



Anthem Medicare Preferred (PPO) with Senior Rx Plus

2026 Formulary

List of Covered Drugs or “Drug List”

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN. This formulary was updated on September 1, 2025.

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

Note to existing members:

This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

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

This document includes a Drug List (formulary) for your plan which is current as of 1/1/2026. 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 cover pages.

You must generally use network pharmacies to use your prescription drug benefit. 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.

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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.

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 cover pages.

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 cover pages.

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 cover pages.

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 restrictions.

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 for you the drug that is being changed. For more information, see the section below titled “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 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 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.

The enclosed formulary is current as of 1/1/2026. To get updated information about the drugs covered by your plan, please call Pharmacy Member Services. Our contact information appears on the front and back cover pages.

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 9. 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 9, then look under the category name for your drug.

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 81. 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.

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 90 tablets per 30 days of *metformin 850 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.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 9. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our 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 cover pages.

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, 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 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.

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 cover pages.

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 9 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 81.

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 cover pages. 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 9, 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.

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.

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 cover pages.

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 5 mcg/hr, 7.5 mcg/hr</i>	2	PA; QL (4 per 28 days); NEDS
<i>acetaminophen-codeine oral solution</i>	1	QL (900 per 30 days); NEDS	<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	1	PA; QL (180 per 30 days); NEDS
<i>acetaminophen-codeine oral tablet</i>	1	QL (180 per 30 days); NEDS	<i>butalbital-asa-caff-codeine</i>	1	PA; QL (180 per 30 days); NEDS
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO	<i>butorphanol tartrate nasal</i>	3	QL (5 per 30 days); NEDS
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr</i>	3	PA; QL (4 per 28 days); NEDS	<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	1	QL (60 per 30 days); MO
<i>buprenorphine transdermal patch weekly 20 mcg/hr</i>	1	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
celecoxib oral capsule 400 mg	1	QL (30 per 30 days); MO
codeine sulfate oral tablet	2	QL (180 per 30 days); NEDS
colchicine oral capsule	1	
colchicine oral tablet	1	QL (120 per 30 days)
colchicine-probenecid	1	MO
diclofenac potassium oral tablet 50 mg	1	MO
diclofenac sodium er	1	MO
diclofenac sodium external solution 1.5 %	1	QL (300 per 30 days)
diclofenac sodium oral	1	MO
diclofenac-misoprostol oral tablet delayed release	1	MO
diflunisal oral	1	MO
duramorph	1	
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	1	QL (180 per 30 days); NEDS
etodolac er	1	MO
etodolac oral	1	MO
febuxostat	1	ST; MO
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 800 mcg	4	PA; QL (120 per 30 days); NEDS; S
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	3	PA; QL (15 per 30 days); NEDS
flurbiprofen oral tablet 100 mg	1	MO
GLYDO EXTERNAL PREFILLED SYRINGE	1	

Drug Name	Drug Tier	Requirements/ Limits
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	1	QL (2700 per 30 days); NEDS
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL (180 per 30 days); NEDS
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	QL (50 per 10 days); NEDS
hydromorphone hcl oral liquid	3	QL (720 per 30 days); NEDS
hydromorphone hcl oral tablet	3	QL (180 per 30 days); NEDS
hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml	3	
ibu oral tablet 400 mg, 600 mg	1	MO
ibuprofen oral suspension	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	MO
indomethacin er	1	PA; MO
indomethacin oral capsule 25 mg, 50 mg	1	PA; MO
ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml	1	PA
ketorolac tromethamine intramuscular solution 60 mg/2ml	1	PA
ketorolac tromethamine oral	1	PA
lidocaine external ointment 5 %	1	PA; QL (150 per 30 days)
lidocaine external patch 5 %	1	PA; QL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
lidocaine hcl (pf) injection solution 1 %	1	
lidocaine hcl external solution	1	PA; QL (300 per 30 days)
lidocaine hcl injection solution 0.5 %	1	
lidocaine hcl mouth/throat	1	PA; QL (300 per 30 days)
lidocaine hcl urethral/mucosal	1	
lidocaine viscous hcl	1	
lidocaine-prilocaine external cream	1	QL (30 per 30 days)
meloxicam oral tablet	1	MO
meperidine hcl injection solution 25 mg/ml, 50 mg/ml	3	PA
methadone hcl oral solution	2	QL (900 per 30 days); NEDS
methadone hcl oral tablet	2	PA; QL (180 per 30 days); NEDS
morphine sulfate (concentrate) oral solution 100 mg/5ml	1	QL (180 per 30 days); NEDS
morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml	1	
morphine sulfate (pf) injection solution 10 mg/ml, 4 mg/ml, 5 mg/ml	2	
morphine sulfate (pf) injection solution 8 mg/ml	3	
morphine sulfate (pf) intravenous solution 1 mg/ml, 2 mg/ml	2	
morphine sulfate (pf) intravenous solution 10 mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate (pf) intravenous solution 8 mg/ml	3	
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	3	PA; QL (60 per 30 days); NEDS
morphine sulfate er oral tablet extended release 100 mg, 200 mg	1	PA; QL (60 per 30 days); NEDS
morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg	1	PA; QL (90 per 30 days); NEDS
morphine sulfate injection solution 2 mg/ml, 4 mg/ml	2	
morphine sulfate intravenous solution 10 mg/ml, 50 mg/ml	1	
morphine sulfate intravenous solution 2 mg/ml, 4 mg/ml	2	
morphine sulfate intravenous solution 8 mg/ml	3	
morphine sulfate oral solution	1	QL (900 per 30 days); NEDS
morphine sulfate oral tablet	1	QL (180 per 30 days); NEDS
nabumetone oral	1	MO
naproxen dr oral tablet delayed release 500 mg	1	MO
naproxen oral suspension	1	MO
naproxen oral tablet	1	MO
naproxen oral tablet delayed release	1	MO
naproxen sodium oral tablet 275 mg, 550 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
<i>oxaprozin oral tablet</i>	1	MO
<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>sulindac oral tablet 150 mg</i>	1	MO
<i>sulindac oral tablet 200 mg</i>	1	MO
<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
ABIRTEGA	2	PA; QL (120 per 30 days)
AKEEGA	4	PA; QL (60 per 30 days); S

Drug Name	Drug Tier	Requirements/Limits
ALECENSA	4	PA; QL (240 per 30 days); S
ALUNBRIG ORAL TABLET 180 MG	4	PA; QL (30 per 30 days); S
ALUNBRIG ORAL TABLET 30 MG	4	PA; QL (180 per 30 days); S
ALUNBRIG ORAL TABLET 90 MG	4	PA; QL (60 per 30 days); S
ALUNBRIG ORAL TABLET THERAPY PACK	4	PA; QL (30 per 180 days); S
<i>anastrozole oral</i>	1	MO
AUGTYRO ORAL CAPSULE 160 MG	4	PA; QL (60 per 30 days); S
AUGTYRO ORAL CAPSULE 40 MG	4	PA; QL (240 per 30 days); S
AVASTIN	4	PA; S
AVMAPKI FAKZYNJA CO-PACK	4	PA; QL (66 per 28 days); S
AYVAKIT	4	PA; QL (30 per 30 days); S
BALVERSA ORAL TABLET 3 MG	4	PA; QL (90 per 30 days); S
BALVERSA ORAL TABLET 4 MG	4	PA; QL (60 per 30 days); S
BALVERSA ORAL TABLET 5 MG	4	PA; QL (30 per 30 days); S
BESREMI	4	PA; S
<i>bexarotene oral</i>	2	PA; QL (300 per 30 days)
<i>bicalutamide</i>	1	QL (30 per 30 days)
<i>bortezomib injection solution reconstituted 1 mg</i>	4	S
<i>bortezomib injection solution reconstituted 2.5 mg</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
BOSULIF ORAL CAPSULE 100 MG	4	PA; QL (180 per 30 days); S
BOSULIF ORAL CAPSULE 50 MG	4	PA; QL (30 per 30 days); S
BOSULIF ORAL TABLET 100 MG	4	PA; QL (180 per 30 days); S
BOSULIF ORAL TABLET 400 MG, 500 MG	4	PA; QL (30 per 30 days); S
BRAFTOVI ORAL CAPSULE 75 MG	4	PA; QL (180 per 30 days); S
BRUKINSA ORAL CAPSULE	4	PA; QL (120 per 30 days); S
BRUKINSA ORAL TABLET	4	PA; QL (60 per 30 days); S
CABOMETYX	4	PA; QL (30 per 30 days); S
CALQUENCE	4	PA; QL (60 per 30 days); S
CAPRELSA ORAL TABLET 100 MG	4	PA; QL (90 per 30 days); S
CAPRELSA ORAL TABLET 300 MG	4	PA; QL (30 per 30 days); S
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	4	PA; QL (56 per 28 days); S
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	4	PA; QL (112 per 28 days); S
COMETRIQ (60 MG DAILY DOSE)	4	PA; QL (84 per 28 days); S
COPIKTRA	4	PA; QL (60 per 30 days); S
COTELLIC	4	PA; QL (90 per 30 days); S
<i>cyclophosphamide oral capsule</i>	2	B/D PA
DANZITEN	4	PA; QL (112 per 28 days); S

Drug Name	Drug Tier	Requirements/Limits
DARZALEX FASPRO	4	PA; S
<i>dasatinib</i>	4	PA; QL (30 per 30 days); S
DAURISMO ORAL TABLET 100 MG	4	PA; QL (30 per 30 days); S
DAURISMO ORAL TABLET 25 MG	4	PA; QL (60 per 30 days); S
<i>doxorubicin hcl liposomal intravenous suspension</i>	4	PA; S
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 7.5 MG	2	PA
ELIGARD SUBCUTANEOUS KIT 30 MG, 45 MG	3	PA
ERIVEDGE	4	PA; QL (30 per 30 days); S
ERLEADA ORAL TABLET 240 MG	4	PA; QL (30 per 30 days); S
ERLEADA ORAL TABLET 60 MG	4	PA; QL (120 per 30 days); S
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	4	PA; QL (30 per 30 days); S
<i>erlotinib hcl oral tablet 25 mg</i>	4	PA; QL (90 per 30 days); S
EULEXIN	4	S
<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
<i>exemestane</i>	1	MO
FIRMAGON (240 MG DOSE)	4	PA; S
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	2	PA
FOTIVDA	4	PA; QL (21 per 28 days); S
FRUZAQLA ORAL CAPSULE 1 MG	4	PA; QL (84 per 28 days); S

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

Drug Name	Drug Tier	Requirements/Limits
FRUZAQLA ORAL CAPSULE 5 MG	4	PA; QL (21 per 28 days); S
<i>fulvestrant intramuscular solution prefilled syringe</i>	4	PA; S
GAVRETO	4	PA; QL (120 per 30 days); S
<i>gefitinib</i>	4	PA; QL (60 per 30 days); S
GILOTRIF	4	PA; QL (30 per 30 days); S
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	3	PA
GLEOSTINE ORAL CAPSULE 100 MG	4	PA; S
GOMEKLI ORAL CAPSULE 1 MG	4	PA; QL (240 per 30 days); S
GOMEKLI ORAL CAPSULE 2 MG	4	PA; QL (120 per 30 days); S
GOMEKLI ORAL TABLET SOLUBLE	4	PA; QL (240 per 30 days); S
HERCEPTIN HYLECTA	4	B/D PA; S
HERNEXEOS	4	PA; QL (90 per 30 days); S
<i>hydroxyurea oral</i>	1	
IBRANCE	4	PA; QL (21 per 28 days); S
IBTROZI	4	PA; QL (90 per 30 days); S
ICLUSIG	4	PA; QL (30 per 30 days); S
IDHIFA ORAL TABLET 100 MG	4	PA; QL (30 per 30 days); S
IDHIFA ORAL TABLET 50 MG	4	PA; QL (60 per 30 days); S
<i>imatinib mesylate oral tablet 100 mg</i>	3	PA; QL (90 per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	4	PA; QL (60 per 30 days); S

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA ORAL CAPSULE 140 MG	4	PA; QL (90 per 30 days); S
IMBRUVICA ORAL CAPSULE 70 MG	4	PA; QL (30 per 30 days); S
IMBRUVICA ORAL SUSPENSION	4	PA; QL (216 per 27 days); S
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	4	PA; QL (30 per 30 days); S
<i>imkeldi</i>	4	PA; QL (280 per 28 days); S
INLYTA ORAL TABLET 1 MG	4	PA; QL (180 per 30 days); S
INLYTA ORAL TABLET 5 MG	4	PA; QL (120 per 30 days); S
INQOVI	4	PA; QL (5 per 28 days); S
INREBIC	4	PA; QL (120 per 30 days); S
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); 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
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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KISQALI FEMARA (200 MG DOSE)	4	PA; QL (49 per 28 days); S	<i>leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 500 mg</i>	1	B/D PA
KISQALI FEMARA (400 MG DOSE)	4	PA; QL (70 per 28 days); S	<i>leucovorin calcium oral</i>	1	
KISQALI FEMARA (600 MG DOSE)	4	PA; QL (91 per 28 days); S	LEUKERAN	4	S
KRAZATI	4	PA; QL (180 per 30 days); S	<i>leuprolide acetate (3 month)</i>	3	PA
<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); S
<i>lenalidomide oral capsule 10 mg</i>	4	PA; QL (60 per 30 days); S	LORBRENA ORAL TABLET 25 MG	4	PA; QL (90 per 30 days); S
<i>lenalidomide oral capsule 15 mg, 2.5 mg, 20 mg, 25 mg</i>	4	PA; QL (30 per 30 days); S	LUMAKRAS ORAL TABLET 120 MG	4	PA; QL (240 per 30 days); S
<i>lenalidomide oral capsule 5 mg</i>	4	PA; QL (150 per 30 days); 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); 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); 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); 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); 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); S	LUPRON DEPOT (6-MONTH)	4	PA; QL (1 per 180 days); S
LENVIMA (24 MG DAILY DOSE)	4	PA; QL (90 per 30 days); S	LYNPARZA ORAL TABLET	4	PA; QL (120 per 30 days); S
LENVIMA (4 MG DAILY DOSE)	4	PA; QL (30 per 30 days); S	LYSODREN	4	S
LENVIMA (8 MG DAILY DOSE)	4	PA; QL (60 per 30 days); S	LYTGOBI (12 MG DAILY DOSE)	4	PA; QL (84 per 28 days); S
<i>letrozole oral</i>	1	MO	LYTGOBI (16 MG DAILY DOSE)	4	PA; QL (112 per 28 days); S
			LYTGOBI (20 MG DAILY DOSE)	4	PA; QL (140 per 28 days); S

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MATULANE	4	S	OJEMDA ORAL SUSPENSION RECONSTITUTED	4	PA; QL (96 per 28 days); S
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>	1	PA	OJEMDA ORAL TABLET	4	PA; QL (24 per 28 days); S
<i>megestrol acetate oral tablet</i>	1	PA	OJJAARA	4	PA; QL (30 per 30 days); S
MEKINIST ORAL SOLUTION RECONSTITUTED	4	PA; QL (1200 per 30 days); S	ONUREG	4	PA; QL (14 per 28 days); S
MEKINIST ORAL TABLET 0.5 MG	4	PA; QL (90 per 30 days); S	ORGOVYX	4	PA; QL (30 per 28 days); S
MEKINIST ORAL TABLET 2 MG	4	PA; QL (30 per 30 days); S	ORSERDU ORAL TABLET 345 MG	4	PA; QL (30 per 30 days); S
MEKTOVI	4	PA; QL (180 per 30 days); S	ORSERDU ORAL TABLET 86 MG	4	PA; QL (90 per 30 days); S
<i>mercaptopurine oral suspension</i>	4	PA; S	<i>pazopanib hcl</i>	4	PA; QL (120 per 30 days); S
<i>mercaptopurine oral tablet</i>	1		PEMAZYRE	4	PA; QL (30 per 30 days); S
<i>mesna oral</i>	4	S	PHESGO	4	PA; S
MODEYSO	4	PA; QL (20 per 28 days); S	PIQRAY (200 MG DAILY DOSE)	4	PA; QL (28 per 28 days); S
NERLYNX	4	PA; QL (180 per 30 days); S	PIQRAY (250 MG DAILY DOSE)	4	PA; QL (56 per 28 days); S
<i>nilotinib hcl</i>	4	PA; QL (112 per 28 days); S	PIQRAY (300 MG DAILY DOSE)	4	PA; QL (56 per 28 days); S
<i>nilutamide</i>	4	QL (30 per 30 days); S	POMALYST	4	PA; QL (21 per 28 days); S
NINLARO	4	PA; QL (3 per 28 days); S	PURIXAN	4	PA; S
NUBEQA	4	PA; QL (120 per 30 days); S	QINLOCK	4	PA; QL (90 per 30 days); S
ODOMZO	4	PA; QL (30 per 30 days); S	RETEVMO ORAL CAPSULE 40 MG	4	PA; QL (90 per 30 days); S
OGSIVEO ORAL TABLET 100 MG, 150 MG	4	PA; QL (60 per 30 days); S	RETEVMO ORAL CAPSULE 80 MG	4	PA; QL (120 per 30 days); S
OGSIVEO ORAL TABLET 50 MG	4	PA; QL (180 per 30 days); S	RETEVMO ORAL TABLET 120 MG, 160 MG	4	PA; QL (60 per 30 days); S

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Drug Name	Drug Tier	Requirements/ Limits
RETEVMO ORAL TABLET 40 MG	4	PA; QL (90 per 30 days); S
RETEVMO ORAL TABLET 80 MG	4	PA; QL (120 per 30 days); S
REVUFORJ ORAL TABLET 110 MG	4	PA; QL (120 per 30 days); S
REVUFORJ ORAL TABLET 160 MG	4	PA; QL (60 per 30 days); S
REVUFORJ ORAL TABLET 25 MG	4	PA; QL (240 per 30 days); S
REZLIDHIA	4	PA; QL (60 per 30 days); S
RITUXAN HYCELA	4	B/D PA; S
ROMVIMZA	4	PA; QL (8 per 28 days); S
ROZLYTREK ORAL CAPSULE 100 MG	4	PA; QL (150 per 30 days); S
ROZLYTREK ORAL CAPSULE 200 MG	4	PA; QL (90 per 30 days); S
ROZLYTREK ORAL PACKET	4	PA; QL (360 per 30 days); S
RUBRACA	4	PA; QL (120 per 30 days); S
RYDAPT	4	PA; QL (240 per 30 days); S
RYLAZE	4	PA; S
SCEMBLIX ORAL TABLET 100 MG	4	PA; QL (120 per 30 days); S
SCEMBLIX ORAL TABLET 20 MG, 40 MG	4	PA; QL (60 per 30 days); S
SOLTAMOX	4	MO; S
<i>sorafenib tosylate</i>	4	PA; QL (120 per 30 days); S
STIVARGA	4	PA; QL (84 per 28 days); S
<i>sunitinib malate</i>	4	PA; QL (30 per 30 days); S

Drug Name	Drug Tier	Requirements/ Limits
TABLOID	4	S
TABRECTA	4	PA; QL (120 per 30 days); S
TAFINLAR ORAL CAPSULE	4	PA; QL (120 per 30 days); S
TAFINLAR ORAL TABLET SOLUBLE	4	PA; QL (900 per 30 days); S
TAGRISSO	4	PA; QL (30 per 30 days); S
TALZENNA	4	PA; QL (30 per 30 days); S
<i>tamoxifen citrate oral</i>	1	MO
TAZVERIK	4	PA; QL (240 per 30 days); S
TECENTRIQ HYBREZA	4	PA; S
TECVAYLI	4	PA; S
TEPMETKO	4	PA; QL (60 per 30 days); S
THALOMID ORAL CAPSULE 100 MG	4	PA; QL (112 per 28 days); S
THALOMID ORAL CAPSULE 150 MG, 200 MG	4	PA; QL (60 per 30 days); S
THALOMID ORAL CAPSULE 50 MG	4	PA; QL (224 per 28 days); S
TIBSOVO	4	PA; QL (60 per 30 days); S
<i>toremifene citrate</i>	4	S
<i>tretinoin oral</i>	4	S
TRUQAP	4	PA; QL (64 per 28 days); S
TUKYSA	4	PA; QL (120 per 30 days); S
TURALIO ORAL CAPSULE 125 MG	4	PA; QL (120 per 30 days); S
VANFLYTA	4	PA; QL (56 per 28 days); S

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Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA ORAL TABLET 10 MG	2	PA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	4	PA; QL (180 per 30 days); S
VENCLEXTA ORAL TABLET 50 MG	4	PA; QL (30 per 30 days); S
VENCLEXTA STARTING PACK	4	PA; S
VERZENIO	4	PA; QL (56 per 28 days); S
VITRAKVI ORAL CAPSULE 100 MG	4	PA; QL (60 per 30 days); S
VITRAKVI ORAL CAPSULE 25 MG	4	PA; QL (180 per 30 days); S
VITRAKVI ORAL SOLUTION	4	PA; QL (300 per 30 days); S
VIZIMPRO	4	PA; QL (30 per 30 days); S
VONJO	4	PA; QL (120 per 30 days); S
VORANIGO ORAL TABLET 10 MG	4	PA; QL (60 per 30 days); S
VORANIGO ORAL TABLET 40 MG	4	PA; QL (30 per 30 days); S
WELIREG	4	PA; QL (90 per 30 days); S
XALKORI ORAL CAPSULE	4	PA; QL (120 per 30 days); S
XALKORI ORAL CAPSULE SPRINKLE 150 MG	4	PA; QL (180 per 30 days); S
XALKORI ORAL CAPSULE SPRINKLE 20 MG	4	PA; QL (240 per 30 days); S
XALKORI ORAL CAPSULE SPRINKLE 50 MG	4	PA; QL (120 per 30 days); S
XOSPATA	4	PA; QL (90 per 30 days); S

Drug Name	Drug Tier	Requirements/Limits
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	4	PA; QL (8 per 28 days); S
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	4	PA; QL (16 per 28 days); S
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	4	PA; QL (4 per 28 days); S
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	4	PA; QL (8 per 28 days); S
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	4	PA; QL (4 per 28 days); S
XPOVIO (60 MG TWICE WEEKLY)	4	PA; QL (24 per 28 days); S
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	4	PA; QL (8 per 28 days); S
XPOVIO (80 MG TWICE WEEKLY)	4	PA; QL (32 per 28 days); S
XTANDI ORAL CAPSULE	4	PA; QL (120 per 30 days); S
XTANDI ORAL TABLET 40 MG	4	PA; QL (120 per 30 days); S
XTANDI ORAL TABLET 80 MG	4	PA; QL (60 per 30 days); S
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); S
ZOLINZA	4	PA; QL (120 per 30 days); S
ZYDELIG	4	PA; QL (60 per 30 days); S

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Drug Name	Drug Tier	Requirements/Limits
ZYKADIA ORAL TABLET	4	PA; QL (90 per 30 days); S
Blood Products And Modifiers		
<i>anagrelide hcl</i>	1	MO
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 40 MCG/ML	3	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 200 MCG/ML	4	PA; S
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	QL (60 per 30 days); MO
BRILINTA	2	QL (60 per 30 days); MO
<i>cilostazol</i>	1	MO
CINRYZE	4	PA; 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

Drug Name	Drug Tier	Requirements/Limits
<i>dabigatran etexilate mesylate</i>	3	QL (60 per 30 days); MO
<i>dipyridamole oral</i>	1	PA; MO
DROXIA	2	MO
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	2	QL (74 per 180 days)
ELIQUIS ORAL TABLET	2	QL (60 per 30 days); MO
<i>eltrombopag olamine oral packet 12.5 mg</i>	4	PA; QL (360 per 30 days); S
<i>eltrombopag olamine oral packet 25 mg</i>	4	PA; QL (180 per 30 days); S
<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg</i>	4	PA; QL (30 per 30 days); S
<i>eltrombopag olamine oral tablet 50 mg</i>	4	PA; QL (90 per 30 days); S
<i>eltrombopag olamine oral tablet 75 mg</i>	4	PA; QL (60 per 30 days); S
<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>	2	QL (56 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	2	QL (44.8 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	2	QL (16.8 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	2	QL (22.4 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	2	QL (33.6 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
<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>	3	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
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
<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 subcutaneous solution prefilled syringe</i>	4	PA; QL (18 per 30 days); S
<i>jantoven</i>	1	MO
<i>l-glutamine oral packet</i>	4	PA; S
LEUKINE INJECTION SOLUTION RECONSTITUTED	4	PA; S

Drug Name	Drug Tier	Requirements/Limits
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
<i>pentoxifylline er</i>	1	MO
<i>prasugrel hcl</i>	1	QL (30 per 30 days); MO
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	4	PA; S
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (18 per 30 days); S
<i>ticagrelor</i>	2	QL (60 per 30 days); MO
<i>tranexamic acid oral</i>	1	
UDENYCA	4	PA; QL (1.2 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

