



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 January 1, 2025.

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 2/1/2025. 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 2/1/2025. 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.

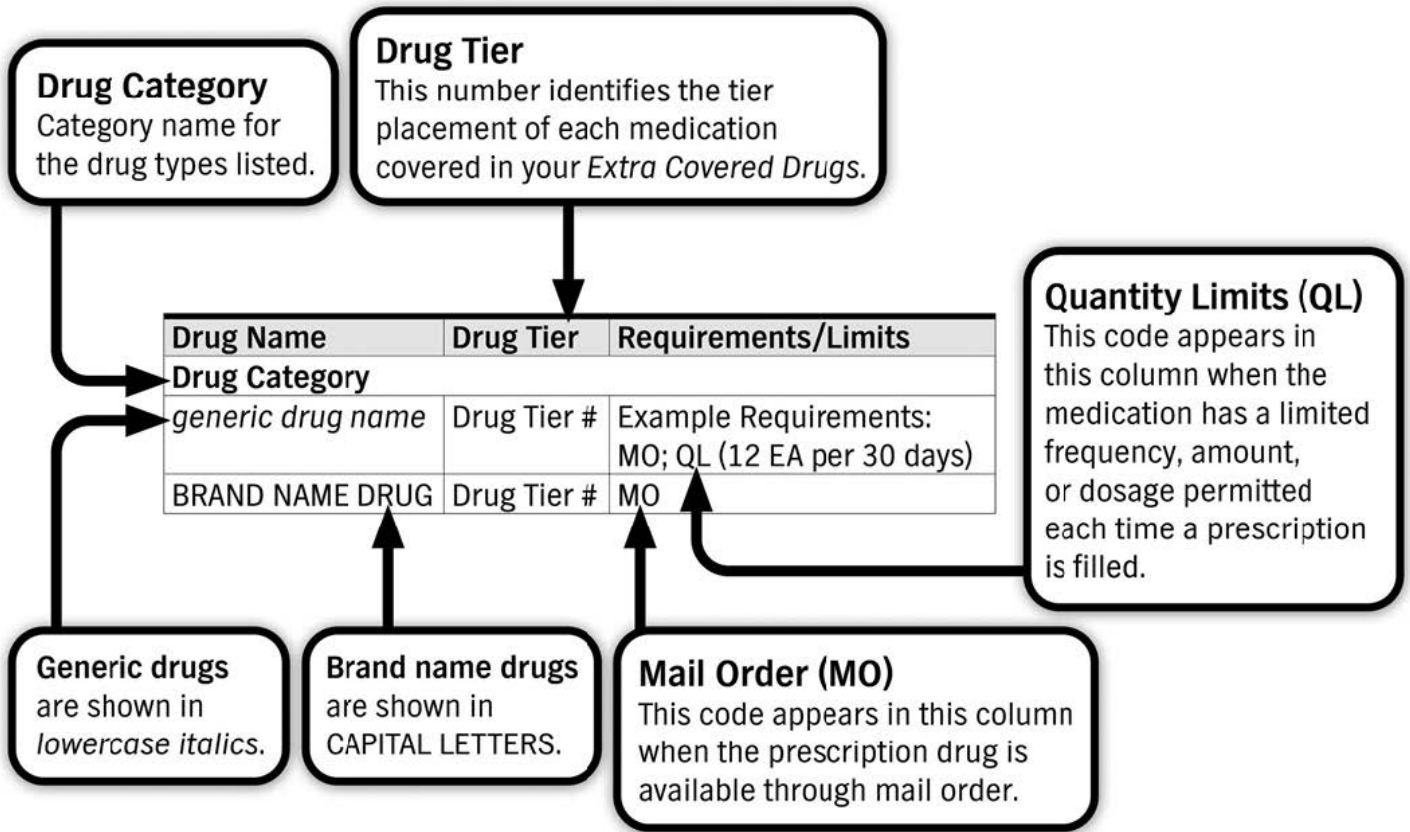
The **first column** of the chart lists the drug name. Brand name drugs are capitalized (e.g., HUMALOG) and generic drugs are listed in lowercase italics (e.g., *enalapril*).

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>hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>		
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	1	QL (60 per 30 days); MO	<i>flurbiprofen oral tablet 100 mg</i>	1	MO
<i>celecoxib oral capsule 400 mg</i>	1	QL (30 per 30 days); MO	GLYDO EXTERNAL PREFILLED SYRINGE	1	
<i>codeine sulfate oral tablet</i>	2	QL (180 per 30 days); NEDS	<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>colchicine oral</i>	1				
<i>colchicine-probenecid</i>	1	MO			
<i>diclofenac potassium oral tablet 50 mg</i>	1	MO	<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	QL (180 per 30 days); NEDS
<i>diclofenac sodium er</i>	1	MO			
<i>diclofenac sodium external gel 1 %</i>	1	QL (1000 per 30 days)	<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	QL (50 per 10 days); NEDS
<i>diclofenac sodium external solution 1.5 %</i>	1	QL (300 per 30 days)			
<i>diclofenac sodium oral</i>	1	MO	<i>hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	
<i>diclofenac-misoprostol oral tablet delayed release</i>	1	MO			
<i>diflunisal oral</i>	1	MO	<i>hydromorphone hcl oral liquid</i>	1	QL (720 per 30 days); NEDS
<i>duramorph</i>	1		<i>hydromorphone hcl oral tablet</i>	1	QL (180 per 30 days); NEDS
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>hydromorphone hcl pf injection solution 1 mg/ml, 4 mg/ml</i>	2	
<i>etodolac er</i>	1	MO			
<i>etodolac oral</i>	1	MO	<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml, 500 mg/50ml</i>	1	
<i>febuxostat</i>	1	ST; MO			
<i>fenoprofen calcium oral tablet</i>	1	MO	IBU	1	MO
<i>fentanyl citrate buccal lozenge on a handle</i>	4	PA; QL (120 per 30 days); NEDS; S	<i>ibuprofen oral suspension</i>	1	
<i>fentanyl citrate buccal tablet 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	4	PA; QL (120 per 30 days); NEDS; S	<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>fentanyl transdermal patch 72 hour 100 mcg/</i>	1	PA; QL (15 per 30 days); NEDS	<i>indomethacin er</i>	1	PA; MO
			<i>indomethacin oral capsule 25 mg, 50 mg</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	Drug Name	Drug Tier	Requirements/Limits
<i>ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml</i>	1	PA	<i>methadone hcl oral tablet</i>	1	PA; QL (180 per 30 days); NEDS
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	1	PA	<i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>	1	QL (180 per 30 days); NEDS
<i>ketorolac tromethamine oral</i>	1	PA	<i>morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	1	
<i>lidocaine external ointment 5 %</i>	1	PA; QL (150 per 30 days)	<i>morphine sulfate (pf) injection solution 10 mg/ml, 4 mg/ml, 5 mg/ml</i>	2	
<i>lidocaine external patch 5 %</i>	1	PA; QL (90 per 30 days)	<i>morphine sulfate (pf) injection solution 8 mg/ml</i>	3	
<i>lidocaine hcl (pf) injection solution 1 %, 1.5 %</i>	1		<i>morphine sulfate (pf) intravenous solution 1 mg/ml, 2 mg/ml</i>	2	
<i>lidocaine hcl external solution</i>	1	PA; QL (300 per 30 days)	<i>morphine sulfate (pf) intravenous solution 10 mg/ml</i>	1	
<i>lidocaine hcl injection solution 0.5 %, 1 %, 2 %</i>	1		<i>morphine sulfate (pf) intravenous solution 8 mg/ml</i>	3	
<i>lidocaine hcl mouth/throat</i>	1	PA; QL (300 per 30 days)	<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	3	PA; QL (60 per 30 days); NEDS
<i>lidocaine hcl urethral/mucosal</i>	1		<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>	1	PA; QL (60 per 30 days); NEDS
<i>lidocaine viscous hcl</i>	1		<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	1	PA; QL (90 per 30 days); NEDS
<i>lidocaine-prilocaine external cream</i>	1	QL (30 per 30 days)	<i>morphine sulfate injection solution 2 mg/ml, 4 mg/ml</i>	2	
<i>meclofenamate sodium oral</i>	1	MO	<i>morphine sulfate intravenous solution 10 mg/ml, 50 mg/ml</i>	1	
<i>mefenamic acid oral</i>	1	MO			
<i>meloxicam oral tablet</i>	1	MO			
<i>meperidine hcl injection solution 25 mg/ml, 50 mg/ml</i>	3	PA			
METHADONE HCL INTENSOL	1	QL (180 per 30 days); NEDS			
<i>methadone hcl oral concentrate</i>	1	QL (180 per 30 days); NEDS			
<i>methadone hcl oral solution</i>	1	QL (900 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 intravenous solution 4 mg/ml</i>	2	
<i>morphine sulfate intravenous solution 8 mg/ml</i>	3	
<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

Drug Name	Drug Tier	Requirements/Limits
<i>sulindac oral tablet 200 mg</i>	1	MO
<i>tolmetin sodium oral capsule</i>	1	MO
<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

You can find information 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>anastrozole oral</i>	1	QL (30 per 30 days); MO	BOSULIF ORAL TABLET 400 MG, 500 MG	4	PA; QL (30 per 30 days); S
AUGTYRO ORAL CAPSULE 160 MG	4	PA; QL (60 per 30 days); S	BRAFTOVI ORAL CAPSULE 75 MG	4	PA; QL (180 per 30 days); LA; S
AUGTYRO ORAL CAPSULE 40 MG	4	PA; QL (240 per 30 days); S	BRUKINSA	4	PA; QL (120 per 30 days); LA; S
AVASTIN	4	PA; LA; S	CABOMETYX	4	PA; QL (30 per 30 days); LA; S
AYVAKIT	4	PA; QL (30 per 30 days); LA; S	CALQUENCE	4	PA; QL (60 per 30 days); LA; S
<i>azacitidine</i>	4	PA; LA; S	CAPRELSA ORAL TABLET 100 MG	4	PA; QL (90 per 30 days); LA; S
BALVERSA ORAL TABLET 3 MG	4	PA; QL (90 per 30 days); LA; S	CAPRELSA ORAL TABLET 300 MG	4	PA; QL (30 per 30 days); LA; S
BALVERSA ORAL TABLET 4 MG	4	PA; QL (60 per 30 days); LA; S	<i>carboplatin intravenous solution</i>	1	B/D PA
BALVERSA ORAL TABLET 5 MG	4	PA; QL (30 per 30 days); LA; S	<i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml</i>	1	B/D PA
BAVENCIO	4	PA; LA; S	COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	4	PA; QL (56 per 28 days); LA; S
<i>bendamustine hcl intravenous solution</i>	4	B/D PA; S	COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	4	PA; QL (112 per 28 days); LA; S
BENDEKA	4	B/D PA; S	COMETRIQ (60 MG DAILY DOSE)	4	PA; QL (84 per 28 days); LA; S
BESREMI	4	PA; LA; S	COPIKTRA	4	PA; QL (60 per 30 days); LA; S
<i>bexarotene oral</i>	4	PA; QL (300 per 30 days); S	COTELLIC	4	PA; QL (90 per 30 days); LA; S
<i>bicalutamide</i>	1	QL (30 per 30 days)	<i>cyclophosphamide intravenous solution 500 mg/2.5ml</i>	4	S
<i>bleomycin sulfate</i>	1	B/D PA	<i>cyclophosphamide oral capsule</i>	2	B/D PA
<i>bortezomib injection solution reconstituted 1 mg, 3.5 mg</i>	4	PA; S	CYRAMZA	4	PA; LA; S
<i>bortezomib injection solution reconstituted 2.5 mg</i>	3	PA	DARZALEX	4	PA; LA; S
BOSULIF ORAL CAPSULE 100 MG	4	PA; QL (180 per 30 days); LA; S	DARZALEX FASPRO	4	PA; 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			

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

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Drug Name	Drug Tier	Requirements/Limits
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	3	PA
GLEOSTINE ORAL CAPSULE 100 MG	4	PA; S
HERCEPTIN HYLECTA	4	B/D PA; S
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	4	B/D PA; S
<i>hydroxyurea oral</i>	1	
IBRANCE	4	PA; QL (21 per 28 days); LA; S
ICLUSIG	4	PA; QL (30 per 30 days); LA; S
IDHIFA ORAL TABLET 100 MG	4	PA; QL (30 per 30 days); LA; S
IDHIFA ORAL TABLET 50 MG	4	PA; QL (60 per 30 days); LA; S
<i>imatinib mesylate oral tablet 100 mg</i>	4	PA; QL (90 per 30 days); S
<i>imatinib mesylate oral tablet 400 mg</i>	4	PA; QL (60 per 30 days); S
IMBRUVICA ORAL CAPSULE 140 MG	4	PA; QL (90 per 30 days); LA; S
IMBRUVICA ORAL CAPSULE 70 MG	4	PA; QL (30 per 30 days); LA; S
IMBRUVICA ORAL SUSPENSION	4	PA; QL (216 per 27 days); LA; S
IMBRUVICA ORAL TABLET 140 MG	4	PA; QL (90 per 30 days); LA; S
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG	4	PA; QL (30 per 30 days); LA; S
IMFINZI	4	PA; LA; S
INLYTA ORAL TABLET 1 MG	4	PA; QL (180 per 30 days); LA; S
INLYTA ORAL TABLET 5 MG	4	PA; QL (120 per 30 days); LA; S
INQOVI	4	PA; QL (5 per 28 days); LA; S
INREBIC	4	PA; QL (120 per 30 days); LA; S

Drug Name	Drug Tier	Requirements/Limits
<i>irinotecan hcl intravenous solution 100 mg/5ml</i>	3	
<i>irinotecan hcl intravenous solution 300 mg/15ml, 40 mg/2ml</i>	1	
<i>irinotecan hcl intravenous solution 500 mg/25ml</i>	1	B/D PA
ITOVEBI ORAL TABLET 3 MG	4	PA; QL (56 per 28 days); S
ITOVEBI ORAL TABLET 9 MG	4	PA; QL (28 per 28 days); S
IWILFIN	4	PA; QL (240 per 30 days); S
JAKAFI	4	PA; QL (60 per 30 days); LA; S
JAYPIRCA ORAL TABLET 100 MG	4	PA; QL (60 per 30 days); S
JAYPIRCA ORAL TABLET 50 MG	4	PA; QL (30 per 30 days); S
JEVTANA	4	PA; S
KADCYLA	4	PA; S
KEYTRUDA INTRAVENOUS SOLUTION	4	PA; S
KISQALI (200 MG DOSE)	4	PA; QL (21 per 28 days); S
KISQALI (400 MG DOSE)	4	PA; QL (42 per 28 days); S
KISQALI (600 MG DOSE)	4	PA; QL (63 per 28 days); S
KISQALI FEMARA (200 MG DOSE)	4	PA; QL (49 per 28 days); S
KISQALI FEMARA (400 MG DOSE)	4	PA; QL (70 per 28 days); S
KISQALI FEMARA (600 MG DOSE)	4	PA; QL (91 per 28 days); S
KRAZATI	4	PA; QL (180 per 30 days); S
KYPROLIS	4	PA; LA; S

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lapatinib ditosylate</i>	4	PA; QL (180 per 30 days); S	<i>leuprolide acetate injection</i>	1	PA
LAZCLUZE ORAL TABLET 240 MG	4	PA; QL (30 per 30 days); S	LONSURF	4	PA; S
LAZCLUZE ORAL TABLET 80 MG	4	PA; QL (60 per 30 days); S	LORBRENA ORAL TABLET 100 MG	4	PA; QL (30 per 30 days); LA; S
<i>lenalidomide oral capsule 10 mg</i>	4	PA; QL (60 per 30 days); LA; S	LORBRENA ORAL TABLET 25 MG	4	PA; QL (90 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	LUMAKRAS ORAL TABLET 120 MG	4	PA; QL (240 per 30 days); LA; S
<i>lenalidomide oral capsule 5 mg</i>	4	PA; QL (150 per 30 days); LA; S	LUMAKRAS ORAL TABLET 240 MG	4	PA; QL (120 per 30 days); S
LENVIMA (10 MG DAILY DOSE)	4	PA; QL (30 per 30 days); LA; S	LUMAKRAS ORAL TABLET 320 MG	4	PA; QL (90 per 30 days); S
LENVIMA (12 MG DAILY DOSE)	4	PA; QL (90 per 30 days); LA; S	LUPRON DEPOT (1-MONTH)	4	PA; QL (1 per 28 days); S
LENVIMA (14 MG DAILY DOSE)	4	PA; QL (60 per 30 days); LA; S	LUPRON DEPOT (3-MONTH)	4	PA; QL (1 per 84 days); S
LENVIMA (18 MG DAILY DOSE)	4	PA; QL (90 per 30 days); LA; S	LUPRON DEPOT (4-MONTH)	4	PA; QL (1 per 112 days); S
LENVIMA (20 MG DAILY DOSE)	4	PA; QL (60 per 30 days); LA; S	LUPRON DEPOT (6-MONTH)	4	PA; QL (1 per 168 days); S
LENVIMA (24 MG DAILY DOSE)	4	PA; QL (90 per 30 days); LA; S	LYNPARZA ORAL TABLET	4	PA; QL (120 per 30 days); LA; S
LENVIMA (4 MG DAILY DOSE)	4	PA; QL (30 per 30 days); LA; S	LYSODREN	4	S
LENVIMA (8 MG DAILY DOSE)	4	PA; QL (60 per 30 days); LA; S	LYTGOBI (12 MG DAILY DOSE)	4	PA; S
<i>letrozole oral</i>	1	QL (30 per 30 days); MO	LYTGOBI (16 MG DAILY DOSE)	4	PA; S
<i>leucovorin calcium injection solution 100 mg/10ml</i>	1		LYTGOBI (20 MG DAILY DOSE)	4	PA; S
<i>leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 500 mg</i>	1	B/D PA	MATULANE	4	LA; S
<i>leucovorin calcium oral</i>	1		<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>	1	PA
<i>leuprolide acetate (3 month)</i>	3	PA	<i>megestrol acetate oral tablet</i>	1	PA
			MEKINIST ORAL SOLUTION RECONSTITUTED	4	PA; QL (1200 per 30 days); S

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Drug Name	Drug Tier	Requirements/Limits
MEKINIST ORAL TABLET 0.5 MG	4	PA; QL (90 per 30 days); LA; S
MEKINIST ORAL TABLET 2 MG	4	PA; QL (30 per 30 days); LA; S
MEKTOVI	4	PA; QL (180 per 30 days); LA; S
<i>mercaptopurine oral</i>	1	
<i>mesna</i>	1	
MESNEX ORAL	4	S
<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

Drug Name	Drug Tier	Requirements/Limits
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
<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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RETEVMO ORAL CAPSULE 40 MG	4	PA; QL (180 per 30 days); S	<i>sorafenib tosylate</i>	4	PA; QL (120 per 30 days); S
RETEVMO ORAL CAPSULE 80 MG	4	PA; QL (120 per 30 days); S	STIVARGA	4	PA; QL (84 per 28 days); LA; S
RETEVMO ORAL TABLET 120 MG, 160 MG	4	PA; QL (60 per 30 days); S	<i>sunitinib malate</i>	4	PA; QL (30 per 30 days); S
RETEVMO ORAL TABLET 40 MG	4	PA; QL (180 per 30 days); S	TABRECTA	4	PA; QL (120 per 30 days); S
RETEVMO ORAL TABLET 80 MG	4	PA; QL (120 per 30 days); S	TAFINLAR ORAL CAPSULE	4	PA; QL (120 per 30 days); LA; S
REZLIDHIA	4	PA; QL (60 per 30 days); LA; S	TAFINLAR ORAL TABLET SOLUBLE	4	PA; QL (900 per 30 days); S
RIABNI	4	B/D PA; S	TAGRISSO	4	PA; QL (30 per 30 days); LA; S
RITUXAN HYCELA	4	B/D PA; LA; S	TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	4	PA; QL (30 per 30 days); S
RITUXAN INTRAVENOUS SOLUTION	4	B/D PA; LA; S	TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	4	PA; QL (30 per 30 days); LA; S
<i>romidepsin intravenous solution reconstituted</i>	4	S	<i>tamoxifen citrate oral</i>	1	MO
ROZLYTREK ORAL CAPSULE 100 MG	4	PA; QL (150 per 30 days); LA; S	TASIGNA	4	PA; QL (112 per 28 days); S
ROZLYTREK ORAL CAPSULE 200 MG	4	PA; QL (90 per 30 days); LA; S	TAZVERIK	4	PA; QL (240 per 30 days); LA; S
ROZLYTREK ORAL PACKET	4	PA; QL (360 per 30 days); LA; S	TECENTRIQ	4	PA; LA; S
RUBRACA	4	PA; QL (120 per 30 days); LA; S	TECENTRIQ HYBREZA	4	PA; S
RYBREVANT	4	PA; S	TECVAYLI	4	PA; S
RYDAPT	4	PA; QL (240 per 30 days); S	TEPMETKO	4	PA; QL (60 per 30 days); LA; S
RYLAZE	4	PA; S	THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PA; QL (30 per 30 days); S
SARCLISA	4	PA; S	THALOMID ORAL CAPSULE 150 MG, 200 MG	4	PA; QL (60 per 30 days); S
SCEMBLIX ORAL TABLET 100 MG	4	PA; QL (120 per 30 days); S	TIBSOVO	4	PA; QL (60 per 30 days); LA; S
SCEMBLIX ORAL TABLET 20 MG	4	PA; QL (60 per 30 days); S	TICE BCG	2	B/D PA
SCEMBLIX ORAL TABLET 40 MG	4	PA; QL (300 per 30 days); S	<i>toremifene citrate</i>	3	QL (30 per 30 days)
SOLTAMOX	4	MO; S	<i>tretinoin oral</i>	4	S

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRODELVY	4	PA; S	VORANIGO ORAL TABLET 40 MG	4	PA; QL (30 per 30 days); S
TRUQAP	4	PA; QL (64 per 28 days); S	WELIREG	4	PA; QL (90 per 30 days); LA; S
TUKYSA	4	PA; QL (120 per 30 days); LA; S	XALKORI ORAL CAPSULE	4	PA; QL (120 per 30 days); LA; S
TURALIO ORAL CAPSULE 125 MG	4	PA; QL (120 per 30 days); LA; S	XALKORI ORAL CAPSULE SPRINKLE 150 MG	4	PA; QL (180 per 30 days); LA; S
VANFLYTA	4	PA; QL (56 per 28 days); S	XALKORI ORAL CAPSULE SPRINKLE 20 MG	4	PA; QL (240 per 30 days); LA; S
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	4	PA; S	XALKORI ORAL CAPSULE SPRINKLE 50 MG	4	PA; QL (120 per 30 days); LA; S
VENCLEXTA ORAL TABLET 10 MG	2	PA; QL (60 per 30 days); LA	XOSPATA	4	PA; QL (90 per 30 days); LA; S
VENCLEXTA ORAL TABLET 100 MG	4	PA; QL (180 per 30 days); LA; S	XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 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 (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	4	PA; QL (4 per 28 days); LA; S
VENCLEXTA STARTING PACK	4	PA; LA; S	XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	4	PA; QL (8 per 28 days); LA; S
VERZENIO	4	PA; QL (56 per 28 days); LA; S	XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	4	PA; QL (4 per 28 days); LA; S
<i>vinblastine sulfate intravenous solution</i>	1	B/D PA	XPOVIO (60 MG TWICE WEEKLY)	4	PA; QL (24 per 28 days); LA; S
<i>vincristine sulfate intravenous</i>	1	B/D PA	XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	4	PA; QL (8 per 28 days); LA; S
<i>vinorelbine tartrate</i>	1	B/D PA	XPOVIO (80 MG TWICE WEEKLY)	4	PA; QL (32 per 28 days); LA; S
VITRAKVI ORAL CAPSULE 100 MG	4	PA; QL (60 per 30 days); LA; S	XTANDI ORAL CAPSULE	4	PA; QL (120 per 30 days); LA; S
VITRAKVI ORAL CAPSULE 25 MG	4	PA; QL (180 per 30 days); LA; S	XTANDI ORAL TABLET 40 MG	4	PA; QL (120 per 30 days); S
VITRAKVI ORAL SOLUTION	4	PA; QL (300 per 30 days); LA; S	XTANDI ORAL TABLET 80 MG	4	PA; QL (60 per 30 days); S
VIZIMPRO	4	PA; QL (30 per 30 days); LA; S	YERVOY	4	PA; S
VONJO	4	PA; QL (120 per 30 days); LA; S			
VORANIGO ORAL TABLET 10 MG	4	PA; QL (60 per 30 days); S			

