ACTION	3	ST; M; QL
<i>tarina 24 fe</i>	0	ST; M; ACA
<i>tarina fe 1/20 (28)</i>	0	ST; M; ACA
TAYTULLA	E	E; M
<i>tilia fe</i>	0	ST; M; ACA
<i>tri-estarylla</i>	0	ST; M; ACA
<i>tri-legest fe</i>	0	ST; M; ACA
<i>tri-linyah</i>	0	ST; M; ACA
<i>tri-lo-estarylla</i>	0	ST; M; ACA
<i>tri-lo-marzia</i>	0	ST; M; ACA
<i>tri-lo-mili</i>	0	ST; M; ACA
<i>tri-lo-sprintec</i>	0	ST; M; ACA
<i>tri-mili</i>	0	ST; M; ACA
<i>tri-sprintec (28)</i>	0	ST; M; ACA
<i>tri-vylibra</i>	0	ST; M; ACA
<i>tri-vylibra lo</i>	0	ST; M; ACA
<i>turqoz (28)</i>	0	ST; M; ACA
TYBLUME	E	E; M
<i>valtya</i>	0	ST; M; ACA
<i>velivet triphasic regimen (28)</i>	0	ST; M; ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>vestura (28)</i>	0	ST; M; ACA
<i>vienva</i>	0	ST; M; ACA
<i>violele (28)</i>	0	ST; M; ACA
<i>volnea (28)</i>	0	ST; M; ACA
<i>vyfemla (28)</i>	0	ST; M; ACA
<i>vylibra</i>	0	ST; M; ACA
<i>wera (28)</i>	0	ST; M; ACA
<i>wymzya fe</i>	0	ST; M; ACA
<i>xarah fe</i>	0	ST; M; ACA
<i>xelria fe</i>	0	ST; M; ACA
YASMIN (28)	E	E; M
YAZ (28)	3	ST; M
<i>zarah</i>	0	ST; M; ACA
<i>zovia 1-35 (28)</i>	0	ST; M; ACA
<i>zumandimine (28)</i>	0	ST; M; ACA

OXYTOCICS

<i>methylergonovine</i>	1	QL
<i>oxytocin</i>	1	
PITOCIN	3	

OPHTHALMOLOGY

ANTIBIOTICS

AZASITE	2	
<i>bacitracin</i>	1	
<i>bacitracin-polymyxin b</i>	1	
BESIVANCE	E	E
BETADINE OPHTHALMIC PREP	3	

Drug Name	Drug Tier	Requirements / Limits
CILOXAN	E	E
<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	
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	
<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	
VIGAMOX	3	

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Drug Name	Drug Tier	Requirements / Limits
ANTIVIRALS		
<i>trifluridine</i>	1	
ZIRGAN	3	
BETA-BLOCKERS		
<i>betaxolol</i>	1	M
BETIMOL	E	E; M
BETOPTIC S	3	M
<i>carteolol</i>	1	M
ISTALOL	E	E; M
<i>levobunolol</i>	1	M
<i>timolol</i>	1	M
<i>timolol maleate</i>	1	M
<i>timolol maleate (pf)</i>	1	M
TIMOPTIC OCUDOSE (PF)	E	E; M
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE	2	SP
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops 0.01 %, 1 %</i>	1	
ATROPINE OPHTHALMIC (EYE) DROPS 0.025 %, 0.05 %	3	
ATROPINE SULFATE (PF)	E	E
CYCLOGYL	3	

Drug Name	Drug Tier	Requirements / Limits
<i>cyclopentolate</i>	1	
<i>cyclophen-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	
<i>phenyleph-tropicamide in water</i>	1	
<i>tropicamide</i>	1	
DIRECT ACTING MIOTICS		
MIOCHOL-E	3	
<i>pilocarpine hcl</i>	1	M
QLOSI	E	E
VUITY	E	E; M
MISCELLANEOUS OPHTHALMOLOGICS		
<i>acuicyn</i>	E	E
AKTEN (PF)	3	
<i>alaway</i>	E	E
ALCAINE	3	
<i>allergy eye (ketotifen)</i>	E	E
<i>altacaine</i>	1	
ALTAFLUOR BENOX	3	

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Drug Name	Drug Tier	Requirements / Limits
AVENOVA	E	E
<i>azelastine</i>	1	
BEOVU	3	PA; SP
<i>bepotastine besilate</i>	1	ST
BEPREVE	E	E
BEVACIZUMAB INTRAVITREAL SYRINGE 2 MG/0.08 ML, 2.5 MG/0.1 ML, 2.75 MG/0.11 ML, 3.25 MG/0.13 ML	3	
BEVACIZUMAB INTRAVITREAL SYRINGE 2.25 MG/0.09 ML	3	M
<i>bimatoprost</i>	E	E
BYOOVIZ	2	PA; SP
CEQUA	3	PA; M; QL
<i>children's alaway</i>	E	E
CIMERLI	2	PA; SP
<i>cromolyn</i>	1	
<i>cyclosporine</i>	1	PA; M; QL
CYSTADROPS	E	E; SP
CYSTARAN	2	PA; SP
DEXAMET-MOXIFL-KETORO-NACL(PF)	3	
ENCELTO	3	PA; SP
<i>epinastine</i>	1	
<i>eye allergy itch relief</i>	E	E

Drug Name	Drug Tier	Requirements / Limits
<i>eye allergy itch-redness rlf</i>	E	E
<i>eye itch relief</i>	E	E
EYLEA	E	PA; E
EYLEA HD	E	E; SP
FLUORESCEIN-BENOXINATE	3	
<i>fluorescein-proparacaine</i>	1	
IHEEZO (PF)	3	
<i>ketotifen fumarate</i>	E	E
KLARITY (CHONDROITIN) (PF)	3	
LASTACFT ONCE DAILY RELIEF	E	ST; E
LATISSE	E	E
LUCENTIS	E	E; SP
LUXTURN A	2	PA; SP
MIEBO (PF)	2	PA; QL
MOXIFLOXACIN-BROMFENAC	3	
MYDRIATIC4(TRO P-PROP-PE-KTRLC)	3	
<i>olopatadine</i>	E	E
OMIDRIA	3	
OXERVATE	2	PA; SP
PATADAY ONCE DAILY RELIEF	E	E

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Drug Name	Drug Tier	Requirements / Limits
PATADAY TWICE DAILY RELIEF	E	E
PAVBLU	2	PA
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; M; QL
RESTASIS MULTIDOSE	2	PA; M; QL
<i>retaine allergy</i>	E	E
SUSVIMO	E	E; SP
SUSVIMO (INITIAL FILL)	E	E; SP

Drug Name	Drug Tier	Requirements / Limits
<i>tetracaine hcl</i>	1	
TETRACAINE HCL (PF)	3	
TRYPTYR	E	
TYRVAYA	3	PA; M
VABYSMO	E	E; SP
VERKAZIA	E	E; M
VEVYE	3	PA; M; QL
<i>wal-zyr (ketotifen)</i>	E	E
XDEMVEY	2	SP; QL
XIIDRA	2	PA; M; QL
ZADITOR	E	E
ZERVIAE	E	E
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR	3	ST
ACULAR LS	3	ST
ACUVAIL (PF)	E	E
<i>bromfenac</i>	1	
BROMSITE	E	E
<i>diclofenac sodium</i>	1	
<i>flurbiprofen sodium</i>	1	
ILEVRO	3	
<i>ketorolac</i>	1	
NEVANAC	E	ST; E
PROLENSA	3	ST
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	M

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Drug Name	Drug Tier	Requirements / Limits
<i>acetazolamide sodium</i>	1	
<i>methazolamide</i>	1	M
OTHER GLAUCOMA DRUGS		
AZOPT	E	E; M
<i>bimatoprost</i>	1	ST; M
BRIMONIDINE-DORZOLAMIDE	3	M
BRIMONIDINE-DORZOLAMIDE (PF)	3	
<i>brimonidine-timolol</i>	1	M
<i>brinzolamide</i>	1	M
COMBIGAN	3	M
COSOPT	E	E; M
COSOPT (PF)	E	E; M
<i>dorzolamide</i>	1	M
DORZOLAMIDE (PF)	3	
<i>dorzolamide-timolol</i>	1	M
<i>dorzolamide-timolol (pf)</i>	1	M
DURYSTA	E	E; SP
IDOSE TR	E	E; SP
IYUZEH (PF)	E	E; M
<i>latanoprost</i>	1	ST; M
LUMIGAN	E	E; M
<i>miostat</i>	1	
RHOPRESSA	3	M
ROCKLATAN	3	ST; M

Drug Name	Drug Tier	Requirements / Limits
SIMBRINZA	3	M
<i>tafluprost (pf)</i>	1	ST; M
TIMOL-BRIMON-DORZOL-BIMATO(PF)	3	
TIMOLOL-BRIMONIDI-DORZOLAM(PF)	3	
TIMOLOL-DORZOLAM-BIMATOPRO(PF)	3	
TRAVATAN Z	E	E; M
<i>travoprost</i>	1	ST; M
VYZULTA	E	E; M
XALATAN	E	E; M
XELPROS	E	E; M
ZIOPTAN (PF)	E	E; M
STEROID-ANTIBIOTIC COMBINATIONS		
DEXAMETH-MOXIFLOX(PF)-NACL,ISO	3	
MAXITROL	3	
<i>neomycin-bacitracin-poly-hc</i>	1	
<i>neomycin-polymyxin b-dexameth</i>	1	
<i>neomycin-polymyxin-hc</i>	1	
<i>neo-polycin hc</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
PREDNISOLONE SOD PH-MOXIFLOX	3	
PREDNISOLONE-MOXIFLOXACIN HCL	3	
TOBRADEX	3	
TOBRADEX ST	E	E
<i>tobramycin-dexamethasone</i>	1	
ZYLET	E	E
STEROIDS		
ALREX	E	E
CLOBETASOL	E	E
<i>dexamethasone sodium phosphate</i>	1	
DEXTENZA	3	
<i>difluprednate</i>	1	
DUREZOL	E	E
EYSUVIS	2	PA; QL
FLAREX	E	E
<i>fluorometholone</i>	1	
FML FORTE	E	E
FML LIQUIFILM	3	ST
ILUVIEN	3	SP
INVELTYS	3	ST
LOTEMAX	3	ST
LOTEMAX SM	3	ST
<i>loteprednol etabonate</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
MAXIDEX	E	ST; E
OZURDEX	2	SP
PRED FORTE	3	
PRED MILD	E	E
<i>prednisolone acetate</i>	1	
PREDNISOLONE ACETATE (PF)	3	
<i>prednisolone sodium phosphate</i>	1	
RETISERT	3	SP
YUTIQ	3	SP
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide-prednisolone</i>	1	
SULFONAMIDES		
<i>sulfacetamide sodium</i>	1	
SYMPATHOMIMETICS		
ALPHAGAN P	3	M
<i>apraclonidine</i>	1	M
<i>brimonidine</i>	1	M
IOPIDINE	3	
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL	3	
<i>phenylephrine hcl</i>	1	
UPNEEQ (PF)	E	E

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Drug Name	Drug Tier	Requirements / Limits
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI HISTAMINE & ANTIALLERGENIC AGENTS		
<i>adrenalin</i>	1	
ADYPHREN	E	E
ADYPHREN AMP	E	E
ADYPHREN AMP II	E	E
ADYPHREN II	E	E
AUVI-Q	2	QL
<i>carbinoxamine maleate oral liquid</i>	1	
CARBINOXAMINE MALEATE ORAL SUSPENSION, EXTENDED REL 12 HR	E	E
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	1	ST
<i>carbzah</i>	1	ST
<i>cetirizine</i>	E	E
CLARINEX	3	QL
<i>clemastine oral syrup</i>	1	
<i>clemastine oral tablet</i>	E	E
<i>ciproheptadine</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>desloratadine</i>	1	QL
<i>dexchlorpheniramine maleate</i>	1	
DIPHEN	E	E
<i>diphenhydramine hcl</i>	1	
EPINEPHRINE HCL (PF)	3	
EPINEPHRINE IN SOD CHL, ISO(PF)	3	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	E	E
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL
<i>epinephrine injection solution</i>	1	
<i>epinephrine injection syringe</i>	1	
EPINEPHRINE PROFESSIONAL	E	E
EPINEPHRINESNA P	E	E
EPINEPHRINESNA P-EMS	E	E
EPINEPHRINESNA P-V	E	E
EPIPEN	2	PA; QL
EPIPEN JR	2	PA; QL
<i>hydroxyzine hcl</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>hydroxyzine pamoate</i>	1	
KARBINAL ER	E	E
<i>levocetirizine</i>	E	E
NEFFY NASAL SPRAY, NON-AEROSOL 1 MG/SPRAY (0.1 ML)	2	
NEFFY NASAL SPRAY, NON-AEROSOL 2 MG/SPRAY (0.1 ML)	E	E
PHENERGAN	3	
<i>promethazine</i>	1	
<i>promethegan</i>	1	
QUZYTIR	3	
RYCLORA	3	
RYVENT	3	ST
COUGH & COLD THERAPY		
<i>benzonatate</i>	1	
BROMFED DM	3	
<i>brompheniramine-pseudoeph-dm</i>	1	
CLARINEX-D 12 HOUR	3	QL
<i>codeine-guaifenesin</i>	1	
CODITUSSIN AC	3	
CODITUSSIN DAC	3	
<i>g tussin ac</i>	1	
HISTEX-AC	3	

Drug Name	Drug Tier	Requirements / Limits
HYCODAN (WITH HOMATROPINE)	3	
<i>hydrocodone-chlorpheniramine</i>	1	
<i>hydrocodone-homatropine</i>	1	
<i>hydromet</i>	1	
MAR-COF CG	3	
<i>maxi-tuss ac</i>	1	
MAXI-TUSS CD	3	
NINJACOF-XG	3	
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		
<i>24 hour nasal allergy</i>	E	E
ACCOLATE	3	M
<i>acetylcysteine</i>	1	
ADCIRCA	E	E; SP
ADEMPAS	2	PA; SP; QL
ADVAIR DISKUS	E	E; M
ADVAIR HFA	2	ST; M; QL
AIRSUPRA	2	M

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Drug Name	Drug Tier	Requirements / Limits
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	1	QL
<i>albuterol sulfate inhalation solution for nebulization</i>	1	
<i>albuterol sulfate oral</i>	1	M
<i>aller-flo</i>	E	E
<i>allergy relief (fluticasone)</i>	E	E
ALVESCO	E	E; M
ALYFTREK	2	PA; SP; QL
<i>alyq</i>	1	PA; SP; QL
<i>ambrisentan</i>	1	PA; SP; QL
<i>aminophylline</i>	1	
ANDEMBRY AUTOINJECTOR	E	PA; E
ANORO ELLIPTA	2	M; QL
<i>arformoterol</i>	1	M; QL
ARNUITY ELLIPTA	2	M; QL
ASMANEX HFA	2	M; QL
ASMANEX TWISTHALER	2	M; QL
ATROVENT HFA	3	M; QL
<i>azelastine-fluticasone</i>	1	ST; QL
BERINERT	E	E; SP
BEVESPI AEROSPHERE	E	E; M
<i>bosentan</i>	1	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
BREO ELLIPTA	2	ST; M; QL
<i>breyana</i>	1	ST; M; QL
BREZTRI AEROSPHERE	2	M; QL
BRONCHITOL	3	PA; SP
BROVANA	3	M; QL
<i>budesonide inhalation</i>	1	M; QL
<i>budesonide nasal</i>	E	E
<i>budesonide-formoterol</i>	1	ST; M; QL
CHILDREN'S FLONASE ALLERGY RLF	E	E
CINQAIR	E	E; SP
CINRYZE	2	ST; SP; QL
COMBIVENT RESPIMAT	2	M; QL
<i>cromolyn</i>	1	M
DALIRESP	E	E; M
DUAKLIR PRESSAIR	E	E; M
DULERA	2	ST; M; QL
DYMISTA	E	E
EKTERLY	E	PA; E; SP
ESBRIET	E	E; SP
FASENRA	2	PA; QL
FASENRA PEN	2	PA; QL
FIRAZYR	E	E; SP

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Drug Name	Drug Tier	Requirements / Limits
FLONASE ALLERGY RELIEF	E	E
FLONASE SENSIMIST	E	E
<i>flunisolide</i>	1	ST; M; QL
FLUTICASONE FUROATE	E	E
FLUTICASONE FUROATE-VILANTEROL	E	E; M
FLUTICASONE PROPIONATE INHALATION	E	E; M
<i>fluticasone propionate nasal</i>	1	M; QL
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	E	E; M
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	ST; M; QL
FLUTICASONE PROPION-SALMETEROL INHALATION HFA AEROSOL INHALER	E	E; M
<i>formoterol fumarate</i>	1	M; QL
HAEGARDA	2	ST; SP; QL

Drug Name	Drug Tier	Requirements / Limits
HYPER-SAL	3	
<i>icatibant</i>	1	ST; SP; QL
INCRUSE ELLIPTA	2	M; QL
<i>ipratropium bromide</i>	1	M
<i>ipratropium-albuterol</i>	1	M; QL
KALBITOR	3	ST; SP; QL
KALYDECO	2	PA; SP; QL
LETAIRIS	E	E; SP
<i>levalbuterol hcl</i>	1	
LEVALBUTEROL TARTRATE	E	E
<i>mometasone</i>	1	ST; M; QL
<i>montelukast</i>	1	M
NASACORT	E	E
<i>nasal allergy</i>	E	E
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
NUCALA	2	PA; QL
OFEV	2	PA; SP; QL
OHTUVAYRE	E	E
OMNARIS	E	E; M
OPSUMIT	2	PA; SP; QL
OPSYNVI	2	PA; SP; QL

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Drug Name	Drug Tier	Requirements / Limits
ORKAMBI	2	PA; SP; QL
ORLADEYO	3	ST; SP; QL
PERFOROMIST	E	E; M
<i>pirfenidone oral capsule</i>	1	PA; SP; QL
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	1	PA; SP; QL
PIRFENIDONE ORAL TABLET 534 MG	E	E; SP
PROAIR RESPICLICK	E	E
PULMICORT	E	E; M
PULMICORT FLEXHALER	E	E; M
<i>pulmosal</i>	1	
PULMOZYME	2	PA; SP
QNASL	E	E; M
QVAR REDIHALER	2	M; QL
REVATIO INTRAVENOUS	3	SP
REVATIO ORAL	3	PA; SP; QL
<i>roflumilast oral tablet 250 mcg</i>	1	PA; M; QL
<i>roflumilast oral tablet 500 mcg</i>	1	PA; M
RUCONEST	2	ST; SP; QL
RYALTRIS	3	ST; QL
<i>sajazir</i>	1	ST; SP; QL

Drug Name	Drug Tier	Requirements / Limits
SEREVENT DISKUS	E	E; M
<i>sildenafil (pulm.hypertension) intravenous</i>	1	SP
<i>sildenafil (pulm.hypertension) oral</i>	1	PA; SP; QL
SINGULAIR	E	E; M
SINUVA	3	SP
<i>sodium chloride</i>	1	
SPIRIVA RESPIMAT	2	M; QL
SPIRIVA WITH HANDIHALER	3	M; QL
STIOLTO RESPIMAT	2	M; QL
STRIVERDI RESPIMAT	2	M; QL
SYMBICORT	3	ST; M; QL
SYMDEKO	2	PA; SP; QL
<i>tadalafil (pulm. hypertension)</i>	1	PA; SP; QL
TADLIQ	E	E; SP
TAKHZYRO	2	ST; SP; QL
<i>terbutaline oral</i>	1	M
<i>terbutaline subcutaneous</i>	1	
TEZSPIRE	2	PA; SP; QL
THEO-24	3	M
<i>theophylline</i>	1	M

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Drug Name	Drug Tier	Requirements / Limits
TICANASE	E	E
<i>tiotropium bromide</i>	1	M
TRACLEER ORAL TABLET	3	PA; SP; QL
TRACLEER ORAL TABLET FOR SUSPENSION	2	PA; QL
TRELEGY ELLIPTA	2	M; QL
<i>triamcinolone acetonide</i>	E	E
TRIKAFTA	2	PA; SP; QL
TUDORZA PRESSAIR	E	E; M
TYVASO	2	PA; SP
TYVASO DPI	2	PA; SP
TYVASO REFILL KIT	2	PA; SP
TYVASO STARTER KIT	2	PA; SP
UMECLIDINIUM-VILANTEROL	E	E; M
VENTAVIS	3	PA; SP
VENTOLIN HFA	E	E
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 90 MG (45 MG X 2)	2	PA; SP
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG	2	

Drug Name	Drug Tier	Requirements / Limits
<i>wixela inhub</i>	1	ST; M; QL
XHANCE	2	ST; M; QL
XOLAIR	2	PA; QL
XOPENEX HFA	E	E
YUPELRI	2	M; QL
YUTREPIA	E	PA; E; SP
<i>zafirlukast</i>	1	M
ZETONNA	E	E; M
<i>zileuton</i>	1	M
ZYFLO	3	
PULMONARY DEVICES		
ACE AEROSOL CLOUD ENHANCER	2	
AEROCHAMBER MECHANICAL VENT	2	
AEROCHAMBER MINI	2	
AEROCHAMBER PLUS FLOW-VU	2	
AEROCHAMBER PLUS Z STAT	2	
AEROCHAMBER2 GO	2	
AEROTRACH PLUS	2	
AEROVENT PLUS	2	
BREATHERITE MDI SPACER	2	

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

Drug Name	Drug Tier	Requirements / Limits
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	M
<i>fesoterodine</i>	1	M
<i>flavoxate</i>	1	M
GEMTESA	3	M
<i>mirabegron</i>	1	M

Drug Name	Drug Tier	Requirements / Limits
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	2	M
<i>oxybutynin chloride oral syrup</i>	1	M
OXYBUTYNIN CHLORIDE ORAL TABLET 2.5 MG	E	E; M
<i>oxybutynin chloride oral tablet 5 mg</i>	1	M
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	M
OXYTROL	3	ST; M; QL
OXYTROL FOR WOMEN	E	ST; E
<i>solifenacin</i>	1	M
<i>tolterodine</i>	1	M
TOVIAZ	E	E; M
<i>trospium</i>	1	M
VESICARE	E	E; M
VESICARE LS	E	E; M
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin</i>	1	M
AVODART	E	E; M

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Drug Name	Drug Tier	Requirements / Limits
CIALIS	E	E; M
<i>dutasteride</i>	1	ST; M
<i>dutasteride-tamsulosin</i>	1	ST; M
ENTADFI	E	E
<i>finasteride</i>	1	M
FLOMAX	3	M
JALYN	3	ST; M
PROSCAR	3	ST; M
RAPAFLO	E	E; M
<i>silodosin</i>	1	M
<i>tadalafil</i>	1	PA; M; QL
<i>tamsulosin</i>	1	M
UROXATRAL	E	E; M

CHOLINERGIC STIMULANTS

<i>bethanechol chloride</i>	1	M
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MISCELLANEOUS UROLOGICALS

<i>alprostadil</i>	1	
<i>avanafil</i>	1	PA; M; QL
CAVERJECT	2	PA; M; QL
CAVERJECT IMPULSE	2	PA; M; QL
CYSTAGON	2	SP
<i>cytra-2</i>	E	E
<i>cytra-3</i>	E	E
<i>cytra-k</i>	E	E
EDEX	3	PA; M; QL
ELMIRON	2	
IFE-BIMIX 30/1	3	

Drug Name	Drug Tier	Requirements / Limits
K-PHOS NO 2	3	
K-PHOS ORIGINAL	2	M
<i>mb caps</i>	1	
<i>methen-sod phos-meth blue-hyos</i>	1	
ORACIT	3	
OXLUMO	3	PA; SP
<i>potassium citrate</i>	1	M
<i>potassium citrate-citric acid</i>	E	E
PROCYSBI	E	E; SP
PROSTIN VR PEDIATRIC	3	
RENACIDIN	2	
RIVFLOZA	E	E; SP
<i>sildenafil</i>	1	PA; M; QL
<i>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i>	1	
<i>sodium citrate-citric acid oral solution 500-334 mg/5 ml</i>	E	E
STENDRA	3	PA; M; QL
<i>tricitrates</i>	E	E
TRI-MIX (PAPAVRN-PHNTLMN-PGE1)	3	
URELLE	3	
<i>uretron d-s</i>	1	
URIBEL TABS	3	

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Drug Name	Drug Tier	Requirements / Limits
URIMAR-T ORAL CAPSULE	E	E
<i>urimar-t oral tablet</i>	1	
URNEVA	E	E
UROCIT-K 10	3	M
UROCIT-K 15	3	M
<i>urogesic-blue</i>	1	
<i>uro-mp</i>	1	
UROQID-ACID NO.2	3	
<i>uro-sp</i>	1	
<i>uryl</i>	1	
<i>varденаfil</i>	1	PA; M; QL
VIAGRA	E	E; M
URINARY ANESTHETICS		
<i>phenazopyridine</i>	1	
PYRIDIUM	E	E
VITAMINS, HEMATINICS & ELECTROLYTES		
BLOOD DERIVATIVES		
<i>albumin, human 25 %</i>	1	
ALBUMINEX 5 %	3	
ELECTROLYTES		
AURYXIA	3	M
CALCIUM ACETATE	E	E
<i>calcium acetate(phosphat bind)</i>	1	M; QL

Drug Name	Drug Tier	Requirements / Limits
CALCIUM GLUC IN NACL, ISO-OSM INTRAVENOUS SOLUTION 1 GRAM/100 ML	3	
<i>calcium gluc in nacl, iso-osm intravenous solution 1 gram/50 ml, 2 gram/100 ml</i>	1	
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	M
<i>effe-k oral tablet, effervescent 25 meq</i>	1	M
FERRIC CITRATE	E	E; M
FOSRENOL ORAL POWDER IN PACKET	E	E
FOSRENOL ORAL TABLET,CHEWABLE	E	E; M
GALZIN	3	SP
<i>klor-con</i>	1	M
<i>klor-con 10</i>	1	M
<i>klor-con 8</i>	1	M
<i>klor-con m10</i>	1	M
<i>klor-con m15</i>	1	M
<i>klor-con m20</i>	1	M
<i>klor-con/ef</i>	1	M
<i>k-phos-neutral</i>	E	E; M
<i>lanthanum</i>	1	M; QL

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Drug Name	Drug Tier	Requirements / Limits
LOKELMA	2	QL
<i>lugols</i>	1	M
MAGNEBIND 300	E	E
<i>magnesium sulfate</i>	1	
MAGNESIUM SULFATE IN D5W	2	
<i>magnesium sulfate in water</i>	1	
NORMOSOL-R	3	
<i>phospha 250 neutral</i>	E	E; M
<i>phosphorous</i>	E	E; M
POKONZA	E	E; M
<i>potassium chloride oral capsule, extended release 10 meq</i>	1	
<i>potassium chloride oral capsule, extended release 8 meq</i>	1	M
<i>potassium chloride oral liquid</i>	1	M
<i>potassium chloride oral packet</i>	1	M
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	M
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ	3	M

Drug Name	Drug Tier	Requirements / Limits
<i>potassium chloride oral tablet, er particles/crystals</i>	1	M
RENVELA	3	M; QL
<i>sevelamer carbonate</i>	1	M; QL
<i>sevelamer hcl</i>	1	M; QL
<i>sodium chloride</i>	1	
<i>sodium chloride 0.45 %</i>	1	
<i>sodium chloride 3 % hypertonic</i>	1	
<i>sodium chloride 5 % hypertonic</i>	1	
<i>sodium polystyrene sulfonate</i>	1	
<i>sps (with sorbitol)</i>	1	
<i>strong iodine</i>	1	M
VELPHORO	2	M; QL
VELTASSA ORAL POWDER IN PACKET 1 GRAM	2	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 8.4 GRAM	2	QL
XPHOZAH	E	E; SP
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI	3	PA; SP
ISOLYTE S PH 7.4	2	
ISOLYTE-S	2	

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Drug Name	Drug Tier	Requirements / Limits
NORMOSOL-R PH 7.4	2	
PLASMA-LYTE 148 PH 7.4	3	
PLASMA-LYTE A	2	
VITAMINS & HEMATINICS		
ACCRUFER	3	
ALTRIXA OB	E	E
ANIMI-3 WITH VITAMIN D	E	E
ASCOR	3	
<i>ascorbic acid (vitamin c)</i>	1	
AZESCO	E	E
<i>b complex 1 (with folic acid)</i>	0	ACA
<i>b complex 100</i>	1	
<i>b complex-vitamin c-folic acid</i>	0	ACA
BABY DDROPS	E	E
<i>balanced b-100</i>	0	ACA
<i>bal-care dha</i>	1	M
BAL-CARE DHA ESSENTIAL	3	M
<i>b-complex with vitamin c</i>	0	ACA
<i>biotin oral tablet 1 mg</i>	E	E
BIOTIN ORAL TABLET 10 MG, 5 MG	E	E