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

Drug Name	Drug Tier	Requirements/Limits
XARELTO ORAL TABLET 15 MG, 2.5 MG	2	QL (60 per 30 days); MO
XARELTO STARTER PACK	2	
ZARXIO	4	PA; S
ZIEXTENZO	4	PA; QL (1.2 per 28 days); S
Cardiovascular Agents		
acebutolol hcl oral	1	MO
acetazolamide oral	1	MO
aliskiren fumarate	1	MO
amiloride hcl oral	1	MO
amiloride-hydrochlorothiazide	1	MO
amiodarone hcl oral	1	MO
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg	1	QL (30 per 30 days); MO
amlodipine besy-benazepril hcl oral capsule 2.5-10 mg	1	QL (120 per 30 days); MO
amlodipine besy-benazepril hcl oral capsule 5-10 mg, 5-20 mg	1	QL (60 per 30 days); MO
amlodipine besylate oral	1	MO
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg	1	QL (30 per 30 days); MO
amlodipine besylate-valsartan oral tablet 5-160 mg	1	QL (60 per 30 days); MO
amlodipine-atorvastatin	1	QL (30 per 30 days); MO
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-40 mg	1	QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
amlodipine-olmesartan oral tablet 5-20 mg	1	QL (60 per 30 days); MO
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg	1	QL (30 per 30 days); MO
amlodipine-valsartan-hctz oral tablet 5-160-12.5 mg	1	QL (60 per 30 days); MO
atenolol oral	1	MO
atenolol-chlorthalidone	1	MO
atorvastatin calcium oral	1	QL (30 per 30 days); MO
benazepril hcl oral	1	MO
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg	1	QL (60 per 30 days); MO
benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	1	QL (30 per 30 days); MO
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg	1	QL (120 per 30 days); MO
betaxolol hcl oral	1	MO
bisoprolol fumarate oral	1	MO
bisoprolol-hydrochlorothiazide	1	MO
bumetanide injection	1	
bumetanide oral	1	MO
candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg	1	QL (60 per 30 days); MO
candesartan cilexetil oral tablet 32 mg	1	QL (30 per 30 days); MO
candesartan cilexetil-hctz oral tablet 16-12.5 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	Drug Name	Drug Tier	Requirements/Limits
candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg	1	QL (30 per 30 days); MO	diltiazem hcl er coated beads oral capsule extended release 24 hour	1	MO
captopril oral tablet 100 mg	1	QL (120 per 30 days); MO	diltiazem hcl er oral capsule extended release 12 hour	1	MO
captopril oral tablet 12.5 mg, 25 mg, 50 mg	1	QL (180 per 30 days); MO	diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	MO
CARTIA XT	1	MO	diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	MO
carvedilol	1	MO	diltiazem hcl intravenous solution reconstituted	2	
chlorthalidone oral tablet 25 mg, 50 mg	1	MO	diltiazem hcl oral tablet	1	MO
cholestyramine light	1	MO	disopyramide phosphate oral	1	PA; MO
cholestyramine oral	1	MO	dofetilide	1	
clonidine hcl oral	1	MO	doxazosin mesylate oral	1	MO
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr	1	QL (12 per 28 days); MO	droxidopa oral capsule 100 mg	3	PA; QL (90 per 30 days)
clonidine transdermal patch weekly 0.3 mg/24hr	1	QL (4 per 28 days); MO	droxidopa oral capsule 200 mg, 300 mg	3	PA; QL (180 per 30 days)
colesevelam hcl	1	MO	enalapril maleate oral tablet	1	MO
colestipol hcl	1	MO	enalapril-hydrochlorothiazide oral tablet 10-25 mg	1	QL (60 per 30 days); MO
CORLANOR ORAL SOLUTION	3	PA; QL (560 per 28 days); MO	enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	1	QL (120 per 30 days); MO
digox oral tablet 125 mcg	1	QL (30 per 30 days); MO	ENTRESTO ORAL CAPSULE SPRINKLE	2	QL (240 per 30 days); MO
digox oral tablet 250 mcg	1	QL (60 per 30 days); MO	eplerenone	1	MO
digoxin oral solution	1	MO	ezetimibe	1	QL (30 per 30 days); MO
digoxin oral tablet 125 mcg	1	QL (30 per 30 days); MO			
digoxin oral tablet 250 mcg	1	QL (60 per 30 days); MO			
digoxin oral tablet 62.5 mcg	2	QL (30 per 30 days); MO			
dilt-xr	1	MO			
diltiazem hcl er beads	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-simvastatin	1	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, 67 mg	1	MO
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	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	1	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
hydrochlorothiazide oral	1	MO
icosapent ethyl	2	MO
indapamide oral	1	MO
irbesartan	1	QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
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 mononitrate	2	MO
isosorbide mononitrate er	1	MO
isradipine	1	MO
ivabradine hcl	3	PA; QL (60 per 30 days); MO
labetalol hcl oral	1	MO
lisinopril oral	1	MO
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	1	QL (120 per 30 days); MO
lisinopril-hydrochlorothiazide oral tablet 20-25 mg	1	QL (60 per 30 days); MO
losartan potassium oral tablet 100 mg	1	QL (30 per 30 days); MO
losartan potassium oral tablet 25 mg, 50 mg	1	QL (60 per 30 days); MO
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg	1	QL (30 per 30 days); MO
losartan potassium-hctz oral tablet 50-12.5 mg	1	QL (60 per 30 days); MO
lovastatin oral	1	QL (60 per 30 days); MO
MATZIM LA	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>methyldopa oral</i>	1	PA
<i>metolazone</i>	1	MO
<i>metoprolol succinate er</i>	1	MO
<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
NEXLETOL	2	PA; QL (30 per 30 days); MO
NEXLIZET	2	PA; QL (30 per 30 days); MO
<i>niacin (antihyperlipidemic)</i>	1	
<i>niacin er (antihyperlipidemic)</i>	1	MO
<i>niacor</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>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>nisoldipine er</i>	1	MO
NITRO-BID	2	MO
<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 oral tablet 20-12.5 mg</i>	1	QL (60 per 30 days); MO
<i>olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg</i>	1	QL (30 per 30 days); MO
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg</i>	1	QL (60 per 30 days); MO
<i>olmesartan-amlodipine-hctz oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</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>pindolol</i>	1	MO
<i>pitavastatin calcium</i>	3	QL (30 per 30 days); MO
<i>pravastatin sodium</i>	1	QL (30 per 30 days); MO
<i>prazosin hcl oral</i>	1	MO
<i>prevalite</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>propafenone hcl</i>	1	MO
<i>propafenone hcl er</i>	3	MO
<i>propranolol hcl er</i>	1	MO
<i>propranolol hcl oral solution</i>	1	MO
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	MO
<i>propranolol hcl oral tablet 60 mg</i>	1	MO
<i>quinapril hcl</i>	1	MO
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	1	QL (120 per 30 days); MO
<i>quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	1	QL (60 per 30 days); MO
<i>quinidine sulfate oral</i>	3	MO
<i>ramipril</i>	1	MO
<i>ranolazine er</i>	1	QL (60 per 30 days); MO
REPATHA	2	PA; QL (3 per 28 days)
REPATHA PUSHTRONEX SYSTEM	2	PA; QL (3.5 per 28 days)
REPATHA SURECLICK	2	PA; QL (3 per 28 days)
<i>rosuvastatin calcium oral</i>	1	QL (30 per 30 days); MO
<i>sacubitril-valsartan oral tablet 24-26 mg</i>	1	QL (180 per 30 days); MO
<i>sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg</i>	1	QL (60 per 30 days); MO
<i>simvastatin oral tablet</i>	1	QL (30 per 30 days); MO

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

You can find information 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>valsartan oral tablet 320 mg</i>	1	QL (30 per 30 days); MO
<i>valsartan oral tablet 40 mg, 80 mg</i>	1	QL (90 per 30 days); MO
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg</i>	1	QL (60 per 30 days); MO
<i>valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg</i>	1	QL (30 per 30 days); MO
VECAMYL	3	MO
<i>verapamil hcl er oral capsule extended release 24 hour</i>	1	MO
<i>verapamil hcl er oral tablet extended release 120 mg</i>	1	MO
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	1	MO
<i>verapamil hcl oral</i>	1	MO
VERQUVO	3	PA; MO
Central Nervous System Agents		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	4	QL (2.4 per 56 days); S
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	4	QL (3.2 per 56 days); S
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	4	QL (1 per 28 days); MO; S
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	4	QL (1 per 28 days); MO; S

Drug Name	Drug Tier	Requirements/Limits
<i>acamprosate calcium</i>	1	MO
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA; QL (1 per 28 days); MO
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	2	PA; QL (2 per 28 days); MO
<i>almotriptan malate</i>	2	QL (9 per 30 days)
<i>alprazolam er</i>	1	QL (90 per 30 days)
<i>alprazolam oral</i>	1	QL (120 per 30 days)
<i>alprazolam xr</i>	1	QL (90 per 30 days)
<i>amantadine hcl oral capsule</i>	1	MO
<i>amantadine hcl oral solution</i>	1	MO
<i>amantadine hcl oral tablet</i>	1	MO
<i>amitriptyline hcl oral</i>	1	PA; MO
<i>amoxapine</i>	1	PA; MO
<i>amphetamine-dextroamphet er</i>	1	PA; QL (30 per 30 days); MO
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	1	PA; QL (90 per 30 days); MO
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	1	PA; QL (60 per 30 days); MO
<i>apomorphine hcl subcutaneous</i>	4	PA; QL (60 per 30 days); S
APTOM ORAL TABLET 200 MG, 400 MG	4	PA; QL (30 per 30 days); MO; S
APTOM ORAL TABLET 600 MG, 800 MG	4	PA; QL (60 per 30 days); MO; S

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

Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole oral solution</i>	1	QL (900 per 30 days); MO
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	1	MO
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	1	QL (30 per 30 days); MO
<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 56 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

Drug Name	Drug Tier	Requirements/Limits
<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
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	1	QL (30 per 30 days); MO
AUSTEDO	4	PA; QL (120 per 30 days); S
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 6 MG	4	PA; QL (60 per 30 days); S
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG	4	PA; QL (30 per 30 days); S
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	4	PA; S
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 (BUTALBITAL-ACETAMIN-CAFF)	1	PA; QL (180 per 30 days)
<i>baclofen oral tablet</i>	1	
<i>benztropine mesylate oral</i>	1	PA; MO
BETASERON SUBCUTANEOUS KIT	4	PA; QL (15 per 30 days); S
BOTOX	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
BRIVIACT INTRAVENOUS	3	PA
BRIVIACT ORAL SOLUTION	4	PA; QL (600 per 30 days); MO; S
BRIVIACT ORAL TABLET	4	PA; QL (60 per 30 days); MO; S
<i>bromocriptine mesylate oral</i>	1	MO
<i>buprenorphine hcl injection</i>	1	
<i>buprenorphine hcl sublingual</i>	1	NEDS
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	1	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

Drug Name	Drug Tier	Requirements/Limits
<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>buspirone hcl oral</i>	1	
<i>butalbital-apap-cafeine oral capsule 50-300-40 mg</i>	1	PA; QL (180 per 30 days)
<i>butalbital-apap-cafeine oral tablet 50-325-40 mg</i>	1	PA; QL (180 per 30 days)
<i>butalbital-aspirin-cafeine 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)

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

Drug Name	Drug Tier	Requirements/Limits
chlordiazepoxide-amitriptyline	1	PA; MO
chlorpromazine hcl injection	2	
chlorpromazine hcl oral concentrate 100 mg/ml	4	MO; S
chlorpromazine hcl oral concentrate 30 mg/ml	3	MO
chlorpromazine hcl oral tablet	1	MO
chlorzoxazone oral tablet 500 mg	1	PA
citalopram hydrobromide oral solution	1	QL (600 per 30 days); MO
citalopram hydrobromide oral tablet 10 mg	1	QL (120 per 30 days); MO
citalopram hydrobromide oral tablet 20 mg	1	QL (60 per 30 days); MO
citalopram hydrobromide oral tablet 40 mg	1	QL (30 per 30 days); MO
clobazam oral suspension 2.5 mg/ml	1	PA; QL (480 per 30 days); MO
clobazam oral tablet 10 mg	1	PA; QL (120 per 30 days); MO
clobazam oral tablet 20 mg	1	PA; QL (60 per 30 days); MO
clomipramine hcl oral	2	PA; MO
clonazepam oral	1	QL (90 per 30 days)
clonidine hcl er oral tablet extended release 12 hour	1	QL (120 per 30 days); MO
clorazepate dipotassium	1	
clozapine oral tablet 100 mg	1	QL (270 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
clozapine oral tablet 200 mg	1	QL (120 per 30 days)
clozapine oral tablet 25 mg	1	QL (1080 per 30 days)
clozapine oral tablet 50 mg	1	QL (540 per 30 days)
clozapine oral tablet dispersible 100 mg	1	QL (270 per 30 days)
clozapine oral tablet dispersible 12.5 mg	1	QL (2160 per 30 days)
clozapine oral tablet dispersible 150 mg	1	QL (180 per 30 days)
clozapine oral tablet dispersible 200 mg	3	QL (120 per 30 days)
clozapine oral tablet dispersible 25 mg	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	4	PA; QL (60 per 30 days); S
COBENFY STARTER PACK	4	PA; S
cyclobenzaprine hcl oral tablet 10 mg	1	PA; QL (90 per 30 days)
cyclobenzaprine hcl oral tablet 5 mg	1	PA; QL (180 per 30 days)
dalfampridine er	2	PA; QL (60 per 30 days)
dantrolene sodium oral	1	
desipramine hcl oral	1	PA; MO
desvenlafaxine er	3	QL (30 per 30 days); MO
desvenlafaxine succinate er	1	MO
dexmethylphenidate hcl	1	QL (60 per 30 days); MO
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15	2	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
mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg		
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg	1	QL (60 per 30 days); MO
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	1	QL (120 per 30 days); MO
dextroamphetamine sulfate oral solution	1	QL (1920 per 30 days); MO
dextroamphetamine sulfate oral tablet 10 mg	1	QL (180 per 30 days); MO
dextroamphetamine sulfate oral tablet 5 mg	1	QL (90 per 30 days); MO
DIACOMIT ORAL CAPSULE 250 MG	4	PA; QL (360 per 30 days); S
DIACOMIT ORAL CAPSULE 500 MG	4	PA; QL (180 per 30 days); S
DIACOMIT ORAL PACKET 250 MG	4	PA; QL (360 per 30 days); S
DIACOMIT ORAL PACKET 500 MG	4	PA; QL (180 per 30 days); S
diazepam injection	1	
DIAZEPAM INTENSOL	1	PA; QL (240 per 30 days)
diazepam oral concentrate	1	PA; QL (240 per 30 days)
diazepam oral solution 5 mg/5ml	1	PA; QL (1200 per 30 days)
diazepam oral tablet 10 mg	1	PA; QL (120 per 30 days)
diazepam oral tablet 2 mg	1	PA; QL (600 per 30 days)
diazepam oral tablet 5 mg	1	PA; QL (240 per 30 days)
diazepam rectal	3	

Drug Name	Drug Tier	Requirements/ Limits
dihydroergotamine mesylate injection	3	PA
dihydroergotamine mesylate nasal	4	PA; QL (8 per 28 days); S
DILANTIN ORAL CAPSULE 30 MG	3	PA; MO
dimethyl fumarate oral capsule delayed release 120 mg	3	PA; QL (14 per 7 days)
dimethyl fumarate oral capsule delayed release 240 mg	4	PA; QL (60 per 30 days); S
dimethyl fumarate starter pack oral capsule delayed release therapy pack	3	PA
disulfiram oral	1	MO
divalproex sodium er oral tablet extended release 24 hour	1	MO
divalproex sodium oral capsule delayed release sprinkle	1	MO
divalproex sodium oral tablet delayed release	1	MO
donepezil hcl oral tablet 10 mg, 5 mg	1	QL (30 per 30 days); MO
donepezil hcl oral tablet 23 mg	1	QL (30 per 30 days); MO
donepezil hcl oral tablet dispersible	1	QL (30 per 30 days); MO
doxepin hcl oral capsule	1	PA; MO
doxepin hcl oral concentrate	1	PA; MO
doxepin hcl oral tablet	1	QL (30 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED	3	QL (60 per 30 days); MO

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

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

Drug Name	Drug Tier	Requirements/Limits
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG	3	QL (180 per 30 days); MO
ERGOMAR	4	S
<i>ergotamine-caffeine</i>	2	
<i>escitalopram oxalate oral solution 5 mg/5ml</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
<i>eslicarbazepine acetate oral tablet 200 mg, 400 mg</i>	3	QL (30 per 30 days); MO
<i>eslicarbazepine acetate oral tablet 600 mg, 800 mg</i>	3	QL (60 per 30 days); MO
<i>estazolam</i>	1	QL (30 per 30 days)
<i>eszopiclone</i>	1	QL (30 per 30 days)
<i>ethosuximide oral</i>	1	MO
FANAPT ORAL TABLET 1 MG	4	PA; QL (720 per 30 days); 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

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Drug Name	Drug Tier	Requirements/Limits
FANAPT TITRATION PACK A	3	PA
FANAPT TITRATION PACK B ORAL TABLET	3	PA
FANAPT TITRATION PACK C ORAL TABLET	3	PA
<i>felbamate oral suspension</i>	3	MO
<i>felbamate oral tablet</i>	2	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; S
FIRDAPSE	4	PA; QL (300 per 30 days); S
<i> fluoxetine hcl oral capsule 10 mg</i>	1	MO
<i> fluoxetine hcl oral capsule 20 mg</i>	1	QL (120 per 30 days); MO
<i> fluoxetine hcl oral capsule 40 mg</i>	1	QL (60 per 30 days); MO
<i> fluoxetine hcl oral capsule delayed release</i>	1	QL (4 per 28 days); MO
<i> fluoxetine hcl oral solution</i>	1	QL (600 per 30 days); MO
<i> fluphenazine decanoate injection</i>	1	
<i> fluphenazine hcl injection</i>	1	
<i> fluphenazine hcl oral</i>	1	MO
<i> fluvoxamine maleate oral tablet 100 mg</i>	1	QL (90 per 30 days); MO
<i> fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	1	MO
FYCOMPA ORAL SUSPENSION	4	PA; QL (720 per 30 days); MO; S

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	QL (180 per 30 days); MO
<i>gabapentin oral capsule 300 mg</i>	1	QL (270 per 30 days); MO
<i>gabapentin oral solution</i>	1	QL (2160 per 30 days); MO
<i>gabapentin oral tablet 600 mg</i>	1	QL (180 per 30 days); MO
<i>gabapentin oral tablet 800 mg</i>	1	QL (120 per 30 days); MO
<i>galantamine hydrobromide er</i>	1	QL (30 per 30 days); MO
<i>galantamine hydrobromide oral solution</i>	1	QL (200 per 30 days); MO
<i>galantamine hydrobromide oral tablet</i>	1	QL (60 per 30 days); MO
GILENYA ORAL CAPSULE 0.25 MG	4	PA; QL (30 per 30 days); S
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	4	PA; QL (30 per 30 days); S
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	4	PA; QL (12 per 28 days); S
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	

You can find information 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>haloperidol lactate oral</i>	1	MO
<i>haloperidol oral</i>	1	MO
<i>imipramine hcl oral</i>	1	PA; MO
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	4	QL (3.5 per 180 days); S
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	4	QL (5 per 180 days); S
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	4	QL (0.75 per 28 days); S
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	4	QL (1 per 28 days); S
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	4	QL (1.5 per 28 days); S
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	3	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	4	QL (0.5 per 28 days); S
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	4	QL (0.88 per 84 days); S
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	4	QL (1.32 per 84 days); S
INVEGA TRINZA INTRAMUSCULAR	4	QL (1.75 per 84 days); S

Drug Name	Drug Tier	Requirements/Limits
SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML		
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	4	QL (2.63 per 84 days); S
KLOXXADO	3	
<i>lacosamide oral solution</i>	3	QL (1200 per 30 days); MO
<i>lacosamide oral tablet</i>	3	QL (60 per 30 days); MO
<i>lamotrigine er</i>	3	MO
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet chewable</i>	1	MO
<i>lamotrigine oral tablet dispersible</i>	2	MO
<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 oral solution</i>	1	MO
<i>levetiracetam oral tablet</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	

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

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

Drug Name	Drug Tier	Requirements/Limits
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
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, 54 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 oral tablet	1	PA; QL (90 per 30 days); MO
midazolam hcl oral	1	
MIGERGOT	4	S
mirtazapine oral tablet 15 mg, 30 mg, 7.5 mg	1	MO
mirtazapine oral tablet 45 mg	1	QL (30 per 30 days); MO
mirtazapine oral tablet dispersible	1	QL (30 per 30 days); MO

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Drug Name	Drug Tier	Requirements/Limits
<i>modafinil oral tablet 100 mg</i>	1	PA; QL (30 per 30 days); MO
<i>modafinil oral tablet 200 mg</i>	1	PA; QL (60 per 30 days); MO
<i>molindone hcl</i>	1	MO
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	1	
<i>naloxone hcl injection solution cartridge</i>	1	
<i>naloxone hcl injection solution prefilled syringe</i>	1	
<i>naloxone hcl nasal</i>	2	
<i>naltrexone hcl oral</i>	1	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	3	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	MO
<i>naratriptan hcl</i>	1	QL (9 per 30 days)
NAYZILAM	3	PA
<i>nefazodone hcl</i>	1	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
<i>nortriptyline hcl oral solution</i>	1	MO
NUEDEXTA	4	PA; QL (60 per 30 days); MO; S
NUPLAZID ORAL CAPSULE	4	PA; QL (30 per 30 days); S
NUPLAZID ORAL TABLET 10 MG	4	PA; QL (30 per 30 days); S

Drug Name	Drug Tier	Requirements/Limits
NURTEC	2	PA; QL (16 per 30 days)
<i>olanzapine intramuscular</i>	1	QL (90 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	MO
<i>olanzapine oral tablet 20 mg</i>	1	QL (30 per 30 days); MO
<i>olanzapine oral tablet dispersible</i>	1	QL (30 per 30 days); MO
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>	1	QL (30 per 30 days); MO
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i>	1	QL (90 per 30 days); MO
OPIPZA ORAL FILM 10 MG, 5 MG	4	PA; QL (90 per 30 days); MO; S
OPIPZA ORAL FILM 2 MG	4	PA; QL (30 per 30 days); MO; S
<i>oxazepam</i>	1	QL (120 per 30 days)
<i>oxcarbazepine oral suspension</i>	2	MO
<i>oxcarbazepine oral tablet</i>	1	MO
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	2	QL (30 per 30 days); MO
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	2	QL (60 per 30 days); MO
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</i>	1	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