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

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl er beads</i>	1	MO
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	1	MO
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	1	MO
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	MO
<i>diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	MO
<i>diltiazem hcl intravenous solution</i>	1	
<i>diltiazem hcl intravenous solution reconstituted</i>	2	
<i>diltiazem hcl oral</i>	1	MO
<i>disopyramide phosphate oral</i>	1	PA; MO
<i>dofetilide</i>	1	
<i>doxazosin mesylate oral</i>	1	MO
<i>droxidopa oral capsule 100 mg</i>	3	PA; QL (90 per 30 days)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	4	PA; QL (180 per 30 days); S
<i>enalapril maleate oral tablet</i>	1	MO
<i>enalapril-hydrochlorothiazide</i>	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
<i>eplerenone</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
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 tablet 100 mg, 200 mg, 300 mg	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

You can find information 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 100 mg</i>	1	QL (30 per 30 days); MO
<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>methyldopa oral tablet 500 mg</i>	1	PA
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>nicardipine hcl intravenous</i>	1	
<i>nicardipine hcl oral</i>	1	MO
<i>nifedipine er</i>	1	MO
<i>nifedipine er osmotic release</i>	1	MO
<i>nifedipine oral</i>	1	PA; MO
<i>nimodipine oral capsule</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

You can find information 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>pitavastatin calcium</i>	3	QL (30 per 30 days); MO	<i>sotalol hcl (af) oral tablet 120 mg, 160 mg</i>	1	MO
<i>pravastatin sodium</i>	1	QL (30 per 30 days); MO	<i>sotalol hcl (af) oral tablet 80 mg</i>	1	MO
<i>prazosin hcl oral</i>	1	MO	<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg</i>	1	MO
<i>prevalite</i>	1	MO	<i>sotalol hcl oral tablet 80 mg</i>	1	MO
<i>propafenone hcl</i>	1	MO	<i>spironolactone oral tablet 100 mg, 50 mg</i>	1	MO
<i>propafenone hcl er</i>	3	MO	<i>spironolactone oral tablet 25 mg</i>	1	MO
<i>propranolol hcl er</i>	1	MO	<i>spironolactone-hctz</i>	1	MO
<i>propranolol hcl intravenous</i>	1		<i>telmisartan oral tablet 20 mg, 40 mg</i>	1	QL (30 per 30 days); MO
<i>propranolol hcl oral solution</i>	1	MO	<i>telmisartan oral tablet 80 mg</i>	1	QL (60 per 30 days); MO
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	MO	<i>telmisartan-amlodipine</i>	1	QL (30 per 30 days); MO
<i>propranolol hcl oral tablet 60 mg</i>	1	MO	<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg</i>	1	QL (30 per 30 days); MO
<i>quinapril hcl</i>	1	MO	<i>telmisartan-hctz oral tablet 80-12.5 mg</i>	1	QL (60 per 30 days); MO
<i>quinapril-hydrochlorothiazide</i>	1	QL (60 per 30 days); MO	<i>terazosin hcl oral</i>	1	MO
<i>quinidine sulfate oral</i>	1	MO	TIADYLT ER	1	MO
<i>ramipril</i>	1	MO	<i>timolol maleate oral</i>	1	MO
<i>ranolazine er</i>	1	PA; QL (60 per 30 days); MO	<i>torseamide oral</i>	1	MO
REPATHA	2	PA; QL (3 per 28 days)	<i>trandolapril</i>	1	MO
REPATHA PUSHTRONEX SYSTEM	2	PA; QL (3.5 per 28 days)	<i>trandolapril-verapamil hcl er</i>	1	QL (30 per 30 days); MO
REPATHA SURECLICK	2	PA; QL (3 per 28 days)	<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	MO
<i>rosuvastatin calcium oral</i>	1	QL (30 per 30 days); MO	<i>triamterene-hctz oral tablet</i>	1	MO
<i>simvastatin oral tablet</i>	1	QL (30 per 30 days); MO	<i>valsartan oral tablet 160 mg</i>	1	QL (60 per 30 days); MO
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG	1	MO	<i>valsartan oral tablet 320 mg</i>	1	QL (30 per 30 days); MO
SORINE ORAL TABLET 80 MG	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
valsartan oral tablet 40 mg, 80 mg	1	QL (90 per 30 days); MO
valsartan-hydrochlorothiazide	1	QL (30 per 30 days); MO
VASCEPA	2	MO
VECAMYL	3	MO
verapamil hcl er oral capsule extended release 24 hour	1	MO
verapamil hcl er oral tablet extended release 120 mg	1	MO
verapamil hcl er oral tablet extended release 180 mg, 240 mg	1	MO
verapamil hcl intravenous	1	
verapamil hcl oral	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
acamprosate calcium	1	MO
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA; QL (1 per 28 days); MO

Drug Name	Drug Tier	Requirements/Limits
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	2	PA; QL (2 per 28 days); MO
almotriptan malate	1	QL (9 per 30 days)
alprazolam er	1	QL (90 per 30 days)
ALPRAZOLAM INTENSOL	2	QL (300 per 30 days)
alprazolam oral	1	QL (120 per 30 days)
alprazolam xr	1	QL (90 per 30 days)
amantadine hcl oral capsule	1	MO
amantadine hcl oral solution	1	MO
amantadine hcl oral tablet	1	MO
amitriptyline hcl oral	1	MO
amoxapine	1	PA; MO
amphetamine sulfate oral tablet 10 mg	3	PA; QL (180 per 30 days); MO
amphetamine sulfate oral tablet 5 mg	3	PA; QL (90 per 30 days); MO
amphetamine-dextroamphetamine	1	PA; QL (30 per 30 days); MO
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	1	PA; QL (90 per 30 days); MO
amphetamine-dextroamphetamine oral tablet 30 mg	1	PA; QL (60 per 30 days); MO
apomorphine hcl subcutaneous	4	PA; QL (60 per 30 days); S
APTIOM	4	ST; MO; S
aripiprazole oral solution	1	QL (900 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>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
<i>aripiprazole oral tablet dispersible 10 mg</i>	3	QL (90 per 30 days); MO
<i>aripiprazole oral tablet dispersible 15 mg</i>	3	QL (60 per 30 days); MO
ARISTADA INITIO	4	QL (4.8 per 365 days); S
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	4	QL (3.9 per 60 days); MO; S
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	4	QL (1.6 per 28 days); MO; S
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	4	QL (2.4 per 28 days); MO; S
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	4	QL (3.2 per 28 days); MO; S
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	1	PA; QL (30 per 30 days); MO
<i>armodafinil oral tablet 50 mg</i>	1	PA; QL (60 per 30 days); MO
<i>asenapine maleate sublingual tablet sublingual 10 mg</i>	3	QL (60 per 30 days); MO
<i>asenapine maleate sublingual tablet sublingual 2.5 mg</i>	1	QL (240 per 30 days); MO
<i>asenapine maleate sublingual tablet sublingual 5 mg</i>	1	QL (120 per 30 days); MO
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL (60 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	1	QL (30 per 30 days); MO
AUVELITY	4	PA; QL (60 per 30 days); MO; S
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	4	PA; QL (4 per 28 days); S
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	4	PA; QL (4 per 28 days); S
BAC	1	PA; QL (180 per 30 days)
<i>baclofen oral tablet 10 mg, 15 mg, 5 mg</i>	1	QL (90 per 30 days)
<i>baclofen oral tablet 20 mg</i>	1	QL (120 per 30 days)
<i>benztropine mesylate injection</i>	1	PA
<i>benztropine mesylate oral</i>	1	PA; MO
BETASERON SUBCUTANEOUS KIT	4	PA; QL (15 per 30 days); S
BOTOX	3	PA
BRIVIACT INTRAVENOUS	3	
BRIVIACT ORAL SOLUTION	4	QL (600 per 30 days); MO; S
BRIVIACT ORAL TABLET	4	QL (60 per 30 days); MO; S
<i>bromocriptine mesylate oral</i>	1	MO
<i>buprenorphine hcl injection</i>	1	
<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

You can find information 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 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
<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>bupirone 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)

Drug Name	Drug Tier	Requirements/Limits
<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
<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

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Drug Name	Drug Tier	Requirements/Limits
<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
<i>clobazam oral tablet 10 mg</i>	1	PA; QL (120 per 30 days); MO
<i>clobazam oral tablet 20 mg</i>	1	PA; QL (60 per 30 days); MO
<i>clomipramine hcl oral</i>	1	PA; MO
<i>clonazepam oral tablet 0.5 mg</i>	1	QL (1200 per 30 days)
<i>clonazepam oral tablet 1 mg</i>	1	QL (600 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	QL (300 per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg</i>	1	QL (4800 per 30 days)
<i>clonazepam oral tablet dispersible 0.25 mg</i>	1	QL (2400 per 30 days)
<i>clonazepam oral tablet dispersible 0.5 mg</i>	1	QL (1200 per 30 days)
<i>clonazepam oral tablet dispersible 1 mg</i>	1	QL (600 per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	1	QL (300 per 30 days)
<i>clonidine hcl er oral tablet extended release 12 hour</i>	1	QL (120 per 30 days); MO
<i>clorazepate dipotassium</i>	1	
<i>clozapine oral tablet 100 mg</i>	1	QL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i>	1	QL (120 per 30 days)
<i>clozapine oral tablet 25 mg</i>	1	QL (1080 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine oral tablet 50 mg</i>	1	QL (540 per 30 days)
<i>clozapine oral tablet dispersible 100 mg</i>	1	QL (270 per 30 days)
<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)
<i>clozapine oral tablet dispersible 200 mg</i>	4	QL (120 per 30 days); S
<i>clozapine oral tablet dispersible 25 mg</i>	1	QL (1080 per 30 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG	4	PA; QL (60 per 30 days); MO; S
COBENFY ORAL CAPSULE 50-20 MG	3	PA; QL (60 per 30 days)
COBENFY STARTER PACK	4	PA; S
<i>cyclobenzaprine hcl oral</i>	1	PA
<i>dalfampridine er</i>	2	PA; QL (60 per 30 days)
<i>dantrolene sodium oral</i>	1	
<i>desipramine hcl oral</i>	1	PA; MO
<i>desvenlafaxine er</i>	3	QL (30 per 30 days); MO
<i>desvenlafaxine succinate er</i>	1	MO
<i>dexmethylphenidate hcl</i>	1	QL (60 per 30 days); MO
<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>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i>	1	QL (60 per 30 days); MO
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	1	QL (120 per 30 days); MO

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Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate oral solution</i>	1	QL (1920 per 30 days); MO
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	1	QL (180 per 30 days); MO
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	1	QL (90 per 30 days); MO
DIACOMIT ORAL CAPSULE 250 MG	4	PA; QL (360 per 30 days); LA; S
DIACOMIT ORAL CAPSULE 500 MG	4	PA; QL (180 per 30 days); LA; S
DIACOMIT ORAL PACKET 250 MG	4	PA; QL (360 per 30 days); LA; S
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

Drug Name	Drug Tier	Requirements/Limits
<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
<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

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Drug Name	Drug Tier	Requirements/Limits
<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
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
estazolam	1	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<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); MO; S
FANAPT ORAL TABLET 10 MG, 12 MG	4	PA; QL (60 per 30 days); MO; S
FANAPT ORAL TABLET 2 MG	4	PA; QL (360 per 30 days); MO; S
FANAPT ORAL TABLET 4 MG	4	PA; QL (180 per 30 days); MO; S
FANAPT ORAL TABLET 6 MG	4	PA; QL (120 per 30 days); MO; S
FANAPT ORAL TABLET 8 MG	4	PA; QL (90 per 30 days); MO; 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	

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Drug Name	Drug Tier	Requirements/ Limits
<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
<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

Drug Name	Drug Tier	Requirements/ Limits
<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
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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INGREZZA ORAL CAPSULE THERAPY PACK	4	PA; QL (56 per 365 days); S	SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML		
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	4	QL (3.5 per 180 days); S	KESIMPTA	4	PA; QL (1.2 per 30 days); S
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	4	QL (5 per 180 days); S	<i>lacosamide intravenous</i>	4	S
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	4	QL (0.75 per 28 days); S	<i>lacosamide oral solution</i>	3	QL (1200 per 30 days); MO
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	4	QL (1 per 28 days); S	<i>lacosamide oral tablet</i>	3	QL (60 per 30 days); MO
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	4	QL (1.5 per 28 days); S	<i>lamotrigine er</i>	3	MO
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	3	QL (0.25 per 28 days)	<i>lamotrigine oral tablet</i>	1	MO
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	4	QL (0.5 per 28 days); S	<i>lamotrigine oral tablet chewable</i>	1	MO
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	4	QL (0.88 per 84 days); S	<i>lamotrigine oral tablet dispersible</i>	1	MO
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	4	QL (1.32 per 84 days); S	<i>lamotrigine starter kit-blue</i>	3	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	4	QL (1.75 per 84 days); S	<i>lamotrigine starter kit-orange</i>	3	
INVEGA TRINZA INTRAMUSCULAR	4	QL (2.63 per 84 days); S	<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	1	QL (180 per 30 days); MO
			<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	1	QL (120 per 30 days); MO
			<i>levetiracetam intravenous</i>	1	
			<i>levetiracetam oral</i>	1	MO
			LIBERVANT	3	QL (10 per 30 days)
			<i>lithium</i>	2	MO
			<i>lithium carbonate er</i>	1	MO
			<i>lithium carbonate oral capsule 150 mg, 300 mg</i>	1	MO
			<i>lithium carbonate oral capsule 600 mg</i>	1	MO
			<i>lithium carbonate oral tablet</i>	1	MO
			<i>lorazepam injection</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
LORAZEPAM INTENSOL	1	QL (150 per 30 days)
lorazepam oral concentrate	1	QL (150 per 30 days)
lorazepam oral tablet 0.5 mg	1	QL (120 per 30 days)
lorazepam oral tablet 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
LYBALVI	4	PA; QL (30 per 30 days); MO; S
MARPLAN	3	MO
MAYZENT ORAL TABLET 0.25 MG	4	PA; QL (120 per 30 days); LA; S
MAYZENT ORAL TABLET 1 MG, 2 MG	4	PA; QL (30 per 30 days); LA; S
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	4	PA; LA; S
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	3	PA; LA
memantine hcl er	1	PA; QL (30 per 30 days); MO
memantine hcl oral solution 2 mg/ml	1	PA; QL (300 per 30 days); MO
memantine hcl oral tablet 10 mg	1	PA; QL (60 per 30 days); MO
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	1	PA; QL (60 per 30 days)
memantine hcl oral tablet 5 mg	1	PA; QL (90 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
meprobamate	1	PA
methocarbamol oral tablet 500 mg, 750 mg	1	
methsuximide	3	MO
methylphenidate hcl er (cd)	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
methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg	1	PA; QL (60 per 30 days); MO
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 45 mg, 54 mg, 63 mg	1	PA; QL (30 per 30 days); MO
methylphenidate hcl er (osm) oral tablet extended release 36 mg	1	PA; QL (60 per 30 days); MO
methylphenidate hcl er oral tablet extended release	1	PA; QL (90 per 30 days); MO
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg	1	PA; QL (30 per 30 days); MO
methylphenidate hcl er oral tablet extended release 24 hour 36 mg	1	PA; QL (60 per 30 days); MO
methylphenidate hcl oral solution 10 mg/5ml	1	PA; QL (900 per 30 days); MO
methylphenidate hcl oral solution 5 mg/5ml	1	PA; QL (1800 per 30 days); MO
methylphenidate hcl oral tablet	1	PA; QL (90 per 30 days); MO
midazolam hcl oral	1	
MIGERGOT	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
<i>mirtazapine oral tablet 15 mg, 30 mg, 7.5 mg</i>	1	MO	<i>nortriptyline hcl oral solution</i>	1	MO
<i>mirtazapine oral tablet 45 mg</i>	1	QL (30 per 30 days); MO	NUEDEXTA	4	PA; QL (60 per 30 days); MO; S
<i>mirtazapine oral tablet dispersible</i>	1	QL (30 per 30 days); MO	NUPLAZID ORAL CAPSULE	4	PA; QL (30 per 30 days); LA; S
<i>modafinil oral tablet 100 mg</i>	1	PA; QL (30 per 30 days); MO	NUPLAZID ORAL TABLET 10 MG	4	PA; QL (30 per 30 days); LA; S
<i>modafinil oral tablet 200 mg</i>	1	PA; QL (60 per 30 days); MO	NURTEC	4	PA; QL (16 per 30 days); S
<i>molindone hcl</i>	1	MO	<i>olanzapine intramuscular</i>	1	QL (90 per 30 days)
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	1		<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	MO
<i>naloxone hcl injection solution cartridge</i>	1		<i>olanzapine oral tablet 20 mg</i>	1	QL (30 per 30 days); MO
<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>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	1	MO			
<i>nortriptyline hcl oral capsule 50 mg, 75 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	Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</i>	1	QL (30 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>paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg</i>	1	QL (60 per 30 days); MO	<i>pregabalin er oral tablet extended release 24 hour 330 mg</i>	3	PA; QL (60 per 30 days); MO
<i>paroxetine hcl oral suspension</i>	3	QL (900 per 30 days); MO	<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	1	QL (45 per 30 days); MO	<i>pregabalin oral capsule 200 mg</i>	1	QL (90 per 30 days); MO
<i>paroxetine hcl oral tablet 20 mg</i>	1	QL (30 per 30 days); MO	<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	QL (60 per 30 days); MO
<i>paroxetine hcl oral tablet 30 mg</i>	1	QL (60 per 30 days); MO	<i>pregabalin oral solution</i>	1	QL (900 per 30 days); MO
<i>perphenazine oral</i>	1	MO	<i>primidone oral</i>	1	MO
<i>perphenazine-amitriptyline</i>	1	PA; MO	<i>protriptyline hcl</i>	1	PA; MO
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	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>pramipexole dihydrochloride er</i>	3	MO			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
quetiapine fumarate oral tablet 400 mg	1	QL (60 per 30 days); MO	risperidone oral tablet dispersible 1 mg	1	QL (480 per 30 days); MO
quetiapine fumarate oral tablet 50 mg	1	QL (480 per 30 days); MO	risperidone oral tablet dispersible 2 mg	1	QL (240 per 30 days); MO
ramelteon	1	QL (30 per 30 days)	risperidone oral tablet dispersible 3 mg	1	QL (150 per 30 days); MO
rasagiline mesylate oral	1	MO	risperidone oral tablet dispersible 4 mg	1	QL (120 per 30 days); MO
REGONOL INTRAVENOUS	2		rivastigmine	1	QL (30 per 30 days); MO
RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	1	PA; QL (30 per 30 days); MO	rivastigmine tartrate	1	QL (60 per 30 days); MO
REXULTI	4	QL (30 per 30 days); MO; S	rizatriptan benzoate	1	QL (12 per 30 days)
riluzole	1		ropinirole hcl	1	MO
risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg	3	QL (2 per 28 days)	ropinirole hcl er	1	MO
risperidone microspheres er intramuscular suspension reconstituted er 50 mg	4	QL (2 per 28 days); S	ROWEEPRA ORAL TABLET 500 MG	1	MO
risperidone oral solution	1	QL (480 per 30 days); MO	rufinamide oral suspension	4	PA; QL (2400 per 30 days); MO; S
risperidone oral tablet 0.25 mg	1	QL (1920 per 30 days); MO	rufinamide oral tablet 200 mg	3	PA; QL (480 per 30 days); MO
risperidone oral tablet 0.5 mg	1	QL (960 per 30 days); MO	rufinamide oral tablet 400 mg	4	PA; QL (240 per 30 days); MO; S
risperidone oral tablet 1 mg	1	QL (480 per 30 days); MO	RYTARY	3	ST; MO
risperidone oral tablet 2 mg	1	QL (240 per 30 days); MO	SAVELLA	3	PA; QL (60 per 30 days); MO
risperidone oral tablet 3 mg, 4 mg	1	QL (120 per 30 days); MO	SAVELLA TITRATION PACK	3	PA
risperidone oral tablet dispersible 0.25 mg	1	QL (1920 per 30 days); MO	SECUADO	4	QL (30 per 30 days); MO; S
risperidone oral tablet dispersible 0.5 mg	1	QL (960 per 30 days); MO	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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>sertraline hcl oral tablet 50 mg</i>	1	QL (120 per 30 days); MO	<i>teriflunomide</i>	4	PA; QL (30 per 30 days); S
<i>sodium oxybate</i>	4	PA; QL (540 per 30 days); LA; S	<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA; QL (240 per 30 days); S
SPRAVATO (56 MG DOSE)	3	PA; QL (16 per 28 days)	<i>tetrabenazine oral tablet 25 mg</i>	4	PA; QL (120 per 30 days); S
SPRAVATO (84 MG DOSE)	4	PA; QL (24 per 28 days); S	<i>thioridazine hcl oral</i>	1	MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG	3	PA; QL (60 per 30 days); MO	<i>thiothixene oral</i>	1	MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	3	PA; QL (120 per 30 days); MO	<i>tiagabine hcl</i>	1	MO
SUBVENITE	1	MO	<i>tizanidine hcl oral tablet</i>	1	
<i>sumatriptan nasal</i>	1		<i>tolcapone</i>	4	PA; QL (180 per 30 days); MO; S
<i>sumatriptan succinate oral</i>	1	QL (9 per 30 days)	<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 25 mg, 50 mg</i>	3	MO
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	1	QL (6 per 30 days)	<i>topiramate er oral capsule extended release 24 hour 100 mg</i>	4	QL (30 per 30 days); MO; S
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	1	QL (6 per 30 days)	<i>topiramate er oral capsule extended release 24 hour 25 mg, 50 mg</i>	3	QL (30 per 30 days); MO
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	1	QL (6 per 30 days)	<i>topiramate oral</i>	1	MO
SUNOSI	3	PA; QL (30 per 30 days); MO	<i>tranylcypromine sulfata</i>	1	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	4	PA; QL (60 per 30 days); MO; S	<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1	MO
SYMPAZAN ORAL FILM 5 MG	4	PA; QL (30 per 30 days); MO; S	<i>trazodone hcl oral tablet 300 mg</i>	1	MO
<i>tasimelteon</i>	4	PA; QL (30 per 30 days); S	<i>triazolam oral tablet 0.25 mg</i>	1	QL (30 per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	QL (30 per 30 days)	<i>trifluoperazine hcl oral</i>	1	MO
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	3	QL (30 per 30 days)	<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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
UBRELVY ORAL TABLET 100 MG	4	PA; QL (16 per 30 days); S	<i>varenicline tartrate oral tablet 1 mg, 1 mg (56 pack)</i>	3	PA; QL (56 per 28 days)
UBRELVY ORAL TABLET 50 MG	4	PA; QL (20 per 30 days); S	<i>varenicline tartrate(continue)</i>	3	PA; QL (56 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	4	QL (0.28 per 28 days); S	<i>venlafaxine besylate er</i>	3	QL (60 per 30 days); MO
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	4	QL (0.35 per 28 days); S	<i>venlafaxine hcl</i>	1	QL (90 per 30 days); MO
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	4	QL (0.42 per 56 days); S	<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	1	QL (30 per 30 days); MO
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	4	QL (0.56 per 56 days); S	<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg</i>	1	QL (180 per 30 days); MO
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</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	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

