



List of Covered Drugs or "Drug List"

2025 Formulary

Anthem Medicare Preferred (PPO) with Senior Rx Plus

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN. This formulary was updated on September 1, 2024.

For more recent information or other pharmacy-related benefits questions, please contact Pharmacy Member Services at **1-833-370-7468**, or for TTY users, **711**, 24 hours a day, 7 days a week.

For all other questions, please contact Member Services at **1-833-359-0689**, or for TTY users, **711**, Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays, or visit **www.anthem.com**.

Note to members:

Please review this document to make sure that it contains the drugs you take.

If this document does not contain the drugs you take, please refer to the “What if my drug is not on the Part D Formulary” section for more information.

When this Drug List (Formulary) refers to “we,” “us” or “our,” it means Anthem Blue Cross and Blue Shield. When it refers to “plan” or “your plan,” it means your Anthem Medicare Preferred (PPO) with Senior Rx Plus plan.

This document includes a Drug List (formulary) for your plan which is current as of 1/1/2025. For an updated Drug List (formulary), please review the Drug List (formulary) online at **www.anthem.com**, or call Pharmacy Member Services. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back covers.

You must generally use network pharmacies to use your prescription drug benefit. Your benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year. You will receive notice when necessary.

Please refer to your *Evidence of Coverage* online at **www.anthem.com**, or call the Pharmacy Member Services number listed on the front and back covers, for information specific to your plan.

This document may be available in an alternate format. Please call the Member Services number listed on the front and back covers for additional information.

Table of Contents

What is the Anthem Medicare Preferred (PPO) with Senior Rx Plus Part D Formulary?	3
Can the Part D Formulary change?	3
How do I use the Part D Formulary?	5
What are generic drugs?	5
What are original biological products and how are they related to biosimilars?	5
Are there any restrictions on my coverage?	5
What if my drug is not on the Part D Formulary?	6
How do I request an exception to the Anthem Medicare Preferred (PPO) with Senior Rx Plus Part D Formulary?	6
What can I do if my drug is not on the formulary or has a restriction?	7
For more information	7
Your plan's Part D Formulary	7
Covered Medications by Therapeutic Category - Part D Eligible Drugs	10
Index of Drugs	83

What is the Anthem Medicare Preferred (PPO) with Senior Rx Plus Part D Formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered Part D drugs selected by us in consultation with a team of health care providers, which represents the prescription therapies believed to be necessary parts of a quality treatment program.

Your plan will generally cover the drugs listed in the formulary as long as you follow these basic rules:

- The drug is medically necessary.
- The prescription is filled at a network pharmacy, and other plan rules are followed.
- The drugs covered under your Anthem Medicare Preferred (PPO) with Senior Rx Plus coverage are listed in this document.

Your plan provides coverage for many Medicare Part D eligible drugs. The drugs on this list are selected by the plan with the help of a team of doctors and pharmacists. Not all drugs are on your formulary.

Some drugs may be covered under the medical benefits of your plan rather than under the drug benefits of your plan. Some of the drugs that are covered under your medical benefits are marked with a B/D in this Drug List.

You may also have coverage for certain additional drugs not covered by Medicare Part D plans. These drugs are referred to as “Extra Covered Drugs” and are covered by your Senior Rx Plus supplemental benefits. You can find out which specific drugs are covered by checking your *Extra Covered Drug List* online at www.anthem.com, or by calling the Pharmacy Member Services number listed on the front and back covers.

To find out if your plan includes coverage for additional drugs, please check the benefits chart located at the front of your *Evidence of Coverage*. For more information on how to fill your prescriptions, please review your *Evidence of Coverage* online at www.anthem.com, or call the Pharmacy Member Services number listed on the front and back covers.

For a complete listing of all prescription drugs covered by Anthem Medicare Preferred (PPO) with Senior Rx Plus, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back covers.

Can the Part D Formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: www.anthem.com

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled, “How do I request an exception to the Anthem Medicare Preferred (PPO) with Senior Rx Plus Part D formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Drugs that are no longer considered Part D eligible.** If CMS changes the Part D status of a drug, CMS will notify us that the drug is no longer deemed eligible for coverage under your Part D plan. If this happens, we will immediately remove the drug from the Part D Drug List.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a one-month supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Anthem Medicare Preferred (PPO) with Senior Rx Plus Part D formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year, except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

We evaluate new drugs as they come onto the market. Once we have completed a full evaluation based upon clinical effectiveness and cost relative to other drug therapies, the drug will be assigned to a drug plan tier or non-formulary designation. If a new Part D eligible drug is designated as non-formulary following our review, this drug will not be covered on your formulary. If your prescriber feels you should use the new drug, you or your prescriber may request a coverage exception.

This formulary is current as of 1/1/2025. To get updated information about the drugs covered by your plan, please refer to your formulary online at www.anthem.com, or call Pharmacy Member Services. Our contact information appears on the front and back covers.

How do I use the Part D Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 10. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular, Hypertension, and Lipids." If you know what your drug is used for, look for the category name in the list that begins on page 10, then look under the category name for your drug.

Please refer to section "Your plan's Part D Formulary" to see an example of how to read your Drug List.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 83. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Your plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For discussion of drug types, please see the *Evidence of Coverage* Chapter titled "Using the plan's coverage for Part D prescription drugs", Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. If you have any questions on the below restrictions, please contact the Pharmacy Member Services number listed on the front and back covers.

These requirements and limits may include:

- **Prior authorization:** Your plan requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, your plan may not cover the drug.

- **Quantity limits:** For certain drugs, we limit the amount of the drug that we will cover. For example, we cover 30 tablets per 30 days of *irbesartan 75 mg tablets*. This may be in addition to a standard one-month or three-month supply.
- **Step therapy:** In some cases, we require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.
- **Day supply limits:** Short and long acting opioids are limited to a 7-day supply per fill for members who have not filled an opioid drug in the past 180 days. Members with cancer or members in hospice will be excluded from the 7-day supply limit.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 10. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online at www.anthem.com the prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back covers.

You can ask us to make an exception to these restrictions, or limits, or for a list of other similar drugs that may treat your health condition. See the section, “How do I request an exception to the Anthem Medicare Preferred (PPO) with Senior Rx Plus Part D formulary?” on page 6 for information about how to request an exception.

What if my drug is not on the Part D Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Pharmacy Member Services, our contact information appears on the front and back covers, and ask if your drug is covered.

If you learn that your plan does not cover your drug, you have two options:

- You can ask Pharmacy Member Services for a list of similar drugs that are covered by your plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by your plan.
- You can ask your plan to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Anthem Medicare Preferred (PPO) with Senior Rx Plus Part D Formulary?

You can ask us to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a Part D eligible drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, we limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at a lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

Generally, your plan will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should call Pharmacy Member Services to ask for a tiering or formulary exception. Our contact information appears on the front and back covers.

When you request an exception, your prescriber will need to explain the medical reasons why you need the exception. Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary one-month supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum of a one-month supply of medication. If coverage is not approved, after your first one-month supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in your plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

For more information

For more detailed information about your plan's prescription drug coverage, please review your *Evidence of Coverage* and other plan materials online at www.anthem.com, or call Pharmacy Member Services. Our contact information, along with the date we last updated this formulary, appears on the front and back covers.

If you have questions about your plan, please call Pharmacy Member Services. Our contact information, along with the date we last updated this formulary, appears on the front and back covers.

If you have general questions about Medicare prescription drug coverage, please call **Medicare** at **1-800-MEDICARE(1-800-633-4227)**, 24 hours a day/7 days a week. TTY users should call **1-877-486-2048**. Or visit, www.medicare.gov.

Your plan's Part D Formulary

The formulary that begins on page 10 provides coverage information about the drugs covered by your plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 83.

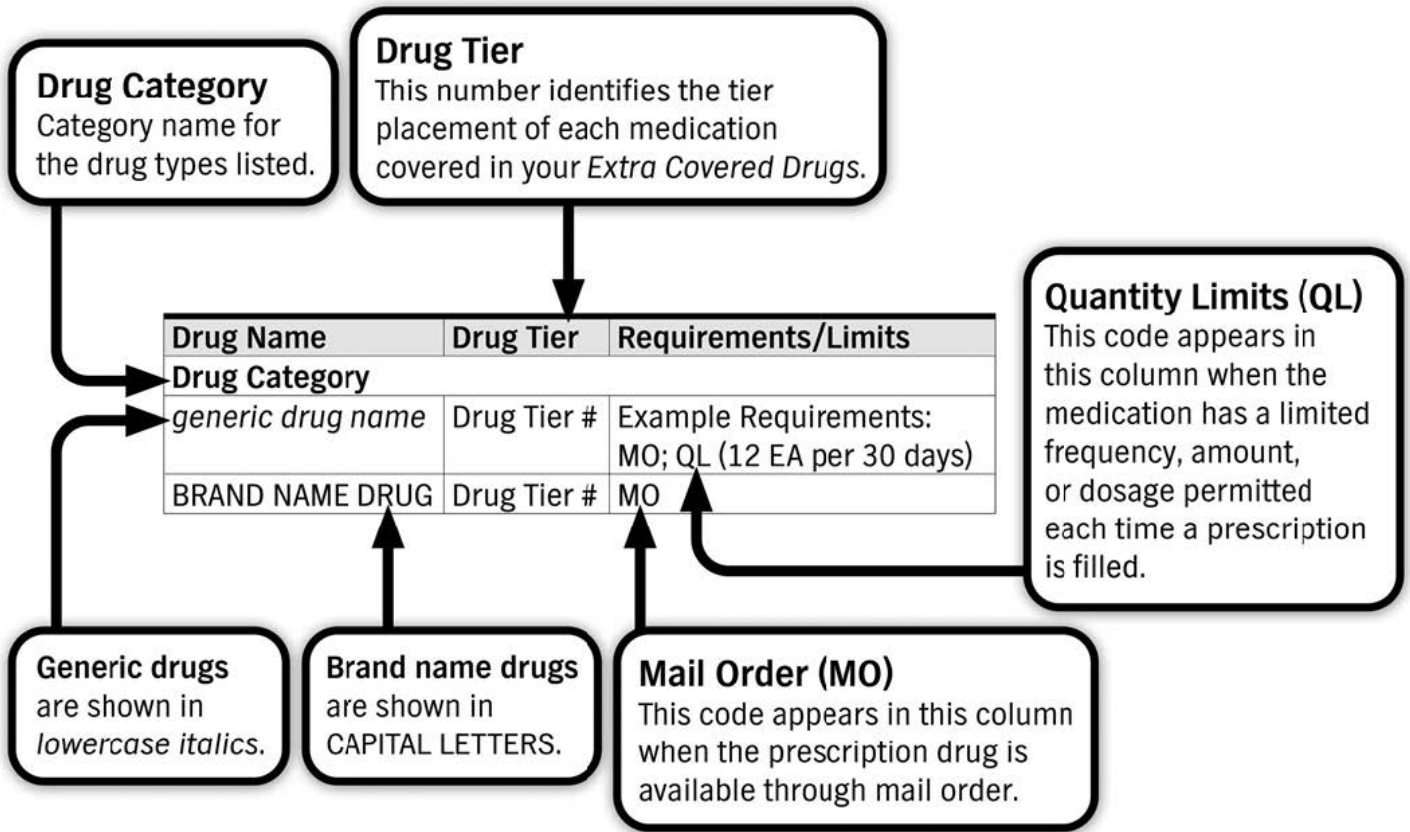
The **first column** of the chart lists the drug name. Brand name drugs are capitalized (e.g., HUMALOG) and generic drugs are listed in lowercase italics (e.g., *enalapril*).

The **second column** of the chart identifies the tier placement of each medication covered in your formulary. Our drug plan groups drugs based upon cost with the lowest cost drugs in Tier 1. These are typically generic drugs. Some newer, more expensive generic drugs may be on a higher tier. To find out what your copayment or coinsurance is for each drug tier, please check the benefits chart located at the front of your *Evidence of Coverage*, which can be found online at www.anthem.com, or call the Pharmacy Member Services number listed on the front and back covers. Your drug plan benefits chart uses the following tier labels:

Tier Number	Tier Label
1	Generics
2	Preferred Drugs
3	Non-Preferred Drugs
4	Specialty Drugs

The **third column** tells you if your plan has any special requirements for coverage of your drug. The formulary chart legend, located on page 10, contains the list of special requirements which can be applied to drugs in your plan. The legend also gives you a description of the restriction and the code used in the drug chart to tell you that the restriction applies to a specific drug.

Below you will find an example of how to read your formulary Drug List.



Covered Medications by Therapeutic Category - Part D Eligible Drugs

Legend

Generic drugs are shown in lowercase italics (example: *enalapril*).

Brand name drugs are shown in capital letters (example: HUMALOG).

QL - Quantity Limits: Restricts the frequency, amount or dosage of medication for which you can obtain benefits each time you get a prescription filled. This is most often set on a monthly basis.

PA - Prior Authorization: The process of obtaining approval for certain prescriptions before benefits will be approved. You or your prescriber will need to request prior authorization before you fill the prescription.

ST - Step Therapy: The process of first trying a certain drug or drugs to determine if that drug or drugs will treat your medical condition before your plan will cover another drug for that condition.

B/D PA - Part B vs Part D: This drug may be covered under either your Part D prescription drug benefits or as a Part B drug under your medical benefits, as determined by Medicare.

LA - Limited Access: This prescription may be available only at certain pharmacies. For more information, consult your *Pharmacy Directory* or call Pharmacy Member Services. The phone numbers are listed on the front and back covers.

MO - Mail Order: Prescription drugs available through mail order.

NEDS - Non-extended Day Supply: Drugs that will be limited to a 30-day supply per fill. This day supply is different from a Quantity Limit.

S - Specialty: Specialty drugs cost \$950 or more for a 30-day supply. Most plans limit Specialty drug fills to a 30-day supply. You can find out if Specialty drug fills are limited to a 30-day supply by checking the benefits chart in the front of your *Evidence of Coverage* which can be found online at www.anthem.com, or call the Pharmacy Member Services number listed on the front and back covers.

Part D Eligible Drugs

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Analgesics And Anti-Inflammatory Agents			<i>buprenorphine transdermal patch weekly 20 mcg/hr</i>	1	PA; QL (4 per 28 days); NEDS
<i>acetaminophen-codeine oral solution</i>	1	QL (900 per 30 days); NEDS	<i>buprenorphine transdermal patch weekly 5 mcg/hr, 7.5 mcg/hr</i>	2	PA; QL (4 per 28 days); NEDS
<i>acetaminophen-codeine oral tablet</i>	1	QL (180 per 30 days); NEDS	<i>butalbital-apap-caff-cod</i>	1	PA; QL (180 per 30 days); NEDS
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO	<i>butalbital-asa-caff-codeine</i>	1	PA; QL (180 per 30 days); NEDS
ASCOMP-CODEINE	1	PA; QL (180 per 30 days); NEDS	<i>butorphanol tartrate injection</i>	1	
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr</i>	3	PA; QL (4 per 28 days); NEDS			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>butorphanol tartrate nasal</i>	1	QL (5 per 30 days); NEDS	<i>flurbiprofen oral tablet 100 mg</i>	1	MO
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	1	QL (60 per 30 days); MO	GLYDO EXTERNAL PREFILLED SYRINGE	1	
<i>celecoxib oral capsule 400 mg</i>	1	QL (30 per 30 days); MO	<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	1	QL (2700 per 30 days); NEDS
<i>codeine sulfate oral tablet</i>	2	QL (180 per 30 days); NEDS	<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	QL (180 per 30 days); NEDS
<i>colchicine oral</i>	1		<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	QL (50 per 10 days); NEDS
<i>colchicine-probenecid</i>	1	MO	<i>hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	
<i>diclofenac potassium oral tablet 50 mg</i>	1	MO	<i>hydromorphone hcl oral liquid</i>	1	QL (720 per 30 days); NEDS
<i>diclofenac sodium er</i>	1	MO	<i>hydromorphone hcl oral tablet</i>	1	QL (180 per 30 days); NEDS
<i>diclofenac sodium external gel 1 %</i>	1	QL (1000 per 30 days)	<i>hydromorphone hcl pf injection solution 1 mg/ml, 4 mg/ml</i>	2	
<i>diclofenac sodium external solution 1.5 %</i>	1	QL (300 per 30 days)	<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml, 500 mg/50ml</i>	1	
<i>diclofenac sodium oral</i>	1	MO	IBU	1	MO
<i>diclofenac-misoprostol oral tablet delayed release</i>	1	MO	<i>ibuprofen oral suspension</i>	1	
<i>diflunisal oral</i>	1	MO	<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>duramorph</i>	1		<i>indomethacin er</i>	1	PA; MO
<i>ec-naproxen</i>	1	MO	<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	PA; MO
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	1	QL (180 per 30 days); NEDS	<i>ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml</i>	1	PA
<i>etodolac er</i>	1	MO			
<i>etodolac oral</i>	1	MO			
<i>febuxostat</i>	1	ST; MO			
<i>fenoprofen calcium oral tablet</i>	1	MO			
<i>fentanyl citrate buccal</i>	4	PA; QL (120 per 30 days); NEDS; S			
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PA; QL (15 per 30 days); NEDS			

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ketorolac tromethamine intramuscular solution 60 mg/2ml	1	PA	solution 100 mg/5ml, 20 mg/ml		
ketorolac tromethamine oral	1	PA	morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml	1	
lidocaine external ointment 5 %	1	PA; QL (150 per 30 days)	morphine sulfate (pf) injection solution 10 mg/ml, 4 mg/ml, 5 mg/ml	2	
lidocaine external patch 5 %	1	PA; QL (90 per 30 days)	morphine sulfate (pf) injection solution 8 mg/ml	3	
lidocaine hcl (pf) injection solution 1 %, 1.5 %	1		morphine sulfate (pf) intravenous solution 1 mg/ml, 2 mg/ml	2	
lidocaine hcl external solution	1	PA; QL (300 per 30 days)	morphine sulfate (pf) intravenous solution 10 mg/ml	1	
lidocaine hcl injection solution 0.5 %, 1 %, 2 %	1		morphine sulfate (pf) intravenous solution 8 mg/ml	3	
lidocaine hcl mouth/throat	1	PA; QL (300 per 30 days)	morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	3	PA; QL (60 per 30 days); NEDS
lidocaine hcl urethral/mucosal	1		morphine sulfate er oral tablet extended release 100 mg, 200 mg	1	PA; QL (60 per 30 days); NEDS
lidocaine viscous hcl	1		morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg	1	PA; QL (90 per 30 days); NEDS
lidocaine-prilocaine external cream	1	QL (30 per 30 days)	morphine sulfate injection solution 2 mg/ml, 4 mg/ml	2	
meclofenamate sodium oral	1	MO	morphine sulfate intravenous solution 10 mg/ml, 50 mg/ml	1	
mefenamic acid oral	1	MO	morphine sulfate intravenous solution 4 mg/ml	2	
meloxicam oral tablet	1	MO	morphine sulfate intravenous solution 8 mg/ml	3	
meperidine hcl injection solution 25 mg/ml, 50 mg/ml	3	PA			
METHADONE HCL INTENSOL	1	QL (180 per 30 days); NEDS			
methadone hcl oral concentrate	1	QL (180 per 30 days); NEDS			
methadone hcl oral solution	1	QL (900 per 30 days); NEDS			
methadone hcl oral tablet	1	PA; QL (180 per 30 days); NEDS			
morphine sulfate (concentrate) oral	1	QL (180 per 30 days); NEDS			

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

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate oral solution</i>	1	QL (900 per 30 days); NEDS
<i>morphine sulfate oral tablet</i>	1	QL (180 per 30 days); NEDS
<i>nabumetone oral</i>	1	MO
<i>naproxen dr oral tablet delayed release 500 mg</i>	1	MO
<i>naproxen oral suspension</i>	1	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet delayed release</i>	1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>oxaprozin oral tablet</i>	1	MO
<i>oxycodone hcl oral capsule</i>	1	QL (180 per 30 days); NEDS
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	1	QL (180 per 30 days); NEDS
<i>oxycodone hcl oral solution</i>	1	QL (900 per 30 days); NEDS
<i>oxycodone hcl oral tablet</i>	1	QL (180 per 30 days); NEDS
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (180 per 30 days); NEDS
<i>pentazocine-naloxone hcl</i>	1	PA; QL (360 per 30 days); NEDS
<i>piroxicam oral</i>	1	MO
<i>probenecid oral</i>	1	MO
<i>salsalate oral</i>	1	MO
<i>sulindac oral tablet 150 mg</i>	1	MO
<i>sulindac oral tablet 200 mg</i>	1	MO
<i>tolmetin sodium oral capsule</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>tolmetin sodium oral tablet 600 mg</i>	1	MO
<i>tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	3	PA; QL (30 per 30 days); NEDS
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour</i>	1	PA; QL (30 per 30 days); NEDS
<i>tramadol hcl er</i>	1	PA; QL (30 per 30 days); NEDS
<i>tramadol hcl oral tablet 50 mg</i>	1	QL (240 per 30 days); NEDS
<i>tramadol-acetaminophen</i>	1	QL (40 per 5 days); NEDS
Antineoplastics		
<i>abiraterone acetate oral tablet 250 mg</i>	4	PA; QL (120 per 30 days); S
<i>abiraterone acetate oral tablet 500 mg</i>	4	PA; QL (60 per 30 days); S
ADRIAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	1	B/D PA
AKEEGA	4	PA; QL (60 per 30 days); S
ALECENSA	4	PA; QL (240 per 30 days); LA; S
ALUNBRIG ORAL TABLET 180 MG	4	PA; QL (30 per 30 days); LA; S
ALUNBRIG ORAL TABLET 30 MG	4	PA; QL (180 per 30 days); LA; S
ALUNBRIG ORAL TABLET 90 MG	4	PA; QL (60 per 30 days); LA; S
ALUNBRIG ORAL TABLET THERAPY PACK	4	PA; QL (30 per 180 days); LA; S
<i>anastrozole oral</i>	1	QL (30 per 30 days); MO
AUGTYRO	4	PA; QL (240 per 30 days); S

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

Drug Name	Drug Tier	Requirements/Limits
AVASTIN	4	PA; LA; S
AYVAKIT	4	PA; QL (30 per 30 days); LA; S
<i>azacitidine</i>	4	PA; LA; S
BALVERSA ORAL TABLET 3 MG	4	PA; QL (90 per 30 days); LA; S
BALVERSA ORAL TABLET 4 MG	4	PA; QL (60 per 30 days); LA; S
BALVERSA ORAL TABLET 5 MG	4	PA; QL (30 per 30 days); LA; S
BAVENCIO	4	PA; LA; S
<i>bendamustine hcl intravenous solution</i>	4	B/D PA; S
BENDEKA	4	B/D PA; S
BESREMI	4	PA; LA; S
<i>bexarotene oral</i>	4	PA; QL (300 per 30 days); S
<i>bicalutamide</i>	1	QL (30 per 30 days)
<i>bleomycin sulfate</i>	1	B/D PA
<i>bortezomib injection solution reconstituted 1 mg, 3.5 mg</i>	4	PA; S
<i>bortezomib injection solution reconstituted 2.5 mg</i>	3	PA
BOSULIF ORAL CAPSULE 100 MG	4	PA; QL (180 per 30 days); LA; S
BOSULIF ORAL CAPSULE 50 MG	4	PA; QL (30 per 30 days); LA; S
BOSULIF ORAL TABLET 100 MG	4	PA; QL (120 per 30 days); S
BOSULIF ORAL TABLET 400 MG, 500 MG	4	PA; QL (30 per 30 days); S
BRAFTOVI ORAL CAPSULE 75 MG	4	PA; QL (180 per 30 days); LA; S
BRUKINSA	4	PA; QL (120 per 30 days); LA; S

Drug Name	Drug Tier	Requirements/Limits
CABOMETYX	4	PA; QL (30 per 30 days); LA; S
CALQUENCE	4	PA; QL (60 per 30 days); LA; S
CAPRELSA ORAL TABLET 100 MG	4	PA; QL (90 per 30 days); LA; S
CAPRELSA ORAL TABLET 300 MG	4	PA; QL (30 per 30 days); LA; S
<i>carboplatin intravenous solution</i>	1	B/D PA
<i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml</i>	1	B/D PA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	4	PA; QL (56 per 28 days); LA; S
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	4	PA; QL (112 per 28 days); LA; S
COMETRIQ (60 MG DAILY DOSE)	4	PA; QL (84 per 28 days); LA; S
COPIKTRA	4	PA; QL (60 per 30 days); LA; S
COTELLIC	4	PA; QL (90 per 30 days); LA; S
<i>cyclophosphamide intravenous solution 500 mg/2.5ml</i>	4	S
<i>cyclophosphamide oral capsule</i>	2	B/D PA
CYRAMZA	4	PA; LA; S
DARZALEX	4	PA; LA; S
DARZALEX FASPRO	4	PA; S
DAURISMO ORAL TABLET 100 MG	4	PA; QL (30 per 30 days); LA; S
DAURISMO ORAL TABLET 25 MG	4	PA; QL (60 per 30 days); LA; S
<i>decitabine</i>	4	S

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
doxorubicin hcl intravenous solution	3	B/D PA	FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	2	PA
doxorubicin hcl intravenous solution reconstituted	1	B/D PA	fluorouracil intravenous	1	B/D PA
doxorubicin hcl liposomal	4	PA; S	FOTIVDA	4	PA; QL (21 per 28 days); S
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 7.5 MG	2	PA	FRUZAQLA ORAL CAPSULE 1 MG	4	PA; QL (84 per 28 days); LA; S
ELIGARD SUBCUTANEOUS KIT 30 MG, 45 MG	3	PA	FRUZAQLA ORAL CAPSULE 5 MG	4	PA; QL (21 per 28 days); LA; S
ELITEK	4	PA; S	fulvestrant intramuscular solution prefilled syringe	3	PA
EMCYT	3		GAVRETO	4	PA; QL (120 per 30 days); LA; S
EMPLICITI	4	PA; LA; S	GAZYVA	4	PA; LA; S
ENHERTU	4	PA; S	gefitinib	4	PA; QL (60 per 30 days); S
ERBITUX	4	PA; S	gemcitabine hcl intravenous solution 1 gm/10ml, 2 gm/20ml, 2 gm/52.6ml, 200 mg/2ml	3	B/D PA
ERIVEDGE	4	PA; QL (30 per 30 days); LA; S	gemcitabine hcl intravenous solution 1 gm/26.3ml, 200 mg/5.26ml	1	B/D PA
ERLEADA ORAL TABLET 240 MG	4	PA; QL (30 per 30 days); LA; S	gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm	1	B/D PA
ERLEADA ORAL TABLET 60 MG	4	PA; QL (120 per 30 days); LA; S	gemcitabine hcl intravenous solution reconstituted 200 mg	3	B/D PA
erlotinib hcl oral tablet 100 mg, 150 mg	4	PA; QL (30 per 30 days); S	GILOTRIF	4	PA; QL (30 per 30 days); LA; S
erlotinib hcl oral tablet 25 mg	4	PA; QL (90 per 30 days); S	GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	3	PA
etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml	1	B/D PA	GLEOSTINE ORAL CAPSULE 100 MG	4	PA; S
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	4	PA; S	HERCEPTIN HYLECTA	4	B/D PA; S
everolimus oral tablet soluble	4	PA; S			
exemestane	1	QL (60 per 30 days); MO			
EXKIVITY	4	PA; QL (120 per 30 days); LA; S			
FIRMAGON (240 MG DOSE)	4	PA; S			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	4	B/D PA; S	<i>irinotecan hcl intravenous solution 300 mg/15ml, 40 mg/2ml</i>	1	
<i>hydroxyurea oral</i>	1		<i>irinotecan hcl intravenous solution 500 mg/25ml</i>	1	B/D PA
IBRANCE	4	PA; QL (21 per 28 days); LA; S	IWILFIN	4	PA; QL (240 per 30 days); S
ICLUSIG	4	PA; QL (30 per 30 days); LA; S	JAKAFI	4	PA; QL (60 per 30 days); LA; S
IDHIFA ORAL TABLET 100 MG	4	PA; QL (30 per 30 days); LA; S	JAYPIRCA ORAL TABLET 100 MG	4	PA; QL (60 per 30 days); S
IDHIFA ORAL TABLET 50 MG	4	PA; QL (60 per 30 days); LA; S	JAYPIRCA ORAL TABLET 50 MG	4	PA; QL (30 per 30 days); S
<i>imatinib mesylate oral tablet 100 mg</i>	4	PA; QL (90 per 30 days); S	JEVTANA	4	PA; S
<i>imatinib mesylate oral tablet 400 mg</i>	4	PA; QL (60 per 30 days); S	KADCYLA	4	PA; S
IMBRUVICA ORAL CAPSULE 140 MG	4	PA; QL (90 per 30 days); LA; S	KEYTRUDA INTRAVENOUS SOLUTION	4	PA; S
IMBRUVICA ORAL CAPSULE 70 MG	4	PA; QL (30 per 30 days); LA; S	KISQALI (200 MG DOSE)	4	PA; QL (21 per 28 days); S
IMBRUVICA ORAL SUSPENSION	4	PA; QL (216 per 27 days); LA; S	KISQALI (400 MG DOSE)	4	PA; QL (42 per 28 days); S
IMBRUVICA ORAL TABLET 140 MG	4	PA; QL (90 per 30 days); LA; S	KISQALI (600 MG DOSE)	4	PA; QL (63 per 28 days); S
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG	4	PA; QL (30 per 30 days); LA; S	KISQALI FEMARA (200 MG DOSE)	4	PA; QL (49 per 28 days); S
IMFINZI	4	PA; LA; S	KISQALI FEMARA (400 MG DOSE)	4	PA; QL (70 per 28 days); S
INLYTA ORAL TABLET 1 MG	4	PA; QL (180 per 30 days); LA; S	KISQALI FEMARA (600 MG DOSE)	4	PA; QL (91 per 28 days); S
INLYTA ORAL TABLET 5 MG	4	PA; QL (120 per 30 days); LA; S	KRAZATI	4	PA; QL (180 per 30 days); S
INQOVI	4	PA; QL (5 per 28 days); LA; S	KYPROLIS	4	PA; LA; S
INREBIC	4	PA; QL (120 per 30 days); LA; S	<i>lapatinib ditosylate</i>	4	PA; QL (180 per 30 days); S
<i>irinotecan hcl intravenous solution 100 mg/5ml</i>	3		<i>lenalidomide oral capsule 10 mg</i>	4	PA; QL (60 per 30 days); LA; S
			<i>lenalidomide oral capsule 15 mg, 2.5 mg, 20 mg, 25 mg</i>	4	PA; QL (30 per 30 days); LA; S

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lenalidomide oral capsule 5 mg</i>	4	PA; QL (150 per 30 days); LA; S	LUMAKRAS ORAL TABLET 320 MG	4	PA; QL (90 per 30 days); S
LENVIMA (10 MG DAILY DOSE)	4	PA; QL (30 per 30 days); LA; S	LUPRON DEPOT (1-MONTH)	4	PA; QL (1 per 28 days); S
LENVIMA (12 MG DAILY DOSE)	4	PA; QL (90 per 30 days); LA; S	LUPRON DEPOT (3-MONTH)	4	PA; QL (1 per 84 days); S
LENVIMA (14 MG DAILY DOSE)	4	PA; QL (60 per 30 days); LA; S	LUPRON DEPOT (4-MONTH)	4	PA; QL (1 per 112 days); S
LENVIMA (18 MG DAILY DOSE)	4	PA; QL (90 per 30 days); LA; S	LUPRON DEPOT (6-MONTH)	4	PA; QL (1 per 168 days); S
LENVIMA (20 MG DAILY DOSE)	4	PA; QL (60 per 30 days); LA; S	LYNPARZA ORAL TABLET	4	PA; QL (120 per 30 days); LA; S
LENVIMA (24 MG DAILY DOSE)	4	PA; QL (90 per 30 days); LA; S	LYSODREN	4	S
LENVIMA (4 MG DAILY DOSE)	4	PA; QL (30 per 30 days); LA; S	LYTGOBI (12 MG DAILY DOSE)	4	PA; S
LENVIMA (8 MG DAILY DOSE)	4	PA; QL (60 per 30 days); LA; S	LYTGOBI (16 MG DAILY DOSE)	4	PA; S
<i>letrozole oral</i>	1	QL (30 per 30 days); MO	LYTGOBI (20 MG DAILY DOSE)	4	PA; S
<i>leucovorin calcium injection solution 100 mg/10ml</i>	1		MATULANE	4	LA; S
<i>leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 500 mg</i>	1	B/D PA	<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>	1	PA
<i>leucovorin calcium oral</i>	1		<i>megestrol acetate oral tablet</i>	1	PA
LEUKERAN	4	S	MEKINIST ORAL SOLUTION RECONSTITUTED	4	PA; QL (1200 per 30 days); S
<i>leuprolide acetate (3 month)</i>	3	PA	MEKINIST ORAL TABLET 0.5 MG	4	PA; QL (90 per 30 days); LA; S
<i>leuprolide acetate injection</i>	1	PA	MEKINIST ORAL TABLET 2 MG	4	PA; QL (30 per 30 days); LA; S
LONSURF	4	PA; S	MEKTOVI	4	PA; QL (180 per 30 days); LA; S
LORBRENA ORAL TABLET 100 MG	4	PA; QL (30 per 30 days); LA; S	<i>mercaptopurine oral</i>	1	
LORBRENA ORAL TABLET 25 MG	4	PA; QL (90 per 30 days); LA; S	<i>mesna</i>	1	
LUMAKRAS ORAL TABLET 120 MG	4	PA; QL (240 per 30 days); LA; S	MESNEX ORAL	4	S

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

Drug Name	Drug Tier	Requirements/ Limits
<i>mitomycin intravenous solution reconstituted 5 mg</i>	1	B/D PA
MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 5 MG	1	B/D PA
MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	4	B/D PA; S
NERLYNX	4	PA; QL (180 per 30 days); LA; S
<i>nilutamide</i>	4	QL (30 per 30 days); S
NINLARO	4	PA; QL (3 per 28 days); S
NUBEQA	4	PA; QL (120 per 30 days); LA; S
ODOMZO	4	PA; QL (30 per 30 days); LA; S
OGSIVEO ORAL TABLET 100 MG, 150 MG	4	PA; QL (60 per 30 days); S
OGSIVEO ORAL TABLET 50 MG	4	PA; QL (180 per 30 days); S
OJEMDA ORAL SUSPENSION RECONSTITUTED	4	PA; QL (96 per 28 days); S
OJEMDA ORAL TABLET	4	PA; QL (24 per 28 days); S
OJJAARA	4	PA; QL (30 per 30 days); LA; S
ONUREG	4	PA; QL (14 per 28 days); LA; S
OPDIVO	4	PA; LA; S
ORGOVYX	4	PA; QL (30 per 28 days); LA; S
ORSERDU ORAL TABLET 345 MG	4	PA; QL (30 per 30 days); S
ORSERDU ORAL TABLET 86 MG	4	PA; QL (90 per 30 days); S

Drug Name	Drug Tier	Requirements/ Limits
<i>oxaliplatin intravenous solution</i>	1	B/D PA
<i>oxaliplatin intravenous solution reconstituted</i>	4	B/D PA; S
<i>paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml</i>	1	B/D PA
<i>paclitaxel protein-bound part</i>	4	PA; S
PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/100ML	1	B/D PA
<i>pazopanib hcl</i>	4	PA; QL (120 per 30 days); S
PEMAZYRE	4	PA; QL (30 per 30 days); LA; S
PERJETA	4	PA; S
PHESGO	4	PA; S
PIQRAY (200 MG DAILY DOSE)	4	PA; QL (28 per 28 days); S
PIQRAY (250 MG DAILY DOSE)	4	PA; QL (56 per 28 days); S
PIQRAY (300 MG DAILY DOSE)	4	PA; QL (56 per 28 days); S
POMALYST	4	PA; QL (21 per 28 days); LA; S
POTELIGEO	4	B/D PA; LA; S
PURIXAN	4	PA; S
QINLOCK	4	PA; QL (90 per 30 days); S
RETEVMO ORAL CAPSULE 40 MG	4	PA; QL (180 per 30 days); S
RETEVMO ORAL CAPSULE 80 MG	4	PA; QL (120 per 30 days); S
RETEVMO ORAL TABLET 120 MG, 160 MG	4	PA; QL (60 per 30 days); S
RETEVMO ORAL TABLET 40 MG	4	PA; QL (180 per 30 days); S