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Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl oral suspension</i>	3	QL (900 per 30 days); MO
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	1	QL (45 per 30 days); MO
<i>paroxetine hcl oral tablet 20 mg</i>	1	QL (30 per 30 days); MO
<i>paroxetine hcl oral tablet 30 mg</i>	1	QL (60 per 30 days); MO
<i>perampanel</i>	3	PA; QL (30 per 30 days); MO
<i>perphenazine oral</i>	1	MO
<i>perphenazine-amitriptyline</i>	1	PA; MO
PERSERIS	4	QL (1 per 28 days); MO; S
<i>phenelzine sulfate oral</i>	1	MO
<i>phenobarbital oral elixir 20 mg/5ml</i>	3	PA; QL (3000 per 30 days); MO
<i>phenobarbital oral elixir 30 mg/7.5ml, 60 mg/15ml</i>	3	PA; MO
<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>phenobarbital oral tablet 16.2 mg, 32.4 mg</i>	2	PA; QL (210 per 30 days); MO
PHENYTEK	3	MO
PHENYTOIN INFATABS	1	MO
<i>phenytoin oral</i>	1	MO
<i>phenytoin sodium extended</i>	1	MO
<i>pimozide</i>	1	MO
<i>pramipexole dihydrochloride</i>	1	MO
<i>pramipexole dihydrochloride er</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg</i>	3	PA; QL (30 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>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>pregabalin oral capsule 200 mg</i>	1	QL (90 per 30 days); MO
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	QL (60 per 30 days); MO
<i>pregabalin oral solution</i>	1	QL (900 per 30 days); MO
<i>primidone oral</i>	1	MO
<i>protriptyline hcl</i>	1	PA; MO
<i>pyridostigmine bromide er oral tablet extended release</i>	1	
<i>pyridostigmine bromide oral solution</i>	3	
<i>pyridostigmine bromide oral tablet</i>	1	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	1	QL (30 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
<i>quetiapine fumarate oral tablet 100 mg</i>	1	QL (240 per 30 days); MO
<i>quetiapine fumarate oral tablet 150 mg</i>	1	QL (150 per 30 days); MO
<i>quetiapine fumarate oral tablet 200 mg</i>	1	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
<i>quetiapine fumarate oral tablet 25 mg</i>	1	QL (960 per 30 days); MO
<i>quetiapine fumarate oral tablet 300 mg</i>	1	QL (80 per 30 days); MO
<i>quetiapine fumarate oral tablet 400 mg</i>	1	QL (60 per 30 days); MO
<i>quetiapine fumarate oral tablet 50 mg</i>	1	QL (480 per 30 days); MO
QULIPTA	2	PA; QL (30 per 30 days); MO
RALDESY	4	QL (1800 per 30 days); MO; S
<i>ramelteon</i>	1	QL (30 per 30 days)
<i>rasagiline mesylate oral</i>	1	MO
REGONOL INTRAVENOUS	2	
REXULTI	4	QL (30 per 30 days); MO; S
<i>riluzole</i>	1	
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg</i>	3	QL (2 per 28 days)
<i>risperidone microspheres er intramuscular suspension reconstituted er 50 mg</i>	4	QL (2 per 28 days); S
<i>risperidone oral solution</i>	1	QL (480 per 30 days); MO
<i>risperidone oral tablet 0.25 mg</i>	1	QL (1920 per 30 days); MO
<i>risperidone oral tablet 0.5 mg</i>	1	QL (960 per 30 days); MO
<i>risperidone oral tablet 1 mg</i>	1	QL (480 per 30 days); MO
<i>risperidone oral tablet 2 mg</i>	1	QL (240 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone oral tablet 3 mg, 4 mg</i>	1	QL (120 per 30 days); MO
<i>risperidone oral tablet dispersible 0.25 mg</i>	1	QL (1920 per 30 days); MO
<i>risperidone oral tablet dispersible 0.5 mg</i>	1	QL (960 per 30 days); MO
<i>risperidone oral tablet dispersible 1 mg</i>	1	QL (480 per 30 days); MO
<i>risperidone oral tablet dispersible 2 mg</i>	1	QL (240 per 30 days); MO
<i>risperidone oral tablet dispersible 3 mg</i>	1	QL (150 per 30 days); MO
<i>risperidone oral tablet dispersible 4 mg</i>	1	QL (120 per 30 days); MO
<i>rivastigmine</i>	1	QL (30 per 30 days); MO
<i>rivastigmine tartrate</i>	1	QL (60 per 30 days); MO
<i>rizatriptan benzoate</i>	1	QL (12 per 30 days)
<i>ropinirole hcl</i>	1	MO
<i>ropinirole hcl er</i>	1	MO
ROWEEPRA ORAL TABLET 500 MG	1	MO
<i>rufinamide oral suspension</i>	4	PA; QL (2400 per 30 days); MO; S
<i>rufinamide oral tablet 200 mg</i>	3	PA; QL (480 per 30 days); MO
<i>rufinamide oral tablet 400 mg</i>	4	PA; QL (240 per 30 days); MO; S
RYKINDO	4	QL (2 per 28 days); S
SECUADO	4	QL (30 per 30 days); MO; S
<i>selegiline hcl oral</i>	1	MO
<i>sertraline hcl oral concentrate</i>	1	QL (300 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>sertraline hcl oral tablet 100 mg</i>	1	QL (60 per 30 days); MO	<i>teriflunomide</i>	4	PA; QL (30 per 30 days); S
<i>sertraline hcl oral tablet 25 mg</i>	1	QL (240 per 30 days); MO	<i>tetrabenazine oral tablet 12.5 mg</i>	3	PA; QL (240 per 30 days)
<i>sertraline hcl oral tablet 50 mg</i>	1	QL (120 per 30 days); MO	<i>tetrabenazine oral tablet 25 mg</i>	3	PA; QL (120 per 30 days)
<i>sodium oxybate</i>	4	PA; QL (540 per 30 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	QL (12 per 28 days)	<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 oral capsule sprinkle</i>	1	MO
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	1	QL (6 per 30 days)	<i>topiramate oral solution</i>	3	MO
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	1	QL (6 per 30 days)	<i>topiramate oral tablet</i>	1	MO
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	1	QL (6 per 30 days)	<i>tranylcypromine sulfate</i>	1	MO
SUNOSI	3	PA; QL (30 per 30 days); MO	<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	4	PA; QL (60 per 30 days); MO; S	<i>trazodone hcl oral tablet 300 mg</i>	1	MO
SYMPAZAN ORAL FILM 5 MG	4	PA; QL (30 per 30 days); MO; S	<i>triazolam oral tablet 0.25 mg</i>	1	QL (30 per 30 days)
<i>tasimelteon</i>	4	PA; QL (30 per 30 days); S	<i>trifluoperazine hcl oral</i>	1	MO
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	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
			UBRELVY ORAL TABLET 100 MG	2	PA; QL (16 per 30 days)
			UBRELVY ORAL TABLET 50 MG	2	PA; QL (20 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	4	QL (0.28 per 28 days); S	<i>varenicline tartrate oral tablet 1 mg, 1 mg (56 pack)</i>	3	QL (56 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	4	QL (0.35 per 28 days); S	<i>varenicline tartrate(continue)</i>	3	QL (56 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	4	QL (0.42 per 56 days); S	<i>venlafaxine besylate er</i>	3	QL (60 per 30 days); MO
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	4	QL (0.56 per 56 days); S	<i>venlafaxine hcl</i>	1	QL (90 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 150 mg</i>	1	QL (30 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 capsule extended release 24 hour 37.5 mg</i>	1	QL (180 per 30 days); MO
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	4	QL (0.21 per 28 days); S	<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	1	QL (90 per 30 days); MO
<i>valproic acid oral capsule</i>	1	MO	<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>	1	QL (30 per 30 days); MO
<i>valproic acid oral solution</i>	1	MO	VERSACLOZ	3	QL (600 per 30 days)
VALTOCO 10 MG DOSE	3	QL (10 per 30 days)	<i>vigabatrin oral packet</i>	4	PA; QL (150 per 25 days); S
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	3	QL (10 per 30 days)	<i>vigabatrin oral tablet</i>	4	PA; QL (180 per 30 days); S
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	3	QL (10 per 30 days)	VIGADRONE ORAL PACKET	4	PA; QL (150 per 25 days); S
VALTOCO 5 MG DOSE	3	QL (10 per 30 days)	VIGADRONE ORAL TABLET	4	PA; QL (180 per 30 days); S
<i>varenicline tartrate (starter)</i>	3		VIGPODER	4	PA; QL (150 per 25 days); S
<i>varenicline tartrate oral tablet 0.5 mg</i>	3	QL (60 per 30 days)	<i>vilazodone hcl</i>	3	QL (30 per 30 days); MO
			VRAYLAR ORAL CAPSULE	4	QL (30 per 30 days); MO; S
			VUMERITY	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
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	
<i>zolmitriptan oral</i>	2	QL (9 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>zolpidem tartrate er</i>	1	QL (30 per 30 days)
<i>zolpidem tartrate oral tablet</i>	1	QL (30 per 30 days)
ZONISADE	4	PA; MO; S
<i>zonisamide oral</i>	1	MO
ZTALMY	4	PA; QL (1100 per 30 days); S
ZURZUVAE	4	PA; 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		
<i>acitretin</i>	3	PA
<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 1 %</i>	1	
<i>alclometasone dipropionate</i>	1	
<i>ammonium lactate external</i>	1	
AMNESTEEM	2	
<i>azelaic acid external</i>	1	
<i>benzoyl peroxide-erythromycin</i>	1	
<i>betamethasone dipropionate aug</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
betamethasone dipropionate external cream	1	
betamethasone dipropionate external lotion	1	
betamethasone dipropionate external ointment	1	QL (45 per 30 days)
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)
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	
CLINDACIN	1	QL (100 per 30 days)
clindamycin phos (once-daily)	1	

Drug Name	Drug Tier	Requirements/Limits
clindamycin phos (twice-daily)	1	
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 0.05 %	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)
CLODAN EXTERNAL SHAMPOO	1	
clotrimazole external cream	1	
clotrimazole external solution	1	QL (60 per 30 days)

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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	4	S
DENTA 5000 PLUS	2	MO
DENTAGEL	2	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 200 MG/1.14ML	4	PA; QL (4.56 per 28 days); S
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	4	PA; QL (8 per 28 days); S

Drug Name	Drug Tier	Requirements/ Limits
<i>econazole nitrate external cream</i>	1	QL (90 per 30 days)
<i>ery</i>	1	
<i>erythromycin external gel</i>	1	
<i>erythromycin external solution</i>	1	
EUCRISA	3	
<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>	3	
<i>flurandrenolide external lotion</i>	3	
<i>fluticasone propionate external</i>	1	
<i>fraiche 5000 dental</i>	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
gentamicin sulfate external	1	QL (30 per 30 days)
halobetasol propionate external cream	1	
halobetasol propionate external ointment	1	
hydrocortisone (perianal) external cream 1 %	1	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone butyr lipo base	3	
hydrocortisone butyrate external cream	1	
hydrocortisone butyrate external lotion	3	
hydrocortisone butyrate external ointment	1	
hydrocortisone butyrate external solution	1	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone valerate	1	
imiquimod external cream 5 %	1	QL (24 per 28 days)
isotretinoin oral	3	
JUST RIGHT 5000 DENTAL PASTE	2	MO
ketoconazole external cream	1	QL (120 per 30 days)
ketoconazole external foam	3	QL (100 per 30 days)
ketoconazole external shampoo 2 %	1	QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
KETODAN EXTERNAL FOAM	3	QL (100 per 30 days)
KLAYESTA	1	
KOURZEQ	1	
luliconazole	3	
malathion external	1	
methoxsalen rapid	3	
metronidazole external	1	
mometasone furoate external	1	
mupirocin calcium	1	QL (30 per 30 days)
mupirocin external	1	QL (120 per 30 days)
naftifine hcl external cream	1	
nitroglycerin rectal	3	QL (30 per 30 days)
NYAMYC	1	
nystatin external	1	
nystatin mouth/throat	1	
nystatin-triamcinolone	1	QL (120 per 30 days)
NYSTOP	1	
ORALONE	1	
oxiconazole nitrate	3	QL (60 per 30 days)
OXISTAT EXTERNAL LOTION	3	
PANRETIN	4	S
penciclovir	3	QL (5 per 30 days)
PERIOGARD	1	
permethrin external cream	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>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	
SANTYL	3	QL (30 per 30 days)
<i>selenium sulfide external lotion</i>	1	
<i>sf</i>	2	MO
<i>sf 5000 plus</i>	2	MO
<i>silver sulfadiazine external</i>	1	
<i>sodium fluoride 5000 plus</i>	2	MO
<i>sodium fluoride 5000 ppm dental cream</i>	2	MO
<i>sodium fluoride 5000 ppm dental gel</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>sodium fluoride dental cream</i>	2	MO
<i>sodium fluoride dental gel 1.1 %</i>	2	MO
<i>sodium fluoride mouth/throat</i>	2	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>	2	PA
<i>tazarotene external gel</i>	2	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</i>	3	PA; QL (50 per 30 days)
<i>tretinoin microsphere pump</i>	3	PA; QL (50 per 30 days)
<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	

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

Drug Name	Drug Tier	Requirements/ Limits
TRIDERM EXTERNAL CREAM 0.5 %	1	QL (454 per 30 days)
VALCHLOR	4	PA; S
ZENATANE	2	
Electrolytes / Minerals / Metals / Vitamins		
<i>carglumic acid oral tablet soluble</i>	4	PA; 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
<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	3	B/D PA
<i>dextrose 5%/electrolyte #48</i>	2	
<i>dextrose intravenous solution 10 %, 5 %</i>	1	
<i>dextrose intravenous solution 250 mg/ml</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>dextrose-nacl intravenous solution 5-0.9 %</i>	1	
<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 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i>	1	
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	2	MO
<i>glucose (dextrose) intravenous solution 50 %</i>	1	
INTRALIPID INTRAVENOUS EMULSION 20 %	3	B/D PA
INTRALIPID INTRAVENOUS EMULSION 30 %	2	B/D PA
ISOLYTE-P IN D5W	2	
ISOLYTE-S	2	
ISOLYTE-S PH 7.4	2	
<i>kcl (0.149%) in nacl intravenous solution 20-0.45 meq/l-%</i>	1	
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.225 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	1	
<i>kcl-lactated ringers-d5w</i>	2	
KLOR-CON 10	1	MO
KLOR-CON M10	1	MO
KLOR-CON M15	1	MO
KLOR-CON M20	1	MO

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

Drug Name	Drug Tier	Requirements/ Limits
KLOR-CON ORAL TABLET EXTENDED RELEASE	1	MO
KLOR-CON/EF	2	MO
<i>lactated ringers intravenous</i>	1	
<i>levocarnitine oral solution</i>	1	B/D PA; MO
<i>levocarnitine oral tablet</i>	2	B/D PA; MO
<i>levocarnitine sf</i>	1	B/D PA; MO
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	1	
<i>magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml</i>	2	
<i>multiple electro type 1 ph 5.5</i>	2	
<i>multiple electro type 1 ph 7.4</i>	2	
NUTRILIPID	3	B/D PA
PLENAMINE	3	B/D PA
<i>pnv-dha</i>	3	
<i>potassium chloride crys er</i>	1	MO
<i>potassium chloride er oral capsule extended release</i>	1	MO
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	MO
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	1	
<i>potassium chloride intravenous solution 10</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>meq/100ml, 20 meq/ 100ml, 40 meq/100ml</i>		
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	1	
<i>potassium chloride oral packet</i>	3	MO
<i>potassium chloride oral solution 10 %, 20 meq/ 15ml (10%), 40 meq/15ml (20%)</i>	2	MO
<i>potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l</i>	1	
PREMASOL INTRAVENOUS SOLUTION 10 %	2	B/D PA
<i>prenatal oral tablet 27-1 mg</i>	3	
<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>	3	
PRENATAL VIT W/ IRON CARBONYL-FOLIC ACID	3	
PROSOL	2	B/D PA
<i>sodium bicarbonate intravenous solution 7.5 %</i>	1	
<i>sodium chloride (pf)</i>	1	
<i>sodium chloride injection solution 2.5 meq/ml</i>	1	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	1	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	1	MO
<i>sodium fluoride oral tablet chewable</i>	2	MO
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	3	

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Drug Name	Drug Tier	Requirements/Limits
TRAVASOL	2	B/D PA
TROPHAMINE INTRAVENOUS SOLUTION 10 %	2	B/D PA
Endocrine And Metabolic Disorder Agents		
<i>acarbose oral</i>	1	QL (90 per 30 days); MO
<i>alendronate sodium oral solution</i>	1	QL (300 per 28 days); MO
<i>alendronate sodium oral tablet 10 mg</i>	1	QL (30 per 30 days); MO
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	QL (4 per 28 days); MO
<i>calcitonin (salmon) injection</i>	4	B/D PA; S
<i>calcitonin (salmon) nasal</i>	1	QL (4 per 30 days); MO
<i>calcitriol oral</i>	1	MO
CHEMET	3	
<i>cinacalcet hcl oral tablet 30 mg</i>	1	B/D PA; QL (60 per 30 days)
<i>cinacalcet hcl oral tablet 60 mg</i>	3	B/D PA; QL (60 per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	3	B/D PA; QL (120 per 30 days)
CYCLOSET	3	ST; QL (180 per 30 days); MO
<i>dapagliflozin propanediol</i>	2	QL (30 per 30 days)
<i>deferasirox oral tablet 90 mg</i>	2	PA
<i>deferasirox oral tablet soluble</i>	3	PA
<i>deferiprone</i>	4	PA; S
<i>diazoxide oral</i>	3	MO
<i>doxercalciferol oral</i>	3	B/D PA; MO

Drug Name	Drug Tier	Requirements/Limits
FARXIGA	2	QL (30 per 30 days); MO
FERRIPROX ORAL SOLUTION	4	PA; S
FIASP FLEXTOUCH	2	MO
FIASP INJECTION	2	MO
FIASP PENFILL	2	MO
FIASP PUMPCART	2	MO
FOSAMAX PLUS D	3	QL (4 per 28 days); MO
<i>glimepiride oral tablet 1 mg</i>	1	QL (240 per 30 days); MO
<i>glimepiride oral tablet 2 mg</i>	1	QL (120 per 30 days); MO
<i>glimepiride oral tablet 4 mg</i>	1	QL (60 per 30 days); MO
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	1	QL (60 per 30 days); MO
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	1	QL (240 per 30 days); MO
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	1	QL (120 per 30 days); MO
<i>glipizide oral tablet 10 mg</i>	1	QL (120 per 30 days); MO
<i>glipizide oral tablet 2.5 mg</i>	1	MO
<i>glipizide oral tablet 5 mg</i>	1	QL (240 per 30 days); MO
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	1	QL (240 per 30 days); MO
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 per 30 days); MO
<i>glucagon emergency injection kit</i>	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
<i>glyburide micronized oral tablet 1.5 mg</i>	1	QL (240 per 30 days); MO	INVOKANA	3	QL (30 per 30 days); MO
<i>glyburide micronized oral tablet 3 mg</i>	1	QL (120 per 30 days); MO	JANUMET	2	QL (60 per 30 days); MO
<i>glyburide micronized oral tablet 6 mg</i>	1	QL (60 per 30 days); MO	JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	2	QL (30 per 30 days); MO
<i>glyburide oral tablet 1.25 mg</i>	1	QL (480 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>glyburide oral tablet 2.5 mg</i>	1	QL (240 per 30 days); MO	JANUVIA	2	QL (30 per 30 days); MO
<i>glyburide oral tablet 5 mg</i>	1	QL (120 per 30 days); MO	JARDIANCE	2	QL (30 per 30 days); MO
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	1	QL (240 per 30 days); MO	JENTADUETO	2	QL (60 per 30 days); MO
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 per 30 days); MO	JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	2	QL (60 per 30 days); MO
GLYXAMBI	2	QL (30 per 30 days); MO	JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	2	QL (30 per 30 days); MO
GVOKE HYPOPEN 1-PACK	2		KERENDIA	2	QL (30 per 30 days); MO
GVOKE HYPOPEN 2-PACK	2		KIONEX COMBINATION	1	
GVOKE KIT	2		LANTUS	2	QL (30 per 30 days); MO
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	2		LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL (30 per 30 days); MO
<i>ibandronate sodium intravenous</i>	1	B/D PA	<i>liraglutide</i>	2	PA; QL (9 per 30 days)
<i>ibandronate sodium oral</i>	1	QL (1 per 28 days); MO	LOKELMA ORAL PACKET 10 GM	2	QL (34 per 30 days); MO
<i>insulin aspart flexpen</i>	2	MO	LOKELMA ORAL PACKET 5 GM	2	QL (90 per 30 days); MO
<i>insulin aspart injection</i>	2	MO			
<i>insulin aspart penfill</i>	2	MO			
INVOKAMET	3	QL (60 per 30 days); MO			
INVOKAMET XR	3	QL (60 per 30 days); MO			

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

Drug Name	Drug Tier	Requirements/ Limits
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	1	QL (120 per 30 days); MO
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	1	QL (60 per 30 days); MO
<i>metformin hcl oral tablet 1000 mg</i>	1	QL (60 per 30 days); MO
<i>metformin hcl oral tablet 500 mg</i>	1	QL (150 per 30 days); MO
<i>metformin hcl oral tablet 850 mg</i>	1	QL (90 per 30 days); MO
<i>miglitol</i>	2	QL (90 per 30 days); MO
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg</i>	1	QL (90 per 30 days); MO
<i>nateglinide oral tablet 60 mg</i>	1	QL (180 per 30 days); MO
NOVOLIN 70/30	2	MO
NOVOLIN 70/30 FLEXPEN	2	MO
NOVOLIN 70/30 FLEXPEN RELION	2	MO
NOVOLIN 70/30 RELION	2	MO
NOVOLIN N	2	MO
NOVOLIN N FLEXPEN	2	MO
NOVOLIN N FLEXPEN RELION	2	MO
NOVOLIN N RELION	2	MO
NOVOLIN R	2	MO
NOVOLIN R FLEXPEN	2	MO
NOVOLIN R FLEXPEN RELION	2	MO
NOVOLIN R RELION	2	MO

Drug Name	Drug Tier	Requirements/ Limits
NOVOLOG 70/30 FLEXPEN RELION	2	MO
NOVOLOG FLEXPEN RELION	2	MO
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	MO
NOVOLOG INJECTION	2	MO
NOVOLOG MIX 70/30	2	MO
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	MO
NOVOLOG MIX 70/30 RELION	2	MO
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	2	MO
NOVOLOG RELION INJECTION	2	MO
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	2	PA; QL (3 per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	2	PA; QL (3 per 28 days)
OZEMPIC (2 MG/DOSE)	2	PA; QL (3 per 28 days)
<i>paricalcitol oral</i>	1	B/D PA; MO
<i>pioglitazone hcl oral tablet 15 mg</i>	1	QL (90 per 30 days); MO
<i>pioglitazone hcl oral tablet 30 mg</i>	1	QL (45 per 30 days); MO
<i>pioglitazone hcl oral tablet 45 mg</i>	1	QL (30 per 30 days); MO
<i>pioglitazone hcl-glimepiride</i>	1	QL (30 per 30 days); MO

You can find information 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>pioglitazone hcl-metformin hcl</i>	1	QL (90 per 30 days); MO	SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; QL (11 per 30 days); MO; S
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; QL (1 per 180 days)	SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; QL (6 per 30 days); MO; S
<i>repaglinide oral tablet 0.5 mg</i>	1	QL (960 per 30 days); MO	SYNJARDY	2	QL (60 per 30 days); MO
<i>repaglinide oral tablet 1 mg</i>	1	QL (480 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>repaglinide oral tablet 2 mg</i>	1	QL (240 per 30 days); MO	SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	2	QL (30 per 30 days); MO
<i>risedronate sodium oral tablet 150 mg</i>	1	QL (1 per 28 days); MO	<i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml</i>	4	PA; QL (3 per 28 days); S
<i>risedronate sodium oral tablet 30 mg</i>	1	QL (30 per 30 days)	<i>tolvaptan oral tablet 15 mg (hyponatremia)</i>	4	PA; QL (30 per 30 days); S
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	QL (4 per 28 days); MO	<i>tolvaptan oral tablet 15 mg, 30 mg</i>	4	PA; QL (120 per 30 days); S
<i>risedronate sodium oral tablet 5 mg</i>	1	QL (30 per 30 days); MO	<i>tolvaptan oral tablet 30 mg (hyponatremia)</i>	4	PA; QL (60 per 30 days); S
<i>risedronate sodium oral tablet delayed release</i>	1	QL (4 per 28 days); MO	TOUJEO MAX SOLOSTAR	2	QL (12 per 30 days); MO
RYBELSUS (FORMULATION R2) ORAL TABLET 1.5 MG	2	PA; QL (60 per 365 days)	TOUJEO SOLOSTAR	2	QL (13.5 per 30 days); MO
RYBELSUS (FORMULATION R2) ORAL TABLET 4 MG, 9 MG	2	PA; QL (30 per 30 days)	TRADJENTA	2	QL (30 per 30 days); MO
RYBELSUS ORAL TABLET 14 MG, 7 MG	2	PA; QL (30 per 30 days)	TRESIBA	2	QL (30 per 30 days); MO
RYBELSUS ORAL TABLET 3 MG	2	PA; QL (60 per 365 days)	TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	QL (30 per 30 days); MO
<i>sodium polystyrene sulfonate oral powder</i>	1				
SOLQUA	2	QL (15 per 25 days); MO			
SPS (SODIUM POLYSTYRENE SULF)	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
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	2	QL (18 per 30 days); MO
<i>trientine hcl</i>	4	PA; S
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	2	QL (30 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
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; QL (2 per 28 days)
TYMLOS	4	PA; QL (1.56 per 28 days); S
VELTASSA ORAL PACKET 1 GM	3	QL (240 per 30 days); MO
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	4	QL (30 per 30 days); MO; S
VELTASSA ORAL PACKET 8.4 GM	4	QL (90 per 30 days); MO; S
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL (9 per 30 days)
XGEVA	4	PA; QL (5.1 per 28 days); S
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	2	QL (30 per 30 days); MO
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	2	QL (60 per 30 days); MO
<i>zoledronic acid intravenous concentrate</i>	1	PA
Gastrointestinal Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>alosetron hcl oral tablet 0.5 mg</i>	3	PA; QL (60 per 30 days); MO
<i>alosetron hcl oral tablet 1 mg</i>	4	PA; QL (60 per 30 days); MO; S
<i>aprepitant oral capsule 125 mg</i>	4	B/D PA; QL (5 per 30 days); S
<i>aprepitant oral capsule 40 mg</i>	1	B/D PA; QL (1 per 28 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	1	B/D PA; QL (15 per 30 days)
<i>aprepitant oral capsule 80 mg</i>	4	B/D PA; QL (10 per 30 days); S
<i>balsalazide disodium</i>	1	
<i>budesonide er oral tablet extended release 24 hour</i>	4	PA; S
<i>budesonide oral</i>	1	
<i>cimetidine hcl oral solution 300 mg/5ml</i>	1	MO
<i>cimetidine oral tablet 200 mg</i>	1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	MO
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/ 175ML	3	
COMPRO	1	
<i>constulose</i>	1	MO
CORTIFOAM EXTERNAL	3	
<i>dexlansoprazole</i>	3	QL (30 per 30 days); MO
<i>dicyclomine hcl oral capsule</i>	1	PA
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	1	PA
<i>dicyclomine hcl oral tablet 20 mg</i>	1	PA

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Drug Name	Drug Tier	Requirements/ Limits
diphenoxylate-atropine oral liquid	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
dronabinol	1	B/D PA; QL (120 per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED	3	B/D PA; QL (15 per 30 days)
enulose	1	MO
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	1	QL (30 per 30 days); MO
esomeprazole sodium intravenous solution reconstituted 40 mg	1	
famotidine (pf)	1	
famotidine intravenous solution 200 mg/20ml, 40 mg/4ml	1	
famotidine oral suspension reconstituted	1	MO
famotidine oral tablet 20 mg, 40 mg	1	MO
famotidine premixed	1	
GATTEX	4	PA; S
GAVILYTE-C	1	
GAVILYTE-G	1	
GAVILYTE-N WITH FLAVOR PACK	1	
generlac	1	MO
glycopyrrolate injection solution	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	