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Drug Name	Drug Tier	Requirements/Limits
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	4	PA; QL (56 per 28 days); MO; S
XCOPRI (350 MG DAILY DOSE)	4	PA; QL (56 per 28 days); MO; S
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	4	PA; QL (30 per 30 days); MO; S
XCOPRI ORAL TABLET 150 MG, 200 MG	4	PA; QL (60 per 30 days); MO; S
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	3	PA; QL (56 per 365 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG	4	PA; QL (56 per 365 days); S
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 nasal solution 2.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	4	QL (2 per 28 days); S
Dermatological Agents		
AC CUTANE 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	

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Drug Name	Drug Tier	Requirements/ Limits
ammonium lactate external	1	
AMNESTEEM	1	
azelaic acid external	1	
benzoyl peroxide-erythromycin	1	
betamethasone dipropionate aug	1	
betamethasone dipropionate external	1	
betamethasone valerate external	1	
bexarotene external	4	PA; QL (60 per 30 days); S
calcipotriene external cream	1	QL (120 per 30 days)
calcipotriene external ointment	1	QL (120 per 30 days)
calcipotriene external solution	1	QL (60 per 30 days)
calcipotriene-betameth diprop external ointment	1	QL (400 per 28 days)
CALCITRENE	1	QL (120 per 30 days)
calcitriol external	1	QL (800 per 28 days)
cevimeline hcl	1	MO
chlorhexidine gluconate mouth/throat	1	
CICLODAN EXTERNAL SOLUTION	1	
ciclopirox external	1	
ciclopirox olamine external cream	1	QL (90 per 30 days)
ciclopirox olamine external suspension	1	
CLARAVIS	1	

Drug Name	Drug Tier	Requirements/ Limits
CLINDACIN	1	QL (100 per 30 days)
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	1	
clindamycin phosphate external gel	1	
clindamycin phosphate external lotion	1	QL (120 per 30 days)
clindamycin phosphate external solution	1	QL (120 per 30 days)
clindamycin phosphate external swab	1	
clindamycin-tretinoin	1	PA
clobetasol propionate e	1	QL (120 per 30 days)
clobetasol propionate emulsion	1	QL (100 per 30 days)
clobetasol propionate external cream	1	QL (120 per 30 days)
clobetasol propionate external foam	1	QL (100 per 30 days)
clobetasol propionate external gel	1	QL (60 per 30 days)
clobetasol propionate external lotion	1	
clobetasol propionate external ointment	1	QL (120 per 30 days)
clobetasol propionate external shampoo	1	
clobetasol propionate external solution	1	QL (50 per 30 days)
clocortolone pivalate	1	
CLODAN EXTERNAL SHAMPOO	1	
clotrimazole external cream	1	
clotrimazole external solution	1	

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Drug Name	Drug Tier	Requirements/ Limits
<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	
<i>desoximetasone external ointment</i>	1	
<i>diclofenac sodium external gel 3 %</i>	1	PA; QL (100 per 30 days)
<i>diflorasone diacetate external</i>	1	QL (60 per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	4	PA; QL (4.56 per 28 days); S
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	4	PA; QL (8 per 28 days); S
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	4	PA; QL (1.34 per 28 days); S
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	4	PA; QL (4.56 per 28 days); S

Drug Name	Drug Tier	Requirements/ Limits
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	4	PA; QL (8 per 28 days); S
<i>econazole nitrate external</i>	1	QL (90 per 30 days)
<i>ery</i>	1	
<i>erythromycin external gel</i>	1	
<i>erythromycin external solution</i>	1	
<i>fluocinolone acetonide body</i>	1	QL (120 per 30 days)
<i>fluocinolone acetonide external</i>	1	QL (120 per 30 days)
<i>fluocinolone acetonide scalp</i>	1	QL (120 per 30 days)
<i>fluocinonide emulsified base</i>	1	QL (240 per 30 days)
<i>fluocinonide external cream 0.05 %</i>	1	QL (240 per 30 days)
<i>fluocinonide external cream 0.1 %</i>	1	QL (120 per 30 days)
<i>fluocinonide external gel</i>	1	QL (240 per 30 days)
<i>fluocinonide external ointment</i>	1	QL (240 per 30 days)
<i>fluocinonide external solution</i>	1	QL (240 per 30 days)
<i>fluorouracil external cream 5 %</i>	1	QL (40 per 28 days)
<i>fluorouracil external solution</i>	1	QL (10 per 28 days)
<i>flurandrenolide external cream</i>	4	S
<i>flurandrenolide external lotion</i>	3	
<i>fluticasone propionate external</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>fraiche 5000 dental gel 1.1 % dental</i>	1	
<i>gentamicin sulfate external</i>	1	QL (30 per 30 days)
<i>halobetasol propionate external cream</i>	1	
<i>halobetasol propionate external ointment</i>	1	
HALOG EXTERNAL OINTMENT	3	
<i>hydrocortisone (perianal) external cream 1 %</i>	1	
<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	
<i>hydrocortisone butyrate external ointment</i>	1	
<i>hydrocortisone butyrate external solution</i>	1	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone external lotion 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>imiquimod external cream 5 %</i>	1	QL (24 per 28 days)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 35 mg, 40 mg</i>	1	
<i>isotretinoin oral capsule 25 mg</i>	4	S

Drug Name	Drug Tier	Requirements/ Limits
JUST RIGHT 5000 DENTAL PASTE	1	MO
<i>ketoconazole external cream</i>	1	QL (120 per 30 days)
<i>ketoconazole external foam</i>	3	QL (100 per 30 days)
<i>ketoconazole external shampoo 2 %</i>	1	QL (120 per 30 days)
KETODAN EXTERNAL FOAM	3	QL (100 per 30 days)
KLAYESTA	1	
KOURZEQ	1	
<i>luliconazole</i>	3	
<i>mafenide acetate external</i>	1	
<i>malathion external</i>	1	
<i>methoxsalen rapid</i>	4	S
<i>metronidazole external</i>	1	
<i>mometasone furoate external</i>	1	
<i>mupirocin calcium</i>	1	QL (30 per 30 days)
<i>mupirocin external</i>	1	QL (120 per 30 days)
MYORISAN	1	
<i>naftifine hcl external cream</i>	1	
<i>nitroglycerin rectal</i>	3	QL (30 per 30 days)
NYAMYC	1	
<i>nystatin external</i>	1	
<i>nystatin mouth/throat</i>	1	
<i>nystatin-triamcinolone</i>	1	QL (120 per 30 days)
NYSTOP	1	
ORALONE	1	
<i>oxiconazole nitrate</i>	3	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
OXISTAT EXTERNAL LOTION	3	
PANDEL	3	
PANRETIN	4	S
<i>penciclovir</i>	3	QL (5 per 30 days)
PERIOGARD	1	
<i>permethrin external cream</i>	1	
<i>pilocarpine hcl oral</i>	1	MO
<i>pimecrolimus</i>	1	PA; QL (100 per 30 days)
<i>podofilox external solution</i>	1	
PREVIDENT	3	MO
PREVIDENT 5000 BOOSTER PLUS	3	MO
PREVIDENT 5000 DRY MOUTH DENTAL GEL	3	MO
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	

Drug Name	Drug Tier	Requirements/ Limits
<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	
<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)

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Drug Name	Drug Tier	Requirements/ Limits
<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
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

Drug Name	Drug Tier	Requirements/ Limits
<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	
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</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
meq/l-%, 30-5-0.45 meq/l-%, 40-5-0.45 meq/l-%, 40-5-0.9 meq/l-%		
kcl-lactated ringers-d5w	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	1	MO
lactated ringers intravenous	1	
levocarnitine oral solution	1	B/D PA; MO
levocarnitine oral tablet	2	B/D PA; MO
levocarnitine sf	1	B/D PA; MO
magnesium sulfate injection solution 50 %, 50 % (10ml syringe)	1	
magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml	2	
multiple electro type 1 ph 5.5	2	
multiple electro type 1 ph 7.4	2	
NUTRILIPID	3	B/D PA
PLENAMINE	3	B/D PA
pnv-dha	3	
potassium chloride crys er	1	MO
potassium chloride er	1	MO
potassium chloride in nacl intravenous solution 20-0.45 meq/l-%,	1	

Drug Name	Drug Tier	Requirements/ Limits
20-0.9 meq/l-%, 40-0.9 meq/l-%		
potassium chloride intravenous solution 10 meq/100ml, 20 meq/ 100ml, 40 meq/100ml	3	
potassium chloride intravenous solution 10 meq/50ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/ 50ml	1	
potassium chloride oral packet	3	MO
potassium chloride oral solution 10 %, 20 meq/ 15ml (10%), 40 meq/15ml (20%)	1	MO
potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l	1	
PREMASOL INTRAVENOUS SOLUTION 10 %	2	B/D PA
prenatal oral tablet 27-1 mg	3	
prenatal vit w/ ferrous fumarate-l methylfolate- folic acid	3	
PRENATAL VIT W/ IRON CARBONYL-FOLIC ACID	3	
PROSOL	2	B/D PA
ringers	1	
sodium bicarbonate intravenous solution 4.2 %, 7.5 %, 8.4 %	1	
sodium chloride (pf)	1	
sodium chloride injection solution 2.5 meq/ml	1	
sodium chloride intravenous solution 0.45	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
% , 0.9 % , 3 % , 4 meq/ml , 5 %			<i>cinacalcet hcl oral tablet 60 mg</i>	3	B/D PA; QL (60 per 30 days)
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	1	MO	<i>cinacalcet hcl oral tablet 90 mg</i>	4	B/D PA; QL (120 per 30 days); S
<i>sodium fluoride oral tablet chewable</i>	1	MO	CYCLOSET	3	ST; QL (180 per 30 days); MO
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	3		<i>deferasirox oral tablet 90 mg</i>	2	PA
TRAVASOL	2	B/D PA	<i>deferasirox oral tablet soluble 125 mg</i>	3	PA
TROPHAMINE INTRAVENOUS SOLUTION 10 %	2	B/D PA	<i>deferasirox oral tablet soluble 250 mg, 500 mg</i>	4	PA; S
Endocrine And Metabolic Disorder Agents			<i>deferiprone oral tablet 1000 mg</i>	4	PA; S
<i>acarbose oral</i>	1	QL (90 per 30 days); MO	<i>deferiprone oral tablet 500 mg</i>	4	PA; LA; S
<i>alendronate sodium oral solution</i>	1	QL (300 per 28 days); MO	<i>diazoxide oral</i>	3	MO
<i>alendronate sodium oral tablet 10 mg</i>	1	QL (30 per 30 days); MO	<i>doxercalciferol intravenous</i>	1	B/D PA
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	QL (4 per 28 days); MO	<i>doxercalciferol oral</i>	3	B/D PA; MO
BYDUREON BCISE	2	PA; QL (4 per 28 days)	FARXIGA	2	QL (30 per 30 days); MO
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL (2.4 per 30 days)	FERRIPROX ORAL SOLUTION	4	PA; LA; S
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL (1.2 per 30 days)	FOSAMAX PLUS D	3	QL (4 per 28 days); MO
<i>calcitonin (salmon) injection</i>	4	B/D PA; S	<i>glimepiride oral tablet 1 mg</i>	1	QL (240 per 30 days); MO
<i>calcitonin (salmon) nasal</i>	1	QL (4 per 30 days); MO	<i>glimepiride oral tablet 2 mg</i>	1	QL (120 per 30 days); MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	B/D PA	<i>glimepiride oral tablet 4 mg</i>	1	QL (60 per 30 days); MO
<i>calcitriol oral</i>	1	B/D PA; 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)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	1	QL (120 per 30 days); MO	HUMALOG JUNIOR KWIKPEN	2	MO
<i>glipizide oral tablet 10 mg</i>	1	QL (120 per 30 days); MO	HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	MO
<i>glipizide oral tablet 2.5 mg</i>	1	MO	HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	MO
<i>glipizide oral tablet 5 mg</i>	1	QL (240 per 30 days); MO	HUMALOG MIX 75/25	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 SUBCUTANEOUS SOLUTION CARTRIDGE	2	MO
GLUCAGEN HYPOKIT	2		HUMULIN 70/30	2	MO
<i>glucagon emergency injection kit</i>	2		HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	MO
<i>glyburide micronized oral tablet 1.5 mg</i>	1	QL (240 per 30 days); MO	HUMULIN N	2	MO
<i>glyburide micronized oral tablet 3 mg</i>	1	QL (120 per 30 days); MO	HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	MO
<i>glyburide micronized oral tablet 6 mg</i>	1	QL (60 per 30 days); MO	HUMULIN R	2	MO
<i>glyburide oral tablet 1.25 mg</i>	1	QL (480 per 30 days); MO	HUMULIN R U-500 (CONCENTRATED)	4	PA; MO; S
<i>glyburide oral tablet 2.5 mg</i>	1	QL (240 per 30 days); MO	HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; MO; S
<i>glyburide oral tablet 5 mg</i>	1	QL (120 per 30 days); MO	<i>ibandronate sodium intravenous</i>	1	B/D PA
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	1	QL (240 per 30 days); MO	<i>ibandronate sodium oral</i>	1	QL (1 per 28 days); MO
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 per 30 days); MO	<i>insulin lispro (1 unit dial)</i>	2	MO
GLYXAMBI	2	QL (30 per 30 days); MO	<i>insulin lispro injection</i>	2	MO
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	3				
HUMALOG INJECTION	2	MO			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>insulin lispro junior kwikpen</i>	2	MO	<i>liraglutide</i>	1	PA; QL (9 per 30 days)
<i>insulin lispro prot & lispro</i>	2	MO	LOKELMA ORAL PACKET 10 GM	2	QL (34 per 30 days); MO
INVOKAMET	3	QL (60 per 30 days); MO	LOKELMA ORAL PACKET 5 GM	2	QL (90 per 30 days); MO
INVOKAMET XR	3	QL (60 per 30 days); MO	LYUMJEV	2	MO
INVOKANA	3	QL (30 per 30 days); MO	LYUMJEV KWIKPEN	2	MO
JANUMET	2	QL (60 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 100-1000 MG	2	QL (30 per 30 days); MO	<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	1	QL (60 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 oral tablet 1000 mg</i>	1	QL (60 per 30 days); MO
JANUVIA	2	QL (30 per 30 days); MO	<i>metformin hcl oral tablet 500 mg</i>	1	QL (150 per 30 days); MO
JARDIANCE	2	QL (30 per 30 days); MO	<i>metformin hcl oral tablet 850 mg</i>	1	QL (90 per 30 days); MO
JENTADUETO	2	QL (60 per 30 days); MO	<i>miglitol</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	MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; QL (2 per 28 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	2	QL (30 per 30 days); MO	<i>nateglinide oral tablet 120 mg</i>	1	QL (90 per 30 days); MO
KERENDIA	2	QL (30 per 30 days); MO	<i>nateglinide oral tablet 60 mg</i>	1	QL (180 per 30 days); MO
KIONEX COMBINATION	1		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	2	PA; QL (3 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SOLUTION PEN-INJECTOR 4 MG/3ML			RYBELSUS ORAL TABLET 14 MG, 7 MG	2	PA; QL (30 per 30 days)
OZEMPIC (2 MG/DOSE)	2	PA; QL (3 per 28 days)	RYBELSUS ORAL TABLET 3 MG	2	PA; QL (60 per 365 days)
<i>pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml</i>	1		<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>pamidronate disodium intravenous solution 6 mg/ml</i>	2	B/D PA	SOLIQUA	2	QL (15 per 25 days); MO
<i>paricalcitol oral</i>	1	B/D PA; MO	SPS (SODIUM POLYSTYRENE SULF)	1	
<i>pioglitazone hcl oral tablet 15 mg</i>	1	QL (90 per 30 days); MO	SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; QL (11 per 30 days); MO; S
<i>pioglitazone hcl oral tablet 30 mg</i>	1	QL (45 per 30 days); MO	SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; QL (6 per 30 days); MO; S
<i>pioglitazone hcl oral tablet 45 mg</i>	1	QL (30 per 30 days); MO	SYNJARDY	2	QL (60 per 30 days); MO
<i>pioglitazone hcl- glimepiride</i>	1	QL (30 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
<i>pioglitazone hcl- metformin hcl</i>	1	QL (90 per 30 days); MO	SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25- 1000 MG	2	QL (30 per 30 days); MO
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; QL (1 per 180 days)	<i>teriparatide subcutaneous solution pen-injector 600 mcg/ 2.4ml, 620 mcg/2.48ml</i>	4	PA; QL (3 per 28 days); S
<i>repaglinide oral tablet 0.5 mg</i>	1	QL (960 per 30 days); MO	<i>tolvaptan oral tablet 15 mg</i>	4	PA; QL (30 per 30 days); S
<i>repaglinide oral tablet 1 mg</i>	1	QL (480 per 30 days); MO	<i>tolvaptan oral tablet 30 mg</i>	4	PA; QL (60 per 30 days); S
<i>repaglinide oral tablet 2 mg</i>	1	QL (240 per 30 days); MO	TOUJEO MAX SOLOSTAR	2	QL (12 per 30 days); MO
<i>risedronate sodium oral tablet 150 mg</i>	1	QL (1 per 28 days); MO	TOUJEO SOLOSTAR	2	QL (13.5 per 30 days); MO
<i>risedronate sodium oral tablet 30 mg</i>	1	QL (30 per 30 days)	TRADJENTA	2	QL (30 per 30 days); MO
<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			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRESIBA	2	QL (30 per 30 days); MO	HOUR 2.5-1000 MG, 5-1000 MG		
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	QL (30 per 30 days); MO	zoledronic acid intravenous concentrate	1	PA
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	2	QL (18 per 30 days); MO	zoledronic acid intravenous solution	1	PA
<i>trientine hcl</i>	4	PA; S	Gastrointestinal Agents		
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	2	QL (30 per 30 days); MO	alose tron hcl oral tablet 0.5 mg	3	PA; QL (60 per 30 days); MO
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	alose tron hcl oral tablet 1 mg	4	PA; QL (60 per 30 days); MO; S
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; QL (2 per 28 days)	aprepitant oral	1	B/D PA; QL (15 per 30 days)
TYMLOS	4	PA; QL (1.56 per 28 days); S	aprepitant oral capsule 125 mg	4	B/D PA; QL (5 per 30 days); S
VELTASSA ORAL PACKET 1 GM	4	QL (240 per 30 days); MO; S	aprepitant oral capsule 40 mg	1	B/D PA; QL (1 per 28 days)
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	4	QL (30 per 30 days); MO; S	aprepitant oral capsule 80 & 125 mg	1	B/D PA; QL (15 per 30 days)
VELTASSA ORAL PACKET 8.4 GM	4	QL (90 per 30 days); MO; S	aprepitant oral capsule 80 mg	1	B/D PA; QL (10 per 30 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL (9 per 30 days)	balsalazide disodium	1	
XGEVA	4	PA; QL (5.1 per 28 days); S	budesonide er oral tablet extended release 24 hour	3	PA
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	2	QL (30 per 30 days); MO	budesonide oral	1	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24	2	QL (60 per 30 days); MO	cimetidine hcl oral solution 300 mg/5ml	1	MO
			cimetidine oral tablet 200 mg	1	
			cimetidine oral tablet 300 mg, 400 mg, 800 mg	1	MO
			CLENPIQ	3	
			COMPRO	1	
			constulose	1	MO
			CORTIFOAM EXTERNAL	3	
			dexlansoprazole	3	ST; QL (30 per 30 days); MO

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>dicyclomine hcl oral capsule</i>	1		<i>glycopyrrolate injection solution</i>	1	
<i>dicyclomine hcl oral solution</i>	1		<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>dicyclomine hcl oral tablet</i>	1		<i>granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml</i>	1	
<i>diphenoxylate-atropine oral liquid</i>	1		<i>granisetron hcl oral</i>	1	B/D PA; QL (30 per 30 days)
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1		<i>hydrocortisone oral</i>	1	
<i>dronabinol</i>	1	B/D PA; QL (120 per 30 days)	<i>hydrocortisone rectal enema</i>	1	
EMEND ORAL SUSPENSION RECONSTITUTED	3	B/D PA; QL (15 per 30 days)	<i>hyoscyamine sulfate oral tablet</i>	1	MO
<i>enulose</i>	1	MO	<i>hyoscyamine sulfate oral tablet dispersible</i>	1	MO
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	1	ST; QL (30 per 30 days); MO	<i>hyoscyamine sulfate sublingual</i>	1	MO
<i>esomeprazole sodium intravenous solution reconstituted 40 mg</i>	1		<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	1	MO
<i>famotidine (pf)</i>	1		<i>lactulose oral solution</i>	1	MO
<i>famotidine intravenous solution 200 mg/20ml, 40 mg/4ml</i>	1		<i>lansoprazole oral capsule delayed release 15 mg</i>	1	MO
<i>famotidine oral suspension reconstituted</i>	1	MO	<i>lansoprazole oral capsule delayed release 30 mg</i>	1	QL (30 per 30 days); MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO	LINZESS	2	QL (30 per 30 days); MO
<i>famotidine premixed</i>	1		<i>loperamide hcl oral capsule</i>	1	
GATTEX	4	PA; LA; S	<i>lubiprostone</i>	1	QL (60 per 30 days); MO
GAVILYTE-C	1		<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	1	
GAVILYTE-G	1		<i>mesalamine er oral capsule extended release</i>	3	MO
GAVILYTE-N WITH FLAVOR PACK	1				
<i>generlac</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	Drug Name	Drug Tier	Requirements/ Limits
mesalamine er oral capsule extended release 24 hour	1	MO	pantoprazole sodium intravenous	1	
mesalamine oral capsule delayed release	1	MO	pantoprazole sodium oral tablet delayed release	1	MO
mesalamine oral tablet delayed release 1.2 gm	1	MO	peg 3350-kcl-na bicarb-nacl	1	
mesalamine oral tablet delayed release 800 mg	1		peg-3350/electrolytes	1	
mesalamine rectal	1		peg-3350/electrolytes/ascorbic acid	1	
mesalamine-cleanser	1		peg-kcl-nacl-nasulf-na asc-c	1	
methscopolamine bromide oral	1		PLENVU	3	
metoclopramide hcl injection	1		prochlorperazine	1	
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	1		prochlorperazine edisylate injection solution 10 mg/2ml	1	
metoclopramide hcl oral tablet	1		prochlorperazine maleate oral	1	MO
misoprostol oral	1	MO	promethazine hcl injection	1	
MOVANTIK	2	QL (30 per 30 days)	promethazine hcl oral solution	1	
na sulfate-k sulfate-mg sulf	2		promethazine hcl oral tablet	1	
nizatidine oral capsule	1	MO	promethazine hcl rectal suppository 12.5 mg, 25 mg	1	PA
omeprazole oral capsule delayed release	1	MO	PROMETHEGAN	1	PA
ondansetron hcl injection	1		rabeprazole sodium oral tablet delayed release	1	QL (30 per 30 days); MO
ondansetron hcl oral solution	1	B/D PA; QL (450 per 30 days)	RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE)	4	PA; QL (18 per 30 days); S
ondansetron hcl oral tablet 4 mg, 8 mg	1	B/D PA; QL (90 per 30 days)	RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	4	PA; QL (12 per 30 days); S
ondansetron oral tablet dispersible 16 mg	1	B/D PA; QL (30 per 30 days)	SANCUSO	4	PA; QL (4 per 28 days); S
ondansetron oral tablet dispersible 4 mg, 8 mg	1	B/D PA; QL (90 per 30 days)			
opium	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>scopolamine</i>	1	QL (10 per 28 days)
<i>sucralfate 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
<i>sapropterin dihydrochloride oral tablet</i>	4	PA; S
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	4	PA; S