Drug Name	Drug Tier	Requirements / Limits
CADEAU DHA	E	E
CALTRATE GUMMY BITES	E	E
<i>cholecalciferol (vitamin d3) oral capsule</i>	E	E
<i>cholecalciferol (vitamin d3) oral drops</i>	E	E
CHOLECALCIFEROL (VITAMIN D3) ORAL LIQUID	E	E
<i>cholecalciferol (vitamin d3) oral tablet</i>	E	E
CITRANATAL B-CALM (FE GLUC)	E	E; M
CITRANATAL MEDLEY	E	E; M
<i>classic prenatal</i>	0	ACA
<i>c-nate dha</i>	1	M
<i>cod liver oil</i>	E	E
<i>complete natal dha</i>	1	M
<i>completenate</i>	E	E
CONCEPT DHA	3	M
CONCEPT OB	3	M
<i>cyanocobalamin (vitamin b-12) injection</i>	1	M
<i>cyanocobalamin (vitamin b-12) nasal</i>	1	ST; M; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>decara oral capsule 1,250 mcg (50,000 unit)</i>	E	E
DECARA ORAL CAPSULE 625 MCG (25,000 UNIT)	E	E
DERMACINRX PRENATRIX	E	E; M
DERMACINRX PRENATRYL	E	E; M
DERMACINRX PRETRATE	E	E; M
DERMACINRX PUREFOLIX	E	E
<i>dialyvite 800</i>	0	ACA
DIALYVITE 800 WITH IRON	E	E
DIALYVITE 800 WITH ZINC 15	E	E
DIALYVITE 800 WITH ZINC 50	E	E
DIALYVITE VITAMIN D3 MAX	E	E
<i>dodex</i>	1	M
<i>elite-ob</i>	1	M
ENBRACE HR	3	M
<i>ergocalciferol (vitamin d2) oral capsule</i>	1	M
<i>ergocalciferol (vitamin d2) oral drops</i>	E	E

Drug Name	Drug Tier	Requirements / Limits
<i>ezfe 200</i>	E	E
FA-8	E	E
FEOSOL	E	E
FEOSOL BIFERA	E	E
FERAHEME	E	E
FER-IN-SOL	E	E
<i>ferosul</i>	E	E
<i>ferretts</i>	E	E
FERRETTS IPS	E	E
<i>ferrex 150 forte</i>	E	E
<i>ferrex 150 forte plus</i>	E	E
<i>ferrex 150 plus</i>	E	E
FERRIMIN 150	E	E
<i>ferrous gluconate</i>	E	E
<i>ferrous sulfate</i>	E	E
<i>ferumoxytol</i>	1	PA
FLORIVA (FLUORIDE-VITAMIN D3)	E	E
<i>flotrex</i>	0	ACA
<i>fluoride (sodium)</i>	0	ACA
<i>folbee</i>	E	E
<i>folbic</i>	E	E
<i>folic acid injection</i>	1	
FOLIC ACID ORAL CAPSULE	E	E
<i>folic acid oral tablet 1 mg</i>	1	M
<i>folic acid oral tablet 400 mcg</i>	0	

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Drug Name	Drug Tier	Requirements / Limits
<i>folic acid oral tablet 800 mcg</i>	0	ACA
<i>folitab</i>	0	ACA
<i>folivane-f</i>	E	E
<i>folivane-ob</i>	1	M
<i>folplex 2.2</i>	E	E
<i>foltabs 800</i>	0	ACA
<i>full spectrum b-vitamin c</i>	0	ACA
<i>hematinic/folic acid</i>	E	E
<i>hematogen fa</i>	E	E
HEMOCYTE	E	E
HEMOCYTE-F	E	E
<i>hydroxocobalamin</i>	1	
ICAR	E	E
ICAR-C	E	E
ICAR-C PLUS	E	E
<i>iferex 150 forte</i>	E	E
INFED	2	PA
INFUVITE PEDIATRIC	2	
INJECTAFER	3	PA
INTEGRA F	E	E
<i>iron 100 plus</i>	E	E
<i>iron chews</i>	E	E
IROSPAN 24/6	E	E
<i>kobee</i>	0	ACA
KOSHER PRENATAL PLUS IRON	3	M

Drug Name	Drug Tier	Requirements / Limits
KPN	E	E
<i>ludent fluoride</i>	0	ACA
MARNATAL-F	3	M
MATERNACEL	E	E
MAXIMUM D3	E	E
MECOBALAMIN (VITAMIN B12)	3	
MERIBIN	E	E
MINI PRENATAL	E	E
<i>m-natal plus</i>	1	M
MONOFERRIC	E	E
<i>multigen</i>	E	E
<i>multigen plus</i>	E	E
<i>multi-vitamin with fluoride</i>	0	ACA
<i>mvc-fluoride</i>	0	ACA
<i>myferon 150 forte</i>	E	E
<i>mynatal</i>	1	M
<i>mynatal plus</i>	1	M
<i>mynatal-z</i>	1	M
NASCOBAL	2	ST; M; QL
NATAL PNV	E	E; M
NEEVODHA (WITH ALGAL OIL)	3	M
NEOMATERNA	E	E; M
NEONATAL COMPLETE	3	M
NEONATAL FE	3	

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Drug Name	Drug Tier	Requirements / Limits
NEONATAL PLUS VITAMIN	3	M
NEONATAL-DHA	3	M
<i>neo-vital rx</i>	1	M
NESTABS	3	M
NESTABS ABC	3	M
NESTABS DHA	3	M
NESTABS ONE	3	M
<i>newgen</i>	1	M
NIVA-FOL	E	E
NOVAFERRUM ALL GOOD	E	E
NOVAFERRUM WOW	E	E
NOVAFERRUM YUMMY PEDIATRIC	E	E
NOXIFOL-D3	E	E
NU-IRON	E	E
OB COMPLETE	3	M
OB COMPLETE ONE	3	M
OB COMPLETE PETITE	3	M
OB COMPLETE PREMIER	3	M
OB COMPLETE WITH DHA	3	M
<i>obstetrix dha prenatal duo</i>	E	E
OBSTETRIX EC	E	E

Drug Name	Drug Tier	Requirements / Limits
ONE A DAY WOMEN'S PRENATAL DHA	E	E
<i>one daily prenatal</i>	0	ACA
ONE-A-DAY PRENATAL-1	E	E
ORTHO DF	E	E
PHYSICIANS EZ USE B-12	E	E
PNV TABS 20-1	E	E; M
<i>pnv-dha</i>	1	M
<i>pnv-omega</i>	1	M
<i>pnv-select</i>	1	M
<i>poly-iron 150 forte</i>	E	E
POLY-VI-SOL	E	E
<i>pr natal 400</i>	1	M
<i>pr natal 400 ec</i>	1	M
<i>pr natal 430</i>	1	M
<i>pr natal 430 ec</i>	1	M
PREGEN DHA	E	E; M
PREGENNA	E	E; M
PRENATA	3	M
<i>prenatabs fa</i>	1	M
<i>prenatabs rx</i>	1	M
<i>prenatal + dha oral combo pack 28 mg iron- 975 mcg-200 mg</i>	E	E

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Drug Name	Drug Tier	Requirements / Limits
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON-800 MCG-200 MG	E	E
<i>prenatal 19</i>	E	E
<i>prenatal complete</i>	0	ACA
PRENATAL ESSENTIALS	E	E
PRENATAL FORMULA	E	E
PRENATAL FORMULA-DHA	E	E
PRENATAL MULTI	E	E
<i>prenatal multi-dha (algal oil)</i>	0	ACA
PRENATAL MULTI-DHA(WITH VIT K)	E	E
<i>prenatal multivitamins</i>	0	ACA
<i>prenatal one daily</i>	0	ACA
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	0	ACA
PRENATAL ORAL TABLET 28-800 MG-MCG	E	E
<i>prenatal plus</i>	1	M
<i>prenatal plus (calcium carb)</i>	1	M
PRENATAL PLUS DHA	3	M

Drug Name	Drug Tier	Requirements / Limits
PRENATAL PLUS VITAMIN-MINERAL	3	M
<i>prenatal vit no.179-iron-folic</i>	0	ACA
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	0	ACA
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 800 MCG	E	E
<i>prenatal vitamin plus low iron</i>	E	E
<i>prenatal vitamin with minerals</i>	0	ACA
PRENATAL WITH DHA-FOLIC ACID	E	E
<i>prenatal-u</i>	1	M
PRENATE AM	3	M
PRENATE CHEWABLE	3	M
PRENATE DHA (FERR ASP GLYCIN)	3	M
PRENATE ELITE (IRON ASP GLYC)	3	M
PRENATE ENHANCE	3	M
PRENATE ESSENTIAL(IRON-ASP-GL)	3	M

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Drug Name	Drug Tier	Requirements / Limits
PRENATE MINI (FERR ASP GLYCIN)	3	M
PRENATE PIXIE	3	M
PRENATE RESTORE	3	M
PRENATE STAR	3	M
PRIMACARE	3	M
PRO FE	E	E
PROFERRIN ES	E	E
PROVIDA OB	3	M
<i>rena-vite</i>	0	ACA
<i>reno caps</i>	E	E
REPLESTA NX	E	E
R-NATAL OB	3	M
ROXIFOL-D	E	E
SELECT-OB	3	M
SELECT-OB (FOLIC ACID)	3	M
SELECT-OB + DHA	3	M
<i>se-natal 19</i>	1	M
<i>se-natal 19 chewable</i>	1	M
SIMILAC PRENATAL	E	E
SLOW RELEASE IRON	E	E
<i>soluvita</i>	0	
<i>soluvita a,c,d with fluoride</i>	0	

Drug Name	Drug Tier	Requirements / Limits
<i>stress formula with iron</i>	0	ACA
<i>stress formula with iron(sulf)</i>	0	ACA
STUART ONE	E	E
<i>super b-50 complex</i>	0	ACA
<i>super quint</i>	0	ACA
TANDEM DUAL ACTION	E	E
TANDEM PLUS	E	E
<i>taron-c dha</i>	1	M
THERA-D 4000	E	E
THERANATAL	E	E
THERANATAL COMPLETE	E	E
THERANATAL ONE	E	E
THERANATAL PLUS	E	E
THRIVITE RX	3	M
TRICARE	3	M
<i>tricon</i>	0	
TRIFERIC	3	
<i>trigels-f forte</i>	E	E
<i>trinatal rx 1</i>	1	M
<i>trinate</i>	1	M
TRINAZ	E	E; M
TRISTART DHA	3	M
<i>tri-vitamin with fluoride</i>	0	ACA

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

Drug Name	Drug Tier	Requirements / Limits
TRONVITE	E	E
VENOFER	2	PA
VITAFOL FE PLUS	3	M
VITAFOL GUMMIES	3	M
VITAFOL ULTRA	3	M
VITAFOL-OB	3	M
VITAFOL-OB+DHA	3	M
VITAFOL-ONE	3	M
VITALARA	E	E
VITALIPID N INFANT	3	
VITAMEDMD ONE RX	3	M
<i>vitamin b complex-folic acid</i>	0	ACA
<i>vitamin d3</i>	E	E
<i>vitamins a,c,d and fluoride</i>	0	ACA

Drug Name	Drug Tier	Requirements / Limits
VITA-RESPA	E	E
VITLIPID N INFANT	3	
<i>wescap-c dha</i>	1	M
<i>wescap-pn dha</i>	1	M
<i>wesnatal dha complete</i>	1	M
<i>wesnate dha</i>	1	M
<i>westab plus</i>	1	M
<i>westgel dha</i>	1	M
WOMEN'S PRENATAL PLUS DHA	E	E
ZALVIT	E	E
<i>zatean-pn dha</i>	1	M
<i>zatean-pn plus</i>	1	M
<i>zingiber</i>	1	M
ZIPHEX	E	E

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

Index

2		
<i>24 hour nasal allergy</i>	143	
2TEK GLUCOSE/BLOOD PRESSURE	90	
A		
<i>abacavir</i>	4	
<i>abacavir-lamivudine</i>	4	
ABECMA	15	
ABELCET	3	
ABENOR	69	
ABENOR HP	69	
<i>abigale</i>	129	
<i>abigale lo</i>	129	
ABILIFY	44	
ABILIFY ASIMTUFII	44	
ABILIFY MAINTENA	44	
<i>abiraterone</i>	15	
<i>abirtega</i>	15	
<i>abravo</i>	67	
ABRAXANE	15	
ABRILADA(CF)	126	
ABRILADA(CF) PEN	126	
ABRYSVO (PF)	122	
ABSORICA	69	
ABSORICA LD	70	
ACAM2000 (NATIONAL STOCKPILE)	122	
<i>acamprosate</i>	84	
ACANYA	70	
<i>acarbose</i>	110	
ACCOLATE	143	
ACCRUFER	152	
ACCU-CHEK AVIVA CONTROL SOLN	90	
ACCU-CHEK AVIVA PLUS TEST STRP	90	
ACCU-CHEK GUIDE GLUCOSE METER	90	
ACCU-CHEK GUIDE L1-L2 CTRL SOL	90	
ACCU-CHEK GUIDE ME GLUCOSE MTR	90	
ACCU-CHEK GUIDE TEST STRIPS	90	
ACCU-CHEK SMARTVIEW CONTRL SOL	90	
ACCU-CHEK SMARTVIEW TEST STRIP	90	
ACCUPRIL	53	
ACCURETIC	53	
<i>accutane</i>	70	
ACCUTREND GLUCOSE CONTROL	90	
ACCUTREND GLUCOSE TEST STRIPS	90	
ACE AEROSOL CLOUD ENHANCER	147	
<i>acebutolol</i>	53	
<i>acetaminophen-caff- dihydrocod</i>	33	
<i>acetaminophen-codeine</i>	33	
<i>acetazolamide</i>	139	
<i>acetazolamide sodium</i>	140	
<i>acetic acid</i>	84, 88	
<i>acetylcysteine</i>	143	
ACIOXIA	78	
ACIOXIAY	70	
ACIPHEX	119	
<i>acitretin</i>	64	
ACTEMRA	126	
ACTEMRA ACTPEN	126	
ACTHAR	89	
ACTHAR SELFJECT	89	
ACTHIB (PF)	122	
ACTIMMUNE	122	
ACTIVELLA	129	
ACTONEL	126	
ACTOPLUS MET	110	
ACTOS	110	
<i>acuicyn</i>	137	

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

ACULAR	139	<i>adapalene</i>	70	<i>adult aspirin regimen</i>	40
ACULAR LS.....	139	ADAPALENE	70	ADVAIR DISKUS.....	143
ACUVAIL (PF)	139	<i>adapalene-benzoyl peroxide</i> ..	70	ADVAIR HFA	143
<i>acyclovir</i>	4, 78	ADASUVE.....	44	ADVANCED ALLERGY COLLECT KIT.....	78
ACYCLOVIR IN 0.9 % SODIUM CHLR	4	ADBRY	67	ADVANCED ALL-IN-ONE METER.....	91
<i>acyclovir sodium</i>	4	ADCETRIS	15	ADVANCED GLUC METER TEST STRIP.....	91
ACZONE.....	70	ADCIRCA	143	ADVANCED GLUCOSE METER.....	91
ADACEL(TDAP ADOLESN/ADULT)(PF)	122	ADDERALL	44	ADVATE.....	58
ADAINZOXIA.....	70	ADDERALL XR.....	45	ADVIN COVID-19 AG HOME TEST.....	83
ADAKVEO	15	ADDYI	45	ADVOCATE REDI-CODE PLUS	91
ADALIMUMAB-AACF	126	<i>adefovir</i>	4	ADVOCATE REDI-CODE PLUS CTRL L.....	91
ADALIMUMAB-AACF(CF) PEN CROHNS	126	ADEMPAS	143	ADYNOVATE	58
ADALIMUMAB-AACF(CF) PEN PS-UV.....	127	<i>adenosine</i>	53	ADYPHREN	142
ADALIMUMAB-AATY	127	ADERMICA.....	70	ADYPHREN AMP	142
ADALIMUMAB-AATY(CF) AI CROHNS	127	ADERMICA HP.....	70	ADYPHREN AMP II	142
ADALIMUMAB-ADAZ ...	127	ADIPEX-P	82	ADYPHREN II.....	142
ADALIMUMAB-ADBM ..	127	ADLARITY	30	ADZENYS XR-ODT	45
ADALIMUMAB-ADBM(CF) PEN CROHNS	127	ADMELOG SOLOSTAR U- 100 INSULIN	104	ADZYNMA.....	58
ADALIMUMAB-ADBM(CF) PEN PS-UV.....	127	ADMELOG U-100 INSULIN LISPRO	104	AEROCHAMBER MECHANICAL VENT ..	147
ADALIMUMAB-FKJP.....	127	ADMIRAZOL	70	AEROCHAMBER MINI ...	147
ADALIMUMAB-RYVK ...	127	ADMIRAZOL HP	70	AEROCHAMBER PLUS FLOW-VU	147
ADALINA.....	70	<i>adrenalin</i>	142		
		ADRIAMYCIN	15		
		<i>adrucil</i>	15		
		<i>adthyza</i>	112		
		ADTHYZA.....	112		

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

AEROCHAMBER PLUS Z STAT.....	147	AGGRASTAT CONCENTRATE	58	<i>alendronate</i>	126
AEROCHAMBER2GO	147	AGONEAZE	74	ALFERON N.....	122
AEROTRACH PLUS.....	147	AGRYLIN	84	<i>alfuzosin</i>	148
AEROVENT PLUS.....	147	AIMOVIG AUTOINJECTOR	29	ALHEMO PEN	58
AFINITOR	15	AIRSUPRA	143	ALIMTA	15
AFINITOR DISPERZ	15	AJOVY AUTOINJECTOR ..	29	ALINIA	8
<i>afirmelle</i>	132	AJOVY SYRINGE.....	29	ALIQOPA	15
AFLURIA 2025-2026 (3YR UP)(PF)	122	AKEEGA.....	15	<i>aliskiren</i>	53
AFLURIA 2025-2026 (6MO UP)	122	AKLIEF.....	70	ALIXI	70
AFREZZA.....	104	AKTEN (PF)	137	ALIXI HP	70
AFSTYLA.....	58	AKYNZEO (FOSNETUPITANT)	114	ALKERAN	15
<i>after pill</i>	132	AKYNZEO (NETUPITANT)	114	ALKERAN (AS HCL)	15
AFTERA	132	<i>ala-cort</i>	78	ALKINDI SPRINKLE	89
AGAMATRIX AMP TEST STRIPS.....	91	ALA-SCALP	78	<i>aller-flo</i>	144
AGAMATRIX CONTROL SOLN-HIGH	91	<i>alaway</i>	137	<i>allergy eye (ketotifen)</i>	137
AGAMATRIX CONTROL SOLN-NORMAL.....	91	<i>albendazole</i>	8	<i>allergy relief (fluticasone)</i> ..	144
AGAMATRIX JAZZ TEST STRIPS.....	91	<i>albumin, human 25 %</i>	150	ALLI	82
AGAMATRIX JAZZ WIRELESS 2 MNTR.....	91	ALBUMINEX 5 %.....	150	<i>allopurinol</i>	126
AGAMATRIX PRESTO SYSTEM.....	91	<i>albuterol sulfate</i>	144	<i>allopurinol sodium</i>	126
AGAMATRIX PRESTO TEST STRIPS.....	91	ALCAINE	137	<i>almotriptan malate</i>	29
AGAMREE	89	<i>alclometasone</i>	78	ALOGLIPTIN	110
		ALCORTIN A	76	ALOGLIPTIN-METFORMIN	110
		ALDACTONE.....	53	ALOGLIPTIN- PIOGLITAZONE	110
		ALDURAZYME	107	ALOMIRA	70
		ALECENSA	15	ALOMIRA HP.....	70
				ALOMIRA LP	70

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

<i>aloprim</i>	126	ALVAIZ	58	AMITIZA	115
<i>alosetron</i>	114	ALVESCO	144	<i>amitriptyline</i>	45
ALPHAGAN P	141	<i>alvimopan</i>	114	<i>amitriptyline-chlordiazepoxide</i>	45
ALPHANATE	58	ALVOX	70	AMJEVITA(CF)	127
ALPHANINE SD	58	ALVOX HP	70	AMJEVITA(CF) AUTOINJECTOR	127
<i>alprazolam</i>	45	<i>alyacen 1/35 (28)</i>	132	<i>amlodipine</i>	53
<i>alprazolam intensol</i>	45	<i>alyacen 7/7/7 (28)</i>	132	<i>amlodipine-atorvastatin</i>	61
ALPROLIX	58	ALYFTREK	144	<i>amlodipine-benazepril</i>	53
<i>alprostadil</i>	149	ALYGLO	122	<i>amlodipine-olmesartan</i>	53
ALREX	141	ALYMSYS	15	<i>amlodipine-valsartan</i>	53
ALTABAX	76	<i>alyq</i>	144	<i>amlodipine-valsartan-hcthiazid</i>	53
<i>altacaine</i>	137	<i>amantadine hcl</i>	4	<i>ammonium lactate</i>	67
ALTACE	53	AMBIEN	45	AMMONUL	84
ALTAFLUOR BENOX	137	AMBIEN CR	45	<i>amnestem</i>	70
<i>altavera (28)</i>	132	AMBISOME	3	AMONDYS-45	30
ALTOPREV	61	<i>ambrisentan</i>	144	<i>amoxapine</i>	45
ALTRENO	70	<i>amcinonide</i>	78	<i>amoxicil-clarithromy-</i> <i>lansopraz</i>	119
ALTRIXA OB	152	AMELUZ	67	<i>amoxicillin</i>	11
ALTUVIIIIO	58	<i>amethia</i>	132	<i>amoxicillin-pot clavulanate</i> ..	11
ALUNBRIG	15	<i>amethyst (28)</i>	132	AMPHADASE	84
ALURIS	70	AMICAR	58	<i>amphetamine sulfate</i>	45
ALURIS HP	70	<i>amikacin</i>	8	<i>amphotericin b</i>	3
ALURIS HP PLUS	70	<i>amiloride</i>	53	<i>amphotericin b liposome</i>	3
ALURIS LP	70	<i>amiloride-hydrochlorothiazide</i>	53	<i>ampicillin</i>	11
ALURIS LP PLUS	70	<i>aminocaproic acid</i>	58	<i>ampicillin sodium</i>	11
ALURIS PLUS	70	<i>aminophylline</i>	144		
ALUXOF	70	<i>amiodarone</i>	53		
ALUXOF HP	70				

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

<i>ampicillin-sulbactam</i>	11	<i>apexicon e</i>	78	ARAZLO.....	70
AMPYRA.....	30	APEXOL	70	ARBLI.....	53
AMRIX.....	31	APEXOL HP	70	ARCALYST	121
AMTAGVI	15	APHEXDA.....	121	ARESTIN	87
AMVUTTRA	30	APHORIA	70	AREXVY (PF)	122
AMZEEQ	70	APIDRA SOLOSTAR U-100 INSULIN	105	<i>arformoterol</i>	144
ANAFRANIL.....	45	APIDRA U-100 INSULIN .	105	ARGATROBAN.....	58
<i>anagrelide</i>	84	APLENZIN	45	<i>argatroban in 0.9 % sod chlor</i>	58
ANALPRAM-HC.....	64, 115	APOKYN	28	ARICEPT	30
ANAPROX DS	40	<i>apomorphine</i>	28	ARIKAYCE.....	8
<i>anaspaz</i>	113	APONVIE	115	ARIMIDEX	15
ANASTIA	75	APORIX.....	70	<i>aripiprazole</i>	45
<i>anastrozole</i>	15	<i>apraclonidine</i>	141	ARISTADA	45
ANCOBON	3	<i>aprepitant</i>	115	ARISTADA INITIO	45
ANDEMBRY AUTOINJECTOR.....	144	APRETUDE	4	ARIXTRA	58
ANDEXXA	58	<i>apri</i>	132	<i>armodafinil</i>	45
ANDROGEL.....	107	APRISO.....	115	ARMOUR THYROID.....	112
ANGELIQ	129	APRIZIO PAK.....	75	ARNUITY ELLIPTA	144
ANIMI-3 WITH VITAMIN D	152	APTENSIO XR.....	45	AROMASIN.....	15
ANNOVERA	131	APTIOM.....	24	ARRANON	15
ANODYNE LPT	75	APTIVUS	4	<i>arsenic trioxide</i>	15
ANORO ELLIPTA.....	144	ARAKODA	8	ARTESUNATE.....	8
<i>anti-diarrheal (loperamide)</i> 113		ARALAST NP	84	ARTHROTEC 50	40
ANTIVERT	115	<i>aranelle (28)</i>	132	ARTHROTEC 75	40
<i>anucort-hc</i>	115	ARANESP (IN POLYSORBATE).....	121	ARTILIS	70
ANUSOL-HC.....	115	ARAVA.....	127	ARTILIS HP	70
				ASCENIV	122

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

<i>ascomp with codeine</i>	33	ASTERO	75	AUBAGIO.....	52
ASCOR.....	152	AT HOME A1C	91	<i>aubra</i>	132
<i>ascorbic acid (vitamin c)</i>	152	ATACAND	53	<i>aubra eq</i>	132
<i>asenapine maleate</i>	45	ATACAND HCT	53	AUCATZYL	15
<i>ashlyna</i>	132	<i>atazanavir</i>	4	AUDENZ (NATIONAL STOCKPILE)	122
ASMANEX HFA	144	ATELVIA	126	AUDENZ(PF)(NATIONAL STOCKPILE)	123
ASMANEX TWISTHALER	144	<i>atenolol</i>	53	AUGMENTIN.....	11
ASPARLAS.....	15	<i>atenolol-chlorthalidone</i>	53	AUGMENTIN ES-600.....	11
<i>aspirin</i>	40	ATGAM.....	122	AUGMENTIN XR	11
<i>aspirin childrens</i>	40	ATIVAN.....	45	AUGTYRO.....	15
<i>aspirin, buffd-calcium carb- mag</i>	40	<i>atomoxetine</i>	45	AUGUSTIL	70
<i>aspirin-dipyridamole</i>	58	ATORVALIQ	62	AURANOFIN.....	127
ASPRUZYO SPRINKLE.....	63	<i>atorvastatin</i>	62	AURLUMYN	53
ASSURE 4 CONTROL SOLUTION.....	91	<i>atovaquone</i>	8	<i>aurovela 1.5/30 (21)</i>	132
ASSURE 4 STRIPS	91	<i>atovaquone-proguanil</i>	8	<i>aurovela 1/20 (21)</i>	132
ASSURE DOSE NORMAL CONTROL	91	<i>atracurium</i>	31	<i>aurovela 24 fe</i>	132
ASSURE PLATINUM GLUCOSE METER.....	91	ATRALIN.....	70	<i>aurovela fe 1.5/30 (28)</i>	132
ASSURE PLATINUM TEST STRIP	91	ATRAPRO CP.....	67	<i>aurovela fe 1-20 (28)</i>	132
ASSURE PRISM CONTROL 1-2 SOLN	91	ATRAPRO HYDROGEL.....	67	AURYXIA.....	150
ASSURE PRISM MULTI METER	91	<i>atropine</i>	113, 137	AUSTEDO	30
ASSURE PRISM MULTI STRIP	91	ATROPINE.....	113, 137	AUSTEDO XR.....	30
ASTAGRAF XL.....	15	<i>atropine in 0.9 % sod chloride</i>	113	AUSTEDO XR TITRATION KT(WK1-4)	30
		ATROPINE IN 0.9 % SOD CHLORIDE.....	113	AUTOJECT 2 INJECTION DEVICE	103
		ATROPINE SULFATE (PF)	137	AUTOPEN 1 TO 21 UNITS	103
		ATROVENT HFA	144		
		ATTRUBY.....	63		

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

AUTOSOFT 30	103	AVODART	148	AZULFIDINE	115
AUTOSOFT 90	103	AVONEX.....	52	AZULFIDINE EN-TABS...	115
AUTOSOFT XC INFUSION SET 32	103	AVSOLA	115	<i>azurette (28)</i>	132
AUVELITY.....	45	AVYCAZ.....	6	B	
AUVI-Q.....	142	AWANIS.....	71	<i>b complex 1 (with folic acid)</i>	152
AVALIDE	53	AXTLE.....	15	<i>b complex 100</i>	152
<i>avanafil</i>	149	<i>ayuna</i>	132	<i>b complex-vitamin c-folic acid</i>	152
AVAPRO	53	AYVAKIT.....	15	BABY DDROPS	152
<i>avar</i>	70	<i>azacitidine</i>	15	BABYBIG	123
AVAR LS	70	AZACTAM.....	8	<i>bacitracin</i>	9, 136
AVAR-E.....	70	AZALTA.....	71	<i>bacitracin-polymyxin b</i>	136
AVASTIN	15	AZALTA HP.....	71	<i>baclofen</i>	31
AVEED	107	AZASAN.....	15	BACTRIM.....	12
AVEIDA	71	AZASITE	136	BACTRIM DS.....	12
AVEIDAOXIA	71	<i>azathioprine</i>	15	BAFIERTAM.....	52
AVELOX IN NA CL (ISO- OSMOTIC).....	12	<i>azathioprine sodium</i>	15	<i>balanced b-100</i>	152
AVENOVA	138	<i>azelaic acid</i>	71	<i>bal-care dha</i>	152
AVERI	132	<i>azelastine</i>	87, 138	BAL-CARE DHA ESSENTIAL.....	152
AVGEMSI	15	<i>azelastine-fluticasone</i>	144	BALCOLTRA	133
<i>aviane</i>	132	AZELEX	71	BALFAXAR.....	58
AVIDORA.....	71	AZESCO	152	<i>balsalazide</i>	115
AVIDORA HP	71	AZILECT	28	BALVERSA	16
<i>avidoxy</i>	12	<i>azithromycin</i>	8	<i>balziva (28)</i>	133
AVIDOXY DK	12	AZMIRO	107	BANZEL	24
AVMAPKI-FAKZYNJA	15	AZOPT	140	BAQSIMI	103
<i>avo cream</i>	67	AZOR.....	53	BARACLUDGE.....	4
		AZSTARYS.....	45		
		<i>aztreonam</i>	9		