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RETEVMO ORAL TABLET 80 MG	4	PA; QL (120 per 30 days); S	TABRECTA	4	PA; QL (120 per 30 days); S
REZLIDHIA	4	PA; QL (60 per 30 days); LA; S	TAFINLAR ORAL CAPSULE	4	PA; QL (120 per 30 days); LA; S
RIABNI	4	B/D PA; S	TAFINLAR ORAL TABLET SOLUBLE	4	PA; QL (900 per 30 days); S
RITUXAN HYCELA	4	B/D PA; LA; S	TAGRISSO	4	PA; QL (30 per 30 days); LA; S
RITUXAN INTRAVENOUS SOLUTION	4	B/D PA; LA; S	TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	4	PA; QL (30 per 30 days); S
<i>romidepsin intravenous solution reconstituted</i>	4	S	TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	4	PA; QL (30 per 30 days); LA; S
ROZLYTREK ORAL CAPSULE 100 MG	4	PA; QL (150 per 30 days); LA; S	<i>tamoxifen citrate oral</i>	1	MO
ROZLYTREK ORAL CAPSULE 200 MG	4	PA; QL (90 per 30 days); LA; S	TASIGNA	4	PA; QL (112 per 28 days); S
ROZLYTREK ORAL PACKET	4	PA; QL (360 per 30 days); LA; S	TAZVERIK	4	PA; QL (240 per 30 days); LA; S
RUBRACA	4	PA; QL (120 per 30 days); LA; S	TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML	4	PA; QL (20 per 21 days); LA; S
RYBREVANT	4	PA; S	TECENTRIQ INTRAVENOUS SOLUTION 840 MG/14ML	4	PA; QL (28 per 28 days); LA; S
RYDAPT	4	PA; QL (240 per 30 days); S	TECVAYLI	4	PA; S
RYLAZE	4	PA; S	TEPMETKO	4	PA; QL (60 per 30 days); LA; S
SARCLISA	4	PA; S	THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PA; QL (30 per 30 days); S
SCEMBLIX ORAL TABLET 100 MG	4	PA; QL (120 per 30 days); S	THALOMID ORAL CAPSULE 150 MG, 200 MG	4	PA; QL (60 per 30 days); S
SCEMBLIX ORAL TABLET 20 MG	4	PA; QL (60 per 30 days); S	TIBSOVO	4	PA; QL (60 per 30 days); LA; S
SCEMBLIX ORAL TABLET 40 MG	4	PA; QL (300 per 30 days); S	TICE BCG	2	B/D PA
SOLTAMOX	4	MO; S	<i>toremifene citrate</i>	3	QL (30 per 30 days)
<i>sorafenib tosylate</i>	4	PA; QL (120 per 30 days); S	<i>tretinoin oral</i>	4	S
SPRYCEL	4	PA; QL (30 per 30 days); S	TRODELVY	4	PA; S
STIVARGA	4	PA; QL (84 per 28 days); LA; S	TRUQAP	4	PA; QL (64 per 28 days); S
<i>sunitinib malate</i>	4	PA; QL (30 per 30 days); S			
TABLOID	3				

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRUSELTIQ (100MG DAILY DOSE)	4	PA; QL (21 per 28 days); LA; S	VONJO	4	PA; QL (120 per 30 days); LA; S
TRUSELTIQ (125MG DAILY DOSE)	4	PA; QL (42 per 28 days); LA; S	WELIREG	4	PA; QL (90 per 30 days); LA; S
TRUSELTIQ (50MG DAILY DOSE)	4	PA; QL (42 per 28 days); LA; S	XALKORI ORAL CAPSULE	4	PA; QL (120 per 30 days); LA; S
TRUSELTIQ (75MG DAILY DOSE)	4	PA; QL (63 per 28 days); LA; S	XALKORI ORAL CAPSULE SPRINKLE 150 MG	4	PA; QL (180 per 30 days); LA; S
TUKYSA	4	PA; QL (120 per 30 days); LA; S	XALKORI ORAL CAPSULE SPRINKLE 20 MG	4	PA; QL (240 per 30 days); LA; S
TURALIO ORAL CAPSULE 125 MG	4	PA; QL (120 per 30 days); LA; S	XALKORI ORAL CAPSULE SPRINKLE 50 MG	4	PA; QL (120 per 30 days); LA; S
VANFLYTA	4	PA; QL (56 per 28 days); S	XOSPATA	4	PA; QL (90 per 30 days); LA; S
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	4	PA; S	XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	4	PA; QL (8 per 28 days); LA; S
VENCLEXTA ORAL TABLET 10 MG	2	PA; QL (60 per 30 days); LA	XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	4	PA; QL (4 per 28 days); LA; S
VENCLEXTA ORAL TABLET 100 MG	4	PA; QL (180 per 30 days); LA; S	XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	4	PA; QL (8 per 28 days); LA; S
VENCLEXTA ORAL TABLET 50 MG	4	PA; QL (30 per 30 days); LA; S	XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	4	PA; QL (4 per 28 days); LA; S
VENCLEXTA STARTING PACK	4	PA; LA; S	XPOVIO (60 MG TWICE WEEKLY)	4	PA; QL (24 per 28 days); LA; S
VERZENIO	4	PA; QL (56 per 28 days); LA; S	XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	4	PA; QL (8 per 28 days); LA; S
<i>vinblastine sulfate intravenous solution</i>	1	B/D PA	XPOVIO (80 MG TWICE WEEKLY)	4	PA; QL (32 per 28 days); LA; S
<i>vincristine sulfate intravenous</i>	1	B/D PA	XTANDI ORAL CAPSULE	4	PA; QL (120 per 30 days); LA; S
<i>vinorelbine tartrate</i>	1	B/D PA	XTANDI ORAL TABLET 40 MG	4	PA; QL (120 per 30 days); S
VITRAKVI ORAL CAPSULE 100 MG	4	PA; QL (60 per 30 days); LA; S	XTANDI ORAL TABLET 80 MG	4	PA; QL (60 per 30 days); S
VITRAKVI ORAL CAPSULE 25 MG	4	PA; QL (180 per 30 days); LA; S	YERVOY	4	PA; S
VITRAKVI ORAL SOLUTION	4	PA; QL (300 per 30 days); LA; S			
VIZIMPRO	4	PA; QL (30 per 30 days); LA; S			

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

Drug Name	Drug Tier	Requirements/Limits
ZEJULA ORAL TABLET 100 MG	4	PA; QL (90 per 30 days); S
ZEJULA ORAL TABLET 200 MG, 300 MG	4	PA; QL (30 per 30 days); S
ZELBORAF	4	PA; QL (240 per 30 days); LA; S
ZEPZELCA	4	PA; S
ZOLINZA	4	PA; QL (120 per 30 days); S
ZYDELIG	4	PA; QL (60 per 30 days); LA; S
ZYKADIA ORAL TABLET	4	PA; QL (90 per 30 days); LA; S
Blood Products And Modifiers		
<i>anagrelide hcl</i>	1	MO
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 40 MCG/ML	3	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 60 MCG/ML	2	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML	2	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	4	PA; S
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 60 MCG/0.3ML	3	PA
<i>aspirin-dipyridamole er</i>	1	ST; QL (60 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
BRILINTA	2	QL (60 per 30 days); MO
<i>cilostazol</i>	1	MO
CINRYZE	4	PA; LA; S
<i>clopidogrel bisulfate oral tablet 300 mg</i>	1	QL (1 per 30 days)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	QL (30 per 30 days); MO
<i>dabigatran etexilate mesylate</i>	3	QL (60 per 30 days); MO
<i>dipyridamole oral</i>	1	PA; MO
DROXIA	2	MO
ELIQUIS	2	QL (60 per 30 days); MO
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	2	QL (74 per 180 days)
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	1	QL (168 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	1	QL (56 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	1	QL (44.8 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	1	QL (16.8 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	1	QL (22.4 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	1	QL (33.6 per 28 days)
EPOGEN INJECTION SOLUTION 10000 UNIT/	3	PA

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

Drug Name	Drug Tier	Requirements/ Limits
ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML		
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	4	QL (24 per 30 days); S
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	1	QL (15 per 30 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	4	QL (12 per 30 days); S
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	4	QL (18 per 30 days); S
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ 4ML	3	
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/ 3.8ML	4	S
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/ 0.72ML, 7500 UNIT/0.3ML	4	S
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/ 0.2ML, 5000 UNIT/0.2ML	3	
FULPHILA	4	PA; QL (1.2 per 28 days); S
GRANIX	4	PA; S
<i>heparin (porcine) in nacl intravenous solution 12500-0.45 ut/250ml-%, 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%</i>	2	B/D PA

Drug Name	Drug Tier	Requirements/ Limits
<i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%</i>	1	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1	B/D PA
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml</i>	1	B/D PA
<i>icatibant acetate</i>	4	PA; S
<i>jantoven</i>	1	MO
<i>l-glutamine oral packet</i>	4	PA; S
LEUKINE INJECTION SOLUTION RECONSTITUTED	4	PA; S
NEULASTA ONPRO	4	PA; QL (1.2 per 28 days); S
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (1.2 per 28 days); S
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	4	PA; S
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	4	PA; S
NIVESTYM INJECTION SOLUTION	4	PA; S
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	3	PA
<i>pentoxifylline er</i>	1	MO
<i>plerixafor</i>	3	PA
<i>prasugrel hcl</i>	1	QL (30 per 30 days); MO
PROCRIT INJECTION SOLUTION 10000 UNIT/	3	PA

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

Drug Name	Drug Tier	Requirements/Limits
ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML		
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	4	PA; S
PROMACTA ORAL PACKET 12.5 MG	4	PA; QL (360 per 30 days); LA; S
PROMACTA ORAL PACKET 25 MG	4	PA; QL (180 per 30 days); LA; S
PROMACTA ORAL TABLET 12.5 MG, 25 MG	4	PA; QL (30 per 30 days); LA; S
PROMACTA ORAL TABLET 50 MG	4	PA; QL (90 per 30 days); LA; S
PROMACTA ORAL TABLET 75 MG	4	PA; QL (60 per 30 days); LA; S
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; S
<i>tranexamic acid intravenous solution 1000 mg/10ml</i>	1	
<i>tranexamic acid oral</i>	1	
UDENYCA	4	PA; QL (12 per 28 days); S
<i>warfarin sodium oral</i>	1	MO
XARELTO ORAL SUSPENSION RECONSTITUTED	2	QL (600 per 30 days); MO
XARELTO ORAL TABLET 10 MG, 20 MG	2	QL (30 per 30 days); MO
XARELTO ORAL TABLET 15 MG, 2.5 MG	2	QL (60 per 30 days); MO
XARELTO STARTER PACK	2	
ZARXIO	4	PA; S
ZIEXTENZO	4	PA; QL (12 per 28 days); S
Cardiovascular Agents		
<i>acebutolol hcl oral</i>	1	MO
<i>acetazolamide oral</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>aliskiren fumarate</i>	1	MO
<i>amiloride hcl oral</i>	1	MO
<i>amiloride-hydrochlorothiazide</i>	1	MO
<i>amiodarone hcl intravenous</i>	1	B/D PA
<i>amiodarone hcl oral</i>	1	MO
<i>amlodipine besy-benazepril hcl</i>	1	QL (30 per 30 days); MO
<i>amlodipine besylate oral</i>	1	MO
<i>amlodipine besylate-valsartan</i>	1	QL (30 per 30 days); MO
<i>amlodipine-atorvastatin</i>	1	QL (30 per 30 days); MO
<i>amlodipine-olmesartan</i>	1	QL (30 per 30 days); MO
<i>amlodipine-valsartan-hctz</i>	1	QL (30 per 30 days); MO
<i>atenolol oral</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
<i>atorvastatin calcium oral</i>	1	QL (30 per 30 days); MO
<i>benazepril hcl oral</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	1	QL (30 per 30 days); MO
<i>betaxolol hcl oral</i>	1	MO
<i>bisoprolol fumarate oral</i>	1	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide injection</i>	1	
<i>bumetanide oral</i>	1	MO
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	1	QL (60 per 30 days); MO
<i>candesartan cilexetil oral tablet 32 mg</i>	1	QL (30 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/ Limits
candesartan cilexetil-hctz oral tablet 16-12.5 mg	1	QL (60 per 30 days); MO
candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg	1	QL (30 per 30 days); MO
captopril oral tablet 100 mg	1	QL (120 per 30 days); MO
captopril oral tablet 12.5 mg, 25 mg, 50 mg	1	QL (90 per 30 days); MO
captopril-hydrochlorothiazide	1	QL (60 per 30 days); MO
CARTIA XT	1	MO
carvedilol	1	MO
carvedilol phosphate er	1	MO
chlorthalidone oral tablet 25 mg, 50 mg	1	MO
cholestyramine light	1	MO
cholestyramine oral	1	MO
clonidine	1	QL (4 per 28 days); MO
clonidine hcl oral	1	MO
colesevelam hcl	1	MO
colestipol hcl	1	MO
CORLANOR ORAL SOLUTION	3	PA; QL (560 per 28 days); MO
digox oral tablet 125 mcg	1	QL (30 per 30 days); MO
digox oral tablet 250 mcg	1	PA; QL (60 per 30 days); MO
digoxin oral solution	1	MO
digoxin oral tablet 125 mcg	1	QL (30 per 30 days); MO
digoxin oral tablet 250 mcg	1	PA; QL (60 per 30 days); MO
digoxin oral tablet 62.5 mcg	2	QL (30 per 30 days); MO
dilt-xr	1	MO

Drug Name	Drug Tier	Requirements/ Limits
diltiazem hcl er beads	1	MO
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	MO
diltiazem hcl er oral capsule extended release 12 hour	1	MO
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	MO
diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	MO
diltiazem hcl intravenous solution	1	
diltiazem hcl intravenous solution reconstituted	2	
diltiazem hcl oral	1	MO
disopyramide phosphate oral	1	PA; MO
dofetilide	1	
doxazosin mesylate oral	1	MO
droxidopa oral capsule 100 mg	3	PA; QL (90 per 30 days)
droxidopa oral capsule 200 mg, 300 mg	4	PA; QL (180 per 30 days); S
enalapril maleate oral tablet	1	MO
enalapril-hydrochlorothiazide	1	QL (60 per 30 days); MO
ENTRESTO ORAL CAPSULE SPRINKLE	2	QL (240 per 30 days); MO
ENTRESTO ORAL TABLET 24-26 MG	2	QL (180 per 30 days); MO
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	2	QL (60 per 30 days); MO
eplerenone	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
ezetimibe	1	QL (30 per 30 days); MO
ezetimibe-simvastatin	1	PA; QL (30 per 30 days); MO
felodipine er	1	MO
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	MO
fenofibrate oral capsule 134 mg, 200 mg, 50 mg, 67 mg	1	MO
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	MO
fenofibrate oral tablet 40 mg	3	MO
fenofibric acid oral capsule delayed release	1	MO
flecainide acetate	1	MO
fluvastatin sodium	1	QL (60 per 30 days); MO
fluvastatin sodium er	1	QL (30 per 30 days); MO
fosinopril sodium	1	MO
fosinopril sodium-hctz oral tablet 10-12.5 mg	1	QL (60 per 30 days); MO
fosinopril sodium-hctz oral tablet 20-12.5 mg	1	QL (120 per 30 days); MO
furosemide injection	1	
furosemide oral solution 10 mg/ml	1	MO
furosemide oral solution 8 mg/ml	1	MO
furosemide oral tablet	1	MO
gemfibrozil oral	1	MO
guanfacine hcl oral	1	PA; MO
hydralazine hcl injection	1	
hydralazine hcl oral	1	MO

Drug Name	Drug Tier	Requirements/Limits
hydrochlorothiazide oral	1	MO
icosapent ethyl	2	MO
indapamide oral	1	MO
irbesartan	1	QL (30 per 30 days); MO
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg	1	QL (60 per 30 days); MO
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg	1	QL (30 per 30 days); MO
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	2	QL (180 per 30 days); MO
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	MO
isosorbide dinitrate oral tablet 40 mg	4	MO; S
isosorbide mononitrate	1	MO
isosorbide mononitrate er	1	MO
isradipine	1	MO
ivabradine hcl	3	PA; QL (60 per 30 days); MO
labetalol hcl intravenous solution	1	
labetalol hcl oral	1	MO
lisinopril oral	1	MO
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg	1	QL (30 per 30 days); MO
lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg	1	QL (120 per 30 days); MO
lisinopril-hydrochlorothiazide oral tablet 20-25 mg	1	QL (60 per 30 days); MO
losartan potassium oral tablet 100 mg	1	QL (30 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium oral tablet 25 mg, 50 mg</i>	1	QL (60 per 30 days); MO
<i>losartan potassium-hctz</i>	1	QL (30 per 30 days); MO
<i>lovastatin oral</i>	1	QL (60 per 30 days); MO
MATZIM LA	1	MO
<i>metolazone</i>	1	MO
<i>metoprolol succinate er</i>	1	MO
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	1	MO
<i>metoprolol-hydrochlorothiazide</i>	1	MO
<i>metyrosine</i>	4	S
<i>mexiletine hcl oral</i>	1	MO
<i>midodrine hcl</i>	1	
<i>minoxidil oral</i>	1	MO
<i>moexipril hcl</i>	1	MO
MULTAQ	2	QL (60 per 30 days); MO
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	MO
<i>nebivolol hcl</i>	1	MO
<i>niacin (antihyperlipidemic)</i>	1	
<i>niacin er (antihyperlipidemic)</i>	1	MO
<i>niacor</i>	1	
<i>nicardipine hcl intravenous</i>	1	
<i>nicardipine hcl oral</i>	1	MO
<i>nifedipine er</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine er osmotic release</i>	1	MO
<i>nifedipine oral</i>	1	PA; MO
<i>nimodipine oral</i>	1	
<i>nisoldipine er</i>	1	MO
NITRO-BID	2	MO
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	4	MO; S
<i>nitroglycerin intravenous</i>	2	B/D PA
<i>nitroglycerin sublingual</i>	1	MO
<i>nitroglycerin transdermal patch 24 hour</i>	1	MO
<i>nitroglycerin translingual solution</i>	1	MO
NORPACE CR	3	PA; MO
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	1	QL (30 per 30 days); MO
<i>olmesartan medoxomil oral tablet 5 mg</i>	1	QL (60 per 30 days); MO
<i>olmesartan medoxomil-hctz</i>	1	QL (30 per 30 days); MO
<i>olmesartan-amlodipine-hctz</i>	1	QL (30 per 30 days); MO
<i>omega-3-acid ethyl esters</i>	1	MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	MO
<i>perindopril erbumine</i>	1	MO
<i>phenoxybenzamine hcl oral</i>	4	S
<i>pindolol</i>	1	MO
<i>pitavastatin calcium</i>	3	QL (30 per 30 days); MO
<i>pravastatin sodium</i>	1	QL (30 per 30 days); MO
<i>prazosin hcl oral</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>prevalite</i>	1	MO
<i>propafenone hcl</i>	1	MO
<i>propafenone hcl er</i>	3	MO
<i>propranolol hcl er</i>	1	MO
<i>propranolol hcl intravenous</i>	1	
<i>propranolol hcl oral solution</i>	1	MO
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	MO
<i>propranolol hcl oral tablet 60 mg</i>	1	MO
<i>quinapril hcl</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	1	QL (60 per 30 days); MO
<i>quinidine sulfate oral</i>	1	MO
<i>ramipril</i>	1	MO
<i>ranolazine er</i>	1	PA; QL (60 per 30 days); MO
REPATHA	2	PA; QL (3 per 28 days)
REPATHA PUSHTRONEX SYSTEM	2	PA; QL (3.5 per 28 days)
REPATHA SURECLICK	2	PA; QL (3 per 28 days)
<i>rosuvastatin calcium oral</i>	1	QL (30 per 30 days); MO
<i>simvastatin oral tablet</i>	1	QL (30 per 30 days); MO
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG	1	MO
SORINE ORAL TABLET 80 MG	1	MO
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg</i>	1	MO
<i>sotalol hcl (af) oral tablet 80 mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg</i>	1	MO
<i>sotalol hcl oral tablet 80 mg</i>	1	MO
<i>spironolactone oral tablet 100 mg, 50 mg</i>	1	MO
<i>spironolactone oral tablet 25 mg</i>	1	MO
<i>spironolactone-hctz</i>	1	MO
<i>telmisartan oral tablet 20 mg, 40 mg</i>	1	QL (30 per 30 days); MO
<i>telmisartan oral tablet 80 mg</i>	1	QL (60 per 30 days); MO
<i>telmisartan-amlodipine</i>	1	QL (30 per 30 days); MO
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg</i>	1	QL (30 per 30 days); MO
<i>telmisartan-hctz oral tablet 80-12.5 mg</i>	1	QL (60 per 30 days); MO
<i>terazosin hcl oral</i>	1	MO
TIADYLT ER	1	MO
<i>timolol maleate oral</i>	1	MO
<i>torseamide oral</i>	1	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil hcl er</i>	1	QL (30 per 30 days); MO
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hctz oral tablet</i>	1	MO
<i>valsartan oral tablet 160 mg</i>	1	QL (60 per 30 days); MO
<i>valsartan oral tablet 320 mg</i>	1	QL (30 per 30 days); MO
<i>valsartan oral tablet 40 mg, 80 mg</i>	1	QL (90 per 30 days); MO
<i>valsartan-hydrochlorothiazide</i>	1	QL (30 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/Limits
VASCEPA	2	MO
VECAMYL	3	MO
<i>verapamil hcl er oral capsule extended release 24 hour</i>	1	MO
<i>verapamil hcl er oral tablet extended release 120 mg</i>	1	MO
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	1	MO
<i>verapamil hcl intravenous</i>	1	
<i>verapamil hcl oral</i>	1	MO
VERQUVO	3	PA; MO
Central Nervous System Agents		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	4	QL (2.4 per 56 days); S
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	4	QL (3.2 per 56 days); S
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	4	QL (1 per 28 days); MO; S
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	4	QL (1 per 28 days); MO; S
<i>acamprosate calcium</i>	1	MO
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA; QL (1 per 28 days); MO
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	2	PA; QL (2 per 28 days); MO
<i>almotriptan malate</i>	1	QL (9 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam er</i>	1	QL (90 per 30 days)
ALPRAZOLAM INTENSOL	2	QL (300 per 30 days)
<i>alprazolam oral</i>	1	QL (90 per 30 days)
<i>alprazolam xr</i>	1	QL (90 per 30 days)
<i>amantadine hcl oral capsule</i>	1	MO
<i>amantadine hcl oral solution</i>	1	MO
<i>amantadine hcl oral tablet</i>	1	MO
<i>amitriptyline hcl oral</i>	1	MO
<i>amoxapine</i>	1	PA; MO
<i>amphetamine sulfate oral tablet 10 mg</i>	3	PA; QL (180 per 30 days); MO
<i>amphetamine sulfate oral tablet 5 mg</i>	3	PA; QL (90 per 30 days); MO
<i>amphetamine-dextroamphetamine er</i>	1	PA; QL (30 per 30 days); MO
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	1	PA; QL (90 per 30 days); MO
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	1	PA; QL (60 per 30 days); MO
<i>apomorphine hcl subcutaneous</i>	4	PA; QL (60 per 30 days); S
APTIOM	4	ST; MO; S
<i>aripiprazole oral solution</i>	1	QL (900 per 30 days); MO
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	1	MO
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	1	QL (30 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole oral tablet dispersible 10 mg</i>	3	QL (90 per 30 days); MO	AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	4	PA; QL (4 per 28 days); S
<i>aripiprazole oral tablet dispersible 15 mg</i>	3	QL (60 per 30 days); MO	AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	4	PA; QL (4 per 28 days); S
ARISTADA INITIO	4	QL (4.8 per 365 days); S	BAC	1	PA; QL (180 per 30 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	4	QL (3.9 per 60 days); MO; S	<i>baclofen oral tablet 10 mg, 15 mg, 5 mg</i>	1	QL (90 per 30 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	4	QL (1.6 per 28 days); MO; S	<i>baclofen oral tablet 20 mg</i>	1	QL (120 per 30 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	4	QL (2.4 per 28 days); MO; S	<i>benztropine mesylate injection</i>	1	PA
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	4	QL (3.2 per 28 days); MO; S	<i>benztropine mesylate oral</i>	1	PA; MO
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	1	PA; QL (30 per 30 days); MO	BETASERON SUBCUTANEOUS KIT	4	PA; QL (15 per 30 days); S
<i>armodafinil oral tablet 50 mg</i>	1	PA; QL (60 per 30 days); MO	BOTOX	3	PA
<i>asenapine maleate sublingual tablet sublingual 10 mg</i>	3	QL (60 per 30 days); MO	BRIVIACT INTRAVENOUS	3	
<i>asenapine maleate sublingual tablet sublingual 2.5 mg</i>	1	QL (240 per 30 days); MO	BRIVIACT ORAL SOLUTION	4	QL (600 per 30 days); MO; S
<i>asenapine maleate sublingual tablet sublingual 5 mg</i>	1	QL (120 per 30 days); MO	BRIVIACT ORAL TABLET	4	QL (60 per 30 days); MO; S
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL (60 per 30 days); MO	<i>bromocriptine mesylate oral</i>	1	MO
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	1	QL (30 per 30 days); MO	<i>buprenorphine hcl injection</i>	1	
AUVELITY	4	PA; QL (60 per 30 days); MO; S	<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	1	QL (240 per 30 days); NEDS
			<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	1	QL (60 per 30 days); NEDS
			<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	1	QL (60 per 30 days); NEDS
			<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	1	QL (480 per 30 days); NEDS

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

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	1	QL (240 per 30 days); NEDS
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	1	QL (120 per 30 days); NEDS
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	1	QL (480 per 30 days); NEDS
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	1	QL (120 per 30 days); NEDS
<i>bupropion hcl er (smoking det)</i>	1	QL (60 per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	1	QL (120 per 30 days); MO
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	1	QL (60 per 30 days); MO
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	1	QL (90 per 30 days); MO
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	1	QL (30 per 30 days); MO
<i>bupropion hcl oral tablet 100 mg</i>	1	QL (135 per 30 days); MO
<i>bupropion hcl oral tablet 75 mg</i>	1	QL (180 per 30 days); MO
<i>bupropion hcl oral</i>	1	
<i>butalbital-apap-caffeine oral capsule</i>	1	PA; QL (180 per 30 days)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	PA; QL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	1	PA; QL (180 per 30 days)
CAPLYTA	4	QL (30 per 30 days); MO; S
<i>carbamazepine er</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine oral</i>	1	MO
<i>carbidopa oral</i>	1	MO
<i>carbidopa-levodopa</i>	1	MO
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	MO
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	MO
<i>carisoprodol oral tablet 350 mg</i>	1	
<i>chlordiazepoxide hcl</i>	1	QL (120 per 30 days)
<i>chlordiazepoxide-amitriptyline</i>	1	PA; MO
<i>chlorpromazine hcl injection</i>	2	
<i>chlorpromazine hcl oral concentrate</i>	3	MO
<i>chlorpromazine hcl oral tablet</i>	1	MO
<i>chlorzoxazone oral tablet 500 mg</i>	1	PA
<i>citalopram hydrobromide oral solution</i>	1	QL (600 per 30 days); MO
<i>citalopram hydrobromide oral tablet 10 mg</i>	1	QL (120 per 30 days); MO
<i>citalopram hydrobromide oral tablet 20 mg</i>	1	QL (60 per 30 days); MO
<i>citalopram hydrobromide oral tablet 40 mg</i>	1	QL (30 per 30 days); MO
<i>clobazam oral suspension</i>	1	PA; QL (480 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>clobazam oral tablet 10 mg</i>	1	PA; QL (120 per 30 days); MO	<i>clozapine oral tablet dispersible 200 mg</i>	4	QL (120 per 30 days); S
<i>clobazam oral tablet 20 mg</i>	1	PA; QL (60 per 30 days); MO	<i>clozapine oral tablet dispersible 25 mg</i>	1	QL (1080 per 30 days)
<i>clomipramine hcl oral</i>	1	PA; MO	<i>cyclobenzaprine hcl oral</i>	1	PA
<i>clonazepam oral tablet 0.5 mg</i>	1	QL (1200 per 30 days)	<i>dalfampridine er</i>	2	PA; QL (60 per 30 days)
<i>clonazepam oral tablet 1 mg</i>	1	QL (600 per 30 days)	<i>dantrolene sodium oral</i>	1	
<i>clonazepam oral tablet 2 mg</i>	1	QL (300 per 30 days)	<i>desipramine hcl oral</i>	1	PA; MO
<i>clonazepam oral tablet dispersible 0.125 mg</i>	1	QL (4800 per 30 days)	<i>desvenlafaxine er</i>	3	QL (30 per 30 days); MO
<i>clonazepam oral tablet dispersible 0.25 mg</i>	1	QL (2400 per 30 days)	<i>desvenlafaxine succinate er</i>	1	MO
<i>clonazepam oral tablet dispersible 0.5 mg</i>	1	QL (1200 per 30 days)	<i>dexmethylphenidate hcl</i>	1	QL (60 per 30 days); MO
<i>clonazepam oral tablet dispersible 1 mg</i>	1	QL (600 per 30 days)	<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	2	QL (30 per 30 days); MO
<i>clonazepam oral tablet dispersible 2 mg</i>	1	QL (300 per 30 days)	<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i>	1	QL (60 per 30 days); MO
<i>clonidine hcl er oral tablet extended release 12 hour</i>	1	QL (120 per 30 days); MO	<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	1	QL (120 per 30 days); MO
<i>clorazepate dipotassium</i>	1		<i>dextroamphetamine sulfate oral solution</i>	1	QL (1920 per 30 days); MO
<i>clozapine oral tablet 100 mg</i>	1	QL (270 per 30 days)	<i>dextroamphetamine sulfate oral tablet 10 mg</i>	1	QL (180 per 30 days); MO
<i>clozapine oral tablet 200 mg</i>	1	QL (120 per 30 days)	<i>dextroamphetamine sulfate oral tablet 5 mg</i>	1	QL (90 per 30 days); MO
<i>clozapine oral tablet 25 mg</i>	1	QL (1080 per 30 days)	DIACOMIT ORAL CAPSULE 250 MG	4	PA; QL (360 per 30 days); LA; S
<i>clozapine oral tablet 50 mg</i>	1	QL (540 per 30 days)	DIACOMIT ORAL CAPSULE 500 MG	4	PA; QL (180 per 30 days); LA; S
<i>clozapine oral tablet dispersible 100 mg</i>	1	QL (270 per 30 days)	DIACOMIT ORAL PACKET 250 MG	4	PA; QL (360 per 30 days); LA; S
<i>clozapine oral tablet dispersible 12.5 mg</i>	1	QL (2160 per 30 days)			
<i>clozapine oral tablet dispersible 150 mg</i>	1	QL (180 per 30 days)			

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

Drug Name	Drug Tier	Requirements/Limits
DIACOMIT ORAL PACKET 500 MG	4	PA; QL (180 per 30 days); LA; S
<i>diazepam injection</i>	1	
DIAZEPAM INTENSOL	1	QL (240 per 30 days)
<i>diazepam oral concentrate</i>	1	QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	1	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg</i>	1	QL (120 per 30 days)
<i>diazepam oral tablet 2 mg</i>	1	QL (600 per 30 days)
<i>diazepam oral tablet 5 mg</i>	1	QL (240 per 30 days)
<i>diazepam rectal</i>	1	
<i>dihydroergotamine mesylate injection</i>	3	PA
<i>dihydroergotamine mesylate nasal</i>	4	PA; QL (8 per 28 days); S
DILANTIN ORAL CAPSULE 30 MG	3	PA; MO
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	4	PA; QL (14 per 7 days); S
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	4	PA; QL (60 per 30 days); S
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	4	PA; S
<i>disulfiram oral</i>	1	MO
<i>divalproex sodium er oral tablet extended release 24 hour</i>	1	MO
<i>divalproex sodium oral capsule delayed release sprinkle</i>	1	MO
<i>divalproex sodium oral tablet delayed release</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	QL (30 per 30 days); MO
<i>donepezil hcl oral tablet 23 mg</i>	1	ST; QL (30 per 30 days); MO
<i>donepezil hcl oral tablet dispersible</i>	1	QL (30 per 30 days); MO
<i>doxepin hcl oral capsule</i>	1	PA; MO
<i>doxepin hcl oral concentrate</i>	1	PA; MO
<i>doxepin hcl oral tablet</i>	1	PA; QL (30 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	3	QL (60 per 30 days); MO
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	3	QL (30 per 30 days); MO
<i>duloxetine hcl oral capsule delayed release particles 20 mg</i>	1	QL (180 per 30 days); MO
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	1	QL (120 per 30 days); MO
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	1	QL (90 per 30 days); MO
<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>	1	QL (60 per 30 days); MO
DYSPORT	3	PA
<i>eletriptan hydrobromide</i>	1	QL (9 per 30 days)
EMGALITY	2	PA; QL (2 per 28 days); MO
EMGALITY (300 MG DOSE)	2	PA; QL (3 per 28 days); MO
EMSAM	4	PA; QL (30 per 30 days); MO; S
<i>entacapone</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
EPIDIOLEX	4	PA; LA; S
EPITOL	1	MO
EPRONTIA	3	PA; MO
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG	3	QL (480 per 30 days); MO
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG	3	QL (240 per 30 days); MO
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG	3	QL (180 per 30 days); MO
<i>ergoloid mesylates oral</i>	1	PA; MO
ERGOMAR	4	S
<i>ergotamine-caffeine</i>	1	
<i>escitalopram oxalate oral solution</i>	1	QL (600 per 30 days); MO
<i>escitalopram oxalate oral tablet 10 mg</i>	1	QL (60 per 30 days); MO
<i>escitalopram oxalate oral tablet 20 mg</i>	1	QL (30 per 30 days); MO
<i>escitalopram oxalate oral tablet 5 mg</i>	1	QL (120 per 30 days); MO
ESGIC ORAL CAPSULE	1	PA; QL (180 per 30 days)
<i>estazolam</i>	1	QL (30 per 30 days)
<i>eszopiclone</i>	1	QL (30 per 30 days)
<i>ethosuximide oral</i>	1	MO
FANAPT ORAL TABLET 1 MG	4	PA; QL (720 per 30 days); S
FANAPT ORAL TABLET 10 MG, 12 MG	4	PA; QL (60 per 30 days); S
FANAPT ORAL TABLET 2 MG	4	PA; QL (360 per 30 days); S
FANAPT ORAL TABLET 4 MG	4	PA; QL (180 per 30 days); S

Drug Name	Drug Tier	Requirements/Limits
FANAPT ORAL TABLET 6 MG	4	PA; QL (120 per 30 days); S
FANAPT ORAL TABLET 8 MG	4	PA; QL (90 per 30 days); S
FANAPT TITRATION PACK	3	PA
<i>felbamate oral suspension</i>	4	MO; S
<i>felbamate oral tablet</i>	1	MO
FETZIMA	3	PA; QL (30 per 30 days); MO
FETZIMA TITRATION	3	PA
<i> fingolimod hcl</i>	3	PA; QL (30 per 30 days)
FINTEPLA	4	PA; LA; S
FIRDAPSE	4	PA; QL (240 per 30 days); LA; S
<i>fluoxetine hcl oral capsule 10 mg</i>	1	MO
<i>fluoxetine hcl oral capsule 20 mg</i>	1	QL (120 per 30 days); MO
<i>fluoxetine hcl oral capsule 40 mg</i>	1	QL (60 per 30 days); MO
<i>fluoxetine hcl oral capsule delayed release</i>	1	QL (4 per 28 days); MO
<i>fluoxetine hcl oral solution</i>	1	QL (600 per 30 days); MO
<i>fluphenazine decanoate injection</i>	1	
<i>fluphenazine hcl injection</i>	1	
<i>fluphenazine hcl oral</i>	1	MO
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg</i>	1	QL (90 per 30 days); MO
<i>fluvoxamine maleate er oral capsule extended release 24 hour 150 mg</i>	1	QL (60 per 30 days); MO
<i>fluvoxamine maleate oral tablet 100 mg</i>	1	QL (90 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	1	MO
<i>frovatriptan succinate</i>	1	QL (12 per 30 days)
FYCOMPA ORAL SUSPENSION	4	PA; QL (720 per 30 days); MO; S
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	4	PA; QL (30 per 30 days); MO; S
FYCOMPA ORAL TABLET 2 MG	3	PA; QL (30 per 30 days); MO
<i>gabapentin oral capsule 100 mg</i>	1	QL (1080 per 30 days); MO
<i>gabapentin oral capsule 300 mg</i>	1	QL (360 per 30 days); MO
<i>gabapentin oral capsule 400 mg</i>	1	QL (270 per 30 days); MO
<i>gabapentin oral solution</i>	1	QL (2160 per 30 days); MO
<i>gabapentin oral tablet 600 mg</i>	1	QL (180 per 30 days); MO
<i>gabapentin oral tablet 800 mg</i>	1	QL (120 per 30 days); MO
<i>galantamine hydrobromide er</i>	1	QL (30 per 30 days); MO
<i>galantamine hydrobromide oral solution</i>	1	QL (200 per 30 days); MO
<i>galantamine hydrobromide oral tablet</i>	1	QL (60 per 30 days); MO
GILENYA ORAL CAPSULE 0.25 MG	4	PA; QL (30 per 30 days); S
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	4	PA; QL (30 per 30 days); S
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	4	PA; QL (12 per 28 days); S

Drug Name	Drug Tier	Requirements/Limits
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	4	PA; QL (30 per 30 days); S
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	4	PA; QL (12 per 28 days); S
<i>guanfacine hcl er</i>	1	QL (30 per 30 days); MO
<i>haloperidol decanoate intramuscular</i>	1	
<i>haloperidol lactate injection</i>	1	
<i>haloperidol lactate oral</i>	1	MO
<i>haloperidol oral</i>	1	MO
<i>imipramine hcl oral</i>	1	PA; MO
<i>imipramine pamoate oral capsule 125 mg, 150 mg</i>	1	PA; MO
INGREZZA ORAL CAPSULE 40 MG	4	PA; QL (60 per 30 days); S
INGREZZA ORAL CAPSULE 60 MG, 80 MG	4	PA; QL (30 per 30 days); S
INGREZZA ORAL CAPSULE SPRINKLE 40 MG	4	PA; QL (60 per 30 days); S
INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG	4	PA; QL (30 per 30 days); S
INGREZZA ORAL CAPSULE THERAPY PACK	4	PA; QL (56 per 365 days); S
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	4	QL (3.5 per 180 days); S
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	4	QL (5 per 180 days); S
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	4	QL (0.75 per 28 days); S