Drug Name	Drug Tier	Requirements/Limits
<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
<i>flavoxate hcl</i>	1	MO
GEMTESA	3	QL (30 per 30 days); MO
<i>metronidazole vaginal</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>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
<i>tolterodine tartrate</i>	1	QL (60 per 30 days); MO
<i>tolterodine tartrate er</i>	1	QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
<i>trosipium chloride</i>	1	QL (60 per 30 days); MO
<i>trosipium 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
BLISOVI FE 1/20	1	MO
<i>briellyn</i>	1	MO
<i>cabergoline</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
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
CRYSSELLE-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	
<i>desmopressin acetate oral</i>	1	MO
<i>desmopressin acetate pf</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<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
EMZAHH	1	MO
ENILLORING	1	MO
ENPRESSE-28	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
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 VAGINAL RING 7.5 MCG/24HR	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
FINZALA	1	MO
<i>fludrocortisone acetate oral</i>	1	MO
FYAVOLV	1	PA; MO
GALLIFREY	1	MO
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	4	PA; S

Drug Name	Drug Tier	Requirements/ Limits
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
KAITLIB FE	1	MO
KALLIGA	1	MO
KARIVA	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	Drug Name	Drug Tier	Requirements/ Limits
KELNOR 1/35	1	MO	LOESTRIN FE 1.5/30	1	MO
KELNOR 1/50	1	MO	LOESTRIN FE 1/20	1	MO
KURVELO	1	MO	LOJAIMIESS	1	MO
KYLEENA	2		LORYNA	1	MO
<i>lanreotide acetate</i>	4	PA; S	LOW-OGESTREL	1	MO
LARIN 1.5/30	1	MO	LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	4	PA; QL (1 per 28 days); S
LARIN 1/20	1	MO	LUTERA	1	MO
LARIN 24 FE	1	MO	LYLEQ	1	MO
LARIN FE 1.5/30	1	MO	LYZA	1	MO
LARIN FE 1/20	1	MO	<i>marlissa</i>	1	MO
LAYOLIS FE	1	MO	MEDROL ORAL TABLET 2 MG	2	
LEENA	1	MO	<i>medroxyprogesterone acetate intramuscular</i>	1	
LESSINA	1	MO	<i>medroxyprogesterone acetate oral</i>	1	MO
LEVO-T	1	MO	MENEST	3	PA; MO
LEVONEST	1	MO	<i>methimazole oral</i>	1	MO
<i>levonorg-eth estrad triphasic oral tablet 50- 30/75-40/ 125-30 mcg</i>	1	MO	<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	1	
<i>levonorgest-eth est & eth est</i>	1	MO	<i>methylprednisolone oral</i>	1	
<i>levonorgest-eth estrad 91-day</i>	1	MO	<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg</i>	1	
<i>levonorgestrel-ethinyl estrad</i>	1	MO	MIBELAS 24 FE	1	MO
LEVORA 0.15/30 (28)	1	MO	MICROGESTIN 1.5/30	1	MO
<i>levothyroxine sodium oral tablet</i>	1	MO	MICROGESTIN 1/20	1	MO
LEVOXYL	1	MO	MICROGESTIN 24 FE	1	MO
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	3		MICROGESTIN FE 1.5/30	1	MO
<i>liothyronine sodium intravenous</i>	4	S	MICROGESTIN FE 1/20	1	MO
<i>liothyronine sodium oral</i>	1	MO	<i>mifepristone oral tablet 300 mg</i>	4	PA; LA; S
LO-ZUMANDIMINE	1	MO			
LOESTRIN 1.5/30 (21)	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	Drug Name	Drug Tier	Requirements/ Limits
MILI	1	MO	NORTREL 1/35 (28)	1	MO
MIMVEY	1	PA; MO	NORTREL 7/7/7	1	MO
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	2		NP THYROID	1	PA; MO
MONO-LINYAH	1	MO	NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; LA; S
NECON 0.5/35 (28)	1	MO	NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; LA; S
NEXPLANON	2		NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; LA; S
NIKKI	1	MO	NYLIA 1/35	1	MO
NORA-BE	1	MO	NYLIA 7/7/7	1	MO
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; S	OCELLA	1	MO
<i>norelgestromin-eth estradiol</i>	1	MO	<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	1	PA
<i>norethin ace-eth estrad- fe oral tablet 1-20 mg- mcg, 1.5-30 mg-mcg</i>	1	MO	<i>octreotide acetate injection solution 1000 mcg/ml</i>	3	PA
<i>norethin ace-eth estrad- fe oral tablet chewable</i>	1	MO	<i>octreotide acetate injection solution 500 mcg/ml</i>	4	PA; S
<i>norethin-eth estradiol-fe</i>	1	MO	<i>octreotide acetate intramuscular</i>	4	PA; S
<i>norethindron-ethinyl estradiol</i>	1	MO	<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml</i>	1	PA
<i>norethindrone acet- ethinyl est oral tablet</i>	1	MO	<i>octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml</i>	4	PA; S
<i>norethindrone acetate oral</i>	1	MO	OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; LA; S
<i>norethindrone oral</i>	1	MO	OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; LA; S
<i>norethindrone-eth estradiol</i>	1	PA; MO			
<i>norgestim-eth estrad triphasic</i>	1	MO			
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	MO			
NORLYROC	1	MO			
NORTREL 0.5/35 (28)	1	MO			
NORTREL 1/35 (21)	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
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>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	
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

Drug Name	Drug Tier	Requirements/Limits
<i>raloxifene hcl</i>	1	QL (30 per 30 days); MO
RECLIPSEN	1	MO
RIVELSA	1	MO
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 200 mg/ml, 200 mg/ml (1 ml)</i>	1	MO
<i>testosterone enanthate intramuscular solution</i>	1	PA; MO
<i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i>	1	PA; QL (150 per 30 days); MO
<i>testosterone transdermal gel 10 mg/act (2%)</i>	1	PA; QL (120 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
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
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

Drug Name	Drug Tier	Requirements/Limits
TURQOZ	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	
azathioprine oral tablet 50 mg	1	B/D PA
bcg vaccine injection solution reconstituted	2	
BENLYSTA	4	PA; S
BEXSERO	2	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	
BOOSTRIX INTRAMUSCULAR	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
SUSPENSION PREFILLED SYRINGE			ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	2	B/D PA
COSENTYX (300 MG DOSE)	4	PA; QL (8 per 28 days); LA; S	ENVARUSUS XR	3	B/D PA
COSENTYX SENSOREADY (300 MG)	4	PA; QL (8 per 28 days); LA; S	<i>everolimus oral tablet 0.25 mg</i>	1	B/D PA
COSENTYX SENSOREADY PEN	4	PA; QL (8 per 28 days); LA; S	<i>everolimus oral tablet 0.5 mg, 1 mg</i>	4	B/D PA; S
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	4	PA; QL (8 per 28 days); LA; S	<i>everolimus oral tablet 0.75 mg</i>	3	B/D PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	4	PA; QL (2 per 28 days); S	GAMUNEX-C	4	PA; S
<i>cyclosporine modified</i>	1	B/D PA	GARDASIL 9	2	
<i>cyclosporine oral capsule</i>	1	B/D PA	GENGRAF ORAL CAPSULE 100 MG, 25 MG	1	B/D PA
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	2		GENGRAF ORAL SOLUTION	1	B/D PA
<i>diphtheria-tetanus toxoids dt</i>	2		HAVRIX	2	
ENBREL MINI	4	PA; QL (8 per 28 days); S	HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	2	B/D PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	4	PA; QL (4 per 28 days); S	HIBERIX INJECTION	2	
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	4	PA; QL (4.08 per 28 days); S	HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/ 0.4ML, 40 MG/0.8ML	4	PA; QL (4 per 28 days); S
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	4	PA; QL (8 per 28 days); S	HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/ 0.8ML	4	PA; QL (2 per 28 days); S
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL (8 per 28 days); S	HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/ 0.2ML	4	PA; QL (2 per 28 days); S
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	2	B/D PA	HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/ 0.8ML	4	PA; QL (4 per 28 days); S
			HUMIRA PEN-PEDIATRIC UC START	4	PA; QL (8 per 365 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
SUBCUTANEOUS AUTO-INJECTOR KIT			<i>gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>		
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	4	PA; QL (6 per 365 days); S	<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	1	
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	4	PA; QL (6 per 365 days); S	<i>methotrexate sodium injection solution reconstituted</i>	1	
HYPERRAB	4	S	<i>methotrexate sodium oral</i>	1	
IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML	2		MRESVIA	2	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	2		<i>mycophenolate mofetil oral capsule</i>	1	B/D PA
INFANRIX	2		<i>mycophenolate mofetil oral suspension reconstituted</i>	3	B/D PA
<i>infliximab</i>	4	PA; S	<i>mycophenolate mofetil oral tablet</i>	1	B/D PA
IPOL	2		<i>mycophenolate sodium</i>	1	B/D PA
IXCHIQ	2		<i>mycophenolic acid oral tablet delayed release 180 mg, 360 mg</i>	1	B/D PA
IXIARO	2		MYHIBBIN	4	B/D PA; S
JYLAMVO	3	ST	NULOJIX	4	PA; S
JYNNEOS	2		OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML, 2.5 GM/50ML, 30 GM/300ML, 5 GM/100ML	4	PA; S
<i>kedrab injection</i>	2		OTEZLA ORAL TABLET	4	PA; QL (60 per 30 days); S
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2		OTEZLA ORAL TABLET THERAPY PACK	4	PA; S
<i>leflunomide oral</i>	1	QL (30 per 30 days); MO	PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
M-M-R II INJECTION	2		PEDVAX HIB INTRAMUSCULAR SUSPENSION	2	
MENACTRA INTRAMUSCULAR SOLUTION	2				
MENQUADFI INTRAMUSCULAR SOLUTION	2				
MENVEO	2				
<i>methotrexate sodium (pf) injection solution 1</i>	1				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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	TREMFYA SUBCUTANEOUS SOLUTION AUTO- INJECTOR	4	PA; QL (2 per 28 days); S
RINVOQ	4	PA; QL (30 per 30 days); S	TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (2 per 28 days); S
RINVOQ LQ	4	PA; QL (360 per 30 days); S	TREXALL	3	ST
ROTARIX	2		TRUMENBA	2	
ROTATEQ ORAL SOLUTION	2		TWINRIX INTRAMUSCULAR	2	
SANDIMMUNE ORAL SOLUTION	3	B/D PA			
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/ 0.5ML	2				
<i>sirolimus oral solution</i>	3	B/D PA			

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Drug Name	Drug Tier	Requirements/ Limits
SUSPENSION PREFILLED SYRINGE		
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
VARIZIG INTRAMUSCULAR SOLUTION	2	
VAXCHORA	2	
XATMEP	3	ST
XELJANZ ORAL SOLUTION	4	PA; QL (240 per 24 days); S
XELJANZ ORAL TABLET	4	PA; QL (60 per 30 days); S
XELJANZ XR	4	PA; QL (30 per 30 days); S
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	

Drug Name	Drug Tier	Requirements/ Limits
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate er</i>	1	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	1	
<i>amoxicillin-pot clavulanate oral tablet</i>	1	
<i>amoxicillin-pot clavulanate oral tablet chewable 400-57 mg</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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
atovaquone-proguanil hcl	1		cefaclor oral suspension reconstituted 250 mg/ 5ml	1	
azithromycin intravenous	1		cefadroxil	1	
azithromycin oral packet	1		cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg	1	
azithromycin oral suspension reconstituted	1		cefazolin sodium injection solution reconstituted 100 gm, 300 gm	2	
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-%, 3-4 gm/ 150ml-%	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		cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml)	2	
BICILLIN C-R 900/300	2		cefdinir	1	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3		cefepime hcl injection solution reconstituted 1 gm	1	
BIKTARVY ORAL TABLET 30-120-15 MG	4	QL (30 per 30 days); MO; S	cefepime hcl intravenous solution	2	
BIKTARVY ORAL TABLET 50-200-25 MG	4	QL (30 per 30 days); S	cefepime hcl intravenous solution reconstituted 100 gm	2	
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/ 2ML	4	QL (4 per 28 days); S	cefepime hcl intravenous solution reconstituted 2 gm	1	
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/ 3ML	4	QL (6 per 28 days); S	cefixime	1	
cefaclor er	2				
cefaclor oral capsule	1				

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Drug Name	Drug Tier	Requirements/ Limits
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	1	
cefoxitin sodium intravenous	1	
cefpodoxime proxetil	1	
cefprozil	1	
ceftazidime injection solution reconstituted 1 gm, 6 gm	1	
ceftazidime intravenous	1	
ceftriaxone sodium in dextrose	1	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	1	
ceftriaxone sodium injection solution reconstituted 100 gm	2	
ceftriaxone sodium intravenous	1	
ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)	2	
cefuroxime axetil oral tablet 250 mg	1	
cefuroxime axetil oral tablet 500 mg	1	
cefuroxime sodium injection solution reconstituted 750 mg	1	
cefuroxime sodium intravenous solution reconstituted 1.5 gm	1	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral capsule 750 mg	1	

Drug Name	Drug Tier	Requirements/ Limits
cephalexin oral suspension reconstituted 125 mg/ 5ml	1	
cephalexin oral suspension reconstituted 250 mg/ 5ml	1	
cephalexin oral tablet	1	
chloroquine phosphate oral	1	MO
cidofovir intravenous	4	B/D PA; S
CIMDUO	4	QL (30 per 30 days); S
CIPRO ORAL SUSPENSION RECONSTITUTED	3	
ciprofloxacin hcl oral tablet 250 mg, 500 mg	1	
ciprofloxacin hcl oral tablet 750 mg	1	
ciprofloxacin in d5w	1	
clarithromycin er	1	
clarithromycin oral	1	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	
clindamycin phosphate in d5w	1	
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 9000 mg/60ml	1	
clindamycin phosphate injection solution 900 mg/6ml	3	
COARTEM	3	
colistimethate sodium (cba)	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COMPLERA	4	QL (30 per 30 days); S	<i>efavirenz oral tablet</i>	3	QL (30 per 30 days)
<i>dapsone oral</i>	1	MO	<i>efavirenz-emtricitabine-tenofovir df</i>	3	QL (30 per 30 days)
<i>daptomycin intravenous solution reconstituted 500 mg</i>	4	S	<i>efavirenz-lamivudine-tenofovir</i>	3	QL (30 per 30 days)
<i>darunavir oral tablet 600 mg</i>	3	QL (60 per 30 days)	<i>emtricitabine</i>	1	QL (30 per 30 days)
<i>darunavir oral tablet 800 mg</i>	4	QL (60 per 30 days); S	<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 200-300 mg</i>	3	QL (30 per 30 days)
DELSTRIGO	4	QL (30 per 30 days); S	<i>emtricitabine-tenofovir df oral tablet 133-200 mg, 167-250 mg</i>	4	QL (30 per 30 days); S
<i>demeclocycline hcl oral</i>	1		EMTRIVA ORAL SOLUTION	3	QL (850 per 30 days)
DESCOVY	4	QL (30 per 30 days); S	<i>entecavir</i>	1	PA
<i>dicloxacillin sodium</i>	1		EPCLUSA ORAL PACKET 150-37.5 MG	4	PA; QL (30 per 30 days); S
DIFICID	4	PA; S	EPCLUSA ORAL PACKET 200-50 MG	4	PA; QL (60 per 30 days); S
DOVATO	4	QL (30 per 30 days); S	EPCLUSA ORAL TABLET 200-50 MG	4	PA; QL (60 per 30 days); S
DOXY 100	1		EPCLUSA ORAL TABLET 400-100 MG	4	PA; QL (30 per 30 days); S
<i>doxycycline</i>	3		<i>ertapenem sodium</i>	3	
<i>doxycycline hyclate intravenous</i>	1		ERY-TAB	1	
<i>doxycycline hyclate oral capsule</i>	1		ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1		<i>erythromycin base oral</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1		<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	1	
<i>doxycycline monohydrate oral suspension reconstituted</i>	1		<i>erythromycin ethylsuccinate oral suspension</i>	3	
<i>doxycycline monohydrate oral tablet</i>	1				
E.E.S. 400 ORAL TABLET	1				
EDURANT	4	QL (30 per 30 days); S			

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Drug Name	Drug Tier	Requirements/Limits
reconstituted 400 mg/5ml		
erythromycin ethylsuccinate oral tablet	1	
erythromycin lactobionate	3	
erythromycin oral	1	
ethambutol hcl oral	1	
etravirine oral tablet 100 mg	3	QL (120 per 30 days)
etravirine oral tablet 200 mg	3	QL (60 per 30 days)
EVOTAZ	4	QL (30 per 30 days); S
famciclovir oral tablet 125 mg, 250 mg	1	QL (60 per 30 days)
famciclovir oral tablet 500 mg	1	QL (21 per 7 days)
FIRVANQ	3	QL (1200 per 30 days)
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	1	
fluconazole oral	1	
flucytosine oral	4	S
fosamprenavir calcium	3	QL (120 per 30 days)
fosfomycin tromethamine	1	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	4	QL (60 per 30 days); S
ganciclovir sodium intravenous solution reconstituted	4	B/D PA; S
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/	1	

Drug Name	Drug Tier	Requirements/Limits
ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%		
gentamicin in saline intravenous solution 2-0.9 mg/ml-%	2	
gentamicin sulfate injection	1	
GENVOYA	4	QL (30 per 30 days); S
griseofulvin microsize oral	1	
griseofulvin ultramicrosize	1	
HARVONI	4	PA; QL (28 per 28 days); S
hydroxychloroquine sulfate oral tablet 200 mg	1	MO
imipenem-cilastatin	1	
INTELENCE ORAL TABLET 25 MG	3	QL (480 per 30 days)
ISENTRESS HD	4	QL (60 per 30 days); S
ISENTRESS ORAL PACKET	4	QL (180 per 30 days); S
ISENTRESS ORAL TABLET	4	QL (120 per 30 days); S
ISENTRESS ORAL TABLET CHEWABLE 100 MG	3	QL (180 per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 25 MG	2	QL (720 per 30 days)
isoniazid injection	1	
isoniazid oral syrup	1	MO
isoniazid oral tablet	1	MO
itraconazole oral capsule	1	PA
ivermectin oral	1	PA
JULUCA	4	QL (30 per 30 days); S

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Drug Name	Drug Tier	Requirements/ Limits
<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)
<i>lamivudine oral tablet 300 mg</i>	1	QL (30 per 30 days)
<i>lamivudine-zidovudine</i>	1	QL (60 per 30 days)
<i>ledipasvir-sofosbuvir</i>	4	PA; QL (28 per 28 days); S
<i>levofloxacin in d5w</i>	1	
<i>levofloxacin intravenous</i>	1	
<i>levofloxacin oral solution</i>	1	
<i>levofloxacin oral tablet</i>	1	
<i>lincomycin hcl injection</i>	1	
<i>linezolid in sodium chloride</i>	3	
<i>linezolid intravenous solution 600 mg/300ml</i>	1	
<i>linezolid oral suspension reconstituted</i>	4	PA; QL (1800 per 30 days); S
<i>linezolid oral tablet</i>	3	PA; QL (56 per 28 days)
LIVTENCITY	4	PA; S
<i>lopinavir-ritonavir oral solution</i>	1	QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	3	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	3	QL (120 per 30 days)
<i>maraviroc</i>	3	QL (120 per 30 days)
MAVYRET ORAL PACKET	4	PA; QL (180 per 30 days); S

Drug Name	Drug Tier	Requirements/ Limits
MAVYRET ORAL TABLET	4	PA; QL (90 per 30 days); S
<i>mefloquine hcl</i>	1	MO
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	1	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate oral</i>	1	
<i>metronidazole intravenous solution 500 mg/100ml</i>	1	
<i>metronidazole oral</i>	1	
<i>micafungin sodium</i>	4	S
<i>minocycline hcl oral</i>	1	
MONDOXYNE NL ORAL CAPSULE 100 MG	1	
<i>moxifloxacin hcl in nacl</i>	1	
<i>moxifloxacin hcl oral</i>	1	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	3	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	4	S
<i>neomycin sulfate oral</i>	1	
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	1	QL (30 per 30 days)
<i>nevirapine oral suspension</i>	1	QL (1200 per 30 days)
<i>nevirapine oral tablet</i>	1	QL (60 per 30 days)
<i>nitazoxanide oral</i>	3	QL (6 per 30 days)
<i>nitrofurantoin macrocrystal oral</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin oral suspension 25 mg/5ml, 50 mg/10ml</i>	4	S
NORVIR ORAL PACKET	3	QL (360 per 30 days)
NUZYRA ORAL	4	PA; S
<i>nystatin oral tablet</i>	1	
ODEFSEY	4	QL (30 per 30 days); S
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
<i>oseltamivir phosphate oral capsule 30 mg</i>	1	QL (168 per 365 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	1	QL (84 per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	1	QL (1080 per 365 days)
<i>oxacillin sodium in dextrose intravenous solution 1 gm/50ml</i>	2	
<i>oxacillin sodium in dextrose intravenous solution 2 gm/50ml</i>	4	S
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	1	
<i>oxacillin sodium intravenous</i>	3	
PAXLOVID (150/100)	1	QL (20 per 90 days)
PAXLOVID (300/100)	1	QL (30 per 90 days)
<i>penicillin g pot in dextrose</i>	3	
<i>penicillin g potassium</i>	1	
<i>penicillin g sodium</i>	1	
<i>penicillin v potassium</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>pentamidine isethionate inhalation</i>	1	B/D PA
<i>pentamidine isethionate injection</i>	1	
PFIZERPEN	1	
PIFELTRO	4	QL (30 per 30 days); S
<i>piperacillin sod-tazobactam</i>	1	
<i>polymyxin b sulfate injection</i>	1	
<i>posaconazole oral</i>	4	PA; MO; S
<i>praziquantel oral</i>	1	
PREVYMIS ORAL	4	PA; QL (30 per 30 days); S
PREZCOBIX	4	QL (30 per 30 days); S
PREZISTA ORAL SUSPENSION	4	QL (400 per 30 days); S
PREZISTA ORAL TABLET 150 MG	3	QL (180 per 30 days)
PREZISTA ORAL TABLET 75 MG	3	QL (300 per 30 days)
PRIFTIN	2	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	2	
<i>pyrazinamide oral</i>	1	
<i>pyrimethamine oral</i>	4	PA; S
<i>quinine sulfate oral</i>	1	PA
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	2	QL (60 per 180 days)
RETROVIR INTRAVENOUS	2	
REYATAZ ORAL PACKET	3	QL (240 per 30 days)
<i>ribavirin oral capsule</i>	1	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>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	
<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

Drug Name	Drug Tier	Requirements/ Limits
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	1	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM	1	
TEFLARO	4	S
<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
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)