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

BARHEMSYS	115	BELSOMRA	45	BESIVANCE	136
BASADROX.....	76	<i>benazepril</i>	54	BESPONSA.....	16
BASAGLAR KWIKPEN U- 100 INSULIN	105	<i>benazepril-hydrochlorothiazide</i>	54	BESREMI.....	122
BASAGLAR TEMPO PEN(U- 100)INSLN.....	105	<i>bendamustine</i>	16	BETADINE OPHTHALMIC PREP.....	136
BATIZIA	76	BENDAMUSTINE	16	<i>betaine</i>	115
BAVENCIO.....	16	BENDEKA.....	16	<i>betamethasone acet,sod phos</i> 89	
BAXDELA.....	12	BENEFIX	58	<i>betamethasone dipropionate</i> .78	
BAXONIL.....	71	BENICAR	54	<i>betamethasone valerate</i>	78
<i>bayer aspirin</i>	40	BENICAR HCT	54	<i>betamethasone, augmented</i> ...78	
BAYER CHEWABLE ASPIRIN	40	BENLYSTA.....	127	BETAPACE	53
<i>bayer low dose aspirin</i>	40	BENZAMYCIN	71	BETAPACE AF	53
BCG VACCINE, LIVE (PF)	123	<i>benzepril</i>	71	BETASERON.....	52
<i>b-complex with vitamin c</i>	152	BENZEPRO (MICROSPHERES).....	71	<i>betaxolol</i>	54, 137
BD INTEGRA NEEDLE ...	103	BENZNIDAZOLE	9	<i>bethanechol chloride</i>	149
BD MICROTAINER LANCET	103	BENZODOX 30	12	BETHKIS	9
BD SPECIALTY USE NEEDLES	103	BENZODOX 60	12	BETIMOL	137
BD VERITOR SARS-COV-2, FLU A-B.....	83	<i>benzonatate</i>	143	BETOPTIC S.....	137
BD VERITOR SYSTEM SARS-COV-2	83	<i>benzoyl peroxide</i>	71	<i>bevacizumab</i>	16
BELBUCA	33	<i>benzphetamine</i>	82	BEVACIZUMAB	138
BELEODAQ	16	<i>benztropine</i>	28	BEVESPI AEROSPHERE .	144
<i>belladonna alkaloids-opium</i> 113		BEOVU	138	<i>bexarotene</i>	16
BELRAPZO	16	<i>bepotastine besilate</i>	138	BEXSERO.....	123
		BEPREVE	138	BEYAZ	133
		BERINERT.....	144	BEYFORTUS	4
		<i>beser</i>	78	BIAFINE EMULSION.....	67
		BESER KIT.....	78	<i>bicalutamide</i>	16
				BICILLIN C-R	11

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

BICILLIN L-A	11	<i>bisoprolol fumarate</i>	54	BOOSTRIX TDAP	123
BICNU	16	BISOPROLOL FUMARATE	54	<i>bortezomib</i>	16
BIDIL	54	<i>bisoprolol-hydrochlorothiazide</i>	54	BORTEZOMIB	16
BIGFOOT UNITY	91	<i>bivalirudin</i>	58	BORUZU.....	16
BIJUVA	129	BIVALIRUDIN	58	<i>bosentan</i>	144
BIKTARVY	4	BIVIGAM	123	BOSULIF	16
BILTRICIDE	9	BIZENGRI	16	BOTOX	123
<i>bimatoprost</i>	138, 140	BKEMV.....	84	BOTOX COSMETIC	123
BIMZELX	64	<i>bleomycin</i>	16	<i>bp 10-1</i>	71
BIMZELX AUTOINJECTOR	64	BLINCYTO.....	16	BRAFTOVI	16
BINAXNOW COVD AG CARD HOME TST	83	<i>blisovi 24 fe</i>	133	BREATHERITE MDI SPACER	147
BINAXNOW COVID-19 AG CARD.....	83	<i>blisovi fe 1.5/30 (28)</i>	133	BREEZE 2 CONTROL SOLUTION,HIGH	92
BINAXNOW COVID-19 AG SELF TEST	83	<i>blisovi fe 1/20 (28)</i>	133	BRENZAVVY	110
BINOSTO.....	126	BLOOD GLUCOSE CONTROL, NORMAL....	91	BREO ELLIPTA.....	144
BIONIME RIGHTEST GM300 SYSTEM.....	91	BLOOD GLUCOSE TEST ..	91	BREVIBLOC	54
BIONIME RIGHTEST TEST STRIPS.....	91	BLOOD-GLUCOSE METER	91	BREVIBLOC IN NACL (ISO-OSM).....	54
BIOTEL CARE BGM-4 METER	91	BLOXIVERZ	31	BREXAFEMME	3
BIOTHRAX	123	BLULINK DIABETIC TEST BUNDLE.....	92	BREYANZI	16
<i>biotin</i>	152	BLULINK GLUCOSE MONITOR SYSTEM.....	92	<i>breyna</i>	144
BIOTIN	152	BLULINK GLUCOSE TEST STRIP	92	BREZTRI AEROSPHERE .	144
<i>bisacodyl</i>	115	BOMYNTRA	14	BRIDION	31
<i>bismuth subcit k-metronidz-ten</i>	119	BONJESTA	115	<i>briellyn</i>	133
		BONSITY.....	126	BRILINTA.....	58
				<i>brimonidine</i>	71, 141
				BRIMONIDINE-DORZOLAMIDE	140

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

BRIMONIDINE- DORZOLAMIDE (PF) ..	140	<i>buprenorphine-naloxone</i>	41	<i>caffeine citrate</i>	85
<i>brimonidine-timolol</i>	140	<i>bupropion hcl</i>	45	<i>calcipotriene</i>	64
BRINEURA	107	BUPROPION HCL	45	CALCIPOTRIENE	64
<i>brinzolamide</i>	140	<i>bupropion hcl (smoking deter)</i>	87	<i>calcipotriene-betamethasone</i>	64
BRIUMVI	52	<i>bupropion hcl (smoking deter)</i>	87	<i>calcitonin (salmon)</i>	107
BRIVIACT	24	<i>buspirone</i>	45	<i>calcitriol</i>	64, 107
BRIXADI	33	<i>busulfan</i>	16	CALCIUM ACETATE	150
BROMFED DM	143	BUSULFEX	16	<i>calcium acetate(phosphat bind)</i>	150
<i>bromfenac</i>	139	<i>butalbital-acetaminop-caf-cod</i>	33	<i>calcium gluc in nacl, iso-osm</i>	150
<i>bromocriptine</i>	28	<i>butalbital-acetaminophen</i>	33	CALCIUM GLUC IN NACL, ISO-OSM	150
<i>brompheniramine-pseudoeph- dm</i>	143	<i>butalbital-acetaminophen-caff</i>	33	CALDOLOR	41
BROMSITE	139	<i>butalbital-aspirin-caffeine</i>	33	CALQUENCE (ACALABRUTINIB MAL)	16
BRONCHITOL	144	<i>butorphanol</i>	41	CALTRATE GUMMY BITES	152
BROVANA	144	BUTRANS	33	CAMCEVI (6 MONTH)	16
BRUKINSA	16	BYDUREON BCISE	110	<i>camila</i>	129
BRYHALI	78	BYFAVO	45	CAMPTOSAR	16
BUCAPSOL	45	BYLVAY	115	<i>camrese</i>	133
<i>budesonide</i>	115, 144	BYOOVIZ	138	<i>camrese lo</i>	133
<i>budesonide-formoterol</i>	144	BYSTOLIC	54	CAMZYOS	63
<i>bufferin</i>	41	C		CANASA	115
<i>bumetanide</i>	54	CABENUVA	4	CANCIDAS	3
BUPHENYL	85	<i>cabergoline</i>	107	<i>candesartan</i>	54
<i>bupivacaine (pf)</i>	75	CABLIVI	58	<i>candesartan- hydrochlorothiazid</i>	54
<i>bupivacaine-epinephrine (pf)</i>	75	CABOMETYX	16		
<i>buprenorphine</i>	33	CABTREO	71		
<i>buprenorphine hcl</i>	33	CADEAU DHA	152		
		CADUET	62		

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

CANTHARIDIN IN ACETONE	67	CARDIZEM LA.....	54	<i>cartia xt</i>	54
<i>capecitabine</i>	16	CARDURA	54	<i>carvedilol</i>	54
CAPEX.....	78	CARDURA XL	54	<i>carvedilol phosphate</i>	54
CAPLYTA	45	CARESENS CONTROL A AND B.....	92	CARVYKTI.....	16
CAPRELSA	16	CARESENS N.....	92	CASODEX	16
CAPSFENAC PAK	41	CARESENS N FELIZ GLUCOSE METER.....	92	<i>caspofungin</i>	3
CAPSINAC	41	CARESENS N TEST STRIPS	92	CATAPRES-TTS-1.....	54
<i>captopril</i>	54	CARESENS N VOICE	92	CATAPRES-TTS-2.....	54
<i>captopril-hydrochlorothiazide</i>	54	CARESTART COVID-19 AG HOME TST	83	CATAPRES-TTS-3.....	54
CAPVAXIVE	123	CARETOUCH CONTROL SOLN L2-L3	92	CAVERJECT	149
CARAC	67	CARETOUCH GLUCOSE MONITORING	92	CAVERJECT IMPULSE	149
CARAFATE	119	CARETOUCH TEST STRIP.....	92	CAYA CONTOURED	129
CARBAGLU.....	85	<i>carglumic acid</i>	85	CAYSTON.....	9
<i>carbamazepine</i>	24, 25	<i>carisoprodol</i>	31	<i>caziant (28)</i>	133
CARBAMAZEPINE.....	25	<i>carisoprodol-aspirin</i>	31	<i>cefaclor</i>	6
CARBATROL	25	<i>carisoprodol-aspirin-codeine</i>	32	<i>cefadroxil</i>	7
<i>carbidopa</i>	28	<i>carmustine</i>	16	<i>cefazolin</i>	7
<i>carbidopa-levodopa</i>	28	CARMUSTINE	16	CEFAZOLIN	7
<i>carbidopa-levodopa- entacapone</i>	28	CARNITOR.....	85	<i>cefazolin in 0.9% sod chloride</i>	7
<i>carbinoxamine maleate</i>	142	CARNITOR (SUGAR-FREE)	85	<i>cefazolin in dextrose (iso-os)</i> ..	7
CARBINOXAMINE MALEATE	142	CAROSPIR	54	CEFAZOLIN IN DEXTROSE (ISO-OS).....	7
<i>carboplatin</i>	16	<i>carteolol</i>	137	<i>cefazolin in dextrose 5 %</i>	7
<i>carbzah</i>	142			CEFAZOLIN IN STERILE WATER.....	7
CARDIZEM.....	54			<i>cefdinir</i>	7
CARDIZEM CD	54			<i>cefepime</i>	7
				CEFEPIME.....	7

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

CEFEPIME IN DEXTROSE 5 %.....7	CENTANY AT.....76	CHLOHUX.....78
<i>cefepime in dextrose, iso-osm.</i> ..7	<i>cephalexin</i>.....8	CHLOOXIA .....78
<i>cefixime</i>.....7	CEPROTIN (BLUE BAR) ...59	<i>chloramphenicol sod succinate</i>.....9
CEFOTAN.....7	CEPROTIN (GREEN BAR) 59	<i>chlordiazepoxide hcl</i> .....45
<i>cefotaxime</i>.....7	CEQUA .....138	<i>chlordiazepoxide-clidinium</i> 113
<i>cefotetan</i> .....7	CEQUR SIMPLICITY .....103	<i>chlorhexidine gluconate</i> .....87
<i>cefoxitin</i> .....7	CERACADE .....67	<i>chloroprocaine (pf)</i> .....75
<i>cefoxitin in dextrose, iso-osm.</i> 7	CERAMAX.....67	<i>chloroquine phosphate</i> .....9
<i>cefpodoxime</i>.....7	CERDELGA.....107	<i>chlorothiazide sodium</i>.....54
<i>cefprozil</i>.....7	CEREBYX .....25	<i>chlorpromazine</i> .....45
<i>ceftazidime</i>.....7	CEREZYME .....107	<i>chlorthalidone</i>.....54
<i>ceftriaxone</i>.....7	CERVIDIL.....131	<i>chlorzoxazone</i> .....32
CEFTRIAZONE .....7	<i>cetirizine</i> .....142	CHOLBAM .....115
<i>ceftriaxone in dextrose, iso-os.</i> 7	CETRAXAL.....88	<i>cholecalciferol (vitamin d3)</i> 152
<i>cefuroxime axetil</i> .....7	<i>cetrorelix</i>.....107	CHOLECALCIFEROL (VITAMIN D3).....152
<i>cefuroxime sodium</i>.....7	CETROTIDE.....107	<i>cholestyramine (with sugar)</i> .62
<i>celacyn</i>.....67	<i>cevimeline</i>.....85	<i>cholestyramine light</i> .....62
CELEBREX .....41	CHANTIX .....87	CHORIONIC GONADOTROPIN, HUMAN .....107
<i>celecoxib</i>.....41	CHANTIX CONTINUING MONTH BOX.....87	CIALIS .....149
CELESTONE SOLUSPAN..89	CHANTIX STARTING MONTH BOX.....87	CIBINQO .....67
CELEXA .....45	<i>charlotte 24 fe</i>.....133	<i>ciclodan</i> .....77
CELLCEPT .....16	<i>chateal eq (28)</i>.....133	CICLODAN KIT .....76, 77
CELLCEPT INTRAVENOUS.....16	CHEMET.....85	<i>ciclopirox</i> .....77
CELONTIN.....25	CHENODAL .....115	<i>ciclopirox-ure-camph-menth- euc</i>.....77
<i>cem-urea</i>.....67	<i>children's alaway</i>.....138	
CENTANY .....76	CHILDREN'S FLONASE ALLERGY RLF .....144	

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

<i>cidofovir</i>	4	CITRANATAL B-CALM (FE GLUC).....	152	CLEVER CHOICE PRO.....	92
<i>cilostazol</i>	59	CITRANATAL MEDLEY ..	152	CLEVER CHOICE TALK GLUCOSE SYS	92
CILOXAN.....	136	<i>citrate of magnesia</i>	115	CLEVER CHOICE TALK TEST.....	92
CIMDUO.....	4	<i>citroma</i>	115	CLEVER CHOICE TEST STRIPS	92
CIMERLI	138	<i>cladribine</i>	16	CLEVER CHOICE VOICE PLUS TEST	92
<i>cimetidine</i>	119	<i>claravis</i>	71	CLIMARA.....	129
<i>cimetidine hcl</i>	119	CLARINEX.....	142	CLIMARA PRO	129
CIMZIA.....	115	CLARINEX-D 12 HOUR ..	143	<i>clindacin</i>	71
CIMZIA POWDER FOR RECONST.....	115	<i>clarithromycin</i>	8	<i>clindacin etz</i>	71
<i>cinacalcet</i>	107	<i>classic prenatal</i>	152	CLINDACIN ETZ.....	71
CINQAIR	144	<i>cleansing wash</i>	71	<i>clindacin p</i>	71
CINRYZE.....	144	<i>clearlax</i>	115	CLINDACIN PAC.....	71
CINVANTI	115	<i>clemastine</i>	142	CLINDAGEL	71
CIPRO	12	CLENIA PLUS.....	71	<i>clindamycin hcl</i>	9
CIPRO HC.....	89	CLENPIQ	115	CLINDAMYCIN IN 0.9 % SOD CHLOR.....	9
<i>ciprofloxacin</i>	12	CLEOCIN.....	9, 131	<i>clindamycin in 5 % dextrose</i> ...	9
<i>ciprofloxacin hcl</i>	12, 88, 136	CLEOCIN HCL.....	9	<i>clindamycin pediatric</i>	9
<i>ciprofloxacin in 5 % dextrose</i>	12	CLEOCIN PEDIATRIC	9	<i>clindamycin phosphate</i>	9, 71, 131
<i>ciprofloxacin-dexamethasone</i>	89	CLEOCIN T	71	<i>clindamycin-benzoyl peroxide</i>	71
CIPROFLOXACIN- FLUOCINOLONE	89	CLEVER CHEK BLOOD GLUCOSE.....	92	<i>clindamycin-tretinoin</i>	71
<i>cisplatin</i>	16	CLEVER CHOICE GLUCOSE MONITOR....	92	CLINDESSE.....	131
CISPLATIN	16	CLEVER CHOICE LEVEL 2 CONTROL	92	CLINITEST COVID-19 HOME TEST	83
<i>citalopram</i>	45	CLEVER CHOICE MICRO	92		
CITALOPRAM	45	CLEVER CHOICE MICRO TEST STRIP.....	92		

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

CLINPRO 5000.....	87	COBENFY STARTER PACK	46	<i>complete natal dha</i>	152
<i>clobazam</i>	25	COCAINE	75	<i>completenate</i>	152
<i>clobetasol</i>	78, 79	<i>cod liver oil</i>	152	<i>compro</i>	115
CLOBETASOL	79, 141	<i>codeine sulfate</i>	33	CONCEPT DHA	152
<i>clobetasol-emollient</i>	79	<i>codeine-butalbital-asa-caff</i> ..	33	CONCEPT OB	152
CLOBEX.....	79	<i>codeine-guaifenesin</i>	143	CONCERTA	46
<i>clocortolone pivalate</i>	79	CODITUSSIN AC	143	CONDYLOX.....	67
<i>clodan</i>	79	CODITUSSIN DAC	143	CONEXXENCE	126
CLODAN KIT.....	79	COLAZAL	115	CONJUPRI	54
<i>clofarabine</i>	16	<i>colchicine</i>	126	CONSENSI.....	54
<i>clomid</i>	107	COLCRYS.....	126	<i>constulose</i>	115
<i>clomiphene citrate</i>	107	<i>colesevelam</i>	62	CONTOUR CONTROL SOLUTION, NML	92
<i>clomipramine</i>	45	COLESTID.....	62	CONTOUR NEXT EZ METER.....	92
<i>clonazepam</i>	25	<i>colestipol</i>	62	CONTOUR NEXT GEN METER.....	92
<i>clonidine</i>	54	<i>colistin (colistimethate na)</i>	9	CONTOUR NEXT LEV 2 CONTROL SOL	92
<i>clonidine hcl</i>	45, 54	COLUMVI	17	CONTOUR NEXT LINK.....	92
CLONIDINE HCL	54	COLY-MYCIN M PARENTERAL	9	CONTOUR NEXT LINK 2.4	93
<i>clopidogrel</i>	59	COMBIGAN	140	CONTOUR NEXT METER.....	93
<i>clorazepate dipotassium</i>	45	COMBIPATCH.....	130	CONTOUR NEXT ONE METER.....	93
<i>clotrimazole</i>	3, 77	COMBIVENT RESPIMAT	144	CONTOUR NEXT TEST STRIPS	93
<i>clotrimazole-betamethasone</i>	77	COMETRIQ	17	CONTOUR PLUS BLUE METER.....	93
<i>clozapine</i>	46	COMIRNATY 2024-25 (12Y UP)(PF)	123	CONTOUR PLUS TEST STRIP	93
CLOZARIL	46	COMPACT SPACE CHAMBER	148		
<i>c-nate dha</i>	152	COMPAZINE	115		
COAGADEX	59	COMPLERA	4		
COARTEM.....	9				
COBENFY	46				

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

CONTOUR TEST STRIPS ..93	COSENTYX PEN (2 PENS)64	CUTAQUIG.....123
CONTRACE.....82	COSENTYX UNOREADY PEN .....64	CUVITRU .....123
CONZIP .....41	COSOPT.....140	CUVPOSA .....113
COPAXONE .....52	COSOPT (PF).....140	CUVRIOR.....85
COPIKTRA.....17	<i>cosyntropin</i> .....89	<i>cyanocobalamin (vitamin b-12)</i> .....152
CORDRAN TAPE LARGE ROLL .....79	COTELLIC.....17	<i>cyclobenzaprine</i> .....32
CORDX COVID-19 AG HOME TEST.....83	COTEMPLA XR-ODT.....46	CYCLOGYL .....137
CORDX TYFAST FLU- COVID-19 TEST .....83	<i>covaryx</i> .....130	CYCLOMYDRIL.....141
COREG .....54	<i>covaryx h.s.</i>.....130	<i>cyclopentolate</i>.....137
COREG CR.....54	COVID-19 AT-HOME TEST.....83	<i>cyclopen-tropic-phenyleph- watr</i>.....137
CORIFACT .....59	COVID19 TEST ADM.BY PHARMACIST .....83	CYCLOPENT-TROPIC- PHEN-KETR-WAT .....137
CORLANOR.....63	COXANTO .....41	<i>cyclophosphamide</i> .....17
CORTANE-B.....67	COZAAR.....54	CYCLOPHOSPHAMIDE ....17
CORTEF .....89	CRENESSITY .....107	CYCLOP-TROP-PROPA- PHEN-KET-WAT .....137
CORTENEMA .....115	CREON .....115	<i>cycloserine</i> .....9
CORTIFOAM.....115	CRESEMBA .....3	CYCLOSET .....110
<i>corti-sav</i>.....76	CRESTOR.....62	<i>cyclosporine</i>.....17, 138
<i>cortisone</i> .....89	CREXONT .....28	<i>cyclosporine modified</i>.....17
CORTISPORIN-TC .....89	CRINONE .....130	CYCLOTENS REFILL .....32
CORTROPHIN GEL.....89	<i>cromolyn</i> .....115, 138, 144	CYCLOTENS STARTER ....32
CORTROSYN.....89	<i>crotan</i>.....82	CYKLOKAPRON.....59
COSELA .....17	<i>cryselle (28)</i>.....133	CYLTEZO(CF).....127
COSENTYX.....64	CRYSVITA .....107	CYLTEZO(CF) PEN .....127
COSENTYX (2 SYRINGES) .....64	CTEXLI.....115	CYLTEZO(CF) PEN CROHN'S-UC-HS.....127
COSENTYX PEN.....64	CUPRIMINE .....127	
	<i>curity sterile water</i>.....85	

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

CYLTEZO(CF) PEN PSORIASIS-UV 127	<i>dantrolene</i>.....32	DAYLOGIC MINOXIDIL ...67
<i>cyproheptadine</i> 142	DANYELZA 17	<i>daysee</i> .....133
CYRAMZA..... 17	DANZITEN..... 17	DAYTRANA .....46
<i>cyred</i> 133	DAPAGLIFLOZ PROPANED- METFORMIN 110	DAYVIGO.....46
<i>cyred eq</i> 133	DAPAGLIFLOZIN PROPANEDIOL..... 110	DAZAVEIDAOXIA .....71
CYSTADANE 115	<i>dapsone</i>.....9, 71	DAZINIA .....67
CYSTADROPS 138	DAPSONE..... 71	DAZOMON.....71
CYSTAGON 149	DAPTACEL (DTAP PEDIATRIC) (PF) 123	DDAVP .....107
CYSTARAN..... 138	<i>daptomycin</i> .....9	DEBACTEROL.....87
<i>cytarabine</i> 17	DAPTOMYCIN .....9	<i>deblitane</i> .....130
<i>cytarabine (pf)</i> 17	DAPTOMYCIN IN 0.9 % SOD CHLOR .....9	<i>decara</i> .....153
CYTOGAM..... 123	DARAPRIM.....9	DECARA.....153
CYTOMEL..... 112	<i>darifenacin</i>.....148	<i>decitabine</i> .....17
CYTOTEC 119	DARTISLA 113	DEFENCATH.....85
<i>cytra-2</i> 149	<i>darunavir</i> .....4	<i>deferasirox</i> .....85
<i>cytra-3</i> 149	DARZALEX 17	<i>deferiprone</i>.....85
<i>cytra-k</i> 149	DARZALEX FASPRO..... 17	DEFITELIO.....59
D	<i>dasatinib</i> 17	<i>deflazacort</i> .....89
<i>dabigatran etexilate</i>.....59	<i>dasetta 1/35 (28)</i>.....133	DELESTROGEN .....130
<i>dacarbazine</i> 17	<i>dasetta 7/7/7 (28)</i>.....133	DELIBON.....77
<i>dactinomycin</i> 17	DATROWAY 17	DELSTRIGO .....4
DAFILOR..... 77	<i>daunorubicin</i> 17	<i>demeclocycline</i> .....12
<i>dalfampridine</i> 30	DAURISMO..... 17	DEMEROL .....33
DALIRESP 144	DAXXIFY 123	DEMEROL (PF).....33
DALVANCE..... 9	DAYBUE.....30	DEMSEER.....54
<i>danazol</i> 107		DENAVIR.....78
DANTRIUM 32		DENG VAXIA (PF).....123
		<i>denta 5000 plus</i>.....87

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

<i>denta 5000 plus sensitive</i>	87	DERMACINRX PUREFOLIX	153	<i>dexamethasone sodium phos (pf)</i>	89
<i>dentagel</i>	87	DERMACINRX THERAZOLE PAK.....	77	<i>dexamethasone sodium phosphate</i>	89, 141
DENVITA	77	<i>derma-r</i>	67	DEXAMETH- MOXIFLOX(PF)- NACL,ISO	140
DEOXIA.....	71	DERMA-SMOOTH/FS BODY OIL	79	DEXAMET-MOXIFL- KETORO-NACL(PF).....	138
DEOXIADEMTAR.....	72	DERMA-SMOOTH/FS SCALP OIL	79	<i>dexchlorpheniramine maleate</i>	142
DEOXIATAR	72	DERMASO PLUS.....	67	DEXCOM G6 RECEIVER ..	93
DEOXIAVAR	72	DERMAWERX SDS.....	79	DEXCOM G6 SENSOR.....	93
DEPAKOTE	25	DERMAZENE	76	DEXCOM G6 TRANSMITTER	93
DEPAKOTE ER.....	25	DERMOTIC OIL	88	DEXCOM G7 RECEIVER ..	93
DEPAKOTE SPRINKLES...	25	DESCOVY	4	DEXCOM G7 SENSOR.....	93
DEPEN TITRATABS.....	127	<i>desipramine</i>	46	DEXEDRINE SPANSULE ..	46
DEPO-ESTRADIOL	130	<i>desloratadine</i>	142	DEXILANT	119
DEPO-MEDROL	89	<i>desmopressin</i>	107, 108	<i>dexlansoprazole</i>	119
DEPO-PROVERA	130	DESMOPRESSIN	108	<i>dexmethylphenidate</i>	46
DEPO-SUBQ PROVERA 104	130	<i>desog-e.estradiol/e.estradiol</i>	133	<i>dexrazoxane hcl</i>	14
DEPO-TESTOSTERONE..	107	<i>desonide</i>	79	DEXTENZA.....	141
DERMACINRX LEXITRAL	41	DESOWEN	79	<i>dextroamphetamine sulfate</i> ...	46
<i>dermacinrx lidocan</i>	75	<i>desoximetasone</i>	79	<i>dextroamphetamine-</i> <i>amphetamine</i>	46
DERMACINRX LIDOGEL.	75	DESXYN.....	46	DHIVY	28
DERMACINRX LIDOREX 75		DESVENLAFAXINE	46	DIACOMIT	25
DERMACINRX PRENATRIX	153	<i>desvenlafaxine succinate</i>	46	DIADIMAXIA	72
DERMACINRX PRENATRYL	153	<i>dexabliss</i>	89	<i>dialyvite 800</i>	153
DERMACINRX PRETRATE	153	<i>dexamethasone</i>	89		
<i>dermacinrx prizopak</i>	75	<i>dexamethasone intensol</i>	89		