Drug Name	Drug Tier	Requirements/ Limits
granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml	1	
granisetron hcl oral	4	B/D PA; QL (30 per 30 days); S
hydrocortisone oral	1	
hydrocortisone rectal enema	1	
hyoscyamine sulfate oral tablet	2	MO
hyoscyamine sulfate oral tablet dispersible	2	MO
hyoscyamine sulfate sublingual	2	MO
lactulose encephalopathy oral solution 10 gm/15ml	1	MO
lactulose oral solution	1	MO
lansoprazole oral capsule delayed release 15 mg	1	MO
lansoprazole oral capsule delayed release 30 mg	1	QL (30 per 30 days); MO
LINZESS	2	QL (30 per 30 days); MO
loperamide hcl oral capsule	1	
lubiprostone	1	QL (60 per 30 days); MO
meclizine hcl oral tablet 12.5 mg, 25 mg	1	PA
mesalamine er oral capsule extended release	3	MO
mesalamine er oral capsule extended release 24 hour	1	MO
mesalamine oral capsule delayed release	1	MO

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

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

Drug Name	Drug Tier	Requirements/Limits
pantoprazole sodium oral tablet delayed release	1	MO
peg 3350-kcl-na bicarb-nacl	1	
peg-3350/electrolytes	1	
peg-3350/electrolytes/ascorbic acid	1	
peg-kcl-nacl-nasulf-na asc-c	1	
PLENVU	3	
prochlorperazine	1	
prochlorperazine maleate oral	1	MO
promethazine hcl injection	1	PA
promethazine hcl oral solution	1	PA
promethazine hcl oral tablet	1	PA
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	1	PA
rabeprazole sodium oral tablet delayed release	1	QL (30 per 30 days); MO
scopolamine	1	QL (10 per 28 days)
sucralfate oral	1	MO
sulfasalazine oral	1	MO
SUPREP BOWEL PREP KIT	2	
trimethobenzamide hcl oral	1	
ursodiol oral capsule 300 mg	1	MO
ursodiol oral tablet	1	MO
VOWST	4	PA; QL (12 per 30 days); S

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Drug Name	Drug Tier	Requirements/Limits
XERMELO	4	PA; QL (90 per 30 days); S
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
<i>betaine</i>	4	S
CREON	2	MO
<i>cromolyn sodium oral</i>	1	MO
CYSTAGON	2	PA
JAVYGTOR	4	PA; S
<i>miglustat</i>	4	PA; S
<i>nitisinone</i>	4	PA; S
PROLASTIN-C INTRAVENOUS SOLUTION	4	PA; S
RAVICTI	4	PA; QL (525 per 30 days); S
REVCOVI	4	PA; 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
<i>sodium phenylbutyrate oral tablet</i>	3	PA
VYNDAMAX	4	PA; QL (30 per 30 days); 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	4	MO; S

Drug Name	Drug Tier	Requirements/Limits
PARTICLES 25000-79000 UNIT, 40000-126000 UNIT, 60000-189600 UNIT		
Genitourinary Agents		
<i>alfuzosin hcl er</i>	1	MO
<i>bethanechol chloride oral</i>	1	
CARDURA XL	3	MO
<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	
<i>miconazole 3 vaginal suppository</i>	1	
<i>mirabegron er</i>	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

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Drug Name	Drug Tier	Requirements/Limits
<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
<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
<i>tropium chloride</i>	1	QL (60 per 30 days); MO
<i>tropium chloride er</i>	1	QL (30 per 30 days); MO
VANDAZOLE	1	
Hormonal Agents		
ABIGALE	1	PA; MO
ABIGALE LO	1	PA; MO
ACTHAR	4	PA; S
ACTHAR GEL SUBCUTANEOUS PEN- INJECTOR	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

Drug Name	Drug Tier	Requirements/Limits
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	
CAMILA	1	MO
CAMRESE	1	MO
CAMRESE LO	1	MO
CHARLOTTE 24 FE	1	MO
CHATEAL EQ	1	MO
CLIMARA PRO	2	PA; QL (4 per 28 days); MO
COMBIPATCH	2	PA; QL (8 per 28 days); MO
CRINONE	3	PA
CRYSELLE-28	1	MO

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

Drug Name	Drug Tier	Requirements/ Limits
CYRED EQ	1	MO
<i>danazol oral</i>	2	
DASETTA 1/35 (28)	1	MO
DASETTA 7/7/7	1	MO
DAYSEE	1	MO
DEBLITANE	1	MO
DELYLA	1	MO
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 oral</i>	1	MO
<i>desmopressin acetate spray</i>	1	MO
<i>desogestrel-ethinyl estradiol oral tablet 0.15- 0.02/0.01 mg (21/5)</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	

Drug Name	Drug Tier	Requirements/ Limits
<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
EGRIFTA SV	4	PA; S
ELINEST	1	MO
ELURYNG	1	MO
EMZAHH	1	MO
ENILLORING	1	MO
ENPRESSE-28	1	MO
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	1	MO
ERRIN	1	MO
ESTARYLLA	1	MO
<i>estradiol oral</i>	1	MO
<i>estradiol transdermal 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	

You can find information 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
estradiol-norethindrone acet	1	PA; MO	HIDEX 6-DAY	1	
ethynodiol diac-eth estradiol	1	MO	HUMATROPE INJECTION CARTRIDGE	4	PA; S
etonogestrel-ethinyl estradiol	1	MO	ICLEVIA	1	MO
FALMINA	1	MO	IMVEXXY MAINTENANCE PACK	2	QL (18 per 28 days); MO
FEIRZA 1.5/30	1	MO	IMVEXXY STARTER PACK	2	QL (18 per 28 days); MO
FEIRZA 1/20	1	MO	INCASSIA	1	MO
FINZALA	1	MO	INCRELEX	4	PA; S
fludrocortisone acetate oral	1	MO	INTROVALE	1	MO
FYAVOLV	1	PA; MO	ISIBLOOM	1	MO
GALBRIELA	1	MO	JAIMESS	1	MO
GALLIFREY	1	MO	JASMIEL	1	MO
GENOTROPIN MINIUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG	3	PA	JENCYCLA	1	MO
GENOTROPIN MINIUICK SUBCUTANEOUS PREFILLED SYRINGE 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	4	PA; S	JINTELI	1	PA; MO
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG	4	PA; S	JOLESSA	1	MO
GENOTROPIN SUBCUTANEOUS CARTRIDGE 5 MG	3	PA	JULEBER	1	MO
HAILEY 1.5/30	1	MO	JUNEL 1.5/30	1	MO
HAILEY 24 FE	1	MO	JUNEL 1/20	1	MO
HAILEY FE 1.5/30	1	MO	JUNEL FE 1.5/30	1	MO
HAILEY FE 1/20	1	MO	JUNEL FE 1/20	1	MO
HALOETTE	1	MO	JUNEL FE 24	1	MO
HEATHER	1	MO	KAITLIB FE	1	MO
			KALLIGA	1	MO
			KARIVA	1	MO
			KELNOR 1/35	1	MO
			KELNOR 1/50	1	MO
			KURVELO	1	MO
			KYLEENA	2	
			LARIN 1.5/30	1	MO
			LARIN 1/20	1	MO
			LARIN 24 FE	1	MO

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

Drug Name	Drug Tier	Requirements/ Limits
LARIN FE 1.5/30	1	MO
LARIN FE 1/20	1	MO
LAYOLIS FE	1	MO
LEENA	1	MO
LESSINA	1	MO
levo-t	1	MO
LEVONEST	1	MO
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	1	MO
levonorgest-eth est & eth est	1	MO
levonorgest-eth estrad 91-day	1	MO
levonorgestrel-ethinyl estrad	1	MO
LEVORA 0.15/30 (28)	1	MO
levothyroxine sodium oral tablet	1	MO
LEVOXYL	1	MO
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	3	
LIOMNY	1	MO
liothyronine sodium intravenous	4	S
liothyronine sodium oral	1	MO
LO-ZUMANDIMINE	1	MO
LOESTRIN 1.5/30 (21)	1	MO
LOESTRIN 1/20 (21)	1	MO
LOESTRIN FE 1.5/30	1	MO
LOESTRIN FE 1/20	1	MO
LOJAIMIESS	1	MO
LORYNA	1	MO

Drug Name	Drug Tier	Requirements/ Limits
LOW-OGESTREL	1	MO
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	4	PA; QL (1 per 28 days); S
LUTERA	1	MO
LYLEQ	1	MO
LYZA	1	MO
marlissa	1	MO
medroxyprogesterone acetate intramuscular	1	
medroxyprogesterone acetate oral	1	MO
MELEYA	1	MO
MENEST	3	PA; MO
methimazole oral	1	MO
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	1	
methylprednisolone oral	1	
methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg	1	
MIBELAS 24 FE	1	MO
MICROGESTIN 1.5/30	1	MO
MICROGESTIN 1/20	1	MO
MICROGESTIN FE 1.5/30	1	MO
MICROGESTIN FE 1/20	1	MO
mifepristone oral tablet 300 mg	4	PA; S
MILI	1	MO
MIMVEY	1	PA; MO
MIRENA (52 MG) INTRAUTERINE	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
INTRAUTERINE DEVICE 20 MCG/DAY		
MONO-LINYAH	1	MO
NECON 0.5/35 (28)	1	MO
NEXPLANON	2	
NIKKI	1	MO
NORA-BE	1	MO
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; S
<i>norelgestromin-eth estradiol</i>	1	MO
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	MO
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	1	MO
<i>norethin-eth estradiol-fe</i>	1	MO
<i>norethindron-ethinyl estrad-fe</i>	1	MO
<i>norethindrone acet-ethinyl est oral tablet</i>	1	MO
<i>norethindrone acetate oral</i>	1	MO
<i>norethindrone oral</i>	1	MO
<i>norethindrone-eth estradiol</i>	1	PA; MO
<i>norgestim-eth estrad triphasic</i>	1	MO
<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
NORTREL 1/35 (28)	1	MO

Drug Name	Drug Tier	Requirements/Limits
NORTREL 7/7/7	1	MO
NP THYROID	1	PA; MO
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; S
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; S
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
NYLIA 1/35	1	MO
NYLIA 7/7/7	1	MO
OCELLA	1	MO
<i>octreotide acetate injection solution 100 mcg/ml</i>	1	PA
<i>octreotide acetate injection solution 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	3	PA
<i>octreotide acetate injection solution 500 mcg/ml</i>	4	PA; S
<i>octreotide acetate intramuscular</i>	4	PA; S
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml</i>	3	PA
<i>octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml</i>	4	PA; S
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; S
OMNITROPE SUBCUTANEOUS	4	PA; S

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SOLUTION RECONSTITUTED			<i>raloxifene hcl</i>	1	QL (30 per 30 days); MO
ORQUIDEA	1	MO	RECLIPSEN	1	MO
ORSYTHIA	1	MO	REZDIFFRA	4	PA; QL (30 per 30 days); S
OSPHENA	2	MO	RIVELSA	1	MO
PHILITH	1	MO	ROSYRAH	1	MO
PIMTREA	1	MO	SETLAKIN	1	MO
PORTIA-28	1	MO	SHAROBEL	1	MO
<i>prednisolone oral solution</i>	1		SIGNIFOR	4	PA; S
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml</i>	1		SIMLIYA	1	MO
<i>prednisolone sodium phosphate oral tablet dispersible</i>	1		SIMPESSE	1	MO
PREDNISONE INTENSOL	2		SKYLA	2	
<i>prednisone oral solution</i>	1		SOMAVERT	4	PA; S
<i>prednisone oral tablet 1 mg</i>	1		SPRINTEC 28	1	MO
<i>prednisone oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1		SRONYX	1	MO
<i>prednisone oral tablet therapy pack 10 mg (21), 5 mg (21)</i>	1		SYEDA	1	MO
<i>prednisone oral tablet therapy pack 10 mg (48), 5 mg (48)</i>	1		SYNAREL	4	PA; S
PREMARIN ORAL	2	PA; MO	SYNTHROID	2	MO
PREMARIN VAGINAL	2	MO	TARINA 24 FE	1	MO
PREMPHASE	2	PA; MO	TARINA FE 1/20 EQ	1	MO
PREMPRO	2	PA; MO	<i>testosterone cypionate intramuscular solution 100 mg/ml</i>	1	PA; MO
<i>progesterone oral</i>	1	MO	<i>testosterone cypionate intramuscular solution 200 mg/ml, 200 mg/ml (1 ml)</i>	1	MO
<i>propylthiouracil oral</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>	2	PA; QL (150 per 30 days); MO
			<i>testosterone transdermal gel 10 mg/act (2%)</i>	2	PA; QL (120 per 30 days); MO

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Drug Name	Drug Tier	Requirements/Limits
<i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	2	PA; QL (300 per 30 days); MO
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%)</i>	2	PA; QL (112.5 per 30 days); MO
<i>testosterone transdermal solution</i>	2	PA; QL (180 per 30 days); MO
TILIA FE	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
<i>triamcinolone acetanide injection suspension 40 mg/ml</i>	1	
TRIVORA (28)	1	MO
TURQOZ	1	MO
TYDEMY	1	MO
UNITHROID	1	MO
VALTYA 1/50	1	MO
VELIVET	1	MO
VESTURA	1	MO
VIENVA	1	MO
<i>viorele</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
VOLNEA	1	MO
VYFEMLA	1	MO
VYLIBRA	1	MO
WERA	1	MO
WYMZYA FE	1	MO
XARAH FE	1	MO
XELRIA FE	1	MO
XULANE	1	MO
<i>yuvaferm</i>	1	MO
ZAFEMY	1	MO
ZOVIA 1/35 (28)	1	MO
ZUMANDIMINE	1	MO
Immunological Agents		
ABRYSVO	2	QL (1 per 365 days)
ACTHIB	2	
ACTIMMUNE	4	PA; S
ADACEL	2	
ARCALYST	4	PA; S
AREXVY	2	QL (1 per 365 days)
<i>azathioprine oral tablet 50 mg</i>	1	B/D PA
<i>bcg vaccine injection solution reconstituted</i>	2	
BENLYSTA	4	PA; S
BEXSERO	2	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COSENTYX (300 MG DOSE)	4	PA; QL (8 per 28 days); S	ENVARSUS XR	3	B/D PA
COSENTYX SENSOREADY (300 MG)	4	PA; QL (8 per 28 days); S	everolimus oral tablet 0.25 mg, 0.75 mg	3	B/D PA
COSENTYX SENSOREADY PEN	4	PA; QL (8 per 28 days); S	everolimus oral tablet 0.5 mg, 1 mg	4	B/D PA; S
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	4	PA; QL (8 per 28 days); S	GAMUNEX-C	4	PA; S
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	4	PA; QL (2 per 28 days); S	GARDASIL 9	2	
COSENTYX UNOREADY	4	PA; QL (8 per 28 days); S	GENGRAF ORAL CAPSULE 100 MG, 25 MG	1	B/D PA
cyclosporine modified	1	B/D PA	GENGRAF ORAL SOLUTION	1	B/D PA
cyclosporine oral capsule	2	B/D PA	HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	2	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	2		HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	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 (1 PEN)	4	PA; QL (6 per 365 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 40 MG/ 0.4ML, 40 MG/0.8ML	4	PA; QL (4 per 28 days); S
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	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
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	2	B/D PA	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 PREFILLED SYRINGE	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

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Drug Name	Drug Tier	Requirements/ Limits
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS AUTO-INJECTOR KIT	4	PA; QL (8 per 365 days); S
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	4	PA; QL (6 per 365 days); S
HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	4	PA; QL (6 per 365 days); S
HYPERRAB	4	S
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	
INFANRIX	2	
IPOL	2	
IXIARO	2	
JYLAMVO	3	ST
JYNNEOS	2	
<i>kedrab injection</i>	2	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
<i>leflunomide oral</i>	1	QL (30 per 30 days); MO
M-M-R II INJECTION	2	
MENQUADFI INTRAMUSCULAR SOLUTION	2	
MENVEO	2	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>methotrexate sodium injection solution reconstituted</i>	1	
<i>methotrexate sodium oral</i>	1	
MRESVIA	2	QL (0.5 per 365 days)
<i>mycophenolate mofetil oral capsule</i>	1	B/D PA
<i>mycophenolate mofetil oral suspension reconstituted</i>	3	B/D PA
<i>mycophenolate mofetil oral tablet</i>	1	B/D PA
<i>mycophenolate sodium</i>	1	B/D PA
<i>mycophenolic acid oral tablet delayed release 180 mg, 360 mg</i>	1	B/D PA
MYHIBBIN	4	B/D PA; S
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML, 2.5 GM/50ML, 30 GM/300ML, 5 GM/100ML	4	PA; S
OTEZLA ORAL TABLET	4	PA; QL (60 per 30 days); S
OTEZLA ORAL TABLET THERAPY PACK	4	PA; S
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	2	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	S
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	S

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Drug Name	Drug Tier	Requirements/Limits
TICOVAC	2	
TREMFYA CROHNS INDUCTION	4	PA; QL (4 per 28 days); S
TREMFYA ONE-PRESS	4	PA; QL (2 per 28 days); S
TREMFYA PEN	4	PA; QL (2 per 28 days); S
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (2 per 28 days); S
TREXALL	3	ST
TRUMENBA	2	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
TYENNE SUBCUTANEOUS	4	PA; QL (4 per 28 days); S
TYPHIM VI	2	
<i>ustekinumab subcutaneous solution</i>	4	PA; QL (0.5 per 28 days); S
<i>ustekinumab subcutaneous solution prefilled syringe 45 mg/ 0.5ml</i>	4	PA; QL (0.5 per 28 days); S
<i>ustekinumab subcutaneous solution prefilled syringe 90 mg/ ml</i>	4	PA; QL (1 per 28 days); S
VAQTA	2	
VARIVAX INJECTION	2	
VARIZIG INTRAMUSCULAR SOLUTION	2	
VAXCHORA	2	PA
VIMKUNYA	2	
VIVOTIF	2	
XATMEP	3	ST

Drug Name	Drug Tier	Requirements/Limits
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 capsule</i>	1	MO
<i>acyclovir oral suspension 200 mg/5ml</i>	1	MO
<i>acyclovir oral suspension 800 mg/20ml</i>	1	
<i>acyclovir oral tablet</i>	1	MO
<i>acyclovir sodium intravenous solution</i>	1	B/D PA
<i>adefovir dipivoxil</i>	1	PA
<i>albendazole oral</i>	3	
<i>amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml</i>	1	
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension reconstituted</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate er</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
amoxicillin-pot clavulanate oral suspension reconstituted	1	
amoxicillin-pot clavulanate oral tablet	1	
amphotericin b intravenous	1	B/D PA
amphotericin b liposome	4	B/D PA; S
ampicillin oral capsule 500 mg	1	
ampicillin sodium injection solution reconstituted 1 gm, 125 mg	1	
ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm	1	
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	1	
ampicillin-sulbactam sodium intravenous	1	
APTIVUS ORAL CAPSULE	4	QL (120 per 30 days); S
ARIKAYCE	4	S
atazanavir sulfate oral capsule 150 mg, 200 mg	4	QL (60 per 30 days); S
atazanavir sulfate oral capsule 300 mg	4	QL (30 per 30 days); S
atovaquone oral	3	PA
atovaquone-proguanil hcl	1	
azithromycin intravenous	1	
azithromycin oral packet	1	
azithromycin oral suspension reconstituted	1	

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

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

Drug Name	Drug Tier	Requirements/ Limits
cefazolin sodium intravenous solution reconstituted 1 gm	1	
cefazolin sodium-dextrose intravenous solution 3-4 gm/150ml-%	2	
cefazolin sodium-dextrose intravenous solution reconstituted 3-2 gm-%(50ml)	2	
cefdinir	1	
cefepime hcl injection solution reconstituted 1 gm	1	
cefepime hcl intravenous solution reconstituted 2 gm	1	
cefixime	1	
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 intravenous	1	
cefuroxime axetil oral tablet 250 mg	1	

Drug Name	Drug Tier	Requirements/ Limits
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	
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
CIMDUO	4	QL (30 per 30 days); S
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	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>clindamycin phosphate injection solution 900 mg/6ml</i>	3	
COARTEM	3	
<i>colistimethate sodium (cba)</i>	1	
CRESEMBA ORAL	4	PA; S
<i>dapsone oral</i>	1	MO
<i>daptomycin intravenous solution reconstituted 500 mg</i>	4	S
<i>darunavir</i>	3	QL (60 per 30 days)
DELSTRIGO	4	QL (30 per 30 days); S
<i>demeclocycline hcl oral</i>	1	
DESCOVY	4	QL (30 per 30 days); S
<i>dicloxacillin sodium</i>	1	
DIFICID	4	PA; S
DOVATO	4	QL (30 per 30 days); S
DOXY 100	1	
<i>doxycycline hyclate intravenous</i>	1	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral suspension reconstituted</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
E.E.S. 400 ORAL TABLET	1	
EDURANT	4	QL (30 per 30 days); S
EDURANT PED	4	QL (180 per 30 days); S
<i>efavirenz oral tablet</i>	3	QL (30 per 30 days)
<i>efavirenz-emtricitab-tenofo df</i>	3	QL (30 per 30 days)
<i>efavirenz-lamivudine-tenofovir</i>	4	QL (30 per 30 days); S
<i>emtricitab-rilpivir-tenofof df</i>	4	QL (30 per 30 days); S
<i>emtricitabine</i>	1	QL (30 per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	4	QL (30 per 30 days); S
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	3	QL (30 per 30 days)
EMTRIVA ORAL SOLUTION	3	QL (850 per 30 days)
<i>entecavir</i>	1	
EPCLUSA ORAL PACKET 150-37.5 MG	4	PA; QL (30 per 30 days); S
EPCLUSA ORAL PACKET 200-50 MG	4	PA; QL (60 per 30 days); S
EPCLUSA ORAL TABLET 200-50 MG	4	PA; QL (60 per 30 days); S
EPCLUSA ORAL TABLET 400-100 MG	4	PA; QL (30 per 30 days); S
<i>ertapenem sodium</i>	3	
ERY-TAB	1	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
<i>erythromycin base oral</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
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	3	
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	4	QL (60 per 30 days); S
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 ORAL SOLUTION RECONSTITUTED 25 MG/ ML	3	PA; QL (1200 per 30 days)
FIRVANQ ORAL SOLUTION RECONSTITUTED 50 MG/ ML	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

Drug Name	Drug Tier	Requirements/Limits
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%	1	
gentamicin in saline intravenous solution 2-0.9 mg/ml-%	2	
gentamicin sulfate injection solution 40 mg/ ml	1	
GENVOYA	4	QL (30 per 30 days); S
griseofulvin microsize oral	1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	
HARVONI	4	PA; QL (28 per 28 days); S
hydroxychloroquine sulfate oral tablet 200 mg	1	MO
imipenem-cilastatin	1	
IMPAVIDO	4	S
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 oral syrup	1	MO
isoniazid oral tablet	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>itraconazole oral capsule</i>	1	PA
<i>ivermectin oral</i>	1	
JULUCA	4	QL (30 per 30 days); S
KALETRA ORAL SOLUTION	3	QL (480 per 30 days)
<i>ketoconazole oral</i>	1	
<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>levofloxacin in d5w</i>	1	
<i>levofloxacin intravenous</i>	1	
<i>levofloxacin oral solution</i>	1	
<i>levofloxacin oral tablet</i>	1	
<i>linezolid in sodium chloride</i>	3	
<i>linezolid intravenous solution 600 mg/300ml</i>	3	
<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)

Drug Name	Drug Tier	Requirements/Limits
<i>maraviroc</i>	2	QL (120 per 30 days)
MAVYRET ORAL PACKET	4	PA; QL (180 per 30 days); S
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>	2	
<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>miconazole sodium</i>	3	
<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>naftyllin sodium injection solution reconstituted 1 gm, 2 gm</i>	3	
<i>naftyllin 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)

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

Drug Name	Drug Tier	Requirements/ Limits
nitazoxanide oral	3	QL (6 per 30 days)
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohydrate macro	1	
nitrofurantoin oral suspension 50 mg/10ml	4	S
NORVIR ORAL PACKET	3	QL (360 per 30 days)
NUZYRA ORAL	4	PA; S
nystatin oral tablet	1	
ODEFSEY	4	QL (30 per 30 days); S
ofloxacin oral tablet 300 mg, 400 mg	1	
oseltamivir phosphate oral capsule 30 mg	1	QL (168 per 365 days)
oseltamivir phosphate oral capsule 45 mg, 75 mg	1	QL (84 per 365 days)
oseltamivir phosphate oral suspension reconstituted	1	QL (1080 per 365 days)
oxacillin sodium in dextrose intravenous solution 2 gm/50ml	4	S
oxacillin sodium injection solution reconstituted 1 gm, 2 gm	1	
PAXLOVID (150/100)	1	QL (20 per 90 days)
PAXLOVID (300/100 & 150/100)	1	QL (11 per 90 days)
PAXLOVID (300/100)	1	QL (30 per 90 days)
penicillin g potassium in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml	3	