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Drug Name	Drug Tier	Requirements/Limits
<i>valacyclovir hcl oral tablet 500 mg</i>	1	QL (60 per 30 days)
<i>valganciclovir hcl oral solution reconstituted</i>	4	S
<i>valganciclovir hcl oral tablet</i>	2	
<i>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-%</i>	2	
<i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%</i>	2	
<i>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</i>	2	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 5 gm, 500 mg</i>	1	
<i>vancomycin hcl intravenous solution reconstituted 1.25 gm, 1.5 gm, 750 mg</i>	2	
<i>vancomycin hcl oral capsule 125 mg</i>	1	PA; QL (240 per 30 days)
<i>vancomycin hcl oral capsule 250 mg</i>	3	PA; QL (240 per 30 days)
<i>vancomycin hcl oral solution reconstituted 25 mg/ml</i>	3	PA; QL (1200 per 30 days)
VEMLIDY	4	PA; QL (30 per 30 days); S

Drug Name	Drug Tier	Requirements/Limits
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG	4	PA; S
VIRACEPT ORAL TABLET 250 MG	4	QL (300 per 30 days); S
VIRACEPT ORAL TABLET 625 MG	4	QL (120 per 30 days); S
VIREAD ORAL POWDER	4	QL (240 per 30 days); S
VIREAD ORAL TABLET 150 MG, 250 MG	4	QL (30 per 30 days); S
VIREAD ORAL TABLET 200 MG	3	QL (30 per 30 days)
<i>voriconazole intravenous</i>	3	PA
<i>voriconazole oral suspension reconstituted</i>	4	PA; QL (300 per 30 days); S
<i>voriconazole oral tablet 200 mg</i>	4	PA; QL (60 per 30 days); S
<i>voriconazole oral tablet 50 mg</i>	1	PA; QL (120 per 30 days)
VOSEVI	4	PA; QL (30 per 30 days); S
XIFAXAN ORAL TABLET 550 MG	4	PA; QL (84 per 28 days); MO; S
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	
<i>zidovudine oral capsule</i>	1	QL (180 per 30 days)
<i>zidovudine oral syrup</i>	1	QL (1920 per 30 days)
<i>zidovudine oral tablet</i>	1	QL (60 per 30 days)
ZIRGAN	3	
ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML	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
Miscellaneous Therapeutic Agents		
<i>acetic acid irrigation</i>	1	
<i>acetylcysteine intravenous</i>	1	
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	

Drug Name	Drug Tier	Requirements/ Limits
PHYSIOLYTE	3	
<i>ringers irrigation</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<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

You can find information 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>brimonidine tartrate-timolol</i>	2	MO
<i>brinzolamide</i>	2	MO
<i>bromfenac sodium (once-daily)</i>	1	
<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	

Drug Name	Drug Tier	Requirements/ Limits
GENTAK OPHTHALMIC OINTMENT	1	
<i>gentamicin sulfate ophthalmic solution</i>	1	
ILEVRO	3	
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	
NEO-POLYCIN	1	
NEO-POLYCIN HC	1	
<i>neomycin-bacitracin zn-polymyx</i>	1	
<i>neomycin-polymyxin-dexameth</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	1	
<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

Drug Name	Drug Tier	Requirements/ Limits
<i>timolol maleate (once-daily)</i>	1	MO
TIMOLOL MALEATE OCUDOSE	1	MO
<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	
<i>tobramycin ophthalmic</i>	1	
<i>tobramycin-dexamethasone</i>	1	
<i>travoprost (bak free)</i>	1	MO
VYZULTA	3	MO
XDEMVI	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	

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Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin-polymyxin-hc otic</i>	1	
<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

Drug Name	Drug Tier	Requirements/ Limits
ATROVENT HFA	3	QL (26 per 30 days); MO
<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>breynga</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

You can find information 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>cromolyn sodium inhalation</i>	1	B/D PA; MO
<i>cyproheptadine hcl oral syrup</i>	1	PA
<i>cyproheptadine hcl oral tablet</i>	1	
<i>desloratadine</i>	1	
<i>diphenhydramine hcl injection</i>	1	
DULERA	3	QL (13 per 30 days); MO
ELIXOPHYLLIN	2	MO
<i>epinephrine (anaphylaxis)</i>	1	
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	1	QL (2 per 28 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	QL (2 per 28 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	QL (75 per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act</i>	2	QL (60 per 30 days); MO
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>	2	QL (240 per 30 days); MO
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	2	QL (12 per 30 days); MO
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	2	QL (24 per 30 days); MO
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	2	QL (11 per 30 days); MO
<i>fluticasone propionate nasal</i>	1	QL (16 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>fluticasone-salmeterol 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
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	1	QL (1 per 30 days); MO
<i>formoterol fumarate inhalation</i>	3	B/D PA; QL (120 per 30 days); MO
<i>hydroxyzine hcl intramuscular</i>	1	
<i>hydroxyzine hcl oral syrup</i>	1	QL (2880 per 28 days)
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg</i>	1	QL (120 per 30 days)
<i>hydroxyzine hcl oral tablet 50 mg</i>	1	QL (240 per 30 days)
<i>hydroxyzine pamoate oral</i>	1	QL (120 per 30 days)
<i>ipratropium bromide inhalation</i>	1	B/D PA; MO
<i>ipratropium bromide nasal</i>	1	QL (30 per 30 days); MO
<i>ipratropium-albuterol</i>	1	B/D PA; QL (540 per 30 days); MO
KALYDECO ORAL TABLET	4	PA; QL (60 per 30 days); S
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	1	B/D PA; QL (270 per 30 days); MO
<i>levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml</i>	1	B/D PA; QL (540 per 30 days); MO
<i>levalbuterol tartrate</i>	1	QL (45 per 30 days); MO

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Drug Name	Drug Tier	Requirements/Limits
<i>levocetirizine dihydrochloride oral solution</i>	1	QL (300 per 30 days)
<i>levocetirizine dihydrochloride oral tablet</i>	1	QL (30 per 30 days)
<i>mometasone furoate nasal</i>	1	
<i>montelukast sodium oral</i>	1	MO
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL (3 per 28 days); LA; S
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA; QL (3 per 28 days); LA; S
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	PA; QL (0.4 per 28 days); LA; S
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; QL (3 per 28 days); LA; S
OFEV	4	PA; QL (60 per 30 days); S
<i>olopatadine hcl nasal</i>	1	QL (31 per 30 days)
OMNARIS	3	ST; QL (13 per 30 days)
OPSUMIT	4	PA; QL (30 per 30 days); LA; S
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	2	PA; LA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	4	PA; LA; S
ORKAMBI ORAL TABLET	4	PA; QL (120 per 30 days); S
<i>pirfenidone oral tablet 267 mg</i>	4	PA; QL (270 per 30 days); S
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	4	PA; QL (90 per 30 days); S

Drug Name	Drug Tier	Requirements/Limits
PULMICORT FLEXHALER	3	QL (2 per 30 days); MO
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	4	B/D PA; S
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	2	QL (11 per 30 days); MO
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	2	QL (22 per 30 days); MO
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML	4	PA; LA; S
<i>roflumilast</i>	3	PA; QL (30 per 30 days); MO
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	QL (60 per 30 days); MO
<i>sildenafil citrate intravenous</i>	4	PA; QL (1125 per 30 days); S
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA; QL (360 per 30 days)
SPIRIVA HANDIHALER	2	QL (30 per 30 days); MO
SPIRIVA RESPIMAT	2	QL (4 per 30 days); MO
STIOLTO RESPIMAT	2	QL (4 per 30 days); MO
SYMBICORT	2	QL (30.6 per 30 days); MO
<i>tadalafil (pah)</i>	4	PA; QL (60 per 30 days); S
<i>terbutaline sulfate injection</i>	1	
<i>terbutaline sulfate oral</i>	1	MO
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>	49	<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>	76	<i>alendronate sodium oral solution</i>	49
<i>acetic acid otic</i>	78	<i>alendronate sodium oral tablet 10 mg</i>	49
<i>acetylcysteine inhalation</i>	79	<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	49
<i>acetylcysteine intravenous</i>	76	<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>alosetron hcl oral tablet 0.5 mg</i>	53
<i>acyclovir external ointment</i>	42	<i>alosetron 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>ampicillin sodium intravenous</i>	67
ALUNBRIG ORAL TABLET 90 MG	13	<i>ampicillin-sulbactam sodium injection solution</i>	
ALUNBRIG ORAL TABLET THERAPY PACK	13	<i>reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	67
<i>alyacen 1/35</i>	57	<i>ampicillin-sulbactam sodium intravenous</i>	67
<i>alyacen 7/7/7</i>	57	<i>anagrelide hcl</i>	21
ALYQ	79	<i>anastrozole oral</i>	14
<i>amantadine hcl oral capsule</i>	28	ANORO ELLIPTA INHALATION AEROSOL POWDER	
<i>amantadine hcl oral solution</i>	28	BREATH ACTIVATED 62.5-25 MCG/ACT	79
<i>amantadine hcl oral tablet</i>	28	<i>apomorphine hcl subcutaneous</i>	28
<i>ambrisentan</i>	79	<i>apraclonidine hcl</i>	76
<i>amcinonide external cream</i>	42	<i>aprepitant oral</i>	53
<i>amcinonide external ointment</i>	42	<i>aprepitant oral capsule 125 mg</i>	53
AMETHIA	57	<i>aprepitant oral capsule 40 mg</i>	53
AMETHYST	57	<i>aprepitant oral capsule 80 & 125 mg</i>	53
<i>amikacin sulfate injection solution 1 gm/4ml, 500</i>		<i>aprepitant oral capsule 80 mg</i>	53
<i>mg/2ml</i>	67	APRI	57
<i>amiloride hcl oral</i>	23	APTIOM	28
<i>amiloride-hydrochlorothiazide</i>	23	APTIVUS ORAL CAPSULE	67
<i>amiodarone hcl intravenous</i>	23	ARANELLE	57
<i>amiodarone hcl oral</i>	23	ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100	
<i>amitriptyline hcl oral</i>	28	MCG/ML, 200 MCG/ML, 40 MCG/ML	21
<i>amlodipine besy-benazepril hcl</i>	23	ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25	
<i>amlodipine besylate oral</i>	23	MCG/ML, 60 MCG/ML	21
<i>amlodipine besylate-valsartan</i>	23	ARANESP (ALBUMIN FREE) INJECTION SOLUTION	
<i>amlodipine-atorvastatin</i>	23	PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML,	
<i>amlodipine-olmesartan</i>	23	40 MCG/0.4ML	21
<i>amlodipine-valsartan-hctz</i>	23	ARANESP (ALBUMIN FREE) INJECTION SOLUTION	
<i>ammonium lactate external</i>	43	PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML,	
AMNESTEEM	43	200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	21
<i>amoxapine</i>	28	ARANESP (ALBUMIN FREE) INJECTION SOLUTION	
<i>amoxicillin oral capsule</i>	67	PREFILLED SYRINGE 60 MCG/0.3ML	21
<i>amoxicillin oral suspension reconstituted</i>	67	ARCALYST	63
<i>amoxicillin oral tablet</i>	67	AREXVY	63
<i>amoxicillin oral tablet chewable 125 mg, 250</i>		<i>arformoterol tartrate</i>	79
<i>mg</i>	67	ARIKAYCE	67
<i>amoxicillin-pot clavulanate er</i>	67	<i>aripiprazole oral solution</i>	28
<i>amoxicillin-pot clavulanate oral suspension</i>		<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5</i>	
<i>reconstituted</i>	67	<i>mg</i>	29
<i>amoxicillin-pot clavulanate oral tablet</i>	67	<i>aripiprazole oral tablet 20 mg, 30 mg</i>	29
<i>amoxicillin-pot clavulanate oral tablet chewable</i>		<i>aripiprazole oral tablet dispersible 10 mg</i>	29
<i>400-57 mg</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

ARMOUR THYROID	57	azithromycin oral tablet 250 mg, 250 mg (6 pack)	68
ARNUITY ELLIPTA	79	azithromycin oral tablet 500 mg, 500 mg (3 pack), 600 mg	68
ASCOMP-CODEINE	10	aztreonam	68
asenapine maleate sublingual tablet sublingual 10 mg	29	AZURETTE	57
asenapine maleate sublingual tablet sublingual 2.5 mg	29	B	
asenapine maleate sublingual tablet sublingual 5 mg	29	BAC	29
ASHLYNA	57	bacitra-neomycin-polymyxin-hc	76
aspirin-dipyridamole er	21	bacitracin ophthalmic	76
atazanavir sulfate oral capsule 150 mg, 200 mg	67	bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	76
atazanavir sulfate oral capsule 300 mg	67	baclofen oral tablet 10 mg, 15 mg, 5 mg	29
atenolol oral	23	baclofen oral tablet 20 mg	29
atenolol-chlorthalidone	23	balsalazide disodium	53
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg	29	BALVERSA ORAL TABLET 3 MG	14
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	29	BALVERSA ORAL TABLET 4 MG	14
atorvastatin calcium oral	23	BALVERSA ORAL TABLET 5 MG	14
atovaquone oral	67	BALZIVA	57
atovaquone-proguanil hcl	68	BARACLUDGE ORAL SOLUTION	68
atropine sulfate ophthalmic ointment	76	BAVENCIO	14
atropine sulfate ophthalmic solution 1 %	76	bcg vaccine injection solution reconstituted	63
ATROVENT HFA	79	BD PEN	76
AUBRA EQ	57	BD PEN MINI	76
AUGTYRO ORAL CAPSULE 160 MG	14	benazepril hcl oral	23
AUGTYRO ORAL CAPSULE 40 MG	14	benazepril-hydrochlorothiazide	23
AUROVELA 1.5/30	57	bendamustine hcl intravenous solution	14
AUROVELA 1/20	57	BENDEKA	14
AUROVELA 24 FE	57	BENLYSTA	63
AUROVELA FE 1.5/30	57	benzoyl peroxide-erythromycin	43
AUROVELA FE 1/20	57	benztropine mesylate injection	29
AUTOPEN	76	benztropine mesylate oral	29
AUVELITY	29	bepotastine besilate	76
AVASTIN	14	BESREMI	14
AVIANE	57	betaine	56
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	29	betamethasone dipropionate aug	43
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	29	betamethasone dipropionate external	43
AYUNA	57	betamethasone valerate external	43
AYVAKIT	14	BETASERON SUBCUTANEOUS KIT	29
azacitidine	14	betaxolol hcl ophthalmic	76
azathioprine oral tablet 50 mg	63	betaxolol hcl oral	23
azelaic acid external	43	bethanechol chloride oral	56
azelastine hcl nasal	79	BETOPTIC-S	76
azelastine hcl ophthalmic	76	bexarotene external	43
azelastine-fluticasone	79	bexarotene oral	14
azithromycin intravenous	68	BEXSERO	63
azithromycin oral packet	68	bicalutamide	14
azithromycin oral suspension reconstituted	68	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>buprenorphine hcl sublingual tablet sublingual 8</i>	29
<i>bimatoprost ophthalmic</i>	76	<i>mg</i>	
<i>bisoprolol fumarate oral</i>	23	<i>buprenorphine hcl-naloxone hcl sublingual film 12-</i>	
<i>bisoprolol-hydrochlorothiazide</i>	23	<i>3 mg</i>	30
<i>bleomycin sulfate</i>	14	<i>buprenorphine hcl-naloxone hcl sublingual film 2-</i>	
BLISOVI 24 FE	57	<i>0.5 mg</i>	30
BLISOVI FE 1.5/30	57	<i>buprenorphine hcl-naloxone hcl sublingual film 4-1</i>	
BLISOVI FE 1/20	57	<i>mg</i>	30
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5		<i>buprenorphine hcl-naloxone hcl sublingual film 8-2</i>	
LF-MCG/0.5	63	<i>mg</i>	30
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED		<i>buprenorphine hcl-naloxone hcl sublingual tablet</i>	
SYRINGE	63-64	<i>sublingual 2-0.5 mg</i>	30
<i>bortezomib injection solution reconstituted 1 mg,</i>		<i>buprenorphine hcl-naloxone hcl sublingual tablet</i>	
<i>3.5 mg</i>	14	<i>sublingual 8-2 mg</i>	30
<i>bortezomib injection solution reconstituted 2.5</i>		<i>buprenorphine transdermal patch weekly 10 mcg/</i>	
<i>mg</i>	14	<i>hr, 15 mcg/hr</i>	10
<i>bosentan</i>	79	<i>buprenorphine transdermal patch weekly 20 mcg/</i>	
BOSULIF ORAL CAPSULE 100 MG	14	<i>hr</i>	10
BOSULIF ORAL CAPSULE 50 MG	14	<i>buprenorphine transdermal patch weekly 5 mcg/</i>	
BOSULIF ORAL TABLET 100 MG	14	<i>hr, 7.5 mcg/hr</i>	10
BOSULIF ORAL TABLET 400 MG, 500 MG	14	<i>bupropion hcl er (smoking det)</i>	30
BOTOX	29	<i>bupropion hcl er (sr) oral tablet extended release</i>	
BRAFTOVI ORAL CAPSULE 75 MG	14	<i>12 hour 100 mg</i>	30
BREO ELLIPTA INHALATION AEROSOL POWDER		<i>bupropion hcl er (sr) oral tablet extended release</i>	
BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/		<i>12 hour 150 mg, 200 mg</i>	30
ACT, 50-25 MCG/INH	79	<i>bupropion hcl er (xl) oral tablet extended release</i>	
<i>brey-na</i>	79	<i>24 hour 150 mg</i>	30
BREZTRI AEROSPHERE	79	<i>bupropion hcl er (xl) oral tablet extended release</i>	
<i>briellyn</i>	57	<i>24 hour 300 mg</i>	30
BRILINTA	21	<i>bupropion hcl oral tablet 100 mg</i>	30
<i>brimonidine tartrate ophthalmic</i>	76	<i>bupropion hcl oral tablet 75 mg</i>	30
<i>brimonidine tartrate-timolol</i>	77	<i>bupropion hcl oral tablet 75 mg</i>	30
<i>brinzolamide</i>	77	<i>buspirone hcl oral</i>	30
BRIVIACT INTRAVENOUS	29	<i>butalbital-apap-caff-cod</i>	10
BRIVIACT ORAL SOLUTION	29	<i>butalbital-apap-caffeine oral capsule</i>	30
BRIVIACT ORAL TABLET	29	<i>butalbital-apap-caffeine oral tablet 50-325-40</i>	
<i>bromfenac sodium (once-daily)</i>	77	<i>mg</i>	30
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	77	<i>butalbital-asa-caff-codeine</i>	10
<i>bromocriptine mesylate oral</i>	29	<i>butalbital-aspirin-caffeine oral capsule</i>	30
BRONCHITOL	79	<i>butorphanol tartrate injection</i>	10
BRUKINSA	14	<i>butorphanol tartrate nasal</i>	11
<i>budesonide er oral tablet extended release 24</i>		BYDUREON BCISE	49
<i>hour</i>	53	BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-	
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5</i>		INJECTOR	49
<i>mg/2ml</i>	79	BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-	
<i>budesonide inhalation suspension 1 mg/2ml</i>	79	INJECTOR	49
<i>budesonide oral</i>	53	C	
<i>budesonide-formoterol fumarate</i>	79	CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED	
<i>bumetanide injection</i>	23	RELEASE 400 & 600 MG/2ML	68
<i>bumetanide oral</i>	23	CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED	
<i>buprenorphine hcl injection</i>	29	RELEASE 600 & 900 MG/3ML	68
<i>buprenorphine hcl sublingual tablet sublingual 2</i>		<i>cabergoline</i>	57
<i>mg</i>	29	CABOMETYX	14
		<i>calcipotriene external cream</i>	43

calcipotriene external ointment	43	cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg	68
calcipotriene external solution	43	cefazolin sodium injection solution reconstituted 100 gm, 300 gm	68
calcipotriene-betameth diprop external ointment	43	cefazolin sodium intravenous solution reconstituted 1 gm	68
calcitonin (salmon) injection	49	cefazolin sodium intravenous solution reconstituted 2 gm, 3 gm	68
calcitonin (salmon) nasal	49	cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%, 3-4 gm/150ml-%	68
CALCITRENE	43	cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml)	68
calcitriol external	43	cefdinir	68
calcitriol intravenous solution 1 mcg/ml	49	cefepime hcl injection solution reconstituted 1 gm	68
calcitriol oral	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	69
candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg	23	cefoxitin sodium intravenous	69
candesartan cilexetil oral tablet 32 mg	23	cefpodoxime proxetil	69
candesartan cilexetil-hctz oral tablet 16-12.5 mg	24	cefprozil	69
candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg	24	ceftazidime injection solution reconstituted 1 gm, 6 gm	69
CAPLYTA	30	ceftazidime intravenous	69
CAPRELSA ORAL TABLET 100 MG	14	ceftriaxone sodium in dextrose	69
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	47		
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)	47
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	31
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	31	clomipramine hcl oral	31
citalopram hydrobromide oral tablet 40 mg	31	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	CRINONE	58
clonidine hcl er oral tablet extended release 12 hour	31	cromolyn sodium inhalation	80
clonidine hcl oral	24	cromolyn sodium ophthalmic	77
clopidogrel bisulfate oral tablet 300 mg	21	cromolyn sodium oral	56
clopidogrel bisulfate oral tablet 75 mg	21	CROTAN	44
clorazepate dipotassium	31	CRYSELLE-28	58
clotrimazole external cream	43	cyclobenzaprine hcl oral	31
clotrimazole external solution	43	cyclopentolate hcl ophthalmic solution 1 %	77
clotrimazole mouth/throat troche	44	cyclophosphamide intravenous solution 500 mg/ 2.5ml	14
clotrimazole-betamethasone	44	cyclophosphamide oral capsule	14
clozapine oral tablet 100 mg	31	CYCLOSET	49
clozapine oral tablet 200 mg	31	cyclosporine modified	64
clozapine oral tablet 25 mg	31	cyclosporine ophthalmic	77
clozapine oral tablet 50 mg	31	cyclosporine oral capsule	64
clozapine oral tablet dispersible 100 mg	31	cyproheptadine hcl oral syrup	80
clozapine oral tablet dispersible 12.5 mg	31	cyproheptadine hcl oral tablet	80
clozapine oral tablet dispersible 150 mg	31	CYRAMZA	14
clozapine oral tablet dispersible 200 mg	31	CYRED EQ	58
clozapine oral tablet dispersible 25 mg	31	CYSTAGON	56
COARTEM	69	CYSTARAN	77
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG	31	D	
COBENFY ORAL CAPSULE 50-20 MG	31	dabigatran etexilate mesylate	21
COBENFY STARTER PACK	31	dalfampridine er	31
codeine sulfate oral tablet	11	danazol oral	58
colchicine oral	11	dantrolene sodium oral	31
colchicine-probenecid	11	dapsone external	44
colesevelam hcl	24	dapsone oral	70
colestipol hcl	24	DAPTACEL INTRAMUSCULAR SUSPENSION 23-15- 5	64
colistimethate sodium (cba)	69	daptomycin intravenous solution reconstituted 500 mg	70
COMBIPATCH	58	darifenacin hydrobromide er	56
COMBIVENT RESPIMAT	79	darunavir oral tablet 600 mg	70
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	14	darunavir oral tablet 800 mg	70
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	70	dasatinib	15
COMPRO	53	DASETTA 1/35	58
constulose	53	DASETTA 7/7/7	58
COPIKTRA	14	DAURISMO ORAL TABLET 100 MG	15
CORLANOR ORAL SOLUTION	24	DAURISMO ORAL TABLET 25 MG	15
CORTIFOAM EXTERNAL	53	DAYSEE	58
CORTISPORIN-TC	78	DEBLITANE	58
COSENTYX (300 MG DOSE)	64	decitabine	15
COSENTYX SENSOREADY (300 MG)	64	deferasirox oral tablet 90 mg	49
COSENTYX SENSOREADY PEN	64	deferasirox oral tablet soluble 125 mg	49
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	64	deferasirox oral tablet soluble 250 mg, 500 mg	49
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	64	deferiprone oral tablet 1000 mg	49
COTELLIC	14	deferiprone oral tablet 500 mg	49
CREON	56	DELSTRIGO	70
		DELYLA	58
		demeclocycline hcl oral	70