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

DIALYVITE 800 WITH IRON 153	DICLOFEX DC.....41	<i>dimenhydrinate</i> 115
DIALYVITE 800 WITH ZINC 15..... 153	DICLOFONO.....41	DIMENTHO.....41
DIALYVITE 800 WITH ZINC 50..... 153	DICLOGEN.....41	<i>dimethyl fumarate</i> .....52
DIALYVITE VITAMIN D3 MAX..... 153	DICLOPR.....41	DIMOXIA .....72
DIAOXIA..... 72	DICLOSAICIN .....41	DIOCHLOY .....64
DIASAXIATAR 72	DICLOTRAL .....41	DIONARIS .....77
DIASDIMAXIA..... 72	DICLOTREX .....41	DIOOXIA .....64
DIASOXIA..... 72	<i>dicloxacillin</i> 11	DIOVAN.....54
DIATRUE CONTROL SOLN NORMAL.....93	<i>dicyclomine</i> 113	DIOVAN HCT .....54
DIATRUE PLUS BLOOD GLUCOSE MET .....93	DICYCLOMINE 113	DIPENTUM 115
DIATRUE PLUS TEST STRIP.....93	<i>diethylpropion</i>.....82	DIPHEN .....142
<i>diazepam</i>.....25, 46	DIFFERIN .....72	<i>diphenhydramine hcl</i> .....142
<i>diazepam intensol</i> .....46	DIFICID .....8	<i>diphenoxylate-atropine</i> 113
<i>diazoxide</i> 103	<i>diflorasone</i>.....79	DIPROLENE (AUGMENTED) .....79
DIBENZYLINE .....54	DIFLUCAN.....3	<i>dipyridamole</i>.....59
<i>dichlorphenamide</i>.....30	<i>diflunisal</i>.....41	DISALCID .....41
DICLEGIS..... 115	<i>difluprednate</i>.....141	<i>diskets</i> .....33
DICLOFENAC EPOLAMINE.....41	DIFMETIOXRIME .....77	<i>disopyramide phosphate</i> .....53
<i>diclofenac potassium</i> .....41	<i>digoxin</i> .....58	<i>disulfiram</i>.....85
<i>diclofenac sodium</i> ...41, 67, 139	<i>dihydroergotamine</i>.....29	DITHOL .....41
DICLOFENAC SUBMICRONIZED .....41	DILANTIN.....25	DIURIL.....54
<i>diclofenac-misoprostol</i> .....41	DILANTIN EXTENDED....25	<i>divalproex</i> .....25
	DILANTIN INFATABS .....25	DIVENDO .....77
	DILANTIN-125.....25	DIVIGEL .....130
	DILAUDID .....33	DIVINIX.....79
	DILAUDID (PF) .....33	<i>docetaxel</i> .....17
	<i>diltiazem</i> .....54	DOCIVYX.....17
	<i>dilt-xr</i>.....54	

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

<i>dodex</i>	153	DOXYCYCLINE HYCLATE	13	DUOPA.....	28
<i>dofetilide</i>	53	<i>doxycycline monohydrate</i>	13	DUPIXENT PEN.....	67
DOJOLVI	151	<i>doxylamine-pyridoxine (vit b6)</i>	115	DUPIXENT SYRINGE.....	67
<i>dolishale</i>	133	DRAXACE.....	72	<i>duramorph (pf)</i>	33
DOLOBID.....	41	DRAXACEY	72	DUREX AVANTI BARE REAL FEEL	129
DOLOTRANZ	75	<i>drithocrema hp</i>	64	DUREX TROPICAL CONDOM	129
DOMELA.....	79	DRIXECE.....	72	DUREZOL	141
<i>donepezil</i>	30	DRIZALMA SPRINKLE	46	DUROLANE	41
DONNATAL	113	<i>dronabinol</i>	115	DURYSTA.....	140
DOPTELET (15 TAB PACK)	59	<i>droperidol</i>	115	<i>dutasteride</i>	149
DORAL	46	<i>drospirenone-e.estradiol-lm.fa</i>	133	<i>dutasteride-tamsulosin</i>	149
DORYX.....	12	<i>drospirenone-ethinyl estradiol</i>	133	DUVYZAT	85
DORYX MPC	12	DROXIA	17	DYANAVEL XR	46
<i>dorzolamide</i>	140	<i>droxidopa</i>	85	DYMISTA	144
DORZOLAMIDE (PF)	140	DRYSOL DAB-O-MATIC ...	67	DYNOMA	79
<i>dorzolamide-timolol</i>	140	DSUVIA.....	33	DYRENIUM.....	55
<i>dorzolamide-timolol (pf)</i>	140	DUAKLIR PRESSAIR	144	DYSPORT	123
<i>dotti</i>	130	DUAVEE	130	E	
DOVATO	4	DUETACT.....	110	<i>e.e.s. 400</i>	8
<i>doxazosin</i>	55	<i>dulcolax (magnesium hydroxide)</i>	115	E.E.S. GRANULES.....	8
<i>doxepin</i>	46, 67	DULERA.....	144	EASIVENT HOLDING CHAMBER	148
<i>doxercalciferol</i>	108	<i>duloxetine</i>	46	EASY PLUS II HIGH CONTROL	93
DOXIL	17	DULOXICAINE	46	EASY PLUS II TEST	93
<i>doxorubicin</i>	17	DUOBRII	79	EASY STEP	93
<i>doxorubicin, peg-liposomal</i> ..	17				
<i>doxy-100</i>	12				
<i>doxycycline hyclate</i>	12				

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

EASY STEP BLOOD GLUCOSE METER.....	93	EASYGLUCO TEST	94	<i>eemt</i>	130
EASY STEP HIGH CONTROL SOLN.....	93	EASYMAX	94	<i>eemt hs</i>	130
EASY TALK GLUCOSE TEST	93	EASYMAX 15 LEVEL 2....	94	<i>efavirenz</i>	4
EASY TALK HIGH CONTROL	93	EASYMAX NG	94	<i>efavirenz-emtricitabin-tenofov</i>	4
EASY TALK PLUS II LOW CONTROL	93	EASYMAX NORMAL CONTROL	94	<i>efavirenz-lamivu-tenofov disop</i>	4
EASY TALK PLUS II TEST STRIP	93	EASYMAX T1	94	<i>effe-k</i>	150
EASY TOUCH BLU CTRL SOLN-L1,L3	93	EASYMAX V SPEAKING GLUCOSE SYS	94	EFFER-K.....	150
EASY TOUCH BLULINK GLUC SYST	93	EBGLYSS PEN	67	EFFEXOR XR.....	46
EASY TOUCH BLULINK TEST STRIP	93	EBGLYSS SYRINGE	67	EFFIENT	59
EASY TOUCH GLUCOSE MONITOR	93	ECEOXIA	72	EFUDEX	67
EASY TOUCH TEST STRIP	93	EC-NAPROSYN.....	41	EGRIFTA SV.....	122
EASY TRAK GLUCOSE TEST	93	<i>econazole nitrate</i>	77	EKTERLY	144
EASY TRAK II BLOOD GLUCOSE MTR.....	94	<i>econtra ez</i>	133	ELAHERE	17
EASY TRAK II CTRL SOLN- NORMAL.....	94	<i>econtra one-step</i>	133	ELAPRASE.....	108
EASY TRAK II TEST STRIP	94	<i>ecotrin</i>	41	ELELYSO.....	108
EASY TRAK LOW CONTROL	94	<i>ecotrin low strength</i>	41	ELEMENT COMPACT GLUCOSE METER	94
EASYGLUCO METER	94	ECOZA.....	77	ELEMENT COMPACT NORMAL CONTROL	94
		<i>edaravone</i>	30	ELEMENT COMPACT TEST STRIPS	94
		EDARBI	55	ELEMENT COMPACT V GLUCOSE MTR.....	94
		EDARBYCLOR.....	55	ELEMENT NORMAL CONTROL	94
		EDECIN.....	55	ELEMENT PLUS BLOOD GLUCOSE KIT	94
		EDEX	149	ELEMENT TEST STRIPS ..	94
		EDLUAR.....	46	ELEPSIA XR.....	25
		<i>ed-spaz</i>	113		
		EDURANT.....	4		
		EDURANT PED	4		

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

ELESTRIN	130	ELZONRIS.....	17	EMSAM	46
<i>eletriptan</i>	29	EMBLAVEO	9	<i>emtricitabine</i>	4
ELFABRIO.....	108	EMBRACE BLOOD		<i>emtricitabine-tenofovir (tdf)</i> ...	4
ELIDEL	67	GLUCOSE SYSTEM.....	94	<i>emtricitabine-tenofovir (tdf)</i> ...	4
ELIGARD	17	EMBRACE EVO LEVEL 1 ..	94	EMTRIVA	4
ELIGARD (3 MONTH).....	17	EMBRACE EVO TEST		<i>emulsion sb</i>	67
ELIGARD (4 MONTH).....	17	STRIPS.....	94	EMVERM.....	9
ELIGARD (6 MONTH).....	17	EMBRACE GLUCOSE		<i>emzahh</i>	130
ELIMITE	82	CONTROL LOW	94	<i>enalapril maleate</i>	55
<i>elinest</i>	133	EMBRACE PRO GLUCOSE		<i>enalaprilat</i>	55
ELIQUIS	59	METER	94	<i>enalapril-hydrochlorothiazide</i>	
ELIQUIS DVT-PE TREAT		EMBRACE PRO TEST		.....	55
30D START	59	STRIPS.....	94	ENBRACE HR.....	153
ELITEK.....	15	EMBRACE TALK BLOOD		ENBREL.....	127
<i>elite-ob</i>	153	GLUCOSE SYS	94	ENBREL MINI.....	127
ELLA.....	133	EMBRACE TALK		ENBREL SURECLICK	127
ELLENCE	17	CONTROL-LOW (L1).....	94	ENCERTO	138
ELLUME COVID-19 HOME		EMBRACE TALK TEST		ENDARI	85
TEST	83	STRIPS.....	95	<i>endocet</i>	33
ELLZIA PAK	79	EMBRACE WAVE PLUS		ENDOMETRIN.....	130
ELMIRON.....	149	GLUCOSE MTR.....	95	ENFLONSIA	4
ELOCTATE	59	EMEND.....	115	ENERGIX-B (PF)	123
ELREXFIO.....	17	EMEND (FOSAPREPITANT)		ENERGIX-B PEDIATRIC	
<i>eltrombopag olamine</i>	59	.....	116	(PF).....	123
<i>eluryng</i>	131	EMFLAZA	89	ENHERTU.....	17
ELYXYB	29	EMGALITY PEN.....	29	<i>enilloring</i>	131
ELYZIA.....	67	EMGALITY SYRINGE	29	ENJAYMO	85
ELYZIA (WITH		EMPAVELI.....	85	<i>enoxaparin</i>	59
HYALURONATE)	67	EMPLICITI	17		
		EMRELIS.....	17		
		EMROSI.....	13		

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

ENOXILUV	59	EPINEPHRINE IN SOD CHL,ISO(PF)	142	<i>eribulin</i>	18
<i>enpresse</i>	133	EPINEPHRINE PROFESSIONAL.....	142	ERIVEDGE	18
ENSACOVE.....	17	EPINEPHRINESNAP	142	ERLEADA	18
<i>enskyce</i>	133	EPINEPHRINESNAP-EMS	142	<i>erlotinib</i>	18
ENSPRYNG	17	EPINEPHRINESNAP-V	142	ERMEZA.....	112
ENSTILAR.....	64	EPIPEN	142	<i>errin</i>	130
<i>entacapone</i>	28	EPIPEN JR	142	ERTACZO	77
ENTADFI	149	<i>epirubicin</i>	17	<i>ertapenem</i>	9
<i>entecavir</i>	4	<i>epitol</i>	25	ERVEBO(PF)(NATIONAL STOCKPILE)	123
ENTRESTO	63	EPIVIR	4	ERWINASE.....	18
ENTRESTO SPRINKLE	63	EPKINLY	18	<i>ery pads</i>	72
ENTTY	67	<i>eplerenone</i>	55	<i>erygel</i>	72
ENTYVIO	116	EPOGEN	121	ERYPED 200.....	8
ENTYVIO PEN.....	116	<i>epoprostenol</i>	55	ERYPED 400.....	8
<i>enulose</i>	116	EPRONTIA	25	<i>ery-tab</i>	8
ENVARUSUS XR.....	17	<i>eprosartan</i>	55	ERY-TAB.....	8
EOHILIA.....	116	EPSOLAY	72	ERYTHROCIN.....	8
EPANED	55	<i>eptifibatide</i>	59	<i>erythrocine (as stearate)</i>	8
EPCLUSA	4	EPYSQLI.....	85	<i>erythromycin</i>	8, 136
EPICERAM.....	67	EQUETRO	25	<i>erythromycin ethylsuccinate</i> ...	8
EPIDIOLEX	25	ERAXIS(WATER DILUENT)3		<i>erythromycin lactobionate</i>	8
EPIDUO FORTE.....	72	ERBITUX.....	18	<i>erythromycin with ethanol</i>	72
EPIFOAM	64	<i>ergocalciferol (vitamin d2)</i> .	153	<i>erythromycin-benzoyl peroxide</i>	72
<i>epinastine</i>	138	<i>ergoloid</i>	46	ERZOFRI	46
<i>epinephrine</i>	142	ERGOMAR.....	29	ESBRIET	144
EPINEPHRINE	142	<i>ergotamine-caffeine</i>	29	<i>escitalopram oxalate</i>	46
EPINEPHRINE HCL (PF) .	142				

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

<i>eslicarbazepine</i>	25	<i>ethynodiol diac-eth estradiol</i>	133	<i>everolimus</i> (immunosuppressive)	18
<i>esmolol</i>	55	ETHYOL	15	EVERSENSE 365 SENSOR	95
<i>esmolol in nacl (iso-osm)</i>	55	<i>etodolac</i>	41	EVERSENSE 365 TRANSMITTER	95
ESMOLOL IN STERILE WATER.....	55	<i>etonogestrel-ethinyl estradiol</i>	131	EVISTA	126
<i>esomeprazole magnesium</i> ...	119	ETOPOPHOS	18	EVKEEZA.....	62
<i>esomeprazole sodium</i>	119	<i>etoposide</i>	18	EVOCLIN.....	72
ESPEROCT	59	<i>etravirine</i>	4	EVOLUTION BLOOD GLUCOSE METER	95
<i>estarylla</i>	133	EUA PATIENT ASSESSMENT	83	EVOLUTION NORMAL CONTROL	95
<i>estazolam</i>	46	EUCRISA.....	67	EVOLUTION TEST STRIPS	95
ESTRACE	130	EUFLEXXA.....	42	EVOMELA.....	18
<i>estradiol</i>	130	EULEXIN.....	18	EVOTAZ	4
ESTRADIOL.....	130	EURAX	82	EVOXAC	85
<i>estradiol valerate</i>	130	<i>euthyrox</i>	112	EVRYSDI	30
<i>estradiol-norethindrone acet</i>	130	EVAMIST.....	130	EXELDERM	77
ESTRATEST F.S.	130	EVEKEO	46	EXELON PATCH.....	30
ESTRATEST H.S.	130	EVENCARE G2.....	95	<i>exemestane</i>	18
ESTRING.....	130	EVENCARE G3 GLUCOSE METER	95	<i>exenatide</i>	110
ESTROGEL	130	EVENCARE G3 TEST	95	EXFORGE.....	55
<i>estrogens-methyltestosterone</i>	130	EVENCARE MINI GLUCOSE TEST STR.....	95	EXFORGE HCT.....	55
<i>eszopiclone</i>	46	EVENCARE MINI MONITOR SYSTEM.....	95	EXJADE	85
<i>ethacrynate sodium</i>	55	EVENCARE PROVIEW TEST STRIP.....	95	EXODERM	77
<i>ethacrynic acid</i>	55	EVENITY	126	EXONDYS-51.....	30
<i>ethambutol</i>	9	<i>everolimus (antineoplastic)</i> ..	18	EXPAREL (PF).....	75
<i>ethosuximide</i>	25			EXTENCILLINE	11
ETHOXIA	72				
<i>ethyl chloride</i>	75				

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

EXTINA.....	77	FANAPT.....	47	FENOFIBRATE	
<i>eye allergy itch relief</i>	138	FANAPT TITRATION PACK		MICRONIZED	62
<i>eye allergy itch-redness rlf</i>	138	A	47	<i>fenofibrate nanocrystallized</i>	62
<i>eye itch relief</i>	138	FANAPT TITRATION PACK		<i>fenofibric acid</i>	62
EYLEA.....	138	B	47	<i>fenofibric acid (choline)</i>	62
EYLEA HD	138	FANAPT TITRATION PACK		<i>fenopropfen</i>	42
EYSUVIS	141	C	47	FENOPROFEN	42
EZ SMART PLUS SYSTEM		FARESTON.....	18	FENOPRON	42
.....	95	FARXIGA	110	FENOVAR.....	42
EZ SMART PLUS TEST	95	FASENRA	144	FENOVIA.....	77
EZ SMART SYSTEM.....	95	FASENRA PEN.....	144	FENSOLVI	18
EZ SMART TEST	95	FASLODEX	18	<i>fentanyl</i>	33
EZALLOR SPRINKLE.....	62	FASTEP COVID-19 AG		<i>fentanyl (pf)-bupivacaine-nacl</i>	
<i>ezetimibe</i>	62	HOME TEST	83	.....	34
EZETIMIBE-		FC2 FEMALE CONDOM	129	FENTANYL (PF)-	
ROSUVASTATIN	62	<i>febuxostat</i>	126	BUPIVACAINE-NACL ...	34
<i>ezetimibe-simvastatin</i>	62	FEIBA NF.....	59	<i>fentanyl citrate (pf)</i>	34
<i>ezfe 200</i>	153	<i>feirza</i>	133	FENTANYL CITRATE (PF)	34
F		<i>felbamate</i>	25	<i>fentanyl citrate (pf)-0.9%nacl</i>	
FA-8.....	153	FELBATOL	25	.....	34, 35
FABHALTA	85	<i>felodipine</i>	55	FENTANYL CITRATE (PF)-	
FABIOR	72	<i>fem ph</i>	131	0.9%NACL	34, 35
FABRAZYME	108	FEMARA	18	<i>fentanyl-ropivacaine-nacl (pf)</i>	
<i>falmina (28)</i>	133	FEMCAP	129	.....	35
<i>famciclovir</i>	4	FEMLYV	133	FENTANYL-ROPIVACAINE-	
<i>famotidine</i>	120	FEMRING	130	NACL (PF)	35
<i>famotidine (pf)</i>	120	<i>fenofibrate</i>	62	FEOSOL	153
<i>famotidine (pf)-nacl (iso-os)</i>		FENOFIBRATE	62	FEOSOL BIFERA	153
.....	120	<i>fenofibrate micronized</i>	62	FERAHEME.....	153
				FER-IN-SOL	153

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

<i>ferosul</i>	153	FIDILA.....	77	FLONASE SENSIMIST	145
<i>ferretts</i>	153	FILOMA.....	77	FLORIVA (FLUORIDE- VITAMIN D3).....	153
FERRETTS IPS	153	FILSPARI.....	63	<i>flotrex</i>	153
<i>ferrex 150 forte</i>	153	FINACEA.....	72	FLOWFLEX COVID-19 AG HOME TEST	83
<i>ferrex 150 forte plus</i>	153	<i>finasteride</i>	85, 149	FLOWFLEX PLUS COVID- 19 AND FLU	83
<i>ferrex 150 plus</i>	153	<i>fingolimod</i>	52	<i>floxuridine</i>	18
FERRIC CITRATE	150	FINTEPLA	25	FLUAD 2025-2026 (65 YR UP)(PF).....	123
FERRIMIN 150.....	153	<i>finzala</i>	133	FLUARIX 2025-2026 (PF)	123
FERRIPROX.....	85	FIORICET	35	FLUBLOK 2025-2026 (PF)	123
FERRIPROX (2 TIMES A DAY)	85	FIORICET WITH CODEINE	35	FLUCELVAX 2025-2026...123	
FERRLECIT.....	85	FIRAZYR.....	144	FLUCELVAX 2025-2026 (PF)	123
<i>ferrous gluconate</i>	153	FIRDAPSE	30	<i>fluconazole</i>	3
<i>ferrous sulfate</i>	153	FIRMAGON KIT W DILUENT SYRINGE	18	<i>fluconazole in nacl (iso-osm)</i> ..	3
<i>ferumoxytol</i>	153	FIRVANQ	14	<i>flucytosine</i>	3
FERVINA.....	77	<i>flac otic oil</i>	88	<i>fludarabine</i>	18
<i>fesoterodine</i>	148	FLAREX	141	<i>fludrocortisone</i>	89
FETROJA.....	8	<i>flavoxate</i>	148	FLULAVAL 2025-2026 (PF)	123
FETZIMA.....	47	FLEBOGAMMA DIF	123	FLUMADINE.....	4
FEXMID.....	32	<i>flecainide</i>	53	FLUMIST 2025-2026.....	123
FIASP FLEXTOUCH U-100 INSULIN.....	105	FLECTOR	42	FLUMIST HOME 2025-2026	123
FIASP PENFILL U-100 INSULIN.....	105	FLEQSUVY	32	<i>flunisolide</i>	145
FIASP PUMPCART.....	105	FLEXICHAMBER.....	148	<i>fluocinolone</i>	79
FIASP U-100 INSULIN	105	FLOLAN	55		
FIBRICOR	62	FLOLIPID	62		
FIBRYGA.....	59	FLOMAX.....	149		
<i>fidaxomicin</i>	8	FLONASE ALLERGY RELIEF	145		

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

<i>fluocinolone acetonide oil</i>	88	FLUTICASONE FUROATE- VILANTEROL.....	145	<i>folplex 2.2</i>	154
<i>fluocinolone and shower cap</i>	79	<i>fluticasone propionate</i> ..	80, 145	<i>foltabs 800</i>	154
<i>fluocinonide</i>	79, 80	FLUTICASONE PROPIONATE.....	145	<i>fondaparinux</i>	59
<i>fluocinonide-e</i>	80	<i>fluticasone propion-salmeterol</i>	145	FORA 6 CONNECT GLUCOSE STRIP	95
FLUOPAR	80	FLUTICASONE PROPION- SALMETEROL.....	145	FORA 6CONN-GTEL-TN'G ADV STRIP.....	95
FLUORESC EIN- BENOXINATE.....	138	<i>fluvastatin</i>	62	FORA D40D GLUCOSE-BP MONITOR.....	95
<i>fluorescein-proparacaine</i> ...	138	<i>fluvoxamine</i>	47	FORA D40-G31 TEST STRIPS	95
<i>fluoride (sodium)</i>	87, 153	FLUZONE 2025-2026	123	FORA G20.....	95
FLUORIDEX DAILY DEFENSE	87	FLUZONE 2025-2026 (PF)	123	FORA G30A.....	95
FLUORIDEX SENSITIVITY RELIEF	87	FLUZONE HIGH-DOSE 2025-26 (PF).....	123	FORA GD50 BLOOD GLUCOSE SYSTEM.....	95
FLUORIMAX 5000	88	FML FORTE	141	FORA GD50 TEST STRIPS	95
FLUORIMAX 5000 SENSITIVE.....	88	FML LIQUIFILM	141	FORA GTEL GLUCOSE TEST STRIP	95
<i>fluorometholone</i>	141	FOCALIN.....	47	FORA GTEL MULTI- FUNCTN MONITOR.....	95
<i>fluorouracil</i>	18, 67	FOCALIN XR	47	FORA KETONE CONTROL SOLN-L1	95
FLUOROURACIL	67	FOCINVEZ	116	FORA NORMAL CONTROL	96
<i>fluoxetine</i>	47	<i>folbee</i>	153	FORA PREMIUM V10 GLUCOSE METER	96
FLUOXIA	80	<i>folbic</i>	153	FORA TEST N'GO VOICE METER.....	96
<i>fluphenazine decanoate</i>	47	<i>folic acid</i>	153, 154	FORA TEST STRIP	96
<i>fluphenazine hcl</i>	47	FOLIC ACID.....	153	FORA TN'G ADV MOBILE MULTI MTR	96
<i>flurandrenolide</i>	80	<i>folitab</i>	154		
<i>flurazepam</i>	47	<i>folivane-f</i>	154		
<i>flurbiprofen</i>	42	<i>folivane-ob</i>	154		
<i>flurbiprofen sodium</i>	139	FOLLISTIM AQ.....	108		
FLUTICASONE FUROATE	145	FOLOTYN	18		

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

FORA TN'G ADVAN PRO TEST STRIP	96	<i>foscarnet</i>	5	FREESTYLE LIBRE 3 PLUS SENSOR.....	97
FORA TN'G ADVANCE MULTI-FN MTR	96	FOSCAVIR.....	5	FREESTYLE LIBRE 3 READER	97
FORA TN'G ADVANCE PRO MONITOR	96	<i>fosfomycin tromethamine</i>	13	FREESTYLE LIBRE 3 SENSOR.....	97
FORA TN'G VOICE METER	96	<i>fosinopril</i>	55	FREESTYLE LITE METER	97
FORA TN'G VOICE TEST STRIPS.....	96	<i>fosinopril-hydrochlorothiazide</i>	55	FREESTYLE LITE STRIPS	97
FORA V10.....	96	<i>fosphenytoin</i>	25	FREESTYLE PRECISION NEO METER	97
FORA V10-V12-D10-D20 STRIPS.....	96	FOSRENOL	150	FREESTYLE PRECISION NEO STRIPS.....	97
FORA V12 BLOOD GLUCOSE SYSTEM.....	96	FOTIVDA	18	FREESTYLE SIDEKICK II.	97
FORACARE GD20.....	96	FRAGMIN.....	59	FREESTYLE SYSTEM KIT	97
FORACARE GD20 GLUCOSE METER.....	96	<i>fraiche 5000</i>	88	FREESTYLE TEST	97
FORACARE GD40 TEST STRIPS.....	96	FRAICHE 5000 PREVI	88	FRINDOVYX.....	18
FORACARE GD40B GLUCOSE METER.....	96	FREESTYLE CONTROL....	96	FRIVO	77
FORACARE GDH LOW CONTROL	96	FREESTYLE FLASH SYSTEM	96	FROTEK.....	42
FORFIVO XL	47	FREESTYLE FREEDOM....	96	FROVA	29
<i>formoterol fumarate</i>	145	FREESTYLE FREEDOM LITE	96	<i>frovatriptan</i>	29
FORTEO.....	126	FREESTYLE INSULINX....	96	FRUZAQLA.....	18
FOSAMAX	126	FREESTYLE INSULINX TEST STRIPS	96	<i>full spectrum b-vitamin c</i>	154
FOSAMAX PLUS D.....	126	FREESTYLE LIBRE 14 DAY READER.....	96	FULPHILA.....	121
<i>fosamprenavir</i>	5	FREESTYLE LIBRE 14 DAY SENSOR.....	96	<i>fulvestrant</i>	18
<i>fosaprepitant</i>	116	FREESTYLE LIBRE 2 PLUS SENSOR.....	96	FURADANTIN	13
		FREESTYLE LIBRE 2 READER.....	96	FUROSCIX	55
		FREESTYLE LIBRE 2 SENSOR.....	96	<i>furosemide</i>	55
				FUROSEMIDE IN 0.9 % NACL	55
				FUZEON	5

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

FYARRO	18	GASTROCROM	116	<i>gengraf</i>	18
<i>fyavolv</i>	130	<i>gatifloxacin</i>	136	GENOTROPIN.....	122
FYCOMPA	25	GATTEX 30-VIAL.....	116	GENOTROPIN MINIQUICK	122
FYLNETRA	121	<i>gavilax</i>	116	GENSTRIP TEST STRIP	97
<i>fyremadel</i>	108	<i>gavilyte-c</i>	116	<i>gentamicin</i>	9, 76, 136
G		<i>gavilyte-g</i>	116	<i>gentamicin in nacl (iso-osm)</i> ..	9
<i>g tussin ac</i>	143	<i>gavilyte-n</i>	116	GENTAMICIN IN NACL (ISO-OSM)	9
<i>gabapentin</i>	25	GAVRETO	18	<i>gentamicin sulfate (ped) (pf)</i> ..	9
GABARONE.....	25	GAZYVA.....	18	GENTEEL VACUUM LANCING DEVICE	103
<i>gainextra hair regrowth</i>	68	GE100 BLOOD GLUCOSE SYSTEM	97	<i>gentle laxative (bisacodyl)</i> ..	116
GALAFOLD	108	GE100 BLOOD GLUCOSE TEST STRIP.....	97	<i>gentle laxative (mag hydrox)</i>	116
<i>galantamine</i>	30	GE100 CONTROL SOLUTION NORMAL....	97	<i>gentlelax</i>	116
<i>galbriela</i>	133	GE333 BLOOD GLUCOSE SYSTEM	97	GENVOYA.....	5
<i>gallifrey</i>	130	GE333 BLOOD GLUCOSE TEST STRIP.....	97	GEODON	47
GALZIN	150	<i>gefitinib</i>	18	GIAPREZA	63
GAMASTAN	123	GELCLAIR	88	GILENYA.....	52
GAMIFANT	18	GEL-KAM.....	88	GILOTRIF	18
GAMMAGARD LIQUID..	123	<i>gemcitabine</i>	18	GIMOTI.....	116
GAMMAGARD S-D (IGA < 1 MCG/ML)	123	GEMCITABINE.....	18	GIVLAARI.....	85
GAMMAKED.....	123	<i>gemfibrozil</i>	62	GLASSIA	85
GAMMAPLEX	123	<i>gemmily</i>	133	<i>glatiramer</i>	52
GAMMAPLEX (WITH SORBITOL)	124	GEMTESA	148	<i>glatopa</i>	52
GAMUNEX-C	124	GENABIO COVID-19 RAPID AT-HOME	83	GLEEVEC	18
<i>ganciclovir sodium</i>	5	<i>generlac</i>	116	GLEOSTINE	18
<i>ganirelix</i>	108			GLIADEL WAFER	18
GARDASIL 9 (PF).....	124				