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	4	QL (1 per 28 days); S	lamotrigine oral tablet dispersible	1	MO
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	4	QL (1.5 per 28 days); S	lamotrigine starter kit-blue	3	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	3	QL (0.25 per 28 days)	lamotrigine starter kit-orange	3	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	4	QL (0.5 per 28 days); S	levetiracetam er oral tablet extended release 24 hour 500 mg	1	QL (180 per 30 days); MO
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	4	QL (0.88 per 84 days); S	levetiracetam er oral tablet extended release 24 hour 750 mg	1	QL (120 per 30 days); MO
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	4	QL (1.32 per 84 days); S	levetiracetam intravenous	1	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	4	QL (1.75 per 84 days); S	levetiracetam oral	1	MO
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	4	QL (2.63 per 84 days); S	LIBERVANT	3	QL (10 per 30 days)
KESIMPTA	4	PA; QL (1.2 per 30 days); S	lithium	2	MO
lacosamide intravenous	4	S	lithium carbonate er	1	MO
lacosamide oral solution	3	QL (1200 per 30 days); MO	lithium carbonate oral capsule 150 mg, 300 mg	1	MO
lacosamide oral tablet	3	QL (60 per 30 days); MO	lithium carbonate oral capsule 600 mg	1	MO
lamotrigine er	3	MO	lithium carbonate oral tablet	1	MO
lamotrigine oral tablet	1	MO	lorazepam injection	1	
lamotrigine oral tablet chewable	1	MO	LORAZEPAM INTENSOL	1	QL (150 per 30 days)
			lorazepam oral concentrate	1	QL (150 per 30 days)
			lorazepam oral tablet 0.5 mg, 1 mg	1	QL (90 per 30 days)
			lorazepam oral tablet 2 mg	1	QL (150 per 30 days)
			loxapine succinate oral	1	MO
			lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg	3	QL (30 per 30 days); MO
			lurasidone hcl oral tablet 80 mg	3	QL (60 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LYBALVI	4	PA; QL (30 per 30 days); MO; S	extended release 18 mg, 27 mg, 45 mg, 54 mg, 63 mg		
MARPLAN	3	MO			
MAYZENT ORAL TABLET 0.25 MG	4	PA; QL (120 per 30 days); LA; S	methylphenidate hcl er (osm) oral tablet extended release 36 mg	1	PA; QL (60 per 30 days); MO
MAYZENT ORAL TABLET 1 MG, 2 MG	4	PA; QL (30 per 30 days); LA; S	methylphenidate hcl er oral tablet extended release	1	PA; QL (90 per 30 days); MO
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	4	PA; LA; S	methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg	1	PA; QL (30 per 30 days); MO
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	3	PA; LA	methylphenidate hcl er oral tablet extended release 24 hour 36 mg	1	PA; QL (60 per 30 days); MO
memantine hcl er	1	PA; QL (30 per 30 days); MO	methylphenidate hcl oral solution 10 mg/5ml	1	PA; QL (900 per 30 days); MO
memantine hcl oral solution 2 mg/ml	1	PA; QL (300 per 30 days); MO	methylphenidate hcl oral solution 5 mg/5ml	1	PA; QL (1800 per 30 days); MO
memantine hcl oral tablet 10 mg	1	PA; QL (60 per 30 days); MO	methylphenidate hcl oral tablet	1	PA; QL (90 per 30 days); MO
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	1	PA; QL (60 per 30 days)	midazolam hcl oral	1	
memantine hcl oral tablet 5 mg	1	PA; QL (90 per 30 days); MO	MIGERGOT	4	S
meprobamate	1	PA	mirtazapine oral tablet 15 mg, 30 mg, 7.5 mg	1	MO
methocarbamol oral tablet 500 mg, 750 mg	1		mirtazapine oral tablet 45 mg	1	QL (30 per 30 days); MO
methsuximide	3	MO	mirtazapine oral tablet dispersible	1	QL (30 per 30 days); MO
methylphenidate hcl er (cd)	1	PA; QL (30 per 30 days); MO	modafinil oral tablet 100 mg	1	PA; QL (30 per 30 days); MO
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 60 mg	1	PA; QL (30 per 30 days); MO	modafinil oral tablet 200 mg	1	PA; QL (60 per 30 days); MO
methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg	1	PA; QL (60 per 30 days); MO	molindone hcl	1	MO
methylphenidate hcl er (osm) oral tablet	1	PA; QL (30 per 30 days); MO	naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1	
			naloxone hcl injection solution cartridge	1	

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>naloxone hcl injection solution prefilled syringe</i>	1		<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 5 mg</i>	1	MO
<i>naloxone hcl nasal</i>	2		<i>olanzapine oral tablet dispersible 20 mg</i>	1	QL (30 per 30 days); MO
<i>naltrexone hcl oral</i>	1		<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>	1	QL (30 per 30 days); MO
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	3		<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i>	1	QL (90 per 30 days); MO
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	MO	<i>orphenadrine citrate er</i>	1	
<i>naratriptan hcl</i>	1	QL (9 per 30 days)	<i>oxazepam</i>	1	QL (120 per 30 days)
NARCAN	2		<i>oxcarbazepine</i>	1	MO
NAYZILAM	3	PA	<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg</i>	1	QL (30 per 30 days); MO
<i>nefazodone hcl</i>	1	MO	<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	1	QL (60 per 30 days); MO
NICOTROL	3		<i>paliperidone er oral tablet extended release 24 hour 9 mg</i>	3	QL (30 per 30 days); MO
NICOTROL NS	3	QL (120 per 30 days)	<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</i>	1	QL (30 per 30 days); MO
<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	1	MO	<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg</i>	1	QL (60 per 30 days); MO
<i>nortriptyline hcl oral capsule 50 mg, 75 mg</i>	1	MO	<i>paroxetine hcl oral suspension</i>	3	QL (900 per 30 days); MO
<i>nortriptyline hcl oral solution</i>	1	MO	<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	1	QL (45 per 30 days); MO
NUEDEXTA	4	PA; QL (60 per 30 days); MO; S	<i>paroxetine hcl oral tablet 20 mg</i>	1	QL (30 per 30 days); MO
NUPLAZID ORAL CAPSULE	4	PA; QL (30 per 30 days); LA; S	<i>paroxetine hcl oral tablet 30 mg</i>	1	QL (60 per 30 days); MO
NUPLAZID ORAL TABLET 10 MG	4	PA; QL (30 per 30 days); LA; S	<i>perphenazine oral</i>	1	MO
NURTEC	4	PA; QL (16 per 30 days); S	<i>perphenazine-amitriptyline</i>	1	PA; MO
<i>olanzapine intramuscular</i>	1	QL (90 per 30 days)			
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	MO			
<i>olanzapine oral tablet 20 mg</i>	1	QL (30 per 30 days); MO			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PERSERIS	4	QL (1 per 28 days); MO; S	<i>pyridostigmine bromide er</i>	1	
<i>phenelzine sulfate oral</i>	1	MO	<i>pyridostigmine bromide oral solution</i>	3	
<i>phenobarbital oral elixir</i>	1	PA; QL (3000 per 30 days); MO	<i>pyridostigmine bromide oral tablet</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	PA; QL (120 per 30 days); MO	<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	1	QL (30 per 30 days); MO
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg</i>	2	PA; QL (210 per 30 days); MO	<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	1	QL (60 per 30 days); MO
PHENYTEK	3	PA; MO	<i>quetiapine fumarate oral tablet 100 mg</i>	1	QL (240 per 30 days); MO
PHENYTOIN INFATABS	1	MO	<i>quetiapine fumarate oral tablet 150 mg</i>	1	QL (150 per 30 days); MO
<i>phenytoin oral</i>	1	MO	<i>quetiapine fumarate oral tablet 200 mg</i>	1	QL (120 per 30 days); MO
<i>phenytoin sodium extended</i>	1	MO	<i>quetiapine fumarate oral tablet 25 mg</i>	1	QL (960 per 30 days); MO
<i>pimozide</i>	1	MO	<i>quetiapine fumarate oral tablet 300 mg</i>	1	QL (80 per 30 days); MO
<i>pramipexole dihydrochloride</i>	1	MO	<i>quetiapine fumarate oral tablet 400 mg</i>	1	QL (60 per 30 days); MO
<i>pramipexole dihydrochloride er</i>	3	MO	<i>quetiapine fumarate oral tablet 50 mg</i>	1	QL (480 per 30 days); MO
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg</i>	3	PA; QL (30 per 30 days); MO	<i>ramelteon</i>	1	QL (30 per 30 days)
<i>pregabalin er oral tablet extended release 24 hour 330 mg</i>	3	PA; QL (60 per 30 days); MO	<i>rasagiline mesylate oral</i>	1	MO
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	MO	REGONOL INTRAVENOUS	2	
<i>pregabalin oral capsule 200 mg</i>	1	QL (90 per 30 days); MO	RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	1	PA; QL (30 per 30 days); MO
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	QL (60 per 30 days); MO	REXULTI	4	PA; QL (30 per 30 days); MO; S
<i>pregabalin oral solution</i>	1	QL (900 per 30 days); MO	<i>riluzole</i>	1	
<i>primidone oral</i>	1	MO	<i>risperidone microspheres er intramuscular</i>	3	QL (2 per 28 days)
<i>protriptyline hcl</i>	1	PA; MO			

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

Drug Name	Drug Tier	Requirements/Limits
suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg		
risperidone microspheres er intramuscular suspension reconstituted er 50 mg	4	QL (2 per 28 days); S
risperidone oral solution	1	QL (480 per 30 days); MO
risperidone oral tablet 0.25 mg	1	QL (1920 per 30 days); MO
risperidone oral tablet 0.5 mg	1	QL (960 per 30 days); MO
risperidone oral tablet 1 mg	1	QL (480 per 30 days); MO
risperidone oral tablet 2 mg	1	QL (240 per 30 days); MO
risperidone oral tablet 3 mg, 4 mg	1	QL (120 per 30 days); MO
risperidone oral tablet dispersible 0.25 mg	1	QL (1920 per 30 days); MO
risperidone oral tablet dispersible 0.5 mg	1	QL (960 per 30 days); MO
risperidone oral tablet dispersible 1 mg	1	QL (480 per 30 days); MO
risperidone oral tablet dispersible 2 mg	1	QL (240 per 30 days); MO
risperidone oral tablet dispersible 3 mg	1	QL (150 per 30 days); MO
risperidone oral tablet dispersible 4 mg	1	QL (120 per 30 days); MO
rivastigmine	1	QL (30 per 30 days); MO
rivastigmine tartrate	1	QL (60 per 30 days); MO
rizatriptan benzoate	1	QL (12 per 30 days)
ropinirole hcl	1	MO
ropinirole hcl er	1	MO

Drug Name	Drug Tier	Requirements/Limits
ROWEEPRA ORAL TABLET 500 MG	1	MO
rufinamide oral suspension	4	PA; QL (2400 per 30 days); MO; S
rufinamide oral tablet 200 mg	3	PA; QL (480 per 30 days); MO
rufinamide oral tablet 400 mg	4	PA; QL (240 per 30 days); MO; S
RYTARY	3	ST; MO
SAVELLA	3	PA; QL (60 per 30 days); MO
SAVELLA TITRATION PACK	3	PA
SECUADO	4	PA; QL (30 per 30 days); MO; S
selegiline hcl oral	1	MO
sertraline hcl oral concentrate	1	QL (300 per 30 days); MO
sertraline hcl oral tablet 100 mg	1	QL (60 per 30 days); MO
sertraline hcl oral tablet 25 mg	1	QL (240 per 30 days); MO
sertraline hcl oral tablet 50 mg	1	QL (120 per 30 days); MO
sodium oxybate	4	PA; QL (540 per 30 days); LA; S
SPRAVATO (56 MG DOSE)	3	PA; QL (16 per 28 days)
SPRAVATO (84 MG DOSE)	4	PA; QL (24 per 28 days); S
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG	3	PA; QL (60 per 30 days); MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	3	PA; QL (120 per 30 days); MO
SUBVENITE	1	PA; MO
sumatriptan nasal	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate oral</i>	1	QL (9 per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	1	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	1	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	1	QL (6 per 30 days)
SUNOSI	3	PA; QL (30 per 30 days); MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	4	PA; QL (60 per 30 days); MO; S
SYMPAZAN ORAL FILM 5 MG	4	PA; QL (30 per 30 days); MO; S
<i>tasimelteon</i>	4	PA; QL (30 per 30 days); S
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	QL (30 per 30 days)
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	3	QL (30 per 30 days)
<i>teriflunomide</i>	4	PA; QL (30 per 30 days); S
<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA; QL (240 per 30 days); S
<i>tetrabenazine oral tablet 25 mg</i>	4	PA; QL (120 per 30 days); S
<i>thioridazine hcl oral</i>	1	MO
<i>thiothixene oral</i>	1	MO
<i>tiagabine hcl</i>	1	MO
<i>tizanidine hcl oral tablet</i>	1	
<i>tolcapone</i>	4	PA; QL (180 per 30 days); MO; S
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 25 mg, 50 mg</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>topiramate er oral capsule extended release 24 hour 100 mg</i>	4	QL (30 per 30 days); MO; S
<i>topiramate er oral capsule extended release 24 hour 25 mg, 50 mg</i>	3	QL (30 per 30 days); MO
<i>topiramate oral</i>	1	MO
<i>tranylcypromine sulfat</i>	1	MO
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1	MO
<i>trazodone hcl oral tablet 300 mg</i>	1	MO
<i>triazolam oral tablet 0.25 mg</i>	1	QL (30 per 30 days)
<i>trifluoperazine hcl oral</i>	1	MO
<i>trihexyphenidyl hcl oral solution</i>	1	PA; MO
<i>trihexyphenidyl hcl oral tablet</i>	1	MO
<i>trimipramine maleate oral</i>	1	MO
TRINTELLIX	3	QL (30 per 30 days); MO
UBRELVY ORAL TABLET 100 MG	4	PA; QL (16 per 30 days); S
UBRELVY ORAL TABLET 50 MG	4	PA; QL (20 per 30 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	4	QL (0.28 per 28 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	4	QL (0.35 per 28 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	4	QL (0.42 per 56 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	4	QL (0.56 per 56 days); S

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	4	QL (0.7 per 56 days); S	<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	1	QL (90 per 30 days); MO
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	4	QL (0.14 per 28 days); S	<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>	1	QL (30 per 30 days); MO
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	4	QL (0.21 per 28 days); S	VERSACLOZ	3	QL (600 per 30 days)
<i>valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml</i>	1		<i>vigabatrin oral packet</i>	4	PA; QL (150 per 25 days); LA; S
<i>valproic acid oral capsule</i>	1	MO	<i>vigabatrin oral tablet</i>	4	PA; QL (180 per 30 days); LA; S
<i>valproic acid oral solution 250 mg/5ml</i>	1	MO	VIGADRONE ORAL PACKET	4	PA; QL (150 per 25 days); LA; S
VALTOCO 10 MG DOSE	3		VIGADRONE ORAL TABLET	4	PA; QL (180 per 30 days); S
VALTOCO 15 MG DOSE	3		VIGPODER	4	PA; QL (150 per 25 days); S
VALTOCO 20 MG DOSE	3		VIIBRYD ORAL TABLET	3	ST; QL (30 per 30 days); MO
VALTOCO 5 MG DOSE	3		<i>vilazodone hcl</i>	3	QL (30 per 30 days); MO
<i>varenicline tartrate (starter)</i>	3	PA	VRAYLAR ORAL CAPSULE	4	PA; QL (30 per 30 days); MO; S
<i>varenicline tartrate oral tablet 0.5 mg</i>	3	PA; QL (60 per 30 days)	VUMERITY	4	PA; QL (120 per 30 days); LA; S
<i>varenicline tartrate oral tablet 1 mg, 1 mg (56 pack)</i>	3	PA; QL (56 per 28 days)	XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	4	PA; QL (56 per 28 days); MO; S
<i>varenicline tartrate(continue)</i>	3	PA; QL (56 per 28 days)	XCOPRI (350 MG DAILY DOSE)	4	PA; QL (56 per 28 days); MO; S
<i>venlafaxine besylate er</i>	3	QL (60 per 30 days); MO	XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	4	PA; QL (30 per 30 days); MO; S
<i>venlafaxine hcl</i>	1	QL (90 per 30 days); MO	XCOPRI ORAL TABLET 150 MG, 200 MG	4	PA; QL (60 per 30 days); MO; S
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	1	QL (30 per 30 days); MO	XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	3	PA; QL (56 per 365 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg</i>	1	QL (180 per 30 days); MO	XCOPRI ORAL TABLET THERAPY PACK 14 X 150	4	PA; QL (56 per 365 days); S

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Drug Name	Drug Tier	Requirements/Limits
MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG		
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT	2	PA
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT	3	PA
<i>zaleplon oral capsule 10 mg</i>	1	QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	1	QL (30 per 30 days)
<i>ziprasidone hcl oral capsule 20 mg</i>	1	QL (240 per 30 days); MO
<i>ziprasidone hcl oral capsule 40 mg</i>	1	QL (120 per 30 days); MO
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	1	QL (60 per 30 days); MO
<i>ziprasidone mesylate</i>	3	QL (6 per 3 days)
<i>zolmitriptan oral</i>	1	QL (9 per 30 days)
<i>zolpidem tartrate er</i>	1	QL (30 per 30 days)
<i>zolpidem tartrate oral tablet</i>	1	QL (30 per 30 days)
ZONISADE	3	PA; MO
<i>zonisamide oral</i>	1	MO
ZTALMY	4	QL (1100 per 30 days); S
ZURZUVAE	4	S
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	3	QL (2 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	4	QL (2 per 28 days); S
Dermatological Agents		
ACCUTANE ORAL CAPSULE 20 MG, 30 MG, 40 MG	1	
<i>acitretin</i>	3	PA
<i>acyclovir external cream</i>	1	QL (5 per 30 days)
<i>acyclovir external ointment</i>	1	PA; QL (30 per 30 days)
<i>adapalene external cream</i>	1	PA
<i>adapalene external gel</i>	1	PA
<i>ala-cort external cream</i>	1	
<i>alclometasone dipropionate</i>	1	
<i>amcinonide external cream</i>	1	
<i>amcinonide external ointment</i>	2	
<i>ammonium lactate external</i>	1	
AMNESTEEM	1	
<i>azelaic acid external</i>	1	
<i>benzoyl peroxide-erythromycin</i>	1	
<i>betamethasone dipropionate aug</i>	1	
<i>betamethasone dipropionate external</i>	1	
<i>betamethasone valerate external</i>	1	
<i>bexarotene external</i>	4	PA; QL (60 per 30 days); S
<i>calcipotriene external cream</i>	1	QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene external ointment</i>	1	QL (120 per 30 days)
<i>calcipotriene external solution</i>	1	QL (60 per 30 days)
<i>calcipotriene-betameth diprop external ointment</i>	1	QL (400 per 28 days)
CALCITRENE	1	QL (120 per 30 days)
<i>calcitriol external</i>	1	QL (800 per 28 days)
<i>cevimeline hcl</i>	1	MO
<i>chlorhexidine gluconate mouth/throat</i>	1	
CICLODAN EXTERNAL SOLUTION	1	
<i>ciclopirox external</i>	1	
<i>ciclopirox olamine external cream</i>	1	QL (90 per 30 days)
<i>ciclopirox olamine external suspension</i>	1	
CLARAVIS	1	
CLINDACIN	1	QL (100 per 30 days)
<i>clindamycin phosphobenzoyl perox external gel 1-5 %, 1.2-5 %</i>	1	
<i>clindamycin phosphate external gel</i>	1	
<i>clindamycin phosphate external lotion</i>	1	QL (120 per 30 days)
<i>clindamycin phosphate external solution</i>	1	QL (120 per 30 days)
<i>clindamycin phosphate external swab</i>	1	
<i>clindamycin-tretinoin</i>	1	PA
<i>clobetasol propionate e</i>	1	QL (120 per 30 days)
<i>clobetasol propionate emulsion</i>	1	QL (100 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate external cream</i>	1	QL (120 per 30 days)
<i>clobetasol propionate external foam</i>	1	QL (100 per 30 days)
<i>clobetasol propionate external gel</i>	1	QL (60 per 30 days)
<i>clobetasol propionate external lotion</i>	1	
<i>clobetasol propionate external ointment</i>	1	QL (120 per 30 days)
<i>clobetasol propionate external shampoo</i>	1	
<i>clobetasol propionate external solution</i>	1	QL (50 per 30 days)
<i>clocortolone pivalate</i>	1	
CLODAN EXTERNAL SHAMPOO	1	
<i>clotrimazole external cream</i>	1	
<i>clotrimazole external solution</i>	1	
<i>clotrimazole mouth/throat troche</i>	1	QL (150 per 30 days)
<i>clotrimazole-betamethasone</i>	1	QL (120 per 30 days)
CROTAN	3	
<i>dapsone external</i>	3	
DENTA 5000 PLUS	1	MO
DENTAGEL	1	MO
<i>desonide external cream</i>	1	
<i>desonide external lotion</i>	1	
<i>desonide external ointment</i>	1	
<i>desoximetasone external cream</i>	1	QL (100 per 30 days)
<i>desoximetasone external gel</i>	1	
<i>desoximetasone external liquid</i>	3	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>desoximetasone external ointment</i>	1		<i>fluocinonide external cream 0.05 %</i>	1	QL (240 per 30 days)
<i>diclofenac sodium external gel 3 %</i>	1	PA; QL (100 per 30 days)	<i>fluocinonide external cream 0.1 %</i>	1	QL (120 per 30 days)
<i>diflorasone diacetate external</i>	1	QL (60 per 30 days)	<i>fluocinonide external gel</i>	1	QL (240 per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	4	PA; QL (4.56 per 28 days); S	<i>fluocinonide external ointment</i>	1	QL (240 per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	4	PA; QL (8 per 28 days); S	<i>fluocinonide external solution</i>	1	QL (240 per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	4	PA; QL (1.34 per 28 days); S	<i>fluorouracil external cream 5 %</i>	1	QL (40 per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	4	PA; QL (4.56 per 28 days); S	<i>fluorouracil external solution</i>	1	QL (10 per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	4	PA; QL (8 per 28 days); S	<i>flurandrenolide external cream</i>	4	S
<i>econazole nitrate external</i>	1	QL (90 per 30 days)	<i>flurandrenolide external lotion</i>	3	
<i>ery</i>	1		<i>fluticasone propionate external</i>	1	
<i>erythromycin external gel</i>	1		<i>gentamicin sulfate external</i>	1	QL (30 per 30 days)
<i>erythromycin external solution</i>	1		<i>halobetasol propionate external cream</i>	1	
<i>fluocinolone acetonide body</i>	1	QL (120 per 30 days)	<i>halobetasol propionate external ointment</i>	1	
<i>fluocinolone acetonide external</i>	1	QL (120 per 30 days)	HALOG EXTERNAL OINTMENT	3	
<i>fluocinolone acetonide scalp</i>	1	QL (120 per 30 days)	<i>hydrocortisone (perianal) external cream 1 %</i>	1	
<i>fluocinonide emulsified base</i>	1	QL (240 per 30 days)	<i>hydrocortisone (perianal) external cream 2.5 %</i>	1	
			<i>hydrocortisone butyr lipo base</i>	4	S
			<i>hydrocortisone butyrate external cream</i>	1	
			<i>hydrocortisone butyrate external lotion</i>	3	

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Drug Name	Drug Tier	Requirements/ Limits
hydrocortisone butyrate external ointment	1	
hydrocortisone butyrate external solution	1	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone valerate	1	
imiquimod external cream 5 %	1	QL (24 per 28 days)
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 35 mg, 40 mg	1	
isotretinoin oral capsule 25 mg	4	S
JUST RIGHT 5000 DENTAL PASTE	1	MO
ketoconazole external cream	1	QL (120 per 30 days)
ketoconazole external foam	3	QL (100 per 30 days)
ketoconazole external shampoo 2 %	1	QL (120 per 30 days)
KETODAN EXTERNAL FOAM	3	QL (100 per 30 days)
KLAYESTA	1	
KOURZEQ	1	
luliconazole	3	
mafenide acetate external	1	
malathion external	1	
methoxsalen rapid	4	S
metronidazole external	1	
mometasone furoate external	1	

Drug Name	Drug Tier	Requirements/ Limits
mupirocin calcium	1	QL (30 per 30 days)
mupirocin external	1	QL (120 per 30 days)
MYORISAN	1	
naftifine hcl external cream	1	
nitroglycerin rectal	3	QL (30 per 30 days)
NYAMYC	1	
nystatin external	1	
nystatin mouth/throat	1	
nystatin-triamcinolone	1	QL (120 per 30 days)
NYSTOP	1	
ORALONE	1	
oxiconazole nitrate	3	QL (60 per 30 days)
OXISTAT EXTERNAL LOTION	3	
PANDEL	3	
PANRETIN	4	S
penciclovir	3	QL (5 per 30 days)
PERIOGARD	1	
permethrin external cream	1	
pilocarpine hcl oral	1	MO
pimecrolimus	1	PA; QL (100 per 30 days)
podofilox external solution	1	
PREVIDENT	3	MO
PREVIDENT 5000 BOOSTER PLUS	3	MO
PREVIDENT 5000 DRY MOUTH DENTAL GEL	3	MO

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

Drug Name	Drug Tier	Requirements/ Limits
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL	3	
PREVIDENT 5000 KIDS	3	MO
PREVIDENT 5000 ORTHO DEFENSE	3	MO
PREVIDENT 5000 PLUS	3	MO
PREVIDENT 5000 SENSITIVE DENTAL GEL	3	
PROCTO-MED HC EXTERNAL	1	
PROCTOSOL HC EXTERNAL	1	
PROCTOZONE-HC EXTERNAL	1	
RECTIV	3	QL (30 per 30 days)
SANTYL	3	QL (30 per 30 days)
<i>selenium sulfide external lotion</i>	1	
<i>sf</i>	1	MO
<i>sf 5000 plus</i>	1	MO
<i>silver sulfadiazine external</i>	1	
<i>sodium fluoride 5000 plus</i>	1	MO
<i>sodium fluoride 5000 ppm dental cream</i>	1	MO
<i>sodium fluoride 5000 ppm dental gel</i>	1	MO
<i>sodium fluoride dental cream</i>	1	MO
<i>sodium fluoride dental gel 1.1 %</i>	1	MO
<i>sodium fluoride mouth/throat</i>	1	MO
<i>spinosad</i>	3	
SSD (SILVER SULFADIAZINE)	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>sulfacetamide sodium (acne)</i>	1	
SULFAMYLON EXTERNAL CREAM	3	
<i>tacrolimus external ointment</i>	1	PA; QL (100 per 30 days)
<i>tazarotene external cream 0.1 %</i>	1	PA
<i>tazarotene external gel</i>	3	PA
<i>tretinoin external cream</i>	1	PA; QL (45 per 30 days)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	1	PA; QL (45 per 30 days)
<i>tretinoin external gel 0.05 %</i>	3	PA; QL (45 per 30 days)
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	3	PA; QL (50 per 30 days)
<i>tretinoin microsphere pump external gel 0.04 %, 0.1 %</i>	3	PA; QL (50 per 30 days)
<i>triamcinolone acetonide external aerosol solution</i>	1	
<i>triamcinolone acetonide external cream</i>	1	QL (454 per 30 days)
<i>triamcinolone acetonide external lotion</i>	1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide mouth/throat</i>	1	
TRIDERM EXTERNAL CREAM	1	QL (454 per 30 days)
VALCHLOR	4	PA; LA; S
ZENATANE	1	
Electrolytes / Minerals / Metals / Vitamins		
<i>carglumic acid oral tablet soluble</i>	4	PA; LA; S
CLINIMIX E/DEXTROSE (2.75/5)	2	B/D PA

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

Drug Name	Drug Tier	Requirements/ Limits
CLINIMIX E/DEXTROSE (4.25/10)	2	B/D PA
CLINIMIX E/DEXTROSE (4.25/5)	2	B/D PA
CLINIMIX E/DEXTROSE (5/15)	2	B/D PA
CLINIMIX E/DEXTROSE (5/20)	2	B/D PA
<i>clinimix e/dextrose (8/10)</i>	2	B/D PA
<i>clinimix e/dextrose (8/14)</i>	2	B/D PA
CLINIMIX/DEXTROSE (4.25/10)	2	B/D PA
CLINIMIX/DEXTROSE (4.25/5)	2	B/D PA
CLINIMIX/DEXTROSE (5/15)	2	B/D PA
CLINIMIX/DEXTROSE (5/20)	2	B/D PA
<i>clinimix/dextrose (6/5)</i>	2	B/D PA
<i>clinimix/dextrose (8/10)</i>	2	B/D PA
<i>clinimix/dextrose (8/14)</i>	2	B/D PA
CLINISOL SF	3	B/D PA
CLINOLIPID	1	B/D PA
<i>dextrose 5%/electrolyte #48</i>	2	
<i>dextrose in lactated ringers</i>	1	
<i>dextrose intravenous solution 10 %, 5 %, 50 %, 70 %</i>	1	
<i>dextrose intravenous solution 250 mg/ml</i>	2	
<i>dextrose-sodium chloride intravenous solution 10-0.2 %</i>	2	
<i>dextrose-sodium chloride intravenous solution 10-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.3 %, 5-0.45 %, 5-0.9 %</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	1	MO
INTRALIPID INTRAVENOUS EMULSION 20 %	3	B/D PA
INTRALIPID INTRAVENOUS EMULSION 30 %	2	B/D PA
ISOLYTE-P IN D5W	2	
ISOLYTE-S	2	
ISOLYTE-S PH 7.4	2	
<i>kcl (0.149%) in nacl intravenous solution 20-0.45 meq/l-%</i>	1	
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.225 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	1	
<i>kcl-lactated ringers-d5w</i>	2	
KLOR-CON 10	1	MO
KLOR-CON M10	1	MO
KLOR-CON M15	1	MO
KLOR-CON M20	1	MO
KLOR-CON ORAL TABLET EXTENDED RELEASE	1	MO
KLOR-CON/EF <i>lactated ringers intravenous</i>	1	MO
<i>levocarnitine oral solution</i>	1	B/D PA; MO
<i>levocarnitine oral tablet</i>	2	B/D PA; MO
<i>levocarnitine sf</i>	1	B/D PA; MO

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

Drug Name	Drug Tier	Requirements/ Limits
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	1	
<i>magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml</i>	2	
<i>multiple electro type 1 ph 5.5</i>	2	
<i>multiple electro type 1 ph 7.4</i>	2	
NUTRILIPID	3	B/D PA
PLENAMINE	3	B/D PA
<i>pnv-dha</i>	3	
<i>potassium chloride cryster</i>	1	MO
<i>potassium chloride er</i>	1	MO
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	1	
<i>potassium chloride intravenous solution 10 meq/100ml, 20 meq/100ml, 40 meq/100ml</i>	3	
<i>potassium chloride intravenous solution 10 meq/50ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/50ml</i>	1	
<i>potassium chloride oral packet</i>	3	MO
<i>potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1	MO
<i>potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
PREMASOL INTRAVENOUS SOLUTION 10 %	2	B/D PA
<i>prenatal oral tablet 27-1 mg</i>	3	
<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>	3	
PRENATAL VIT W/ IRON CARBONYL-FOLIC ACID	3	
PROSOL	2	B/D PA
<i>ringers</i>	1	
<i>sodium bicarbonate intravenous solution 4.2 %, 7.5 %, 8.4 %</i>	1	
<i>sodium chloride (pf)</i>	1	
<i>sodium chloride injection solution 2.5 meq/ml</i>	1	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 4 meq/ml, 5 %</i>	1	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	1	MO
<i>sodium fluoride oral tablet chewable</i>	1	MO
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	3	
TRAVASOL	2	B/D PA
TROPHAMINE INTRAVENOUS SOLUTION 10 %	2	B/D PA
Endocrine And Metabolic Disorder Agents		
<i>acarbose oral</i>	1	QL (90 per 30 days); MO
<i>alendronate sodium oral solution</i>	1	QL (300 per 28 days); MO
<i>alendronate sodium oral tablet 10 mg</i>	1	QL (30 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	QL (4 per 28 days); MO	<i>deferiprone oral tablet 500 mg</i>	4	PA; LA; S
AURYXIA	4	PA; MO; S	<i>diazoxide oral</i>	3	MO
BYDUREON BCISE	2	PA; QL (4 per 28 days)	<i>doxercalciferol intravenous</i>	1	B/D PA
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL (2.4 per 30 days)	<i>doxercalciferol oral</i>	3	B/D PA; MO
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL (1.2 per 30 days)	FARXIGA	2	QL (30 per 30 days); MO
<i>calcitonin (salmon) injection</i>	4	B/D PA; S	FERRIPROX ORAL SOLUTION	4	PA; LA; S
<i>calcitonin (salmon) nasal</i>	1	QL (4 per 30 days); MO	FOSAMAX PLUS D	3	QL (4 per 28 days); MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	B/D PA	<i>glimepiride oral tablet 1 mg</i>	1	QL (240 per 30 days); MO
<i>calcitriol oral</i>	1	B/D PA; MO	<i>glimepiride oral tablet 2 mg</i>	1	QL (120 per 30 days); MO
<i>calcium acetate (phos binder)</i>	1	MO	<i>glimepiride oral tablet 4 mg</i>	1	QL (60 per 30 days); MO
<i>calcium acetate oral tablet 667 mg</i>	1	MO	<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	1	QL (60 per 30 days); MO
CHEMET	3		<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	1	QL (240 per 30 days); MO
<i>cinacalcet hcl oral tablet 30 mg</i>	1	B/D PA; QL (60 per 30 days)	<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	1	QL (120 per 30 days); MO
<i>cinacalcet hcl oral tablet 60 mg</i>	3	B/D PA; QL (60 per 30 days)	<i>glipizide oral tablet 10 mg</i>	1	QL (120 per 30 days); MO
<i>cinacalcet hcl oral tablet 90 mg</i>	4	B/D PA; QL (120 per 30 days); S	<i>glipizide oral tablet 2.5 mg</i>	1	MO
CYCLOSET	3	ST; QL (180 per 30 days); MO	<i>glipizide oral tablet 5 mg</i>	1	QL (240 per 30 days); MO
<i>deferasirox oral tablet 90 mg</i>	2	PA	<i>glipizide xl oral tablet extended release 24 hour 10 mg</i>	1	QL (60 per 30 days); MO
<i>deferasirox oral tablet soluble 125 mg</i>	3	PA	<i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i>	1	QL (240 per 30 days); MO
<i>deferasirox oral tablet soluble 250 mg, 500 mg</i>	4	PA; S			
<i>deferiprone oral tablet 1000 mg</i>	4	PA; S			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>glipizide xl oral tablet extended release 24 hour 5 mg</i>	1	QL (120 per 30 days); MO	HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	MO
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	1	QL (240 per 30 days); MO	HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	MO
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 per 30 days); MO	HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	MO
GLUCAGEN HYPOKIT	2		HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	2	MO
<i>glucagon emergency injection kit</i>	2		HUMULIN 70/30	2	MO
<i>glyburide micronized oral tablet 1.5 mg</i>	1	QL (240 per 30 days); MO	HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	MO
<i>glyburide micronized oral tablet 3 mg</i>	1	QL (120 per 30 days); MO	HUMULIN N	2	MO
<i>glyburide micronized oral tablet 6 mg</i>	1	QL (60 per 30 days); MO	HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	MO
<i>glyburide oral tablet 1.25 mg</i>	1	QL (480 per 30 days); MO	HUMULIN R	2	MO
<i>glyburide oral tablet 2.5 mg</i>	1	QL (240 per 30 days); MO	HUMULIN R U-500 (CONCENTRATED)	4	PA; MO; S
<i>glyburide oral tablet 5 mg</i>	1	QL (120 per 30 days); MO	HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; MO; S
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	1	QL (240 per 30 days); MO	<i>ibandronate sodium intravenous</i>	1	B/D PA
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 per 30 days); MO	<i>ibandronate sodium oral</i>	1	QL (1 per 28 days); MO
GLYXAMBI	2	QL (30 per 30 days); MO	<i>insulin lispro (1 unit dial)</i>	2	MO
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	3		<i>insulin lispro injection</i>	2	MO
HUMALOG INJECTION	2	MO	<i>insulin lispro junior kwikpen</i>	2	MO
HUMALOG JUNIOR KWIKPEN	2	MO	<i>insulin lispro prot & lispro</i>	2	MO
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	MO			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INVOKAMET	3	QL (60 per 30 days); MO	LOKELMA ORAL PACKET 10 GM	2	QL (34 per 30 days); MO
INVOKAMET XR	3	QL (60 per 30 days); MO	LOKELMA ORAL PACKET 5 GM	2	QL (90 per 30 days); MO
INVOKANA	3	QL (30 per 30 days); MO	LYUMJEV	2	MO
JANUMET	2	QL (60 per 30 days); MO	LYUMJEV KWIKPEN	2	MO
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	2	QL (30 per 30 days); MO	<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	1	QL (120 per 30 days); MO
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	2	QL (60 per 30 days); MO	<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	1	QL (60 per 30 days); MO
JANUVIA	2	QL (30 per 30 days); MO	<i>metformin hcl oral tablet 1000 mg</i>	1	QL (60 per 30 days); MO
JARDIANCE	2	QL (30 per 30 days); MO	<i>metformin hcl oral tablet 500 mg</i>	1	QL (150 per 30 days); MO
JENTADUETO	2	QL (60 per 30 days); MO	<i>metformin hcl oral tablet 850 mg</i>	1	QL (90 per 30 days); MO
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	2	QL (60 per 30 days); MO	<i>migliitol</i>	1	QL (90 per 30 days); MO
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	2	QL (30 per 30 days); MO	MOUNJARO	2	PA; QL (2 per 28 days)
KERENDIA	2	QL (30 per 30 days); MO	<i>nateglinide oral tablet 120 mg</i>	1	QL (90 per 30 days); MO
KIONEX ORAL SUSPENSION	1		<i>nateglinide oral tablet 60 mg</i>	1	QL (180 per 30 days); MO
<i>lanthanum carbonate</i>	3	ST; MO	OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	2	PA; QL (1.5 per 28 days)
LANTUS	2	QL (30 per 30 days); MO	OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	2	PA; QL (3 per 28 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL (30 per 30 days); MO	OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	2	PA; QL (3 per 28 days)
<i>liraglutide</i>	1	PA; QL (9 per 30 days)	OZEMPIC (2 MG/DOSE)	2	PA; QL (3 per 28 days)