DENTA 5000 PLUS	44	dextrose in lactated ringers	47
DENTAGEL	44	dextrose intravenous solution 10 %, 5 %, 50 %, 70 %	47
DEPO-ESTRADIOL	58	dextrose intravenous solution 250 mg/ml	47
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	58	dextrose-sodium chloride intravenous solution 10-0.2 %	47
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	58	dextrose-sodium chloride intravenous solution 10-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.3 %, 5-0.45 %, 5-0.9 %	47
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	58	DIACOMIT ORAL CAPSULE 250 MG	32
DESCOVY	70	DIACOMIT ORAL CAPSULE 500 MG	32
desipramine hcl oral	31	DIACOMIT ORAL PACKET 250 MG	32
desloratadine	80	DIACOMIT ORAL PACKET 500 MG	32
desmopressin ace spray refrig	58	diazepam injection	32
desmopressin acetate injection	58	DIAZEPAM INTENSOL	32
desmopressin acetate oral	58	diazepam oral concentrate	32
desmopressin acetate pf	58	diazepam oral solution 5 mg/5ml	32
desmopressin acetate spray	58	diazepam oral tablet 10 mg	32
desogestrel-ethinyl estradiol	58	diazepam oral tablet 2 mg	32
desonide external cream	44	diazepam oral tablet 5 mg	32
desonide external lotion	44	diazepam rectal	32
desonide external ointment	44	diazoxide oral	49
desoximetasone external cream	44	diclofenac potassium oral tablet 50 mg	11
desoximetasone external gel	44	diclofenac sodium er	11
desoximetasone external liquid	44	diclofenac sodium external gel 1 %	11
desoximetasone external ointment	44	diclofenac sodium external gel 3 %	44
desvenlafaxine er	31	diclofenac sodium external solution 1.5 %	11
desvenlafaxine succinate er	31	diclofenac sodium ophthalmic	77
DEXAMETHASONE INTENSOL	58	diclofenac sodium oral	11
dexamethasone oral elixir	58	diclofenac-misoprostol oral tablet delayed release	11
dexamethasone oral solution	58	dicloxacillin sodium	70
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	58	dicyclomine hcl oral capsule	54
dexamethasone oral tablet 2 mg, 4 mg, 6 mg	58	dicyclomine hcl oral solution	54
dexamethasone oral tablet therapy pack	58	dicyclomine hcl oral tablet	54
dexamethasone sod phos +rfid	58	DIFICID	70
dexamethasone sod phosphate pf injection solution	58	diflorasone diacetate external	44
dexamethasone sodium phosphate injection	58	diflunisal oral	11
dexamethasone sodium phosphate ophthalmic	77	difluprednate	77
dexlansoprazole	53	digox oral tablet 125 mcg	24
dexmethylphenidate hcl	31	digox oral tablet 250 mcg	24
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	31	digoxin oral solution	24
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg	31	digoxin oral tablet 125 mcg	24
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	31	digoxin oral tablet 250 mcg	24
dextroamphetamine sulfate oral solution	32	digoxin oral tablet 62.5 mcg	24
dextroamphetamine sulfate oral tablet 10 mg	32	dihydroergotamine mesylate injection	32
dextroamphetamine sulfate oral tablet 5 mg	32	dihydroergotamine mesylate nasal	32
dextrose 5%/electrolyte #48	47	DILANTIN ORAL CAPSULE 30 MG	32
		dilt-xr	24
		diltiazem hcl er beads	24
		diltiazem hcl er coated beads oral capsule extended release 24 hour	24

diltiazem hcl er oral capsule extended release 12 hour	24	doxycycline hyclate oral capsule	70
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	24	doxycycline hyclate oral tablet 100 mg, 20 mg	70
diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	24	doxycycline monohydrate oral capsule 100 mg, 50 mg	70
diltiazem hcl intravenous solution	24	doxycycline monohydrate oral suspension reconstituted	70
diltiazem hcl intravenous solution reconstituted	24	doxycycline monohydrate oral tablet	70
diltiazem hcl oral	24	DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	32
dimethyl fumarate oral capsule delayed release 120 mg	32	DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	32
dimethyl fumarate oral capsule delayed release 240 mg	32	dronabinol	54
dimethyl fumarate starter pack oral capsule delayed release therapy pack	32	drosipren-eth estrad-levomefol	58
diphenhydramine hcl injection	80	drosiprenone-ethinyl estradiol	58
diphenoxylate-atropine oral liquid	54	DROXIA	21
diphenoxylate-atropine oral tablet 2.5-0.025 mg	54	droxidopa oral capsule 100 mg	24
diphtheria-tetanus toxoids dt	64	droxidopa oral capsule 200 mg, 300 mg	24
dipyridamole oral	21	DUAVEE	58
disopyramide phosphate oral	24	DULERA	80
disulfiram oral	32	duloxetine hcl oral capsule delayed release particles 20 mg	32
divalproex sodium er oral tablet extended release 24 hour	32	duloxetine hcl oral capsule delayed release particles 30 mg	32
divalproex sodium oral capsule delayed release sprinkle	32	duloxetine hcl oral capsule delayed release particles 40 mg	32
divalproex sodium oral tablet delayed release	32	duloxetine hcl oral capsule delayed release particles 60 mg	33
dofetilide	24	DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	44
DOLISHALE	58	DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	44
donepezil hcl oral tablet 10 mg, 5 mg	32	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	44
donepezil hcl oral tablet 23 mg	32	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	44
donepezil hcl oral tablet dispersible	32	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	44
dorzolamide hcl ophthalmic	77	duramorph	11
dorzolamide hcl-timolol mal	77	dutasteride oral	56
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	77	dutasteride-tamsulosin hcl	56
DOTTI	58	DYSPORT	33
DOVATO	70	E	
doxazosin mesylate oral	24	E.E.S. 400 ORAL TABLET	70
doxepin hcl oral capsule	32	econazole nitrate external	44
doxepin hcl oral concentrate	32	EDURANT	70
doxepin hcl oral tablet	32	efavirenz oral tablet	70
doxercalciferol intravenous	49	efavirenz-emtricitab-tenofo df	70
doxercalciferol oral	49	efavirenz-lamivudine-tenofovir	70
doxorubicin hcl intravenous solution	15	EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	47
doxorubicin hcl intravenous solution reconstituted	15	EGRIFTA SV	58
doxorubicin hcl liposomal	15	eletriptan hydrobromide	33
DOXY 100	70	ELIGARD SUBCUTANEOUS KIT 22.5 MG, 7.5 MG	15
doxycycline	70	ELIGARD SUBCUTANEOUS KIT 30 MG, 45 MG	15
doxycycline hyclate intravenous	70		

ELINEST	58	<i>entecavir</i>	70
ELIQUIS	21	ENTRESTO ORAL CAPSULE SPRINKLE	24
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	21	ENTRESTO ORAL TABLET 24-26 MG	24
ELITEK	15	ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	24
ELIXOPHYLLIN	80	<i>enulose</i>	54
ELMIRON	56	ENVARBUS XR	64
ELURYNG	58	EPCLUSA ORAL PACKET 150-37.5 MG	70
EMEND ORAL SUSPENSION RECONSTITUTED	54	EPCLUSA ORAL PACKET 200-50 MG	70
EMGALITY	33	EPCLUSA ORAL TABLET 200-50 MG	70
EMGALITY (300 MG DOSE)	33	EPCLUSA ORAL TABLET 400-100 MG	70
EMPLICITI	15	EPIDIOLEX	33
EMSAM	33	<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
EMZAHH	58	<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	58	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	58	ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	70
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	59	<i>erythromycin base oral</i>	70
<i>entacapone</i>	33	<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	70
		<i>erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml</i>	70-71
		<i>erythromycin ethylsuccinate oral tablet</i>	71
		<i>erythromycin external gel</i>	44
		<i>erythromycin external solution</i>	44
		<i>erythromycin lactobionate</i>	71
		<i>erythromycin ophthalmic</i>	77

erythromycin oral	71	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
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	54	FANAPT ORAL TABLET 10 MG, 12 MG	33
esomeprazole sodium intravenous solution reconstituted 40 mg	54	FANAPT ORAL TABLET 2 MG	33
ESTARYLLA	59	FANAPT ORAL TABLET 4 MG	33
estazolam	33	FANAPT ORAL TABLET 6 MG	33
estradiol oral	59	FANAPT ORAL TABLET 8 MG	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	FANAPT TITRATION PACK	33
estradiol transdermal patch twice weekly	59	FARXIGA	49
estradiol transdermal patch weekly	59	febuxostat	11
estradiol vaginal	59	felbamate oral suspension	33
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	59	felbamate oral tablet	33
estradiol-norethindrone acet	59	felodipine er	25
ESTRING VAGINAL RING 7.5 MCG/24HR	59	FEMRING	59
eszopiclone	33	fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	25
ethambutol hcl oral	71	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	fenoprofen calcium oral tablet	11
etonogestrel-ethinyl estradiol	59	fentanyl citrate buccal lozenge on a handle	11
etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml	15	fentanyl citrate buccal tablet 200 mcg, 400 mcg, 600 mcg, 800 mcg	11
etravirine oral tablet 100 mg	71	fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	11
etravirine oral tablet 200 mg	71	FERRIPROX ORAL SOLUTION	49
EUTHYROX	59	fesoterodine fumarate er	56
EVAMIST	59	FETZIMA	33
everolimus oral tablet 0.25 mg	64	FETZIMA TITRATION	33
everolimus oral tablet 0.5 mg, 1 mg	64	finasteride oral tablet 5 mg	56
everolimus oral tablet 0.75 mg	64	finbolimod hcl	33
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	15	FINTEPLA	33
everolimus oral tablet soluble	15	FINZALA	59
EVOTAZ	71	FIRDAPSE	33
exemestane	15	FIRMAGON (240 MG DOSE)	15
EXKIVITY	15	FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	15
ezetimibe	25	FIRVANQ	71
ezetimibe-simvastatin	25	FLAC	78
F		FLAREX	77
FABRAZYME	56	flavoxate hcl	56
FALMINA	59	flecainide acetate	25
famciclovir oral tablet 125 mg, 250 mg	71	fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	71
famciclovir oral tablet 500 mg	71	fluconazole oral	71
famotidine (pf)	54	flucytosine oral	71

<i>fludrocortisone acetate oral</i>	59	<i>fluvoxamine maleate oral tablet 100 mg</i>	34
<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>	34	<i>3.8ML</i>	22
<i>fluphenazine hcl oral</i>	34	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>fraiche 5000 dental gel 1.1 % dental</i>	45
<i>powder breath activated 100 mcg/act, 50 mcg/</i>		<i>frovatriptan succinate</i>	34
<i>act</i>	80	FRUZAQLA ORAL CAPSULE 1 MG	15
<i>fluticasone propionate diskus inhalation aerosol</i>		FRUZAQLA ORAL CAPSULE 5 MG	15
<i>powder breath activated 250 mcg/act</i>	80	FULPHILA	22
<i>fluticasone propionate external</i>	44	<i>fulvestrant intramuscular solution prefilled</i>	
<i>fluticasone propionate hfa inhalation aerosol 110</i>		<i>syringe</i>	15
<i>mcg/act</i>	80	<i>furosemide injection</i>	25
<i>fluticasone propionate hfa inhalation aerosol 220</i>		<i>furosemide oral solution 10 mg/ml</i>	25
<i>mcg/act</i>	80	<i>furosemide oral solution 8 mg/ml</i>	25
<i>fluticasone propionate hfa inhalation aerosol 44</i>		<i>furosemide oral tablet</i>	25
<i>mcg/act</i>	80	FUZEON SUBCUTANEOUS SOLUTION	
<i>fluticasone propionate nasal</i>	80	RECONSTITUTED	71
<i>fluticasone-salmeterol inhalation aerosol powder</i>		FYAVOLV	59
<i>breath activated 100-50 mcg/act, 250-50 mcg/act,</i>		FYCOMPA ORAL SUSPENSION	34
<i>500-50 mcg/act</i>	80	FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8	
<i>fluticasone-salmeterol inhalation aerosol powder</i>		<i>MG</i>	34
<i>breath activated 113-14 mcg/act, 232-14 mcg/act,</i>		FYCOMPA ORAL TABLET 2 MG	34
<i>55-14 mcg/act</i>	80	G	
<i>fluvastatin sodium</i>	25	<i>gabapentin oral capsule 100 mg</i>	34
<i>fluvastatin sodium er</i>	25	<i>gabapentin oral capsule 300 mg</i>	34
<i>fluvoxamine maleate er oral capsule extended</i>		<i>gabapentin oral capsule 400 mg</i>	34
<i>release 24 hour 100 mg</i>	34	<i>gabapentin oral solution</i>	34
<i>fluvoxamine maleate er oral capsule extended</i>		<i>gabapentin oral tablet 600 mg</i>	34
<i>release 24 hour 150 mg</i>	34	<i>gabapentin oral tablet 800 mg</i>	34

<i>galantamine hydrobromide er</i>	34	GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	16
<i>galantamine hydrobromide oral solution</i>	34	GLEOSTINE ORAL CAPSULE 100 MG	16
<i>galantamine hydrobromide oral tablet</i>	34	<i>glimepiride oral tablet 1 mg</i>	49
GALLIFREY	59	<i>glimepiride oral tablet 2 mg</i>	49
GAMUNEX-C	64	<i>glimepiride oral tablet 4 mg</i>	49
<i>ganciclovir sodium intravenous solution</i> <i>reconstituted</i>	71	<i>glipizide er oral tablet extended release 24 hour</i> 10 mg	49
GARDASIL 9	64	<i>glipizide er oral tablet extended release 24 hour</i> 2.5 mg	49
<i>gatifloxacin ophthalmic</i>	77	<i>glipizide er oral tablet extended release 24 hour</i> 5 mg	50
GATTEX	54	<i>glipizide oral tablet 10 mg</i>	50
GAUZE STERILE PADS 2	76	<i>glipizide oral tablet 2.5 mg</i>	50
GAVILYTE-C	54	<i>glipizide oral tablet 5 mg</i>	50
GAVILYTE-G	54	<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i> ...	50
GAVILYTE-N WITH FLAVOR PACK	54	<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-</i> <i>500 mg</i>	50
GAVRETO	15	GLUCAGEN HYPOKIT	50
GAZYVA	15	<i>glucagon emergency injection kit</i>	50
<i>gefitinib</i>	15	<i>glyburide micronized oral tablet 1.5 mg</i>	50
<i>gemcitabine hcl intravenous solution 1 gm/10ml, 2</i> <i>gm/20ml, 2 gm/52.6ml, 200 mg/2ml</i>	15	<i>glyburide micronized oral tablet 3 mg</i>	50
<i>gemcitabine hcl intravenous solution 1 gm/26.3ml,</i> <i>200 mg/5.26ml</i>	15	<i>glyburide micronized oral tablet 6 mg</i>	50
<i>gemcitabine hcl intravenous solution reconstituted</i> <i>1 gm, 2 gm</i>	15	<i>glyburide oral tablet 1.25 mg</i>	50
<i>gemcitabine hcl intravenous solution reconstituted</i> <i>200 mg</i>	15	<i>glyburide oral tablet 2.5 mg</i>	50
<i>gemfibrozil oral</i>	25	<i>glyburide oral tablet 5 mg</i>	50
GEMTESA	56	<i>glyburide-metformin oral tablet 1.25-250 mg</i>	50
<i>generlac</i>	54	<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500</i> <i>mg</i>	50
GENGRAF ORAL CAPSULE 100 MG, 25 MG	64	<i>glycopyrrolate injection solution</i>	54
GENGRAF ORAL SOLUTION	64	<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	54
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	59	GLYDO EXTERNAL PREFILLED SYRINGE	11
GENOTROPIN SUBCUTANEOUS CARTRIDGE	59	GLYXAMBI	50
GENTAK OPHTHALMIC OINTMENT	77	<i>granisetron hcl intravenous solution 1 mg/ml, 4 mg/</i> <i>4ml</i>	54
<i>gentamicin in saline intravenous solution 0.8-0.9</i> <i>mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/</i> <i>ml-%</i>	71	<i>granisetron hcl oral</i>	54
<i>gentamicin in saline intravenous solution 2-0.9 mg/</i> <i>ml-%</i>	71	GRANIX	22
<i>gentamicin sulfate external</i>	45	<i>griseofulvin microsize oral</i>	71
<i>gentamicin sulfate injection</i>	71	<i>griseofulvin ultramicrosize</i>	71
<i>gentamicin sulfate ophthalmic solution</i>	77	<i>guanfacine hcl er</i>	34
GENVOYA	71	<i>guanfacine hcl oral</i>	25
GILENYA ORAL CAPSULE 0.25 MG	34	GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	50
GILOTRIF	15	H	
<i>glatiramer acetate subcutaneous solution prefilled</i> <i>syringe 20 mg/ml</i>	34	HAILEY 1.5/30	59
<i>glatiramer acetate subcutaneous solution prefilled</i> <i>syringe 40 mg/ml</i>	34	HAILEY 24 FE	59
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	34	HAILEY FE 1.5/30	59
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	34	HAILEY FE 1/20	59
		<i>halobetasol propionate external cream</i>	45
		<i>halobetasol propionate external ointment</i>	45
		HALOETTE	59
		HALOG EXTERNAL OINTMENT	45
		<i>haloperidol decanoate intramuscular</i>	34
		<i>haloperidol lactate injection</i>	34

<i>haloperidol lactate oral</i>	34	HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION	
<i>haloperidol oral</i>	34	PEN-INJECTOR	50
HARVONI	71	HUMULIN R	50
HAVRIX	64	HUMULIN R U-500 (CONCENTRATED)	50
HEATHER	59	HUMULIN R U-500 KWIKPEN SUBCUTANEOUS	
<i>heparin (porcine) in nacl intravenous solution 12500-</i>		SOLUTION PEN-INJECTOR	50
<i>0.45 ut/250ml-%, 25000-0.45 ut/250ml-%, 25000-0.45</i>		<i>hydralazine hcl injection</i>	25
<i>ut/500ml-%</i>	22	<i>hydralazine hcl oral</i>	25
<i>heparin sod (porcine) in d5w intravenous solution</i>		<i>hydrochlorothiazide oral</i>	25
<i>100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-</i>		<i>hydrocodone-acetaminophen oral solution 2.5-108</i>	
<i>%</i>	22	<i>mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	11
<i>heparin sodium (porcine) injection solution 1000</i>		<i>hydrocodone-acetaminophen oral tablet 10-300</i>	
<i>unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/</i>		<i>mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-</i>	
<i>ml</i>	22	<i>300 mg, 7.5-325 mg</i>	11
<i>heparin sodium (porcine) pf injection solution 1000</i>		<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-</i>	
<i>unit/ml</i>	22	<i>200 mg, 7.5-200 mg</i>	11
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED		<i>hydrocortisone (perianal) external cream 1 %</i>	45
SYRINGE	64	<i>hydrocortisone (perianal) external cream 2.5 %</i>	45
HERCEPTIN HYLECTA	16	<i>hydrocortisone butyr lipo base</i>	45
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED		<i>hydrocortisone butyrate external cream</i>	45
150 MG	16	<i>hydrocortisone butyrate external lotion</i>	45
HIBERIX INJECTION	64	<i>hydrocortisone butyrate external ointment</i>	45
HIDEX 6-DAY	59	<i>hydrocortisone butyrate external solution</i>	45
HUMALOG INJECTION	50	<i>hydrocortisone external cream 1 %, 2.5 %</i>	45
HUMALOG JUNIOR KWIKPEN	50	<i>hydrocortisone external lotion 2.5 %</i>	45
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-		<i>hydrocortisone external ointment 1 %, 2.5 %</i>	45
INJECTOR	50	<i>hydrocortisone oral</i>	54
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS		<i>hydrocortisone rectal enema</i>	54
SUSPENSION PEN-INJECTOR	50	<i>hydrocortisone valerate</i>	45
HUMALOG MIX 75/25	50	<i>hydrocortisone-acetic acid</i>	78
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS		<i>hydromorphone hcl injection solution 1 mg/ml, 2</i>	
SUSPENSION PEN-INJECTOR	50	<i>mg/ml, 4 mg/ml</i>	11
HUMALOG SUBCUTANEOUS SOLUTION		<i>hydromorphone hcl oral liquid</i>	11
CARTRIDGE	50	<i>hydromorphone hcl oral tablet</i>	11
HUMATROPE INJECTION CARTRIDGE	59	<i>hydromorphone hcl pf injection solution 1 mg/ml, 4</i>	
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT		<i>mg/ml</i>	11
40 MG/0.4ML, 40 MG/0.8ML	64	<i>hydromorphone hcl pf injection solution 10 mg/ml,</i>	
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT		<i>50 mg/5ml, 500 mg/50ml</i>	11
80 MG/0.8ML	64	<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	71
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED		<i>hydroxyurea oral</i>	16
SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	64	<i>hydroxyzine hcl intramuscular</i>	80
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED		<i>hydroxyzine hcl oral syrup</i>	80
SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	64	<i>hydroxyzine hcl oral tablet 10 mg, 25 mg</i>	80
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS		<i>hydroxyzine hcl oral tablet 50 mg</i>	80
AUTO-INJECTOR KIT	64-65	<i>hydroxyzine pamoate oral</i>	80
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-		<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 SUBCUTANEOUS		<i>hyoscyamine sulfate sublingual</i>	54
AUTO-INJECTOR KIT	65	HYPERRAB	65
HUMULIN 70/30	50	I	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS		<i>ibandronate sodium intravenous</i>	50
SUSPENSION PEN-INJECTOR	50	<i>ibandronate sodium oral</i>	50
HUMULIN N	50	IBRANCE	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>	51
ICLEVIA	59	<i>insulin lispro prot & lispro</i>	51
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	35
IMBRUVICA ORAL CAPSULE 140 MG	16	INVEGA HAFYERA INTRAMUSCULAR SUSPENSION	
IMBRUVICA ORAL CAPSULE 70 MG	16	PREFILLED SYRINGE 1560 MG/5ML	35
IMBRUVICA ORAL SUSPENSION	16	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION	
IMBRUVICA ORAL TABLET 140 MG	16	PREFILLED SYRINGE 117 MG/0.75ML	35
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	35	<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</i>	
INPEN 100-GREY-NOVOLOG-FIASP	76	<i>mg/2ml</i>	16
INPEN 100-PINK-LILLY-HUMALOG	76	<i>irinotecan hcl intravenous solution 500 mg/</i>	
INPEN 100-PINK-NOVOLOG-FIASP	76	<i>25ml</i>	16
INQOVI	16	ISENTRESS HD	71