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

<i>glimepiride</i>	110	GLUCOCARD VITAL	97	GOJJI KETONE CONTROL SOLN-L1	98
GLIMEPIRIDE	110	GLUCOCARD VITAL SENSOR.....	98	GOJJI MULTI-FUNCTIONAL METER.....	98
<i>glipizide</i>	110	GLUCOCARD VITAL TEST STRIPS.....	98	GOLYTELY.....	116
GLIPIZIDE.....	110	GLUCOCOM BLOOD GLUCOSE.....	98	GOMEKLI.....	18
<i>glipizide-metformin</i>	110	GLUCOCOM CONTROL NORMAL.....	98	GONAL-F.....	108
GLOPERBA.....	126	GLUCOCOM GLUCOSE....	98	GONAL-F RFF REDI-JECT	108
GLUCAGON (HCL) EMERGENCY KIT	103	GLUCOSE CONTROL.....	98	GONITRO	64
<i>glucagon emergency kit (human)</i>	103	<i>glutamine (sickle cell)</i>	85	GOPRELTO.....	75
GLUCAGON HCL	102	<i>glyburide</i>	110	GOTOKNOW COVID-19 AG HOME TEST	84
GLUCO NAVII GLUCOSE MONITOR	97	<i>glyburide micronized</i>	110	GRAFAPEX	18
GLUCO NAVII TEST STRIP	97	<i>glyburide-metformin</i>	110	GRALISE	25
GLUCOCARD 01 METER .	97	GLYCATE	113	<i>granisetron (pf)</i>	116
GLUCOCARD 01 NORMAL CONTROL	97	<i>glycopyrrolate</i>	113, 114	<i>granisetron hcl</i>	116
GLUCOCARD 01 SENSOR PLUS	97	<i>glycopyrrolate (pf)</i>	113	GRANIX.....	121
GLUCOCARD EXPRESSION	97	<i>glycopyrrolate (pf) in water</i>	113	GRASTEK.....	124
GLUCOCARD SHINE CONNEX METER.....	97	GLYCOPYRROLATE (PF) IN WATER.....	113	<i>griseofulvin microsize</i>	3
GLUCOCARD SHINE EXPRESS METER	97	GLYRX-PF	114	<i>griseofulvin ultramicrosize</i>	3
GLUCOCARD SHINE METER	97	GLYXAMBI.....	110	<i>guanfacine</i>	47, 55
GLUCOCARD SHINE TEST STRIPS.....	97	GM100.....	98	GUARDIAN 4 GLUCOSE SENSOR.....	98
GLUCOCARD SHINE XL METER	97	GOCOVRI.....	28	GUARDIAN 4 TRANSMITTER	98
		GOJJI BLOOD GLUCOSE TEST STRIP.....	98	GUARDIAN LINK 3 TRANSMITTER	98
		GOJJI GLUCOSE CNTRL SOL-NORMAL.....	98	GUARDIAN SENSOR 3	98
				GVOKE	103

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

GVOKE HYPOPEN 2-PACK 103	HALUCORT .....68	HEMOFIL M LOW .....59
GVOKE PFS 2-PACK SYRINGE..... 103	HAPRODERM.....68	HEMOFIL M MID .....59
GYNAZOLE-1 131	HARLIKU .....85	HEMOFIL M SUPER HIGH59
H	HARMONY GLUCOSE TEST STRIP .....98	<i>hep flush-10 (pf)</i> .....59
HADLIMA 127	HARVONI.....5	HEPAGAM B .....124
HADLIMA PUSHTOUCH 127	HAVRIX (PF).....124	<i>heparin (porcine)</i> .....59
HADLIMA(CF) 127	HAXCHLO .....77	<i>heparin (porcine) in 0.9% nacl</i>.....59
HADLIMA(CF) PUSHTOUCH..... 127	HAXCHLODREX.....77	HEPARIN (PORCINE) IN 0.9% NACL .....59
HAEGARDA 145	HAXDRAX.....77	<i>heparin (porcine) in 5 % dex</i> 59
<i>hailey</i> 133	HEALTHPRO GLUCOSE MONITOR .....98	<i>heparin (porcine) in nacl (pf)</i> .....59
<i>hailey 24 fe</i> 133	HEALTHPRO HIGH-LOW CONTROL .....98	HEPARIN (PORCINE) IN NACL (PF) .....60
<i>hailey fe 1.5/30 (28)</i> 133	HEALTHPRO TEST STRIPS.....98	<i>heparin lock flush (porcine)</i> .60
<i>hailey fe 1/20 (28)</i> 133	<i>heather</i> .....130	<i>heparin lockflush(porcine)(pf)</i> .....60
<i>hair regrowth treatment</i>.....68	HECTOROL.....108	<i>heparin(porcine) in 0.45% nacl</i>.....60
HAIR REGROWTH TREATMENT 68	HEMADY .....89	HEPARIN(PORCINE) IN 0.45% NACL .....60
HALAVEN 18	HEMANGEOL.....55	<i>heparin, porcine (pf)</i> .....60
<i>halcinonide</i> .....80	<i>hematinic/folic acid</i> .....154	HEPARIN, PORCINE (PF)..60
HALCION.....47	<i>hematogen fa</i> .....154	HEPLISAV-B (PF).....124
HALDOL DECANOATE.....47	HEMGENIX.....59	HEPZATO (50 MM CATHETER) .....18
<i>halobetasol propionate</i> .....80	HEMICLOR .....55	HERCEPTIN .....18
<i>haloette</i> 132	HEMLIBRA .....59	HERCEPTIN HYLECTA.....19
HALOG.....80	<i>hemmorex-hc</i> .....116	HERCESSI .....19
<i>haloperidol</i> .....47	HEMOCYTE.....154	
<i>haloperidol decanoate</i> .....47	HEMOCYTE-F .....154	
<i>haloperidol lactate</i> .....47	HEMOFIL M HIGH.....59	

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

HERZUMA	19	HUMALOG U-100 INSULIN	105	HUMULIN R REGULAR U-100 INSULN	105
HETLIOZ	47	HUMATE-P	60	HUMULIN R U-500 (CONC) INSULIN	105
HETLIOZ LQ.....	47	HUMATIN.....	10	HUMULIN R U-500 (CONC) KWIKPEN.....	105
HEXIOUNYL	77	HUMATROPE.....	122	HYCANTIN.....	19
HIBERIX (PF).....	124	HUMIRA (ONLY NDCS STARTING WITH 00074)	127	HYCODAN (WITH HOMATROPINE)	143
HISTEX-AC.....	143	HUMIRA PEN (ONLY NDCS STARTING WITH 00074)	127	<i>hydralazine</i>	55
HIXDEFRIMA.....	77	HUMIRA(CF) (ONLY NDCS STARTING WITH 00074)	127	HYDREA	19
HIZENTRA.....	124	HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074).....	128	HYDRO 35	68
<i>homatropaire</i>	137	HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074).....	128	HYDRO 40	68
HORIZANT	30	HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074).....	128	<i>hydrochlorothiazide</i>	55
HOVYN	68	HUMIRA(CF) PEN PSOR-UV-ADOL HS (ONLY NDCS STARTING WITH 00074).....	128	<i>hydrocodone bitartrate</i>	35
<i>hpr</i>	68	HUMALOG JUNIOR KWIKPEN U-100	105	<i>hydrocodone-acetaminophen</i>	35
<i>hpr plus</i>	68	HUMALOG KWIKPEN INSULIN.....	105	<i>hydrocodone-chlorpheniramine</i>	143
<i>hpr plus hydrogel</i>	68	HUMALOG MIX 50-50 KWIKPEN	105	<i>hydrocodone-homatropine</i> ..	143
HPR PLUS-MB HYDROGEL	68	HUMALOG MIX 75-25 KWIKPEN	105	<i>hydrocodone-ibuprofen</i>	35
HULIO(CF).....	127	HUMALOG MIX 75-25(U-100)INSULN.....	105	<i>hydrocortisone</i>	80, 89, 116
HULIO(CF) PEN	127	HUMALOG TEMPO PEN(U-100)INSULN.....	105	<i>hydrocortisone acetate</i>	116
HUMALOG JUNIOR KWIKPEN U-100	105			<i>hydrocortisone butyrate</i>	80
HUMALOG KWIKPEN INSULIN.....	105			HYDROCORTISONE LOTION COMPLETE	80
HUMALOG MIX 50-50 KWIKPEN	105			<i>hydrocortisone valerate</i>	80
HUMALOG MIX 75-25 KWIKPEN	105			<i>hydrocortisone-acetic acid</i> ...	89
HUMALOG MIX 75-25(U-100)INSULN.....	105			<i>hydrocortisone-iodoquinl-aloe2</i>	76
HUMALOG TEMPO PEN(U-100)INSULN.....	105			<i>hydrocortisone-iodoquinol</i> ...	76

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

<i>hydrocortisone-iodoquinol- aloe</i>	76	HYFTOR	68	<i>ibu</i>	42
<i>hydrocortisone-pramoxine</i> ..	65, 116	HYLENEX	85	IBUPAK	42
HYDROCORTISONE- PRAMOXINE	64, 116	HYMPAVZI PEN	60	<i>ibuprofen</i>	42
<i>hydromet</i>	143	<i>hyoscyamine sulfate</i>	114	<i>ibuprofen-famotidine</i>	42
<i>hydromorphone</i>	37	HYOSCYAMINE SULFATE	114	ICAR	154
HYDROMORPHONE	37	<i>hyosyne</i>	114	ICAR-C	154
<i>hydromorphone (pf)</i>	36	HYPERHEP B	124	ICAR-C PLUS	154
HYDROMORPHONE (PF) ..	36	HYPERHEP B NEONATAL	124	<i>icatibant</i>	145
HYDROMORPHONE (PF) IN WATER	36	HYPERRAB (PF)	124	<i>iclevia</i>	133
<i>hydromorphone (pf)-0.9 % nacl</i>	36	HYPER-SAL	145	ICLOFENAC CP	42
HYDROMORPHONE (PF)- 0.9 % NACL	36	HYPERTET (PF)	124	ICLUSIG	19
<i>hydromorphone in 0.9 % nacl</i>	36, 37	HYQVIA	124	<i>icosapent ethyl</i>	62
HYDROMORPHONE IN 0.9 % NACL	37	HYRIMOZ PEN CROHN'S- UC STARTER	128	ID NOW COVID-19 TEST KIT	84
<i>hydromorphone(pf)-nacl, iso- osm</i>	37	HYRIMOZ PEN PSORIASIS STARTER	128	IDAMYCIN PFS	19
HYDROMORPHONE(PF)- NACL,ISO-OSM	37, 38	HYRIMOZ(CF)	128	IDARAN	72
<i>hydroxocobalamin</i>	154	HYRIMOZ(CF) PEDI CROHN STARTER	128	<i>idarubicin</i>	19
<i>hydroxychloroquine</i>	10	HYRIMOZ(CF) PEN	128	IDELVION	60
HYDROXYM	81	HYSINGLA ER	38	IDHIFA	19
<i>hydroxyurea</i>	19	HYZAAR	55	IDOSE TR	140
<i>hydroxyzine hcl</i>	142	I		IDYYXIATAR	72
<i>hydroxyzine pamoate</i>	143	<i>ibandronate</i>	126	IFE-BIMIX 30/1	149
		IBRANCE	19	<i>iferex 150 forte</i>	154
		IBSRELA	116	IFEX	19
		IBTROZI	19	<i>ifosfamide</i>	19
				IGALMI	47
				IHEALTH CONTROL SOLN LEVEL 2	98

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

IHEALTH COVID-19 AG HOME TEST.....	84	IMITREX	29	INDICAID COVID-19 AG HOME TEST	84
IHEALTH GLUCO PLUS METER	98	IMITREX STATDOSE PEN	29	INDOCIN	42
IHEALTH GLUCOSE TEST STRIP	98	IMITREX STATDOSE REFILL	29	<i>indomethacin</i>	42
IHEEZO (PF)	138	IMJUDO	19	INDOMETHACIN	42
ILARIS (PF).....	121	IMKELDI	19	INFANRIX (DTAP) (PF) ...	124
ILET INFUSION KIT-INSET 23	103	IMLYGIC	19	INFED	154
ILET INFUSION-CONTACT DTCH 23	103	IMODIUM A-D.....	114	INFINITY CONTROL SOLUTION NORM	98
ILET INSULIN PUMP	103	IMODIUM MULTI- SYMPTOM RELIEF	114	INFINITY STARTER KIT ...	98
ILET STARTER KIT-INSET	103	IMOGAM RABIES-HT (PF)	124	INFINITY TEST STRIPS	98
ILEVRO	139	IMOVAX RABIES VACCINE (PF).....	124	INFLAMMA-K	42
ILEXOR	81	IMPAVIDO	10	INFLECTRA	116
ILUMYA	65	IMPOYZ.....	81	INFLIXIMAB.....	116
ILUVIEN.....	141	IMULDOSA	65	INFUGEM.....	19
IMAAVY	32	IMURAN.....	19	INFUMORPH P/F	38
<i>imatinib</i>	19	IMVEXXY MAINTENANCE PACK.....	130	INFUVITE PEDIATRIC	154
IMBRUVICA	19	IMVEXXY STARTER PACK	130	INGREZZA	30
IMCIVREE.....	82	INBRIJA.....	28	INGREZZA INITIATION PK(TARDIV).....	30
IMDELLTRA	19	<i>incassia</i>	130	INGREZZA SPRINKLE	30
IMFINZI.....	19	INCRELEX	85	INJECTAFER.....	154
IMIOXIA.....	77	INCRUSE ELLIPTA	145	INLYTA	19
<i>imipenem-cilastatin</i>	10	<i>indapamide</i>	55	INNOPRAN XL	55
<i>imipramine hcl</i>	47	INDERAL LA	55	INPEFA	110
<i>imipramine pamoate</i>	47	INDERAL XL	55	INPEN (FOR HUMALOG) PINK.....	103
<i>imiquimod</i>	68			INPEN (NOVOLOG OR FIASP) BLUE	103

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

INQOVI.....	19	INVOKANA	111	ISORDIL	64
INREBIC.....	19	INZDEAXIATAR.....	72	ISORDIL TITRADOSE	64
INSPIRA.....	55	INZDEAXIAVAR.....	72	<i>isosorbide dinitrate</i>	64
INSULIN ASP PRT-INSULIN ASPART	105	INZDEOXIA	72	<i>isosorbide mononitrate</i>	64
INSULIN ASPART U-100 .	105	INZIRQO.....	55	<i>isosorbide-hydralazine</i>	55
INSULIN DEGLUDEC	105	IODOFLEX	68	<i>isotretinoin</i>	72
INSULIN GLARGINE U-300 CONC.....	106	IODOPEN	19	<i>isradipine</i>	55
INSULIN GLARGINE-YFGN	106	IODOSORB.....	68	ISTALOL.....	137
INSULIN LISPRO	106	IOPIDINE.....	141	ISTODAX.....	19
INSULIN LISPRO PROTAMIN-LISPRO	106	IPOL	124	ISTURISA	108
INSULIN SYRINGE- NEEDLE U-100	102	<i>ipratropium bromide</i>	88, 145	ITHOXIA	72
INTEGRA F	154	<i>ipratropium-albuterol</i>	145	ITOVEBI	19
INTELENCE.....	5	IQIRVO	116	<i>itraconazole</i>	3
INTELISWAB COVID-19 HOME TEST.....	84	<i>irbesartan</i>	55	<i>ivabradine</i>	63
INTRAROSA	132	<i>irbesartan-hydrochlorothiazide</i>	55	<i>ivermectin</i>	10, 72
<i>introvale</i>	133	IRESSA	19	IVRA	19
INTUNIV ER	47	<i>irinotecan</i>	19	IWILFIN.....	19
INVEGA.....	48	<i>iron 100 plus</i>	154	IXCHIQ (PF).....	124
INVEGA HAFYERA.....	48	<i>iron chews</i>	154	IXEMPRA	19
INVEGA SUSTENNA.....	48	IROSPAN 24/6	154	IXIARO (PF).....	124
INVEGA TRINZA	48	ISENTRESS	5	IXINITY	60
INVELTYS.....	141	ISENTRESS HD	5	IYUZEH (PF)	140
INVOKAMET.....	110	<i>isibloom</i>	133	J	
INVOKAMET XR	111	ISOLYTE S PH 7.4	151	JADENU.....	85
		ISOLYTE-S	151	JADENU SPRINKLE	85
		<i>isoniazid</i>	10	<i>jaimiess</i>	133
		<i>isoproterenol hcl</i>	63	JAKAFI	19
				JALYN.....	149

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

<i>jantoven</i>	60	<i>junel 1/20 (21)</i>	133	<i>kemoplat</i>	19
JANUMET	111	<i>junel fe 1.5/30 (28)</i>	133	KENALOG.....	81, 89
JANUMET XR.....	111	<i>junel fe 1/20 (28)</i>	134	KENALOG-80	89
JANUVIA.....	111	<i>junel fe 24</i>	134	KENGREAL.....	60
JARDIANCE.....	111	JUST RIGHT 5000.....	88	KEPIVANCE	15
<i>jasmiel (28)</i>	133	JUXTAPID	62	KEPPRA.....	25, 26
JATENZO.....	108	JYLAMVO.....	19	KEPPRA XR	26
<i>javygtor</i>	108	JYNARQUE.....	108	<i>keralyt</i>	66
JAYPIRCA	19	JYNNEOS (PF)	124	KERALYT RX	66
JELMYTO.....	19	K		KERALYT SCALP	66
JEMPERLI	19	KADCYLA	19	KERASTAT	68
<i>jencycla</i>	130	<i>kaitlib fe</i>	134	KERAXA	42
JENTADUETO	111	KALBITOR.....	145	KERENDIA.....	55
JENTADUETO XR.....	111	KALETRA	5	KERIDA	68
JEUVEAU	124	<i>kalliga</i>	134	KESIMPTA PEN	52
JEVTANA	19	KALYDECO	145	<i>ketoconazole</i>	3, 77
<i>jinteli</i>	130	KANJINTI.....	19	<i>ketodan</i>	77
JIVI.....	60	KANUMA	108	<i>ketodan kit</i>	77
JOENJA.....	85	KAPSPARGO SPRINKLE ..	55	<i>ketoprofen</i>	42
<i>jolessa</i>	133	KARBINAL ER	143	<i>ketorolac</i>	42, 139
JORNAY PM.....	48	<i>kariva (28)</i>	134	<i>ketotifen fumarate</i>	138
JOURNAVX.....	42	KATERZIA	55	KEVEYIS	30
<i>joyeaux</i>	133	KAZANO	111	KEVZARA	128
JUBBONTI.....	126	KAZURI.....	68	KEYTRUDA	19
JUBLIA	77	KCENTRA	60	KHAPZORY	15
<i>juleber</i>	133	KEDRAB (PF)	124	KHINDIVI.....	89
JULUCA.....	5	<i>kelnor 1/35 (28)</i>	134	KIMMTRAK.....	19
<i>junel 1.5/30 (21)</i>	133	<i>kelnor 1/50 (28)</i>	134	KIMYRSA.....	10

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

KINERET.....	128	KOSHER PRENATAL PLUS IRON	154	LAMICTAL.....	26
KINEVAC	116	<i>kourzeq</i>	88	LAMICTAL ODT.....	26
KINRIX (PF).....	124	KOVALTRY	60	LAMICTAL ODT STARTER (BLUE)	26
<i>kiprofen</i>	42	K-PHOS NO 2.....	149	LAMICTAL ODT STARTER (GREEN)	26
KISQALI.....	19	K-PHOS ORIGINAL	149	LAMICTAL ODT STARTER (ORANGE).....	26
KISUNLA	30	<i>k-phos-neutral</i>	150	LAMICTAL STARTER (BLUE) KIT	26
KITABIS PAK.....	10	KPN	154	LAMICTAL STARTER (GREEN) KIT	26
KLARITY (CHONDROITIN) (PF).....	138	KRAZATI.....	19	LAMICTAL STARTER (ORANGE) KIT	26
KLARON	76	KRINTAFEL	10	LAMICTAL XR	26
<i>klayesta</i>	77	KRISTALOSE.....	116	LAMICTAL XR STARTER (BLUE)	26
KLISYRI (250 MG).....	19	KRYSTEXXA	126	LAMICTAL XR STARTER (GREEN)	26
KLONOPIN	26	<i>kurvelo (28)</i>	134	LAMICTAL XR STARTER (ORANGE).....	26
<i>klor-con</i>	150	KUVAN	108	<i>lamivudine</i>	5
<i>klor-con 10</i>	150	KYLEENA	129	<i>lamivudine-zidovudine</i>	5
<i>klor-con 8</i>	150	KYMRIAH.....	19	<i>lamotrigine</i>	26
<i>klor-con m10</i>	150	KYNARA.....	68	LAMPIT	10
<i>klor-con m15</i>	150	KYPROLIS	19	LAMZEDE	85
<i>klor-con m20</i>	150	KYZATREX.....	108	LANCETS	103
<i>klor-con/ef</i>	150	L		LANCING DEVICE	103
KLOXXADO	42	<i>l norgest/e.estradiol-e.estrad</i>	134	LANOXIN.....	58
KOATE.....	60	<i>labetalol</i>	56	<i>lanreotide</i>	19
<i>kobee</i>	154	LABETALOL.....	56	<i>lansoprazole</i>	120
KOGENATE FS	60	<i>lacosamide</i>	26		
KONVOMEPI	120	<i>lactated ringers</i>	84		
KORLYM.....	108	<i>lactulose</i>	116		
KORSUVA	85	LAGEVRIO (EUA).....	5		
KOSELUGO	19				

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

<i>lanthanum</i>	150	LEQEMBI	30	<i>levofloxacin</i>	12, 136
LANTUS SOLOSTAR U-100 INSULIN	106	LEQSELVI	128	<i>levofloxacin in d5w</i>	12
LANTUS U-100 INSULIN	106	LEQVIO	62	<i>levoleucovorin calcium</i>	15
<i>lapatinib</i>	19	LESCOL XL.....	62	<i>levonest (28)</i>	134
<i>larin 1.5/30 (21)</i>	134	<i>lessina</i>	134	<i>levonorgest-eth.estradiol-iron</i>	134
<i>larin 1/20 (21)</i>	134	LETAIRIS.....	145	<i>levonorgestrel</i>	134
<i>larin 24 fe</i>	134	<i>letrozole</i>	20	<i>levonorgestrel-ethinyl estrad</i>	134
<i>larin fe 1.5/30 (28)</i>	134	<i>leucovorin calcium</i>	15	<i>levonorg-eth estrad triphasic</i>	134
<i>larin fe 1/20 (28)</i>	134	LEUKERAN	20	<i>levora-28</i>	134
LASIX	56	LEUKINE.....	121	<i>levorphanol tartrate</i>	38
LASTACFT ONCE DAILY RELIEF	138	<i>leuprolide</i>	20	<i>levo-t</i>	112
<i>latanoprost</i>	140	<i>levabuterol hcl</i>	145	<i>levothyroxine</i>	112
LATISSE	138	LEVALBUTEROL TARTRATE	145	LEVOTHYROXINE	112
LATUDA.....	48	LEVAMLODIPINE.....	56	<i>levoxyl</i>	112
<i>laxative (bisacodyl)</i>	116	LEVBID	114	LEVSIN.....	114
<i>laxative peg 3350</i>	116	<i>levetiracetam</i>	26	LEVSIN/SL	114
LAZCLUZE	20	LEVETIRACETAM.....	26	LEVULAN	68
LDO PLUS.....	75	<i>levetiracetam in nacl (iso-os)</i>	26	LEXAPRO.....	48
LEDIPASVIR-SOFOSBUVIR	5	LEVETIRACETAM IN NACL (ISO-OS)	26	LEXTOL.....	42
<i>leena 28</i>	134	LEVICYN ANTIPRURITIC	68	LIALDA	116
LEFLUNICLO	128	LEVICYN ANTIPRURITIC SG.....	68	LIBRAX (WITH CLIDINIUM)	114
<i>leflunomide</i>	128	<i>levobunolol</i>	137	LIBTAYO	20
LEMTRADA.....	52	<i>levocarnitine</i>	85	LICART	42
<i>lenalidomide</i>	20	<i>levocarnitine (with sugar)</i>	85	<i>lidocaine</i>	75
LENTOCILIN S.....	11	<i>levocetirizine</i>	143	<i>lidocaine (pf)</i>	53, 75
LENVIMA	20				

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

<i>lidocaine hcl</i>	75	LIDTOPIC MAX	76	LIVMARLI.....	117
<i>lidocaine hcl-hydrocortison ac</i>	75, 116, 117	LIFEMS NALOXONE.....	42	LIVTENCITY	5
LIDOCAINE HCL- HYDROCORTISON AC	116	LIKMEZ.....	10	LIXOFEN	42
<i>lidocaine in 5 % dextrose (pf)</i>	53	LILETTA.....	129	LO LOESTRIN FE.....	134
<i>lidocaine viscous</i>	75	LINCOCIN.....	10	LODINE	42
<i>lidocaine-epinephrine (pf)</i>	75	<i>lincomycin</i>	10	LODOCO	63
<i>lidocaine-hydrocortisone-aloe</i>	117	<i>linezolid</i>	10	LODOSYN	28
<i>lidocaine-prilocaine</i>	75	<i>linezolid in dextrose 5%</i>	10	LOESTRIN 1.5/30 (21)	134
LIDOCAINE-TETRACAINE	75	<i>linezolid-0.9% sodium chloride</i>	10	LOESTRIN 1/20 (21)	134
<i>lidocan iii</i>	75	LINZESS	117	LOESTRIN FE 1.5/30 (28- DAY)	134
<i>lidocan iv</i>	75	<i>liothyronine</i>	112	LOESTRIN FE 1/20 (28-DAY)	134
<i>lidocan v</i>	75	LIPITOR.....	62	<i>lofena</i>	42
<i>lidocort</i>	75	LIPOFEN.....	62	<i>lofexidine</i>	42
LIDODERM.....	75	<i>liraglutide</i>	111	<i>lojaimiess</i>	134
<i>lido-k</i>	75	<i>lisdexamfetamine</i>	48	LOKELMA.....	151
<i>lidopin</i>	75	<i>lisinopril</i>	56	LOMAIRA	82
LIDOPIN.....	75	<i>lisinopril-hydrochlorothiazide</i>	56	LOMOTIL	114
LIDO-PRILO CAINE PACK	75	LITEAIRE MDI CHAMBER	148	LONSURF	20
LIDORX.....	75	LITFULO	85	<i>loperamide</i>	114
<i>lido-sorb</i>	75	<i>lithium carbonate</i>	48	LOPID	62
<i>lidotor</i>	75	<i>lithium citrate</i>	48	<i>lopinavir-ritonavir</i>	5
LIDOTRAL	75	LITHOBID	48	LOPRESSOR	56
<i>lidozion</i>	75	LITHOSTAT.....	85	LOPROX (AS OLAMINE)..	77
LIDTOPIC.....	76	LIVALO.....	62	LOPROX KIT	77
		LIVDELZI.....	117	LOQTORZI	20
		LIVIXIL PAK.....	76	<i>lorazepam</i>	48

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

<i>lorazepam intensol</i>	48	LUCIRA CHECK-IT COVID HOME TST	84	LYBALVI	48
LORBRENA	20	<i>ludent fluoride</i>	154	<i>lyleq</i>	130
LOREEV XR.....	48	<i>lugols</i>	76, 151	<i>lyllana</i>	131
<i>loryna (28)</i>	134	LULICONAZOLE	77	LYNOZYFIC.....	20
LORZONE	32	LUMAKRAS.....	20	LYNPARZA.....	20
<i>losartan</i>	56	LUMIGAN	140	LYRICA.....	26
<i>losartan-hydrochlorothiazide</i>	56	LUMIZYME	108	LYRICA CR.....	26
LOTEMAX	141	LUMRYZ	48	LYSODREN	20
LOTEMAX SM.....	141	LUMRYZ STARTER PACK	48	LYTGOBI	20
LOTENSIN	56	LUNESTA	48	LYUMJEV KWIKPEN U-100 INSULIN	106
LOTENSIN HCT	56	LUNSUMIO.....	20	LYUMJEV KWIKPEN U-200 INSULIN	106
<i>loteprednol etabonate</i>	141	LUPKYNIS	20	LYUMJEV TEMPO PEN(U- 100)INSULN	106
LOTREL.....	56	LUPRON DEPOT	20	LYUMJEV U-100 INSULIN	106
LOTREXONE.....	42	LUPRON DEPOT (3 MONTH).....	20	<i>lyza</i>	131
LOTRONEX	117	LUPRON DEPOT (4 MONTH).....	20	M	
LOUNZDOMDIOXIATAR .	72	LUPRON DEPOT (6 MONTH).....	20	MACROBID.....	13
LOUTREX	68	LUPRON DEPOT-PED.....	20	MAGNEBIND 300.....	151
<i>lovastatin</i>	62	LUPRON DEPOT-PED (3 MONTH).....	20	<i>magnesium citrate</i>	117
LOVAZA.....	62	<i>lurasidone</i>	48	<i>magnesium sulfate</i>	151
LOVENOX.....	60	<i>lutra (28)</i>	134	MAGNESIUM SULFATE IN D5W	151
<i>low-ogestrel (28)</i>	134	LUTRATE DEPOT (3 MONTH).....	20	<i>magnesium sulfate in water</i>	151
<i>loxapine succinate</i>	48	LUXAMEND	68	MALARONE	10
LOYON.....	68	LUXTURNA	138	MALARONE PEDIATRIC ..	10
<i>lo-zumandimine (28)</i>	134	LUZU	78	<i>malathion</i>	82
<i>lubiprostone</i>	117				