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Drug Name	Drug Tier	Requirements/ Limits
<i>pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml</i>	1	
<i>pamidronate disodium intravenous solution 6 mg/ml</i>	2	B/D PA
<i>paricalcitol oral</i>	1	B/D PA; MO
<i>pioglitazone hcl oral tablet 15 mg</i>	1	QL (90 per 30 days); MO
<i>pioglitazone hcl oral tablet 30 mg</i>	1	QL (45 per 30 days); MO
<i>pioglitazone hcl oral tablet 45 mg</i>	1	QL (30 per 30 days); MO
<i>pioglitazone hcl-glimepiride</i>	1	QL (30 per 30 days); MO
<i>pioglitazone hcl-metformin hcl</i>	1	QL (90 per 30 days); MO
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; QL (1 per 180 days)
<i>repaglinide oral tablet 0.5 mg</i>	1	QL (960 per 30 days); MO
<i>repaglinide oral tablet 1 mg</i>	1	QL (480 per 30 days); MO
<i>repaglinide oral tablet 2 mg</i>	1	QL (240 per 30 days); MO
<i>risedronate sodium oral tablet 150 mg</i>	1	QL (1 per 28 days); MO
<i>risedronate sodium oral tablet 30 mg</i>	1	QL (30 per 30 days)
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	QL (4 per 28 days); MO
<i>risedronate sodium oral tablet 5 mg</i>	1	QL (30 per 30 days); MO
<i>risedronate sodium oral tablet delayed release</i>	1	QL (4 per 28 days); MO
RYBELSUS ORAL TABLET 14 MG, 7 MG	2	PA; QL (30 per 30 days)
RYBELSUS ORAL TABLET 3 MG	2	PA; QL (60 per 365 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>sevelamer carbonate oral packet 0.8 gm</i>	3	QL (540 per 30 days); MO
<i>sevelamer carbonate oral packet 2.4 gm</i>	3	QL (180 per 30 days); MO
<i>sevelamer carbonate oral tablet</i>	1	QL (540 per 30 days); MO
<i>sevelamer hcl oral tablet 400 mg</i>	1	ST; MO
<i>sevelamer hcl oral tablet 800 mg</i>	3	ST; MO
<i>sodium polystyrene sulfonate oral powder</i>	1	
SOLQUA	2	QL (15 per 25 days); MO
SPS	1	
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; QL (11 per 30 days); MO; S
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; QL (6 per 30 days); MO; S
SYNJARDY	2	QL (60 per 30 days); MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	2	QL (60 per 30 days); MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	2	QL (30 per 30 days); MO
<i>teriparatide</i>	4	PA; QL (3 per 28 days); S
<i>teriparatide (recombinant)</i>	4	PA; QL (3 per 28 days); S
<i>tolvaptan oral tablet 15 mg</i>	4	PA; QL (30 per 30 days); S
<i>tolvaptan oral tablet 30 mg</i>	4	PA; QL (60 per 30 days); S

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TOUJEO MAX SOLOSTAR	2	QL (12 per 30 days); MO	HOUR 10-1000 MG, 10-500 MG, 5-500 MG		
TOUJEO SOLOSTAR	2	QL (13.5 per 30 days); MO	XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	2	QL (60 per 30 days); MO
TRADJENTA	2	QL (30 per 30 days); MO	<i>zoledronic acid intravenous concentrate</i>	1	PA
TRESIBA	2	QL (30 per 30 days); MO	<i>zoledronic acid intravenous solution</i>	1	PA
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	QL (30 per 30 days); MO	Gastrointestinal Agents		
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	2	QL (18 per 30 days); MO	<i>alosetron hcl oral tablet 0.5 mg</i>	3	PA; QL (60 per 30 days); MO
<i>trientine hcl</i>	4	PA; S	<i>alosetron hcl oral tablet 1 mg</i>	4	PA; QL (60 per 30 days); MO; S
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	2	QL (30 per 30 days); MO	<i>aprepitant oral</i>	1	B/D PA; QL (15 per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	2	QL (60 per 30 days); MO	<i>aprepitant oral capsule 125 mg</i>	4	B/D PA; QL (5 per 30 days); S
TRULICITY	2	PA; QL (2 per 28 days)	<i>aprepitant oral capsule 40 mg</i>	1	B/D PA; QL (1 per 28 days)
TYMLOS	4	PA; QL (1.56 per 28 days); S	<i>aprepitant oral capsule 80 & 125 mg</i>	1	B/D PA; QL (15 per 30 days)
VELPHORO	4	QL (180 per 30 days); MO; S	<i>aprepitant oral capsule 80 mg</i>	1	B/D PA; QL (10 per 30 days)
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	4	QL (30 per 30 days); MO; S	<i>balsalazide disodium</i>	1	
VELTASSA ORAL PACKET 8.4 GM	4	QL (90 per 30 days); MO; S	<i>budesonide er oral tablet extended release 24 hour</i>	3	PA
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL (9 per 30 days)	<i>budesonide oral</i>	1	
XGEVA	4	PA; QL (5.1 per 28 days); S	<i>cimetidine hcl oral solution 300 mg/5ml</i>	1	MO
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24	2	QL (30 per 30 days); MO	<i>cimetidine oral tablet 200 mg</i>	1	
			<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	MO
			CLENPIQ	3	
			COMPRO	1	
			<i>constulose</i>	1	MO

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

Drug Name	Drug Tier	Requirements/ Limits
CORTIFOAM EXTERNAL	3	
<i>dexlansoprazole</i>	3	ST; QL (30 per 30 days); MO
<i>dicyclomine hcl oral capsule</i>	1	
<i>dicyclomine hcl oral solution</i>	1	
<i>dicyclomine hcl oral tablet</i>	1	
<i>diphenoxylate-atropine oral liquid</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
<i>dronabinol</i>	1	B/D PA; QL (120 per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED	3	B/D PA; QL (15 per 30 days)
<i>enulose</i>	1	MO
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	1	ST; QL (30 per 30 days); MO
<i>esomeprazole sodium intravenous solution reconstituted 40 mg</i>	1	
<i>famotidine (pf)</i>	1	
<i>famotidine intravenous solution 200 mg/20ml, 40 mg/4ml</i>	1	
<i>famotidine oral suspension reconstituted</i>	1	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>famotidine premixed</i>	1	
GATTEX	4	PA; LA; S
GAVILYTE-C	1	
GAVILYTE-G	1	

Drug Name	Drug Tier	Requirements/ Limits
GAVILYTE-N WITH FLAVOR PACK	1	
<i>generlac</i>	1	MO
<i>glycopyrrolate injection solution</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml</i>	1	
<i>granisetron hcl oral</i>	1	B/D PA; QL (30 per 30 days)
<i>hydrocortisone oral</i>	1	
<i>hydrocortisone rectal enema</i>	1	
<i>hyoscyamine sulfate oral tablet</i>	1	MO
<i>hyoscyamine sulfate oral tablet dispersible</i>	1	MO
<i>hyoscyamine sulfate sublingual</i>	1	MO
<i>lactulose encephalopathy</i>	1	MO
<i>lactulose oral solution</i>	1	MO
<i>lansoprazole oral capsule delayed release 15 mg</i>	1	MO
<i>lansoprazole oral capsule delayed release 30 mg</i>	1	QL (30 per 30 days); MO
LINZESS	2	QL (30 per 30 days); MO
<i>loperamide hcl oral capsule</i>	1	
<i>lubiprostone</i>	1	QL (60 per 30 days); MO
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
mesalamine er oral capsule extended release	3	MO
mesalamine er oral capsule extended release 24 hour	1	MO
mesalamine oral capsule delayed release	1	MO
mesalamine oral tablet delayed release 1.2 gm	1	MO
mesalamine oral tablet delayed release 800 mg	1	
mesalamine rectal	1	
mesalamine-cleanser	1	
methscopolamine bromide oral	1	
metoclopramide hcl injection	1	
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	1	
metoclopramide hcl oral tablet	1	
misoprostol oral	1	MO
MOVANTIK	2	QL (30 per 30 days)
na sulfate-k sulfate-mg sulf	2	
nizatidine oral capsule	1	MO
omeprazole oral capsule delayed release	1	MO
ondansetron hcl injection	1	
ondansetron hcl oral solution	1	B/D PA; QL (450 per 30 days)
ondansetron hcl oral tablet 4 mg, 8 mg	1	B/D PA; QL (90 per 30 days)
ondansetron oral tablet dispersible 16 mg	1	B/D PA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ondansetron oral tablet dispersible 4 mg, 8 mg	1	B/D PA; QL (90 per 30 days)
opium	1	
pantoprazole sodium intravenous	1	
pantoprazole sodium oral tablet delayed release	1	MO
peg 3350-kcl-na bicarb-nacl	1	
peg-3350/electrolytes	1	
peg-3350/electrolytes/ascorbic acid	1	
peg-kcl-nacl-nasulf-na asc-c	1	
PLENVU	3	
prochlorperazine	1	
prochlorperazine edisylate injection solution 10 mg/2ml	1	
prochlorperazine maleate oral	1	MO
promethazine hcl injection	1	
promethazine hcl oral solution	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	PA
PROMETHEGAN	1	PA
rabeprazole sodium oral tablet delayed release	1	QL (30 per 30 days); MO
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE)	4	PA; QL (18 per 30 days); S

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

Drug Name	Drug Tier	Requirements/Limits
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	4	PA; QL (12 per 30 days); S
SANCUSO	4	PA; QL (4 per 28 days); S
<i>scopolamine</i>	1	QL (10 per 28 days)
<i>sucalfate oral</i>	1	MO
<i>sulfasalazine oral</i>	1	MO
SUPREP BOWEL PREP KIT	2	
<i>trimethobenzamide hcl oral</i>	1	
<i>ursodiol oral capsule 300 mg</i>	1	MO
<i>ursodiol oral tablet</i>	1	MO
VOWST	4	PA; QL (12 per 30 days); S
XERMELO	4	PA; QL (90 per 30 days); LA; S

**Genetic Or Enzyme Or Protein Disorder:
Replacement, Modifiers, Treatment**

<i>betaine</i>	4	LA; S
CREON	2	MO
<i>cromolyn sodium oral</i>	1	MO
CYSTAGON	2	PA; LA
FABRAZYME	4	PA; LA; S
JAVYGTOR	4	PA; S
LUMIZYME	4	PA; LA; S
<i>miglustat</i>	4	PA; LA; S
NAGLAZYME	4	PA; LA; S
<i>nitisinone</i>	4	PA; S
PROLASTIN-C INTRAVENOUS SOLUTION	4	PA; LA; S
RAVICTI	4	PA; QL (525 per 30 days); LA; S
<i>sapropterin dihydrochloride oral packet</i>	4	PA; S

Drug Name	Drug Tier	Requirements/Limits
<i>sapropterin dihydrochloride oral tablet</i>	4	PA; S
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	4	PA; S
<i>sodium phenylbutyrate oral tablet</i>	4	PA; S
VPRIV	4	PA; S
YARGESA	4	PA; S
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 3000- 10000 UNIT, 5000-24000 UNIT	3	MO
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 25000-79000 UNIT, 40000-126000 UNIT, 60000-189600 UNIT	4	MO; S

Genitourinary Agents

<i>alfuzosin hcl er</i>	1	MO
<i>bethanechol chloride oral</i>	1	
CARDURA XL	3	MO
CLEOCIN VAGINAL SUPPOSITORY	3	
<i>clindamycin phosphate vaginal</i>	1	
<i>darifenacin hydrobromide er</i>	1	QL (30 per 30 days); MO
<i>dutasteride oral</i>	1	QL (30 per 30 days); MO
<i>dutasteride-tamsulosin hcl</i>	1	QL (30 per 30 days); MO
ELMIRON	4	S
<i>fesoterodine fumarate er</i>	2	QL (30 per 30 days); MO
<i>finasteride oral tablet 5 mg</i>	1	MO

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

Drug Name	Drug Tier	Requirements/ Limits
<i>flavoxate hcl</i>	1	MO
GEMTESA	3	QL (30 per 30 days); MO
<i>metronidazole vaginal</i>	1	
<i>miconazole 3 vaginal suppository</i>	1	
<i>mirabegron er</i>	3	QL (30 per 30 days); MO
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	3	QL (300 per 30 days); MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	QL (30 per 30 days); MO
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	1	QL (60 per 30 days); MO
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	1	QL (30 per 30 days); MO
<i>oxybutynin chloride oral solution</i>	1	QL (600 per 30 days); MO
<i>oxybutynin chloride oral tablet 2.5 mg</i>	1	QL (90 per 30 days); MO
<i>oxybutynin chloride oral tablet 5 mg</i>	1	QL (120 per 30 days); MO
OXYTROL	3	ST; QL (8 per 28 days); MO
<i>penicillamine oral tablet</i>	4	S
<i>potassium citrate er</i>	1	
<i>silodosin</i>	1	MO
<i>solifenacin succinate</i>	1	QL (30 per 30 days); MO
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	PA; QL (30 per 30 days); MO
<i>tamsulosin hcl</i>	1	MO
<i>terconazole</i>	1	
<i>tiopronin oral tablet</i>	4	PA; S

Drug Name	Drug Tier	Requirements/ Limits
<i>tolterodine tartrate</i>	1	QL (60 per 30 days); MO
<i>tolterodine tartrate er</i>	1	QL (30 per 30 days); MO
<i>tropium chloride</i>	1	QL (60 per 30 days); MO
<i>tropium chloride er</i>	1	QL (30 per 30 days); MO
VANDAZOLE	1	
Hormonal Agents		
ACTHAR	4	PA; LA; S
ACTHAR GEL	4	PA; S
AFIRMELLE	1	MO
ALTAVERA	1	MO
<i>alyacen 1/35</i>	1	MO
<i>alyacen 7/7/7</i>	1	MO
AMETHIA	1	MO
AMETHYST	1	MO
APRI	1	MO
ARANELLE	1	MO
ARMOUR THYROID	2	PA; MO
ASHLYNA	1	MO
AUBRA EQ	1	MO
AUROVELA 1.5/30	1	MO
AUROVELA 1/20	1	MO
AUROVELA 24 FE	1	MO
AUROVELA FE 1.5/30	1	MO
AUROVELA FE 1/20	1	MO
AVIANE	1	MO
AYUNA	1	MO
AZURETTE	1	MO
BALZIVA	1	MO
BIJUVA	2	PA; MO
BLISOVI 24 FE	1	MO
BLISOVI FE 1.5/30	1	MO

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

Drug Name	Drug Tier	Requirements/ Limits
BLISOVI FE 1/20	1	MO
<i>briellyn</i>	1	MO
<i>cabergoline</i>	1	
CAMILA	1	MO
CAMRESE	1	MO
CAMRESE LO	1	MO
CHARLOTTE 24 FE	1	MO
CHATEAL EQ	1	MO
CLIMARA PRO	2	PA; QL (4 per 28 days); MO
COMBIPATCH	2	PA; QL (8 per 28 days); MO
CRINONE	3	PA
CRYSELLE-28	1	MO
CYRED EQ	1	MO
<i>danazol oral</i>	1	
DASETTA 1/35	1	MO
DASETTA 7/7/7	1	MO
DAYSEE	1	MO
DEBLITANE	1	MO
DELYLA	1	MO
DEPO-ESTRADIOL	2	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	2	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	1	PA; MO
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	1	MO
<i>desmopressin ace spray refrig</i>	1	MO
<i>desmopressin acetate injection</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>desmopressin acetate oral</i>	1	MO
<i>desmopressin acetate pf</i>	1	
<i>desmopressin acetate spray</i>	1	MO
<i>desogestrel-ethinyl estradiol</i>	1	MO
DEXAMETHASONE INTENSOL	2	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>dexamethasone oral tablet 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone oral tablet therapy pack</i>	1	
<i>dexamethasone sod phos +rfid</i>	1	
<i>dexamethasone sod phosphate pf injection solution</i>	1	
<i>dexamethasone sodium phosphate injection</i>	1	
DOLISHALE	1	MO
DOTTI	1	PA; QL (8 per 28 days); MO
<i>drospiren-eth estrad-levomefol</i>	1	MO
<i>drospirenone-ethinyl estradiol</i>	1	MO
DUAVEE	3	PA; QL (30 per 30 days); MO
EGRIFTA SV	4	PA; LA; S
ELINEST	1	MO
ELURYNG	1	MO

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

Drug Name	Drug Tier	Requirements/ Limits
EMZAHH	1	MO
ENILLORING	1	MO
ENPRESSE-28	1	MO
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	1	MO
ERRIN	1	MO
ESTARYLLA	1	MO
<i>estradiol oral</i>	1	MO
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/ 0.75gm, 1 mg/gm, 1.25 mg/1.25gm</i>	2	PA; MO
<i>estradiol transdermal patch twice weekly</i>	1	PA; QL (8 per 28 days); MO
<i>estradiol transdermal patch weekly</i>	1	PA; QL (4 per 28 days); MO
<i>estradiol vaginal</i>	1	MO
<i>estradiol valerate intramuscular oil 20 mg/ ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet</i>	1	PA; MO
ESTRING	3	QL (1 per 90 days); MO
<i>ethynodiol diac-eth estradiol</i>	1	MO
<i>etonogestrel-ethinyl estradiol</i>	1	MO
EUTHYROX	1	MO
EVAMIST	2	PA; MO
FALMINA	1	MO
FEMRING	3	QL (1 per 90 days); MO
FEMYNOR	1	MO
FINZALA	1	MO
<i>fludrocortisone acetate oral</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
FYAVOLV	1	PA; MO
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	4	PA; S
GENOTROPIN SUBCUTANEOUS CARTRIDGE	4	PA; S
HAILEY 1.5/30	1	MO
HAILEY 24 FE	1	MO
HAILEY FE 1.5/30	1	MO
HAILEY FE 1/20	1	MO
HALOETTE	1	MO
HEATHER	1	MO
HIDEX 6-DAY	1	
HUMATROPE INJECTION CARTRIDGE	4	PA; S
ICLEVIA	1	MO
IMVEXXY MAINTENANCE PACK	2	QL (18 per 28 days); MO
IMVEXXY STARTER PACK	2	QL (18 per 28 days); MO
INCASSIA	1	MO
INCRELEX	4	PA; LA; S
INTROVALE	1	MO
ISIBLOOM	1	MO
JAIMIESS	1	MO
JASMIEL	1	MO
JENCYCLA	1	MO
JINTELI	1	PA; MO
JOLESSA	1	MO
JULEBER	1	MO
JUNEL 1.5/30	1	MO
JUNEL 1/20	1	MO
JUNEL FE 1.5/30	1	MO
JUNEL FE 1/20	1	MO
JUNEL FE 24	1	MO

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

Drug Name	Drug Tier	Requirements/ Limits
KAITLIB FE	1	MO
KALLIGA	1	MO
KARIVA	1	MO
KELNOR 1/35	1	MO
KELNOR 1/50	1	MO
KURVELO	1	MO
KYLEENA	2	
<i>lanreotide acetate</i>	4	PA; S
LARIN 1.5/30	1	MO
LARIN 1/20	1	MO
LARIN 24 FE	1	MO
LARIN FE 1.5/30	1	MO
LARIN FE 1/20	1	MO
LAYOLIS FE	1	MO
LEENA	1	MO
LESSINA	1	MO
LEVO-T	1	MO
LEVONEST	1	MO
<i>levonorg-eth estrad triphasic oral tablet 50- 30/75-40/ 125-30 mcg</i>	1	MO
<i>levonorgest-eth est & eth est</i>	1	MO
<i>levonorgest-eth estrad 91-day</i>	1	MO
<i>levonorgestrel-ethinyl estrad</i>	1	MO
LEVORA 0.15/30 (28)	1	MO
<i>levothyroxine sodium oral tablet</i>	1	MO
LEVOXYL	1	MO
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	3	
<i>liothyronine sodium intravenous</i>	4	S

Drug Name	Drug Tier	Requirements/ Limits
<i>liothyronine sodium oral</i>	1	MO
LO-ZUMANDIMINE	1	MO
LOESTRIN 1.5/30 (21)	1	MO
LOESTRIN FE 1.5/30	1	MO
LOESTRIN FE 1/20	1	MO
LOJAIMIESS	1	MO
LORYNA	1	MO
LOW-OGESTREL	1	MO
LUPRON DEPOT-PED (1- MONTH) INTRAMUSCULAR KIT 7.5 MG	4	PA; QL (1 per 28 days); S
LUTERA	1	MO
LYLEQ	1	MO
LYZA	1	MO
<i>marlissa</i>	1	MO
MEDROL ORAL TABLET 2 MG	2	
<i>medroxyprogesterone acetate intramuscular</i>	1	
<i>medroxyprogesterone acetate oral</i>	1	MO
MENEST	3	PA; MO
<i>methimazole oral</i>	1	MO
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	1	
<i>methylprednisolone oral</i>	1	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg</i>	1	
MIBELAS 24 FE	1	MO
MICROGESTIN 1.5/30	1	MO
MICROGESTIN 1/20	1	MO
MICROGESTIN 24 FE	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
MICROGESTIN FE 1.5/30	1	MO
MICROGESTIN FE 1/20	1	MO
<i>mifepristone oral tablet 300 mg</i>	4	PA; LA; S
MILI	1	MO
MILLIPRED ORAL TABLET	3	
MIMVEY	1	PA; MO
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	2	
MONO-LINYAH	1	MO
NECON 0.5/35 (28)	1	MO
NEXPLANON	2	
NIKKI	1	MO
NORA-BE	1	MO
NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; S
<i>norelgestromin-eth estradiol</i>	1	MO
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	MO
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	1	MO
<i>norethin-eth estradiol-fe</i>	1	MO
<i>norethindron-ethinyl estrad-fe</i>	1	MO
<i>norethindrone acet-ethinyl est oral tablet</i>	1	MO
<i>norethindrone acetate oral</i>	1	MO
<i>norethindrone oral</i>	1	MO
<i>norethindrone-eth estradiol</i>	1	PA; MO
<i>norgestim-eth estrad triphasic</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	MO
NORLYDA	1	MO
NORLYROC	1	MO
NORTREL 0.5/35 (28)	1	MO
NORTREL 1/35 (21)	1	MO
NORTREL 1/35 (28)	1	MO
NORTREL 7/7/7	1	MO
NP THYROID	1	PA; MO
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; LA; S
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; LA; S
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; LA; S
NYLIA 1/35	1	MO
NYLIA 7/7/7	1	MO
OCELLA	1	MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	1	PA
<i>octreotide acetate injection solution 1000 mcg/ml</i>	3	PA
<i>octreotide acetate injection solution 500 mcg/ml</i>	4	PA; S
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml</i>	1	PA
<i>octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml</i>	4	PA; S

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

Drug Name	Drug Tier	Requirements/ Limits
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; LA; S
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; LA; S
ORSYTHIA	1	MO
OSPHENA	2	MO
<i>oxandrolone oral tablet 10 mg</i>	1	PA; QL (60 per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>	1	PA; QL (240 per 30 days)
PHILITH	1	MO
PIMTREA	1	MO
PORTIA-28	1	MO
<i>prednicarbate external ointment</i>	1	
<i>prednisolone oral solution</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	
<i>prednisolone sodium phosphate oral tablet dispersible</i>	1	
PREDNISON INTENSOL	2	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet 1 mg</i>	1	
<i>prednisone oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablet therapy pack 10 mg (21), 5 mg (21)</i>	1	
<i>prednisone oral tablet therapy pack 10 mg (48), 5 mg (48)</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
PREMARIN ORAL	2	PA; MO
PREMARIN VAGINAL	2	MO
PREMPHASE	2	PA; MO
PREMPRO	2	PA; MO
<i>progesterone oral</i>	1	MO
<i>propylthiouracil oral</i>	1	MO
<i>raloxifene hcl</i>	1	QL (30 per 30 days); MO
RECLIPSEN	1	MO
RIVELSA	1	MO
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG	4	PA; LA; S
SANDOSTATIN LAR DEPOT	4	PA; S
SETLAKIN	1	MO
SHAROBEL	1	MO
SIGNIFOR	4	PA; LA; S
SIMLIYA	1	MO
SIMPESSE	1	MO
SKYLA	2	
SOMATULINE DEPOT	4	PA; S
SOMAVERT	4	PA; LA; S
SPRINTEC 28	1	MO
SRONYX	1	MO
SYEDA	1	MO
SYNAREL	4	PA; S
SYNTHROID	2	MO
TAPERDEX 6-DAY	1	
TARINA 24 FE	1	MO
TARINA FE 1/20 EQ	1	MO
<i>testosterone cypionate intramuscular solution 100 mg/ml</i>	1	PA; MO
<i>testosterone cypionate intramuscular solution</i>	1	MO

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

Drug Name	Drug Tier	Requirements/ Limits
200 mg/ml, 200 mg/ml (1 ml)		
testosterone enanthate intramuscular solution	1	PA; MO
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)	1	PA; QL (150 per 30 days); MO
testosterone transdermal gel 10 mg/act (2%)	1	PA; QL (120 per 30 days); MO
testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)	1	PA; QL (300 per 30 days); MO
testosterone transdermal gel 20.25 mg/1.25gm (1.62%)	1	PA; QL (112.5 per 30 days); MO
testosterone transdermal solution	1	PA; QL (180 per 30 days); MO
TILIA FE	1	MO
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG	2	MO
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	2	MO
TRI FEMYNOR	1	MO
TRI-ESTARYLLA	1	MO
TRI-LEGEST FE	1	MO
TRI-LINYAH	1	MO
TRI-LO-ESTARYLLA	1	MO
TRI-LO-MARZIA	1	MO
TRI-LO-MILI	1	MO
TRI-LO-SPRINTEC	1	MO

Drug Name	Drug Tier	Requirements/ Limits
TRI-MILI	1	MO
TRI-NYMYO	1	MO
TRI-SPRINTEC	1	MO
TRI-VYLIBRA	1	MO
TRI-VYLIBRA LO	1	MO
triamcinolone acetonide injection suspension 40 mg/ml	1	
TRIVORA (28)	1	MO
TURQOZ	1	MO
TYBLUME ORAL TABLET CHEWABLE	1	MO
TYDEMY	1	MO
UNITHROID	1	MO
VELIVET	1	MO
VIENVA	1	MO
viorele	1	MO
VOLNEA	1	MO
VYFEMLA	1	MO
VYLIBRA	1	MO
WERA	1	MO
WYMZYA FE	1	MO
XULANE	1	MO
yuvafem	1	MO
ZAFEMY	1	MO
ZOVIA 1/35 (28)	1	MO
ZUMANDIMINE	1	MO
Immunological Agents		
ABRYSVO	2	
ACTHIB	2	
ACTIMMUNE	4	PA; LA; S
ADACEL	2	
ARCALYST	4	PA; S
AREXVY	2	

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
azathioprine oral tablet 50 mg	1	B/D PA	ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	4	PA; QL (4.08 per 28 days); S
bcg vaccine injection solution reconstituted	2		ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	4	PA; QL (8 per 28 days); S
BENLYSTA	4	PA; S	ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL (8 per 28 days); S
BEXSERO	2		ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	2	B/D PA
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2		ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	2	B/D PA
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2		ENVARBUS XR	3	B/D PA
COSENTYX (300 MG DOSE)	4	PA; QL (8 per 28 days); LA; S	everolimus oral tablet 0.25 mg	1	B/D PA
COSENTYX SENSOREADY (300 MG)	4	PA; QL (8 per 28 days); LA; S	everolimus oral tablet 0.5 mg, 1 mg	4	B/D PA; S
COSENTYX SENSOREADY PEN	4	PA; QL (8 per 28 days); LA; S	everolimus oral tablet 0.75 mg	3	B/D PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	4	PA; QL (8 per 28 days); LA; S	GAMUNEX-C	4	PA; S
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	4	PA; QL (2 per 28 days); S	GARDASIL 9	2	
cyclosporine modified	1	B/D PA	GENGRAF ORAL CAPSULE 100 MG, 25 MG	1	B/D PA
cyclosporine oral capsule	1	B/D PA	GENGRAF ORAL SOLUTION	1	B/D PA
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	2		HAVRIX	2	
diphtheria-tetanus toxoids dt	2		HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	2	B/D PA
ENBREL MINI	4	PA; QL (8 per 28 days); S	HIBERIX INJECTION	2	
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	4	PA; QL (4 per 28 days); S	HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	4	PA; QL (4 per 28 days); S
			HUMIRA (2 PEN) SUBCUTANEOUS PEN-	4	PA; QL (2 per 28 days); S

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INJECTOR KIT 80 MG/ 0.8ML			M-M-R II INJECTION	2	
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/ 0.2ML	4	PA; QL (2 per 28 days); S	MENACTRA INTRAMUSCULAR SOLUTION	2	
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/ 0.8ML	4	PA; QL (4 per 28 days); S	MENQUADFI INTRAMUSCULAR SOLUTION	2	
HUMIRA PEN-PEDIATRIC UC START	4	PA; QL (8 per 365 days); S	MENVEO	2	
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/ 0.8ML	4	PA; QL (6 per 365 days); S	<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
HUMIRA-PSORIASIS/UEVIT STARTER	4	PA; QL (6 per 365 days); S	<i>methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
HYPERRAB	4	S	<i>methotrexate sodium injection solution reconstituted</i>	1	
IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML	2		<i>methotrexate sodium oral</i>	1	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	2		MRESVIA	2	
INFANRIX	2		<i>mycophenolate mofetil oral capsule</i>	1	B/D PA
<i>infliximab</i>	4	PA; S	<i>mycophenolate mofetil oral suspension reconstituted</i>	3	B/D PA
IPOL	2		<i>mycophenolate mofetil oral tablet</i>	1	B/D PA
IXCHIQ	2		<i>mycophenolate sodium</i>	1	B/D PA
IXIARO	2		<i>mycophenolic acid oral tablet delayed release 180 mg, 360 mg</i>	1	B/D PA
JYLAMVO	3	ST	MYHIBBIN	4	B/D PA; S
JYNNEOS	2	B/D PA	NULOJIX	4	PA; S
<i>kedrab injection</i>	2		OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML, 2.5 GM/50ML, 30 GM/300ML, 5 GM/ 100ML	4	PA; S
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2				
<i>leflunomide oral</i>	1	QL (30 per 30 days); MO			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OTEZLA ORAL TABLET	4	PA; QL (60 per 30 days); S	ROTATEQ ORAL SOLUTION	2	
OTEZLA ORAL TABLET THERAPY PACK	4	PA; S	SANDIMMUNE ORAL SOLUTION	3	B/D PA
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2		SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	2	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	2		<i>sirolimus oral solution</i>	3	B/D PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	S	<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	1	B/D PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	S	<i>sirolimus oral tablet 2 mg</i>	3	B/D PA
PENBRAYA	2		SKYRIZI INTRAVENOUS	4	PA; QL (10 per 28 days); S
PENTACEL	2		SKYRIZI PEN	4	PA; QL (6 per 365 days); S
PREHEVBRIO	2	B/D PA	SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	4	PA; QL (1.2 per 56 days); S
PRIORIX	2		SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	4	PA; QL (2.4 per 56 days); S
PROGRAF INTRAVENOUS	4	B/D PA; S	SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (6 per 365 days); S
PROGRAF ORAL PACKET	3	B/D PA	STELARA INTRAVENOUS	4	PA; LA; S
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	2		STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	4	PA; QL (1 per 28 days); LA; S
QUADRACEL	2		STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (1 per 28 days); S
RABAVERT	2		<i>tacrolimus oral</i>	1	B/D PA
RECOMBIVAX HB	2	B/D PA	TDVAX	2	
REMICADE	4	PA; S	TENIVAC	2	
REZUROCK	4	PA; LA; S	TICOVAC	2	
RIDAURA	4	MO; S	TREXALL	3	ST
RINVOQ	4	PA; QL (30 per 30 days); S			
RINVOQ LQ	4	PA; QL (360 per 30 days); S			
ROTARIX	2				

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Drug Name	Drug Tier	Requirements/ Limits
TRUMENBA	2	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
VARIZIG INTRAMUSCULAR SOLUTION	2	
VAXCHORA	2	
XATMEP	3	ST
YF-VAX	2	
Infectious Disease Agents		
<i>abacavir sulfate oral solution</i>	1	QL (960 per 30 days)
<i>abacavir sulfate oral tablet</i>	1	QL (60 per 30 days)
<i>abacavir sulfate- lamivudine</i>	1	QL (30 per 30 days)
ABELCET	3	B/D PA
<i>acyclovir oral</i>	1	MO
<i>acyclovir sodium intravenous solution</i>	1	B/D PA
<i>adefovir dipivoxil</i>	1	PA
<i>albendazole oral</i>	3	
<i>amikacin sulfate injection solution 1 gm/ 4ml, 500 mg/2ml</i>	1	
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension reconstituted</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>amoxicillin-pot clavulanate er</i>	1	
<i>amoxicillin-pot clavulanate oral</i>	1	
<i>amphotericin b intravenous</i>	1	B/D PA
<i>amphotericin b liposome</i>	4	B/D PA; S
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg</i>	1	
<i>ampicillin sodium intravenous</i>	1	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	1	
<i>ampicillin-sulbactam sodium intravenous</i>	1	
APTIVUS ORAL CAPSULE	4	QL (120 per 30 days); S
ARIKAYCE	4	LA; S
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	3	QL (60 per 30 days)
<i>atazanavir sulfate oral capsule 300 mg</i>	3	QL (30 per 30 days)
<i>atovaquone oral</i>	3	PA
<i>atovaquone-proguanil hcl</i>	1	
<i>azithromycin intravenous</i>	1	
<i>azithromycin oral packet</i>	1	
<i>azithromycin oral suspension reconstituted</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
azithromycin oral tablet 250 mg, 250 mg (6 pack)	1		cefazolin sodium intravenous solution reconstituted 1 gm	1	
azithromycin oral tablet 500 mg, 500 mg (3 pack), 600 mg	1		cefazolin sodium intravenous solution reconstituted 2 gm, 3 gm	2	
aztreonam	1		cefazolin sodium- dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%	2	
BARACLUDE ORAL SOLUTION	4	PA; S	cefazolin sodium- dextrose intravenous solution reconstituted 1- 4 gm-%(50ml), 2-3 gm- %(50ml)	2	
BICILLIN C-R	2		cefdinir	1	
BICILLIN C-R 900/300	2		cefepime hcl injection solution reconstituted 1 gm	1	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3		cefepime hcl intravenous solution	2	
BIKTARVY ORAL TABLET 30-120-15 MG	4	QL (30 per 30 days); MO; S	cefepime hcl intravenous solution reconstituted 100 gm	2	
BIKTARVY ORAL TABLET 50-200-25 MG	4	QL (30 per 30 days); S	cefepime hcl intravenous solution reconstituted 2 gm	1	
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/ 2ML	4	QL (4 per 28 days); S	cefixime	1	
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/ 3ML	4	QL (6 per 28 days); S	cefotetan disodium injection solution reconstituted 1 gm, 2 gm	1	
cefaclor er	2		cefoxitin sodium intravenous	1	
cefaclor oral capsule	1		cefpodoxime proxetil	1	
cefaclor oral suspension reconstituted 250 mg/ 5ml	1		cefprozil	1	
cefadroxil	1		ceftazidime injection solution reconstituted 1 gm, 6 gm	1	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg	1		ceftazidime intravenous	1	
cefazolin sodium injection solution reconstituted 100 gm, 300 gm	2		ceftriaxone sodium in dextrose	1	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	1		CIPRO ORAL SUSPENSION RECONSTITUTED	3	
ceftriaxone sodium injection solution reconstituted 100 gm	2		ciprofloxacin hcl oral tablet 250 mg, 500 mg	1	
ceftriaxone sodium intravenous	1		ciprofloxacin hcl oral tablet 750 mg	1	
ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)	2		ciprofloxacin in d5w	1	
cefuroxime axetil oral tablet 250 mg	1		clarithromycin er	1	
cefuroxime axetil oral tablet 500 mg	1		clarithromycin oral	1	
cefuroxime sodium injection solution reconstituted 750 mg	1		clindamycin hcl oral	1	
cefuroxime sodium intravenous solution reconstituted 1.5 gm	1		clindamycin palmitate hcl	1	
cephalexin oral capsule 250 mg, 500 mg	1		clindamycin phosphate in d5w	1	
cephalexin oral capsule 750 mg	1		clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 9000 mg/60ml	1	
cephalexin oral suspension reconstituted 125 mg/ 5ml	1		clindamycin phosphate injection solution 900 mg/6ml	3	
cephalexin oral suspension reconstituted 250 mg/ 5ml	1		COARTEM	3	
cephalexin oral tablet	1		colistimethate sodium (cba)	1	
chloroquine phosphate oral	1	MO	COMPLERA	4	QL (30 per 30 days); S
cidofovir intravenous	4	B/D PA; S	dapsone oral	1	MO
CIMDUO	4	QL (30 per 30 days); S	daptomycin intravenous solution reconstituted 500 mg	4	S
			darunavir oral tablet 600 mg	3	QL (60 per 30 days)
			darunavir oral tablet 800 mg	4	QL (60 per 30 days); S
			DELSTRIGO	4	QL (30 per 30 days); S
			demeclocycline hcl oral	1	
			DESCOVY	4	QL (30 per 30 days); S