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	59
<i>isosorbide mononitrate</i>	25	KALLIGA	59
<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	59
<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>	47-48
ITOVEBI ORAL TABLET 3 MG	16	<i>kcl-lactated ringers-d5w</i>	48
ITOVEBI ORAL TABLET 9 MG	16	<i>kedrab injection</i>	65
<i>itraconazole oral capsule</i>	71	KELNOR 1/35	60
<i>ivabradine hcl</i>	25	KELNOR 1/50	60
<i>ivermectin oral</i>	71	KERENDIA	51
IWILFIN	16	KESIMPTA	35
IXCHIQ	65	<i>ketoconazole external cream</i>	45
IXIARO	65	<i>ketoconazole external foam</i>	45
J		<i>ketoconazole external shampoo 2 %</i>	45
JAIMIESS	59	<i>ketoconazole oral</i>	72
JAKAFI	16	KETODAN EXTERNAL FOAM	45
<i>jantoven</i>	22	<i>ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml</i>	12
JANUMET	51	<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	12
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	51	<i>ketorolac tromethamine ophthalmic</i>	77
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	51	<i>ketorolac tromethamine oral</i>	12
JANUVIA	51	KEYTRUDA INTRAVENOUS SOLUTION	16
JARDIANCE	51	KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	65
JASMIEL	59	KIONEX COMBINATION	51
JAVYGTOR	56	KISQALI (200 MG DOSE)	16
JAYPIRCA ORAL TABLET 100 MG	16	KISQALI (400 MG DOSE)	16
JAYPIRCA ORAL TABLET 50 MG	16	KISQALI (600 MG DOSE)	16
JENCYCLA	59	KISQALI FEMARA (200 MG DOSE)	16
JENTADUETO	51	KISQALI FEMARA (400 MG DOSE)	16
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	51	KISQALI FEMARA (600 MG DOSE)	16
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	51	KLAYESTA	45
JEVTANA	16	KLOR-CON 10	48
JINTELI	59		

KLOR-CON M10	48	LAZCLUZE ORAL TABLET 80 MG	17
KLOR-CON M15	48	<i>ledipasvir-sofosbuvir</i>	72
KLOR-CON M20	48	LEENA	60
KLOR-CON ORAL TABLET EXTENDED RELEASE	48	<i>leflunomide oral</i>	65
KLOR-CON/EF	48	<i>lenalidomide oral capsule 10 mg</i>	17
KOSELUGO	76	<i>lenalidomide oral capsule 15 mg, 2.5 mg, 20 mg, 25 mg</i>	17
KOURZEQ	45	<i>lenalidomide oral capsule 5 mg</i>	17
KRAZATI	16	LENVIMA (10 MG DAILY DOSE)	17
KURVELO	60	LENVIMA (12 MG DAILY DOSE)	17
KYLEENA	60	LENVIMA (14 MG DAILY DOSE)	17
KYPROLIS	16	LENVIMA (18 MG DAILY DOSE)	17
L		LENVIMA (20 MG DAILY DOSE)	17
<i>l-glutamine oral packet</i>	22	LENVIMA (24 MG DAILY DOSE)	17
<i>labetalol hcl intravenous solution</i>	25	LENVIMA (4 MG DAILY DOSE)	17
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	25	LENVIMA (8 MG DAILY DOSE)	17
<i>lacosamide intravenous</i>	35	LESSINA	60
<i>lacosamide oral solution</i>	35	<i>letrozole oral</i>	17
<i>lacosamide oral tablet</i>	35	<i>leucovorin calcium injection solution 100 mg/10ml</i>	17
<i>lactated ringers intravenous</i>	48	<i>leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 500 mg</i>	17
<i>lactated ringers irrigation</i>	76	<i>leucovorin calcium oral</i>	17
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	54	LEUKINE INJECTION SOLUTION RECONSTITUTED ...	22
<i>lactulose oral solution</i>	54	<i>leuprolide acetate (3 month)</i>	17
LAGEVRIO	72	<i>leuprolide acetate injection</i>	17
<i>lamivudine oral solution</i>	72	<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	80
<i>lamivudine oral tablet 100 mg</i>	72	<i>levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml</i>	80
<i>lamivudine oral tablet 150 mg</i>	72	<i>levalbuterol tartrate</i>	80
<i>lamivudine oral tablet 300 mg</i>	72	<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	35
<i>lamivudine-zidovudine</i>	72	<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	35
<i>lamotrigine er</i>	35	<i>levetiracetam intravenous</i>	35
<i>lamotrigine oral tablet</i>	35	<i>levetiracetam oral</i>	35
<i>lamotrigine oral tablet chewable</i>	35	LEVO-T	60
<i>lamotrigine oral tablet dispersible</i>	35	<i>levobunolol hcl ophthalmic solution 0.5 %</i>	77
<i>lamotrigine starter kit-blue</i>	35	<i>levocarnitine oral solution</i>	48
<i>lamotrigine starter kit-orange</i>	35	<i>levocarnitine oral tablet</i>	48
<i>lanreotide acetate</i>	60	<i>levocarnitine sf</i>	48
<i>lansoprazole oral capsule delayed release 15 mg</i>	54	<i>levocetirizine dihydrochloride oral solution</i>	81
<i>lansoprazole oral capsule delayed release 30 mg</i>	54	<i>levocetirizine dihydrochloride oral tablet</i>	81
LANTUS	51	<i>levofloxacin in d5w</i>	72
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	51	<i>levofloxacin intravenous</i>	72
<i>lapatinib ditosylate</i>	17	<i>levofloxacin ophthalmic</i>	77
LARIN 1.5/30	60	<i>levofloxacin oral solution</i>	72
LARIN 1/20	60	<i>levofloxacin oral tablet</i>	72
LARIN 24 FE	60	LEVONEST	60
LARIN FE 1.5/30	60	<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	60
LARIN FE 1/20	60	<i>levonorgest-eth est & eth est</i>	60
<i>latanoprost ophthalmic</i>	77		
LAYOLIS FE	60		
LAZCLUZE ORAL TABLET 240 MG	17		

levonorgest-eth estrad 91-day	60	lorazepam oral concentrate	36
levonorgestrel-ethinyl estrad	60	lorazepam oral tablet 0.5 mg	36
LEVORA 0.15/30 (28)	60	lorazepam oral tablet 1 mg	36
levothyroxine sodium oral tablet	60	lorazepam oral tablet 2 mg	36
LEVOXYL	60	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	26
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	36
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 240 MG	17
liothyronine sodium intravenous	60	LUMAKRAS ORAL TABLET 320 MG	17
liothyronine sodium oral	60	LUMIGAN OPHTHALMIC SOLUTION 0.01 %	77
liraglutide	51	LUMIZYME	56
lisinopril oral	25	LUPRON DEPOT (1-MONTH)	17
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg	25	LUPRON DEPOT (3-MONTH)	17
lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg	25	LUPRON DEPOT (4-MONTH)	17
lisinopril-hydrochlorothiazide oral tablet 20-25 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	36
lithium carbonate er	35	lurasidone hcl oral tablet 80 mg	36
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
lopinavir-ritonavir oral tablet 100-25 mg	72	magnesium sulfate injection solution 50 %, 50 % (10ml syringe)	48
lopinavir-ritonavir oral tablet 200-50 mg	72		
lorazepam injection	35		
LORAZEPAM INTENSOL	36		

<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>	18
<i>MATULANE</i>	17	<i>MESNEX ORAL</i>	18
<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, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i> ...	65
<i>megestrol acetate oral tablet</i>	17	<i>methotrexate sodium injection solution 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>	18	<i>methotrexate sodium oral</i>	65
<i>MEKINIST ORAL TABLET 2 MG</i>	18	<i>methoxsalen rapid</i>	45
<i>MEKTOVI</i>	18	<i>methscopolamine bromide oral</i>	55
<i>meloxicam oral tablet</i>	12	<i>methsuximide</i>	36
<i>memantine hcl er</i>	36	<i>methyldopa oral tablet 500 mg</i>	26
<i>memantine hcl oral solution 2 mg/ml</i>	36	<i>methylergonovine maleate oral</i>	76
<i>memantine hcl oral tablet 10 mg</i>	36	<i>methylphenidate hcl er (cd)</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 10 mg, 20 mg, 40 mg, 60 mg</i>	36
<i>memantine hcl oral tablet 5 mg</i>	36	<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg</i>	36
<i>MENACTRA INTRAMUSCULAR SOLUTION</i>	65	<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 45 mg, 54 mg, 63 mg</i>	36
<i>MENEST</i>	60	<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	36
<i>MENQUADFI INTRAMUSCULAR SOLUTION</i>	65	<i>methylphenidate hcl er oral tablet extended release</i>	36
<i>MENVEO</i>	65	<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i>	36
<i>meperidine hcl injection solution 25 mg/ml, 50 mg/ml</i>	12	<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	36
<i>meprobamate</i>	36	<i>methylphenidate hcl oral solution 10 mg/5ml</i>	36
<i>mercaptopurine oral</i>	18		
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	72		
<i>mesalamine er oral capsule extended release</i> ...	54		
<i>mesalamine er oral capsule extended release 24 hour</i>	55		

<i>methylphenidate hcl oral solution 5 mg/5ml</i>	36	<i>modafinil oral tablet 100 mg</i>	37
<i>methylphenidate hcl oral tablet</i>	36	<i>modafinil oral tablet 200 mg</i>	37
<i>methylprednisolone acetate injection suspension</i>		<i>moexipril hcl</i>	26
<i>40 mg/ml, 80 mg/ml</i>	60	<i>molindone hcl</i>	37
<i>methylprednisolone oral</i>	60	<i>mometasone furoate external</i>	45
<i>methylprednisolone sodium succ injection solution</i>		<i>mometasone furoate nasal</i>	81
<i>reconstituted 1000 mg, 125 mg, 40 mg</i>	60	<i>MONDOXYNE NL ORAL CAPSULE 100 MG</i>	72
<i>metoclopramide hcl injection</i>	55	<i>MONO-LINYAH</i>	61
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/</i>		<i>montelukast sodium oral</i>	81
<i>5ml</i>	55	<i>morphine sulfate (concentrate) oral solution 100</i>	
<i>metoclopramide hcl oral tablet</i>	55	<i>mg/5ml, 20 mg/ml</i>	12
<i>metolazone</i>	26	<i>morphine sulfate (pf) injection solution 0.5 mg/ml,</i>	
<i>metoprolol succinate er</i>	26	<i>1 mg/ml</i>	12
<i>metoprolol tartrate intravenous solution 5 mg/</i>		<i>morphine sulfate (pf) injection solution 10 mg/ml, 4</i>	
<i>5ml</i>	26	<i>mg/ml, 5 mg/ml</i>	12
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50</i>		<i>morphine sulfate (pf) injection solution 8 mg/</i>	
<i>mg</i>	26	<i>ml</i>	12
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	26	<i>morphine sulfate (pf) intravenous solution 1 mg/ml,</i>	
<i>metoprolol-hydrochlorothiazide</i>	26	<i>2 mg/ml</i>	12
<i>metronidazole external</i>	45	<i>morphine sulfate (pf) intravenous solution 10 mg/</i>	
<i>metronidazole intravenous solution 500 mg/</i>		<i>ml</i>	12
<i>100ml</i>	72	<i>morphine sulfate (pf) intravenous solution 8 mg/</i>	
<i>metronidazole oral</i>	72	<i>ml</i>	12
<i>metronidazole vaginal</i>	56	<i>morphine sulfate er oral capsule extended release</i>	
<i>metyrosine</i>	26	<i>24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg,</i>	
<i>mexiletine hcl oral</i>	26	<i>80 mg</i>	12
<i>MIBELAS 24 FE</i>	60	<i>morphine sulfate er oral tablet extended release</i>	
<i>micafungin sodium</i>	72	<i>100 mg, 200 mg</i>	12
<i>miconazole 3 vaginal suppository</i>	57	<i>morphine sulfate er oral tablet extended release</i>	
<i>MICROGESTIN 1.5/30</i>	60	<i>15 mg, 30 mg, 60 mg</i>	12
<i>MICROGESTIN 1/20</i>	60	<i>morphine sulfate injection solution 2 mg/ml, 4 mg/</i>	
<i>MICROGESTIN 24 FE</i>	60	<i>ml</i>	12
<i>MICROGESTIN FE 1.5/30</i>	60	<i>morphine sulfate intravenous solution 10 mg/ml, 50</i>	
<i>MICROGESTIN FE 1/20</i>	60	<i>mg/ml</i>	12
<i>midazolam hcl oral</i>	36	<i>morphine sulfate intravenous solution 4 mg/ml</i>	13
<i>midodrine hcl</i>	26	<i>morphine sulfate intravenous solution 8 mg/ml</i>	13
<i>mifepristone oral tablet 300 mg</i>	60	<i>morphine sulfate oral solution</i>	13
<i>MIGERGOT</i>	36	<i>morphine sulfate oral tablet</i>	13
<i>miglitol</i>	51	<i>MOUNJARO SUBCUTANEOUS SOLUTION AUTO-</i>	
<i>miglustat</i>	56	<i>INJECTOR</i>	51
<i>MILI</i>	61	<i>MOVANTIK</i>	55
<i>MIMVEY</i>	61	<i>moxifloxacin hcl (2x day)</i>	77
<i>minocycline hcl oral</i>	72	<i>moxifloxacin hcl in nacl</i>	72
<i>minoxidil oral</i>	26	<i>moxifloxacin hcl ophthalmic solution</i>	77
<i>mirabegron er</i>	57	<i>moxifloxacin hcl oral</i>	72
<i>MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE</i>		<i>MRESVIA</i>	65
<i>20 MCG/DAY</i>	61	<i>MULTAQ</i>	26
<i>mirtazapine oral tablet 15 mg, 30 mg, 7.5 mg</i>	37	<i>multiple electro type 1 ph 5.5</i>	48
<i>mirtazapine oral tablet 45 mg</i>	37	<i>multiple electro type 1 ph 7.4</i>	48
<i>mirtazapine oral tablet dispersible</i>	37	<i>mupirocin calcium</i>	45
<i>misoprostol oral</i>	55	<i>mupirocin external</i>	45
<i>mitomycin intravenous solution reconstituted 5</i>		<i>MUTAMYCIN INTRAVENOUS SOLUTION</i>	
<i>mg</i>	18	<i>RECONSTITUTED 20 MG, 5 MG</i>	18

MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	18	<i>neomycin-polymyxin b gu</i>	76
<i>mycophenolate mofetil oral capsule</i>	65	<i>neomycin-polymyxin-dexameth</i>	77
<i>mycophenolate mofetil oral suspension reconstituted</i>	65	<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	78
<i>mycophenolate mofetil oral tablet</i>	65	<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	78
<i>mycophenolate sodium</i>	65	<i>neomycin-polymyxin-hc otic</i>	79
<i>mycophenolic acid oral tablet delayed release 180 mg, 360 mg</i>	65	NERLYNX	18
MYHIBBIN	65	NEULASTA ONPRO	22
MYORISAN	45	NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	22
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	57	NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	22
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	57	NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	22
N		NEVANAC	78
<i>na sulfate-k sulfate-mg sulf</i>	55	<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	72
<i>nabumetone oral</i>	13	<i>nevirapine oral suspension</i>	72
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	26	<i>nevirapine oral tablet</i>	72
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	72	NEXPLANON	61
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	72	<i>niacin (antihyperlipidemic)</i>	26
<i>naftifine hcl external cream</i>	45	<i>niacin er (antihyperlipidemic)</i>	26
NAGLAZYME	56	<i>niacor</i>	26
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	37	<i>nicardipine hcl intravenous</i>	26
<i>naloxone hcl injection solution cartridge</i>	37	<i>nicardipine hcl oral</i>	26
<i>naloxone hcl injection solution prefilled syringe</i>	37	NICOTROL	37
<i>naloxone hcl nasal</i>	37	NICOTROL NS	37
<i>naltrexone hcl oral</i>	37	<i>nifedipine er</i>	26
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	37	<i>nifedipine er osmotic release</i>	26
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	37	<i>nifedipine oral</i>	26
<i>naproxen dr oral tablet delayed release 500 mg</i>	13	NIKKI	61
<i>naproxen oral suspension</i>	13	<i>nilutamide</i>	18
<i>naproxen oral tablet</i>	13	<i>nimodipine oral capsule</i>	26
<i>naproxen oral tablet delayed release</i>	13	NINLARO	18
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	13	<i>nisoldipine er</i>	26
<i>naratriptan hcl</i>	37	<i>nitazoxanide oral</i>	72
NARCAN	37	<i>nitisinone</i>	56
<i>nateglinide oral tablet 120 mg</i>	51	NITRO-BID	26
<i>nateglinide oral tablet 60 mg</i>	51	NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	26
NAYZILAM	37	<i>nitrofurantoin macrocrystal oral</i>	72
<i>nebivolol hcl</i>	26	<i>nitrofurantoin monohyd macro</i>	72
NECON 0.5/35 (28)	61	<i>nitrofurantoin oral suspension 25 mg/5ml, 50 mg/10ml</i>	73
<i>nefazodone hcl</i>	37	<i>nitroglycerin intravenous</i>	26
NEO-POLYCIN	77	<i>nitroglycerin rectal</i>	45
NEO-POLYCIN HC	77	<i>nitroglycerin sublingual</i>	26
<i>neomycin sulfate oral</i>	72	<i>nitroglycerin transdermal patch 24 hour</i>	26
<i>neomycin-bacitracin zn-polymyx</i>	77	<i>nitroglycerin translingual solution</i>	26
		NIVESTYM INJECTION SOLUTION	22
		NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	22

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

omeprazole oral capsule delayed release	55	oxybutynin chloride er oral tablet extended release	
OMNARIS	81	24 hour 5 mg	57
OMNITROPE SUBCUTANEOUS SOLUTION		oxybutynin chloride oral solution	57
CARTRIDGE	61	oxybutynin chloride oral tablet 2.5 mg	57
OMNITROPE SUBCUTANEOUS SOLUTION		oxybutynin chloride oral tablet 5 mg	57
RECONSTITUTED	61	oxycodone hcl oral capsule	13
ondansetron hcl injection	55	oxycodone hcl oral concentrate 100 mg/5ml	13
ondansetron hcl oral solution	55	oxycodone hcl oral solution	13
ondansetron hcl oral tablet 4 mg, 8 mg	55	oxycodone hcl oral tablet	13
ondansetron oral tablet dispersible 16 mg	55	oxycodone-acetaminophen oral tablet 10-325 mg,	
ondansetron oral tablet dispersible 4 mg, 8 mg ...	55	2.5-325 mg, 5-325 mg, 7.5-325 mg	13
ONUREG	18	OXYTROL	57
OPDIVO	18	OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS	
opium	55	SOLUTION PEN-INJECTOR 2 MG/1.5ML	51
OPSUMIT	81	OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS	
ORALONE	45	SOLUTION PEN-INJECTOR 2 MG/3ML	51
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125		OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION	
MG	81	PEN-INJECTOR 4 MG/3ML	51-52
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25		OZEMPIC (2 MG/DOSE)	52
MG, 1 MG, 2.5 MG, 5 MG	81	P	
ORGOVYX	18	pacerone oral tablet 100 mg, 200 mg, 400 mg	26
ORKAMBI ORAL TABLET	81	paclitaxel intravenous concentrate 100 mg/16.7ml,	
orphenadrine citrate er	37	150 mg/25ml, 30 mg/5ml, 300 mg/50ml	18
ORSERDU ORAL TABLET 345 MG	18	paclitaxel protein-bound part	18
ORSERDU ORAL TABLET 86 MG	18	paliperidone er oral tablet extended release 24	
ORSYTHIA	62	hour 1.5 mg, 3 mg	37
oseltamivir phosphate oral capsule 30 mg	73	paliperidone er oral tablet extended release 24	
oseltamivir phosphate oral capsule 45 mg, 75		hour 6 mg	37
mg	73	paliperidone er oral tablet extended release 24	
oseltamivir phosphate oral suspension		hour 9 mg	37
reconstituted	73	pamidronate disodium intravenous solution 30 mg/	
OSPHENA	62	10ml, 90 mg/10ml	52
OTEZLA ORAL TABLET	65	pamidronate disodium intravenous solution 6 mg/	
OTEZLA ORAL TABLET THERAPY PACK	65	ml	52
oxacillin sodium in dextrose intravenous solution 1		PANDEL	46
gm/50ml	73	PANRETIN	46
oxacillin sodium in dextrose intravenous solution 2		pantoprazole sodium intravenous	55
gm/50ml	73	pantoprazole sodium oral tablet delayed	
oxacillin sodium injection solution reconstituted 1		release	55
gm, 2 gm	73	PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/	
oxacillin sodium intravenous	73	100ML	18
oxaliplatin intravenous solution	18	paricalcitol oral	52
oxaliplatin intravenous solution reconstituted	18	paroxetine hcl er oral tablet extended release 24	
oxandrolone oral tablet 10 mg	62	hour 12.5 mg	38
oxandrolone oral tablet 2.5 mg	62	paroxetine hcl er oral tablet extended release 24	
oxaprozin oral tablet	13	hour 25 mg, 37.5 mg	38
oxazepam	37	paroxetine hcl oral suspension	38
oxcarbazepine	37	paroxetine hcl oral tablet 10 mg, 40 mg	38
oxiconazole nitrate	45	paroxetine hcl oral tablet 20 mg	38
OXISTAT EXTERNAL LOTION	46	paroxetine hcl oral tablet 30 mg	38
oxybutynin chloride er oral tablet extended release		PAXLOVID (150/100)	73
24 hour 10 mg, 15 mg	57	PAXLOVID (300/100)	73
		pazopanib hcl	18

PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	65	<i>pioglitazone hcl oral tablet 15 mg</i>	52
PEDVAX HIB INTRAMUSCULAR SUSPENSION	65	<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/ascorbic acid</i>	55	<i>pioglitazone hcl-metformin hcl</i>	52
<i>peg-kcl-nacl-nasulf-na asc-c</i>	55	<i>pipecillin 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>peniclovir</i>	46	<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>	27
<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>	46
<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	46	PORTIA-28	62
PERJETA	18	<i>posaconazole oral</i>	73
<i>permethrin external cream</i>	46	<i>potassium chloride crys er</i>	48
<i>perphenazine oral</i>	38	<i>potassium chloride er</i>	48
<i>perphenazine-amitriptyline</i>	38	<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>	27
PHESGO	18	<i>praziquantel oral</i>	73
PHILITH	62	<i>prazosin hcl oral</i>	27
PHOSPHOLINE IODIDE	78	PRED MILD	78
PHYSIOLYTE	76	<i>prednisolone acetate ophthalmic</i>	78
PIFELTRO	73	<i>prednisolone oral solution</i>	62
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	78	<i>prednisolone sodium phosphate ophthalmic</i>	78
<i>pilocarpine hcl oral</i>	46	<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>pimecrolimus</i>	46		
<i>pimozide</i>	38		
PIMTREA	62		
<i>pindolol</i>	26		