Drug Name	Drug Tier	Requirements/ Limits
penicillin g potassium	1	
penicillin g sodium	4	S
penicillin v potassium	1	
pentamidine isethionate inhalation	1	B/D PA
pentamidine isethionate injection	1	
PFIZERPEN INJECTION SOLUTION RECONSTITUTED 20000000 UNIT	1	
PIFELTRO	4	QL (30 per 30 days); S
piperacillin sodium-tazobactam sodium intravenous solution reconstituted 13.5 (12-15) gm, 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm	1	
polymyxin b sulfate injection	1	
posaconazole oral suspension	3	PA; MO
posaconazole oral tablet delayed release	4	PA; MO; S
praziquantel oral	1	
PREVYMIS ORAL PACKET	4	PA; QL (120 per 30 days); S
PREVYMIS ORAL TABLET	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)

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Drug Name	Drug Tier	Requirements/Limits
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	
<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)
SIRTURO	4	PA; S
<i>streptomycin sulfate intramuscular</i>	4	S
STRIBILD	4	QL (30 per 30 days); S
<i>sulfadiazine oral</i>	4	S

Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
SUNLENCA ORAL TABLET	4	QL (10 per 365 days); S
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG	4	QL (8 per 365 days); S
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	4	QL (10 per 365 days); S
SUNLENCA SUBCUTANEOUS	4	QL (3 per 168 days); MO; S
SYMTUZA	4	QL (30 per 30 days); S
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	1	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM	1	
TEFLARO	4	S
<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>	3	
<i>tinidazole oral</i>	1	
TIVICAY ORAL TABLET 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	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
tobramycin sulfate injection solution reconstituted	4	S	reconstituted 1 gm, 10 gm, 100 gm, 500 mg		
TRECTOR	3		vancomycin hcl intravenous solution reconstituted 1.25 gm, 1.5 gm, 750 mg	2	
trifluridine ophthalmic	1		vancomycin hcl oral capsule 125 mg	1	PA; QL (240 per 30 days)
trimethoprim oral	1		vancomycin hcl oral capsule 250 mg	3	PA; QL (240 per 30 days)
TRIUMEQ	4	QL (30 per 30 days); S	vancomycin hcl oral solution reconstituted 25 mg/ml	3	PA; QL (1200 per 30 days)
TRIUMEQ PD	3	QL (180 per 30 days)	VEMLIDY	4	PA; QL (30 per 30 days); S
TYBOST	2	QL (30 per 30 days)	VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG	4	PA; S
valacyclovir hcl oral tablet 1 gm	1	QL (90 per 30 days)	VIRACEPT ORAL TABLET 250 MG	4	QL (300 per 30 days); S
valacyclovir hcl oral tablet 500 mg	1	QL (60 per 30 days)	VIRACEPT ORAL TABLET 625 MG	4	QL (120 per 30 days); S
valganciclovir hcl oral solution reconstituted	4	S	VIREAD ORAL POWDER	4	QL (240 per 30 days); S
valganciclovir hcl oral tablet	2		VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	QL (30 per 30 days); S
vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.25-5 gm/250ml-%, 1.5-5 gm/300ml-%, 500-5 gm/100ml-%	2		voriconazole intravenous	3	PA
vancomycin hcl in nacl intravenous solution 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%	2		voriconazole oral suspension reconstituted	4	PA; QL (300 per 30 days); S
vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml	2		voriconazole oral tablet 200 mg	3	PA; QL (60 per 30 days)
vancomycin hcl intravenous solution	1		voriconazole oral tablet 50 mg	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

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Drug Name	Drug Tier	Requirements/Limits
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	
Miscellaneous Therapeutic Agents		
<i>acetic acid irrigation</i>	1	
ALCOHOL SWABS	1	MO
AUTOPEN	2	
BD PEN	2	
BD PEN MINI	2	
GAUZE STERILE PADS 2	1	MO
IGALMI SUBLINGUAL FILM 120 MCG	4	QL (30 per 30 days); S
IGALMI SUBLINGUAL FILM 180 MCG	3	QL (30 per 30 days)
INSULIN PEN NEEDLE: BD, EMBECTA	1	QL (200 per 30 days); MO
INSULIN SYRINGE: BD, EMBECTA	1	QL (200 per 30 days); MO
KOSELUGO	4	PA; S
METHERGINE ORAL	4	S
<i>methylergonovine maleate oral</i>	4	S
<i>neomycin-polymyxin b gu</i>	1	
NOVOPEN ECHO	2	
OMNIPOD 5 DEXG7G6 INTRO GEN 5	3	PA

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 DEXG7G6 PODS GEN 5	3	PA
OMNIPOD 5 G7 INTRO (GEN 5)	3	PA
OMNIPOD 5 G7 PODS (GEN 5)	3	PA
OMNIPOD 5 LIBRE2 G6 INTRO G5	3	PA
OMNIPOD 5 LIBRE2 PLUS G6 PODS	3	PA
OMNIPOD CLASSIC PODS (GEN 3)	3	PA
OMNIPOD DASH INTRO (GEN 4)	3	PA
OMNIPOD DASH PODS (GEN 4)	3	PA
PHYSIOLYTE	3	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<i>sterile water for irrigation</i>	2	
SYNAGIS	4	PA; S
Ophthalmic Agents		
<i>acetazolamide er</i>	1	MO
<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	

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Drug Name	Drug Tier	Requirements/ Limits
<i>betaxolol hcl ophthalmic</i>	1	MO
BETOPTIC-S	3	MO
<i>bimatoprost ophthalmic</i>	1	MO
<i>brimonidine tartrate ophthalmic</i>	1	MO
<i>brimonidine tartrate-timolol</i>	2	MO
<i>brinzolamide</i>	2	MO
<i>bromfenac sodium 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	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)

Drug Name	Drug Tier	Requirements/ Limits
<i>fluorometholone ophthalmic</i>	1	
<i>flurbiprofen sodium</i>	1	
<i>gatifloxacin ophthalmic</i>	1	
<i>gentamicin sulfate ophthalmic solution</i>	1	
ILEVRO	3	
INVELTYS	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 OPTHALMIC 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 OPTHALMIC SOLUTION 0.01 %	2	MO
MAXIDEX	3	
<i>methazolamide oral</i>	1	MO
MIEBO	2	QL (3 per 30 days); MO
<i>moxifloxacin hcl (2x day)</i>	3	
<i>moxifloxacin hcl ophthalmic solution</i>	2	
NATACYN	3	
NEO-POLYCIN	1	

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Drug Name	Drug Tier	Requirements/ Limits
NEO-POLYCIN HC	1	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-dexameth	1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic	1	
PHOSPHOLINE IODIDE	4	S
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	MO
POLYCIN	1	
polymyxin b-trimethoprim	1	
prednisolone acetate ophthalmic	1	
prednisolone sodium phosphate ophthalmic	2	
proparacaine hcl ophthalmic	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
sulfacetamide sodium ophthalmic	1	

Drug Name	Drug Tier	Requirements/ Limits
sulfacetamide-prednisolone ophthalmic solution	1	
tafluprost (pf)	3	MO
timolol maleate (once-daily)	1	MO
TIMOLOL MALEATE OCUDOSE	1	MO
timolol maleate ophthalmic gel forming solution	1	MO
timolol maleate ophthalmic solution 0.25 %	1	MO
timolol maleate ophthalmic solution 0.5 %	1	MO
timolol maleate pf ophthalmic solution 0.5 %	1	MO
TOBRADEX OPTHALMIC OINTMENT	2	
TOBRADEX ST	2	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
travoprost (bak free)	1	MO
VYZULTA	3	MO
XDEMVEY	4	PA; S
XIIDRA	2	QL (60 per 30 days); MO
ZYLET	2	
Otic Agents		
acetic acid otic	1	
CIPRO HC	3	
ciprofloxacin hcl otic	1	
ciprofloxacin-dexamethasone	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
CORTISPORIN-TC	3	
FLAC	1	
<i>fluocinolone acetonide otic</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<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); S
ADVAIR HFA	2	QL (12 per 30 days); MO
<i>albuterol sulfate hfa</i>	1	MO
<i>albuterol sulfate inhalation</i>	1	B/D PA; MO
<i>albuterol sulfate oral syrup</i>	1	MO
<i>albuterol sulfate oral tablet</i>	1	MO
ALYQ	3	PA; QL (60 per 30 days)
<i>ambrisentan</i>	3	PA; QL (30 per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	2	QL (60 per 30 days); MO
ARNUITY ELLIPTA	2	QL (30 per 30 days); MO
ATROVENT HFA	3	QL (26 per 30 days); MO
<i>azelastine hcl nasal solution 0.1 %, 137 mcg/ spray</i>	1	QL (30 per 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>azelastine-fluticasone</i>	1	QL (23 per 28 days)
<i>bosentan oral tablet</i>	3	PA; QL (60 per 30 days)
<i>bosentan oral tablet soluble</i>	4	PA; QL (120 per 30 days); 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>breynta</i>	2	QL (30.9 per 30 days); MO
BREZTRI AEROSPHERE	2	QL (10.7 per 30 days); MO
<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>	2	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; S
<i>cetirizine hcl oral solution</i>	1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	PA
COMBIVENT RESPIMAT	3	QL (8 per 30 days); MO
<i>cromolyn sodium inhalation</i>	1	B/D PA; MO

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>cypheptadine hcl oral syrup</i>	1	PA	<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	2	QL (24 per 30 days); MO
<i>cypheptadine hcl oral tablet</i>	1		<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	2	QL (11 per 30 days); MO
<i>desloratadine oral tablet</i>	1		<i>fluticasone propionate nasal</i>	1	QL (16 per 30 days)
<i>desloratadine oral tablet dispersible</i>	2		<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>diphenhydramine hcl injection</i>	1		<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
DULERA	3	QL (13 per 30 days); MO	<i>formoterol fumarate inhalation</i>	3	B/D PA; QL (120 per 30 days); MO
ELIXOPHYLLIN	2	MO	<i>hydroxyzine hcl intramuscular</i>	1	PA
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	1	QL (2 per 28 days)	<i>hydroxyzine hcl oral syrup</i>	1	PA
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	QL (2 per 28 days)	<i>hydroxyzine hcl oral tablet</i>	1	PA
FASENRA PEN	4	PA; QL (1 per 28 days); S	<i>hydroxyzine pamoate oral</i>	1	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	4	PA; QL (0.5 per 28 days); S	<i>ipratropium bromide inhalation</i>	1	B/D PA; MO
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	4	PA; QL (1 per 28 days); S	<i>ipratropium bromide nasal</i>	1	QL (30 per 30 days); MO
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	QL (75 per 30 days)	<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	B/D PA; QL (540 per 30 days); MO
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act</i>	2	QL (60 per 30 days); MO	KALYDECO ORAL TABLET	4	PA; QL (60 per 30 days); S
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>	2	QL (240 per 30 days); MO	<i>levalbuterol hcl inhalation nebulization</i>	1	B/D PA; QL (270 per 30 days); MO
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	2	QL (12 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>solution 0.31 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>		
<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
<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); S
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA; QL (3 per 28 days); S
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	PA; QL (0.4 per 28 days); S
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; QL (3 per 28 days); S
OFEV	4	PA; QL (60 per 30 days); S
<i>olopatadine hcl nasal</i>	1	QL (31 per 30 days)
OPSUMIT	4	PA; QL (30 per 30 days); S
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	3	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	4	PA; S

Drug Name	Drug Tier	Requirements/Limits
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
PULMICORT FLEXHALER	3	QL (2 per 30 days); MO
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	4	B/D PA; S
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	2	QL (11 per 30 days); MO
QVAR REDHALER 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, 8 MG/20ML	4	PA; S
<i>roflumilast</i>	3	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

You can find information 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>tadalafil (pah)</i>	3	PA; QL (60 per 30 days)
<i>terbutaline sulfate injection</i>	1	
<i>terbutaline sulfate oral</i>	1	MO
THEO-24	2	MO
<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); 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; S
TRIKAFTA ORAL TABLET THERAPY PACK	4	PA; QL (84 per 28 days); S
TRIKAFTA ORAL THERAPY PACK	4	PA; QL (56 per 28 days); S
TYVASO	4	PA; QL (81.2 per 30 days); S
TYVASO DPI INSTITUTIONAL KIT	4	PA; S
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	4	PA; S
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	4	PA; S
TYVASO REFILL KIT	4	PA; QL (81.2 per 30 days); S

Drug Name	Drug Tier	Requirements/Limits
TYVASO STARTER KIT	4	PA; QL (81.2 per 365 days); S
<i>umeclidinium-vilanterol</i>	2	QL (60 per 30 days); MO
UPTRAVI ORAL	4	PA; QL (60 per 30 days); S
UPTRAVI TITRATION	4	PA; S
VENTAVIS	4	PA; QL (270 per 30 days); S
WINREVAIR	4	PA; 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); S
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	4	PA; QL (4 per 28 days); S
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	4	PA; QL (8 per 28 days); S
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	4	PA; QL (4 per 28 days); S
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; QL (8 per 28 days); S
<i>zafirlukast</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.

Index of Drugs

Legend

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

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

A		adefovir dipivoxil	65
abacavir sulfate oral solution	65	ADEMPAS	77
abacavir sulfate oral tablet	65	ADVAIR HFA	77
abacavir sulfate-lamivudine	65	AFIRMELLE	55
ABELCET	65	AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	
ABIGALE	55	140 MG/ML	26
ABIGALE LO	55	AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE		70 MG/ML	26
720 MG/2.4ML	26	AKEEGA	12
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE		ala-cort external cream 1 %	40
960 MG/3.2ML	26	albendazole oral	65
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED		albuterol sulfate hfa	77
SYRINGE	26	albuterol sulfate inhalation	77
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION		albuterol sulfate oral syrup	77
RECONSTITUTED ER	26	albuterol sulfate oral tablet	77
abiraterone acetate oral tablet 250 mg	12	alclometasone dipropionate	40
abiraterone acetate oral tablet 500 mg	12	ALCOHOL SWABS	74
ABIRTEGA	12	ALECENSA	12
ABRYSVO	61	alendronate sodium oral solution	47
acamprosate calcium	26	alendronate sodium oral tablet 10 mg	47
acarbose oral	47	alendronate sodium oral tablet 35 mg, 70 mg	47
acebutolol hcl oral	21	alfuzosin hcl er	54
acetaminophen-codeine oral solution	9	aliskiren fumarate	21
acetaminophen-codeine oral tablet	9	allopurinol oral tablet 100 mg, 300 mg	9
acetazolamide er	74	almotriptan malate	26
acetazolamide oral	21	alosetron hcl oral tablet 0.5 mg	51
acetic acid irrigation	74	alosetron hcl oral tablet 1 mg	51
acetic acid otic	76	alprazolam er	26
acetylcysteine inhalation	77	alprazolam oral	26
acitretin	40	alprazolam xr	26
ACTHAR	55	ALTAVERA	55
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR	55	ALUNBRIG ORAL TABLET 180 MG	12
ACTHIB	61	ALUNBRIG ORAL TABLET 30 MG	12
ACTIMMUNE	61	ALUNBRIG ORAL TABLET 90 MG	12
acyclovir external ointment	40	ALUNBRIG ORAL TABLET THERAPY PACK	12
acyclovir oral capsule	65	alyacen 1/35	55
acyclovir oral suspension 200 mg/5ml	65	alyacen 7/7/7	55
acyclovir oral suspension 800 mg/20ml	65	ALYQ	77
acyclovir oral tablet	65	amantadine hcl oral capsule	26
acyclovir sodium intravenous solution	65	amantadine hcl oral solution	26
ADACEL	61	amantadine hcl oral tablet	26
adapalene external cream	40	ambrisentan	77
adapalene external gel	40	AMETHIA	55

AMETHYST	55	anagrelide hcl	19
amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml	65	anastrozole oral	12
amiloride hcl oral	21	ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	77
amiloride-hydrochlorothiazide	21	apomorphine hcl subcutaneous	26
amiodarone hcl oral	21	apraclonidine hcl	74
amitriptyline hcl oral	26	aprepitant oral capsule 125 mg	51
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg	21	aprepitant oral capsule 40 mg	51
amlodipine besy-benazepril hcl oral capsule 2.5-10 mg	21	aprepitant oral capsule 80 & 125 mg	51
amlodipine besy-benazepril hcl oral capsule 5-10 mg, 5-20 mg	21	aprepitant oral capsule 80 mg	51
amlodipine besylate oral	21	APRI	55
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg	21	APTOM ORAL TABLET 200 MG, 400 MG	26
amlodipine besylate-valsartan oral tablet 5-160 mg	21	APTOM ORAL TABLET 600 MG, 800 MG	26
amlodipine-atorvastatin	21	APTIVUS ORAL CAPSULE	66
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-40 mg	21	ARANELLE	55
amlodipine-olmesartan oral tablet 5-20 mg	21	ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 40 MCG/ML	19
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg	21	ARANESP (ALBUMIN FREE) INJECTION SOLUTION 200 MCG/ML	19
amlodipine-valsartan-hctz oral tablet 5-160-12.5 mg	21	ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 60 MCG/ML	19
ammonium lactate external	40	ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML	19
AMNESTEEM	40	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	19
amoxapine	26	ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 60 MCG/0.3ML	19
amoxicillin oral capsule	65	ARCALYST	61
amoxicillin oral suspension reconstituted	65	AREXVY	61
amoxicillin oral tablet	65	ARIKAYCE	66
amoxicillin oral tablet chewable 125 mg, 250 mg ...	65	aripiprazole oral solution	27
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amoxicillin-pot clavulanate oral suspension reconstituted	66	aripiprazole oral tablet 20 mg, 30 mg	27
amoxicillin-pot clavulanate oral tablet	66	aripiprazole oral tablet dispersible 10 mg	27
amphetamine-dextroamphet er	26	aripiprazole oral tablet dispersible 15 mg	27
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	26	ARISTADA INITIO	27
amphetamine-dextroamphetamine oral tablet 30 mg	26	ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	27
amphotericin b intravenous	66	ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	27
amphotericin b liposome	66	ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	27
ampicillin oral capsule 500 mg	66	ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	27
ampicillin sodium injection solution reconstituted 1 gm, 125 mg	66	armodafinil oral tablet 150 mg, 200 mg, 250 mg	27
ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm	66	armodafinil oral tablet 50 mg	27
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	66	ARMOUR THYROID	55
ampicillin-sulbactam sodium intravenous	66	ARNUITY ELLIPTA	77
		asenapine maleate sublingual tablet sublingual 10 mg	27

asenapine maleate sublingual tablet sublingual 2.5 mg	27	azithromycin intravenous	66
asenapine maleate sublingual tablet sublingual 5 mg	27	azithromycin oral packet	66
ASHLYNA	55	azithromycin oral suspension reconstituted	66
aspirin-dipyridamole er	19	azithromycin oral tablet 250 mg, 250 mg (6 pack)	66
atazanavir sulfate oral capsule 150 mg, 200 mg	66	azithromycin oral tablet 500 mg, 500 mg (3 pack), 600 mg	66
atazanavir sulfate oral capsule 300 mg	66	aztreonam	66
atenolol oral	21	AZURETTE	55
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atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg	27	BAC (BUTALBITAL-ACETAMIN-CAFF)	27
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	27	bacitra-neomycin-polymyxin-hc	74
atorvastatin calcium oral	21	bacitracin ophthalmic	74
atovaquone oral	66	bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	74
atovaquone-proguanil hcl	66	baclofen oral tablet	27
atropine sulfate ophthalmic ointment	74	balsalazide disodium	51
atropine sulfate ophthalmic solution 1 %	74	BALVERSA ORAL TABLET 3 MG	12
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AUBRA EQ	55	BALVERSA ORAL TABLET 5 MG	12
AUGTYRO ORAL CAPSULE 160 MG	12	BALZIVA	55
AUGTYRO ORAL CAPSULE 40 MG	12	BARACLUDE ORAL SOLUTION	66
AUROVELA 1.5/30	55	bcg vaccine injection solution reconstituted	61
AUROVELA 1/20	55	BD PEN	74
AUROVELA 24 FE	55	BD PEN MINI	74
AUROVELA FE 1.5/30	55	benazepril hcl oral	21
AUROVELA FE 1/20	55	benazepril-hydrochlorothiazide oral tablet 10-12.5 mg	21
AUSTEDO	27	benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	21
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 6 MG	27	benazepril-hydrochlorothiazide oral tablet 5-6.25 mg	21
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG	27	BENLYSTA	61
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	27	benzoyl peroxide-erythromycin	40
AUTOPEN	74	benztropine mesylate oral	27
AUVELITY	27	bepotastine besilate	74
AVASTIN	12	BESREMI	12
AVIANE	55	betaine	54
AVMAPKI FAKZYNJA CO-PACK	12	betamethasone dipropionate aug	40
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	27	betamethasone dipropionate external cream	41
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	27	betamethasone dipropionate external lotion	41
AYUNA	55	betamethasone dipropionate external ointment	41
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azathioprine oral tablet 50 mg	61	BETASERON SUBCUTANEOUS KIT	27
azelaic acid external	40	betaxolol hcl ophthalmic	75
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	77	betaxolol hcl oral	21
azelastine hcl ophthalmic	74	bethanechol chloride oral	54
azelastine-fluticasone	77	BETOPTIC-S	75
		bexarotene external	41
		bexarotene oral	12
		BEXSERO	61
		bicalutamide	12

BICILLIN C-R	66	<i>bumetanide injection</i>	21
BICILLIN C-R 900/300	66	<i>bumetanide oral</i>	21
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED		<i>buprenorphine hcl injection</i>	28
SYRINGE	66	<i>buprenorphine hcl sublingual</i>	28
BIJUVA	55	<i>buprenorphine hcl-naloxone hcl sublingual film 12-3</i>	
BIKTARVY ORAL TABLET 30-120-15 MG	66	<i>mg</i>	28
BIKTARVY ORAL TABLET 50-200-25 MG	66	<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5</i>	
<i>bimatoprost ophthalmic</i>	75	<i>mg</i>	28
<i>bisoprolol fumarate oral</i>	21	<i>buprenorphine hcl-naloxone hcl sublingual film 4-1</i>	
<i>bisoprolol-hydrochlorothiazide</i>	21	<i>mg</i>	28
BLISOVI 24 FE	55	<i>buprenorphine hcl-naloxone hcl sublingual film 8-2</i>	
BLISOVI FE 1.5/30	55	<i>mg</i>	28
BLISOVI FE 1/20	55	<i>buprenorphine hcl-naloxone hcl sublingual tablet</i>	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-		<i>sublingual 2-0.5 mg</i>	28
MCG/0.5	61	<i>buprenorphine hcl-naloxone hcl sublingual tablet</i>	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED		<i>sublingual 8-2 mg</i>	28
SYRINGE	61	<i>buprenorphine transdermal patch weekly 10 mcg/hr,</i>	
<i>bortezomib injection solution reconstituted 1 mg</i>	12	<i>15 mcg/hr</i>	9
<i>bortezomib injection solution reconstituted 2.5</i>		<i>buprenorphine transdermal patch weekly 20 mcg/</i>	
<i>mg</i>	12	<i>hr</i>	9
<i>bosentan oral tablet</i>	77	<i>buprenorphine transdermal patch weekly 5 mcg/hr,</i>	
<i>bosentan oral tablet soluble</i>	77	<i>7.5 mcg/hr</i>	9
BOSULIF ORAL CAPSULE 100 MG	13	<i>bupropion hcl er (smoking det)</i>	28
BOSULIF ORAL CAPSULE 50 MG	13	<i>bupropion hcl er (sr) oral tablet extended release 12</i>	
BOSULIF ORAL TABLET 100 MG	13	<i>hour 100 mg</i>	28
BOSULIF ORAL TABLET 400 MG, 500 MG	13	<i>bupropion hcl er (sr) oral tablet extended release 12</i>	
BOTOX	27	<i>hour 150 mg, 200 mg</i>	28
BRAFTOVI ORAL CAPSULE 75 MG	13	<i>bupropion hcl er (xl) oral tablet extended release 24</i>	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH		<i>hour 150 mg</i>	28
ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25		<i>bupropion hcl er (xl) oral tablet extended release 24</i>	
MCG/INH	77	<i>hour 300 mg</i>	28
<i>breynd</i>	77	<i>bupropion hcl oral tablet 100 mg</i>	28
BREZTRI AEROSPHERE	77	<i>bupropion hcl oral tablet 75 mg</i>	28
<i>briellyn</i>	55	<i>buspirone hcl oral</i>	28
BRILINTA	19	<i>butalbital-apap-caff-cod oral capsule 50-300-40-30</i>	
<i>brimonidine tartrate ophthalmic</i>	75	<i>mg</i>	9
<i>brimonidine tartrate-timolol</i>	75	<i>butalbital-apap-caffeine oral capsule 50-300-40</i>	
<i>brinzolamide</i>	75	<i>mg</i>	28
BRIVIACT INTRAVENOUS	28	<i>butalbital-apap-caffeine oral tablet 50-325-40</i>	
BRIVIACT ORAL SOLUTION	28	<i>mg</i>	28
BRIVIACT ORAL TABLET	28	<i>butalbital-asa-caff-codeine</i>	9
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	75	<i>butalbital-aspirin-caffeine oral capsule</i>	28
<i>bromocriptine mesylate oral</i>	28	<i>butorphanol tartrate nasal</i>	9
BRUKINSA ORAL CAPSULE	13	C	
BRUKINSA ORAL TABLET	13	CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED	
<i>budesonide er oral tablet extended release 24</i>		<i>RELEASE 400 & 600 MG/2ML</i>	66
<i>hour</i>	51	CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED	
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5</i>		<i>RELEASE 600 & 900 MG/3ML</i>	66
<i>mg/2ml</i>	77	<i>cabergoline</i>	55
<i>budesonide inhalation suspension 1 mg/2ml</i>	77	CABOMETYX	13
<i>budesonide oral</i>	51	<i>calcipotriene external cream</i>	41
<i>budesonide-formoterol fumarate</i>	77	<i>calcipotriene external ointment</i>	41