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

<i>maraviroc</i>	5	MAXIMUM D3	154	<i>meleya</i>	131
MARCAINE-EPINEPHRINE	76	MAXITROL	140	<i>meloxicam</i>	43
MAR-COF CG	143	<i>maxi-tuss ac</i>	143	MELOXICAM	43
MARGENZA	20	MAXI-TUSS CD.....	143	<i>meloxicam submicronized</i>	43
MARINOL	117	MAYZENT	52	<i>melphalan hcl</i>	20
<i>marlissa (28)</i>	134	MAYZENT STARTER(FOR 1MG MAINT)	52	<i>memantine</i>	30
MARNATAL-F	154	MAYZENT STARTER(FOR 2MG MAINT)	52	MEMANTINE.....	31
MARPLAN	48	<i>mb caps</i>	149	<i>memantine-donepezil</i>	31
MATERNACEL	154	<i>mb hydrogel</i>	68	MENEST	131
MATULANE	20	<i>mb hydrogel (cyclomethicone)</i>	68	MENOPUR.....	108
<i>matzim la</i>	56	<i>meclizine</i>	117	MENOSTAR	131
MAVENCLAD (10 TABLET PACK)	52	<i>meclofenamate</i>	42	MENQUADFI (PF)	124
MAVENCLAD (4 TABLET PACK)	52	MECOBALAMIN (VITAMIN B12)	154	MENVEO A-C-Y-W-135-DIP (PF)	124
MAVENCLAD (5 TABLET PACK)	52	MEDISENSE.....	98	<i>meperidine</i>	38
MAVENCLAD (6 TABLET PACK)	52	MEDISENSE GLUCOSE KETONE	98	<i>meperidine (pf)</i>	38
MAVENCLAD (7 TABLET PACK)	52	MEDROL	89	<i>meprobamate</i>	32
MAVENCLAD (8 TABLET PACK)	52	MEDROL (PAK).....	89	MEPRON	10
MAVENCLAD (9 TABLET PACK)	52	<i>medroxyprogesterone</i>	131	MEPSEVII.....	108
MAVYRET.....	5	MEDTRONIC EXT INFUSION SET 23	103	<i>mercaptopurine</i>	20
MAXALT	29	<i>mefenamic acid</i>	42	MERIBIN	154
MAXALT-MLT	29	<i>mefloquine</i>	10	MERILOG	106
MAXIDEX	141	<i>megestrol</i>	20	MERILOG SOLOSTAR.....	106
		MEKINIST	20	<i>meropenem</i>	10
		MEKTOVI.....	20	MEROPENEM-0.9% SODIUM CHLORIDE	10
				<i>merzee</i>	134
				<i>mesalamine</i>	117

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

<i>mesalamine with cleansing wipe</i>	117	<i>methoxsalen</i>	68	<i>metronidazole in nacl (iso-os)</i>	10
<i>mesna</i>	15	<i>methscopolamine</i>	114	<i>metryrosine</i>	56
MESNEX	15	<i>methsuximide</i>	26	<i>mexiletine</i>	53
MESTINON	32	<i>methyl salicylate</i>	68	MIACALCIN	108
MESTINON TIMESPAN.....	32	<i>methyldopa</i>	56	<i>mibelas 24 fe</i>	134
METADATE CD	48	<i>methyldopa- hydrochlorothiazide</i>	56	<i>micafungin</i>	3
<i>metaxalone</i>	32	<i>methyldopate</i>	56	MICAFUNGIN IN 0.9 % SODIUM CHL	3
METAXALONE	32	<i>methylergonovine</i>	136	MICARDIS.....	56
METDRAY	68	METHYLIN	48	MICARDIS HCT.....	56
<i>metformin</i>	111	<i>methylphenidate</i>	48	MICONAZOLE NITRATE- ZINC OX-PET.....	78
METFORMIN	111	<i>methylphenidate hcl</i>	48	<i>miconazole-3</i>	132
<i>methadone</i>	38	METHYLPHENIDATE HCL	48	MICRO BLOOD GLUCOSE	99
METHADONE IN 0.9 % SOD.CHLORID	38	<i>methylprednisolone</i>	89	MICROCHAMBER	148
METHADONE IN SOD CHLOR,ISO-OSM.....	38	<i>methylprednisolone acetate</i> ..	89	MICRODOT BLOOD GLUCOSE SYSTEM.....	99
<i>methadose</i>	38	<i>methyltestosterone</i>	108	MICRODOT XTRA BLOOD GLUCOSE.....	99
<i>methamphetamine</i>	48	<i>metoclopramide hcl</i>	117	<i>microgestin 1.5/30 (21)</i>	134
<i>methazolamide</i>	140	<i>metolazone</i>	56	<i>microgestin 1/20 (21)</i>	134
<i>methenamine hippurate</i>	13	METOPIRONE	86	<i>microgestin fe 1.5/30 (28)</i> ...	134
<i>methenamine mandelate</i>	13	<i>metoprolol succinate</i>	56	<i>microgestin fe 1/20 (28)</i>	134
<i>methen-sod phos-meth blue- hyos</i>	149	<i>metoprolol ta-hydrochlorothiaz</i>	56	MICROSPACER	148
<i>methimazole</i>	90	<i>metoprolol tartrate</i>	56	MICURADERM.....	68
METHITEST	108	<i>metro i.v.</i>	10	<i>midazolam</i>	49
<i>methocarbamol</i>	32	METROCREAM.....	72	MIDAZOLAM	49
<i>methotrexate sodium</i>	20	METROGEL	72	<i>midazolam (pf)</i>	48
<i>methotrexate sodium (pf)</i>	20	<i>metronidazole</i>	10, 72, 132		
		METRONIDAZOLE.....	10		

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

<i>midazolam (pf) in 0.9 % nacl</i> 49	MINIMED SILHOUETTE 23	<i>modafinil</i>.....49
MIDAZOLAM (PF) IN 0.9 %	104	MODERNA COVID 24-
NACL .....49	MINIMED SURE T 32 .....104	25(6M-11Y)PF .....124
MIDAZOLAM IN 0.9 % SOD	MINIVELLE .....131	<i>moexipril</i>.....56
CHLORID .....49	MINOCIN .....13	<i>molindone</i> .....49
MIDAZOLAM IN NACL,	<i>minocycline</i>.....13	<i>mometasone</i> .....81, 145
ISO-OSMOTIC .....49	MINOCYCLINE .....13	<i>mondoxyne nl</i>.....13
MIDAZOLAM IN NACL,ISO-	<i>minoxidil</i>.....56, 68	MONJUVI .....20
OSMO(PF) .....49	MINOXIDIL .....68	MONOFERRIC .....154
<i>midodrine</i> .....86	<i>minzoya</i>.....134	<i>mono-linyah</i> .....134
MIEBO (PF).....138	MIOCHOL-E.....137	MONOVISC .....43
MIFEPREX .....132	<i>miostat</i> .....140	<i>montelukast</i>.....145
<i>mifepristone</i> .....108, 132	MIPLYFFA .....31	MORGIDOX 1X 50 .....13
<i>migergot</i>.....29	<i>mirabegron</i> .....148	MORGIDOX 1X100 .....13
<i>miglitol</i> .....111	MIRCERA.....121	<i>morphine</i>.....39
<i>miglustat</i> .....108	MIRENA .....129	MORPHINE .....39
MIGRANAL .....29	<i>mirtazapine</i>.....49	<i>morphine (pf)</i> .....38, 39
MIGRANOW .....29	MIRVASO .....72	MORPHINE (PF) .....39
<i>mili</i>.....134	<i>misoprostol</i> .....120	<i>morphine (pf) in 0.9 % sod chl</i>
<i>milk of magnesia</i>.....117	MITIGARE .....126	38
<i>milk of magnesia concentrated</i>	MITIGO (PF) .....38	MORPHINE (PF) IN 0.9 %
.....117	<i>mitomycin</i> .....20	SOD CHL .....38
<i>millipred</i> .....90	<i>mitoxantrone</i>.....20	<i>morphine concentrate</i>.....39
<i>millipred dp</i> .....90	MIUDELLA .....129	<i>morphine in 0.9 % sodium</i>
<i>mimvey</i>.....131	MKO (MIDAZOLAM-	<i>chlor</i>.....39
MINI PRENATAL.....154	KETAMINE-ONDAN) ....49	MORPHINE IN 0.9 %
MINIMED MIO ADVANCE	M-M-R II (PF).....124	SODIUM CHLOR.....39
INF SET23 .....103	<i>m-natal plus</i>.....154	MOTTEGRITY .....117
MINIMED QUICK SET 43104		MOTOFEN .....114

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

MOTPOLY XR	26	<i>mvc-fluoride</i>	154	MYSOLINE	26
MOUNJARO.....	111	<i>my choice</i>	134	MYTESI	114
MOVANTIK.....	117	<i>my way</i>	134	MYXREDLIN	106
MOVIPREP.....	117	MYALEPT.....	108	N	
MOXATAG	11	MYCAMINE.....	3	NABI-HB	124
MOXICAINE	76	MYCAPSSA	20	<i>nabumetone</i>	43
<i>moxifloxacin</i>	12, 136	<i>mycophenolate mofetil</i>	20	<i>nadolol</i>	56
MOXIFLOXACIN (PF)-BSS	136	<i>mycophenolate mofetil (hcl)</i> .	20	<i>nafcillin</i>	11
MOXIFLOXACIN- BROMFENAC	138	<i>mycophenolate sodium</i>	20	<i>nafcillin in dextrose iso-osm</i> .	11
MOXIFLOXACIN-SOD CHLOR,ISO(PF).....	136	MYDAYIS.....	49	<i>naftifine</i>	78
MOXIFLOXACIN- SOD.ACE,SUL-WATER..	12	MYDCOMBI.....	137	NAFTIN	78
<i>moxifloxacin-sod.chloride(iso)</i>	12	MYDRIACYL.....	137	NAGLAZYME.....	108
MOZOBIL.....	121	MYDRIATIC4(TROP-PROP- PE-KTRLC).....	138	<i>nalbuphine</i>	43
MRESVIA (PF).....	124	MYFEMBREE	132	NALFON.....	43
MS CONTIN.....	39	<i>myferon 150 forte</i>	154	NALMEFENE.....	43
MUGARD	88	MYFORTIC.....	20	NALOCET	39
MULPLETA.....	60	MYGLUCOHEALTH	99	<i>naloxone</i>	43
MULTAQ	53	MYGLUCOHEALTH CONTROL SOLUTION ..	99	NALTREX.....	43
<i>multigen</i>	154	MYHIBBIN.....	20	<i>naltrexone</i>	43
<i>multigen plus</i>	154	MYLERAN	20	NAMENDA TITRATION PAK	31
<i>multi-vitamin with fluoride</i> .	154	MYLOTARG.....	20	NAMENDA XR	31
<i>mupirocin</i>	76	<i>mynatal</i>	154	NAMZARIC	31
<i>mupirocin calcium</i>	76	<i>mynatal plus</i>	154	NANRAN	76
MVASI	20	<i>mynatal-z</i>	154	NAPRELAN CR	43
		MYOBLOC	124	NAPROSYN.....	43
		MYRBETRIQ	148	<i>naproxen</i>	43
				<i>naproxen sodium</i>	43

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

<i>naproxen-esomeprazole</i>	43	<i>neomycin</i>	10	NESTABS ABC.....	155
<i>naratriptan</i>	29	<i>neomycin-bacitracin-poly-hc</i>	140	NESTABS DHA	155
NARCAN	43	<i>neomycin-bacitracin-</i> <i>polymyxin</i>	136	NESTABS ONE	155
NARDIL.....	49	<i>neomycin-polymyxin b gu</i>	84	<i>neuac</i>	72
NASACORT.....	145	<i>neomycin-polymyxin b-</i> <i>dexameth</i>	140	NEUAC KIT.....	72
<i>nasal allergy</i>	145	<i>neomycin-polymyxin-</i> <i>gramicidin</i>	136	NEULASTA	121
NASCOBAL	154	<i>neomycin-polymyxin-hc</i> 89, 140		NEULASTA ONPRO	121
NATACYN	136	NEONATAL COMPLETE .	154	NEUPOGEN.....	121
NATAL PNV	154	NEONATAL FE	154	NEUPRO	28
NATAZIA.....	134	NEONATAL PLUS VITAMIN	155	NEURONTIN.....	27
<i>nateglinide</i>	111	NEONATAL-DHA.....	155	NEUTEK 2TEK TEST STRIPS	99
NATESTO	108	<i>neo-polycin</i>	136	NEVANAC	139
NATROBA	82	<i>neo-polycin hc</i>	140	<i>nevirapine</i>	5
<i>natura-lax</i>	117	NEORAL.....	21	<i>new day</i>	135
NAYZILAM.....	26	NEOSALUS	68	<i>newgen</i>	155
<i>nebivolol</i>	56	<i>neostigmine in sterile water</i> .	32	NEXAVAR.....	21
NEBUPENT	10	<i>neostigmine methylsulfate</i>	32	NEXICLON XR	56
<i>nebusal</i>	145	NEOSTIGMINE METHYLSULFATE	32	NEXIUM	120
NEBUSAL	145	NEO-SYNALAR.....	76	NEXIUM 24HR.....	120
<i>necon 0.5/35 (28)</i>	134	NEO-SYNALAR KIT	76	NEXIUM PACKET	120
NEEVODHA (WITH ALGAL OIL).....	154	<i>neo-vital rx</i>	155	NEXLETOL	62
<i>nefazodone</i>	49	NERLYNX	21	NEXLIZET	62
NEFFY	143	NESINA	111	NEXOBRID	82
<i>nelarabine</i>	20	NESTABS	155	NEXPLANON.....	132
NEMLUVIO.....	20			NEXTERONE	53
NENDRUX	66			NEXTSTELLIS	135
NEOMATERNA	154			NEXVIAZYME	108

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

NGENLA	122	NITROFURANTOIN.....	14	NORGESIC FORTE.....	32
<i>niacin</i>	62	<i>nitrofurantoin macrocrystal</i> .	14	<i>norgestimate-ethinyl estradiol</i>	135
NIACOR.....	62	<i>nitrofurantoin monohyd/m-</i> <i>cryst</i>	14	NORITATE	72
<i>nicardipine</i>	56	<i>nitroglycerin</i>	64, 117	NORLIQVA.....	56
NICODERM CQ.....	87	NITROLINGUAL	64	NORMLGEL AG	68
<i>nicorette</i>	87	NITROMIST	64	NORMOSOL-R.....	151
NICORETTE.....	87	NITROSTAT.....	64	NORMOSOL-R PH 7.4.....	152
<i>nicotine</i>	87	<i>nitro-time</i>	64	NORPACE	53
<i>nicotine (polacrilex)</i>	87	NITYR.....	86	NORPACE CR	53
NICOTROL NS.....	87	<i>niva thyroid</i>	112	NORTHERA.....	86
<i>nifedipine</i>	56	NIVA-FOL.....	155	<i>nortrel 0.5/35 (28)</i>	135
<i>nikki (28)</i>	135	NIVESTYM	121	<i>nortrel 1/35 (21)</i>	135
NIKTIMVO.....	21	<i>nizatidine</i>	120	<i>nortrel 1/35 (28)</i>	135
NILANDRON	21	NOLIRA.....	76	<i>nortrel 7/7/7 (28)</i>	135
<i>nilotinib hcl</i>	21	<i>nora-be</i>	131	<i>nortriptyline</i>	49
NILOTINIB TARTRATE.....	21	NORDITROPIN FLEXP	122	NORVASC	56
<i>nilutamide</i>	21	<i>norelgestromin-ethin.estradiol</i>	132	NORVIR	5
NIMBEX.....	32	<i>noreth-ethinyl estradiol-iron</i>	135	NOURIANZ	28
<i>nimodipine</i>	56	<i>norethindrone (contraceptive)</i>	131	NOVA MAX GLUCOSE TEST.....	99
NINJACOF-XG	143	<i>norethindrone acetate</i>	131	NOVA MAX PLUS GLUC- KETON METER	99
NINLARO.....	21	<i>norethindrone ac-eth estradiol</i>	131, 135	NOVACORT.....	117
NIPENT.....	21	<i>norethindrone-e.estradiol-iron</i>	135	NOVAFERRUM ALL GOOD	155
<i>nisoldipine</i>	56	NORGESIC	32	NOVAFERRUM WOW	155
<i>nitazoxanide</i>	10			NOVAFERRUM YUMMY PEDIATRIC.....	155
<i>nitisinone</i>	86				
<i>nitro-bid</i>	64				
NITRO-DUR.....	64				
<i>nitrofurantoin</i>	14				

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

NOVAMAX PLUS GLU-KET.....99	NUCYNTA.....43	<i>nystop</i>.....78
NOVAREL 108	NUCYNTA ER.....43	NYVEPRIA.....121
NOVAVAX COVID 2024- 25(PF)(EUA)..... 124	NUEDEXTA.....31	O
NOVOEIGHT .....60	NU-IRON .....155	OB COMPLETE .....155
NOVOLIN 70-30 FLEXPEN U-100..... 106	NUJO.....68	OB COMPLETE ONE .....155
NOVOLIN N FLEXPEN ... 106	NUJU.....68	OB COMPLETE PETITE ..155
NOVOLIN R FLEXPEN ... 106	NULEV 114	OB COMPLETE PREMIER.....155
NOVOLOG FLEXPEN U-100 INSULIN..... 106	NULIBRY .....31	OB COMPLETE WITH DHA.....155
NOVOLOG MIX 70-30 U-100 INSULN 106	NULOJIX .....21	OBIZUR .....60
NOVOLOG MIX 70- 30FLEXPEN U-100 106	NUMBONEX.....76	<i>obstetrix dha prenatal duo</i> ..155
NOVOLOG PENFILL U-100 INSULIN..... 106	NUMBRINO .....76	OBSTETRIX EC .....155
NOVOLOG U-100 INSULIN ASPART 106	NUPLAZID .....49	OALIVA.....117
NOVOPEN ECHO..... 104	NURTEC ODT .....29	<i>ocella</i> .....135
NOVOSEVEN RT.....60	NUTRASEB.....68	OCREVUS .....52
NOXAFIL .....3	NUTROPIN AQ NUSPIN..122	OCREVUS ZUNOVO.....52
NOXIFOL-D3 155	NUVARING .....132	OCTAGAM .....124
NOXIPAK .....81	NUVESSA.....132	<i>octreotide acetate</i>.....21
<i>np thyroid</i> 112	NUVIGIL .....49	<i>octreotide,microspheres</i> .....21
NPLATE .....60	NUWIQ .....60	OCUFLOX .....136
NUBEQA .....21	NUZYRA .....13	ODACTRA.....124
NUCALA 145	<i>nyamyc</i>.....78	ODEFSEY .....5
NUCORT.....81	<i>nylia 1/35 (28)</i> .....135	ODOMZO.....21
	<i>nylia 7/7/7 (28)</i> .....135	OFEV.....145
	NYMALIZE .....56	<i>ofloxacin</i> .....12, 89, 136
	NYNUTEY.....76	OGIVRI .....21
	NYPOZI .....121	OGSIVEO.....21
	<i>nystatin</i> .....3, 78	
	<i>nystatin-triamcinolone</i>.....78	

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

OHTUVAYRE.....	145	OMNIPOD 5 INTRO(G6/LIBRE2PLUS)	103	ONETOUCH ULTRA2 METER.....	99
OJEMDA.....	21	OMNIPOD DASH INTRO KIT (GEN 4)	104	ONETOUCH VERIO FLEX METER.....	99
OJJAARA.....	21	OMNIPOD DASH PODS (GEN 4)	104	ONETOUCH VERIO MID CONTROL	99
<i>olanzapine</i>	49	OMNITROPE.....	122	ONETOUCH VERIO REFLECT METER	99
<i>olanzapine-fluoxetine</i>	49	OMVOH.....	117	ONETOUCH VERIO TEST STRIPS	99
OLINVYK.....	43	OMVOH PEN	117	ONEXTON	72
<i>olmesartan</i>	56	ON CALL EXPRESS CONTROL	99	ONFI.....	27
<i>olmesartan-amlodipin- hcthiazid</i>	57	ON CALL EXPRESS METER	99	ONGENTYS.....	28
<i>olmesartan- hydrochlorothiazide</i>	57	ON CALL EXPRESS TEST STRIP	99	ON-GO COVID-19 AG AT HOME TEST	84
<i>olopatadine</i>	88, 138	ONAPGO	28	ONIVYDE	21
OLPRUVA	86	ONCASPAR	21	ONPATTRO.....	31
OLUMIANT.....	128	<i>ondansetron</i>	117	ONTRUZANT.....	21
OLUX.....	81	ONDANSETRON	117	ONUREG	21
OMECLAMOX-PAK.....	120	<i>ondansetron hcl</i>	117	ONYDA XR	49
<i>omega-3 acid ethyl esters</i>	63	<i>ondansetron hcl (pf)</i>	117	ONZDEAXIADEMTAR	72
<i>omeprazole</i>	120	ONE A DAY WOMEN'S PRENATAL DHA	155	ONZDEAXIADEMVAR.....	72
<i>omeprazole magnesium</i>	120	<i>one daily prenatal</i>	155	ONZDEAXIATAR	72
<i>omeprazole-sodium bicarbonate</i>	120	ONE-A-DAY PRENATAL-1	155	ONZDEAXIAVAR	72
OMIDRIA	138	<i>onelax magnesium citrate</i> ...	117	ONZDEAXIAZAR.....	72
OMISIRGE.....	86	ONETOUCH ULTRA CONTROL	99	ONZDEOXIA.....	73
OMNARIS	145	ONETOUCH ULTRA TEST	99	ONZETRA XSAIL	29
OMNIPOD 5 (G6/LIBRE 2 PLUS).....	104			<i>opcicon one-step</i>	135
OMNIPOD 5 G6-G7 INTRO KT(GEN5).....	104			OPDIVO	21
OMNIPOD 5 G6-G7 PODS (GEN 5).....	104			OPDIVO QVANTIG	21

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

OPDUALAG.....	21	ORENITRAM	57	OTEZLA STARTER.....	128
OPFOLDA	108	ORENITRAM MONTH 1 TITRATION KT	57	OTOVEL	89
OPILL.....	131	ORENITRAM MONTH 2 TITRATION KT	57	OTREXUP (PF).....	128
OPIPZA.....	49	ORENITRAM MONTH 3 TITRATION KT	57	OTULFI.....	65
<i>opium tincture</i>	114	ORFADIN	86	OVACE	65
OPSUMIT	145	ORGOVYX	21	OVACE PLUS	65
OPSYNVI.....	145	ORIAHNN.....	132	OVACE PLUS SHAMPOO..	65
OPTICHAMBER DIAMOND VHC	148	ORILISSA	108	OVACE PLUS WASH.....	65
<i>option-2</i>	135	ORKAMBI	146	OVIDE.....	82
OPTIUM EZ.....	99	ORLADEYO	146	OVIDREL.....	108
OPTIUM TEST	99	ORLISTAT	82	<i>oxacillin</i>	11
OPVEE	43	<i>ormalvi</i>	31	<i>oxacillin in dextrose(iso-osm)</i>	11
OPZELURA	68	<i>orphenadrine citrate</i>	32	<i>oxaliplatin</i>	21
ORACEA	13	<i>orphenadrine-asa-caffeine</i> ...	32	<i>oxaprozin</i>	43
ORACIT	149	<i>orphengesic forte</i>	32	OXAPROZIN	43
<i>oral saline laxative</i>	118	<i>orquidea</i>	131	<i>oxazepam</i>	49
ORALAIR	124	ORSERDU	21	<i>oxcarbazepine</i>	27
<i>oralone</i>	88	ORTHO DF	155	OXERVATE	138
ORAMAGICRX.....	88	ORTHOVISC	43	OXIAICE.....	73
ORAPEUTIC	88	<i>oscimin</i>	114	OXIANUJO	68
ORAPRED ODT	90	<i>oscimin sl</i>	114	OXIANUJO (WITH HYALURONATE)	68
ORAVIG.....	3	<i>oseltamivir</i>	5	OXIATAR.....	73
ORBACTIV	10	OSENI	111	OXIAVARRY	73
ORENCIA	128	OSENVELT.....	15	OXIAVARY	73
ORENCIA (WITH MALTOSE).....	128	OSPHENA.....	132	OXIAZAR	73
ORENCIA CLICKJECT	128	OTEZLA	128	<i>oxiconazole</i>	78

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

OXISTAT	78	PALFORZIA (LEVEL 4) ..	124	PARICALCITOL.....	108
OXLUMO	149	PALFORZIA (LEVEL 5) ..	124	PARNATE	49
OXTELLAR XR	27	PALFORZIA (LEVEL 6) ..	124	<i>paroex oral rinse</i>	88
<i>oxybutynin chloride</i>	148	PALFORZIA (LEVEL 7) ..	124	<i>paroxetine hcl</i>	49
OXYBUTYNIN CHLORIDE	148	PALFORZIA (LEVEL 8) ..	124	<i>paroxetine mesylate(menop.sym)</i>	49
<i>oxycodone</i>	40	PALFORZIA (LEVEL 9) ..	125	PARSABIV	108
OXYCODONE.....	40	PALFORZIA (LEVEL 10) .	125	PASER	10
<i>oxycodone-acetaminophen</i> ...	40	PALFORZIA INITIAL (1-3 YRS).....	125	PATADAY ONCE DAILY RELIEF.....	138
OXYCONTIN	40	PALFORZIA INITIAL (4-17 YRS).....	125	PATADAY TWICE DAILY RELIEF.....	139
<i>oxymorphone</i>	40	PALFORZIA LEVEL 11 MAINTENANCE.....	125	PAVBLU	139
<i>oxytocin</i>	136	<i>paliperidone</i>	49	PAXIL.....	50
OXYTROL.....	148	<i>palonosetron</i>	118	PAXIL CR.....	49
OXYTROL FOR WOMEN	148	PALYNZIQ.....	108	PAXLOVID	5
OZEMPIC	111	PAMELOR	49	<i>pazopanib</i>	21
OZOBAX	32	<i>pamidronate</i>	108	PEDIARIX (PF)	125
OZOBAX DS	32	PANCREAZE.....	118	PEDMARK.....	86
OZURDEX.....	141	PANDEL.....	81	PEDVAX HIB (PF)	125
P		PANRETIN.....	68	<i>peg 3350-electrolytes</i>	118
<i>pacerone</i>	53	<i>pantoprazole</i>	120, 121	<i>peg3350-sod sul-nacl-kcl-asb-c</i>	118
<i>paclitaxel</i>	21	PANTOPRAZOLE IN 0.9% SOD CHLOR	120	PEGASYS	122
<i>paclitaxel protein-bound</i>	21	PANZYGA	125	<i>peg-electrolyte soln</i>	118
PACNEX	73	<i>papaverine</i>	57	PEMAZYRE.....	21
PADCEV	21	PARAGARD T 380A	129	PEMETREXED.....	21
PALFORZIA (LEVEL 0) ..	124	<i>paraplatin</i>	21	<i>pemetrexed disodium</i>	21
PALFORZIA (LEVEL 1) ..	124	<i>paricalcitol</i>	108		
PALFORZIA (LEVEL 2) ..	124				
PALFORZIA (LEVEL 3) ..	124				