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

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

ROCKLATAN	78	<i>sf</i>	46
<i>roflumilast</i>	81	<i>sf 5000 plus</i>	46
<i>romidepsin intravenous solution reconstituted</i>	19	SHAROBEL	62
<i>ropinirole hcl</i>	39	SHINGRIX INTRAMUSCULAR SUSPENSION	
<i>ropinirole hcl er</i>	39	RECONSTITUTED 50 MCG/0.5ML	66
<i>rosuvastatin calcium oral</i>	27	SIGNIFOR	62
ROTARIX	66	<i>sildenafil citrate intravenous</i>	81
ROTATEQ ORAL SOLUTION	66	<i>sildenafil citrate oral tablet 20 mg</i>	81
ROWEEPRA ORAL TABLET 500 MG	39	<i>silodosin</i>	57
ROZLYTREK ORAL CAPSULE 100 MG	19	<i>silver sulfadiazine external</i>	46
ROZLYTREK ORAL CAPSULE 200 MG	19	SIMBRINZA	78
ROZLYTREK ORAL PACKET	19	SIMLIYA	62
RUBRACA	19	SIMPESSE	62
<i>rufinamide oral suspension</i>	39	<i>simvastatin oral tablet</i>	27
<i>rufinamide oral tablet 200 mg</i>	39	<i>sirolimus oral solution</i>	66
<i>rufinamide oral tablet 400 mg</i>	39	<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	66
RUKOBIA	74	<i>sirolimus oral tablet 2 mg</i>	66
RYBELSUS ORAL TABLET 14 MG, 7 MG	52	SIRTURO	74
RYBELSUS ORAL TABLET 3 MG	52	SKYLA	62
RYBREVANT	19	SKYRIZI INTRAVENOUS	66
RYDAPT	19	SKYRIZI PEN	66
RYLAZE	19	SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180	
RYTARY	39	MG/1.2ML	66
S		SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360	
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED		MG/2.4ML	66
SYRINGE	23	SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED	
<i>salsalate oral</i>	13	SYRINGE	66
SANCUSO	55	<i>sodium bicarbonate intravenous solution 4.2 %, 7.5</i>	
SANDIMMUNE ORAL SOLUTION	66	<i>%, 8.4 %</i>	48
SANDOSTATIN LAR DEPOT	62	<i>sodium chloride (pf)</i>	48
SANTYL	46	<i>sodium chloride injection solution 2.5 meq/ml</i>	48
<i>sapropterin dihydrochloride oral packet</i>	56	<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3</i>	
<i>sapropterin dihydrochloride oral tablet</i>	56	<i>%, 4 meq/ml, 5 %</i>	48-49
SARCLISA	19	<i>sodium chloride irrigation solution 0.9 %</i>	76
SAVELLA	39	<i>sodium fluoride 5000 plus</i>	46
SAVELLA TITRATION PACK	39	<i>sodium fluoride 5000 ppm dental cream</i>	46
SCSEMBLIX ORAL TABLET 100 MG	19	<i>sodium fluoride 5000 ppm dental gel</i>	46
SCSEMBLIX ORAL TABLET 20 MG	19	<i>sodium fluoride dental cream</i>	46
SCSEMBLIX ORAL TABLET 40 MG	19	<i>sodium fluoride dental gel 1.1 %</i>	46
<i>scopolamine</i>	56	<i>sodium fluoride mouth/throat</i>	46
SECUADO	39	<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	49
<i>selegiline hcl oral</i>	39	<i>sodium fluoride oral tablet chewable</i>	49
<i>selenium sulfide external lotion</i>	46	<i>sodium oxybate</i>	40
SELZENTRY ORAL SOLUTION	74	<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	56
SELZENTRY ORAL TABLET 25 MG	74	<i>sodium phenylbutyrate oral tablet</i>	56
SELZENTRY ORAL TABLET 75 MG	74	<i>sodium polystyrene sulfonate oral powder</i>	52
SEREVENT DISKUS INHALATION AEROSOL POWDER		<i>sofosbuvir-velpatasvir</i>	74
BREATH ACTIVATED 50 MCG/ACT	81	<i>solifenacin succinate</i>	57
<i>sertraline hcl oral concentrate</i>	39	SOLQUA	52
<i>sertraline hcl oral tablet 100 mg</i>	39	SOLTAMOX	19
<i>sertraline hcl oral tablet 25 mg</i>	39	SOMATULINE DEPOT	62
<i>sertraline hcl oral tablet 50 mg</i>	40	SOMAVERT	62
SETLAKIN	62	<i>sorafenib tosylate</i>	19

SORINE ORAL TABLET 120 MG, 160 MG, 240 MG	27	<i>sumatriptan succinate subcutaneous solution auto-injector</i>	40
SORINE ORAL TABLET 80 MG	27	<i>sunitinib malate</i>	19
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg</i>	27	SUNLENCA ORAL	74
<i>sotalol hcl (af) oral tablet 80 mg</i>	27	SUNLENCA SUBCUTANEOUS	74
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg</i>	27	SUNOSI	40
<i>sotalol hcl oral tablet 80 mg</i>	27	SUPREP BOWEL PREP KIT	56
<i>spinosad</i>	46	SYEDA	62
SPIRIVA HANDIHALER	81	SYMBICORT	81
SPIRIVA RESPIMAT	81	SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	52
<i>spironolactone oral tablet 100 mg, 50 mg</i>	27	SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	52
<i>spironolactone oral tablet 25 mg</i>	27	SYMPAZAN ORAL FILM 10 MG, 20 MG	40
<i>spironolactone-hctz</i>	27	SYMPAZAN ORAL FILM 5 MG	40
SPRAVATO (56 MG DOSE)	40	SYMTUZA	74
SPRAVATO (84 MG DOSE)	40	SYNAGIS	76
SPRINTEC 28	62	SYNAREL	62
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG	40	SYNJARDY	52
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	40	SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	52
SPS (SODIUM POLYSTYRENE SULF)	52	SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	52
SRONYX	62	SYNTHROID	62
SSD (SILVER SULFADIAZINE)	46	T	
STELARA INTRAVENOUS	66	TABRECTA	19
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	66	<i>tacrolimus external ointment</i>	46
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	66	<i>tacrolimus oral</i>	66
<i>sterile water for irrigation</i>	76	<i>tadalafil (pah)</i>	81
STIOLTO RESPIMAT	81	<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	57
STIVARGA	19	TAFINLAR ORAL CAPSULE	19
<i>streptomycin sulfate intramuscular</i>	74	TAFINLAR ORAL TABLET SOLUBLE	19
STRIBILD	74	<i>tafluprost (pf)</i>	78
SUBVENITE	40	TAGRISSE	19
<i>sucrafate oral</i>	56	TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	19
<i>sulfacetamide sodium (acne)</i>	46	TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	19
<i>sulfacetamide sodium ophthalmic</i>	78	<i>tamoxifen citrate oral</i>	19
<i>sulfacetamide-prednisolone ophthalmic solution</i>	78	<i>tamsulosin hcl</i>	57
<i>sulfadiazine oral</i>	74	TAPERDEX 6-DAY	62
<i>sulfamethoxazole-trimethoprim intravenous</i>	74	TARINA 24 FE	62
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	74	TARINA FE 1/20 EQ	62
<i>sulfamethoxazole-trimethoprim oral tablet</i>	74	TASIGNA	19
SULFAMYLON EXTERNAL CREAM	46	<i>tasimelteon</i>	40
<i>sulfasalazine oral</i>	56	<i>tazarotene external cream 0.1 %</i>	46
<i>sulindac oral tablet 150 mg</i>	13	<i>tazarotene external gel</i>	46
<i>sulindac oral tablet 200 mg</i>	13	TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	74
<i>sumatriptan nasal</i>	40	TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM	74
<i>sumatriptan succinate oral</i>	40	TAZVERIK	19
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	40	TDVAX	66
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	40	TECENTRIQ	19

TECENTRIQ HYBREZA	19	TIMOLOL MALEATE OCUDOSE	78
TECVAYLI	19	<i>timolol maleate ophthalmic gel forming</i>	
TEFLARO	74	<i>solution</i>	78
<i>telmisartan oral tablet 20 mg, 40 mg</i>	27	<i>timolol maleate ophthalmic solution 0.25 %</i>	78
<i>telmisartan oral tablet 80 mg</i>	27	<i>timolol maleate ophthalmic solution 0.5 %</i>	78
<i>telmisartan-amlodipine</i>	27	<i>timolol maleate oral</i>	27
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-25</i>		<i>timolol maleate pf ophthalmic solution 0.5 %</i>	78
<i>mg</i>	27	<i>tinidazole oral</i>	74
<i>telmisartan-hctz oral tablet 80-12.5 mg</i>	27	<i>tiopronin oral tablet</i>	57
<i>temazepam oral capsule 15 mg, 30 mg</i>	40	TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5	
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	40	MCG	63
TENIVAC	66	TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/	
<i>tenofovir disoproxil fumarate</i>	74	ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/	
TEPMETKO	19	ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/	
<i>terazosin hcl oral</i>	27	ML, 44 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/	
<i>terbinafine hcl oral</i>	74	ML	63
<i>terbutaline sulfate injection</i>	81	TIS-U-SOL	76
<i>terbutaline sulfate oral</i>	81	TIVICAY ORAL TABLET 10 MG	74
<i>terconazole</i>	57	TIVICAY ORAL TABLET 25 MG, 50 MG	74
<i>teriflunomide</i>	40	TIVICAY PD	74
<i>teriparatide subcutaneous solution pen-injector</i>		<i>tizanidine hcl oral tablet</i>	40
<i>600 mcg/2.4ml, 620 mcg/2.48ml</i>	52	TOBRADEX OPHTHALMIC OINTMENT	78
<i>testosterone cypionate intramuscular solution 100</i>		<i>tobramycin inhalation nebulization solution 300</i>	
<i>mg/ml</i>	62	<i>mg/5ml</i>	82
<i>testosterone cypionate intramuscular solution 200</i>		<i>tobramycin ophthalmic</i>	78
<i>mg/ml, 200 mg/ml (1 ml)</i>	62	<i>tobramycin sulfate injection solution</i>	74
<i>testosterone enanthate intramuscular solution</i> ...	62	<i>tobramycin sulfate injection solution</i>	
<i>testosterone transdermal gel 1.62 %, 20.25 mg/act</i>		<i>reconstituted</i>	74
<i>(1.62%), 40.5 mg/2.5gm (1.62%)</i>	62	<i>tobramycin-dexamethasone</i>	78
<i>testosterone transdermal gel 10 mg/act (2%)</i>	62	<i>tolcapone</i>	40
<i>testosterone transdermal gel 12.5 mg/act (1%), 25</i>		<i>tolmetin sodium oral capsule</i>	13
<i>mg/2.5gm (1%), 50 mg/5gm (1%)</i>	63	<i>tolmetin sodium oral tablet 600 mg</i>	13
<i>testosterone transdermal gel 20.25 mg/1.25gm</i>		<i>tolterodine tartrate</i>	57
<i>(1.62%)</i>	63	<i>tolterodine tartrate er</i>	57
<i>testosterone transdermal solution</i>	63	<i>tolvaptan oral tablet 15 mg</i>	52
<i>tetrabenazine oral tablet 12.5 mg</i>	40	<i>tolvaptan oral tablet 30 mg</i>	52
<i>tetrabenazine oral tablet 25 mg</i>	40	<i>topiramate er oral capsule er 24 hour sprinkle 100</i>	
<i>tetracycline hcl oral capsule</i>	74	<i>mg, 25 mg, 50 mg</i>	40
THALOMID ORAL CAPSULE 100 MG, 50 MG	19	<i>topiramate er oral capsule extended release 24</i>	
THALOMID ORAL CAPSULE 150 MG, 200 MG	19	<i>hour 100 mg</i>	40
THEO-24	81	<i>topiramate er oral capsule extended release 24</i>	
<i>theophylline er</i>	82	<i>hour 25 mg, 50 mg</i>	40
<i>theophylline oral</i>	82	<i>topiramate oral</i>	40
<i>thioridazine hcl oral</i>	40	<i>toremifene citrate</i>	19
<i>thiothixene oral</i>	40	<i>torsemide oral</i>	27
TIADYLT ER	27	TOUJEO MAX SOLOSTAR	52
<i>tiagabine hcl</i>	40	TOUJEO SOLOSTAR	52
TIBSOVO	19	TPN ELECTROLYTES INTRAVENOUS	
TICE BCG	19	CONCENTRATE	49
TICOVAC	66	TRACLEER ORAL TABLET SOLUBLE	82
<i>tigecycline</i>	74	TRADJENTA	52
TILIA FE	63	<i>tramadol hcl (er biphasic) oral capsule extended</i>	
<i>timolol maleate (once-daily)</i>	78	<i>release 24 hour 100 mg, 200 mg, 300 mg</i>	13

<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour</i>	13	<i>triamcinolone acetonide external cream</i>	47
<i>tramadol hcl er</i>	13	<i>triamcinolone acetonide external lotion</i>	47
<i>tramadol hcl oral tablet 50 mg</i>	13	<i>triamcinolone acetonide external ointment 0.025 % , 0.1 % , 0.5 %</i>	47
<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>	47
<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>tranylcypramine sulfate</i>	40	TRIDERM EXTERNAL CREAM	47
TRAVASOL	49	<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
TRECATOR	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
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	66	TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	53
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	66	TRIKAFTA ORAL TABLET THERAPY PACK	82
<i>treprostinil</i>	82	TRIKAFTA ORAL THERAPY PACK	82
TRESIBA	53	<i>trimethobenzamide hcl oral</i>	56
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	53	<i>trimethoprim oral</i>	74
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	53	<i>trimipramine maleate oral</i>	40
<i>tretinoin external cream</i>	46	TRINTELLIX	40
<i>tretinoin external gel 0.01 % , 0.025 %</i>	46	TRIUMEQ	74
<i>tretinoin external gel 0.05 %</i>	46	TRIUMEQ PD	74
<i>tretinoin microsphere external gel 0.04 % , 0.1 %</i>	46	TRIVORA (28)	63
<i>tretinoin microsphere pump external gel 0.04 % , 0.1 %</i>	46	TRODELVY	20
<i>tretinoin oral</i>	19	TROGARZO	74
TREXALL	66	TROPHAMINE INTRAVENOUS SOLUTION 10 %	49
TRI FEMYNOR	63	<i>trospium chloride</i>	57
TRI-ESTARYLLA	63	<i>trospium chloride er</i>	57
TRI-LEGEST FE	63	TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	53
TRI-LINYAH	63	TRUMENBA	66
TRI-LO-ESTARYLLA	63	TRUQAP	20
TRI-LO-MARZIA	63	TUDORZA PRESSAIR	82
TRI-LO-MILI	63	TUKYSA	20
TRI-LO-SPRINTEC	63	TURALIO ORAL CAPSULE 125 MG	20
TRI-MILI	63	TURQOZ	63
TRI-NYMYO	63	TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	66-67
TRI-SPRINTEC	63	TYBOST	74
TRI-VYLIBRA	63	TYDEMY	63
TRI-VYLIBRA LO	63	TYMLOS	53
<i>triamcinolone acetonide external aerosol solution</i>	47	TYPHIM VI	67
		TYVASO	82
		TYVASO REFILL KIT	82
		TYVASO STARTER KIT	82
		U	
		UBRELVY ORAL TABLET 100 MG	41

UBRELVY ORAL TABLET 50 MG	41	<i>vancomycin hcl oral capsule 125 mg</i>	75
UDENYCA	23	<i>vancomycin hcl oral capsule 250 mg</i>	75
UNITHROID	63	<i>vancomycin hcl oral solution reconstituted 25 mg/</i>	
UPTRAVI ORAL	82	<i>ml</i>	75
UPTRAVI TITRATION	82	VANDAZOLE	57
<i>ursodiol oral capsule 300 mg</i>	56	VANFLYTA	20
<i>ursodiol oral tablet</i>	56	VAQTA	67
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED		<i>varenicline tartrate (starter)</i>	41
SYRINGE 100 MG/0.28ML	41	<i>varenicline tartrate oral tablet 0.5 mg</i>	41
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED		<i>varenicline tartrate oral tablet 1 mg, 1 mg (56</i>	
SYRINGE 125 MG/0.35ML	41	<i>pack)</i>	41
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED		<i>varenicline tartrate(continue)</i>	41
SYRINGE 150 MG/0.42ML	41	VARIVAX	67
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED		VARIZIG INTRAMUSCULAR SOLUTION	67
SYRINGE 200 MG/0.56ML	41	VASCEPA	28
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED		VAXCHORA	67
SYRINGE 250 MG/0.7ML	41	VECAMYL	28
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED		VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400	
SYRINGE 50 MG/0.14ML	41	MG/20ML	20
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED		VELIVET	63
SYRINGE 75 MG/0.21ML	41	VELTASSA ORAL PACKET 1 GM	53
V		VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	53
<i>valacyclovir hcl oral tablet 1 gm</i>	74	VELTASSA ORAL PACKET 8.4 GM	53
<i>valacyclovir hcl oral tablet 500 mg</i>	75	VEMLIDY	75
VALCHLOR	47	VENCLEXTA ORAL TABLET 10 MG	20
<i>valganciclovir hcl oral solution reconstituted</i>	75	VENCLEXTA ORAL TABLET 100 MG	20
<i>valganciclovir hcl oral tablet</i>	75	VENCLEXTA ORAL TABLET 50 MG	20
<i>valproate sodium intravenous solution 100 mg/ml,</i>		VENCLEXTA STARTING PACK	20
<i>500 mg/5ml</i>	41	<i>venlafaxine besylate er</i>	41
<i>valproic acid oral capsule</i>	41	<i>venlafaxine hcl</i>	41
<i>valproic acid oral solution</i>	41	<i>venlafaxine hcl er oral capsule extended release</i>	
<i>valsartan oral tablet 160 mg</i>	27	<i>24 hour 150 mg</i>	41
<i>valsartan oral tablet 320 mg</i>	27	<i>venlafaxine hcl er oral capsule extended release</i>	
<i>valsartan oral tablet 40 mg, 80 mg</i>	28	<i>24 hour 37.5 mg</i>	41
<i>valsartan-hydrochlorothiazide</i>	28	<i>venlafaxine hcl er oral capsule extended release</i>	
VALTOCO 10 MG DOSE	41	<i>24 hour 75 mg</i>	41
VALTOCO 15 MG DOSE	41	<i>venlafaxine hcl er oral tablet extended release 24</i>	
VALTOCO 20 MG DOSE	41	<i>hour 225 mg</i>	41
VALTOCO 5 MG DOSE	41	VENTAVIS	82
<i>vancomycin hcl in dextrose intravenous solution 1-</i>		<i>verapamil hcl er oral capsule extended release 24</i>	
<i>5 gm/200ml-%, 1.25-5 gm/250ml-%, 1.5-5 gm/300ml-</i>		<i>hour</i>	28
<i>%, 500-5 mg/100ml-%, 750-5 mg/150ml-%</i>	75	<i>verapamil hcl er oral tablet extended release 120</i>	
<i>vancomycin hcl in nacl intravenous solution 1-0.9</i>		<i>mg</i>	28
<i>gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/</i>		<i>verapamil hcl er oral tablet extended release 180</i>	
<i>150ml-%</i>	75	<i>mg, 240 mg</i>	28
<i>vancomycin hcl intravenous solution 1000 mg/</i>		<i>verapamil hcl intravenous</i>	28
<i>200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/</i>		<i>verapamil hcl oral</i>	28
<i>350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/</i>		VERQUVO	28
<i>150ml</i>	75	VERSACLOZ	41
<i>vancomycin hcl intravenous solution reconstituted</i>		VERZENIO	20
<i>1 gm, 10 gm, 100 gm, 5 gm, 500 mg</i>	75	VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED	
<i>vancomycin hcl intravenous solution reconstituted</i>		<i>750 MG</i>	75
<i>1.25 gm, 1.5 gm, 750 mg</i>	75		

VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	53	XARELTO ORAL TABLET 10 MG, 20 MG	23
VIENVA	63	XARELTO ORAL TABLET 15 MG, 2.5 MG	23
<i>vigabatrin oral packet</i>	41	XARELTO STARTER PACK	23
<i>vigabatrin oral tablet</i>	41	XATMEP	67
VIGADRONE ORAL PACKET	41	XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	42
VIGADRONE ORAL TABLET	41	XCOPRI (350 MG DAILY DOSE)	42
VIGPODER	41	XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	42
VIIBRYD ORAL TABLET	41	XCOPRI ORAL TABLET 150 MG, 200 MG	42
<i>vilazodone hcl</i>	41	XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	42
<i>vinblastine sulfate intravenous solution</i>	20	XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG ...	42
<i>vincristine sulfate intravenous</i>	20	XDEMVA	78
<i>vinorelbine tartrate</i>	20	XELJANZ ORAL SOLUTION	67
<i>viorele</i>	63	XELJANZ ORAL TABLET	67
VIRACEPT ORAL TABLET 250 MG	75	XELJANZ XR	67
VIRACEPT ORAL TABLET 625 MG	75	XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT	42
VIREAD ORAL POWDER	75	XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT	42
VIREAD ORAL TABLET 150 MG, 250 MG	75	XERMELO	56
VIREAD ORAL TABLET 200 MG	75	XGEVA	53
VITRAKVI ORAL CAPSULE 100 MG	20	XIFAXAN ORAL TABLET 550 MG	75
VITRAKVI ORAL CAPSULE 25 MG	20	XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	53
VITRAKVI ORAL SOLUTION	20	XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	53
VIZIMPRO	20	XIIDRA	78
VOLNEA	63	XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	75
VONJO	20	XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	75
VORANIGO ORAL TABLET 10 MG	20	XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML	82
VORANIGO ORAL TABLET 40 MG	20	XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	82
<i>voriconazole intravenous</i>	75	XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	82
<i>voriconazole oral suspension reconstituted</i>	75	XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	82
<i>voriconazole oral tablet 200 mg</i>	75	XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	82
<i>voriconazole oral tablet 50 mg</i>	75	XOSPATA	20
VOSEVI	75	XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	20
VOWST	56	XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	20
VPRIV	56	XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	20
VRAYLAR ORAL CAPSULE	41	XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	20
VUMERITY	41	XPOVIO (60 MG TWICE WEEKLY)	20
VYFEMLA	63		
VYLIBRA	63		
VYZULTA	78		
W			
<i>warfarin sodium oral</i>	23		
WELIREG	20		
WERA	63		
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	82		
WYMZYA FE	63		
X			
XALKORI ORAL CAPSULE	20		
XALKORI ORAL CAPSULE SPRINKLE 150 MG	20		
XALKORI ORAL CAPSULE SPRINKLE 20 MG	20		
XALKORI ORAL CAPSULE SPRINKLE 50 MG	20		
XARELTO ORAL SUSPENSION RECONSTITUTED	23		

XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	20	<i>zidovudine oral capsule</i>	75
XPOVIO (80 MG TWICE WEEKLY)	20	<i>zidovudine oral syrup</i>	75
XTANDI ORAL CAPSULE	20	<i>zidovudine oral tablet</i>	75
XTANDI ORAL TABLET 40 MG	20	ZIEXTENZO	23
XTANDI ORAL TABLET 80 MG	20	<i>ziprasidone hcl oral capsule 20 mg</i>	42
XULANE	63	<i>ziprasidone hcl oral capsule 40 mg</i>	42
Y		<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	42
YARGESA	56	<i>ziprasidone mesylate</i>	42
YERVOY	20	ZIRGAN	75
YF-VAX	67	<i>zoledronic acid intravenous concentrate</i>	53
<i>yuvafem</i>	63	<i>zoledronic acid intravenous solution</i>	53
Z		ZOLINZA	21
ZAFEMY	63	<i>zolmitriptan nasal solution 2.5 mg</i>	42
<i>zafirlukast</i>	82	<i>zolmitriptan oral</i>	42
<i>zaleplon oral capsule 10 mg</i>	42	<i>zolpidem tartrate er</i>	42
<i>zaleplon oral capsule 5 mg</i>	42	<i>zolpidem tartrate oral tablet</i>	42
ZARXIO	23	ZONISADE	42
ZEJULA ORAL TABLET 100 MG	21	<i>zonisamide oral</i>	42
ZEJULA ORAL TABLET 200 MG, 300 MG	21	ZOVIA 1/35 (28)	63
ZELBORAF	21	ZTALMY	42
ZENATANE	47	ZUMANDIMINE	63
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 3000-10000 UNIT, 5000-24000 UNIT	56	ZURZUVAE	42
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 25000-79000 UNIT, 40000-126000 UNIT, 60000-189600 UNIT	56	ZYDELIG	21
ZEPZELCA	21	ZYKADIA ORAL TABLET	21
ZETONNA	82	ZYLET	78
		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 대해 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 لاتصال 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.

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This formulary was updated on January 1, 2025.

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**.