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Drug Name	Drug Tier	Requirements/ Limits
<i>dicloxacillin sodium</i>	1	
DIFICID	4	PA; S
DOVATO	4	QL (30 per 30 days); S
DOXY 100	1	
<i>doxycycline</i>	3	
<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 monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral suspension reconstituted</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
E.E.S. 400 ORAL TABLET	1	
EDURANT	4	QL (30 per 30 days); S
<i>efavirenz oral capsule 200 mg</i>	1	QL (120 per 30 days)
<i>efavirenz oral capsule 50 mg</i>	1	QL (360 per 30 days)
<i>efavirenz oral tablet</i>	3	QL (30 per 30 days)
<i>efavirenz-emtricitabine-tenofovir</i>	3	QL (30 per 30 days)
<i>efavirenz-lamivudine-tenofovir</i>	3	QL (30 per 30 days)
<i>emtricitabine</i>	1	QL (30 per 30 days)
<i>emtricitabine-tenofovir oral tablet 100-150 mg, 200-300 mg</i>	3	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>emtricitabine-tenofovir oral tablet 133-200 mg, 167-250 mg</i>	4	QL (30 per 30 days); S
EMTRIVA ORAL SOLUTION	3	QL (850 per 30 days)
<i>entecavir</i>	1	PA
EPCLUSA ORAL PACKET 150-37.5 MG	4	PA; QL (30 per 30 days); S
EPCLUSA ORAL PACKET 200-50 MG	4	PA; QL (60 per 30 days); S
EPCLUSA ORAL TABLET 200-50 MG	4	PA; QL (60 per 30 days); S
EPCLUSA ORAL TABLET 400-100 MG	4	PA; QL (30 per 30 days); S
<i>ertapenem sodium</i>	3	
ERY-TAB	1	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	1	
<i>erythromycin base oral</i>	1	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml</i>	3	
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin lactobionate</i>	3	
<i>erythromycin oral</i>	1	
<i>ethambutol hcl oral</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>etravirine oral tablet 100 mg</i>	3	QL (120 per 30 days)	<i>griseofulvin microsize oral</i>	1	
<i>etravirine oral tablet 200 mg</i>	3	QL (60 per 30 days)	<i>griseofulvin ultramicrosize</i>	1	
EVOTAZ	4	QL (30 per 30 days); S	HARVONI	4	PA; QL (28 per 28 days); S
<i>famciclovir oral tablet 125 mg, 250 mg</i>	1	QL (60 per 30 days)	<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	1	MO
<i>famciclovir oral tablet 500 mg</i>	1	QL (21 per 7 days)	<i>imipenem-cilastatin</i>	1	
FIRVANQ	3	QL (1200 per 30 days)	INTELENCE ORAL TABLET 25 MG	3	QL (480 per 30 days)
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	1		ISENTRESS HD	4	QL (60 per 30 days); S
<i>fluconazole oral</i>	1		ISENTRESS ORAL PACKET	4	QL (180 per 30 days); S
<i>flucytosine oral</i>	4	S	ISENTRESS ORAL TABLET	4	QL (120 per 30 days); S
<i>fosamprenavir calcium</i>	3	QL (120 per 30 days)	ISENTRESS ORAL TABLET CHEWABLE 100 MG	3	QL (180 per 30 days)
<i>fosfomycin tromethamine</i>	1		ISENTRESS ORAL TABLET CHEWABLE 25 MG	2	QL (720 per 30 days)
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	4	QL (60 per 30 days); S	<i>isoniazid injection</i>	1	
<i>ganciclovir sodium intravenous solution reconstituted</i>	4	B/D PA; S	<i>isoniazid oral syrup</i>	1	MO
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	1		<i>isoniazid oral tablet</i>	1	MO
<i>gentamicin in saline intravenous solution 2-0.9 mg/ml-%</i>	2		<i>itraconazole oral capsule</i>	1	PA
<i>gentamicin sulfate injection</i>	1		<i>ivermectin oral</i>	1	PA
GENVOYA	4	QL (30 per 30 days); S	JULUCA	4	QL (30 per 30 days); S
			<i>ketoconazole oral</i>	1	
			LAGEVRIO	4	QL (40 per 90 days); S
			<i>lamivudine oral solution</i>	1	QL (960 per 30 days)
			<i>lamivudine oral tablet 100 mg</i>	1	
			<i>lamivudine oral tablet 150 mg</i>	1	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
lamivudine oral tablet 300 mg	1	QL (30 per 30 days)	methenamine mandelate oral	1	
lamivudine-zidovudine	1	QL (60 per 30 days)	metronidazole intravenous solution 500 mg/100ml	1	
ledipasvir-sofosbuvir	4	PA; QL (28 per 28 days); S	metronidazole oral	1	
levofloxacin in d5w	1		micafungin sodium	4	S
levofloxacin intravenous	1		minocycline hcl oral	1	
levofloxacin oral solution	1		MONDOXYNE NL ORAL CAPSULE 100 MG	1	
levofloxacin oral tablet	1		moxifloxacin hcl in nacl	1	
LEXIVA ORAL SUSPENSION	3	QL (1800 per 30 days)	moxifloxacin hcl oral	1	
lincomycin hcl injection	1		nafcillin sodium injection solution reconstituted 1 gm, 2 gm	3	
linezolid in sodium chloride	3		nafcillin sodium intravenous solution reconstituted 10 gm	4	S
linezolid intravenous solution 600 mg/300ml	1		neomycin sulfate oral	1	
linezolid oral suspension reconstituted	4	PA; QL (1800 per 30 days); S	nevirapine er oral tablet extended release 24 hour 400 mg	1	QL (30 per 30 days)
linezolid oral tablet	3	PA; QL (56 per 28 days)	nevirapine oral suspension	1	QL (1200 per 30 days)
LIVTENCITY	4	PA; S	nevirapine oral tablet	1	QL (60 per 30 days)
lopinavir-ritonavir oral solution	1	QL (480 per 30 days)	nitazoxanide oral	3	QL (6 per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg	3	QL (300 per 30 days)	nitrofurantoin macrocrystal oral	1	
lopinavir-ritonavir oral tablet 200-50 mg	3	QL (120 per 30 days)	nitrofurantoin monohyd macro	1	
maraviroc	3	QL (120 per 30 days)	nitrofurantoin oral suspension 25 mg/5ml, 50 mg/10ml	4	S
MAVYRET ORAL PACKET	4	PA; QL (180 per 30 days); S	NORVIR ORAL PACKET	3	QL (360 per 30 days)
MAVYRET ORAL TABLET	4	PA; QL (90 per 30 days); S	NUZYRA ORAL	4	PA; S
mefloquine hcl	1	MO	nystatin oral tablet	1	
meropenem intravenous solution reconstituted 1 gm, 500 mg	1				
methenamine hippurate	1				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ODEFSEY	4	QL (30 per 30 days); S	<i>piperacillin sod-tazobactam</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1		<i>polymyxin b sulfate injection</i>	1	
<i>oseltamivir phosphate oral capsule 30 mg</i>	1	QL (168 per 365 days)	<i>posaconazole oral</i>	4	PA; MO; S
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	1	QL (84 per 365 days)	<i>praziquantel oral</i>	1	
<i>oseltamivir phosphate oral suspension reconstituted</i>	1	QL (1080 per 365 days)	PREVYMIS ORAL	4	PA; QL (30 per 30 days); S
<i>oxacillin sodium in dextrose intravenous solution 1 gm/50ml</i>	2		PREZCOBIX	4	QL (30 per 30 days); S
<i>oxacillin sodium in dextrose intravenous solution 2 gm/50ml</i>	4	S	PREZISTA ORAL SUSPENSION	4	QL (400 per 30 days); S
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	1		PREZISTA ORAL TABLET 150 MG	3	QL (180 per 30 days)
<i>oxacillin sodium intravenous</i>	3		PREZISTA ORAL TABLET 75 MG	3	QL (300 per 30 days)
PAXLOVID (150/100)	1	QL (20 per 90 days)	PRIFTIN	2	
PAXLOVID (300/100)	1	QL (30 per 90 days)	<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	2	
<i>penicillin g pot in dextrose</i>	3		<i>pyrazinamide oral</i>	1	
<i>penicillin g potassium</i>	1		<i>pyrimethamine oral</i>	4	PA; S
<i>penicillin g sodium</i>	1		<i>quinine sulfate oral</i>	1	PA
<i>penicillin v potassium</i>	1		RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	2	QL (60 per 180 days)
<i>pentamidine isethionate inhalation</i>	1	B/D PA	RETROVIR INTRAVENOUS	2	
<i>pentamidine isethionate injection</i>	1		REYATAZ ORAL PACKET	3	QL (240 per 30 days)
PFIZERPEN	1		<i>ribavirin oral capsule</i>	1	
PIFELTRO	4	QL (30 per 30 days); S	<i>ribavirin oral tablet 200 mg</i>	1	
			<i>rifabutin</i>	1	
			<i>rifampin intravenous</i>	3	
			<i>rifampin oral</i>	1	
			<i>rimantadine hcl</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ritonavir</i>	1	QL (360 per 30 days)
RUKOBIA	4	QL (60 per 30 days); MO; S
SELZENTRY ORAL SOLUTION	2	QL (1840 per 30 days)
SELZENTRY ORAL TABLET 25 MG	2	QL (240 per 30 days)
SELZENTRY ORAL TABLET 75 MG	4	QL (60 per 30 days); S
SIRTURO	4	PA; LA; S
<i>sofosbuvir-velpatasvir</i>	4	PA; QL (30 per 30 days); S
<i>streptomycin sulfate intramuscular</i>	4	S
STRIBILD	4	QL (30 per 30 days); S
<i>sulfadiazine oral</i>	4	S
<i>sulfamethoxazole-trimethoprim intravenous</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/ 5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
SUNLENCA ORAL	4	LA; S
SUNLENCA SUBCUTANEOUS	4	QL (3 per 168 days); MO; S
SYMTUZA	4	QL (30 per 30 days); S
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	1	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM	1	
TEFLARO	4	S

Drug Name	Drug Tier	Requirements/Limits
<i>tenofovir disoproxil fumarate</i>	1	QL (30 per 30 days)
<i>terbinafine hcl oral</i>	1	
<i>tetracycline hcl oral capsule</i>	1	
<i>tigecycline</i>	4	S
<i>tinidazole oral</i>	1	
TIVICAY ORAL TABLET 10 MG	3	QL (120 per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	4	QL (60 per 30 days); S
TIVICAY PD	4	QL (360 per 30 days); S
<i>tobramycin sulfate injection solution</i>	1	
<i>tobramycin sulfate injection solution reconstituted</i>	4	S
TRECTOR	3	
<i>trifluridine ophthalmic</i>	1	
<i>trimethoprim oral</i>	1	
TRIUMEQ	4	QL (30 per 30 days); S
TRIUMEQ PD	4	QL (180 per 30 days); S
TRIZIVIR	4	QL (60 per 30 days); S
TROGARZO	4	PA; QL (23.94 per 28 days); LA; S
TYBOST	2	QL (30 per 30 days)
<i>valacyclovir hcl oral tablet 1 gm</i>	1	QL (90 per 30 days)
<i>valacyclovir hcl oral tablet 500 mg</i>	1	QL (60 per 30 days)
<i>valganciclovir hcl oral solution reconstituted</i>	4	S

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
valganciclovir hcl oral tablet	2		VIRACEPT ORAL TABLET 625 MG	4	QL (120 per 30 days); S
vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.25-5 gm/250ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%	2		VIREAD ORAL POWDER	4	QL (240 per 30 days); S
vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%	2		VIREAD ORAL TABLET 150 MG, 250 MG	4	QL (30 per 30 days); S
vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml	2		VIREAD ORAL TABLET 200 MG	3	QL (30 per 30 days)
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 5 gm, 500 mg	1		voriconazole intravenous	3	PA
vancomycin hcl intravenous solution reconstituted 1.25 gm, 1.5 gm, 750 mg	2		voriconazole oral suspension reconstituted	4	PA; QL (300 per 30 days); S
vancomycin hcl oral capsule 125 mg	1	PA; QL (240 per 30 days)	voriconazole oral tablet 200 mg	4	PA; QL (60 per 30 days); S
vancomycin hcl oral capsule 250 mg	3	PA; QL (240 per 30 days)	voriconazole oral tablet 50 mg	1	PA; QL (120 per 30 days)
vancomycin hcl oral solution reconstituted 25 mg/ml	3	PA; QL (1200 per 30 days)	VOSEVI	4	PA; QL (30 per 30 days); S
VEMLIDY	4	PA; QL (30 per 30 days); S	XIFAXAN ORAL TABLET 550 MG	4	PA; QL (84 per 28 days); MO; S
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG	4	PA; S	XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	
VIRACEPT ORAL TABLET 250 MG	4	QL (300 per 30 days); S	XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	
			zidovudine oral capsule	1	QL (180 per 30 days)
			zidovudine oral syrup	1	QL (1920 per 30 days)
			zidovudine oral tablet	1	QL (60 per 30 days)
			ZIRGAN	3	
			ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML	4	S
			Miscellaneous Therapeutic Agents		
			acetic acid irrigation	1	
			acetylcysteine intravenous	1	

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

Drug Name	Drug Tier	Requirements/ Limits
ALCOHOL SWABS	1	MO
AUTOPEN	2	
BD PEN	2	
BD PEN MINI	2	
GAUZE STERILE PADS 2	1	MO
IGALMI	3	QL (30 per 30 days)
INPEN 100-BLUE-LILLY-HUMALOG	2	
INPEN 100-BLUE-NOVOLOG-FIASP	2	
INPEN 100-GREY-LILLY-HUMALOG	4	S
INPEN 100-GREY-NOVOLOG-FIASP	4	S
INPEN 100-PINK-LILLY-HUMALOG	4	S
INPEN 100-PINK-NOVOLOG-FIASP	2	
INSULIN PEN NEEDLE	1	QL (200 per 30 days); MO
INSULIN SYRINGE	1	QL (200 per 30 days); MO
KOSELUGO	4	PA; S
<i>lactated ringers irrigation</i>	1	
<i>mannitol intravenous solution 20 %, 25 %</i>	1	
METHERGINE ORAL	4	S
<i>methylergonovine maleate oral</i>	4	S
<i>neomycin-polymyxin b gu</i>	1	
NOVOPEN ECHO	2	
PHYSIOLYTE	3	
<i>ringers irrigation</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>sterile water for irrigation</i>	2	
SYNAGIS	4	PA; S
TIS-U-SOL	1	
Ophthalmic Agents		
<i>acetazolamide er</i>	1	MO
<i>ak-poly-bac</i>	1	
ALOCRIL	3	
ALOMIDE	3	
ALPHAGAN P OPTHALMIC SOLUTION 0.1 %	2	MO
ALREX	3	
<i>apraclonidine hcl</i>	1	
<i>atropine sulfate ophthalmic ointment</i>	2	MO
<i>atropine sulfate ophthalmic solution 1 %</i>	2	MO
<i>azelastine hcl ophthalmic</i>	1	
<i>bacitra-neomycin-polymyxin-hc</i>	1	
<i>bacitracin ophthalmic</i>	1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>bepotastine besilate</i>	1	
<i>betaxolol hcl ophthalmic</i>	1	MO
BETOPTIC-S	3	MO
<i>bimatoprost ophthalmic</i>	1	MO
<i>brimonidine tartrate ophthalmic</i>	1	MO
<i>brimonidine tartrate-timolol</i>	2	MO
<i>brinzolamide</i>	2	MO
<i>bromfenac sodium (once-daily)</i>	1	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	3	
<i>carteolol hcl</i>	1	MO
<i>ciprofloxacin hcl ophthalmic</i>	1	
<i>cromolyn sodium ophthalmic</i>	1	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	1	MO
<i>cyclosporine ophthalmic</i>	2	QL (60 per 30 days); MO
CYSTARAN	4	LA; S
<i>dexamethasone sodium phosphate ophthalmic</i>	1	
<i>diclofenac sodium ophthalmic</i>	1	
<i>difluprednate</i>	2	
<i>dorzolamide hcl ophthalmic</i>	1	MO
<i>dorzolamide hcl-timolol mal</i>	1	MO
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	1	MO
<i>epinastine hcl</i>	1	
<i>erythromycin ophthalmic</i>	1	QL (3.5 per 30 days)
FLAREX	3	
<i>fluorometholone ophthalmic</i>	1	
<i>flurbiprofen sodium</i>	1	
FML FORTE	3	
<i>gatifloxacin ophthalmic</i>	1	
GENTAK OPHTHALMIC OINTMENT	1	
<i>gentamicin sulfate ophthalmic solution</i>	1	
ILEVRO	3	

Drug Name	Drug Tier	Requirements/ Limits
INVELTYS	3	
IOPIDINE OPHTHALMIC SOLUTION 1 %	3	
<i>ketorolac tromethamine ophthalmic</i>	1	
<i>latanoprost ophthalmic</i>	1	MO
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	MO
<i>levofloxacin ophthalmic</i>	1	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX SM	3	
<i>loteprednol etabonate ophthalmic gel</i>	1	
<i>loteprednol etabonate ophthalmic suspension 0.2 %</i>	3	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	2	MO
MAXIDEX	3	
<i>methazolamide oral</i>	1	MO
<i>moxifloxacin hcl (2x day)</i>	3	
<i>moxifloxacin hcl ophthalmic solution</i>	2	
NATACYN	3	
NEO-POLYCIN	1	
NEO-POLYCIN HC	1	
<i>neomycin-bacitracin zn-polymyx</i>	1	
<i>neomycin-polymyxin-dexameth</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	1	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	1	
NEVANAC	2	
<i>ofloxacin ophthalmic</i>	1	
<i>olopatadine hcl ophthalmic</i>	1	
PHOSPHOLINE IODIDE	4	S
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	MO
POLYCIN	1	
<i>polymyxin b-trimethoprim</i>	1	
PRED MILD	3	
<i>prednisolone acetate ophthalmic</i>	1	
<i>prednisolone sodium phosphate ophthalmic</i>	2	
<i>proparacaine hcl ophthalmic</i>	1	
RESTASIS	2	QL (60 per 30 days); MO
RESTASIS MULTIDOSE OPTHALMIC EMULSION 0.05 %	2	QL (5.5 per 28 days); MO
RHOPRESSA	2	MO
ROCKLATAN	2	MO
SIMBRINZA	2	MO
<i>sulfacetamide sodium ophthalmic</i>	1	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	1	
<i>tafluprost (pf)</i>	3	MO
<i>timolol maleate (once-daily)</i>	1	MO
TIMOLOL MALEATE OCUDOSE	1	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>timolol maleate ophthalmic gel forming solution</i>	1	MO
<i>timolol maleate ophthalmic solution 0.25 %</i>	1	MO
<i>timolol maleate ophthalmic solution 0.5 %</i>	1	MO
<i>timolol maleate pf ophthalmic solution 0.5 %</i>	1	MO
TOBRADEX OPTHALMIC OINTMENT	2	
TOBRADEX ST	2	
<i>tobramycin ophthalmic</i>	1	
<i>tobramycin-dexamethasone</i>	1	
<i>travoprost (bak free)</i>	1	MO
VYZULTA	3	MO
XDEMVIY	4	LA; S
XIIDRA	2	QL (60 per 30 days); MO
ZYLET	2	
Otic Agents		
<i>acetic acid otic</i>	1	
CIPRO HC	3	
<i>ciprofloxacin hcl otic</i>	1	
<i>ciprofloxacin-dexamethasone</i>	1	
CORTISPORIN-TC	3	
FLAC	1	
<i>fluocinolone acetonide otic</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<i>neomycin-polymyxin-hc otic</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin otic</i>	1	
Respiratory Tract/Pulmonary Agents		
<i>acetylcysteine inhalation</i>	1	B/D PA
ADEMPAS	4	PA; QL (90 per 30 days); LA; S
ADVAIR HFA	2	QL (12 per 30 days); MO
<i>albuterol sulfate hfa</i>	1	MO
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>	1	B/D PA; QL (360 per 30 days); MO
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>	1	B/D PA; MO
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	1	B/D PA; QL (60 per 30 days); MO
<i>albuterol sulfate oral syrup</i>	1	MO
<i>albuterol sulfate oral tablet</i>	1	MO
ALYQ	4	PA; QL (60 per 30 days); S
<i>ambrisentan</i>	4	PA; QL (30 per 30 days); LA; S
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	2	QL (60 per 30 days); MO
<i>arformoterol tartrate</i>	3	B/D PA; QL (120 per 30 days); MO
ARNUITY ELLIPTA	2	QL (30 per 30 days); MO
ATROVENT HFA	3	QL (26 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
<i>azelastine hcl nasal</i>	1	QL (30 per 25 days)
<i>azelastine-fluticasone</i>	1	QL (23 per 28 days)
<i>bosentan</i>	4	PA; QL (60 per 30 days); LA; S
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	2	QL (60 per 30 days); MO
<i>breyna</i>	1	QL (30.9 per 30 days); MO
BREZTRI AEROSPHERE	2	QL (10.7 per 30 days); MO
BRONCHITOL	4	PA; LA; S
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	1	B/D PA; QL (120 per 30 days); MO
<i>budesonide inhalation suspension 1 mg/2ml</i>	1	B/D PA; QL (60 per 30 days); MO
<i>budesonide-formoterol fumarate</i>	1	QL (30.6 per 30 days); MO
<i>carbinoxamine maleate oral solution</i>	1	PA
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	PA
<i>carbinoxamine maleate oral tablet 6 mg</i>	4	PA; S
CAYSTON	4	PA; LA; S
<i>cetirizine hcl oral solution</i>	1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	PA
COMBIVENT RESPIMAT	3	QL (8 per 30 days); MO
<i>cromolyn sodium inhalation</i>	1	B/D PA; MO

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
cyproheptadine hcl oral syrup	1	PA	powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act		
cyproheptadine hcl oral tablet	1		fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	1	QL (1 per 30 days); MO
desloratadine	1		formoterol fumarate inhalation	3	B/D PA; QL (120 per 30 days); MO
diphenhydramine hcl injection	1		hydroxyzine hcl intramuscular	1	
DULERA	3	QL (13 per 30 days); MO	hydroxyzine hcl oral syrup	1	QL (2880 per 28 days)
ELIXOPHYLLIN	2	MO	hydroxyzine hcl oral tablet 10 mg, 25 mg	1	QL (120 per 30 days)
epinephrine (anaphylaxis)	1		hydroxyzine hcl oral tablet 50 mg	1	QL (240 per 30 days)
epinephrine injection solution 0.3 mg/0.3ml	1	QL (2 per 28 days)	hydroxyzine pamoate oral	1	QL (120 per 30 days)
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	1	QL (2 per 28 days)	ipratropium bromide inhalation	1	B/D PA; MO
flunisolide nasal solution 25 mcg/act (0.025%)	1	QL (75 per 30 days)	ipratropium bromide nasal	1	QL (30 per 30 days); MO
fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act	2	QL (60 per 30 days); MO	ipratropium-albuterol	1	B/D PA; QL (540 per 30 days); MO
fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act	2	QL (240 per 30 days); MO	KALYDECO ORAL TABLET	4	PA; QL (60 per 30 days); S
fluticasone propionate hfa inhalation aerosol 110 mcg/act	2	QL (12 per 30 days); MO	levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1	B/D PA; QL (270 per 30 days); MO
fluticasone propionate hfa inhalation aerosol 220 mcg/act	2	QL (24 per 30 days); MO	levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml	1	B/D PA; QL (540 per 30 days); MO
fluticasone propionate hfa inhalation aerosol 44 mcg/act	2	QL (11 per 30 days); MO	levalbuterol tartrate	1	QL (45 per 30 days); MO
fluticasone propionate nasal	1	QL (16 per 30 days)			
fluticasone-salmeterol inhalation aerosol	1	QL (60 per 30 days); MO			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>levocetirizine dihydrochloride oral solution</i>	1	QL (300 per 30 days)	PULMICORT FLEXHALER	3	QL (2 per 30 days); MO
<i>levocetirizine dihydrochloride oral tablet</i>	1	QL (30 per 30 days)	PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	4	B/D PA; S
<i>mometasone furoate nasal</i>	1		QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	2	QL (11 per 30 days); MO
<i>montelukast sodium oral</i>	1	MO	QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	2	QL (22 per 30 days); MO
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL (3 per 28 days); LA; S	REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML	4	PA; LA; S
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA; QL (3 per 28 days); LA; S	<i>roflumilast</i>	3	PA; QL (30 per 30 days); MO
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	PA; QL (0.4 per 28 days); LA; S	SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	QL (60 per 30 days); MO
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; QL (3 per 28 days); LA; S	<i>sildenafil citrate intravenous</i>	4	PA; QL (1125 per 30 days); S
OFEV	4	PA; QL (60 per 30 days); S	<i>sildenafil citrate oral tablet 20 mg</i>	1	PA; QL (360 per 30 days)
<i>olopatadine hcl nasal</i>	1	QL (31 per 30 days)	SPIRIVA HANDIHALER	2	QL (30 per 30 days); MO
OMNARIS	3	ST; QL (13 per 30 days)	SPIRIVA RESPIMAT	2	QL (4 per 30 days); MO
OPSUMIT	4	PA; QL (30 per 30 days); LA; S	STIOLTO RESPIMAT	2	QL (4 per 30 days); MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	2	PA; LA	SYMBICORT	2	QL (30.6 per 30 days); MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	4	PA; LA; S	<i>tadalafil (pah)</i>	4	PA; QL (60 per 30 days); S
ORKAMBI ORAL TABLET	4	PA; QL (120 per 30 days); S	<i>terbutaline sulfate injection</i>	1	
<i>pirfenidone oral tablet 267 mg</i>	4	PA; QL (270 per 30 days); S	<i>terbutaline sulfate oral</i>	1	MO
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	4	PA; QL (90 per 30 days); S	THEO-24	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>theophylline er</i>	1	MO
<i>theophylline oral</i>	1	MO
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	4	B/D PA; QL (280 per 28 days); S
TRACLEER ORAL TABLET SOLUBLE	4	PA; QL (120 per 30 days); LA; S
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	2	QL (60 per 30 days); MO
<i>treprostinil</i>	4	PA; LA; S
TRIKAFTA ORAL TABLET THERAPY PACK	4	PA; QL (84 per 28 days); LA; S
TRIKAFTA ORAL THERAPY PACK	4	PA; QL (56 per 28 days); S
TUDORZA PRESSAIR	3	QL (1 per 30 days); MO
TYVASO	4	PA; QL (81.2 per 30 days); S
TYVASO REFILL KIT	4	PA; QL (81.2 per 30 days); S
TYVASO STARTER KIT	4	PA; QL (81.2 per 365 days); S
UPTRAVI ORAL	4	PA; QL (60 per 30 days); LA; S
UPTRAVI TITRATION	4	PA; LA; S
VENTAVIS	4	PA; QL (270 per 30 days); S
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	QL (60 per 30 days); MO
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML	4	PA; QL (8 per 28 days); LA; S

Drug Name	Drug Tier	Requirements/Limits
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	4	PA; QL (4 per 28 days); LA; S
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	4	PA; QL (8 per 28 days); LA; S
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	4	PA; QL (4 per 28 days); LA; S
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; QL (8 per 28 days); LA; S
<i>zafirlukast</i>	1	MO
ZETONNA	3	ST; QL (6.1 per 30 days)

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

Legend

Generic drugs are shown in lowercase italics (example: *enalapril*).

Brand name drugs are shown in capital letters (example: HUMALOG).

A		ADRIAMYCIN INTRAVENOUS SOLUTION	
<i>abacavir sulfate oral solution</i>	67	RECONSTITUTED 50 MG	13
<i>abacavir sulfate oral tablet</i>	67	ADVAIR HFA	79
<i>abacavir sulfate-lamivudine</i>	67	AFIRMELLE	57
ABELCET	67	AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED		140 MG/ML	28
SYRINGE 720 MG/2.4ML	28	AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED		70 MG/ML	28
SYRINGE 960 MG/3.2ML	28	<i>ak-poly-bac</i>	76
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED		AKEEGA	13
SYRINGE	28	<i>ala-cort external cream</i>	42
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION		<i>albendazole oral</i>	67
RECONSTITUTED ER	28	<i>albuterol sulfate hfa</i>	79
<i>abiraterone acetate oral tablet 250 mg</i>	13	<i>albuterol sulfate inhalation nebulization solution</i>	
<i>abiraterone acetate oral tablet 500 mg</i>	13	(2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	79
ABRYSVO	63	<i>albuterol sulfate inhalation nebulization solution</i>	
<i>acamprosate calcium</i>	28	(5 mg/ml) 0.5%	79
<i>acarbose oral</i>	48	<i>albuterol sulfate inhalation nebulization solution</i>	
ACCUTANE ORAL CAPSULE 20 MG, 30 MG, 40 MG ...	42	2.5 mg/0.5ml	79
<i>acebutolol hcl oral</i>	23	<i>albuterol sulfate oral syrup</i>	79
<i>acetaminophen-codeine oral solution</i>	10	<i>albuterol sulfate oral tablet</i>	79
<i>acetaminophen-codeine oral tablet</i>	10	<i>alclometasone dipropionate</i>	42
<i>acetazolamide er</i>	76	ALCOHOL SWABS	76
<i>acetazolamide oral</i>	23	ALECENSA	13
<i>acetic acid irrigation</i>	75	<i>alendronate sodium oral solution</i>	48
<i>acetic acid otic</i>	78	<i>alendronate sodium oral tablet 10 mg</i>	48
<i>acetylcysteine inhalation</i>	79	<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	49
<i>acetylcysteine intravenous</i>	75	<i>alfuzosin hcl er</i>	56
<i>acitretin</i>	42	<i>aliskiren fumarate</i>	23
ACTHAR	57	<i>allopurinol oral tablet 100 mg, 300 mg</i>	10
ACTHAR GEL	57	<i>almotriptan malate</i>	28
ACTHIB	63	ALOCRIAL	76
ACTIMMUNE	63	ALOMIDE	76
<i>acyclovir external cream</i>	42	<i>alose tron hcl oral tablet 0.5 mg</i>	53
<i>acyclovir external ointment</i>	42	<i>alose tron hcl oral tablet 1 mg</i>	53
<i>acyclovir oral</i>	67	ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	76
<i>acyclovir sodium intravenous solution</i>	67	<i>alprazolam er</i>	28
ADACEL	63	ALPRAZOLAM INTENSOL	28
<i>adapalene external cream</i>	42	<i>alprazolam oral</i>	28
<i>adapalene external gel</i>	42	<i>alprazolam xr</i>	28
<i>adefovir dipivoxil</i>	67	ALREX	76
ADEMPAS	79	ALTAVERA	57
		ALUNBRIG ORAL TABLET 180 MG	13

ALUNBRIG ORAL TABLET 30 MG	13	<i>anagrelide hcl</i>	21
ALUNBRIG ORAL TABLET 90 MG	13	<i>anastrozole oral</i>	13
ALUNBRIG ORAL TABLET THERAPY PACK	13	ANORO ELLIPTA INHALATION AEROSOL POWDER	
<i>alyacen 1/35</i>	57	BREATH ACTIVATED 62.5-25 MCG/ACT	79
<i>alyacen 7/7/7</i>	57	<i>apomorphine hcl subcutaneous</i>	28
ALYQ	79	<i>apraclonidine hcl</i>	76
<i>amantadine hcl oral capsule</i>	28	<i>aprepitant oral</i>	53
<i>amantadine hcl oral solution</i>	28	<i>aprepitant oral capsule 125 mg</i>	53
<i>amantadine hcl oral tablet</i>	28	<i>aprepitant oral capsule 40 mg</i>	53
<i>ambrisentan</i>	79	<i>aprepitant oral capsule 80 & 125 mg</i>	53
<i>amcinonide external cream</i>	42	<i>aprepitant oral capsule 80 mg</i>	53
<i>amcinonide external ointment</i>	42	APRI	57
AMETHIA	57	APTIOM	28
AMETHYST	57	APTIVUS ORAL CAPSULE	67
<i>amikacin sulfate injection solution 1 gm/4ml, 500</i>		ARANELLE	57
<i>mg/2ml</i>	67	ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100	
<i>amiloride hcl oral</i>	23	MCG/ML, 200 MCG/ML, 40 MCG/ML	21
<i>amiloride-hydrochlorothiazide</i>	23	ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25	
<i>amiodarone hcl intravenous</i>	23	MCG/ML, 60 MCG/ML	21
<i>amiodarone hcl oral</i>	23	ARANESP (ALBUMIN FREE) INJECTION SOLUTION	
<i>amitriptyline hcl oral</i>	28	PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML,	
<i>amlodipine besy-benazepril hcl</i>	23	40 MCG/0.4ML	21
<i>amlodipine besylate oral</i>	23	ARANESP (ALBUMIN FREE) INJECTION SOLUTION	
<i>amlodipine besylate-valsartan</i>	23	PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML,	
<i>amlodipine-atorvastatin</i>	23	200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	21
<i>amlodipine-olmesartan</i>	23	ARANESP (ALBUMIN FREE) INJECTION SOLUTION	
<i>amlodipine-valsartan-hctz</i>	23	PREFILLED SYRINGE 60 MCG/0.3ML	21
<i>ammonium lactate external</i>	42	ARCALYST	63
AMNESTEEM	42	AREXVY	63
<i>amoxapine</i>	28	<i>arformoterol tartrate</i>	79
<i>amoxicillin oral capsule</i>	67	ARIKAYCE	67
<i>amoxicillin oral suspension reconstituted</i>	67	<i>aripiprazole oral solution</i>	28
<i>amoxicillin oral tablet</i>	67	<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5</i>	
<i>amoxicillin oral tablet chewable 125 mg, 250</i>		<i>mg</i>	28
<i>mg</i>	67	<i>aripiprazole oral tablet 20 mg, 30 mg</i>	28
<i>amoxicillin-pot clavulanate er</i>	67	<i>aripiprazole oral tablet dispersible 10 mg</i>	29
<i>amoxicillin-pot clavulanate oral</i>	67	<i>aripiprazole oral tablet dispersible 15 mg</i>	29
<i>amphetamine sulfate oral tablet 10 mg</i>	28	ARISTADA INITIO	29
<i>amphetamine sulfate oral tablet 5 mg</i>	28	ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064	
<i>amphetamine-dextroamphet er</i>	28	MG/3.9ML	29
<i>amphetamine-dextroamphetamine oral tablet 10</i>		ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441	
<i>mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	28	MG/1.6ML	29
<i>amphetamine-dextroamphetamine oral tablet 30</i>		ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662	
<i>mg</i>	28	MG/2.4ML	29
<i>amphotericin b intravenous</i>	67	ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882	
<i>amphotericin b liposome</i>	67	MG/3.2ML	29
<i>ampicillin oral capsule 500 mg</i>	67	<i>armodafinil oral tablet 150 mg, 200 mg, 250</i>	
<i>ampicillin sodium injection solution reconstituted</i>		<i>mg</i>	29
<i>1 gm, 125 mg, 2 gm, 250 mg, 500 mg</i>	67	<i>armodafinil oral tablet 50 mg</i>	29
<i>ampicillin sodium intravenous</i>	67	ARMOUR THYROID	57
<i>ampicillin-sulbactam sodium injection solution</i>		ARNUITY ELLIPTA	79
<i>reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	67	ASCOMP-CODEINE	10
<i>ampicillin-sulbactam sodium intravenous</i>	67		

<i>asenapine maleate sublingual tablet sublingual 10 mg</i>	29	<i>azithromycin oral tablet 500 mg, 500 mg (3 pack), 600 mg</i>	68
<i>asenapine maleate sublingual tablet sublingual 2.5 mg</i>	29	<i>aztreonam</i>	68
<i>asenapine maleate sublingual tablet sublingual 5 mg</i>	29	AZURETTE	57
ASHLYNA	57	B	
<i>aspirin-dipyridamole er</i>	21	BAC	29
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	67	<i>bacitra-neomycin-polymyxin-hc</i>	76
<i>atazanavir sulfate oral capsule 300 mg</i>	67	<i>bacitracin ophthalmic</i>	76
<i>atenolol oral</i>	23	<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	76
<i>atenolol-chlorthalidone</i>	23	<i>baclofen oral tablet 10 mg, 15 mg, 5 mg</i>	29
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	29	<i>baclofen oral tablet 20 mg</i>	29
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	29	<i>balsalazide disodium</i>	53
<i>atorvastatin calcium oral</i>	23	BALVERSA ORAL TABLET 3 MG	14
<i>atovaquone oral</i>	67	BALVERSA ORAL TABLET 4 MG	14
<i>atovaquone-proguanil hcl</i>	67	BALVERSA ORAL TABLET 5 MG	14
<i>atropine sulfate ophthalmic ointment</i>	76	BALZIVA	57
<i>atropine sulfate ophthalmic solution 1 %</i>	76	BARACLUDE ORAL SOLUTION	68
ATROVENT HFA	79	BAVENCIO	14
AUBRA EQ	57	<i>bcg vaccine injection solution reconstituted</i>	64
AUGTYRO	13	BD PEN	76
AUROVELA 1.5/30	57	BD PEN MINI	76
AUROVELA 1/20	57	<i>benazepril hcl oral</i>	23
AUROVELA 24 FE	57	<i>benazepril-hydrochlorothiazide</i>	23
AUROVELA FE 1.5/30	57	<i>bendamustine hcl intravenous solution</i>	14
AUROVELA FE 1/20	57	BENDEKA	14
AURYXIA	49	BENLYSTA	64
AUTOPEN	76	<i>benzoyl peroxide-erythromycin</i>	42
AUVELITY	29	<i>benztropine mesylate injection</i>	29
AVASTIN	14	<i>benztropine mesylate oral</i>	29
AVIANE	57	<i>bepotastine besilate</i>	76
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	29	BESREMI	14
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	29	<i>betaine</i>	56
AYUNA	57	<i>betamethasone dipropionate aug</i>	42
AYVAKIT	14	<i>betamethasone dipropionate external</i>	42
<i>azacitidine</i>	14	<i>betamethasone valerate external</i>	42
<i>azathioprine oral tablet 50 mg</i>	64	BETASERON SUBCUTANEOUS KIT	29
<i>azelaic acid external</i>	42	<i>betaxolol hcl ophthalmic</i>	76
<i>azelastine hcl nasal</i>	79	<i>betaxolol hcl oral</i>	23
<i>azelastine hcl ophthalmic</i>	76	<i>bethanechol chloride oral</i>	56
<i>azelastine-fluticasone</i>	79	BETOPTIC-S	76
<i>azithromycin intravenous</i>	67	<i>bexarotene external</i>	42
<i>azithromycin oral packet</i>	67	<i>bexarotene oral</i>	14
<i>azithromycin oral suspension reconstituted</i>	67	BEXSERO	64
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack)</i>	68	<i>bicalutamide</i>	14
		BICILLIN C-R	68
		BICILLIN C-R 900/300	68
		BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	68
		BIJUVA	57
		BIKTARVY ORAL TABLET 30-120-15 MG	68
		BIKTARVY ORAL TABLET 50-200-25 MG	68
		<i>bimatoprost ophthalmic</i>	76