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

PEMETREXED DISODIUM	21	<i>perindopril erbumine</i>	57	<i>phenylephrine hcl</i>	141
PEMFEXY	21	<i>periogard</i>	88	<i>phenyleph-tropicamide in</i>	
PEMRYDI RTU	21	PERJETA.....	21	<i>water</i>	137
PEN NEEDLE, DIABETIC	104	<i>permethrin</i>	82	PHENYTEK	27
PENBRAYA (PF)	125	<i>perphenazine</i>	50	<i>phenytoin</i>	27
<i>penciclovir</i>	78	<i>perphenazine-amitriptyline</i> ..	50	<i>phenytoin sodium</i>	27
<i>penicillamine</i>	128	PERSERIS.....	50	<i>phenytoin sodium extended</i> ...	27
PENICILLIN G POT IN		PERTZYE.....	118	PHEODOYO	68
DEXTROSE	11	PFIZER COVID 2024-25(5Y-		PHEOXIA.....	78
<i>penicillin g potassium</i>	11	11Y)PF	125	PHESGO.....	21
<i>penicillin g sodium</i>	11	PFIZER COVID 2024-		PHEXXI	132
<i>penicillin v potassium</i>	12	25(6MO-4Y)PF	125	PHEYO.....	78
PENMENVY MEN A-B-C-W-		<i>pfizerpen-g</i>	12	<i>philith</i>	135
Y (PF).....	125	PHARMACIST CHOICE	99	PHOS-FLUR	88
PENNSAID	43	PHARMACIST CHOICE		<i>phospha 250 neutral</i>	151
PENTACEL (PF).....	125	GLUCOSE SYS	99	<i>phosphate laxative</i>	118
PENTAM.....	10	PHEBURANE	86	PHOSPHOLINE IODIDE ..	137
<i>pentamidine</i>	10	PHEDRAX	78	<i>phosphorous</i>	151
PENTASA	118	<i>phenazopyridine</i>	150	PHOTOFRIN.....	21
<i>pentazocine-naloxone</i>	43	<i>phendimetrazine tartrate</i>	82	PHOTREXA CROSS-	
<i>pentoxifylline</i>	60	<i>phenelzine</i>	50	LINKING KIT	139
PEPCID	121	PHENERGAN.....	143	PHYSICIANS EZ USE B-12	
PEPTO-BISMOL	114	<i>phenobarb-hyoscy-atropine-</i>		.....	155
PEPTO-BISMOL MAX ST	114	<i>scop</i>	114	PHYSIOLYTE	84
<i>perampanel</i>	27	<i>phenobarbital</i>	27	PHYSIOSOL IRRIGATION	84
PERCOCET	40	<i>phenohydro</i>	114	<i>phytonadione (vitamin k1)</i> ...	60,
PERFOROMIST	146	<i>phenoxybenzamine</i>	57	61	
PERIDEX.....	88	<i>phentermine</i>	82	PHYTONADIONE (VITAMIN	
		<i>phentermine-topiramate</i>	82	K1).....	60, 61

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

PIASKY	86	PLASMA-LYTE 148 PH 7.4	152	<i>poly-iron 150 forte</i>	155
PIFELTRO	5	PLASMA-LYTE A	152	<i>polymyxin b sulfate</i>	10
<i>pilocarpine hcl</i>	88, 137	PLATINUM TEST STRIP ...	99	<i>polymyxin b sulf-trimethoprim</i>	136
PILOT COVID-19 AT-HOME TEST	84	PLAVIX	61	POLY-TUSSIN AC	143
<i>pimecrolimus</i>	68	PLEGRIDY	52	POLY-VI-SOL	155
<i>pimozide</i>	50	PLENITY (WELCOME KIT)	82	POMALYST	21
<i>pimtrea (28)</i>	135	PLENURA	65	POMBILITI	108
<i>pindolol</i>	57	PLENVU	118	PONVORY	52
<i>pioglitazone</i>	111	<i>plerixafor</i>	122	PONVORY 14-DAY STARTER PACK	52
<i>pioglitazone-glimepiride</i>	111	PLEXION	73	<i>portia 28</i>	135
<i>pioglitazone-metformin</i>	111	PLEXION CLEANSING CLOTHS	73	<i>posaconazole</i>	3
PIP BLOOD GLUCOSE MONITOR	99	PLEXION NS	65	POSFREA	118
PIP BLOOD GLUCOSE TEST STRIP	99	PLIAGLIS	76	<i>potassium chloride</i>	151
PIP GLUCOSE CONTROL SOLN L1-L2	99	PNEUMOVAX-23	125	POTASSIUM CHLORIDE	151
<i>piperacillin-tazobactam</i>	12	PNV TABS 20-1	155	<i>potassium citrate</i>	149
PIQRAY	21	<i>pnv-dha</i>	155	<i>potassium citrate-citric acid</i>	149
<i>pirfenidone</i>	146	<i>pnv-omega</i>	155	<i>potassium iodide</i>	90
PIRFENIDONE	146	<i>pnv-select</i>	155	POTASSIUM IODIDE	90
<i>piroxicam</i>	43	POCKET CHAMBER	148	POTELIGEO	21
<i>pitavastatin calcium</i>	63	PODOCON	66	<i>povidone-iodine</i>	136
PITOCIN	136	<i>podofilox</i>	68	<i>powderlax</i>	118
PIXEL COVID19 HOME COLLECT KIT	84	POKONZA	151	PR BENZOYL PEROXIDE	73
PLAN B ONE-STEP	135	POLIVY	21	<i>pr natal 400</i>	155
PLAQUENIL	10	<i>polocaine-mpf</i>	76	<i>pr natal 400 ec</i>	155
		<i>polycin</i>	136	<i>pr natal 430</i>	155
		<i>polyethylene glycol 3350</i>	118	<i>pr natal 430 ec</i>	155

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

PRADAXA.....	61	<i>prednisolone acetate</i>	141	PREMIER BLU GLUCOSE METER.....	100
PRALATREXATE	21	PREDNISOLONE ACETATE (PF).....	141	PREMIER CLASSIC GLUCOSE METER	100
PRALUENT PEN	63	PREDNISOLONE ACETATE- BROMFENAC	139	PREMIER COMPACT GLUCOSE METER	100
<i>pramipexole</i>	28	PREDNISOLONE ACETATE- NEPAFENAC	139	PREMIER TEST STRIP	100
PRAMOSONE	65	<i>prednisolone sod ph-bromfenac</i>	139	PREMIER VOICE GLUCOSE METER.....	100
<i>prasterone (dhea)</i>	108	PREDNISOLONE SOD PH- MOXIFLOX.....	141	PREMIUM BLOOD GLUCOSE MONITOR ..	100
<i>prasugrel hcl</i>	61	<i>prednisolone sodium phosphate</i>	90, 141	PREMIUM V10.....	100
<i>pravastatin</i>	63	PREDNISOLONE- MOXIFLO-NEPAFENAC	139	PREMPHASE.....	131
PRAXBIND	61	PREDNISOLONE- MOXIFLOXACIN HCL	141	PREMPRO	131
<i>praziquantel</i>	10	PREDNISOLONE- MOXIFLOX-BROMFEN	139	PRENATA	155
<i>prazosin</i>	57	PREDNISOLON- MOXIFLOX-KETOROLAC	139	<i>prenatabs fa</i>	155
PRECISION PCX PLUS TEST	100	<i>prednisone</i>	90	<i>prenatabs rx</i>	155
PRECISION PCX TEST	100	<i>prednisone intensol</i>	90	<i>prenatal</i>	156
PRECISION POINT OF CARE TEST.....	100	<i>pregabalin</i>	27	PRENATAL	156
PRECISION Q-I-D TEST ..	100	PREGEN DHA.....	155	<i>prenatal + dha</i>	155
PRECISION XTRA KETONE- GLUCOSE	100	PREGENNA.....	155	PRENATAL + DHA	156
PRECISION XTRA MONITOR	100	PREGNYL.....	109	<i>prenatal 19</i>	156
PRECISION XTRA TEST .	100	PREMARIN	131	<i>prenatal complete</i>	156
PRECOSE	111			PRENATAL ESSENTIALS	156
PRED FORTE	141			PRENATAL FORMULA....	156
PRED MILD	141			PRENATAL FORMULA-DHA	156
<i>prednicarbate</i>	81			PRENATAL MULTI.....	156
<i>prednisoln sp-moxiflox- bromfen</i>	139			<i>prenatal multi-dha (algal oil)</i>	156
<i>prednisolone</i>	90				

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

PRENATAL MULTI-DHA(WITH VIT K).....	156	PRENATE MINI (FERR ASP GLYCIN).....	157	PRIFTIN	10
<i>prenatal multivitamins</i>	156	PRENATE PIXIE	157	PRILO PATCH	76
<i>prenatal one daily</i>	156	PRENATE RESTORE.....	157	PRIOSEC	121
<i>prenatal plus</i>	156	PRENATE STAR	157	PRIOSEC OTC	121
<i>prenatal plus (calcium carb)</i>	156	PREPIDIL	132	PRIMACARE.....	157
PRENATAL PLUS DHA ...	156	PRESERA	69	<i>primaquine</i>	10
PRENATAL PLUS VITAMIN-MINERAL.....	156	PRESTALIA.....	57	PRIMAXIN IV	10
<i>prenatal vit no.179-iron-folic</i>	156	PRETOMANID.....	10	PRIMEAIRE.....	148
<i>prenatal vitamin</i>	156	PREVACID	121	<i>primidone</i>	27
<i>prenatal vitamin plus low iron</i>	156	PREVACID 24HR.....	121	PRIMIDONE.....	27
<i>prenatal vitamin with minerals</i>	156	PREVACID SOLUTAB	121	PRIMLEV	40
PRENATAL WITH DHA-FOLIC ACID.....	156	<i>prevalite</i>	63	PRIMSOL.....	14
<i>prenatal-u</i>	156	PREVDUO	32	PRIORIX (PF).....	125
PRENATE AM	156	PREVIDENT.....	88	PRISTIQ	50
PRENATE CHEWABLE....	156	PREVIDENT 5000 BOOSTER PLUS	88	PRIVIGEN	125
PRENATE DHA (FERR ASP GLYCIN).....	156	PREVIDENT 5000 ENAMEL PROTECT	88	PRO FE.....	157
PRENATE ELITE (IRON ASP GLYC).....	156	PREVIDENT 5000 ORTHO DEFENSE	88	PRO VOICE V8-V9 TEST STRIP	100
PRENATE ENHANCE	156	PREVIDENT 5000 PLUS	88	PRO VOICE V9 GLUCOSE MONITOR.....	100
PRENATE ESSENTIAL(IRON-ASP-GL).....	156	PREVIDENT 5000 SENSITIVE.....	88	PROAIR RESPICLICK.....	146
		PREVIDENT KIDS	88	<i>probenecid</i>	126
		PREVNAR 20 (PF)	125	<i>probenecid-colchicine</i>	126
		PREVYMIS.....	5	<i>procainamide</i>	53
		PREZCOBIX.....	5	PROCARDIA XL	57
		PREZISTA.....	5	<i>procentra</i>	50
				PROCHAMBER.....	148
				<i>prochlorperazine</i>	118

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

<i>prochlorperazine edisylate</i> . 118	PROLASTIN-C .....86	PROTHELIAL .....88
<i>prochlorperazine maleate</i> ... 118	<i>prolate</i>.....40	PROTONIX.....121
PROCORT..... 118	PROLATE .....40	<i>protriptyline</i> .....50
PROCRT 122	PROLENSA 139	PROVAYBLUE .....83
PROCTOCORT..... 81, 118	PROLEUKIN 122	PROVERA 131
PROCTOFOAM HC 118	PROLIA.....126	PROVIDA OB .....157
<i>procto-med hc</i> 118	PROMACTA .....61	PROVIGIL .....50
<i>proctosol hc</i> 118	PROMELLA 114	PROZAC .....50
<i>proctozone-hc</i> 118	<i>promethazine</i> .....143	<i>prucalopride</i> 118
PROCYSBI 149	<i>promethazine-codeine</i> 143	<i>pruclair</i> .....69
PRODIGY AUTOCODE METER 100	<i>promethazine-dm</i> 143	<i>prudoxin</i>.....69
PRODIGY AUTOCODE MONITOR SYST 100	<i>promethazine-phenylephrine</i> 143	<i>prumyx</i> .....69
PRODIGY CONTROL SOLUTION, LOW 100	<i>promethegan</i> 143	<i>pruradik</i> .....82
PRODIGY CONTROL SOLUTION,HIGH..... 100	PROMETRIUM 131	PULMICORT .....146
PRODIGY NO CODING ... 100	PROMISEB .....69	PULMICORT FLEXHALER.....146
PRODIGY POCKET METER 100	PRONAL .....69	<i>pulmosal</i> .....146
PRODIGY VOICE GLUCOSE METER 100	<i>propafenone</i> .....53	PULMOZYME.....146
PROFERRIN ES 157	<i>proparacaine</i> .....139	PURAZIL .....65
PROFILNINE.....61	PROPECIA.....86	<i>purelax</i> 118
PROFINAC .....43	<i>propranolol</i>.....57	PURIXAN .....22
<i>progesterone</i> 131	<i>propranolol-</i> <i>hydrochlorothiazid</i>.....57	PYLERA.....121
<i>progesterone micronized</i> 131	<i>propylthiouracil</i>.....90	<i>pyrazinamide</i> .....10
PROGLYCEM..... 103	PROQUAD (PF)..... 125	PYRIDIDIUM .....150
PROGRAF 21, 22	PROSCAR..... 149	<i>pyridostigmine bromide</i> ..32, 33
	PROSTIN VR PEDIATRIC 149	PYRIDOSTIGMINE BROMIDE.....32
	<i>protamine</i>.....61	<i>pyrimethamine</i> .....10

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

PYRUKYND.....	86	<i>quinapril</i>	57	<i>ramelteon</i>	50
PYZCHIVA	65	<i>quinapril-hydrochlorothiazide</i>	57	<i>ramipril</i>	57
Q		<i>quinidine gluconate</i>	53	<i>ranolazine</i>	63
QBRELIS	57	<i>quinidine sulfate</i>	53	RAPAFLO	149
QBREXZA	69	<i>quinine sulfate</i>	11	RAPIBLYK.....	57
Q-CARE RX Q4.....	88	QUINIXIL	81	RAPID SARS-COV-2 AG HOME TEST	84
QELBREE.....	50	QUINJA.....	76	RAPIDGO FLU AND COVID- 19 TEST.....	84
QFITLIA	61	QUINTET AC	100	RAPIVAB (PF).....	5
QFITLIA PEN	61	QUINTET BLOOD GLUCOSE METER.....	100	<i>rasagiline</i>	28
QINLOCK.....	22	<i>quit 2</i>	87	RASUVO (PF).....	128
QLOSI	137	<i>quit 4</i>	87	RAVICTI	86
QNASL.....	146	QULIPTA	29	RAYALDEE	109
QSYMIA	82	QUTENZA	69	RAYASAL	66
QUADRACEL (PF)	125	QUVIVIQ.....	50	RAYOS.....	90
QUAZEPAM.....	50	QUZYTIR	143	REBIF (WITH ALBUMIN) .	52
QUESTRAN.....	63	QVAR REDHALER	146	REBIF REBIDOSE	52
QUESTRAN LIGHT.....	63	R		REBIF TITRATION PACK..	52
<i>quetiapine</i>	50	RABAVER (PF)	125	REBINYN	61
QUETIAPINE	50	<i>rabeprazole</i>	121	REBLOZYL	122
QUICKVUE AT-HOME COVID-19 TEST	84	RABEPRAZOLE	121	REBYOTA.....	118
QUICKVUE SARS ANTIGEN	84	RADICAVA	31	RECARBRIO	11
QUIDROXZAR	69	RADICAVA ORS STARTER KIT SUSP	31	RECLAST	86
QUIHOXAXIA	69	RADIOGARDASE	86	<i>reclipsen (28)</i>	135
QUIHOXVAR	69	RAGWITEK.....	125	RECOMBIMATE.....	61
QUILLICHEW ER.....	50	RALDESY.....	50	RECOMBIVAX HB (PF) ...	125
QUILLIVANT XR	50	<i>raloxifene</i>	126	RECORLEV	109

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

RECTIV	118	RELPAK.....	29	RETIN-A MICRO	73
<i>refissa</i>	73	RELTONE	118	RETIN-A MICRO PUMP	73
REFUAH PLUS	100	REMERON	50	RETISERT.....	141
REFUAH PLUS GLUCOSE CONTROL	100	REMERON SOLTAB.....	50	RETROVIR	6
REFUAH PLUS GLUCOSE MONITOR	100	REMICADE	118	REVATIO.....	146
REGLAN.....	118	REMODULIN	57	REVCovi	86
<i>regonol</i>	33	REMYDA.....	73	REVEAL BLOOD GLUCOSE METER.....	101
REGRANEX	69	RENACIDIN	149	REVEAL TEST STRIP	101
RELAFEN DS.....	43	<i>rena-vite</i>	157	REVLIMID.....	22
RELAGARD	132	RENFLEXIS	118	<i>revonto</i>	33
RELENZA DISKHALER	5	<i>reno caps</i>	157	REVUFORJ	22
RELEUKO	122	RENOVA.....	73	REXTOVY	43
RELEXXII	50	<i>renthyroid</i>	112	REXULTI	50
RELION ALL-IN-ONE METER	100	REVELA	151	REYATAZ.....	6
RELION CONFIRM.....	101	<i>repaglinide</i>	111	REYVOW	29
RELION CONFIRM-MICRO	101	REPATHA PUSHTRONEX .	63	REZDIFFRA	86
RELION MICRO GLUCOSE MONITOR	101	REPATHA SURECLICK	63	REZLIDHIA.....	22
RELION NOVOLIN 70/30	106	REPATHA SYRINGE	63	REZUROCK.....	22
RELION NOVOLIN N	106	REPLESTA NX	157	REZVOGLAR KWIKPEN	106
RELION NOVOLIN R	106	RESPA-AR.....	143	REZZAYO	3
RELION PRIME METER .	101	RESTASIS.....	139	RHOFADE.....	73
RELION PRIME TEST STRIPS.....	101	RESTASIS MULTIDOSE ..	139	RHOPRESSA	140
RELION ULTIMA	101	RESTIMO	73	RIABNI	22
RELISTOR.....	118	RESTORIL	50	RIASTAP	61
		RETACRIT.....	122	<i>ribavirin</i>	6
		<i>retaine allergy</i>	139	RIDAURA	128
		RETEVMO.....	22	<i>rifabutin</i>	11
		RETIN-A	73		

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

RIFADIN.....	11	RITUXAN HYCELA.....	22	ROSITARA	73
<i>rifampin</i>	11	<i>rivaroxaban</i>	61	ROSULA	73
RIGHTEST CONTROL SOLUTION HIGH.....	101	<i>rivastigmine</i>	31	<i>rosula cleansing cloths</i>	73
RIGHTEST GM550 SYSTEM	101	<i>rivastigmine tartrate</i>	31	<i>rosuvastatin</i>	63
RIGHTEST GS550 TEST STRIPS.....	101	<i>rivelsa</i>	135	<i>rosyrah</i>	135
RIGHTEST GT333 GLUCOSE METER.....	101	RIVFLOZA	149	ROSZET	63
RIGHTEST GT333 TEST STRIP	101	RIXUBIS	61	ROTARIX.....	125
RILUTEK.....	86	<i>rizatriptan</i>	29	ROTATEQ VACCINE	125
<i>riluzole</i>	86	R-NATAL OB.....	157	ROVIS	73
<i>rimantadine</i>	6	ROAOXIA.....	43	ROWASA	118
<i>ringer's</i>	84	ROBAXIN.....	33	<i>roweepra</i>	27
RINVOQ	128	ROBINUL	114	ROXICODONE.....	40
RINVOQ LQ.....	128	ROBINUL FORTE	114	ROXIFOL-D.....	157
RIOMET.....	111	ROCALTROL	109	ROXYBOND	40
<i>risedronate</i>	86, 126	ROCKLATAN	140	ROZEREM	50
RISPERDAL	50	ROCTAVIAN	61	ROZLYTREK.....	22
RISPERDAL CONSTA.....	50	<i>roflumilast</i>	146	RUBRACA.....	22
<i>risperidone</i>	50	ROGAINE	69	RUCONEST	146
<i>risperidone microspheres</i>	50	ROGAINE EXTRA STRENGTH FOR MEN ..	69	<i>rufinamide</i>	27
RITALIN	50	ROLVEDON	122	RUKOBIA.....	6
RITALIN LA.....	50	<i>romidepsin</i>	22	RUMILO	73
RITEFLO AEROCHAMBER	148	ROMIDEPSIN.....	22	RUXIENCE	22
<i>ritonavir</i>	6	ROMVIMZA.....	22	RYALTRIS.....	146
RITUXAN.....	22	<i>ropinirole</i>	28	RYANODEX	33
		<i>ropivacaine (pf)</i>	76	RYBELSUS.....	112
		<i>rosadan</i>	73	RYBREVANT	22
		ROSADAN.....	73	RYCLORA	143
				RYDAPT	22

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

RYKINDO.....	50	SANDOSTATIN.....	22	<i>selegiline hcl</i>	28
RYLAZE	22	SANDOSTATIN LAR DEPOT	22	<i>selenium sulfide</i>	65
RYNODERM	69	SANTYL	82	SELZENTRY	6
RYONCIL	86	SAPHNELO	22	SEMGLEE(INSULIN GLARGINE-YFGN)	106
RYSTIGGO.....	33	SAPHRIS.....	50	SEMGLEE(INSULIN GLARG-YFGN)PEN	106
RYTARY	28	<i>sapropterin</i>	109	<i>se-natal 19</i>	157
RYTELO	22	SARCLISA.....	22	<i>se-natal 19 chewable</i>	157
RYVENT.....	143	SAROXIA	73	SENSIPAR.....	109
RYZNEUTA.....	122	SAVAYSA	61	SEREVENT DISKUS	146
S		SAVELLA	128	SERNIVO.....	81
SABRIL.....	27	<i>saxagliptin</i>	112	SEROQUEL	50
SAFYRAL.....	135	<i>saxagliptin-metformin</i>	112	SEROQUEL XR.....	51
<i>sajazir</i>	146	SAXENDA.....	82	SEROSTIM	122
SALAGEN (PILOCARPINE)	88	<i>scalacort</i>	81	<i>sertraline</i>	51
SALICATE	66	SCALACORT DK.....	81	<i>setlakin</i>	135
<i>salicylic acid</i>	66	SCEMBLIX.....	22	<i>sevelamer carbonate</i>	151
<i>salicylic acid-ceramides no.1</i>	66	SCENESSE	69	<i>sevelamer hcl</i>	151
<i>salimez</i>	66	<i>scopolamine base</i>	118	SEVENFACT	61
SALIMEZ FORTE	66	SCYTERA.....	65	SEYSARA.....	13
<i>salsalate</i>	44	SEBUDERM	69	<i>sf 88</i>	
<i>salvax</i>	66	SECUADO	50	<i>sf 5000 plus</i>	88
SALVAX DUO PLUS	67	SEGLUROMET	112	SFROWASA.....	118
<i>salycim</i>	67	SELARSDI.....	65	<i>sharobel</i>	131
SAMSCA	109	SELECT-OB.....	157	SHINGRIX (PF).....	125
SANCUSO	118	SELECT-OB (FOLIC ACID)	157	SIGNIFOR.....	22
SANDIMMUNE	22	SELECT-OB + DHA.....	157	SIGNIFOR LAR.....	22

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

SIKLOS.....	22	SINUVA	146	<i>sodium benzoate-sod</i>	
<i>sildenafil</i>	149	<i>sirolimus</i>	22	<i>phenylacet</i>	86
<i>sildenafil (pulm.hypertension)</i>		SIRTURO	11	<i>sodium chlor 0.9% bacteriostat</i>	
.....	146	SIRVANA.....	73	.....	86
SILENOR.....	51	SITAGLIPTIN.....	112	<i>sodium chloride</i>	86, 146, 151
SILIQ.....	65	SITAGLIPTIN-METFORMIN		<i>sodium chloride 0.45 %</i>	151
<i>silodosin</i>	149	.....	112	<i>sodium chloride 0.9 %</i>	86
SILVADENE	66	SIVEXTRO	11	<i>sodium chloride 3 %</i>	
<i>silver nitrate</i>	69	SKYCLARYS	31	<i>hypertonic</i>	151
<i>silver nitrate applicators</i>	69	SKYLA.....	129	<i>sodium chloride 5 %</i>	
<i>silver sulfadiazine</i>	66	SKYRIZI	65, 118	<i>hypertonic</i>	151
SILVRSTAT	76	SKYSONA	31	<i>sodium citrate-citric acid</i> ...	149
SIMBRINZA.....	140	SKYTROFA	122	<i>sodium ferric gluconat-sucrose</i>	
SIMILAC PRENATAL	157	SLOW RELEASE IRON ...	157	.....	86
SIMLANDI(CF).....	128	SLYND	135	<i>sodium fluoride 5000 plus</i>	88
SIMLANDI(CF)		SMART SENSE		<i>sodium fluoride-pot nitrate</i> ...	88
AUTOINJECTOR.....	128	MONITORING SYSTEM		SODIUM OXYBATE.....	51
<i>simliya (28)</i>	135	.....	101	<i>sodium phenylbutyrate</i>	86
<i>simpesse</i>	135	SMART SENSE TEST		<i>sodium polystyrene sulfonate</i>	
SIMPLERA SENSOR.....	101	STRIPS.....	101	.....	151
SIMPLERA SYNC SENSOR		SMARTEST CONTROL ...	101	<i>sodium,potassium,mag sulfates</i>	
.....	101	SMARTEST EJECT.....	101	.....	118
SIMPONI	129	SMARTEST PERSONA		SOFDRA	69
SIMPONI ARIA.....	128	STARTER.....	101	SOFIA SARS ANTIGEN FIA	
SIMULECT.....	22	SMARTEST PRONTO		.....	84
<i>simvastatin</i>	63	STARTER.....	101	SOFIA2 FLU-SARS	
SINCALIDE.....	118	SMARTEST PROTEGE	101	ANTIGEN FIA.....	84
SINEMET.....	28	SMARTEST TEST.....	101	SOFOSBUVIR-	
SINGULAIR	146	<i>smoothlax</i>	118	VELPATASVIR.....	6
		SOAANZ.....	57	SOGROYA	122
				SOHONOS	86

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

<i>solifenacin</i>	148	SOVALDI	6	<i>st joseph aspirin</i>	44
SOLQUA 100/33	106	SOVUNA	11	<i>st. joseph aspirin</i>	44
SOLIRIS.....	86	SPACE CHAMBER	148	STAMARIL (PF)	125
SOLOSEC	11	SPEEDYSWAB COVID-19 AND FLU	84	STEGLATRO	112
SOLOX GEL	69	SPEEDYSWAB COVID-19 HOME TEST	84	STEGLUJAN	112
SOLTAMOX	22	SPEVIGO	65	STELARA	65
SOLUS V2 AUDIBLE METER	101	SPIKEVAX 2024-2025(12Y UP)(PF)	125	STENDRA.....	149
SOLUS V2 CONTROL SOLUTION,HIGH.....	101	<i>spinosad</i>	82	STEQEYMA	65
SOLUS V2 TEST STRIPS.	101	SPINRAZA (PF).....	31	STEQEYMA I.V.....	65
<i>soluvita</i>	157	SPIRIVA RESPIMAT	146	STIMUFEND	122
<i>soluvita a,c,d with fluoride</i> .	157	SPIRIVA WITH HANDIHALER.....	146	STIOLTO RESPIMAT.....	146
SOMA	33	<i>spironolactone</i>	57	STIVARGA	22
SOMATULINE DEPOT	22	<i>spironolacton-hydrochlorothiaz</i>	57	STOBOCLO	126
SOMAVERT.....	109	SPORANOX	3	<i>stop smoking aid</i>	87
<i>sonafine</i>	69	SPRAVATO	51	STRENSIQ	109
SOOLANTRA.....	73	<i>sprintec (28)</i>	135	STREPTOMYCIN.....	11
<i>sorafenib</i>	22	SPRITAM.....	27	<i>stress formula with iron</i>	157
SORBITOL	84	SPRIX.....	44	<i>stress formula with iron(sulf)</i>	157
SORBITOL-MANNITOL....	84	SPRYCEL.....	22	STRIBILD	6
SORILUX.....	65	<i>sps (with sorbitol)</i>	151	STRIVERDI RESPIMAT ...	146
SORIXIA.....	73	<i>sronyx</i>	135	STROMECTOL.....	11
<i>sotalol</i>	53	<i>ssd</i>	66	<i>strong iodine</i>	76, 151
SOTALOL	53	SSKI	90	STUART ONE.....	157
<i>sotalol af</i>	53	<i>sss 10-5</i>	73	SUBLOCADE	40
SOTYKTU	65			SUBOXONE	44
SOTYLIZE.....	53			<i>subvenite</i>	27
				<i>subvenite starter (blue) kit</i>	27