calcipotriene external solution	41	cefazolin sodium-dextrose intravenous solution reconstituted 3-2 gm-%(50ml)	67
calcitonin (salmon) injection	47	cefdinir	67
calcitonin (salmon) nasal	47	cefepime hcl injection solution reconstituted 1 gm	67
CALCITRENE	41	cefepime hcl intravenous solution reconstituted 2 gm	67
calcitriol external	41	cefixime	67
calcitriol oral	47	cefotetan disodium injection solution reconstituted 1 gm, 2 gm	67
CALQUENCE	13	cefoxitin sodium intravenous	67
CAMILA	55	cefpodoxime proxetil	67
CAMRESE	55	cefprozil	67
CAMRESE LO	55	ceftazidime injection solution reconstituted 1 gm, 6 gm	67
candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg	21	ceftazidime intravenous	67
candesartan cilexetil oral tablet 32 mg	21	ceftriaxone sodium in dextrose	67
candesartan cilexetil-hctz oral tablet 16-12.5 mg	21	ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	67
candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg	22	ceftriaxone sodium intravenous	67
CAPLYTA	28	cefuroxime axetil oral tablet 250 mg	67
CAPRELSA ORAL TABLET 100 MG	13	cefuroxime axetil oral tablet 500 mg	67
CAPRELSA ORAL TABLET 300 MG	13	cefuroxime sodium injection solution reconstituted 750 mg	67
captopril oral tablet 100 mg	22	cefuroxime sodium intravenous solution reconstituted 1.5 gm	67
captopril oral tablet 12.5 mg, 25 mg, 50 mg	22	celecoxib oral capsule 100 mg, 200 mg, 50 mg	9
carbamazepine er	28	celecoxib oral capsule 400 mg	10
carbamazepine oral	28	cephalexin oral capsule 250 mg, 500 mg	67
carbidopa oral	28	cephalexin oral capsule 750 mg	67
carbidopa-levodopa	28	cephalexin oral suspension reconstituted 125 mg/5ml	67
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	28	cephalexin oral suspension reconstituted 250 mg/5ml	67
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	28	cephalexin oral tablet	67
carbinoxamine maleate oral solution	77	cetirizine hcl oral solution	77
carbinoxamine maleate oral tablet 4 mg	77	cevimeline hcl	41
carbinoxamine maleate oral tablet 6 mg	77	CHARLOTTE 24 FE	55
CARDURA XL	54	CHATEAL EQ	55
carglumic acid oral tablet soluble	45	CHEMET	47
carisoprodol oral tablet 350 mg	28	chlordiazepoxide hcl	28
carteolol hcl	75	chlordiazepoxide-amitriptyline	29
CARTIA XT	22	chlorhexidine gluconate mouth/throat	41
carvedilol	22	chloroquine phosphate oral	67
CAYSTON	77	chlorpromazine hcl injection	29
cefaclor er	66	chlorpromazine hcl oral concentrate 100 mg/ml	29
cefaclor oral capsule	66	chlorpromazine hcl oral concentrate 30 mg/ml	29
cefaclor oral suspension reconstituted 250 mg/5ml	66	chlorpromazine hcl oral tablet	29
cefadroxil	66	chlorthalidone oral tablet 25 mg, 50 mg	22
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg	66	chlorzoxazone oral tablet 500 mg	29
cefazolin sodium intravenous solution reconstituted 1 gm	67	cholestyramine light	22
cefazolin sodium-dextrose intravenous solution 3-4 gm/150ml-%	67	cholestyramine oral	22

CICLODAN EXTERNAL SOLUTION	41	CLINIMIX E/DEXTROSE (5/15)	45
<i>ciclopirox external</i>	41	CLINIMIX E/DEXTROSE (5/20)	45
<i>ciclopirox olamine external cream</i>	41	<i>clinimix e/dextrose (8/10)</i>	45
<i>ciclopirox olamine external suspension</i>	41	<i>clinimix e/dextrose (8/14)</i>	45
<i>cilostazol</i>	19	CLINIMIX/DEXTROSE (4.25/10)	45
CIMDUO	67	CLINIMIX/DEXTROSE (4.25/5)	45
<i>cimetidine hcl oral solution 300 mg/5ml</i>	51	CLINIMIX/DEXTROSE (5/15)	45
<i>cimetidine oral tablet 200 mg</i>	51	CLINIMIX/DEXTROSE (5/20)	45
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	51	<i>clinimix/dextrose (6/5)</i>	45
<i>cinacalcet hcl oral tablet 30 mg</i>	47	<i>clinimix/dextrose (8/10)</i>	45
<i>cinacalcet hcl oral tablet 60 mg</i>	47	<i>clinimix/dextrose (8/14)</i>	45
<i>cinacalcet hcl oral tablet 90 mg</i>	47	CLINISOL SF	45
CINRYZE	19	CLINOLIPID	45
CIPRO HC	76	<i>clobazam oral suspension 2.5 mg/ml</i>	29
<i>ciprofloxacin hcl ophthalmic</i>	75	<i>clobazam oral tablet 10 mg</i>	29
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	67	<i>clobazam oral tablet 20 mg</i>	29
<i>ciprofloxacin hcl oral tablet 750 mg</i>	67	<i>clobetasol propionate e</i>	41
<i>ciprofloxacin hcl otic</i>	76	<i>clobetasol propionate emulsion</i>	41
<i>ciprofloxacin in d5w</i>	67	<i>clobetasol propionate external cream 0.05 %</i>	41
<i>ciprofloxacin-dexamethasone</i>	76	<i>clobetasol propionate external foam</i>	41
<i>citalopram hydrobromide oral solution</i>	29	<i>clobetasol propionate external gel</i>	41
<i>citalopram hydrobromide oral tablet 10 mg</i>	29	<i>clobetasol propionate external lotion</i>	41
<i>citalopram hydrobromide oral tablet 20 mg</i>	29	<i>clobetasol propionate external ointment</i>	41
<i>citalopram hydrobromide oral tablet 40 mg</i>	29	<i>clobetasol propionate external shampoo</i>	41
CLARAVIS	41	<i>clobetasol propionate external solution</i>	41
<i>clarithromycin er</i>	67	CLODAN EXTERNAL SHAMPOO	41
<i>clarithromycin oral</i>	67	<i>clomipramine hcl oral</i>	29
<i>clemastine fumarate oral tablet 2.68 mg</i>	77	<i>clonazepam oral</i>	29
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/ 175ML	51	<i>clonidine hcl er oral tablet extended release 12 hour</i>	29
CLIMARA PRO	55	<i>clonidine hcl oral</i>	22
CLINDACIN	41	<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr</i>	22
<i>clindamycin hcl oral</i>	67	<i>clonidine transdermal patch weekly 0.3 mg/24hr</i> ...	22
<i>clindamycin palmitate hcl</i>	67	<i>clopidogrel bisulfate oral tablet 300 mg</i>	19
<i>clindamycin phos (once-daily)</i>	41	<i>clopidogrel bisulfate oral tablet 75 mg</i>	19
<i>clindamycin phos (twice-daily)</i>	41	<i>clorazepate dipotassium</i>	29
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</i>	41	<i>clotrimazole external cream</i>	41
<i>clindamycin phosphate external gel</i>	41	<i>clotrimazole external solution</i>	41
<i>clindamycin phosphate external lotion</i>	41	<i>clotrimazole mouth/throat troche</i>	42
<i>clindamycin phosphate external solution</i>	41	<i>clotrimazole-betamethasone</i>	42
<i>clindamycin phosphate external swab</i>	41	<i>clozapine oral tablet 100 mg</i>	29
<i>clindamycin phosphate in d5w</i>	67	<i>clozapine oral tablet 200 mg</i>	29
<i>clindamycin phosphate injection solution 300 mg/ 2ml, 600 mg/4ml</i>	67	<i>clozapine oral tablet 25 mg</i>	29
<i>clindamycin phosphate injection solution 900 mg/ 6ml</i>	68	<i>clozapine oral tablet 50 mg</i>	29
<i>clindamycin phosphate vaginal</i>	54	<i>clozapine oral tablet dispersible 100 mg</i>	29
<i>clindamycin-tretinoin</i>	41	<i>clozapine oral tablet dispersible 12.5 mg</i>	29
CLINIMIX E/DEXTROSE (2.75/5)	45	<i>clozapine oral tablet dispersible 150 mg</i>	29
CLINIMIX E/DEXTROSE (4.25/10)	45	<i>clozapine oral tablet dispersible 200 mg</i>	29
CLINIMIX E/DEXTROSE (4.25/5)	45	<i>clozapine oral tablet dispersible 25 mg</i>	29
		COARTEM	68
		COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG	29

COBENFY ORAL CAPSULE 50-20 MG	29	D	
COBENFY STARTER PACK	29	<i>dabigatran etexilate mesylate</i>	19
codeine sulfate oral tablet	10	<i>dalfampridine er</i>	29
colchicine oral capsule	10	<i>danazol oral</i>	56
colchicine oral tablet	10	<i>dantrolene sodium oral</i>	29
colchicine-probenecid	10	DANZITEN	13
colesevelam hcl	22	<i>dapagliflozin propanediol</i>	47
colestipol hcl	22	<i>dapsone oral</i>	68
colistimethate sodium (cba)	68	DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 ...	62
COMBIPATCH	55	<i>daptomycin intravenous solution reconstituted 500</i>	
COMBIVENT RESPIMAT	77	<i>mg</i>	68
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 &		<i>darifenacin hydrobromide er</i>	54
20 MG	13	<i>darunavir</i>	68
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG		DARZALEX FASPRO	13
& 80 MG	13	<i>dasatinib</i>	13
COMETRIQ (60 MG DAILY DOSE)	13	DASETTA 1/35 (28)	56
COMPRO	51	DASETTA 7/7/7	56
<i>constulose</i>	51	DAURISMO ORAL TABLET 100 MG	13
COPIKTRA	13	DAURISMO ORAL TABLET 25 MG	13
CORLANOR ORAL SOLUTION	22	DAYSEE	56
CORTIFOAM EXTERNAL	51	DEBLITANE	56
CORTISPORIN-TC	77	<i>deferasirox oral tablet 90 mg</i>	47
COSENTYX (300 MG DOSE)	62	<i>deferasirox oral tablet soluble</i>	47
COSENTYX SENSOREADY (300 MG)	62	<i>deferiprone</i>	47
COSENTYX SENSOREADY PEN	62	DELSTRIGO	68
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED		DELYLA	56
SYRINGE 150 MG/ML	62	<i>demeclocycline hcl oral</i>	68
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED		DENTA 5000 PLUS	42
SYRINGE 75 MG/0.5ML	62	DENTAGEL	42
COSENTYX UNOREADY	62	DEPO-SUBQ PROVERA 104 SUBCUTANEOUS	
COTELLIC	13	SUSPENSION PREFILLED SYRINGE	56
CREON	54	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100	
CRESEMBA ORAL	68	MG/ML	56
CRINONE	55	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200	
<i>cromolyn sodium inhalation</i>	77	MG/ML	56
<i>cromolyn sodium ophthalmic</i>	75	DESCOVY	68
<i>cromolyn sodium oral</i>	54	<i>desipramine hcl oral</i>	29
CROTAN	42	<i>desloratadine oral tablet</i>	78
CRYSELLE-28	55	<i>desloratadine oral tablet dispersible</i>	78
<i>cyclobenzaprine hcl oral tablet 10 mg</i>	29	<i>desmopressin ace spray refrig</i>	56
<i>cyclobenzaprine hcl oral tablet 5 mg</i>	29	<i>desmopressin acetate oral</i>	56
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	75	<i>desmopressin acetate spray</i>	56
<i>cyclophosphamide oral capsule</i>	13	<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01</i>	
CYCLOSET	47	<i>mg (21/5)</i>	56
<i>cyclosporine modified</i>	62	<i>desonide external cream</i>	42
<i>cyclosporine ophthalmic</i>	75	<i>desonide external lotion</i>	42
<i>cyclosporine oral capsule</i>	62	<i>desonide external ointment</i>	42
<i>cyproheptadine hcl oral syrup</i>	78	<i>desoximetasone external cream</i>	42
<i>cyproheptadine hcl oral tablet</i>	78	<i>desoximetasone external gel</i>	42
CYRED EQ	56	<i>desoximetasone external liquid</i>	42
CYSTAGON	54	<i>desoximetasone external ointment</i>	42
CYSTARAN	75	<i>desvenlafaxine er</i>	29

desvenlafaxine succinate er	29	diclofenac-misoprostol oral tablet delayed release	10
DEXAMETHASONE INTENSOL	56	dicloxacillin sodium	68
dexamethasone oral elixir	56	dicyclomine hcl oral capsule	51
dexamethasone oral solution	56	dicyclomine hcl oral solution 10 mg/5ml	51
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	56	dicyclomine hcl oral tablet 20 mg	51
dexamethasone oral tablet 2 mg, 4 mg, 6 mg	56	DIFICID	68
dexamethasone oral tablet therapy pack	56	diflorasone diacetate external	42
dexamethasone sod phos +rfid	56	diflunisal oral	10
dexamethasone sod phosphate pf injection solution	56	difluprednate	75
dexamethasone sodium phosphate injection	56	digox oral tablet 125 mcg	22
dexamethasone sodium phosphate ophthalmic	75	digox oral tablet 250 mcg	22
dexlansoprazole	51	digoxin oral solution	22
dexmethylphenidate hcl	29	digoxin oral tablet 125 mcg	22
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	29-30	digoxin oral tablet 250 mcg	22
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg	30	digoxin oral tablet 62.5 mcg	22
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	30	dihydroergotamine mesylate injection	30
dextroamphetamine sulfate oral solution	30	dihydroergotamine mesylate nasal	30
dextroamphetamine sulfate oral tablet 10 mg	30	DILANTIN ORAL CAPSULE 30 MG	30
dextroamphetamine sulfate oral tablet 5 mg	30	dilt-xr	22
dextrose 5%/electrolyte #48	45	diltiazem hcl er beads	22
dextrose intravenous solution 10 %, 5 %	45	diltiazem hcl er coated beads oral capsule extended release 24 hour	22
dextrose intravenous solution 250 mg/ml	45	diltiazem hcl er oral capsule extended release 12 hour	22
dextrose-nacl intravenous solution 5-0.9 %	45	diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	22
dextrose-sodium chloride intravenous solution 10-0.2 %	45	diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	22
dextrose-sodium chloride intravenous solution 10-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.33 %, 5-0.45 %, 5-0.9 %	45	diltiazem hcl intravenous solution reconstituted	22
DIACOMIT ORAL CAPSULE 250 MG	30	diltiazem hcl oral tablet	22
DIACOMIT ORAL CAPSULE 500 MG	30	dimethyl fumarate oral capsule delayed release 120 mg	30
DIACOMIT ORAL PACKET 250 MG	30	dimethyl fumarate oral capsule delayed release 240 mg	30
DIACOMIT ORAL PACKET 500 MG	30	dimethyl fumarate starter pack oral capsule delayed release therapy pack	30
diazepam injection	30	diphenhydramine hcl injection	78
DIAZEPAM INTENSOL	30	diphenoxylate-atropine oral liquid	52
diazepam oral concentrate	30	diphenoxylate-atropine oral tablet 2.5-0.025 mg	52
diazepam oral solution 5 mg/5ml	30	dipyridamole oral	19
diazepam oral tablet 10 mg	30	disopyramide phosphate oral	22
diazepam oral tablet 2 mg	30	disulfiram oral	30
diazepam oral tablet 5 mg	30	divalproex sodium er oral tablet extended release 24 hour	30
diazepam rectal	30	divalproex sodium oral capsule delayed release sprinkle	30
diazoxide oral	47	divalproex sodium oral tablet delayed release	30
diclofenac potassium oral tablet 50 mg	10	dofetilide	22
diclofenac sodium er	10	DOLISHALE	56
diclofenac sodium external gel 3 %	42	donepezil hcl oral tablet 10 mg, 5 mg	30
diclofenac sodium external solution 1.5 %	10	donepezil hcl oral tablet 23 mg	30
diclofenac sodium ophthalmic	75		
diclofenac sodium oral	10		

<i>donepezil hcl oral tablet dispersible</i>	30	<i>dutasteride-tamsulosin hcl</i>	54
<i>dorzolamide hcl ophthalmic</i>	75	DYSPORT	31
<i>dorzolamide hcl-timolol mal</i>	75	E	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution</i>		E.E.S. 400 ORAL TABLET	68
<i>2-0.5 %</i>	75	<i>econazole nitrate external cream</i>	42
DOTTI	56	EDURANT	68
DOVATO	68	EDURANT PED	68
<i>doxazosin mesylate oral</i>	22	<i>efavirenz oral tablet</i>	68
<i>doxepin hcl oral capsule</i>	30	<i>efavirenz-emtricitab-tenofo df</i>	68
<i>doxepin hcl oral concentrate</i>	30	<i>efavirenz-lamivudine-tenofovir</i>	68
<i>doxepin hcl oral tablet</i>	30	EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	45
<i>doxercalciferol oral</i>	47	EGRIFTA SV	56
<i>doxorubicin hcl liposomal intravenous</i>		<i>eletriptan hydrobromide</i>	31
<i>suspension</i>	13	ELIGARD SUBCUTANEOUS KIT 22.5 MG, 7.5 MG	13
DOXY 100	68	ELIGARD SUBCUTANEOUS KIT 30 MG, 45 MG	13
<i>doxycycline hyclate intravenous</i>	68	ELINEST	56
<i>doxycycline hyclate oral capsule</i>	68	ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	68	PACK	19
<i>doxycycline monohydrate oral capsule 100 mg, 50</i>		ELIQUIS ORAL TABLET	19
<i>mg</i>	68	ELIXOPHYLLIN	78
<i>doxycycline monohydrate oral suspension</i>		ELMIRON	54
<i>reconstituted</i>	68	<i>eltrombopag olamine oral packet 12.5 mg</i>	19
<i>doxycycline monohydrate oral tablet</i>	68	<i>eltrombopag olamine oral packet 25 mg</i>	19
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE		<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg</i> ...	19
SPRINKLE 20 MG, 60 MG	30-31	<i>eltrombopag olamine oral tablet 50 mg</i>	19
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE		<i>eltrombopag olamine oral tablet 75 mg</i>	19
SPRINKLE 30 MG, 40 MG	31	ELURYNG	56
<i>dronabinol</i>	52	EMEND ORAL SUSPENSION RECONSTITUTED	52
<i>drospiren-eth estrad-levomefol</i>	56	EMGALITY	31
<i>drospirenone-ethinyl estradiol</i>	56	EMGALITY (300 MG DOSE)	31
DROXIA	19	EMSAM	31
<i>droxidopa oral capsule 100 mg</i>	22	<i>emtricitab-rlpivir-tenofov df</i>	68
<i>droxidopa oral capsule 200 mg, 300 mg</i>	22	<i>emtricitabine</i>	68
DULERA	78	<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-</i>	
<i>duloxetine hcl oral capsule delayed release particles</i>		<i>200 mg, 167-250 mg</i>	68
<i>20 mg</i>	31	<i>emtricitabine-tenofovir df oral tablet 200-300</i>	
<i>duloxetine hcl oral capsule delayed release particles</i>		<i>mg</i>	68
<i>30 mg</i>	31	EMTRIVA ORAL SOLUTION	68
<i>duloxetine hcl oral capsule delayed release particles</i>		EMZAHH	56
<i>40 mg</i>	31	<i>enalapril maleate oral tablet</i>	22
<i>duloxetine hcl oral capsule delayed release particles</i>		<i>enalapril-hydrochlorothiazide oral tablet 10-25</i>	
<i>60 mg</i>	31	<i>mg</i>	22
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR		<i>enalapril-hydrochlorothiazide oral tablet 5-12.5</i>	
200 MG/1.14ML	42	<i>mg</i>	22
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR		ENBREL MINI	62
300 MG/2ML	42	ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML ...	62
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED		ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	
SYRINGE 200 MG/1.14ML	42	25 MG/0.5ML	62
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED		ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	
SYRINGE 300 MG/2ML	42	50 MG/ML	62
<i>duramorph</i>	10	ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-	
<i>dutasteride oral</i>	54	INJECTOR	62

ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	10	erlotinib hcl oral tablet 25 mg	13
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	62	ERRIN	56
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	62	ertapenem sodium	68
ENILLORING	56	ery	42
enoxaparin sodium injection solution 300 mg/3ml	19	ERY-TAB	68
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml	19	ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	68
enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml	19	erythromycin base oral	68
enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml	19	erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	69
enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml	19	erythromycin ethylsuccinate oral tablet	69
enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml	19	erythromycin external gel	42
ENPRESSE-28	56	erythromycin external solution	42
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	56	erythromycin lactobionate	69
entacapone	31	erythromycin ophthalmic	75
entecavir	68	erythromycin oral	69
ENTRESTO ORAL CAPSULE SPRINKLE	22	escitalopram oxalate oral solution 5 mg/5ml	31
enulose	52	escitalopram oxalate oral tablet 10 mg	31
ENVARUSUS XR	62	escitalopram oxalate oral tablet 20 mg	31
EPCLUSA ORAL PACKET 150-37.5 MG	68	escitalopram oxalate oral tablet 5 mg	31
EPCLUSA ORAL PACKET 200-50 MG	68	eslicarbazepine acetate oral tablet 200 mg, 400 mg	31
EPCLUSA ORAL TABLET 200-50 MG	68	eslicarbazepine acetate oral tablet 600 mg, 800 mg	31
EPCLUSA ORAL TABLET 400-100 MG	68	esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	52
EPIDIOLEX	31	esomeprazole sodium intravenous solution reconstituted 40 mg	52
epinastine hcl	75	ESTARYLLA	56
epinephrine injection solution 0.3 mg/0.3ml	78	estazolam	31
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	78	estradiol oral	56
EPITOL	31	estradiol transdermal patch twice weekly	56
eplerenone	22	estradiol transdermal patch weekly	56
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	20	estradiol vaginal	56
EPRONTIA	31	estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	56
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG	31	estradiol-norethindrone acet	57
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG	31	eszopiclone	31
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG	31	ethambutol hcl oral	69
ERGOMAR	31	ethosuximide oral	31
ergotamine-caffeine	31	ethynodiol diac-eth estradiol	57
ERIVEDGE	13	etodolac er	10
ERLEADA ORAL TABLET 240 MG	13	etodolac oral	10
ERLEADA ORAL TABLET 60 MG	13	etonogestrel-ethinyl estradiol	57
erlotinib hcl oral tablet 100 mg, 150 mg	13	etravirine oral tablet 100 mg	69
		etravirine oral tablet 200 mg	69
		EUCRISA	42
		EULEXIN	13
		everolimus oral tablet 0.25 mg, 0.75 mg	62
		everolimus oral tablet 0.5 mg, 1 mg	62
		everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg ...	13
		everolimus oral tablet soluble	13