<i>bisoprolol fumarate oral</i>	23	<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	29
<i>bisoprolol-hydrochlorothiazide</i>	23	<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	29
<i>bleomycin sulfate</i>	14	<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	30
BLISOVI 24 FE	57	<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	30
BLISOVI FE 1.5/30	57	<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	30
BLISOVI FE 1/20	58	<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	30
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	64	<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr</i>	10
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	64	<i>buprenorphine transdermal patch weekly 20 mcg/hr</i>	10
<i>bortezomib injection solution reconstituted 1 mg, 3.5 mg</i>	14	<i>buprenorphine transdermal patch weekly 5 mcg/hr, 7.5 mcg/hr</i>	10
<i>bortezomib injection solution reconstituted 2.5 mg</i>	14	<i>bupropion hcl er (smoking det)</i>	30
<i>bosentan</i>	79	<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	30
BOSULIF ORAL CAPSULE 100 MG	14	<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	30
BOSULIF ORAL CAPSULE 50 MG	14	<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	30
BOSULIF ORAL TABLET 100 MG	14	<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	30
BOSULIF ORAL TABLET 400 MG, 500 MG	14	<i>bupropion hcl oral tablet 100 mg</i>	30
BOTOX	29	<i>bupropion hcl oral tablet 75 mg</i>	30
BRAFTOVI ORAL CAPSULE 75 MG	14	<i>bupirone hcl oral</i>	30
BREO ELLIPTA INHALATION AEROSOL POWDER		<i>butalbital-apap-caff-cod</i>	10
BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	79	<i>butalbital-apap-caffeine oral capsule</i>	30
<i>breyna</i>	79	<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	30
BREZTRI AEROSPHERE	79	<i>butalbital-asa-caff-codeine</i>	10
<i>briellyn</i>	58	<i>butalbital-aspirin-caffeine oral capsule</i>	30
BRILINTA	21	<i>butorphanol tartrate injection</i>	10
<i>brimonidine tartrate ophthalmic</i>	76	<i>butorphanol tartrate nasal</i>	11
<i>brimonidine tartrate-timolol</i>	76	BYDUREON BCISE	49
<i>brinzolamide</i>	76	BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	49
BRIVIACT INTRAVENOUS	29	BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	49
BRIVIACT ORAL SOLUTION	29	C	
BRIVIACT ORAL TABLET	29	CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML	68
<i>bromfenac sodium (once-daily)</i>	76	CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML	68
<i>bromfenac sodium ophthalmic solution 0.07 %</i> ...	77	<i>cabergoline</i>	58
<i>bromocriptine mesylate oral</i>	29	CABOMETYX	14
BRONCHITOL	79	<i>calcipotriene external cream</i>	42
BRUKINSA	14	<i>calcipotriene external ointment</i>	43
<i>budesonide er oral tablet extended release 24 hour</i>	53	<i>calcipotriene external solution</i>	43
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	79		
<i>budesonide inhalation suspension 1 mg/2ml</i>	79		
<i>budesonide oral</i>	53		
<i>budesonide-formoterol fumarate</i>	79		
<i>bumetanide injection</i>	23		
<i>bumetanide oral</i>	23		
<i>buprenorphine hcl injection</i>	29		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	29		
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	29		

calcipotriene-betameth diprop external ointment	43	cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg	68
calcitonin (salmon) injection	49	cefazolin sodium injection solution reconstituted 100 gm, 300 gm	68
calcitonin (salmon) nasal	49	cefazolin sodium intravenous solution reconstituted 1 gm	68
CALCITRENE	43	cefazolin sodium intravenous solution reconstituted 2 gm, 3 gm	68
calcitriol external	43	cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%	68
calcitriol intravenous solution 1 mcg/ml	49	cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml)	68
calcitriol oral	49	cefdinir	68
calcium acetate (phos binder)	49	cefepime hcl injection solution reconstituted 1 gm	68
calcium acetate oral tablet 667 mg	49	cefepime hcl intravenous solution	68
CALQUENCE	14	cefepime hcl intravenous solution reconstituted 100 gm	68
CAMILA	58	cefepime hcl intravenous solution reconstituted 2 gm	68
CAMRESE	58	cefixime	68
CAMRESE LO	58	cefotetan disodium injection solution reconstituted 1 gm, 2 gm	68
candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg	23	cefoxitin sodium intravenous	68
candesartan cilexetil oral tablet 32 mg	23	cefpodoxime proxetil	68
candesartan cilexetil-hctz oral tablet 16-12.5 mg	24	cefprozil	68
candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg	24	ceftazidime injection solution reconstituted 1 gm, 6 gm	68
CAPLYTA	30	ceftazidime intravenous	68
CAPRELSA ORAL TABLET 100 MG	14	ceftriaxone sodium in dextrose	68
CAPRELSA ORAL TABLET 300 MG	14	ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	69
captopril oral tablet 100 mg	24	ceftriaxone sodium injection solution reconstituted 100 gm	69
captopril oral tablet 12.5 mg, 25 mg, 50 mg	24	ceftriaxone sodium intravenous	69
captopril-hydrochlorothiazide	24	ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)	69
carbamazepine er	30	cefuroxime axetil oral tablet 250 mg	69
carbamazepine oral	30	cefuroxime axetil oral tablet 500 mg	69
carbidopa oral	30	cefuroxime sodium injection solution reconstituted 750 mg	69
carbidopa-levodopa	30	cefuroxime sodium intravenous solution reconstituted 1.5 gm	69
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	30	celecoxib oral capsule 100 mg, 200 mg, 50 mg	11
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	30	celecoxib oral capsule 400 mg	11
carbinoxamine maleate oral solution	79	cephalexin oral capsule 250 mg, 500 mg	69
carbinoxamine maleate oral tablet 4 mg	79	cephalexin oral capsule 750 mg	69
carbinoxamine maleate oral tablet 6 mg	79	cephalexin oral suspension reconstituted 125 mg/5ml	69
carboplatin intravenous solution	14	cephalexin oral suspension reconstituted 250 mg/5ml	69
CARDURA XL	56	cephalexin oral tablet	69
carglumic acid oral tablet soluble	46		
carisoprodol oral tablet 350 mg	30		
carteolol hcl	77		
CARTIA XT	24		
carvedilol	24		
carvedilol phosphate er	24		
CAYSTON	79		
cefaclor er	68		
cefaclor oral capsule	68		
cefaclor oral suspension reconstituted 250 mg/5ml	68		
cefadroxil	68		

cetirizine hcl oral solution	79	clindamycin palmitate hcl	69
cevimeline hcl	43	clindamycin phos-benzoyl perox external gel 1-5 % 1.2-5 %	43
CHARLOTTE 24 FE	58	clindamycin phosphate external gel	43
CHATEAL EQ	58	clindamycin phosphate external lotion	43
CHEMET	49	clindamycin phosphate external solution	43
chlordiazepoxide hcl	30	clindamycin phosphate external swab	43
chlordiazepoxide-amitriptyline	30	clindamycin phosphate in d5w	69
chlorhexidine gluconate mouth/throat	43	clindamycin phosphate injection solution 300 mg/ 2ml, 600 mg/4ml, 9000 mg/60ml	69
chloroquine phosphate oral	69	clindamycin phosphate injection solution 900 mg/ 6ml	69
chlorpromazine hcl injection	30	clindamycin phosphate vaginal	56
chlorpromazine hcl oral concentrate	30	clindamycin-tretinoin	43
chlorpromazine hcl oral tablet	30	CLINIMIX E/DEXTROSE (2.75/5)	46
chlorthalidone oral tablet 25 mg, 50 mg	24	CLINIMIX E/DEXTROSE (4.25/10)	47
chlorzoxazone oral tablet 500 mg	30	CLINIMIX E/DEXTROSE (4.25/5)	47
cholestyramine light	24	CLINIMIX E/DEXTROSE (5/15)	47
cholestyramine oral	24	CLINIMIX E/DEXTROSE (5/20)	47
CICLODAN EXTERNAL SOLUTION	43	clinimix e/dextrose (8/10)	47
ciclopirox external	43	clinimix e/dextrose (8/14)	47
ciclopirox olamine external cream	43	CLINIMIX/DEXTROSE (4.25/10)	47
ciclopirox olamine external suspension	43	CLINIMIX/DEXTROSE (4.25/5)	47
cidofovir intravenous	69	CLINIMIX/DEXTROSE (5/15)	47
cilostazol	21	CLINIMIX/DEXTROSE (5/20)	47
CIMDUO	69	clinimix/dextrose (6/5)	47
cimetidine hcl oral solution 300 mg/5ml	53	clinimix/dextrose (8/10)	47
cimetidine oral tablet 200 mg	53	clinimix/dextrose (8/14)	47
cimetidine oral tablet 300 mg, 400 mg, 800 mg ...	53	CLINISOL SF	47
cinacalcet hcl oral tablet 30 mg	49	CLINOLIPID	47
cinacalcet hcl oral tablet 60 mg	49	clobazam oral suspension	30
cinacalcet hcl oral tablet 90 mg	49	clobazam oral tablet 10 mg	31
CINRYZE	21	clobazam oral tablet 20 mg	31
CIPRO HC	78	clobetasol propionate e	43
CIPRO ORAL SUSPENSION RECONSTITUTED	69	clobetasol propionate emulsion	43
ciprofloxacin hcl ophthalmic	77	clobetasol propionate external cream	43
ciprofloxacin hcl oral tablet 250 mg, 500 mg	69	clobetasol propionate external foam	43
ciprofloxacin hcl oral tablet 750 mg	69	clobetasol propionate external gel	43
ciprofloxacin hcl otic	78	clobetasol propionate external lotion	43
ciprofloxacin in d5w	69	clobetasol propionate external ointment	43
ciprofloxacin-dexamethasone	78	clobetasol propionate external shampoo	43
cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml	14	clobetasol propionate external solution	43
citalopram hydrobromide oral solution	30	clocortolone pivalate	43
citalopram hydrobromide oral tablet 10 mg	30	CLODAN EXTERNAL SHAMPOO	43
citalopram hydrobromide oral tablet 20 mg	30	clomipramine hcl oral	31
citalopram hydrobromide oral tablet 40 mg	30	clonazepam oral tablet 0.5 mg	31
CLARAVIS	43	clonazepam oral tablet 1 mg	31
clarithromycin er	69	clonazepam oral tablet 2 mg	31
clarithromycin oral	69	clonazepam oral tablet dispersible 0.125 mg	31
clemastine fumarate oral tablet 2.68 mg	79	clonazepam oral tablet dispersible 0.25 mg	31
CLENPIQ	53	clonazepam oral tablet dispersible 0.5 mg	31
CLEOCIN VAGINAL SUPPOSITORY	56	clonazepam oral tablet dispersible 1 mg	31
CLIMARA PRO	58	clonazepam oral tablet dispersible 2 mg	31
CLINDACIN	43		
clindamycin hcl oral	69		

clonidine	24	cromolyn sodium oral	56
clonidine hcl er oral tablet extended release 12 hour	31	CROTAN	43
clonidine hcl oral	24	CRYSSELLE-28	58
clopidogrel bisulfate oral tablet 300 mg	21	cyclobenzaprine hcl oral	31
clopidogrel bisulfate oral tablet 75 mg	21	cyclopentolate hcl ophthalmic solution 1 %	77
clorazepate dipotassium	31	cyclophosphamide intravenous solution 500 mg/2.5ml	14
clotrimazole external cream	43	cyclophosphamide oral capsule	14
clotrimazole external solution	43	CYCLOSET	49
clotrimazole mouth/throat troche	43	cyclosporine modified	64
clotrimazole-betamethasone	43	cyclosporine ophthalmic	77
clozapine oral tablet 100 mg	31	cyclosporine oral capsule	64
clozapine oral tablet 200 mg	31	cyproheptadine hcl oral syrup	80
clozapine oral tablet 25 mg	31	cyproheptadine hcl oral tablet	80
clozapine oral tablet 50 mg	31	CYRAMZA	14
clozapine oral tablet dispersible 100 mg	31	CYRED EQ	58
clozapine oral tablet dispersible 12.5 mg	31	CYSTAGON	56
clozapine oral tablet dispersible 150 mg	31	CYSTARAN	77
clozapine oral tablet dispersible 200 mg	31	D	
clozapine oral tablet dispersible 25 mg	31	dabigatran etexilate mesylate	21
COARTEM	69	dalfampridine er	31
codeine sulfate oral tablet	11	danazol oral	58
colchicine oral	11	dantrolene sodium oral	31
colchicine-probenecid	11	dapsone external	43
colesevelam hcl	24	dapsone oral	69
colestipol hcl	24	DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	64
colistimethate sodium (cba)	69	daptomycin intravenous solution reconstituted 500 mg	69
COMBIPATCH	58	darifenacin hydrobromide er	56
COMBIVENT RESPIMAT	79	darunavir oral tablet 600 mg	69
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	14	darunavir oral tablet 800 mg	69
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	14	DARZALEX	14
COMETRIQ (60 MG DAILY DOSE)	14	DARZALEX FASPRO	14
COMPLERA	69	DASETTA 1/35	58
COMPRO	53	DASETTA 7/7/7	58
constulose	53	DAURISMO ORAL TABLET 100 MG	14
COPIKTRA	14	DAURISMO ORAL TABLET 25 MG	14
CORLANOR ORAL SOLUTION	24	DAYSEE	58
CORTIFOAM EXTERNAL	54	DEBLITANE	58
CORTISPORIN-TC	78	decitabine	14
COSENTYX (300 MG DOSE)	64	deferasirox oral tablet 90 mg	49
COSENTYX SENSOREADY (300 MG)	64	deferasirox oral tablet soluble 125 mg	49
COSENTYX SENSOREADY PEN	64	deferasirox oral tablet soluble 250 mg, 500 mg ...	49
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	64	deferiprone oral tablet 1000 mg	49
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	64	deferiprone oral tablet 500 mg	49
COTELLIC	14	DELSTRIGO	69
CREON	56	DELYLA	58
CRINONE	58	demeclocycline hcl oral	69
cromolyn sodium inhalation	79	DENTA 5000 PLUS	43
cromolyn sodium ophthalmic	77	DENTAGEL	43
		DEPO-ESTRADIOL	58

DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	58	<i>dextrose intravenous solution 250 mg/ml</i>	47
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	58	<i>dextrose-sodium chloride intravenous solution 10- 0.2 %</i>	47
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	58	<i>dextrose-sodium chloride intravenous solution 10- 0.45 %, 5-0.2 %, 5-0.225 %, 5-0.3 %, 5-0.45 %, 5-0.9 %</i>	47
DESCOVY	69	DIACOMIT ORAL CAPSULE 250 MG	31
<i>desipramine hcl oral</i>	31	DIACOMIT ORAL CAPSULE 500 MG	31
<i>desloratadine</i>	80	DIACOMIT ORAL PACKET 250 MG	31
<i>desmopressin ace spray refrig</i>	58	DIACOMIT ORAL PACKET 500 MG	32
<i>desmopressin acetate injection</i>	58	<i>diazepam injection</i>	32
<i>desmopressin acetate oral</i>	58	DIAZEPAM INTENSOL	32
<i>desmopressin acetate pf</i>	58	<i>diazepam oral concentrate</i>	32
<i>desmopressin acetate spray</i>	58	<i>diazepam oral solution 5 mg/5ml</i>	32
<i>desogestrel-ethinyl estradiol</i>	58	<i>diazepam oral tablet 10 mg</i>	32
<i>desonide external cream</i>	43	<i>diazepam oral tablet 2 mg</i>	32
<i>desonide external lotion</i>	43	<i>diazepam oral tablet 5 mg</i>	32
<i>desonide external ointment</i>	43	<i>diazepam rectal</i>	32
<i>desoximetasone external cream</i>	43	<i>diazoxide oral</i>	49
<i>desoximetasone external gel</i>	43	<i>diclofenac potassium oral tablet 50 mg</i>	11
<i>desoximetasone external liquid</i>	43	<i>diclofenac sodium er</i>	11
<i>desoximetasone external ointment</i>	44	<i>diclofenac sodium external gel 1 %</i>	11
<i>desvenlafaxine er</i>	31	<i>diclofenac sodium external gel 3 %</i>	44
<i>desvenlafaxine succinate er</i>	31	<i>diclofenac sodium external solution 1.5 %</i>	11
DEXAMETHASONE INTENSOL	58	<i>diclofenac sodium ophthalmic</i>	77
<i>dexamethasone oral elixir</i>	58	<i>diclofenac sodium oral</i>	11
<i>dexamethasone oral solution</i>	58	<i>diclofenac-misoprostol oral tablet delayed release</i>	11
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	58	<i>dicloxacillin sodium</i>	70
<i>dexamethasone oral tablet 2 mg, 4 mg, 6 mg</i>	58	<i>dicyclomine hcl oral capsule</i>	54
<i>dexamethasone oral tablet therapy pack</i>	58	<i>dicyclomine hcl oral solution</i>	54
<i>dexamethasone sod phos +rfid</i>	58	<i>dicyclomine hcl oral tablet</i>	54
<i>dexamethasone sod phosphate pf injection solution</i>	58	DIFICID	70
<i>dexamethasone sodium phosphate injection</i>	58	<i>diflorasone diacetate external</i>	44
<i>dexamethasone sodium phosphate ophthalmic</i>	77	<i>diflunisal oral</i>	11
<i>dexlansoprazole</i>	54	<i>difluprednate</i>	77
<i>dexmethylphenidate hcl</i>	31	<i>digox oral tablet 125 mcg</i>	24
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	31	<i>digox oral tablet 250 mcg</i>	24
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i>	31	<i>digoxin oral solution</i>	24
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	31	<i>digoxin oral tablet 125 mcg</i>	24
<i>dextroamphetamine sulfate oral solution</i>	31	<i>digoxin oral tablet 250 mcg</i>	24
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	31	<i>digoxin oral tablet 62.5 mcg</i>	24
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	31	<i>dihydroergotamine mesylate injection</i>	32
<i>dextrose 5%/electrolyte #48</i>	47	<i>dihydroergotamine mesylate nasal</i>	32
<i>dextrose in lactated ringers</i>	47	DILANTIN ORAL CAPSULE 30 MG	32
<i>dextrose intravenous solution 10 %, 5 %, 50 %, 70 %</i>	47	<i>dilt-xr</i>	24
		<i>diltiazem hcl er beads</i>	24
		<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	24
		<i>diltiazem hcl er oral capsule extended release 12 hour</i>	24
		<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	24

diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	24	doxycycline monohydrate oral suspension reconstituted	70
diltiazem hcl intravenous solution	24	doxycycline monohydrate oral tablet	70
diltiazem hcl intravenous solution reconstituted	24	DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	32
diltiazem hcl oral	24	DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	32
dimethyl fumarate oral capsule delayed release 120 mg	32	dronabinol	54
dimethyl fumarate oral capsule delayed release 240 mg	32	drosipren-eth estrad-levomefol	58
dimethyl fumarate starter pack oral capsule delayed release therapy pack	32	drosiprenone-ethinyl estradiol	58
diphenhydramine hcl injection	80	DROXIA	21
diphenoxylate-atropine oral liquid	54	droxidopa oral capsule 100 mg	24
diphenoxylate-atropine oral tablet 2.5-0.025 mg	54	droxidopa oral capsule 200 mg, 300 mg	24
diphtheria-tetanus toxoids dt	64	DUAVEE	58
dipyridamole oral	21	DULERA	80
disopyramide phosphate oral	24	duloxetine hcl oral capsule delayed release particles 20 mg	32
disulfiram oral	32	duloxetine hcl oral capsule delayed release particles 30 mg	32
divalproex sodium er oral tablet extended release 24 hour	32	duloxetine hcl oral capsule delayed release particles 40 mg	32
divalproex sodium oral capsule delayed release sprinkle	32	duloxetine hcl oral capsule delayed release particles 60 mg	32
divalproex sodium oral tablet delayed release ...	32	DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	44
dofetilide	24	DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	44
DOLISHALE	58	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	44
donepezil hcl oral tablet 10 mg, 5 mg	32	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	44
donepezil hcl oral tablet 23 mg	32	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	44
donepezil hcl oral tablet dispersible	32	duramorph	11
dorzolamide hcl ophthalmic	77	dutasteride oral	56
dorzolamide hcl-timolol mal	77	dutasteride-tamsulosin hcl	56
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	77	DYSPORT	32
DOTTI	58	E	
DOVATO	70	E.E.S. 400 ORAL TABLET	70
doxazosin mesylate oral	24	ec-naproxen	11
doxepin hcl oral capsule	32	econazole nitrate external	44
doxepin hcl oral concentrate	32	EDURANT	70
doxepin hcl oral tablet	32	efavirenz oral capsule 200 mg	70
doxercalciferol intravenous	49	efavirenz oral capsule 50 mg	70
doxercalciferol oral	49	efavirenz oral tablet	70
doxorubicin hcl intravenous solution	15	efavirenz-emtricitab-tenofo df	70
doxorubicin hcl intravenous solution reconstituted	15	efavirenz-lamivudine-tenofovir	70
doxorubicin hcl liposomal	15	EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	47
DOXY 100	70	EGRIFTA SV	58
doxycycline	70	eletriptan hydrobromide	32
doxycycline hyclate intravenous	70	ELIGARD SUBCUTANEOUS KIT 22.5 MG, 7.5 MG	15
doxycycline hyclate oral capsule	70	ELIGARD SUBCUTANEOUS KIT 30 MG, 45 MG	15
doxycycline hyclate oral tablet 100 mg, 20 mg	70	ELINEST	58
doxycycline monohydrate oral capsule 100 mg, 50 mg	70		

ELIQUIS	21	<i>entecavir</i>	70
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	21	ENTRESTO ORAL CAPSULE SPRINKLE	24
ELITEK	15	ENTRESTO ORAL TABLET 24-26 MG	24
ELIXOPHYLLIN	80	ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	24
ELMIRON	56	<i>enulose</i>	54
ELURYNG	58	ENVARBUS XR	64
EMCYT	15	EPCLUSA ORAL PACKET 150-37.5 MG	70
EMEND ORAL SUSPENSION RECONSTITUTED	54	EPCLUSA ORAL PACKET 200-50 MG	70
EMGALITY	32	EPCLUSA ORAL TABLET 200-50 MG	70
EMGALITY (300 MG DOSE)	32	EPCLUSA ORAL TABLET 400-100 MG	70
EMPLICITI	15	EPIDIOLEX	33
EMSAM	32	<i>epinastine hcl</i>	77
<i>emtricitabine</i>	70	<i>epinephrine (anaphylaxis)</i>	80
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 200-300 mg</i>	70	<i>epinephrine injection solution 0.3 mg/0.3ml</i>	80
<i>emtricitabine-tenofovir df oral tablet 133-200 mg, 167-250 mg</i>	70	<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	80
EMTRIVA ORAL SOLUTION	70	EPITOL	33
EMZAAH	59	<i>eplerenone</i>	24
<i>enalapril maleate oral tablet</i>	24	EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	21-22
<i>enalapril-hydrochlorothiazide</i>	24	EPRONTIA	33
ENBREL MINI	64	EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG	33
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	64	EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG	33
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	64	EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG	33
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	64	ERBITUX	15
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	64	<i>ergoloid mesylates oral</i>	33
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	11	ERGOMAR	33
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML ...	64	<i>ergotamine-caffeine</i>	33
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	64	ERIVEDGE	15
ENHERTU	15	ERLEADA ORAL TABLET 240 MG	15
ENILLORING	59	ERLEADA ORAL TABLET 60 MG	15
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	21	<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	15
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	21	<i>erlotinib hcl oral tablet 25 mg</i>	15
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	21	ERRIN	59
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	21	<i>ertapenem sodium</i>	70
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	21	<i>ery</i>	44
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	21	ERY-TAB	70
ENPRESSE-28	59	ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	70
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	59	ERYTHROCIN STEARATE ORAL TABLET 250 MG	70
<i>entacapone</i>	32	<i>erythromycin base oral</i>	70
		<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	70
		<i>erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml</i>	70
		<i>erythromycin ethylsuccinate oral tablet</i>	70
		<i>erythromycin external gel</i>	44
		<i>erythromycin external solution</i>	44
		<i>erythromycin lactobionate</i>	70

erythromycin ophthalmic	77	famotidine (pf)	54
erythromycin oral	70	famotidine intravenous solution 200 mg/20ml, 40 mg/4ml	54
escitalopram oxalate oral solution	33	famotidine oral suspension reconstituted	54
escitalopram oxalate oral tablet 10 mg	33	famotidine oral tablet 20 mg, 40 mg	54
escitalopram oxalate oral tablet 20 mg	33	famotidine premixed	54
escitalopram oxalate oral tablet 5 mg	33	FANAPT ORAL TABLET 1 MG	33
ESGIC ORAL CAPSULE	33	FANAPT ORAL TABLET 10 MG, 12 MG	33
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	54	FANAPT ORAL TABLET 2 MG	33
esomeprazole sodium intravenous solution reconstituted 40 mg	54	FANAPT ORAL TABLET 4 MG	33
ESTARYLLA	59	FANAPT ORAL TABLET 6 MG	33
estazolam	33	FANAPT ORAL TABLET 8 MG	33
estradiol oral	59	FANAPT TITRATION PACK	33
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	59	FARXIGA	49
estradiol transdermal patch twice weekly	59	febuxostat	11
estradiol transdermal patch weekly	59	felbamate oral suspension	33
estradiol vaginal	59	felbamate oral tablet	33
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	59	felodipine er	25
estradiol-norethindrone acet	59	FEMRING	59
ESTRING	59	FEMYNOR	59
eszopiclone	33	fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	25
ethambutol hcl oral	70	fenofibrate oral capsule 134 mg, 200 mg, 50 mg, 67 mg	25
ethosuximide oral	33	fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	25
ethynodiol diac-eth estradiol	59	fenofibrate oral tablet 40 mg	25
etodolac er	11	fenofibric acid oral capsule delayed release	25
etodolac oral	11	fenopropfen calcium oral tablet	11
etonogestrel-ethinyl estradiol	59	fentanyl citrate buccal	11
etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml	15	fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	11
etravirine oral tablet 100 mg	71	FERRIPROX ORAL SOLUTION	49
etravirine oral tablet 200 mg	71	fesoterodine fumarate er	56
EUTHYROX	59	FETZIMA	33
EVAMIST	59	FETZIMA TITRATION	33
everolimus oral tablet 0.25 mg	64	finasteride oral tablet 5 mg	56
everolimus oral tablet 0.5 mg, 1 mg	64	finolimod hcl	33
everolimus oral tablet 0.75 mg	64	FINTEPLA	33
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	15	FINZALA	59
everolimus oral tablet soluble	15	FIRDAPSE	33
EVOTAZ	71	FIRMAGON (240 MG DOSE)	15
exemestane	15	FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	15
EXKIVITY	15	FIRVANQ	71
ezetimibe	25	FLAC	78
ezetimibe-simvastatin	25	FLAREX	77
F		flavoxate hcl	57
FABRAZYME	56	flecainide acetate	25
FALMINA	59	fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	71
famciclovir oral tablet 125 mg, 250 mg	71	fluconazole oral	71
famciclovir oral tablet 500 mg	71	flucytosine oral	71

<i>fludrocortisone acetate oral</i>	59	<i>fluvoxamine maleate oral tablet 100 mg</i>	33
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	80	<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	34
<i>fluocinolone acetonide body</i>	44	FML FORTE	77
<i>fluocinolone acetonide external</i>	44	<i>fondaparinux sodium subcutaneous solution 10 mg/</i>	
<i>fluocinolone acetonide otic</i>	78	<i>0.8ml</i>	22
<i>fluocinolone acetonide scalp</i>	44	<i>fondaparinux sodium subcutaneous solution 2.5</i>	
<i>fluocinonide emulsified base</i>	44	<i>mg/0.5ml</i>	22
<i>fluocinonide external cream 0.05 %</i>	44	<i>fondaparinux sodium subcutaneous solution 5 mg/</i>	
<i>fluocinonide external cream 0.1 %</i>	44	<i>0.4ml</i>	22
<i>fluocinonide external gel</i>	44	<i>fondaparinux sodium subcutaneous solution 7.5</i>	
<i>fluocinonide external ointment</i>	44	<i>mg/0.6ml</i>	22
<i>fluocinonide external solution</i>	44	<i>formoterol fumarate inhalation</i>	80
<i>fluorometholone ophthalmic</i>	77	FOSAMAX PLUS D	49
<i>fluorouracil external cream 5 %</i>	44	<i>fosamprenavir calcium</i>	71
<i>fluorouracil external solution</i>	44	<i>fosfomycin tromethamine</i>	71
<i>fluorouracil intravenous</i>	15	<i>fosinopril sodium</i>	25
<i>fluoxetine hcl oral capsule 10 mg</i>	33	<i>fosinopril sodium-hctz oral tablet 10-12.5 mg</i>	25
<i>fluoxetine hcl oral capsule 20 mg</i>	33	<i>fosinopril sodium-hctz oral tablet 20-12.5 mg</i>	25
<i>fluoxetine hcl oral capsule 40 mg</i>	33	FOTIVDA	15
<i>fluoxetine hcl oral capsule delayed release</i>	33	FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/	
<i>fluoxetine hcl oral solution</i>	33	<i>4ML</i>	22
<i>fluphenazine decanoate injection</i>	33	FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/	
<i>fluphenazine hcl injection</i>	33	<i>3.8ML</i>	22
<i>fluphenazine hcl oral</i>	33	FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED	
<i>flurandrenolide external cream</i>	44	<i>SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000</i>	
<i>flurandrenolide external lotion</i>	44	<i>UNIT/0.6ML, 18000 UNT/0.72ML, 7500 UNIT/0.3ML</i> ...	22
<i>flurbiprofen oral tablet 100 mg</i>	11	FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED	
<i>flurbiprofen sodium</i>	77	<i>SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML</i>	22
<i>fluticasone propionate diskus inhalation aerosol</i>		<i>frovatriptan succinate</i>	34
<i>powder breath activated 100 mcg/act, 50 mcg/</i>		<i>FRUZAQLA ORAL CAPSULE 1 MG</i>	15
<i>act</i>	80	<i>FRUZAQLA ORAL CAPSULE 5 MG</i>	15
<i>fluticasone propionate diskus inhalation aerosol</i>		FULPHILA	22
<i>powder breath activated 250 mcg/act</i>	80	<i>fulvestrant intramuscular solution prefilled</i>	
<i>fluticasone propionate external</i>	44	<i>syringe</i>	15
<i>fluticasone propionate hfa inhalation aerosol 110</i>		<i>furosemide injection</i>	25
<i>mcg/act</i>	80	<i>furosemide oral solution 10 mg/ml</i>	25
<i>fluticasone propionate hfa inhalation aerosol 220</i>		<i>furosemide oral solution 8 mg/ml</i>	25
<i>mcg/act</i>	80	<i>furosemide oral tablet</i>	25
<i>fluticasone propionate hfa inhalation aerosol 44</i>		FUZEON SUBCUTANEOUS SOLUTION	
<i>mcg/act</i>	80	<i>RECONSTITUTED</i>	71
<i>fluticasone propionate nasal</i>	80	FYAVOLV	59
<i>fluticasone-salmeterol inhalation aerosol powder</i>		FYCOMPA ORAL SUSPENSION	34
<i>breath activated 100-50 mcg/act, 250-50 mcg/act,</i>		<i>FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8</i>	
<i>500-50 mcg/act</i>	80	<i>MG</i>	34
<i>fluticasone-salmeterol inhalation aerosol powder</i>		<i>FYCOMPA ORAL TABLET 2 MG</i>	34
<i>breath activated 113-14 mcg/act, 232-14 mcg/act,</i>		G	
<i>55-14 mcg/act</i>	80	<i>gabapentin oral capsule 100 mg</i>	34
<i>fluvastatin sodium</i>	25	<i>gabapentin oral capsule 300 mg</i>	34
<i>fluvastatin sodium er</i>	25	<i>gabapentin oral capsule 400 mg</i>	34
<i>fluvoxamine maleate er oral capsule extended</i>		<i>gabapentin oral solution</i>	34
<i>release 24 hour 100 mg</i>	33	<i>gabapentin oral tablet 600 mg</i>	34
<i>fluvoxamine maleate er oral capsule extended</i>		<i>gabapentin oral tablet 800 mg</i>	34
<i>release 24 hour 150 mg</i>	33	<i>galantamine hydrobromide er</i>	34

galantamine hydrobromide oral solution	34	glimepiride oral tablet 1 mg	49
galantamine hydrobromide oral tablet	34	glimepiride oral tablet 2 mg	49
GAMUNEX-C	64	glimepiride oral tablet 4 mg	49
ganciclovir sodium intravenous solution reconstituted	71	glipizide er oral tablet extended release 24 hour 10 mg	49
GARDASIL 9	64	glipizide er oral tablet extended release 24 hour 2.5 mg	49
gatifloxacin ophthalmic	77	glipizide er oral tablet extended release 24 hour 5 mg	49
GATTEX	54	glipizide oral tablet 10 mg	49
GAUZE STERILE PADS 2	76	glipizide oral tablet 2.5 mg	49
GAVILYTE-C	54	glipizide oral tablet 5 mg	49
GAVILYTE-G	54	glipizide xl oral tablet extended release 24 hour 10 mg	49
GAVILYTE-N WITH FLAVOR PACK	54	glipizide xl oral tablet extended release 24 hour 2.5 mg	49
GAVRETO	15	glipizide xl oral tablet extended release 24 hour 5 mg	50
GAZYVA	15	glipizide-metformin hcl oral tablet 2.5-250 mg	50
gefitinib	15	glipizide-metformin hcl oral tablet 2.5-500 mg, 5- 500 mg	50
gemcitabine hcl intravenous solution 1 gm/10ml, 2 gm/20ml, 2 gm/52.6ml, 200 mg/2ml	15	GLUCAGEN HYPOKIT	50
gemcitabine hcl intravenous solution 1 gm/26.3ml, 200 mg/5.26ml	15	glucagon emergency injection kit	50
gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm	15	glyburide micronized oral tablet 1.5 mg	50
gemcitabine hcl intravenous solution reconstituted 200 mg	15	glyburide micronized oral tablet 3 mg	50
gemfibrozil oral	25	glyburide micronized oral tablet 6 mg	50
GEMTESA	57	glyburide oral tablet 1.25 mg	50
generlac	54	glyburide oral tablet 2.5 mg	50
GENGRAF ORAL CAPSULE 100 MG, 25 MG	64	glyburide oral tablet 5 mg	50
GENGRAF ORAL SOLUTION	64	glyburide-metformin oral tablet 1.25-250 mg	50
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	59	glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	50
GENOTROPIN SUBCUTANEOUS CARTRIDGE	59	glycopyrrolate injection solution	54
GENTAK OPHTHALMIC OINTMENT	77	glycopyrrolate oral tablet 1 mg, 2 mg	54
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ ml-%	71	GLYDO EXTERNAL PREFILLED SYRINGE	11
gentamicin in saline intravenous solution 2-0.9 mg/ ml-%	71	GLYXAMBI	50
gentamicin sulfate external	44	granisetron hcl intravenous solution 1 mg/ml, 4 mg/ 4ml	54
gentamicin sulfate injection	71	granisetron hcl oral	54
gentamicin sulfate ophthalmic solution	77	GRANIX	22
GENVOYA	71	griseofulvin microsize oral	71
GILENYA ORAL CAPSULE 0.25 MG	34	griseofulvin ultramicrosize	71
GILOTRIF	15	guanfacine hcl er	34
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	34	guanfacine hcl oral	25
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	34	GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	50
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	34	H	
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	34	HAILEY 1.5/30	59
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	15	HAILEY 24 FE	59
GLEOSTINE ORAL CAPSULE 100 MG	15	HAILEY FE 1.5/30	59
		HAILEY FE 1/20	59
		halobetasol propionate external cream	44
		halobetasol propionate external ointment	44