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

<i>subvenite starter (green) kit</i> .27	<i>sumatriptan</i>.....29	<i>symax-sl</i> 114
<i>subvenite starter (orange) kit</i> 27	<i>sumatriptan succinate</i>.....29	<i>symax-sr</i> 114
SUCRAID 118	<i>sumatriptan-naproxen</i> .....29	SYMBICORT .....146
<i>sucralfate</i> 121	SUMAXIN .....74	SYMBRAVO .....29
SUFLAVE 118	SUMAXIN CP .....74	SYMDEKO .....146
SUGAMMADEX.....33	SUMAXIN TS.....74	SYMFI.....6
SUGAMMADEX IN STERILE WATER.....33	<i>sunitinib malate</i> .....22	SYMPAZAN .....27
SULAR.....57	SUNLENCA.....6	SYMPROIC..... 119
SULCONAZOLE.....78	SUNOSI.....51	SYMTUZA.....6
<i>sulfacetamide sodium</i> ...65, 141	<i>super b-50 complex</i> 157	SYNAGIS.....6
<i>sulfacetamide sodium (acne)</i> 76	<i>super quints</i> 157	SYNALAR .....81
<i>sulfacetamide sodium-sulfur</i> 73, 74	SUPPRELIN LA .....22	SYNALAR CREAM KIT ...81
SULFACETAMIDE SODIUM- SULFUR.....74	SUPREP BOWEL PREP KIT 119	SYNALAR OINTMENT KIT.....81
<i>sulfacetamide sod-sulfur-urea</i>.....74	SURE RESULT TAC PAK...81	SYNALAR TS.....81
<i>sulfacetamide-prednisolone</i> 141	SURE-TEST EASYPLUS MINI..... 101	SYNAREL.....109
<i>sulfacleanse 8-4</i>.....74	SURE-TEST EASYPLUS MINI METER 101	SYNDROS 119
<i>sulfadiazine</i> 12	SUSTOL 119	SYNJARDY 112
<i>sulfamethoxazole-trimethoprim</i> 12	SUSVIMO 139	SYNJARDY XR..... 112
SULFAMYLON.....76	SUSVIMO (INITIAL FILL) 139	SYNTHROID 112
<i>sulfasalazine</i> 118	SUTAB 119	SYPRINE .....86
<i>sulfatrim</i> 12	SUTENT.....22	T
<i>sulindac</i> .....44	<i>syeda</i>.....135	T
SUMADAN.....74	SYLVANT .....22	FLEX.....104
SUMADAN XLT .....74	SYMAX DUOTAB 114	SLIM X2 .....104
	<i>symax fastabs</i> 114	SLIM X2 BASAL-IQ INSULIN PMP.....104
		SLIM X2 CONTROL-IQ.....104
		TABLOID .....22
		TABRECTA.....22

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

TACLONEX.....	65	TANDEM MOBI TRUSTEEL KIT 23	104	TAZORAC.....	74
<i>tacrolimus</i>	22, 69	TANDEM PLUS	157	TAZVERIK	23
<i>tadalafil</i>	149	TANDEM T		TECARTUS.....	23
<i>tadalafil (pulm. hypertension)</i>	146	SLIM ASFT 30 PK10 23	104	TECELRA	23
TADLIQ	146	SLIM ASFT XC PK10 23	104	TECENTRIQ.....	23
TAFINLAR	22	SLIM TRUSTL PK10 23	104	TECENTRIQ HYBREZA	23
<i>tafluprost (pf)</i>	140	<i>tanlor</i>	33	TECFIDERA	52
TAGRISSO.....	22	TAPERDEX	90	TECVAYLI	23
TAKE ACTION.....	135	TARDEOXIA.....	74	TEFLARO	8
TAKHZYRO	146	TARDIMAXIA.....	74	TEGLUTIK	86
TALICIA	121	TARGADOX.....	13	TEGRETOL.....	27
TALTZ AUTOINJECTOR ...	65	TARGRETIN.....	23	TEGRETOL XR	27
TALTZ AUTOINJECTOR (2 PACK)	65	<i>tarina 24 fe</i>	135	TEKTURNA.....	57
TALTZ AUTOINJECTOR (3 PACK)	65	<i>tarina fe 1/20 (28)</i>	135	TELCARE CONTROL	101
TALTZ SYRINGE.....	65	<i>taron-c dha</i>	157	TELCARE TEST STRIPS..	101
TALVEY.....	22	TAROXIA	74	TELIORA	81
TALZENNA.....	22	TARPEYO.....	90	<i>telmisartan</i>	57
TAMIFLU	6	TASCENSO ODT	52	<i>telmisartan-amlodipine</i>	57
<i>tamoxifen</i>	23	TASIGNA.....	23	<i>telmisartan-hydrochlorothiazid</i>	57
<i>tamsulosin</i>	149	<i>tasimelteon</i>	51	<i>temazepam</i>	51
TANDEM DUAL ACTION	157	TASMAR.....	28	TEMBEXA.....	6
TANDEM MOBI AUTOSOFT 30 KT 23.....	104	<i>tavaborole</i>	78	TEMODAR	23
TANDEM MOBI AUTOSOFT XC KIT 5.....	104	TAVALISSE.....	61	<i>temozolomide</i>	23
TANDEM MOBI SYSTEM	104	TAVNEOS	86	TEMPO SMART BUTTON	102
		TAYTULLA	135	TEMPO WELCOME KIT..	102
		<i>tazarotene</i>	74	<i>temsirolimus</i>	23
		TAZAROTENE.....	74		
		<i>tazicef</i>	8		

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

<i>tencon</i>	40	TETOXIA.....	81	THYROSAFE.....	90
TENIVAC (PF).....	125	<i>tetrabenazine</i>	31	<i>tiadylt er</i>	58
<i>tenofovir disoproxil fumarate</i> .6		<i>tetracaine hcl</i>	139	<i>tiagabine</i>	27
TENORETIC 100.....	57	TETRACAINE HCL (PF) ..	139	TIAZAC	58
TENORETIC 50.....	57	<i>tetracycline</i>	13	TIBSOVO.....	23
TENORMIN.....	57	TEVIMBRA	23	<i>ticagrelor</i>	61
TEPADINA	23	TEXACORT	81	TICANASE	147
TEPEZZA.....	109	TEZRULY	57	TICE BCG.....	125
TEPMETKO.....	23	TEZSPIRE.....	146	TICOVAC.....	125
TEPYLUTE.....	23	THALITONE	57	TIGAN.....	119
<i>terazosin</i>	57	THALOMID.....	23	<i>tigecycline</i>	11
<i>terbinafine hcl</i>	3	THEO-24	146	TIGLUTIK	86
<i>terbutaline</i>	146	<i>theophylline</i>	146	TIKOSYN.....	53
<i>terconazole</i>	132	THERA-D 4000	157	<i>tilia fe</i>	135
<i>teriflunomide</i>	52	THERANATAL.....	157	TIMOL-BRIMON-DORZOL- BIMATO(PF).....	140
<i>teriparatide</i>	126	THERANATAL COMPLETE	157	<i>timolol</i>	137
TERLIVAZ.....	109	THERANATAL ONE.....	157	<i>timolol maleate</i>	58, 137
TERSI FOAM	65	THERANATAL PLUS	157	<i>timolol maleate (pf)</i>	137
TEST N'GO BLOOD GLUCOSE SYSTEM.....	102	THIOLA	86	TIMOLOL-BRIMONIDI- DORZOLAM(PF)	140
TEST N'GO TEST	102	THIOLA EC	86	TIMOLOL-DORZOLAM- BIMATOPRO(PF)	140
TESTIM	109	<i>thioridazine</i>	51	TIMOPTIC OCUDOSE (PF)	137
TESTONE CIK	109	<i>thiotepa</i>	23	<i>tinidazole</i>	11
TESTOPEL	109	<i>thiothixene</i>	51	<i>tiopronin</i>	86
<i>testosterone</i>	109	THRIVITE RX	157	<i>tiotropium bromide</i>	147
TESTOSTERONE	109	THYMOGLOBULIN.....	125		
<i>testosterone cypionate</i>	109	THYQUIDITY	112		
<i>testosterone enanthate</i>	109	<i>thyroid (pork)</i>	112		

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

<i>tirofiban-0.9% sodium chloride</i>	<i>tolvaptan (polycys kidney dis)</i>	<i>tranexamic acid in nacl,iso-os</i>
61	109	61
TIROSINT	TOPAMAX	TRANSDERM-SCOP
112	27	119
TIROSINT-SOL	TOPICORT	<i>tranylcypromine</i>
112	81	51
TIVDAK	<i>topiramate</i>	TRANZAREL
23	27, 28	76
TIVICAY	<i>topotecan</i>	TRAVATAN Z
6	23	140
TIVICAY PD	TOPROL XL	<i>travoprost</i>
6	58	140
<i>tizanidine</i>	<i>toremifene</i>	TRAZIMERA
33	23	23
TLANDO	TORISEL	<i>trazodone</i>
109	23	51
TOBI	TORONOVA II SUIK	TREANDA
11	44	23
TOBI PODHALER	TORONOVA SUIK	TRELEGY ELLIPTA
11	44	147
TOBRADEX	<i>torpenz</i>	TRELSTAR
141	23	23
TOBRADEX ST	<i>torsemide</i>	TREMFYA
141	58	65, 66
<i>tobramycin</i>	TOSYMRA	TREMFYA PEN
11, 136	29	66
<i>tobramycin in 0.225 % nacl</i> .	TOUJEO MAX U-300	TREMFYA PEN INDUCTION
11	SOLOSTAR	PK-CROHN
<i>tobramycin sulfate</i>	106	65
11	TOUJEO SOLOSTAR U-300	<i>treprostinil sodium</i>
TOBRAMYCIN WITH	INSULIN	58
NEBULIZER	107	TRESIBA FLEXTOUCH U-
11	<i>tovet emollient</i>	100
<i>tobramycin-dexamethasone</i>	81	107
141	TOVET KIT	TRESIBA FLEXTOUCH U-
TOBRAMYCIN-	81	200
VANCOMYCIN	TOVIAZ	107
136	148	TRESIBA U-100 INSULIN
TOBREX	TRACLEER	107
136	147	TRESNI
TOFIDENCE	TRADJENTA	44
129	112	<i>tretinoin</i>
<i>tolcapone</i>	<i>tramadol</i>	74
28	44	<i>tretinoin (antineoplastic)</i>
TOLECTIN 600	TRAMADOL	23
44	44	<i>tretinoin (emollient)</i>
<i>tolmetin</i>	<i>tramadol-acetaminophen</i>	74
44	44	<i>tretinoin microspheres</i>
TOLSURA	<i>trandolapril</i>	74
3	58	TRETTEN
<i>tolterodine</i>	<i>trandolapril-verapamil</i>	61
148	58	TREXALL
<i>tolvaptan</i>	<i>tranexamic acid</i>	23
109	61, 132	

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

TREXIMET.....	29	TRILEPTAL.....	28	TROGARZO.....	6
TREZIX.....	40	<i>tri-linyah</i>	135	TROKENDI XR.....	28
<i>triamcinolone acetonide</i> 81, 88, 90, 147		<i>tri-lo-estarylla</i>	135	TRONVITE.....	158
<i>triamterene</i>	58	<i>tri-lo-marzia</i>	135	<i>tropicamide</i>	137
<i>triamterene-hydrochlorothiazid</i>	58	<i>tri-lo-mili</i>	135	<i>trospium</i>	148
TRIASIL.....	81	<i>tri-lo-sprintec</i>	135	TRUDHESA.....	29
<i>triazolam</i>	51	<i>trimethobenzamide</i>	119	TRUE METRIX AIR GLUCOSE METER.....	102
TRIBENZOR.....	58	<i>trimethoprim</i>	14	TRUE METRIX GLUCOSE METER.....	102
<i>tri-buffered aspirin</i>	44	<i>tri-mili</i>	135	TRUE METRIX GLUCOSE TEST STRIP.....	102
TRICARE.....	157	<i>trimipramine</i>	51	TRUE METRIX GO GLUCOSE METER.....	102
<i>tricitrates</i>	149	TRI-MIX (PAPAVRN- PHNTLMN-PGE1).....	149	TRUE METRIX LEVEL 1.....	102
<i>tricon</i>	157	TRIMO-SAN JELLY.....	132	TRUERESULT BLOOD GLUCOSE SYSTM.....	102
TRICOR.....	63	<i>trinatal rx 1</i>	157	TRUETEST TEST STRIPS.....	102
<i>triderm</i>	81	<i>trinate</i>	157	TRUETRACK BLOOD GLUCOSE SYSTEM.....	102
<i>trientine</i>	86	TRINAZ.....	157	TRUETRACK SMART SYSTEM.....	102
TRIENTINE.....	86	TRINTELLIX.....	51	TRUETRACK TEST.....	102
TRIESENCE (PF).....	90	TRIONEX.....	66	TRULANCE.....	119
<i>tri-estarylla</i>	135	TRIPTODUR.....	23	TRULICITY.....	112
TRIFERIC.....	157	TRISENOX.....	23	TRUMENBA.....	125
<i>trifluoperazine</i>	51	<i>tri-sprintec (28)</i>	135	TRUQAP.....	23
<i>trifluridine</i>	137	TRISTART DHA.....	157	TRUSTEEL INFUSION SET 32.....	104
<i>trigels-f forte</i>	157	TRIUMEQ.....	6	TRUSTEX-RIA NON-LUB CONDOMS.....	129
<i>trihexyphenidyl</i>	28	TRIUMEQ PD.....	6		
TRIJARDY XR.....	112	<i>tri-vitamin with fluoride</i>	157		
TRIKAFTA.....	147	<i>tri-vylibra</i>	135		
<i>tri-legest fe</i>	135	<i>tri-vylibra lo</i>	135		
		TRODELVY.....	23		

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

TRUVADA.....6	TYSABRI.....31	<i>unithroid</i> .....112
TRUXIMA .....23	TYVASO .....147	UNITUXIN.....23
TRYNGOLZA.....63	TYVASO DPI.....147	UNZDOMDIOXIAZAR .....74
TRYPTYR.....139	TYVASO REFILL KIT .....147	UPLIZNA .....23
TRYVIO .....63	TYVASO STARTER KIT ..147	UPNEEQ (PF) .....141
TUDORZA PRESSAIR .....147	U	UPTRAVI .....58
TUKYSA.....23	UBRELVY .....29	URAMAXIN .....69
<i>tulana</i>.....131	UCERIS.....119	<i>urea</i> .....69
TURALIO .....23	UDENYCA .....122	UREA .....69
<i>turqoz (28)</i> .....135	UDENYCA AUTOINJECTOR.....122	<i>urea nail stick</i> .....69
TUXARIN ER.....143	UDENYCA ONBODY.....122	<i>ure-k</i>.....69
TWIIST REFILL KT(CSST- NDL-SYR) .....104	ULESFIA.....82	URELLE.....149
TWIIST RFL(INFUS-CSST- NDL-SYR) .....104	ULORIC .....126	<i>uretron d-s</i>.....149
TWIIST STARTER KIT ....104	ULTIMA MONITOR .....102	URIBEL TABS .....149
TWINRIX (PF) .....125	ULTOMIRIS.....86	<i>urimar-t</i>.....150
TWIRLA .....132	ULTRASAL-ER.....67	URIMAR-T .....150
TWYNEO.....74	ULTRATRAK.....102	URNEVA.....150
TYBLUME.....135	ULTRATRAK GLUCOSE METER .....102	UROCIT-K 10 .....150
TYBOST .....6	ULTRATRAK ULTIMATE 102	UROCIT-K 15 .....150
TYENNE.....129	ULTRAVATE.....81	<i>urogesic-blue</i> .....150
TYENNE AUTOINJECTOR.....129	UMECLIDINIUM- VILANTEROL.....147	<i>uro-mp</i> .....150
TYGACIL .....11	UNASYN .....12	UROQID-ACID NO.2.....150
TYKERB.....23	UNDECATREX .....109	<i>uro-sp</i>.....150
TYMLOS .....126	UNISTRIp LOW CONTROL.....102	UROXATRAL .....149
TYPHIM VI .....125	UNISTRIp1 TEST STRIP..102	URSO FORTE .....119
TYRVAYA.....139		<i>ursodiol</i>.....119
		<i>uryl</i>.....150
		USTEKINUMAB .....66

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

USTEKINUMAB-AEKN	66	VANCOMYCIN	14	VASHE	84
USTEKINUMAB-TTWE	66	<i>vancomycin in 0.9 % sodium</i>		<i>vasopressin</i>	109
UVADEX	69	<i>chl</i>	14	VASOPRESSIN IN 0.9 %	
UZEDY	51	VANCOMYCIN IN 0.9 %		SOD CHLOR.....	109
V		SODIUM CHL	14	VASOPRESSIN IN	
VABOMERE	11	VANCOMYCIN IN		DEXTROSE 5 %.....	109
VABYSMO	139	DEXTROSE 5 %.....	14	VASOTEC	58
VAFSEO.....	86	VANCOMYCIN-DILUENT		VAXCHORA VACCINE	125
VAGIFEM	131	COMBO NO.1.....	14	VAXELIS (PF)	125
<i>valacyclovir</i>	6	<i>vandazole</i>	132	VAXNEUVANCE (PF)	125
VALCHLOR.....	69	VANFLYTA.....	23	VCF CONTRACEPTIVE	
VALCYTE.....	6	VANOS.....	81	FILM.....	132
<i>valganciclovir</i>	6	VANOXIDE-HC	74	VCF CONTRACEPTIVE GEL	
VALIUM	51	VANRAFIA.....	63	.....	132
<i>valladerm-90</i>	76	VAPRISOL IN 5 %		VECAMYL	63
<i>valproate sodium</i>	28	DEXTROSE	109	VECTIBIX	23
<i>valproic acid</i>	28	VAQTA (PF).....	125	VECTICAL	66
<i>valproic acid (as sodium salt)</i>		<i>varidenafil</i>	150	VEGZELMA	23
.....	28	VARDIMAXIA	74	VEKLURY	6
<i>valsartan</i>	58	<i>varenicline tartrate</i>	87	VELCADE	23
<i>valsartan-hydrochlorothiazide</i>		VARISOFT INFUSION SET		<i>velettri</i>	58
.....	58	43	104	<i>velivet triphasic regimen (28)</i>	
VALTOCO.....	28	VARIVAX (PF)	125	.....	135
VALTREX.....	6	VARIZIG	125	VELPHORO.....	151
<i>valtya</i>	135	VAROPHEN (DICLOFENAC)		VELSIPITY	119
<i>vanadom</i>	33	.....	44	VELTASSA	151
VANCOGIN	14	VAROXIA	74	VELTIN	74
<i>vancomycin</i>	14	VARUBI	119	VEMLIDY.....	6
		VASCEPA.....	63	VENCLEXTA	23
		VASERETIC	58		

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

VENCLEXTA STARTING PACK.....	23	V-GO 30	104	VIRASAL.....	67
<i>venlafaxine</i>	51	V-GO 40	104	VIREAD	6
VENLAFAXINE BESYLATE	51	VIAGRA	150	VISCO-3.....	44
VENNGEL II	44	VIBATIV	14	VISTOGARD	15
VENNGEL ONE	44	VIBERZI	119	VITAFOL FE PLUS	158
VENOFER	158	VICTOZA 2-PAK.....	112	VITAFOL GUMMIES.....	158
VENTAVIS.....	147	VICTOZA 3-PAK.....	112	VITAFOL ULTRA.....	158
VENTOLIN HFA	147	VIDAZA.....	23	VITAFOL-OB	158
<i>venxxiva</i>	86	<i>vienna</i>	136	VITAFOL-OB+DHA.....	158
VEOPOZ	86	<i>vigabatrin</i>	28	VITAFOL-ONE.....	158
VEOZAH	132	<i>vigadrone</i>	28	VITALARA	158
<i>verapamil</i>	58	VIGAFYDE.....	28	VITALIPID N INFANT	158
VERDESO	81	VIGAMOX.....	136	VITAMEDMD ONE RX....	158
VEREGEN	69	VIIBRYD.....	51	<i>vitamin b complex-folic acid</i>	158
VERKAZIA	139	VIJOICE.....	23	<i>vitamin d3</i>	158
VERQUVO	63	<i>vilazodone</i>	51	<i>vitamin k</i>	61
VERSACLOZ	51	VILTEPSO	31	<i>vitamin k1</i>	61
VERZENIO.....	23	VIMIZIM.....	109	<i>vitamins a,c,d and fluoride</i> .	158
VESICARE	148	VIMKUNYA	125	VITA-RESPA	158
VESICARE LS.....	148	VIMOVO.....	44	VITLIPID N INFANT	158
<i>vestura (28)</i>	136	VIMPAT	28	VITRAKVI.....	24
VEVEN	69	<i>vinblastine</i>	23	VIVAGUARD INO CTRL SOLN-L1,2,3	102
VEVYE	139	<i>vincasar pfs</i>	23	VIVAGUARD INO GLUCOSE METER	102
VFEND.....	3	<i>vincristine</i>	23	VIVAGUARD INO SMART GLUC METER.....	102
VFEND IV	3	<i>vinorelbine</i>	23		
V-GO 20	104	VIOKACE	119		
		<i>viorele (28)</i>	136		
		VIRACEPT	6		

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

VIVAGUARD INO TEST STRIP	102	VRAYLAR.....	51	WAKIX.....	51
VIVELLE-DOT	131	VTAMA.....	66	<i>wal-zyr (ketotifen)</i>	139
VIVIMUSTA.....	24	VUITY.....	137	<i>warfarin</i>	61
VIVITROL	44	VUMERITY.....	52	<i>water for irrigation, sterile</i> ...	86
VIVJOA	4	VUSION.....	78	WAYZEN.....	67
VIVLODEX	44	VYALEV	28	WEGOVY	82
VIVOTIF	125	VYEPTI.....	29	WELCHOL.....	63
VIZIMPRO.....	24	<i>vyfemla (28)</i>	136	WELERIS.....	69
VOGELXO.....	109	VYJUVEK.....	69	WELIREG	24
<i>volnea (28)</i>	136	VYKAT XR.....	86	WELLBUTRIN SR	51
VONJO.....	24	VYLEESI	51	WELLBUTRIN XL	51
VONVENDI.....	61	<i>vylibra</i>	136	<i>wera (28)</i>	136
VOQUEZNA.....	121	VYLOY	24	<i>wescap-c dha</i>	158
VOQUEZNA DUAL PAK .	121	VYNDAMAX	63	<i>wescap-pn dha</i>	158
VOQUEZNA TRIPLE PAK	121	VYNDAQEL.....	63	<i>wesnatal dha complete</i>	158
VORANIGO.....	24	VYONDYS-53	31	<i>wesnate dha</i>	158
VORAXAZE.....	15	VYTONE.....	76	<i>westab plus</i>	158
<i>voriconazole</i>	4	VYTORIN 10-10.....	63	<i>westgel dha</i>	158
<i>voriconazole-hpbcd</i>	4	VYTORIN 10-20.....	63	WEZLANA	66
VORTEX HOLDING CHAMBER.....	148	VYTORIN 10-40.....	63	WEZLANA I.V.....	66
VOSEVI	6	VYTORIN 10-80.....	63	WHYTEDERM TDPAK	81
VOTRIENT	24	VYVANSE	51	WHYTEDERM TRILASIL PAK	82
VOWST.....	119	VYVGART.....	33	WIDE-SEAL DIAPHRAGM	129
VOXZOGO	110	VYVGART HYTRULO.....	33	WILATE	61
VOYDEYA.....	86	VYXEOS.....	24	WINLEVI	74
VPRIV	110	VYZULTA.....	140	WINREVAIR.....	147
		W			
		WAINUA.....	31		

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

<i>wintergreen oil</i>	69	XCOPRI TITRATION PACK	28	XIRUN	69
<i>wixela inhub</i>	147	XDEMZY	139	XOFLUZA	6
<i>women's gentle laxative(bisac)</i>	119	XELJANZ	129	XOLAIR	147
WOMEN'S PRENATAL PLUS DHA	158	XELJANZ XR.....	129	XOLREMDI	122
<i>wymzya fe</i>	136	XELODA.....	24	XOPENEX HFA.....	147
WYNZORA	66	XELPROS	140	XOSPATA.....	24
WYOST.....	15	<i>xelria fe</i>	136	XPHOZAH	151
X		XELSTRYM.....	51	XPOVIO	24
XACDURO	11	XEMBIFY	125	XROMI.....	24
XACIATO	132	XENAZINE.....	31	XRYLIX (DICLOFENAC- KINES TAPE)	44
XADAGO.....	28	XENICAL	82	XTAMPZA ER	40
XALATAN	140	XENLETA.....	11	XTANDI	24
XALIX	67	XENPOZYME	86	<i>xulane</i>	132
XALKORI.....	24	XEOMIN	125	XULTOPHY 100/3.6	107
XANAX	51	XEPI	76	XUREA	69
XANAX XR.....	51	XERAVA	13	XURIDEN	86
XARACOLL	76	XERESE.....	78	XYLOCAINE- MPF/EPINEPHRINE	76
<i>xarah fe</i>	136	XERMELO.....	24	XYNTHA	61
XARELTO.....	61	XGEVA	15	XYNTHA SOLOFUSE	61
XARELTO DVT-PE TREAT 30D START	61	XHANCE	147	XYOSTED	110
XATMEP	24	XIFAXAN	11	XYREM.....	51
XCLAIR.....	69	XIFYRM	44	XYWAV.....	51
XCOPRI	28	XIGDUO XR.....	112	Y	
XCOPRI MAINTENANCE PACK.....	28	XIIDRA	139	YASMIN (28)	136
		XILAPAK.....	82	YAZ (28).....	136
		XIMINO	13	YCANTH	69
		XIPERE (PF).....	90		

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

YERVOY	24	ZARONTIN.....	28	ZEPZELCA	24
YESCARTA	24	ZARXIO.....	122	ZERBAXA	8
YESINTEK	66	<i>zatean-pn dha</i>	158	ZERVIATE	139
YEZTUGO	6	<i>zatean-pn plus</i>	158	ZESTORETIC	58
YF-VAX (PF)	126	ZAVZPRET	29	ZESTRIL	58
YONDELIS	24	ZCORT	90	ZETIA.....	63
YONSA	24	ZEGALOGUE		ZETONNA	147
YORVIPATH.....	110	AUTOINJECTOR	103	ZEVALIN (Y-90).....	24
YOSPRALA.....	61	ZEGALOGUE SYRINGE .	103	ZEVASKYN	69
YUFLYMA(CF).....	129	ZEGERID OTC	121	ZEVTERA.....	8
YUFLYMA(CF) AI		ZEJULA	24	ZIAGEN	6
CROHN'S-UC-HS.....	129	ZELAPAR	29	ZIANA.....	74
YUFLYMA(CF)		ZELBORAF	24	ZICLOCIN	44
AUTOINJECTOR.....	129	ZELSUVMI.....	69	ZICLOPRO.....	44
YUPELRI	147	ZEMAIRA.....	86	<i>zidovudine</i>	6
YUSIMRY(CF) PEN	129	ZEMBRACE SYMTOUCH.	30	ZIEXTENZO	122
YUTIQ	141	ZEMDRI.....	11	ZIIHERA	24
YUTREPIA	147	ZEMPLAR	110	ZILBRYSQ.....	33
<i>yuvafem</i>	131	<i>zenatane</i>	74	<i>zileuton</i>	147
Z		ZENPEP	119	ZILOVAL	76
ZADITOR	139	<i>zenzedi</i>	51	ZILXI.....	74
<i>zafemy</i>	132	ZENZEDI	51	ZIMHI.....	44
<i>zafirlukast</i>	147	ZEPATIER.....	6	<i>zingiber</i>	158
<i>zaleplon</i>	51	ZEPBOUND.....	82, 83	ZINPLAVA	126
ZALTRAP	24	ZEPOSIA.....	31	<i>zionodil</i>	76
ZALVIT.....	158	ZEPOSIA STARTER KIT (28-		ZIOPTAN (PF)	140
ZANAFLEX.....	33	DAY)	31	ZIPHEX.....	158
<i>zarah</i>	136	ZEPOSIA STARTER PACK		<i>ziprasidone hcl</i>	51
		(7-DAY).....	31		

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

<i>ziprasidone mesylate</i>	51	<i>zolmitriptan</i>	30	ZTLIDO.....	76
ZIPSOR.....	44	ZOLMITRIPTAN.....	30	ZUBSOLV	44
ZIRABEV.....	24	ZOLOFT.....	51	<i>zumandimine (28)</i>	136
ZIRGAN.....	137	<i>zolpidem</i>	51, 52	ZUNVEYL	31
ZITHRANOL	66	ZOLPIDEM.....	51	ZURZUVAE	52
ZITHROMAX.....	8	ZOMACTON	122	ZYCLARA	69
ZITHROMAX TRI-PAK.....	8	ZOMIG.....	30	ZYDELIG.....	24
ZITHROMAX Z-PAK	8	ZONALON.....	69	ZYFLO	147
ZITUVIMET	112	ZONEGRAN	28	ZYKADIA.....	24
ZITUVIMET XR.....	112	ZONISADE	28	ZYLET	141
ZITUVIO.....	112	<i>zonisamide</i>	28	ZYLOPRIM.....	126
ZMA CLEAR.....	74	ZONTIVITY	61	ZYMFENTRA.....	119
ZOCOR	63	ZORTRESS	24	ZYNLONTA.....	24
ZOLADEX.....	24	ZORVOLEX.....	44	ZYNRELEF.....	87
<i>zoledronic acid</i>	110	ZORYVE	66	ZYNTEGLO.....	122
<i>zoledronic acid-mannitol-water</i>	87, 110	ZOSYN IN DEXTROSE (ISO- OSM).....	12	ZYNYZ.....	24
ZOLEDRONIC AC- MANNITOL-0.9NACL .	110	<i>zovia 1-35 (28)</i>	136	ZYPITAMAG.....	63
ZOLGENSMA	31	ZOVIRAX.....	78	ZYPREXA.....	52
ZOLINZA.....	24	ZTALMY.....	28	ZYTIGA	24
				ZYVOX	11

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.