EVOTAZ	69	FIASP PENFILL	47
exemestane	13	FIASP PUMPCART	47
ezetimibe	22	finasteride oral tablet 5 mg	54
ezetimibe-simvastatin	23	fingolimod hcl	32
F		FINTEPLA	32
FALMINA	57	FINZALA	57
famciclovir oral tablet 125 mg, 250 mg	69	FIRDAPSE	32
famciclovir oral tablet 500 mg	69	FIRMAGON (240 MG DOSE)	13
famotidine (pf)	52	FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED	
famotidine intravenous solution 200 mg/20ml, 40 mg/		80 MG	13
4ml	52	FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/	
famotidine oral suspension reconstituted	52	ML	69
famotidine oral tablet 20 mg, 40 mg	52	FIRVANQ ORAL SOLUTION RECONSTITUTED 50 MG/	
famotidine premixed	52	ML	69
FANAPT ORAL TABLET 1 MG	31	FLAC	77
FANAPT ORAL TABLET 10 MG, 12 MG	31	flavoxate hcl	54
FANAPT ORAL TABLET 2 MG	31	flecainide acetate	23
FANAPT ORAL TABLET 4 MG	31	fluconazole in sodium chloride intravenous solution	
FANAPT ORAL TABLET 6 MG	31	200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	69
FANAPT ORAL TABLET 8 MG	31	fluconazole oral	69
FANAPT TITRATION PACK	31	flucytosine oral	69
FANAPT TITRATION PACK A	32	fludrocortisone acetate oral	57
FANAPT TITRATION PACK B ORAL TABLET	32	flunisolide nasal solution 25 mcg/act (0.025%)	78
FANAPT TITRATION PACK C ORAL TABLET	32	fluocinolone acetonide body	42
FARXIGA	47	fluocinolone acetonide external	42
FASENRA PEN	78	fluocinolone acetonide otic	77
FASENRA SUBCUTANEOUS SOLUTION PREFILLED		fluocinolone acetonide scalp	42
SYRINGE 10 MG/0.5ML	78	fluocinonide emulsified base	42
FASENRA SUBCUTANEOUS SOLUTION PREFILLED		fluocinonide external cream 0.05 %	42
SYRINGE 30 MG/ML	78	fluocinonide external cream 0.1 %	42
febuxostat	10	fluocinonide external gel	42
FEIRZA 1.5/30	57	fluocinonide external ointment	42
FEIRZA 1/20	57	fluocinonide external solution	42
felbamate oral suspension	32	fluorometholone ophthalmic	75
felbamate oral tablet	32	fluorouracil external cream 5 %	42
felodipine er	23	fluorouracil external solution	42
fenofibrate micronized oral capsule 130 mg, 134 mg,		fluoxetine hcl oral capsule 10 mg	32
200 mg, 43 mg, 67 mg	23	fluoxetine hcl oral capsule 20 mg	32
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	23	fluoxetine hcl oral capsule 40 mg	32
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54		fluoxetine hcl oral capsule delayed release	32
mg	23	fluoxetine hcl oral solution	32
fenofibric acid oral capsule delayed release	23	fluphenazine decanoate injection	32
fentanyl citrate buccal lozenge on a handle 1200 mcg,		fluphenazine hcl injection	32
1600 mcg, 200 mcg, 400 mcg, 800 mcg	10	fluphenazine hcl oral	32
fentanyl transdermal patch 72 hour 100 mcg/hr, 12		flurandrenolide external cream	42
mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	10	flurandrenolide external lotion	42
FERRIPROX ORAL SOLUTION	47	flurbiprofen oral tablet 100 mg	10
fesoterodine fumarate er	54	flurbiprofen sodium	75
FETZIMA	32	fluticasone propionate diskus inhalation aerosol	
FETZIMA TITRATION	32	powder breath activated 100 mcg/act, 50 mcg/	
FIASP FLEXTOUCH	47	act	78
FIASP INJECTION	47		

<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>	78	<i>gabapentin oral solution</i>	32
<i>fluticasone propionate external</i>	42	<i>gabapentin oral tablet 600 mg</i>	32
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	78	<i>gabapentin oral tablet 800 mg</i>	32
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	78	<i>galantamine hydrobromide er</i>	32
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	78	<i>galantamine hydrobromide oral solution</i>	32
<i>fluticasone propionate nasal</i>	78	<i>galantamine hydrobromide oral tablet</i>	32
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	78	GALBRIELA	57
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	78	GALLIFREY	57
<i>fluvastatin sodium</i>	23	GAMUNEX-C	62
<i>fluvastatin sodium er</i>	23	GARDASIL 9	62
<i>fluvoxamine maleate oral tablet 100 mg</i>	32	<i>gatifloxacin ophthalmic</i>	75
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	32	GATTEX	52
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	20	GAUZE STERILE PADS 2	74
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	20	GAVILYTE-C	52
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	20	GAVILYTE-G	52
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	20	GAVILYTE-N WITH FLAVOR PACK	52
<i>formoterol fumarate inhalation</i>	78	GAVRETO	14
FOSAMAX PLUS D	47	<i>gefitinib</i>	14
<i>fosamprenavir calcium</i>	69	<i>gemfibrozil oral</i>	23
<i>fosfomycin tromethamine</i>	69	GEMTESA	54
<i>fosinopril sodium</i>	23	<i>generlac</i>	52
<i>fosinopril sodium-hctz</i>	23	GENGRAF ORAL CAPSULE 100 MG, 25 MG	62
FOTIVDA	13	GENGRAF ORAL SOLUTION	62
<i>fraiche 5000 dental</i>	42	GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG	57
FRUZAQLA ORAL CAPSULE 1 MG	13	GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	57
FRUZAQLA ORAL CAPSULE 5 MG	14	GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG	57
FULPHILA	20	GENOTROPIN SUBCUTANEOUS CARTRIDGE 5 MG	57
<i>fulvestrant intramuscular solution prefilled syringe</i>	14	<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	69
<i>furosemide injection</i>	23	<i>gentamicin in saline intravenous solution 2-0.9 mg/ml-%</i>	69
<i>furosemide oral solution 10 mg/ml</i>	23	<i>gentamicin sulfate external</i>	43
<i>furosemide oral solution 8 mg/ml</i>	23	<i>gentamicin sulfate injection solution 40 mg/ml</i>	69
<i>furosemide oral tablet</i>	23	<i>gentamicin sulfate ophthalmic solution</i>	75
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	69	GENVOYA	69
FYAVOLV	57	GILENYA ORAL CAPSULE 0.25 MG	32
FYCOMPA ORAL SUSPENSION	32	GILOTRIF	14
G		<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	32
<i>gabapentin oral capsule 100 mg, 400 mg</i>	32	<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	32
<i>gabapentin oral capsule 300 mg</i>	32	GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	32
		GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	32
		GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	14
		GLEOSTINE ORAL CAPSULE 100 MG	14
		<i>glimepiride oral tablet 1 mg</i>	47

<i>glimepiride oral tablet 2 mg</i>	47	<i>halobetasol propionate external ointment</i>	43
<i>glimepiride oral tablet 4 mg</i>	47	HALOETTE	57
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	47	<i>haloperidol decanoate intramuscular</i>	32
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	47	<i>haloperidol lactate injection</i>	32
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	47	<i>haloperidol lactate oral</i>	33
<i>glipizide oral tablet 10 mg</i>	47	<i>haloperidol oral</i>	33
<i>glipizide oral tablet 2.5 mg</i>	47	HARVONI	69
<i>glipizide oral tablet 5 mg</i>	47	HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	62
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	47	HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	62
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	47	HEATHER	57
<i>glucagon emergency injection kit</i>	47	<i>heparin (porcine) in nacl intravenous solution 12500-0.45 ut/250ml-%, 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%</i>	20
<i>glucose (dextrose) intravenous solution 50 %</i>	45	<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	20
<i>glyburide micronized oral tablet 1.5 mg</i>	48	<i>heparin sodium (porcine) pf injection solution 1000 unit/ml</i>	20
<i>glyburide micronized oral tablet 3 mg</i>	48	HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	62
<i>glyburide micronized oral tablet 6 mg</i>	48	HERCEPTIN HYLECTA	14
<i>glyburide oral tablet 1.25 mg</i>	48	HERNEXEOS	14
<i>glyburide oral tablet 2.5 mg</i>	48	HIBERIX INJECTION	62
<i>glyburide oral tablet 5 mg</i>	48	HIDEX 6-DAY	57
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	48	HUMATROPE INJECTION CARTRIDGE	57
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	48	HUMIRA (1 PEN)	62
<i>glycopyrrolate injection solution</i>	52	HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	62
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	52	HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	62
GLYDO EXTERNAL PREFILLED SYRINGE	10	HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	62
GLYXAMBI	48	HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	62
GOMEKLI ORAL CAPSULE 1 MG	14	HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS AUTO-INJECTOR KIT	63
GOMEKLI ORAL CAPSULE 2 MG	14	HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	63
GOMEKLI ORAL TABLET SOLUBLE	14	HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	63
<i>granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml</i>	52	<i>hydralazine hcl injection</i>	23
<i>granisetron hcl oral</i>	52	<i>hydralazine hcl oral</i>	23
GRANIX	20	<i>hydrochlorothiazide oral</i>	23
<i>griseofulvin microsize oral</i>	69	<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	10
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	69	<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	10
<i>guanfacine hcl er</i>	32	<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	10
<i>guanfacine hcl oral</i>	23	<i>hydrocortisone (perianal) external cream 1 %</i>	43
GVOKE HYPOPEN 1-PACK	48	<i>hydrocortisone (perianal) external cream 2.5 %</i>	43
GVOKE HYPOPEN 2-PACK	48		
GVOKE KIT	48		
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	48		
H			
HAILEY 1.5/30	57		
HAILEY 24 FE	57		
HAILEY FE 1.5/30	57		
HAILEY FE 1/20	57		
<i>halobetasol propionate external cream</i>	43		

<i>hydrocortisone butyr lipo base</i>	43	<i>imiquimod external cream 5 %</i>	43
<i>hydrocortisone butyrate external cream</i>	43	<i>imkeldi</i>	14
<i>hydrocortisone butyrate external lotion</i>	43	IMOVAX RABIES INTRAMUSCULAR SUSPENSION	
<i>hydrocortisone butyrate external ointment</i>	43	RECONSTITUTED	63
<i>hydrocortisone butyrate external solution</i>	43	IMPAVIDO	69
<i>hydrocortisone external cream 1 %, 2.5 %</i>	43	IMVEXXY MAINTENANCE PACK	57
<i>hydrocortisone external lotion 2.5 %</i>	43	IMVEXXY STARTER PACK	57
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	43	INCASSIA	57
<i>hydrocortisone oral</i>	52	INCRELEX	57
<i>hydrocortisone rectal enema</i>	52	<i>indapamide oral</i>	23
<i>hydrocortisone valerate</i>	43	<i>indomethacin er</i>	10
<i>hydrocortisone-acetic acid</i>	77	<i>indomethacin oral capsule 25 mg, 50 mg</i>	10
<i>hydromorphone hcl oral liquid</i>	10	INFANRIX	63
<i>hydromorphone hcl oral tablet</i>	10	INLYTA ORAL TABLET 1 MG	14
<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml</i>	10	INLYTA ORAL TABLET 5 MG	14
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	69	INQOVI	14
<i>hydroxyurea oral</i>	14	INREBIC	14
<i>hydroxyzine hcl intramuscular</i>	78	<i>insulin aspart flexpen</i>	48
<i>hydroxyzine hcl oral syrup</i>	78	<i>insulin aspart injection</i>	48
<i>hydroxyzine hcl oral tablet</i>	78	<i>insulin aspart penfill</i>	48
<i>hydroxyzine pamoate oral</i>	78	INSULIN PEN NEEDLE: BD, EMBECTA	74
<i>hyoscyamine sulfate oral tablet</i>	52	INSULIN SYRINGE: BD, EMBECTA	74
<i>hyoscyamine sulfate oral tablet dispersible</i>	52	INTELENCE ORAL TABLET 25 MG	69
<i>hyoscyamine sulfate sublingual</i>	52	INTRALIPID INTRAVENOUS EMULSION 20 %	45
HYPERRAB	63	INTRALIPID INTRAVENOUS EMULSION 30 %	45
I		INTROVALE	57
<i>ibandronate sodium intravenous</i>	48	INVEGA HAFYERA INTRAMUSCULAR SUSPENSION	
<i>ibandronate sodium oral</i>	48	PREFILLED SYRINGE 1092 MG/3.5ML	33
IBRANCE	14	INVEGA HAFYERA INTRAMUSCULAR SUSPENSION	
IBTROZI	14	PREFILLED SYRINGE 1560 MG/5ML	33
<i>ibu oral tablet 400 mg, 600 mg</i>	10	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION	
<i>ibuprofen oral suspension</i>	10	PREFILLED SYRINGE 117 MG/0.75ML	33
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	10	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION	
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	20	PREFILLED SYRINGE 156 MG/ML	33
ICLEVIA	57	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION	
ICLUSIG	14	PREFILLED SYRINGE 234 MG/1.5ML	33
<i>icosapent ethyl</i>	23	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION	
IDHIFA ORAL TABLET 100 MG	14	PREFILLED SYRINGE 39 MG/0.25ML	33
IDHIFA ORAL TABLET 50 MG	14	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION	
IGALMI SUBLINGUAL FILM 120 MCG	74	PREFILLED SYRINGE 78 MG/0.5ML	33
IGALMI SUBLINGUAL FILM 180 MCG	74	INVEGA TRINZA INTRAMUSCULAR SUSPENSION	
ILEVRO	75	PREFILLED SYRINGE 273 MG/0.88ML	33
<i>imatinib mesylate oral tablet 100 mg</i>	14	INVEGA TRINZA INTRAMUSCULAR SUSPENSION	
<i>imatinib mesylate oral tablet 400 mg</i>	14	PREFILLED SYRINGE 410 MG/1.32ML	33
IMBRUVICA ORAL CAPSULE 140 MG	14	INVEGA TRINZA INTRAMUSCULAR SUSPENSION	
IMBRUVICA ORAL CAPSULE 70 MG	14	PREFILLED SYRINGE 546 MG/1.75ML	33
IMBRUVICA ORAL SUSPENSION	14	INVEGA TRINZA INTRAMUSCULAR SUSPENSION	
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	14	PREFILLED SYRINGE 819 MG/2.63ML	33
<i>imipenem-cilastatin</i>	69	INVELTYS	75
<i>imipramine hcl oral</i>	33	INVOKAMET	48
		INVOKAMET XR	48
		INVOKANA	48

I POL	63	JENTADUETO	48
<i>ipratropium bromide inhalation</i>	78	JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24	24
<i>ipratropium bromide nasal</i>	78	HOUR 2.5-1000 MG	48
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3)</i>	78	JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24	24
<i>mg/3ml</i>	78	HOUR 5-1000 MG	48
<i>irbesartan</i>	23	JEVTANA	14
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5</i>	23	JINTELI	57
<i>mg</i>	23	JOLESSA	57
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5</i>	23	JULEBER	57
<i>mg</i>	23	JULUCA	70
ISENTRESS HD	69	JUNEL 1.5/30	57
ISENTRESS ORAL PACKET	69	JUNEL 1/20	57
ISENTRESS ORAL TABLET	69	JUNEL FE 1.5/30	57
ISENTRESS ORAL TABLET CHEWABLE 100 MG	69	JUNEL FE 1/20	57
ISENTRESS ORAL TABLET CHEWABLE 25 MG	69	JUNEL FE 24	57
ISIBLOOM	57	JUST RIGHT 5000 DENTAL PASTE	43
ISOLYTE-P IN D5W	45	JYLAMVO	63
ISOLYTE-S	45	JYNNEOS	63
ISOLYTE-S PH 7.4	45	K	
<i>isoniazid oral syrup</i>	69	KAITLIB FE	57
<i>isoniazid oral tablet</i>	69	KALETRA ORAL SOLUTION	70
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5</i>	23	KALLIGA	57
<i>mg</i>	23	KALYDECO ORAL TABLET	78
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg,</i>	23	KARIVA	57
<i>5 mg</i>	23	<i>kcl (0.149%) in nacl intravenous solution 20-0.45 meq/l</i>	45
<i>isosorbide mononitrate</i>	23	<i>l-%</i>	45
<i>isosorbide mononitrate er</i>	23	<i>kcl in dextrose-nacl intravenous solution 10-5-0.45</i>	
<i>isotretinoin oral</i>	43	<i>meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.225 meq/l-%-%,</i>	
<i>isradipine</i>	23	<i>20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45</i>	
ITOVEBI ORAL TABLET 3 MG	14	<i>meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-</i>	
ITOVEBI ORAL TABLET 9 MG	14	<i>%</i>	45
<i>itraconazole oral capsule</i>	70	<i>kcl-lactated ringers-d5w</i>	45
<i>ivabradine hcl</i>	23	<i>kedrab injection</i>	63
<i>ivermectin oral</i>	70	KELNOR 1/35	57
IWILFIN	14	KELNOR 1/50	57
IXIARO	63	KERENDIA	48
J		<i>ketoconazole external cream</i>	43
JAIMESS	57	<i>ketoconazole external foam</i>	43
JAKAFI	14	<i>ketoconazole external shampoo 2 %</i>	43
<i>jantoven</i>	20	<i>ketoconazole oral</i>	70
JANUMET	48	KETODAN EXTERNAL FOAM	43
JANUMET XR ORAL TABLET EXTENDED RELEASE 24	48	<i>ketorolac tromethamine injection solution 15 mg/ml,</i>	
HOUR 100-1000 MG	48	<i>30 mg/ml</i>	10
JANUMET XR ORAL TABLET EXTENDED RELEASE 24	48	<i>ketorolac tromethamine intramuscular solution 60</i>	
HOUR 50-1000 MG, 50-500 MG	48	<i>mg/2ml</i>	10
JANUVIA	48	<i>ketorolac tromethamine ophthalmic</i>	75
JARDIANCE	48	<i>ketorolac tromethamine oral</i>	10
JASMIEL	57	KINRIX INTRAMUSCULAR SUSPENSION PREFILLED	
JAVYGTOR	54	SYRINGE	63
JAYPIRCA ORAL TABLET 100 MG	14	KIONEX COMBINATION	48
JAYPIRCA ORAL TABLET 50 MG	14	KISQALI (200 MG DOSE)	14
JENCYCLA	57	KISQALI (400 MG DOSE)	14

KISQALI (600 MG DOSE)	14	LEENA	58
KISQALI FEMARA (200 MG DOSE)	15	leflunomide oral	63
KISQALI FEMARA (400 MG DOSE)	15	lenalidomide oral capsule 10 mg	15
KISQALI FEMARA (600 MG DOSE)	15	lenalidomide oral capsule 15 mg, 2.5 mg, 20 mg, 25 mg	15
KLAYESTA	43	lenalidomide oral capsule 5 mg	15
KLOR-CON 10	45	LENVIMA (10 MG DAILY DOSE)	15
KLOR-CON M10	45	LENVIMA (12 MG DAILY DOSE)	15
KLOR-CON M15	45	LENVIMA (14 MG DAILY DOSE)	15
KLOR-CON M20	45	LENVIMA (18 MG DAILY DOSE)	15
KLOR-CON ORAL TABLET EXTENDED RELEASE	46	LENVIMA (20 MG DAILY DOSE)	15
KLOR-CON/EF	46	LENVIMA (24 MG DAILY DOSE)	15
KLOXXADO	33	LENVIMA (4 MG DAILY DOSE)	15
KOSELUGO	74	LENVIMA (8 MG DAILY DOSE)	15
KOURZEQ	43	LESSINA	58
KRAZATI	15	letrozole oral	15
KURVELO	57	leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 500 mg	15
KYLEENA	57	leucovorin calcium oral	15
L		LEUKERAN	15
l-glutamine oral packet	20	LEUKINE INJECTION SOLUTION RECONSTITUTED	20
labetalol hcl oral	23	leuprolide acetate (3 month)	15
lacosamide oral solution	33	leuprolide acetate injection	15
lacosamide oral tablet	33	levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	78-79
lactated ringers intravenous	46	levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml	79
lactulose encephalopathy oral solution 10 gm/15ml	52	levalbuterol tartrate	79
lactulose oral solution	52	levetiracetam er oral tablet extended release 24 hour 500 mg	33
lamivudine oral solution	70	levetiracetam er oral tablet extended release 24 hour 750 mg	33
lamivudine oral tablet 100 mg	70	levetiracetam oral solution	33
lamivudine oral tablet 150 mg	70	levetiracetam oral tablet	33
lamivudine oral tablet 300 mg	70	levo-t	58
lamivudine-zidovudine	70	levobunolol hcl ophthalmic solution 0.5 %	75
lamotrigine er	33	levocarnitine oral solution	46
lamotrigine oral tablet	33	levocarnitine oral tablet	46
lamotrigine oral tablet chewable	33	levocarnitine sf	46
lamotrigine oral tablet dispersible	33	levocetirizine dihydrochloride oral solution	79
lansoprazole oral capsule delayed release 15 mg	52	levocetirizine dihydrochloride oral tablet	79
lansoprazole oral capsule delayed release 30 mg	52	levofloxacin in d5w	70
LANTUS	48	levofloxacin intravenous	70
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	48	levofloxacin ophthalmic	75
lapatinib ditosylate	15	levofloxacin oral solution	70
LARIN 1.5/30	57	levofloxacin oral tablet	70
LARIN 1/20	57	LEVONEST	58
LARIN 24 FE	57	levonorg-eth estrad triphasic oral tablet 50-30/75-40/125-30 mcg	58
LARIN FE 1.5/30	58	levonorgest-eth est & eth est	58
LARIN FE 1/20	58	levonorgest-eth estrad 91-day	58
latanoprost ophthalmic	75	levonorgestrel-ethinyl estrad	58
LAYOLIS FE	58		
LAZCLUZE ORAL TABLET 240 MG	15		
LAZCLUZE ORAL TABLET 80 MG	15		

LEVORA 0.15/30 (28)	58	lorazepam oral tablet 0.5 mg	34
levothyroxine sodium oral tablet	58	lorazepam oral tablet 1 mg	34
LEVXYL	58	lorazepam oral tablet 2 mg	34
LIBERVANT	33	LORBRENA ORAL TABLET 100 MG	15
lidocaine external ointment 5 %	10	LORBRENA ORAL TABLET 25 MG	15
lidocaine external patch 5 %	10	LORYNA	58
lidocaine hcl (pf) injection solution 1 %	11	losartan potassium oral tablet 100 mg	23
lidocaine hcl external solution	11	losartan potassium oral tablet 25 mg, 50 mg	23
lidocaine hcl injection solution 0.5 %	11	losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg	23
lidocaine hcl mouth/throat	11	losartan potassium-hctz oral tablet 50-12.5 mg	23
lidocaine hcl urethral/mucosal	11	LOTEMAX OPHTHALMIC OINTMENT	75
lidocaine viscous hcl	11	LOTEMAX SM	75
lidocaine-prilocaine external cream	11	loteprednol etabonate ophthalmic gel	75
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	58	loteprednol etabonate ophthalmic suspension 0.2 %	75
linezolid in sodium chloride	70	loteprednol etabonate ophthalmic suspension 0.5 %	75
linezolid intravenous solution 600 mg/300ml	70	lovastatin oral	23
linezolid oral suspension reconstituted	70	LOW-OGESTREL	58
linezolid oral tablet	70	loxapine succinate oral	34
LINZESS	52	lubiprostone	52
LIOMNY	58	luliconazole	43
liothyronine sodium intravenous	58	LUMAKRAS ORAL TABLET 120 MG	15
liothyronine sodium oral	58	LUMAKRAS ORAL TABLET 240 MG	15
liraglutide	48	LUMAKRAS ORAL TABLET 320 MG	15
lisinopril oral	23	LUMIGAN OPHTHALMIC SOLUTION 0.01 %	75
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	23	LUPRON DEPOT (1-MONTH)	15
lisinopril-hydrochlorothiazide oral tablet 20-25 mg	23	LUPRON DEPOT (3-MONTH)	15
lithium	33	LUPRON DEPOT (4-MONTH)	15
lithium carbonate er	33	LUPRON DEPOT (6-MONTH)	15
lithium carbonate oral capsule 150 mg, 300 mg	33	LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	58
lithium carbonate oral capsule 600 mg	33	lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg	34
lithium carbonate oral tablet	33	lurasidone hcl oral tablet 80 mg	34
LIVTENCITY	70	LUTERA	58
LO-ZUMANDIMINE	58	LYBALVI	34
LOESTRIN 1.5/30 (21)	58	LYLEQ	58
LOESTRIN 1/20 (21)	58	LYNPARZA ORAL TABLET	15
LOESTRIN FE 1.5/30	58	LYSODREN	15
LOESTRIN FE 1/20	58	LYTGOBI (12 MG DAILY DOSE)	15
LOJAIMIESS	58	LYTGOBI (16 MG DAILY DOSE)	15
LOKELMA ORAL PACKET 10 GM	48	LYTGOBI (20 MG DAILY DOSE)	15
LOKELMA ORAL PACKET 5 GM	48	LYZA	58
LONSURF	15	M	
loperamide hcl oral capsule	52	M-M-R II INJECTION	63
lopinavir-ritonavir oral solution	70	magnesium sulfate injection solution 50 %, 50 % (10ml syringe)	46
lopinavir-ritonavir oral tablet 100-25 mg	70	magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml	46
lopinavir-ritonavir oral tablet 200-50 mg	70	malathion external	43
lorazepam injection	33		
LORAZEPAM INTENSOL	34		
lorazepam oral concentrate 1 mg/0.5ml	34		
lorazepam oral concentrate 2 mg/ml	34		