HALOETTE	59	HUMULIN 70/30 KWIKPEN SUBCUTANEOUS	
HALOG EXTERNAL OINTMENT	44	SUSPENSION PEN-INJECTOR	50
<i>haloperidol decanoate intramuscular</i>	34	HUMULIN N	50
<i>haloperidol lactate injection</i>	34	HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION	
<i>haloperidol lactate oral</i>	34	PEN-INJECTOR	50
<i>haloperidol oral</i>	34	HUMULIN R	50
HARVONI	71	HUMULIN R U-500 (CONCENTRATED)	50
HAVRIX	64	HUMULIN R U-500 KWIKPEN SUBCUTANEOUS	
HEATHER	59	SOLUTION PEN-INJECTOR	50
<i>heparin (porcine) in nacl intravenous solution 12500-</i>		<i>hydralazine hcl injection</i>	25
<i>0.45 ut/250ml-%, 25000-0.45 ut/250ml-%, 25000-0.45</i>		<i>hydralazine hcl oral</i>	25
<i>ut/500ml-%</i>	22	<i>hydrochlorothiazide oral</i>	25
<i>heparin sod (porcine) in d5w intravenous solution</i>		<i>hydrocodone-acetaminophen oral solution 2.5-108</i>	
<i>100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-</i>		<i>mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	11
<i>%</i>	22	<i>hydrocodone-acetaminophen oral tablet 10-300</i>	
<i>heparin sodium (porcine) injection solution 1000</i>		<i>mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-</i>	
<i>unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/</i>		<i>325 mg</i>	11
<i>ml</i>	22	<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-</i>	
<i>heparin sodium (porcine) pf injection solution 1000</i>		<i>200 mg, 7.5-200 mg</i>	11
<i>unit/ml</i>	22	<i>hydrocortisone (perianal) external cream 1 %</i>	44
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED		<i>hydrocortisone (perianal) external cream 2.5 %</i>	44
SYRINGE	64	<i>hydrocortisone butyr lipo base</i>	44
HERCEPTIN HYLECTA	15	<i>hydrocortisone butyrate external cream</i>	44
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED		<i>hydrocortisone butyrate external lotion</i>	44
150 MG	16	<i>hydrocortisone butyrate external ointment</i>	45
HIBERIX INJECTION	64	<i>hydrocortisone butyrate external solution</i>	45
HIDEX 6-DAY	59	<i>hydrocortisone external cream 1 %, 2.5 %</i>	45
HUMALOG INJECTION	50	<i>hydrocortisone external lotion 2.5 %</i>	45
HUMALOG JUNIOR KWIKPEN	50	<i>hydrocortisone external ointment 1 %, 2.5 %</i>	45
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-		<i>hydrocortisone oral</i>	54
INJECTOR	50	<i>hydrocortisone rectal enema</i>	54
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS		<i>hydrocortisone valerate</i>	45
SUSPENSION PEN-INJECTOR	50	<i>hydrocortisone-acetic acid</i>	78
HUMALOG MIX 75/25	50	<i>hydromorphone hcl injection solution 1 mg/ml, 2</i>	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS		<i>mg/ml, 4 mg/ml</i>	11
SUSPENSION PEN-INJECTOR	50	<i>hydromorphone hcl oral liquid</i>	11
HUMALOG SUBCUTANEOUS SOLUTION		<i>hydromorphone hcl oral tablet</i>	11
CARTRIDGE	50	<i>hydromorphone hcl pf injection solution 1 mg/ml, 4</i>	
HUMATROPE INJECTION CARTRIDGE	59	<i>mg/ml</i>	11
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT		<i>hydromorphone hcl pf injection solution 10 mg/ml,</i>	
40 MG/0.4ML, 40 MG/0.8ML	64	<i>50 mg/5ml, 500 mg/50ml</i>	11
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT		<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	71
80 MG/0.8ML	64-65	<i>hydroxyurea oral</i>	16
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED		<i>hydroxyzine hcl intramuscular</i>	80
SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	65	<i>hydroxyzine hcl oral syrup</i>	80
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED		<i>hydroxyzine hcl oral tablet 10 mg, 25 mg</i>	80
SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	65	<i>hydroxyzine hcl oral tablet 50 mg</i>	80
HUMIRA PEN-PEDIATRIC UC START	65	<i>hydroxyzine pamoate oral</i>	80
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-		<i>hyoscyamine sulfate oral tablet</i>	54
INJECTOR KIT 80 MG/0.8ML	65	<i>hyoscyamine sulfate oral tablet dispersible</i>	54
HUMIRA-PSORIASIS/UEVIT STARTER	65	<i>hyoscyamine sulfate sublingual</i>	54
HUMULIN 70/30	50	HYPERRAB	65

I	INPEN 100-GREY-NOVOLOG-FIASP	76	
<i>ibandronate sodium intravenous</i>	50	INPEN 100-PINK-LILLY-HUMALOG	76
<i>ibandronate sodium oral</i>	50	INPEN 100-PINK-NOVOLOG-FIASP	76
IBRANCE	16	INQOVI	16
IBU	11	INREBIC	16
<i>ibuprofen oral suspension</i>	11	<i>insulin lispro (1 unit dial)</i>	50
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	11	<i>insulin lispro injection</i>	50
<i>icatibant acetate</i>	22	<i>insulin lispro junior kwikpen</i>	50
ICLEVIA	59	<i>insulin lispro prot & lispro</i>	50
ICLUSIG	16	INSULIN PEN NEEDLE	76
<i>icosapent ethyl</i>	25	INSULIN SYRINGE	76
IDHIFA ORAL TABLET 100 MG	16	INTELENCE ORAL TABLET 25 MG	71
IDHIFA ORAL TABLET 50 MG	16	INTRALIPID INTRAVENOUS EMULSION 20 %	47
IGALMI	76	INTRALIPID INTRAVENOUS EMULSION 30 %	47
ILEVRO	77	INTROVALE	59
<i>imatinib mesylate oral tablet 100 mg</i>	16	INVEGA HAFYERA INTRAMUSCULAR SUSPENSION	
<i>imatinib mesylate oral tablet 400 mg</i>	16	PREFILLED SYRINGE 1092 MG/3.5ML	34
IMBRUVICA ORAL CAPSULE 140 MG	16	INVEGA HAFYERA INTRAMUSCULAR SUSPENSION	
IMBRUVICA ORAL CAPSULE 70 MG	16	PREFILLED SYRINGE 1560 MG/5ML	34
IMBRUVICA ORAL SUSPENSION	16	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION	
IMBRUVICA ORAL TABLET 140 MG	16	PREFILLED SYRINGE 117 MG/0.75ML	34
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560		INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION	
MG	16	PREFILLED SYRINGE 156 MG/ML	35
IMFINZI	16	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION	
<i>imipenem-cilastatin</i>	71	PREFILLED SYRINGE 234 MG/1.5ML	35
<i>imipramine hcl oral</i>	34	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION	
<i>imipramine pamoate oral capsule 125 mg, 150</i>		PREFILLED SYRINGE 39 MG/0.25ML	35
<i>mg</i>	34	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION	
<i>imiquimod external cream 5 %</i>	45	PREFILLED SYRINGE 78 MG/0.5ML	35
IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/		INVEGA TRINZA INTRAMUSCULAR SUSPENSION	
2ML	65	PREFILLED SYRINGE 273 MG/0.88ML	35
IMOVAX RABIES INTRAMUSCULAR SUSPENSION		INVEGA TRINZA INTRAMUSCULAR SUSPENSION	
RECONSTITUTED	65	PREFILLED SYRINGE 410 MG/1.32ML	35
IMVEXXY MAINTENANCE PACK	59	INVEGA TRINZA INTRAMUSCULAR SUSPENSION	
IMVEXXY STARTER PACK	59	PREFILLED SYRINGE 546 MG/1.75ML	35
INCASSIA	59	INVEGA TRINZA INTRAMUSCULAR SUSPENSION	
INCRELEX	59	PREFILLED SYRINGE 819 MG/2.63ML	35
<i>indapamide oral</i>	25	INVELTYS	77
<i>indomethacin er</i>	11	INVOKAMET	51
<i>indomethacin oral capsule 25 mg, 50 mg</i>	11	INVOKAMET XR	51
INFANRIX	65	INVOKANA	51
<i>infliximab</i>	65	IOPIDINE OPHTHALMIC SOLUTION 1 %	77
INGREZZA ORAL CAPSULE 40 MG	34	IPOL	65
INGREZZA ORAL CAPSULE 60 MG, 80 MG	34	<i>ipratropium bromide inhalation</i>	80
INGREZZA ORAL CAPSULE SPRINKLE 40 MG	34	<i>ipratropium bromide nasal</i>	80
INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80		<i>ipratropium-albuterol</i>	80
MG	34	<i>irbesartan</i>	25
INGREZZA ORAL CAPSULE THERAPY PACK	34	<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5</i>	
INLYTA ORAL TABLET 1 MG	16	<i>mg</i>	25
INLYTA ORAL TABLET 5 MG	16	<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5</i>	
INPEN 100-BLUE-LILLY-HUMALOG	76	<i>mg</i>	25
INPEN 100-BLUE-NOVOLOG-FIASP	76	<i>irinotecan hcl intravenous solution 100 mg/5ml</i>	16
INPEN 100-GREY-LILLY-HUMALOG	76		

<i>irinotecan hcl intravenous solution 300 mg/15ml, 40 mg/2ml</i>	16	JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	51
<i>irinotecan hcl intravenous solution 500 mg/25ml</i>	16	JEVтана	16
ISENTRESS HD	71	JINTELI	59
ISENTRESS ORAL PACKET	71	JOLESSA	59
ISENTRESS ORAL TABLET	71	JULEBER	59
ISENTRESS ORAL TABLET CHEWABLE 100 MG	71	JULUCA	71
ISENTRESS ORAL TABLET CHEWABLE 25 MG	71	JUNEL 1.5/30	59
ISIBLOOM	59	JUNEL 1/20	59
ISOLYTE-P IN D5W	47	JUNEL FE 1.5/30	59
ISOLYTE-S	47	JUNEL FE 1/20	59
ISOLYTE-S PH 7.4	47	JUNEL FE 24	59
<i>isoniazid injection</i>	71	JUST RIGHT 5000 DENTAL PASTE	45
<i>isoniazid oral syrup</i>	71	JYLAMVO	65
<i>isoniazid oral tablet</i>	71	JYNNEOS	65
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	25	K	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	25	KADCYLA	16
<i>isosorbide dinitrate oral tablet 40 mg</i>	25	KAITLIB FE	60
<i>isosorbide mononitrate</i>	25	KALLIGA	60
<i>isosorbide mononitrate er</i>	25	KALYDECO ORAL TABLET	80
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 35 mg, 40 mg</i>	45	KARIVA	60
<i>isotretinoin oral capsule 25 mg</i>	45	<i>kcl (0.149%) in nacl intravenous solution 20-0.45 meq/l-%</i>	47
<i>isradipine</i>	25	<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.225 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	47
<i>itraconazole oral capsule</i>	71	<i>kcl-lactated ringers-d5w</i>	47
<i>ivabradine hcl</i>	25	<i>kedrab injection</i>	65
<i>ivermectin oral</i>	71	KELNOR 1/35	60
IWILFIN	16	KELNOR 1/50	60
IXCHIQ	65	KERENDIA	51
IXIARO	65	KESIMPTA	35
J		<i>ketoconazole external cream</i>	45
JAIMIESS	59	<i>ketoconazole external foam</i>	45
JAKAFI	16	<i>ketoconazole external shampoo 2 %</i>	45
<i>jantoven</i>	22	<i>ketoconazole oral</i>	71
JANUMET	51	KETODAN EXTERNAL FOAM	45
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	51	<i>ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml</i>	11
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	51	<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	12
JANUVIA	51	<i>ketorolac tromethamine ophthalmic</i>	77
JARDIANCE	51	<i>ketorolac tromethamine oral</i>	12
JASMIEL	59	KEYTRUDA INTRAVENOUS SOLUTION	16
JAVYGTOR	56	KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	65
JAYPIRCA ORAL TABLET 100 MG	16	KIONEX ORAL SUSPENSION	51
JAYPIRCA ORAL TABLET 50 MG	16	KISQALI (200 MG DOSE)	16
JENCYCLA	59	KISQALI (400 MG DOSE)	16
JENTADUETO	51	KISQALI (600 MG DOSE)	16
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	51	KISQALI FEMARA (200 MG DOSE)	16

KISQALI FEMARA (400 MG DOSE)	16	latanoprost ophthalmic	77
KISQALI FEMARA (600 MG DOSE)	16	LAYOLIS FE	60
KLAYESTA	45	ledipasvir-sofosbuvir	72
KLOR-CON 10	47	LEENA	60
KLOR-CON M10	47	leflunomide oral	65
KLOR-CON M15	47	lenalidomide oral capsule 10 mg	16
KLOR-CON M20	47	lenalidomide oral capsule 15 mg, 2.5 mg, 20 mg, 25 mg	16
KLOR-CON ORAL TABLET EXTENDED RELEASE	47	lenalidomide oral capsule 5 mg	17
KLOR-CON/EF	47	LENVIMA (10 MG DAILY DOSE)	17
KOSELUGO	76	LENVIMA (12 MG DAILY DOSE)	17
KOURZEQ	45	LENVIMA (14 MG DAILY DOSE)	17
KRAZATI	16	LENVIMA (18 MG DAILY DOSE)	17
KURVELO	60	LENVIMA (20 MG DAILY DOSE)	17
KYLEENA	60	LENVIMA (24 MG DAILY DOSE)	17
KYPROLIS	16	LENVIMA (4 MG DAILY DOSE)	17
L		LENVIMA (8 MG DAILY DOSE)	17
<i>l</i> -glutamine oral packet	22	LESSINA	60
labetalol hcl intravenous solution	25	letrozole oral	17
labetalol hcl oral	25	leucovorin calcium injection solution 100 mg/10ml	17
lacosamide intravenous	35	leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 500 mg	17
lacosamide oral solution	35	leucovorin calcium oral	17
lacosamide oral tablet	35	LEUKERAN	17
lactated ringers intravenous	47	LEUKINE INJECTION SOLUTION RECONSTITUTED ...	22
lactated ringers irrigation	76	leuprolide acetate (3 month)	17
lactulose encephalopathy	54	leuprolide acetate injection	17
lactulose oral solution	54	levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	80
LAGEVRIO	71	levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml	80
lamivudine oral solution	71	levalbuterol tartrate	80
lamivudine oral tablet 100 mg	71	levetiracetam er oral tablet extended release 24 hour 500 mg	35
lamivudine oral tablet 150 mg	71	levetiracetam er oral tablet extended release 24 hour 750 mg	35
lamivudine oral tablet 300 mg	72	levetiracetam intravenous	35
lamivudine-zidovudine	72	levetiracetam oral	35
lamotrigine er	35	LEVO-T	60
lamotrigine oral tablet	35	levobunolol hcl ophthalmic solution 0.5 %	77
lamotrigine oral tablet chewable	35	levocarnitine oral solution	47
lamotrigine oral tablet dispersible	35	levocarnitine oral tablet	47
lamotrigine starter kit-blue	35	levocarnitine sf	47
lamotrigine starter kit-orange	35	levocetirizine dihydrochloride oral solution	81
lanreotide acetate	60	levocetirizine dihydrochloride oral tablet	81
lansoprazole oral capsule delayed release 15 mg	54	levofloxacin in d5w	72
lansoprazole oral capsule delayed release 30 mg	54	levofloxacin intravenous	72
lanthanum carbonate	51	levofloxacin ophthalmic	77
LANTUS	51	levofloxacin oral solution	72
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	51	levofloxacin oral tablet	72
lapatinib ditosylate	16	LEVONEST	60
LARIN 1.5/30	60		
LARIN 1/20	60		
LARIN 24 FE	60		
LARIN FE 1.5/30	60		
LARIN FE 1/20	60		

levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	60	lopinavir-ritonavir oral tablet 100-25 mg	72
levonorgest-eth est & eth est	60	lopinavir-ritonavir oral tablet 200-50 mg	72
levonorgest-eth estrad 91-day	60	lorazepam injection	35
levonorgestrel-ethinyl estrad	60	LORAZEPAM INTENSOL	35
LEVORA 0.15/30 (28)	60	lorazepam oral concentrate	35
levothyroxine sodium oral tablet	60	lorazepam oral tablet 0.5 mg, 1 mg	35
LEVOXYL	60	lorazepam oral tablet 2 mg	35
LEXIVA ORAL SUSPENSION	72	LORBRENA ORAL TABLET 100 MG	17
LIBERVANT	35	LORBRENA ORAL TABLET 25 MG	17
lidocaine external ointment 5 %	12	LORYNA	60
lidocaine external patch 5 %	12	losartan potassium oral tablet 100 mg	25
lidocaine hcl (pf) injection solution 1 %, 1.5 %	12	losartan potassium oral tablet 25 mg, 50 mg	26
lidocaine hcl external solution	12	losartan potassium-hctz	26
lidocaine hcl injection solution 0.5 %, 1 %, 2 %	12	LOTEMAX OPHTHALMIC OINTMENT	77
lidocaine hcl mouth/throat	12	LOTEMAX SM	77
lidocaine hcl urethral/mucosal	12	loteprednol etabonate ophthalmic gel	77
lidocaine viscous hcl	12	loteprednol etabonate ophthalmic suspension 0.2 %	77
lidocaine-prilocaine external cream	12	loteprednol etabonate ophthalmic suspension 0.5 %	77
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	60	lovastatin oral	26
lincomycin hcl injection	72	LOW-OGESTREL	60
linezolid in sodium chloride	72	loxapine succinate oral	35
linezolid intravenous solution 600 mg/300ml	72	lubiprostone	54
linezolid oral suspension reconstituted	72	luliconazole	45
linezolid oral tablet	72	LUMAKRAS ORAL TABLET 120 MG	17
LINZESS	54	LUMAKRAS ORAL TABLET 320 MG	17
liothyronine sodium intravenous	60	LUMIGAN OPHTHALMIC SOLUTION 0.01 %	77
liothyronine sodium oral	60	LUMIZYME	56
liraglutide	51	LUPRON DEPOT (1-MONTH)	17
lisinopril oral	25	LUPRON DEPOT (3-MONTH)	17
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg	25	LUPRON DEPOT (4-MONTH)	17
lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg	25	LUPRON DEPOT (6-MONTH)	17
lisinopril-hydrochlorothiazide oral tablet 20-25 mg	25	LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	60
lithium	35	lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg	35
lithium carbonate er	35	lurasidone hcl oral tablet 80 mg	35
lithium carbonate oral capsule 150 mg, 300 mg ...	35	LUTERA	60
lithium carbonate oral capsule 600 mg	35	LYBALVI	36
lithium carbonate oral tablet	35	LYLEQ	60
LIVTENCITY	72	LYNPARZA ORAL TABLET	17
LO-ZUMANDIMINE	60	LYSODREN	17
LOESTRIN 1.5/30 (21)	60	LYTGOBI (12 MG DAILY DOSE)	17
LOESTRIN FE 1.5/30	60	LYTGOBI (16 MG DAILY DOSE)	17
LOESTRIN FE 1/20	60	LYTGOBI (20 MG DAILY DOSE)	17
LOJAIMIESS	60	LYUMJEV	51
LOKELMA ORAL PACKET 10 GM	51	LYUMJEV KWIKPEN	51
LOKELMA ORAL PACKET 5 GM	51	LYZA	60
LONSURF	17	M	
loperamide hcl oral capsule	54	M-M-R II INJECTION	65
lopinavir-ritonavir oral solution	72	mafenide acetate external	45

<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	48	<i>mesalamine er oral capsule extended release 24 hour</i>	55
<i>magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml</i>	48	<i>mesalamine oral capsule delayed release</i>	55
<i>malathion external</i>	45	<i>mesalamine oral tablet delayed release 1.2 gm</i>	55
<i>mannitol intravenous solution 20 %, 25 %</i>	76	<i>mesalamine oral tablet delayed release 800 mg</i>	55
<i>maraviroc</i>	72	<i>mesalamine rectal</i>	55
<i>marlissa</i>	60	<i>mesalamine-cleanser</i>	55
<i>MARPLAN</i>	36	<i>mesna</i>	17
<i>MATULANE</i>	17	<i>MESNEX ORAL</i>	17
<i>MATZIM LA</i>	26	<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	51
<i>MAVYRET ORAL PACKET</i>	72	<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	51
<i>MAVYRET ORAL TABLET</i>	72	<i>metformin hcl oral tablet 1000 mg</i>	51
<i>MAXIDEX</i>	77	<i>metformin hcl oral tablet 500 mg</i>	51
<i>MAYZENT ORAL TABLET 0.25 MG</i>	36	<i>metformin hcl oral tablet 850 mg</i>	51
<i>MAYZENT ORAL TABLET 1 MG, 2 MG</i>	36	<i>METHADONE HCL INTENSOL</i>	12
<i>MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG</i>	36	<i>methadone hcl oral concentrate</i>	12
<i>MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG</i>	36	<i>methadone hcl oral solution</i>	12
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	54	<i>methadone hcl oral tablet</i>	12
<i>meclofenamate sodium oral</i>	12	<i>methazolamide oral</i>	77
<i>MEDROL ORAL TABLET 2 MG</i>	60	<i>methenamine hippurate</i>	72
<i>medroxyprogesterone acetate intramuscular</i>	60	<i>methenamine mandelate oral</i>	72
<i>medroxyprogesterone acetate oral</i>	60	<i>METHERGINE ORAL</i>	76
<i>mefenamic acid oral</i>	12	<i>methimazole oral</i>	60
<i>mefloquine hcl</i>	72	<i>methocarbamol oral tablet 500 mg, 750 mg</i>	36
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>	17	<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	65
<i>megestrol acetate oral tablet</i>	17	<i>methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	65
<i>MEKINIST ORAL SOLUTION RECONSTITUTED</i>	17	<i>methotrexate sodium injection solution reconstituted</i>	65
<i>MEKINIST ORAL TABLET 0.5 MG</i>	17	<i>methotrexate sodium oral</i>	65
<i>MEKINIST ORAL TABLET 2 MG</i>	17	<i>methoxsalen rapid</i>	45
<i>MEKTOVI</i>	17	<i>methscopolamine bromide oral</i>	55
<i>meloxicam oral tablet</i>	12	<i>methsuximide</i>	36
<i>memantine hcl er</i>	36	<i>methylergonovine maleate oral</i>	76
<i>memantine hcl oral solution 2 mg/ml</i>	36	<i>methylphenidate hcl er (cd)</i>	36
<i>memantine hcl oral tablet 10 mg</i>	36	<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 60 mg</i>	36
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	36	<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg</i>	36
<i>memantine hcl oral tablet 5 mg</i>	36	<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 45 mg, 54 mg, 63 mg</i>	36
<i>MENACTRA INTRAMUSCULAR SOLUTION</i>	65	<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	36
<i>MENEST</i>	60	<i>methylphenidate hcl er oral tablet extended release</i>	36
<i>MENQUADFI INTRAMUSCULAR SOLUTION</i>	65	<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i>	36
<i>MENVEO</i>	65	<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	36
<i>meperidine hcl injection solution 25 mg/ml, 50 mg/ml</i>	12		
<i>meprobamate</i>	36		
<i>mercaptopurine oral</i>	17		
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	72		
<i>mesalamine er oral capsule extended release</i>	55		

<i>methylphenidate hcl oral solution 10 mg/5ml</i>	36	<i>mitomycin intravenous solution reconstituted 5</i>	18
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	36	<i>mg</i>	18
<i>methylphenidate hcl oral tablet</i>	36	<i>modafinil oral tablet 100 mg</i>	36
<i>methylprednisolone acetate injection suspension</i>		<i>modafinil oral tablet 200 mg</i>	36
<i>40 mg/ml, 80 mg/ml</i>	60	<i>moexipril hcl</i>	26
<i>methylprednisolone oral</i>	60	<i>molindone hcl</i>	36
<i>methylprednisolone sodium succ injection solution</i>		<i>mometasone furoate external</i>	45
<i>reconstituted 1000 mg, 125 mg, 40 mg</i>	60	<i>mometasone furoate nasal</i>	81
<i>metoclopramide hcl injection</i>	55	<i>MONDOXYNE NL ORAL CAPSULE 100 MG</i>	72
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/</i>		<i>MONO-LINYAH</i>	61
<i>5ml</i>	55	<i>montelukast sodium oral</i>	81
<i>metoclopramide hcl oral tablet</i>	55	<i>morphine sulfate (concentrate) oral solution 100</i>	
<i>metolazone</i>	26	<i>mg/5ml, 20 mg/ml</i>	12
<i>metoprolol succinate er</i>	26	<i>morphine sulfate (pf) injection solution 0.5 mg/ml,</i>	
<i>metoprolol tartrate intravenous solution 5 mg/</i>		<i>1 mg/ml</i>	12
<i>5ml</i>	26	<i>morphine sulfate (pf) injection solution 10 mg/ml, 4</i>	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50</i>		<i>mg/ml, 5 mg/ml</i>	12
<i>mg</i>	26	<i>morphine sulfate (pf) injection solution 8 mg/</i>	
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	26	<i>ml</i>	12
<i>metoprolol-hydrochlorothiazide</i>	26	<i>morphine sulfate (pf) intravenous solution 1 mg/ml,</i>	
<i>metronidazole external</i>	45	<i>2 mg/ml</i>	12
<i>metronidazole intravenous solution 500 mg/</i>		<i>morphine sulfate (pf) intravenous solution 10 mg/</i>	
<i>100ml</i>	72	<i>ml</i>	12
<i>metronidazole oral</i>	72	<i>morphine sulfate (pf) intravenous solution 8 mg/</i>	
<i>metronidazole vaginal</i>	57	<i>ml</i>	12
<i>metyrosine</i>	26	<i>morphine sulfate er oral capsule extended release</i>	
<i>mexiletine hcl oral</i>	26	<i>24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg,</i>	
<i>MIBELAS 24 FE</i>	60	<i>80 mg</i>	12
<i>micafungin sodium</i>	72	<i>morphine sulfate er oral tablet extended release</i>	
<i>miconazole 3 vaginal suppository</i>	57	<i>100 mg, 200 mg</i>	12
<i>MICROGESTIN 1.5/30</i>	60	<i>morphine sulfate er oral tablet extended release</i>	
<i>MICROGESTIN 1/20</i>	60	<i>15 mg, 30 mg, 60 mg</i>	12
<i>MICROGESTIN 24 FE</i>	60	<i>morphine sulfate injection solution 2 mg/ml, 4 mg/</i>	
<i>MICROGESTIN FE 1.5/30</i>	61	<i>ml</i>	12
<i>MICROGESTIN FE 1/20</i>	61	<i>morphine sulfate intravenous solution 10 mg/ml, 50</i>	
<i>midazolam hcl oral</i>	36	<i>mg/ml</i>	12
<i>midodrine hcl</i>	26	<i>morphine sulfate intravenous solution 4 mg/ml</i> ...	12
<i>mifepristone oral tablet 300 mg</i>	61	<i>morphine sulfate intravenous solution 8 mg/ml</i> ...	12
<i>MIGERGOT</i>	36	<i>morphine sulfate oral solution</i>	13
<i>miglitol</i>	51	<i>morphine sulfate oral tablet</i>	13
<i>miglustat</i>	56	<i>MOUNJARO</i>	51
<i>MILI</i>	61	<i>MOVANTIK</i>	55
<i>MILLIPRED ORAL TABLET</i>	61	<i>moxifloxacin hcl (2x day)</i>	77
<i>MIMVEY</i>	61	<i>moxifloxacin hcl in nacl</i>	72
<i>minocycline hcl oral</i>	72	<i>moxifloxacin hcl ophthalmic solution</i>	77
<i>minoxidil oral</i>	26	<i>moxifloxacin hcl oral</i>	72
<i>mirabegron er</i>	57	<i>MRESVIA</i>	65
<i>MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE</i>		<i>MULTAQ</i>	26
<i>20 MCG/DAY</i>	61	<i>multiple electro type 1 ph 5.5</i>	48
<i>mirtazapine oral tablet 15 mg, 30 mg, 7.5 mg</i>	36	<i>multiple electro type 1 ph 7.4</i>	48
<i>mirtazapine oral tablet 45 mg</i>	36	<i>mupirocin calcium</i>	45
<i>mirtazapine oral tablet dispersible</i>	36	<i>mupirocin external</i>	45
<i>misoprostol oral</i>	55		

MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 5 MG	18	NEO-POLYCIN HC	77
MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	18	neomycin sulfate oral	72
mycophenolate mofetil oral capsule	65	neomycin-bacitracin zn-polymyx	77
mycophenolate mofetil oral suspension reconstituted	65	neomycin-polymyxin b gu	76
mycophenolate mofetil oral tablet	65	neomycin-polymyxin-dexameth	77
mycophenolate sodium	65	neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	77
mycophenolic acid oral tablet delayed release 180 mg, 360 mg	65	neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	78
MYHIBBIN	65	neomycin-polymyxin-hc otic	78
MYORISAN	45	NERLYNX	18
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	57	NEULASTA ONPRO	22
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	57	NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	22
N		NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	22
na sulfate-k sulfate-mg sulf	55	NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	22
nabumetone oral	13	NEVANAC	78
nadolol oral tablet 20 mg, 40 mg, 80 mg	26	nevirapine er oral tablet extended release 24 hour 400 mg	72
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	72	nevirapine oral suspension	72
nafcillin sodium intravenous solution reconstituted 10 gm	72	nevirapine oral tablet	72
naftifine hcl external cream	45	NEXPLANON	61
NAGLAZYME	56	niacin (antihyperlipidemic)	26
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	36	niacin er (antihyperlipidemic)	26
naloxone hcl injection solution cartridge	36	niacor	26
naloxone hcl injection solution prefilled syringe	37	nicardipine hcl intravenous	26
naloxone hcl nasal	37	nicardipine hcl oral	26
naltrexone hcl oral	37	NICOTROL	37
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	37	NICOTROL NS	37
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	37	nifedipine er	26
naproxen dr oral tablet delayed release 500 mg	13	nifedipine er osmotic release	26
naproxen oral suspension	13	nifedipine oral	26
naproxen oral tablet	13	NIKKI	61
naproxen oral tablet delayed release	13	nilutamide	18
naproxen sodium oral tablet 275 mg, 550 mg	13	nimodipine oral	26
naratriptan hcl	37	NINLARO	18
NARCAN	37	nisoldipine er	26
NATACYN	77	nitazoxanide oral	72
nateglinide oral tablet 120 mg	51	nitisinone	56
nateglinide oral tablet 60 mg	51	NITRO-BID	26
NAYZILAM	37	NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	26
nebivolol hcl	26	nitrofurantoin macrocrystal oral	72
NECON 0.5/35 (28)	61	nitrofurantoin monohyd macro	72
nefazodone hcl	37	nitrofurantoin oral suspension 25 mg/5ml, 50 mg/10ml	72
NEO-POLYCIN	77	nitroglycerin intravenous	26
		nitroglycerin rectal	45
		nitroglycerin sublingual	26
		nitroglycerin transdermal patch 24 hour	26
		nitroglycerin translingual solution	26

NIVESTYM INJECTION SOLUTION	22	NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION	
NIVESTYM INJECTION SOLUTION PREFILLED		PEN-INJECTOR	61
SYRINGE	22	NUZYRA ORAL	72
<i>nizatidine oral capsule</i>	55	NYAMYC	45
NORA-BE	61	NYLIA 1/35	61
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION		NYLIA 7/7/7	61
PEN-INJECTOR	61	<i>nystatin external</i>	45
<i>norelgestromin-eth estradiol</i>	61	<i>nystatin mouth/throat</i>	45
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg,</i>		<i>nystatin oral tablet</i>	72
<i>1.5-30 mg-mcg</i>	61	<i>nystatin-triamcinolone</i>	45
<i>norethin ace-eth estrad-fe oral tablet</i>		NYSTOP	45
<i>chewable</i>	61	●	
<i>norethin-eth estradiol-fe</i>	61	OCELLA	61
<i>norethindron-ethinyl estrad-fe</i>	61	OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2	
<i>norethindrone acet-ethinyl est oral tablet</i>	61	GM/20ML, 2.5 GM/50ML, 30 GM/300ML, 5 GM/	
<i>norethindrone acetate oral</i>	61	100ML	65
<i>norethindrone oral</i>	61	<i>octreotide acetate injection solution 100 mcg/ml,</i>	
<i>norethindrone-eth estradiol</i>	61	<i>200 mcg/ml, 50 mcg/ml</i>	61
<i>norgestim-eth estrad triphasic</i>	61	<i>octreotide acetate injection solution 1000 mcg/</i>	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-</i>		<i>ml</i>	61
<i>mcg</i>	61	<i>octreotide acetate injection solution 500 mcg/</i>	
NORLYDA	61	<i>ml</i>	61
NORLYROC	61	<i>octreotide acetate subcutaneous solution prefilled</i>	
NORPACE CR	26	<i>syringe 100 mcg/ml, 50 mcg/ml</i>	61
NORTREL 0.5/35 (28)	61	<i>octreotide acetate subcutaneous solution prefilled</i>	
NORTREL 1/35 (21)	61	<i>syringe 500 mcg/ml</i>	61
NORTREL 1/35 (28)	61	ODEFSEY	73
NORTREL 7/7/7	61	ODOMZO	18
<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	37	OFEV	81
<i>nortriptyline hcl oral capsule 50 mg, 75 mg</i>	37	<i>ofloxacin ophthalmic</i>	78
<i>nortriptyline hcl oral solution</i>	37	<i>ofloxacin oral tablet 300 mg, 400 mg</i>	73
NORVIR ORAL PACKET	72	<i>ofloxacin otic</i>	79
NOVOPEN ECHO	76	OGSIVEO ORAL TABLET 100 MG, 150 MG	18
NP THYROID	61	OGSIVEO ORAL TABLET 50 MG	18
NUBEQA	18	OJEMDA ORAL SUSPENSION RECONSTITUTED	18
NUCALA SUBCUTANEOUS SOLUTION AUTO-		OJEMDA ORAL TABLET	18
INJECTOR	81	OJJAARA	18
NUCALA SUBCUTANEOUS SOLUTION PREFILLED		<i>olanzapine intramuscular</i>	37
SYRINGE 100 MG/ML	81	<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg,</i>	
NUCALA SUBCUTANEOUS SOLUTION PREFILLED		<i>7.5 mg</i>	37
SYRINGE 40 MG/0.4ML	81	<i>olanzapine oral tablet 20 mg</i>	37
NUCALA SUBCUTANEOUS SOLUTION		<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 5</i>	
RECONSTITUTED	81	<i>mg</i>	37
NUEDEXTA	37	<i>olanzapine oral tablet dispersible 20 mg</i>	37
NULOJIX	65	<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-</i>	
NUPLAZID ORAL CAPSULE	37	<i>50 mg, 6-50 mg</i>	37
NUPLAZID ORAL TABLET 10 MG	37	<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-</i>	
NURTEC	37	<i>25 mg</i>	37
NUTRILIPID	48	<i>olmesartan medoxomil oral tablet 20 mg, 40</i>	
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION		<i>mg</i>	26
PEN-INJECTOR	61	<i>olmesartan medoxomil oral tablet 5 mg</i>	26
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION		<i>olmesartan medoxomil-hctz</i>	26
PEN-INJECTOR	61	<i>olmesartan-amlodipine-hctz</i>	26

olopatadine hcl nasal	81	oxybutynin chloride er oral tablet extended release	
olopatadine hcl ophthalmic	78	24 hour 10 mg, 15 mg	57
omega-3-acid ethyl esters	26	oxybutynin chloride er oral tablet extended release	
omeprazole oral capsule delayed release	55	24 hour 5 mg	57
OMNARIS	81	oxybutynin chloride oral solution	57
OMNITROPE SUBCUTANEOUS SOLUTION		oxybutynin chloride oral tablet 2.5 mg	57
CARTRIDGE	62	oxybutynin chloride oral tablet 5 mg	57
OMNITROPE SUBCUTANEOUS SOLUTION		oxycodone hcl oral capsule	13
RECONSTITUTED	62	oxycodone hcl oral concentrate 100 mg/5ml	13
ondansetron hcl injection	55	oxycodone hcl oral solution	13
ondansetron hcl oral solution	55	oxycodone hcl oral tablet	13
ondansetron hcl oral tablet 4 mg, 8 mg	55	oxycodone-acetaminophen oral tablet 10-325 mg,	
ondansetron oral tablet dispersible 16 mg	55	2.5-325 mg, 5-325 mg, 7.5-325 mg	13
ondansetron oral tablet dispersible 4 mg, 8 mg ...	55	OXYTROL	57
ONUREG	18	OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS	
OPDIVO	18	SOLUTION PEN-INJECTOR 2 MG/1.5ML	51
opium	55	OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS	
OPSUMIT	81	SOLUTION PEN-INJECTOR 2 MG/3ML	51
ORALONE	45	OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION	
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125		PEN-INJECTOR 4 MG/3ML	51
MG	81	OZEMPIC (2 MG/DOSE)	51
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25		P	
MG, 1 MG, 2.5 MG, 5 MG	81	pacerone oral tablet 100 mg, 200 mg, 400 mg	26
ORGOVYX	18	paclitaxel intravenous concentrate 100 mg/16.7ml,	
ORKAMBI ORAL TABLET	81	150 mg/25ml, 30 mg/5ml, 300 mg/50ml	18
orphenadrine citrate er	37	paclitaxel protein-bound part	18
ORSERDU ORAL TABLET 345 MG	18	paliperidone er oral tablet extended release 24	
ORSERDU ORAL TABLET 86 MG	18	hour 1.5 mg, 3 mg	37
ORSYTHIA	62	paliperidone er oral tablet extended release 24	
oseltamivir phosphate oral capsule 30 mg	73	hour 6 mg	37
oseltamivir phosphate oral capsule 45 mg, 75		paliperidone er oral tablet extended release 24	
mg	73	hour 9 mg	37
oseltamivir phosphate oral suspension		pamidronate disodium intravenous solution 30 mg/	
reconstituted	73	10ml, 90 mg/10ml	52
OSPHENA	62	pamidronate disodium intravenous solution 6 mg/	
OTEZLA ORAL TABLET	66	ml	52
OTEZLA ORAL TABLET THERAPY PACK	66	PANDEL	45
oxacillin sodium in dextrose intravenous solution 1		PANRETIN	45
gm/50ml	73	pantoprazole sodium intravenous	55
oxacillin sodium in dextrose intravenous solution 2		pantoprazole sodium oral tablet delayed	
gm/50ml	73	release	55
oxacillin sodium injection solution reconstituted 1		PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/	
gm, 2 gm	73	100ML	18
oxacillin sodium intravenous	73	paricalcitol oral	52
oxaliplatin intravenous solution	18	paroxetine hcl er oral tablet extended release 24	
oxaliplatin intravenous solution reconstituted	18	hour 12.5 mg	37
oxandrolone oral tablet 10 mg	62	paroxetine hcl er oral tablet extended release 24	
oxandrolone oral tablet 2.5 mg	62	hour 25 mg, 37.5 mg	37
oxaprozin oral tablet	13	paroxetine hcl oral suspension	37
oxazepam	37	paroxetine hcl oral tablet 10 mg, 40 mg	37
oxcarbazepine	37	paroxetine hcl oral tablet 20 mg	37
oxiconazole nitrate	45	paroxetine hcl oral tablet 30 mg	37
OXISTAT EXTERNAL LOTION	45	PAXLOVID (150/100)	73

PAXLOVID (300/100)	73	PIMTREA	62
<i>pazopanib hcl</i>	18	<i>pindolol</i>	26
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	66	<i>pioglitazone hcl oral tablet 15 mg</i>	52
PEDVAX HIB INTRAMUSCULAR SUSPENSION	66	<i>pioglitazone hcl oral tablet 30 mg</i>	52
<i>peg 3350-kcl-na bicarb-nacl</i>	55	<i>pioglitazone hcl oral tablet 45 mg</i>	52
<i>peg-3350/electrolytes</i>	55	<i>pioglitazone hcl-glimepiride</i>	52
<i>peg-3350/electrolytes/ascorbat</i>	55	<i>pioglitazone hcl-metformin hcl</i>	52
<i>peg-kcl-nacl-nasulf-na asc-c</i>	55	<i>piperacillin sod-tazobactam</i>	73
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	66	PIQRAY (200 MG DAILY DOSE)	18
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	66	PIQRAY (250 MG DAILY DOSE)	18
PEMAZYRE	18	PIQRAY (300 MG DAILY DOSE)	18
PENBRAYA	66	<i>pirfenidone oral tablet 267 mg</i>	81
<i>penciclovir</i>	45	<i>pirfenidone oral tablet 534 mg, 801 mg</i>	81
<i>penicillamine oral tablet</i>	57	<i>piroxicam oral</i>	13
<i>penicillin g pot in dextrose</i>	73	<i>pitavastatin calcium</i>	26
<i>penicillin g potassium</i>	73	PLENAMINE	48
<i>penicillin g sodium</i>	73	PLENVU	55
<i>penicillin v potassium</i>	73	<i>plerixafor</i>	22
PENTACEL	66	<i>pnv-dha</i>	48
<i>pentamidine isethionate inhalation</i>	73	<i>podofilox external solution</i>	45
<i>pentamidine isethionate injection</i>	73	POLYCIN	78
<i>pentazocine-naloxone hcl</i>	13	<i>polymyxin b sulfate injection</i>	73
<i>pentoxifylline er</i>	22	<i>polymyxin b-trimethoprim</i>	78
<i>perindopril erbumine</i>	26	POMALYST	18
PERIOGARD	45	PORTIA-28	62
PERJETA	18	<i>posaconazole oral</i>	73
<i>permethrin external cream</i>	45	<i>potassium chloride crys er</i>	48
<i>perphenazine oral</i>	37	<i>potassium chloride er</i>	48
<i>perphenazine-amitriptyline</i>	37	<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	48
PERSERIS	38	<i>potassium chloride intravenous solution 10 meq/100ml, 20 meq/100ml, 40 meq/100ml</i>	48
PFIZERPEN	73	<i>potassium chloride intravenous solution 10 meq/50ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/50ml</i>	48
<i>phenelzine sulfate oral</i>	38	<i>potassium chloride oral packet</i>	48
<i>phenobarbital oral elixir</i>	38	<i>potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	48
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg, 64.8 mg, 97.2 mg</i>	38	<i>potassium citrate er</i>	57
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg</i>	38	<i>potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l</i>	48
<i>phenoxybenzamine hcl oral</i>	26	POTELIGEO	18
PHENYTEK	38	<i>pramipexole dihydrochloride</i>	38
PHENYTOIN INFATABS	38	<i>pramipexole dihydrochloride er</i>	38
<i>phenytoin oral</i>	38	<i>prasugrel hcl</i>	22
<i>phenytoin sodium extended</i>	38	<i>pravastatin sodium</i>	26
PHESGO	18	<i>praziquantel oral</i>	73
PHILITH	62	<i>prazosin hcl oral</i>	26
PHOSPHOLINE IODIDE	78	PRED MILD	78
PHYSIOLYTE	76	<i>prednicarbate external ointment</i>	62
PIFELTRO	73	<i>prednisolone acetate ophthalmic</i>	78
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	78	<i>prednisolone oral solution</i>	62
<i>pilocarpine hcl oral</i>	45	<i>prednisolone sodium phosphate ophthalmic</i>	78
<i>pimecrolimus</i>	45		
<i>pimozide</i>	38		

<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	62	<i>prochlorperazine</i>	55
<i>prednisolone sodium phosphate oral tablet dispersible</i>	62	<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>	55
PREDNISON INTENSOL	62	<i>prochlorperazine maleate oral</i>	55
<i>prednisone oral solution</i>	62	PROCRT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	22-23
<i>prednisone oral tablet 1 mg</i>	62	PROCRT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	23
<i>prednisone oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	62	PROCTO-MED HC EXTERNAL	46
<i>prednisone oral tablet therapy pack 10 mg (21), 5 mg (21)</i>	62	PROCTOSOL HC EXTERNAL	46
<i>prednisone oral tablet therapy pack 10 mg (48), 5 mg (48)</i>	62	PROCTOZONE-HC EXTERNAL	46
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg</i>	38	<i>progesterone oral</i>	62
<i>pregabalin er oral tablet extended release 24 hour 330 mg</i>	38	PROGRAF INTRAVENOUS	66
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	38	PROGRAF ORAL PACKET	66
<i>pregabalin oral capsule 200 mg</i>	38	PROLASTIN-C INTRAVENOUS SOLUTION	56
<i>pregabalin oral capsule 225 mg, 300 mg</i>	38	PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	52
<i>pregabalin oral solution</i>	38	PROMACTA ORAL PACKET 12.5 MG	23
PREHEVBRIO	66	PROMACTA ORAL PACKET 25 MG	23
PREMARIN ORAL	62	PROMACTA ORAL TABLET 12.5 MG, 25 MG	23
PREMARIN VAGINAL	62	PROMACTA ORAL TABLET 50 MG	23
PREMASOL INTRAVENOUS SOLUTION 10 %	48	PROMACTA ORAL TABLET 75 MG	23
PREMPHASE	62	<i>promethazine hcl injection</i>	55
PREMPRO	62	<i>promethazine hcl oral solution</i>	55
<i>prenatal oral tablet 27-1 mg</i>	48	<i>promethazine hcl oral tablet</i>	55
<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>	48	<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	55
PRENATAL VIT W/ IRON CARBONYL-FOLIC ACID ...	48	PROMETHEGAN	55
<i>prevalite</i>	27	<i>propafenone hcl</i>	27
PREVIDENT	45	<i>propafenone hcl er</i>	27
PREVIDENT 5000 BOOSTER PLUS	45	<i>proparacaine hcl ophthalmic</i>	78
PREVIDENT 5000 DRY MOUTH DENTAL GEL	45	<i>propranolol hcl er</i>	27
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL ...	46	<i>propranolol hcl intravenous</i>	27
PREVIDENT 5000 KIDS	46	<i>propranolol hcl oral solution</i>	27
PREVIDENT 5000 ORTHO DEFENSE	46	<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	27
PREVIDENT 5000 PLUS	46	<i>propranolol hcl oral tablet 60 mg</i>	27
PREVIDENT 5000 SENSITIVE DENTAL GEL	46	<i>propylthiouracil oral</i>	62
PREVYMIS ORAL	73	PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	66
PREZCOBIX	73	PROSOL	48
PREZISTA ORAL SUSPENSION	73	<i>protriptyline hcl</i>	38
PREZISTA ORAL TABLET 150 MG	73	PULMICORT FLEXHALER	81
PREZISTA ORAL TABLET 75 MG	73	PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	81
PRIFTIN	73	PURIXAN	18
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	73	<i>pyrazinamide oral</i>	73
<i>primidone oral</i>	38	<i>pyridostigmine bromide er</i>	38
PRIORIX	66	<i>pyridostigmine bromide oral solution</i>	38
<i>probenecid oral</i>	13	<i>pyridostigmine bromide oral tablet</i>	38
		<i>pyrimethamine oral</i>	73
		Q	
		QINLOCK	18

QUADRACEL	66	RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	78
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	38	RETEVMO ORAL CAPSULE 40 MG	18
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	38	RETEVMO ORAL CAPSULE 80 MG	18
<i>quetiapine fumarate oral tablet 100 mg</i>	38	RETEVMO ORAL TABLET 120 MG, 160 MG	18
<i>quetiapine fumarate oral tablet 150 mg</i>	38	RETEVMO ORAL TABLET 40 MG	18
<i>quetiapine fumarate oral tablet 200 mg</i>	38	RETEVMO ORAL TABLET 80 MG	19
<i>quetiapine fumarate oral tablet 25 mg</i>	38	RETROVIR INTRAVENOUS	73
<i>quetiapine fumarate oral tablet 300 mg</i>	38	REXULTI	38
<i>quetiapine fumarate oral tablet 400 mg</i>	38	REYATAZ ORAL PACKET	73
<i>quetiapine fumarate oral tablet 50 mg</i>	38	REZLIDHIA	19
<i>quinapril hcl</i>	27	REZUROCK	66
<i>quinapril-hydrochlorothiazide</i>	27	RHOPRESSA	78
<i>quinidine sulfate oral</i>	27	RIABNI	19
<i>quinine sulfate oral</i>	73	<i>ribavirin oral capsule</i>	73
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	81	<i>ribavirin oral tablet 200 mg</i>	73
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	81	RIDAURA	66
R		<i>rifabutin</i>	73
RABAVERT	66	<i>rifampin intravenous</i>	73
<i>rabeprazole sodium oral tablet delayed release</i>	55	<i>rifampin oral</i>	73
<i>raloxifene hcl</i>	62	<i>riluzole</i>	38
<i>ramelteon</i>	38	<i>rimantadine hcl</i>	73
<i>ramipril</i>	27	<i>ringers</i>	48
<i>ranolazine er</i>	27	<i>ringers irrigation</i>	76
<i>rasagiline mesylate oral</i>	38	RINVOQ	66
RAVICTI	56	RINVOQ LQ	66
RECLIPSEN	62	<i>risedronate sodium oral tablet 150 mg</i>	52
RECOMBIVAX HB	66	<i>risedronate sodium oral tablet 30 mg</i>	52
RECTIV	46	<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	52
REGONOL INTRAVENOUS	38	<i>risedronate sodium oral tablet 5 mg</i>	52
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	73	<i>risedronate sodium oral tablet delayed release</i>	52
RELEXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	38	<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg</i>	38–39
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE)	55	<i>risperidone microspheres er intramuscular suspension reconstituted er 50 mg</i>	39
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	56	<i>risperidone oral solution</i>	39
REMICADE	66	<i>risperidone oral tablet 0.25 mg</i>	39
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML	81	<i>risperidone oral tablet 0.5 mg</i>	39
<i>repaglinide oral tablet 0.5 mg</i>	52	<i>risperidone oral tablet 1 mg</i>	39
<i>repaglinide oral tablet 1 mg</i>	52	<i>risperidone oral tablet 2 mg</i>	39
<i>repaglinide oral tablet 2 mg</i>	52	<i>risperidone oral tablet 3 mg, 4 mg</i>	39
REPATHA	27	<i>risperidone oral tablet dispersible 0.25 mg</i>	39
REPATHA PUSHTRONEX SYSTEM	27	<i>risperidone oral tablet dispersible 0.5 mg</i>	39
REPATHA SURECLICK	27	<i>risperidone oral tablet dispersible 1 mg</i>	39
RESTASIS	78	<i>risperidone oral tablet dispersible 2 mg</i>	39
		<i>risperidone oral tablet dispersible 3 mg</i>	39
		<i>risperidone oral tablet dispersible 4 mg</i>	39
		<i>ritonavir</i>	74
		RITUXAN HYCELA	19
		RITUXAN INTRAVENOUS SOLUTION	19

<i>rivastigmine</i>	39	SEREVENT DISKUS INHALATION AEROSOL POWDER	
<i>rivastigmine tartrate</i>	39	BREATH ACTIVATED 50 MCG/ACT	81
RIVELSA	62	<i>sertraline hcl oral concentrate</i>	39
<i>rizatriptan benzoate</i>	39	<i>sertraline hcl oral tablet 100 mg</i>	39
ROCKLATAN	78	<i>sertraline hcl oral tablet 25 mg</i>	39
<i>roflumilast</i>	81	<i>sertraline hcl oral tablet 50 mg</i>	39
<i>romidepsin intravenous solution reconstituted</i> ...	19	SETLAKIN	62
<i>ropinirole hcl</i>	39	<i>sevelamer carbonate oral packet 0.8 gm</i>	52
<i>ropinirole hcl er</i>	39	<i>sevelamer carbonate oral packet 2.4 gm</i>	52
<i>rosuvastatin calcium oral</i>	27	<i>sevelamer carbonate oral tablet</i>	52
ROTARIX	66	<i>sevelamer hcl oral tablet 400 mg</i>	52
ROTATEQ ORAL SOLUTION	66	<i>sevelamer hcl oral tablet 800 mg</i>	52
ROWEEPRA ORAL TABLET 500 MG	39	<i>sf</i>	46
ROZLYTREK ORAL CAPSULE 100 MG	19	<i>sf 5000 plus</i>	46
ROZLYTREK ORAL CAPSULE 200 MG	19	SHAROBEL	62
ROZLYTREK ORAL PACKET	19	SHINGRIX INTRAMUSCULAR SUSPENSION	
RUBRACA	19	RECONSTITUTED 50 MCG/0.5ML	66
<i>rufinamide oral suspension</i>	39	SIGNIFOR	62
<i>rufinamide oral tablet 200 mg</i>	39	<i>sildenafil citrate intravenous</i>	81
<i>rufinamide oral tablet 400 mg</i>	39	<i>sildenafil citrate oral tablet 20 mg</i>	81
RUKOBIA	74	<i>silodosin</i>	57
RYBELSUS ORAL TABLET 14 MG, 7 MG	52	<i>silver sulfadiazine external</i>	46
RYBELSUS ORAL TABLET 3 MG	52	SIMBRINZA	78
RYBREVANT	19	SIMLIYA	62
RYDAPT	19	SIMPESSE	62
RYLAZE	19	<i>simvastatin oral tablet</i>	27
RYTARY	39	<i>sirolimus oral solution</i>	66
S		<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	66
SAIZEN INJECTION SOLUTION RECONSTITUTED 5		<i>sirolimus oral tablet 2 mg</i>	66
MG	62	SIRTURO	74
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED		SKYLA	62
SYRINGE	23	SKYRIZI INTRAVENOUS	66
<i>salsalate oral</i>	13	SKYRIZI PEN	66
SANCUSO	56	SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180	
SANDIMMUNE ORAL SOLUTION	66	MG/1.2ML	66
SANDOSTATIN LAR DEPOT	62	SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360	
SANTYL	46	MG/2.4ML	66
<i>sapropterin dihydrochloride oral packet</i>	56	SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED	
<i>sapropterin dihydrochloride oral tablet</i>	56	SYRINGE	66
SARCLISA	19	<i>sodium bicarbonate intravenous solution 4.2 %, 7.5</i>	
SAVELLA	39	<i>%, 8.4 %</i>	48
SAVELLA TITRATION PACK	39	<i>sodium chloride (pf)</i>	48
SCSEMBLIX ORAL TABLET 100 MG	19	<i>sodium chloride injection solution 2.5 meq/ml</i>	48
SCSEMBLIX ORAL TABLET 20 MG	19	<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3</i>	
SCSEMBLIX ORAL TABLET 40 MG	19	<i>%, 4 meq/ml, 5 %</i>	48
<i>scopolamine</i>	56	<i>sodium chloride irrigation solution 0.9 %</i>	76
SECUADO	39	<i>sodium fluoride 5000 plus</i>	46
<i>selegiline hcl oral</i>	39	<i>sodium fluoride 5000 ppm dental cream</i>	46
<i>selenium sulfide external lotion</i>	46	<i>sodium fluoride 5000 ppm dental gel</i>	46
SELZENTRY ORAL SOLUTION	74	<i>sodium fluoride dental cream</i>	46
SELZENTRY ORAL TABLET 25 MG	74	<i>sodium fluoride dental gel 1.1 %</i>	46
SELZENTRY ORAL TABLET 75 MG	74	<i>sodium fluoride mouth/throat</i>	46
		<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	48

<i>sodium fluoride oral tablet chewable</i>	48	<i>sulfamethoxazole-trimethoprim oral suspension</i>	
<i>sodium oxybate</i>	39	200-40 mg/5ml	74
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i> ...	56	<i>sulfamethoxazole-trimethoprim oral tablet</i>	74
<i>sodium phenylbutyrate oral tablet</i>	56	SULFAMYLON EXTERNAL CREAM	46
<i>sodium polystyrene sulfonate oral powder</i>	52	<i>sulfasalazine oral</i>	56
<i>sofosbuvir-velpatasvir</i>	74	<i>sulindac oral tablet 150 mg</i>	13
<i>solifenacin succinate</i>	57	<i>sulindac oral tablet 200 mg</i>	13
SOLQUA	52	<i>sumatriptan nasal</i>	39
SOLTAMOX	19	<i>sumatriptan succinate oral</i>	40
SOMATULINE DEPOT	62	<i>sumatriptan succinate refill subcutaneous solution</i>	
SOMAVERT	62	<i>cartridge</i>	40
<i>sorafenib tosylate</i>	19	<i>sumatriptan succinate subcutaneous solution 6</i>	
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG	27	<i>mg/0.5ml</i>	40
SORINE ORAL TABLET 80 MG	27	<i>sumatriptan succinate subcutaneous solution auto-</i>	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg</i>	27	<i>injector</i>	40
<i>sotalol hcl (af) oral tablet 80 mg</i>	27	<i>sunitinib malate</i>	19
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg</i>	27	SUNLENCA ORAL	74
<i>sotalol hcl oral tablet 80 mg</i>	27	SUNLENCA SUBCUTANEOUS	74
<i>spinosad</i>	46	SUNOSI	40
SPIRIVA HANDIHALER	81	SUPREP BOWEL PREP KIT	56
SPIRIVA RESPIMAT	81	SYEDA	62
<i>spironolactone oral tablet 100 mg, 50 mg</i>	27	SYMBICORT	81
<i>spironolactone oral tablet 25 mg</i>	27	SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-	
<i>spironolactone-hctz</i>	27	INJECTOR	52
SPRAVATO (56 MG DOSE)	39	SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-	
SPRAVATO (84 MG DOSE)	39	INJECTOR	52
SPRINTEC 28	62	SYMPAZAN ORAL FILM 10 MG, 20 MG	40
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE		SYMPAZAN ORAL FILM 5 MG	40
1000 MG, 250 MG, 500 MG	39	SYMTUZA	74
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE		SYNAGIS	76
750 MG	39	SYNAREL	62
SPRYCEL	19	SYNJARDY	52
SPS	52	SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24	
SRONYX	62	HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	52
SSD (SILVER SULFADIAZINE)	46	SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24	
STELARA INTRAVENOUS	66	HOUR 25-1000 MG	52
STELARA SUBCUTANEOUS SOLUTION 45 MG/		SYNTHROID	62
0.5ML	66	T	
STELARA SUBCUTANEOUS SOLUTION PREFILLED		TABLOID	19
SYRINGE	66	TABRECTA	19
<i>sterile water for irrigation</i>	76	<i>tacrolimus external ointment</i>	46
STIOLTO RESPIMAT	81	<i>tacrolimus oral</i>	66
STIVARGA	19	<i>tadalafil (pah)</i>	81
<i>streptomycin sulfate intramuscular</i>	74	<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	57
STRIBILD	74	TAFINLAR ORAL CAPSULE	19
SUBVENITE	39	TAFINLAR ORAL TABLET SOLUBLE	19
<i>sucralfate oral</i>	56	<i>tafluprost (pf)</i>	78
<i>sulfacetamide sodium (acne)</i>	46	TAGRISSO	19
<i>sulfacetamide sodium ophthalmic</i>	78	TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	19
<i>sulfacetamide-prednisolone ophthalmic</i>		TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG,	
<i>solution</i>	78	1 MG	19
<i>sulfadiazine oral</i>	74	<i>tamoxifen citrate oral</i>	19
<i>sulfamethoxazole-trimethoprim intravenous</i>	74	<i>tamsulosin hcl</i>	57

TAPERDEX 6-DAY	62	tetracycline hcl oral capsule	74
TARINA 24 FE	62	THALOMID ORAL CAPSULE 100 MG, 50 MG	19
TARINA FE 1/20 EQ	62	THALOMID ORAL CAPSULE 150 MG, 200 MG	19
TASIGNA	19	THEO-24	81
<i>tasimelteon</i>	40	<i>theophylline er</i>	82
<i>tazarotene external cream 0.1 %</i>	46	<i>theophylline oral</i>	82
<i>tazarotene external gel</i>	46	<i>thioridazine hcl oral</i>	40
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	74	<i>thiothixene oral</i>	40
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM	74	TIADYLT ER	27
TAZVERIK	19	<i>tiagabine hcl</i>	40
TDVAX	66	TIBSOVO	19
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML	19	TICE BCG	19
TECENTRIQ INTRAVENOUS SOLUTION 840 MG/14ML	19	TICOVAC	66
TECVAYLI	19	<i>tigecycline</i>	74
TEFLARO	74	TILIA FE	63
<i>telmisartan oral tablet 20 mg, 40 mg</i>	27	<i>timolol maleate (once-daily)</i>	78
<i>telmisartan oral tablet 80 mg</i>	27	TIMOLOL MALEATE OCUDOSE	78
<i>telmisartan-amlodipine</i>	27	<i>timolol maleate ophthalmic gel forming solution</i>	78
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg</i>	27	<i>timolol maleate ophthalmic solution 0.25 %</i>	78
<i>telmisartan-hctz oral tablet 80-12.5 mg</i>	27	<i>timolol maleate ophthalmic solution 0.5 %</i>	78
<i>temazepam oral capsule 15 mg, 30 mg</i>	40	<i>timolol maleate oral</i>	27
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	40	<i>timolol maleate pf ophthalmic solution 0.5 %</i>	78
TENIVAC	66	<i>tinidazole oral</i>	74
<i>tenofovir disoproxil fumarate</i>	74	<i>tiopronin oral tablet</i>	57
TEPMETKO	19	TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG	63
<i>terazosin hcl oral</i>	27	TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	63
<i>terbinafine hcl oral</i>	74	TIS-U-SOL	76
<i>terbutaline sulfate injection</i>	81	TIVICAY ORAL TABLET 10 MG	74
<i>terbutaline sulfate oral</i>	81	TIVICAY ORAL TABLET 25 MG, 50 MG	74
<i>terconazole</i>	57	TIVICAY PD	74
<i>teriflunomide</i>	40	<i>tizanidine hcl oral tablet</i>	40
<i>teriparatide</i>	52	TOBRADEX OPHTHALMIC OINTMENT	78
<i>teriparatide (recombinant)</i>	52	TOBRADEX ST	78
<i>testosterone cypionate intramuscular solution 100 mg/ml</i>	62	<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	82
<i>testosterone cypionate intramuscular solution 200 mg/ml, 200 mg/ml (1 ml)</i>	62-63	<i>tobramycin ophthalmic</i>	78
<i>testosterone enanthate intramuscular solution ...</i>	63	<i>tobramycin sulfate injection solution</i>	74
<i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i>	63	<i>tobramycin sulfate injection solution reconstituted</i>	74
<i>testosterone transdermal gel 10 mg/act (2%)</i>	63	<i>tobramycin-dexamethasone</i>	78
<i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	63	<i>tolcapone</i>	40
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%)</i>	63	<i>tolmetin sodium oral capsule</i>	13
<i>testosterone transdermal solution</i>	63	<i>tolmetin sodium oral tablet 600 mg</i>	13
<i>tetrabenazine oral tablet 12.5 mg</i>	40	<i>tolterodine tartrate</i>	57
<i>tetrabenazine oral tablet 25 mg</i>	40	<i>tolterodine tartrate er</i>	57
		<i>tolvaptan oral tablet 15 mg</i>	52
		<i>tolvaptan oral tablet 30 mg</i>	52

<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 25 mg, 50 mg</i>	40	TRI-LEGEST FE	63
<i>topiramate er oral capsule extended release 24 hour 100 mg</i>	40	TRI-LINYAH	63
<i>topiramate er oral capsule extended release 24 hour 25 mg, 50 mg</i>	40	TRI-LO-ESTARYLLA	63
<i>topiramate oral</i>	40	TRI-LO-MARZIA	63
<i>toremifene citrate</i>	19	TRI-LO-MILI	63
<i>torseamide oral</i>	27	TRI-LO-SPRINTEC	63
TOUJEO MAX SOLOSTAR	53	TRI-MILI	63
TOUJEO SOLOSTAR	53	TRI-NYMYO	63
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	48	TRI-SPRINTEC	63
TRACLEER ORAL TABLET SOLUBLE	82	TRI-VYLIBRA	63
TRADJENTA	53	TRI-VYLIBRA LO	63
<i>tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	13	<i>triamcinolone acetonide external aerosol solution</i>	46
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour</i>	13	<i>triamcinolone acetonide external cream</i>	46
<i>tramadol hcl er</i>	13	<i>triamcinolone acetonide external lotion</i>	46
<i>tramadol hcl oral tablet 50 mg</i>	13	<i>triamcinolone acetonide external ointment 0.025 % , 0.1 % , 0.5 %</i>	46
<i>tramadol-acetaminophen</i>	13	<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	63
<i>trandolapril</i>	27	<i>triamcinolone acetonide mouth/throat</i>	46
<i>trandolapril-verapamil hcl er</i>	27	<i>triamterene-hctz oral capsule 37.5-25 mg</i>	27
<i>tranexamic acid intravenous solution 1000 mg/10ml</i>	23	<i>triamterene-hctz oral tablet</i>	27
<i>tranexamic acid oral</i>	23	<i>triazolam oral tablet 0.25 mg</i>	40
<i>tranylcypromine sulfate</i>	40	TRIDERM EXTERNAL CREAM	46
TRAVASOL	48	<i>trientine hcl</i>	53
<i>travoprost (bak free)</i>	78	<i>trifluoperazine hcl oral</i>	40
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	40	<i>trifluridine ophthalmic</i>	74
<i>trazodone hcl oral tablet 300 mg</i>	40	<i>trihexyphenidyl hcl oral solution</i>	40
TRECTOR	74	<i>trihexyphenidyl hcl oral tablet</i>	40
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	82	TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	53
<i>treprostinil</i>	82	TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	53
TRESIBA	53	TRIKAFTA ORAL TABLET THERAPY PACK	82
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	53	TRIKAFTA ORAL THERAPY PACK	82
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	53	<i>trimethobenzamide hcl oral</i>	56
<i>tretinoin external cream</i>	46	<i>trimethoprim oral</i>	74
<i>tretinoin external gel 0.01 % , 0.025 %</i>	46	<i>trimipramine maleate oral</i>	40
<i>tretinoin external gel 0.05 %</i>	46	TRINTELLIX	40
<i>tretinoin microsphere external gel 0.04 % , 0.1 %</i>	46	TRIUMEQ	74
<i>tretinoin microsphere pump external gel 0.04 % , 0.1 %</i>	46	TRIUMEQ PD	74
<i>tretinoin oral</i>	19	TRIVORA (28)	63
TREXALL	66	TRIZIVIR	74
TRI FEMYNOR	63	TRODELVY	19
TRI-ESTARYLLA	63	TROGARZO	74
		TROPHAMINE INTRAVENOUS SOLUTION 10 %	48
		<i>trospium chloride</i>	57
		<i>trospium chloride er</i>	57
		TRULICITY	53
		TRUMENBA	67
		TRUQAP	19
		TRUSELTIQ (100MG DAILY DOSE)	20
		TRUSELTIQ (125MG DAILY DOSE)	20

TRUSELTIQ (50MG DAILY DOSE)	20	VALTOCO 10 MG DOSE	41
TRUSELTIQ (75MG DAILY DOSE)	20	VALTOCO 15 MG DOSE	41
TUDORZA PRESSAIR	82	VALTOCO 20 MG DOSE	41
TUKYSA	20	VALTOCO 5 MG DOSE	41
TURALIO ORAL CAPSULE 125 MG	20	vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.25-5 gm/250ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%	75
TURQOZ	63	vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%	75
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	67	vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml	75
TYBLUME ORAL TABLET CHEWABLE	63	vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 5 gm, 500 mg	75
TYBOST	74	vancomycin hcl intravenous solution reconstituted 1.25 gm, 1.5 gm, 750 mg	75
TYDEMY	63	vancomycin hcl oral capsule 125 mg	75
TYMLOS	53	vancomycin hcl oral capsule 250 mg	75
TYPHIM VI	67	vancomycin hcl oral solution reconstituted 25 mg/ml	75
TYVASO	82	VANDAZOLE	57
TYVASO REFILL KIT	82	VANFLYTA	20
TYVASO STARTER KIT	82	VAQTA	67
U		varenicline tartrate (starter)	41
UBRELVY ORAL TABLET 100 MG	40	varenicline tartrate oral tablet 0.5 mg	41
UBRELVY ORAL TABLET 50 MG	40	varenicline tartrate oral tablet 1 mg, 1 mg (56 pack)	41
UDENYCA	23	varenicline tartrate(continue)	41
UNITHROID	63	VARIVAX	67
UPTRAVI ORAL	82	VARIZIG INTRAMUSCULAR SOLUTION	67
UPTRAVI TITRATION	82	VASCEPA	28
ursodiol oral capsule 300 mg	56	VAXCHORA	67
ursodiol oral tablet	56	VECAMYL	28
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	40	VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	20
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	40	VELIVET	63
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	40	VELPHORO	53
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	40	VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	53
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	41	VELTASSA ORAL PACKET 8.4 GM	53
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	41	VEMLIDY	75
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	41	VENCLEXTA ORAL TABLET 10 MG	20
V		VENCLEXTA ORAL TABLET 100 MG	20
valacyclovir hcl oral tablet 1 gm	74	VENCLEXTA ORAL TABLET 50 MG	20
valacyclovir hcl oral tablet 500 mg	74	VENCLEXTA STARTING PACK	20
VALCHLOR	46	venlafaxine besylate er	41
valganciclovir hcl oral solution reconstituted	74	venlafaxine hcl	41
valganciclovir hcl oral tablet	75	venlafaxine hcl er oral capsule extended release 24 hour 150 mg	41
valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml	41	venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg	41
valproic acid oral capsule	41		
valproic acid oral solution 250 mg/5ml	41		
valsartan oral tablet 160 mg	27		
valsartan oral tablet 320 mg	27		
valsartan oral tablet 40 mg, 80 mg	27		
valsartan-hydrochlorothiazide	27		

<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	41	VYLIBRA	63
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>	41	VYZULTA	78
VENTAVIS	82	W	
<i>verapamil hcl er oral capsule extended release 24 hour</i>	28	<i>warfarin sodium oral</i>	23
<i>verapamil hcl er oral tablet extended release 120 mg</i>	28	WELIREG	20
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	28	WERA	63
<i>verapamil hcl intravenous</i>	28	<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	82
<i>verapamil hcl oral</i>	28	WYMZYA FE	63
VERQUVO	28	X	
VERSACLOZ	41	XALKORI ORAL CAPSULE	20
VERZENIO	20	XALKORI ORAL CAPSULE SPRINKLE 150 MG	20
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG	75	XALKORI ORAL CAPSULE SPRINKLE 20 MG	20
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	53	XALKORI ORAL CAPSULE SPRINKLE 50 MG	20
VIENVA	63	XARELTO ORAL SUSPENSION RECONSTITUTED	23
<i>vigabatrin oral packet</i>	41	XARELTO ORAL TABLET 10 MG, 20 MG	23
<i>vigabatrin oral tablet</i>	41	XARELTO ORAL TABLET 15 MG, 2.5 MG	23
VIGADRONE ORAL PACKET	41	XARELTO STARTER PACK	23
VIGADRONE ORAL TABLET	41	XATMEP	67
VIGPODER	41	XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	41
VIIBRYD ORAL TABLET	41	XCOPRI (350 MG DAILY DOSE)	41
<i>vilazodone hcl</i>	41	XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	41
<i>vinblastine sulfate intravenous solution</i>	20	XCOPRI ORAL TABLET 150 MG, 200 MG	41
<i>vincristine sulfate intravenous</i>	20	XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	41
<i>vinorelbine tartrate</i>	20	XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	41-42
<i>viorele</i>	63	XDEMZY	78
VIRACEPT ORAL TABLET 250 MG	75	XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT	42
VIRACEPT ORAL TABLET 625 MG	75	XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT	42
VIREAD ORAL POWDER	75	XERMELO	56
VIREAD ORAL TABLET 150 MG, 250 MG	75	XGEVA	53
VIREAD ORAL TABLET 200 MG	75	XIFAXAN ORAL TABLET 550 MG	75
VITRAKVI ORAL CAPSULE 100 MG	20	XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	53
VITRAKVI ORAL CAPSULE 25 MG	20	XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	53
VITRAKVI ORAL SOLUTION	20	XIIDRA	78
VIZIMPRO	20	XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	75
VOLNEA	63	XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	75
VONJO	20	XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML	82
<i>voriconazole intravenous</i>	75	XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	82
<i>voriconazole oral suspension reconstituted</i>	75	XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	82
<i>voriconazole oral tablet 200 mg</i>	75		
<i>voriconazole oral tablet 50 mg</i>	75		
VOSEVI	75		
VOWST	56		
VPRIV	56		
VRAYLAR ORAL CAPSULE	41		
VUMERITY	41		
VYFEMLA	63		

XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	82	ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 3000-10000 UNIT, 5000-24000 UNIT	56
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	82	ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 25000-79000 UNIT, 40000-126000 UNIT, 60000-189600 UNIT	56
XOSPATA	20	ZEPZELCA	21
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	20	ZETONNA	82
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	20	<i>zidovudine oral capsule</i>	75
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	20	<i>zidovudine oral syrup</i>	75
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	20	<i>zidovudine oral tablet</i>	75
XPOVIO (60 MG TWICE WEEKLY)	20	ZIEXTENZO	23
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	20	<i>ziprasidone hcl oral capsule 20 mg</i>	42
XPOVIO (80 MG TWICE WEEKLY)	20	<i>ziprasidone hcl oral capsule 40 mg</i>	42
XTANDI ORAL CAPSULE	20	<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	42
XTANDI ORAL TABLET 40 MG	20	<i>ziprasidone mesylate</i>	42
XTANDI ORAL TABLET 80 MG	20	ZIRGAN	75
XULANE	63	<i>zoledronic acid intravenous concentrate</i>	53
Y		<i>zoledronic acid intravenous solution</i>	53
YARGESA	56	ZOLINZA	21
YERVOY	20	<i>zolmitriptan oral</i>	42
YF-VAX	67	<i>zolpidem tartrate er</i>	42
<i>yuvaferm</i>	63	<i>zolpidem tartrate oral tablet</i>	42
Z		ZONISADE	42
ZAFEMY	63	<i>zonisamide oral</i>	42
<i>zafirlukast</i>	82	ZOVIA 1/35 (28)	63
<i>zaleplon oral capsule 10 mg</i>	42	ZTALMY	42
<i>zaleplon oral capsule 5 mg</i>	42	ZUMANDIMINE	63
ZARXIO	23	ZURZUVAE	42
ZEJULA ORAL TABLET 100 MG	21	ZYDELIG	21
ZEJULA ORAL TABLET 200 MG, 300 MG	21	ZYKADIA ORAL TABLET	21
ZELBORAF	21	ZYLET	78
ZENATANE	46	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	42
		ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	42
		ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML ...	75

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at the phone number listed on your plan membership card (TTY: 711). Someone who speaks your language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al número de teléfono que figura en su tarjeta de miembro del plan (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电您计划会员卡上的电话号码 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電您計劃會員卡上的電話號碼 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa numero ng telepono na nakalista sa iyong membership card ng plano (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au numéro de téléphone inscrit sur votre carte de membre (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi số điện thoại có trên thẻ hội viên chương trình của quý vị (TTY: 711), sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihre Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter der auf Ihrer Plan-Mitgliedskarte (TTY: 711) angegebenen Telefonnummer. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 플랜 가입자 카드에 기재된 전화번호(TTY: 711)로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по номеру телефона, указанному на вашей карте участника плана (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

إننا نقدم خدمات المترج مالفوري المجانية للإجابة نعاي أسئلة تتع قلبالصحة أو جدول الأدوية لدينا. فوري، ليس عليك سوا للاتصال بنا على رقم الهاتف المدرج في بطاقة العضوية التابعة لخطتكسيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके ककसी भी प्रश्न के ज्वाब देने के लिए हमारे पास मुफ्त दुभालिया सेवाएँ उपब्धि हैं. एक दुभालिया प्राप्त करने के लिए, बस हमें आपके प्नि सदस्यता कार्ड पर कदए गए नंबर पर (TTY: 711) पर फोन करें. कोई व्यलतजिो लहन्दी बोति है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian:È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero di telefono presente sulla vostra tessera di adesione al piano (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese:Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número de telefone indicado no seu cartão de membro do plano (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole:Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan nimewo telefòn ki endike sou kat manm plan w lan (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish:Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer telefonu podany na karcie członka planu (TTY: 711). Ta usługa jest bezpłatna.

Japanese:当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするための無料の通訳サービスをご利用いただけます。通訳を希望される場合は、プランの会員証に記載されている電話番号 (TTY: 711) にお電話ください。日本語を話す者が対応いたします。これは無料のサービスです。 .

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This formulary was updated on September 1, 2024.

For more recent information or other pharmacy-related benefits questions, please contact Pharmacy Member Services at **1-833-370-7468**, or for TTY users, **711**, 24 hours a day, 7 days a week.

For all other questions, please contact Member Services at **1-833-359-0689**, or for TTY users, **711**, Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays, or visit **www.anthem.com**.