maraviroc	70	metformin hcl er oral tablet extended release 24 hour	
marlissa	58	500 mg	49
MARPLAN	34	metformin hcl er oral tablet extended release 24 hour	
MATULANE	16	750 mg	49
MATZIM LA	23	metformin hcl oral tablet 1000 mg	49
MAVYRET ORAL PACKET	70	metformin hcl oral tablet 500 mg	49
MAVYRET ORAL TABLET	70	metformin hcl oral tablet 850 mg	49
MAXIDEX	75	methadone hcl oral solution	11
MAYZENT ORAL TABLET 0.25 MG	34	methadone hcl oral tablet	11
MAYZENT ORAL TABLET 1 MG, 2 MG	34	methazolamide oral	75
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK		methenamine hippurate	70
12 X 0.25 MG	34	methenamine mandelate oral	70
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK		METHERGINE ORAL	74
7 X 0.25 MG	34	methimazole oral	58
meclizine hcl oral tablet 12.5 mg, 25 mg	52	methocarbamol oral tablet 500 mg, 750 mg	34
medroxyprogesterone acetate intramuscular	58	methotrexate sodium (pf) injection solution 1 gm/	
medroxyprogesterone acetate oral	58	40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	63
mefloquine hcl	70	methotrexate sodium injection solution 250 mg/10ml,	
megestrol acetate oral suspension 40 mg/ml, 400		50 mg/2ml	63
mg/10ml, 800 mg/20ml	16	methotrexate sodium injection solution	
megestrol acetate oral tablet	16	reconstituted	63
MEKINIST ORAL SOLUTION RECONSTITUTED	16	methotrexate sodium oral	63
MEKINIST ORAL TABLET 0.5 MG	16	methoxsalen rapid	43
MEKINIST ORAL TABLET 2 MG	16	methscopolamine bromide oral	53
MEKTOVI	16	methsuximide	34
MELEYA	58	methyl dopa oral	24
meloxicam oral tablet	11	methylergonovine maleate oral	74
memantine hcl er	34	methylphenidate hcl er (cd)	34
memantine hcl oral solution 2 mg/ml	34	methylphenidate hcl er (la) oral capsule extended	
memantine hcl oral tablet 10 mg	34	release 24 hour 10 mg, 20 mg, 40 mg, 60 mg	34
memantine hcl oral tablet 28 x 5 mg & 21 x 10		methylphenidate hcl er (la) oral capsule extended	
mg	34	release 24 hour 30 mg	34
memantine hcl oral tablet 5 mg	34	methylphenidate hcl er (osm) oral tablet extended	
MENEST	58	release 18 mg, 27 mg, 54 mg	34
MENQUADFI INTRAMUSCULAR SOLUTION	63	methylphenidate hcl er (osm) oral tablet extended	
MENVEO	63	release 36 mg	34
meperidine hcl injection solution 25 mg/ml, 50 mg/		methylphenidate hcl er oral tablet extended	
ml	11	release	34
mercaptopurine oral suspension	16	methylphenidate hcl oral tablet	34
mercaptopurine oral tablet	16	methylprednisolone acetate injection suspension 40	
meropenem intravenous solution reconstituted 1 gm,		mg/ml, 80 mg/ml	58
500 mg	70	methylprednisolone oral	58
mesalamine er oral capsule extended release	52	methylprednisolone sodium succ injection solution	
mesalamine er oral capsule extended release 24		reconstituted 1000 mg, 125 mg, 40 mg	58
hour	52	metoclopramide hcl injection	53
mesalamine oral capsule delayed release	52	metoclopramide hcl oral solution 10 mg/10ml, 5 mg/	
mesalamine oral tablet delayed release 1.2 gm	53	5ml	53
mesalamine oral tablet delayed release 800 mg ...	53	metoclopramide hcl oral tablet	53
mesalamine rectal	53	metolazone	24
mesalamine-cleanser	53	metoprolol succinate er	24
mesna oral	16	metoprolol tartrate oral tablet 100 mg, 25 mg, 50	
		mg	24

metoprolol tartrate oral tablet 37.5 mg, 75 mg	24	morphine sulfate (pf) intravenous solution 1 mg/ml,	
metoprolol-hydrochlorothiazide	24	2 mg/ml	11
metronidazole external	43	morphine sulfate (pf) intravenous solution 10 mg/	
metronidazole intravenous solution 500 mg/		ml	11
100ml	70	morphine sulfate (pf) intravenous solution 8 mg/	
metronidazole oral	70	ml	11
metronidazole vaginal	54	morphine sulfate er oral capsule extended release	
metirosine	24	24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg,	
mexiletine hcl oral	24	80 mg	11
MIBELAS 24 FE	58	morphine sulfate er oral tablet extended release 100	
micafungin sodium	70	mg, 200 mg	11
miconazole 3 vaginal suppository	54	morphine sulfate er oral tablet extended release 15	
MICROGESTIN 1.5/30	58	mg, 30 mg, 60 mg	11
MICROGESTIN 1/20	58	morphine sulfate injection solution 2 mg/ml, 4 mg/	
MICROGESTIN FE 1.5/30	58	ml	11
MICROGESTIN FE 1/20	58	morphine sulfate intravenous solution 10 mg/ml, 50	
midazolam hcl oral	34	mg/ml	11
midodrine hcl	24	morphine sulfate intravenous solution 2 mg/ml, 4 mg/	
MIEBO	75	ml	11
mifepristone oral tablet 300 mg	58	morphine sulfate intravenous solution 8 mg/ml	11
MIGERGOT	34	morphine sulfate oral solution	11
miglitol	49	morphine sulfate oral tablet	11
miglustat	54	MOUNJARO SUBCUTANEOUS SOLUTION AUTO-	
MILI	58	INJECTOR	49
MIMVEY	58	MOVANTIK	53
minocycline hcl oral	70	moxifloxacin hcl (2x day)	75
minoxidil oral	24	moxifloxacin hcl in nacl	70
mirabegron er	54	moxifloxacin hcl ophthalmic solution	75
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE		moxifloxacin hcl oral	70
20 MCG/DAY	58-59	MRESVIA	63
mirtazapine oral tablet 15 mg, 30 mg, 7.5 mg	34	MULTAQ	24
mirtazapine oral tablet 45 mg	34	multiple electro type 1 ph 5.5	46
mirtazapine oral tablet dispersible	34	multiple electro type 1 ph 7.4	46
misoprostol oral	53	mupirocin calcium	43
modafinil oral tablet 100 mg	35	mupirocin external	43
modafinil oral tablet 200 mg	35	mycophenolate mofetil oral capsule	63
MODEYSO	16	mycophenolate mofetil oral suspension	
moexipril hcl	24	reconstituted	63
molindone hcl	35	mycophenolate mofetil oral tablet	63
mometasone furoate external	43	mycophenolate sodium	63
mometasone furoate nasal	79	mycophenolic acid oral tablet delayed release 180	
MONDOXYNE NL ORAL CAPSULE 100 MG	70	mg, 360 mg	63
MONO-LINYAH	59	MYHIBBIN	63
montelukast sodium oral	79	N	
morphine sulfate (concentrate) oral solution 100 mg/		na sulfate-k sulfate-mg sulf	53
5ml	11	nabumetone oral	11
morphine sulfate (pf) injection solution 0.5 mg/ml, 1		nadolol oral tablet 20 mg, 40 mg, 80 mg	24
mg/ml	11	nafcillin sodium injection solution reconstituted 1 gm,	
morphine sulfate (pf) injection solution 10 mg/ml, 4		2 gm	70
mg/ml, 5 mg/ml	11	nafcillin sodium intravenous solution reconstituted	
morphine sulfate (pf) injection solution 8 mg/ml	11	10 gm	70
		naftifine hcl external cream	43

<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	35	<i>nicardipine hcl oral</i>	24
<i>naloxone hcl injection solution cartridge</i>	35	NICOTROL NS	35
<i>naloxone hcl injection solution prefilled syringe</i>	35	<i>nifedipine er</i>	24
<i>naloxone hcl nasal</i>	35	<i>nifedipine er osmotic release</i>	24
<i>naltrexone hcl oral</i>	35	<i>nifedipine oral</i>	24
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	35	NIKKI	59
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	35	<i>nilotinib hcl</i>	16
<i>naproxen dr oral tablet delayed release 500 mg</i>	11	<i>nilutamide</i>	16
<i>naproxen oral suspension</i>	11	<i>nimodipine oral capsule</i>	24
<i>naproxen oral tablet</i>	11	NINLARO	16
<i>naproxen oral tablet delayed release</i>	11	<i>nisoldipine er</i>	24
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	11	<i>nitazoxanide oral</i>	71
<i>naratriptan hcl</i>	35	<i>nitisinone</i>	54
NATACYN	75	NITRO-BID	24
<i>nateglinide oral tablet 120 mg</i>	49	<i>nitrofurantoin macrocrystal oral</i>	71
<i>nateglinide oral tablet 60 mg</i>	49	<i>nitrofurantoin monohyd macro</i>	71
NAYZILAM	35	<i>nitrofurantoin oral suspension 50 mg/10ml</i>	71
<i>nebivolol hcl</i>	24	<i>nitroglycerin intravenous</i>	24
NECON 0.5/35 (28)	59	<i>nitroglycerin rectal</i>	43
<i>nefazodone hcl</i>	35	<i>nitroglycerin sublingual</i>	24
NEO-POLYCIN	75	<i>nitroglycerin transdermal patch 24 hour</i>	24
NEO-POLYCIN HC	76	<i>nitroglycerin translingual solution</i>	24
<i>neomycin sulfate oral</i>	70	NIVESTYM INJECTION SOLUTION	20
<i>neomycin-bacitracin zn-polymyx</i>	76	<i>nizatidine oral capsule</i>	53
<i>neomycin-polymyxin b gu</i>	74	NORA-BE	59
<i>neomycin-polymyxin-dexameth</i>	76	NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION PEN-INJECTOR	59
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	76	<i>norelgestromin-eth estradiol</i>	59
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	76	<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	59
<i>neomycin-polymyxin-hc otic</i>	77	<i>norethin ace-eth estrad-fe oral tablet chewable</i>	59
NERLYNX	16	<i>norethin-eth estradiol-fe</i>	59
NEULASTA ONPRO	20	<i>norethindron-ethinyl estrad-fe</i>	59
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	20	<i>norethindrone acet-ethinyl est oral tablet</i>	59
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	20	<i>norethindrone acetate oral</i>	59
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	20	<i>norethindrone oral</i>	59
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	70	<i>norethindrone-eth estradiol</i>	59
<i>nevirapine oral suspension</i>	70	<i>norgestim-eth estrad triphasic</i>	59
<i>nevirapine oral tablet</i>	70	<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	59
NEXLETOL	24	NORLYROC	59
NEXLIZET	24	NORPACE CR	24
NEXPLANON	59	NORTREL 0.5/35 (28)	59
<i>niacin (antihyperlipidemic)</i>	24	NORTREL 1/35 (21)	59
<i>niacin er (antihyperlipidemic)</i>	24	NORTREL 1/35 (28)	59
<i>niacor</i>	24	NORTREL 7/7/7	59
		<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	35
		<i>nortriptyline hcl oral capsule 50 mg, 75 mg</i>	35
		<i>nortriptyline hcl oral solution</i>	35
		NORVIR ORAL PACKET	71
		NOVOLIN 70/30	49
		NOVOLIN 70/30 FLEXPEN	49

NOVOLIN 70/30 FLEXPEN RELION	49	NYSTOP	43
NOVOLIN 70/30 RELION	49	●	
NOVOLIN N	49	OCELLA	59
NOVOLIN N FLEXPEN	49	OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML, 2.5 GM/50ML, 30 GM/300ML, 5 GM/100ML	63
NOVOLIN N FLEXPEN RELION	49	octreotide acetate injection solution 100 mcg/ml ...	59
NOVOLIN N RELION	49	octreotide acetate injection solution 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml	59
NOVOLIN R	49	octreotide acetate injection solution 500 mcg/ml	59
NOVOLIN R FLEXPEN	49	octreotide acetate intramuscular	59
NOVOLIN R FLEXPEN RELION	49	octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml	59
NOVOLIN R RELION	49	octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml	59
NOVOLOG 70/30 FLEXPEN RELION	49	ODEFSEY	71
NOVOLOG FLEXPEN RELION	49	ODOMZO	16
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	49	OFEV	79
NOVOLOG INJECTION	49	ofloxacin ophthalmic	76
NOVOLOG MIX 70/30	49	ofloxacin oral tablet 300 mg, 400 mg	71
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	49	ofloxacin otic	77
NOVOLOG MIX 70/30 RELION	49	OGSIVEO ORAL TABLET 100 MG, 150 MG	16
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	49	OGSIVEO ORAL TABLET 50 MG	16
NOVOLOG RELION INJECTION	49	OJEMDA ORAL SUSPENSION RECONSTITUTED	16
NOVOPEN ECHO	74	OJEMDA ORAL TABLET	16
NP THYROID	59	OJJAARA	16
NUBEQA	16	olanzapine intramuscular	35
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	79	olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg	35
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	79	olanzapine oral tablet 20 mg	35
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	79	olanzapine oral tablet dispersible	35
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	79	olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg	35
NUEDEXTA	35	olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg	35
NUPLAZID ORAL CAPSULE	35	olmesartan medoxomil oral tablet 20 mg, 40 mg ...	24
NUPLAZID ORAL TABLET 10 MG	35	olmesartan medoxomil oral tablet 5 mg	24
NURTEC	35	olmesartan medoxomil-hctz oral tablet 20-12.5 mg	24
NUTRILIPID	46	olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg	24
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	59	olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg	24
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	59	olmesartan-amlodipine-hctz oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	24
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	59	olopatadine hcl nasal	79
NUZYRA ORAL	71	olopatadine hcl ophthalmic	76
NYAMYC	43	omega-3-acid ethyl esters	24
NYLIA 1/35	59	omeprazole oral capsule delayed release	53
NYLIA 7/7/7	59	OMNIPOD 5 DEXG7G6 INTRO GEN 5	74
nystatin external	43	OMNIPOD 5 DEXG7G6 PODS GEN 5	74
nystatin mouth/throat	43	OMNIPOD 5 G7 INTRO (GEN 5)	74
nystatin oral tablet	71		
nystatin-triamcinolone	43		

OMNIPOD 5 G7 PODS (GEN 5)	74	<i>oxybutynin chloride er oral tablet extended release</i>	
OMNIPOD 5 LIBRE2 G6 INTRO G5	74	24 hour 5 mg	54
OMNIPOD 5 LIBRE2 PLUS G6 PODS	74	<i>oxybutynin chloride oral solution</i>	54
OMNIPOD CLASSIC PODS (GEN 3)	74	<i>oxybutynin chloride oral tablet 2.5 mg</i>	55
OMNIPOD DASH INTRO (GEN 4)	74	<i>oxybutynin chloride oral tablet 5 mg</i>	55
OMNIPOD DASH PODS (GEN 4)	74	<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	12
OMNITROPE SUBCUTANEOUS SOLUTION		<i>oxycodone hcl oral solution</i>	12
CARTRIDGE	59	<i>oxycodone hcl oral tablet</i>	12
OMNITROPE SUBCUTANEOUS SOLUTION		<i>oxycodone-acetaminophen oral tablet 10-325 mg,</i>	
RECONSTITUTED	59-60	2.5-325 mg, 5-325 mg, 7.5-325 mg	12
<i>ondansetron hcl injection solution prefilled</i>		OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS	
<i>syringe</i>	53	SOLUTION PEN-INJECTOR 2 MG/3ML	49
<i>ondansetron hcl oral solution</i>	53	OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	53	INJECTOR 4 MG/3ML	49
<i>ondansetron oral tablet dispersible 16 mg</i>	53	OZEMPIC (2 MG/DOSE)	49
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	53	P	
ONUREG	16	<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	24
OPIPZA ORAL FILM 10 MG, 5 MG	35	<i>paliperidone er oral tablet extended release 24 hour</i>	
OPIPZA ORAL FILM 2 MG	35	1.5 mg, 3 mg, 9 mg	35
<i>opium</i>	53	<i>paliperidone er oral tablet extended release 24 hour</i>	
OPSUMIT	79	6 mg	35
ORALONE	43	PANRETIN	43
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125		<i>pantoprazole sodium intravenous</i>	53
MG	79	<i>pantoprazole sodium oral tablet delayed</i>	
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG,		release	53
1 MG, 2.5 MG, 5 MG	79	<i>paricalcitol oral</i>	49
ORGOVYX	16	<i>paroxetine hcl er oral tablet extended release 24 hour</i>	
ORKAMBI ORAL TABLET	79	12.5 mg	35
ORQUIDEA	60	<i>paroxetine hcl er oral tablet extended release 24 hour</i>	
ORSERDU ORAL TABLET 345 MG	16	25 mg, 37.5 mg	35
ORSERDU ORAL TABLET 86 MG	16	<i>paroxetine hcl oral suspension</i>	36
ORSYTHIA	60	<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	36
<i>oseltamivir phosphate oral capsule 30 mg</i>	71	<i>paroxetine hcl oral tablet 20 mg</i>	36
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	71	<i>paroxetine hcl oral tablet 30 mg</i>	36
<i>oseltamivir phosphate oral suspension</i>		PAXLOVID (150/100)	71
<i>reconstituted</i>	71	PAXLOVID (300/100 & 150/100)	71
OSPHENA	60	PAXLOVID (300/100)	71
OTEZLA ORAL TABLET	63	<i>pazopanib hcl</i>	16
OTEZLA ORAL TABLET THERAPY PACK	63	PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED	
<i>oxacillin sodium in dextrose intravenous solution 2</i>		SYRINGE	63
<i>gm/50ml</i>	71	PEDVAX HIB INTRAMUSCULAR SUSPENSION	63
<i>oxacillin sodium injection solution reconstituted 1 gm,</i>		<i>peg 3350-kcl-na bicarb-nacl</i>	53
<i>2 gm</i>	71	<i>peg-3350/electrolytes</i>	53
<i>oxaprozin oral tablet</i>	12	<i>peg-3350/electrolytes/ascorbat</i>	53
<i>oxazepam</i>	35	<i>peg-kcl-nacl-nasulf-na asc-c</i>	53
<i>oxcarbazepine oral suspension</i>	35	PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML ...	63
<i>oxcarbazepine oral tablet</i>	35	PEGASYS SUBCUTANEOUS SOLUTION PREFILLED	
<i>oxiconazole nitrate</i>	43	SYRINGE	63
OXISTAT EXTERNAL LOTION	43	PEMAZYRE	16
<i>oxybutynin chloride er oral tablet extended release</i>		PENBRAYA	64
24 hour 10 mg, 15 mg	54	<i>penciclovir</i>	43
		<i>penicillamine oral tablet</i>	55

penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml	71	PIQRAY (250 MG DAILY DOSE)	16
penicillin g potassium	71	PIQRAY (300 MG DAILY DOSE)	16
penicillin g sodium	71	pirfenidone oral tablet 267 mg	79
penicillin v potassium	71	pirfenidone oral tablet 534 mg, 801 mg	79
penmenvy	64	piroxicam oral	12
PENTACEL	64	pitavastatin calcium	24
pentamidine isethionate inhalation	71	PLENAMINE	46
pentamidine isethionate injection	71	PLENVU	53
pentazocine-naloxone hcl	12	pnv-dha	46
pentoxifylline er	20	podofilox external solution	44
perampanel	36	POLYCIN	76
perindopril erbumine	24	polymyxin b sulfate injection	71
PERIOGARD	43	polymyxin b-trimethoprim	76
permethrin external cream	43	POMALYST	16
perphenazine oral	36	PORTIA-28	60
perphenazine-amitriptyline	36	posaconazole oral suspension	71
PERSERIS	36	posaconazole oral tablet delayed release	71
PFIZERPEN INJECTION SOLUTION RECONSTITUTED 20000000 UNIT	71	potassium chloride crys er	46
phenelzine sulfate oral	36	potassium chloride er oral capsule extended release	46
phenobarbital oral elixir 20 mg/5ml	36	potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	46
phenobarbital oral elixir 30 mg/7.5ml, 60 mg/15ml	36	potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%	46
phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg, 64.8 mg, 97.2 mg	36	potassium chloride intravenous solution 10 meq/100ml, 20 meq/100ml, 40 meq/100ml	46
phenobarbital oral tablet 16.2 mg, 32.4 mg	36	potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)	46
PHENYTEK	36	potassium chloride oral packet	46
PHENYTOIN INFATABS	36	potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	46
phenytoin oral	36	potassium citrate er	55
phenytoin sodium extended	36	potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l	46
PHESGO	16	pramipexole dihydrochloride	36
PHILITH	60	pramipexole dihydrochloride er	36
PHOSPHOLINE IODIDE	76	prasugrel hcl	20
PHYSIOLYTE	74	pravastatin sodium	24
PIFELTRO	71	praziquantel oral	71
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	76	prazosin hcl oral	24
pilocarpine hcl oral	44	prednisolone acetate ophthalmic	76
pimecrolimus	44	prednisolone oral solution	60
pimozide	36	prednisolone sodium phosphate ophthalmic	76
PIMTREA	60	prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml	60
pindolol	24	prednisolone sodium phosphate oral tablet dispersible	60
pioglitazone hcl oral tablet 15 mg	49	PREDNISON INTENSOL	60
pioglitazone hcl oral tablet 30 mg	49	prednisone oral solution	60
pioglitazone hcl oral tablet 45 mg	49	prednisone oral tablet 1 mg	60
pioglitazone hcl-glimepiride	49	prednisone oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	60
pioglitazone hcl-metformin hcl	50		
piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm	71		
PIQRAY (200 MG DAILY DOSE)	16		

<i>prednisone oral tablet therapy pack 10 mg (21), 5 mg (21)</i>	60	<i>progesterone oral</i>	60
<i>prednisone oral tablet therapy pack 10 mg (48), 5 mg (48)</i>	60	PROGRAF INTRAVENOUS	64
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg</i>	36	PROGRAF ORAL PACKET	64
<i>pregabalin er oral tablet extended release 24 hour 330 mg</i>	36	PROLASTIN-C INTRAVENOUS SOLUTION	54
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	36	PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	50
<i>pregabalin oral capsule 200 mg</i>	36	<i>promethazine hcl injection</i>	53
<i>pregabalin oral capsule 225 mg, 300 mg</i>	36	<i>promethazine hcl oral solution</i>	53
<i>pregabalin oral solution</i>	36	<i>promethazine hcl oral tablet</i>	53
PREMARIN ORAL	60	PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	53
PREMARIN VAGINAL	60	<i>propafenone hcl</i>	25
PREMASOL INTRAVENOUS SOLUTION 10 %	46	<i>propafenone hcl er</i>	25
PREMPHASE	60	<i>proparacaine hcl ophthalmic</i>	76
PREMPRO	60	<i>propranolol hcl er</i>	25
<i>prenatal oral tablet 27-1 mg</i>	46	<i>propranolol hcl oral solution</i>	25
<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>	46	<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	25
PRENATAL VIT W/ IRON CARBONYL-FOLIC ACID	46	<i>propranolol hcl oral tablet 60 mg</i>	25
<i>prevalite</i>	24	<i>propylthiouracil oral</i>	60
PREVIDENT	44	PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	64
PREVIDENT 5000 BOOSTER PLUS	44	PROSOL	46
PREVIDENT 5000 DRY MOUTH DENTAL GEL	44	<i>protriptyline hcl</i>	36
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL	44	PULMICORT FLEXHALER	79
PREVIDENT 5000 KIDS	44	PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML ...	79
PREVIDENT 5000 ORTHO DEFENSE	44	PURIXAN	16
PREVIDENT 5000 PLUS	44	<i>pyrazinamide oral</i>	72
PREVIDENT 5000 SENSITIVE DENTAL GEL	44	<i>pyridostigmine bromide er oral tablet extended release</i>	36
PREVYMIS ORAL PACKET	71	<i>pyridostigmine bromide oral solution</i>	36
PREVYMIS ORAL TABLET	71	<i>pyridostigmine bromide oral tablet</i>	36
PREZCOBIX	71	<i>pyrimethamine oral</i>	72
PREZISTA ORAL SUSPENSION	71	Q	
PREZISTA ORAL TABLET 150 MG	71	QINLOCK	16
PREZISTA ORAL TABLET 75 MG	72	QUADRACEL	64
PRIFTIN	72	<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	36
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	72	<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	36
<i>primidone oral</i>	36	<i>quetiapine fumarate oral tablet 100 mg</i>	36
PRIORIX	64	<i>quetiapine fumarate oral tablet 150 mg</i>	36
<i>probenecid oral</i>	12	<i>quetiapine fumarate oral tablet 200 mg</i>	36
<i>prochlorperazine</i>	53	<i>quetiapine fumarate oral tablet 25 mg</i>	37
<i>prochlorperazine maleate oral</i>	53	<i>quetiapine fumarate oral tablet 300 mg</i>	37
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	20	<i>quetiapine fumarate oral tablet 400 mg</i>	37
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	20	<i>quetiapine fumarate oral tablet 50 mg</i>	37
PROCTO-MED HC EXTERNAL	44	<i>quinapril hcl</i>	25
PROCTOSOL HC EXTERNAL	44	<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	25
PROCTOZONE-HC EXTERNAL	44	<i>quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	25

<i>quinidine sulfate oral</i>	25	<i>rifabutin</i>	72
<i>quinine sulfate oral</i>	72	<i>rifampin intravenous</i>	72
QULIPTA	37	<i>rifampin oral</i>	72
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	79	<i>riluzole</i>	37
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	79	<i>rimantadine hcl</i>	72
R		RINVOQ	64
RABAVERT	64	RINVOQ LQ	64
<i>rabeprazole sodium oral tablet delayed release</i> ...	53	<i>risedronate sodium oral tablet 150 mg</i>	50
RALDESY	37	<i>risedronate sodium oral tablet 30 mg</i>	50
<i>raloxifene hcl</i>	60	<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	50
<i>ramelteon</i>	37	<i>risedronate sodium oral tablet 5 mg</i>	50
<i>ramipril</i>	25	<i>risedronate sodium oral tablet delayed release</i> ...	50
<i>ranolazine er</i>	25	<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg</i>	37
<i>rasagiline mesylate oral</i>	37	<i>risperidone microspheres er intramuscular suspension reconstituted er 50 mg</i>	37
RAVICTI	54	<i>risperidone oral solution</i>	37
RECLIPSEN	60	<i>risperidone oral tablet 0.25 mg</i>	37
RECOMBIVAX HB	64	<i>risperidone oral tablet 0.5 mg</i>	37
REGONOL INTRAVENOUS	37	<i>risperidone oral tablet 1 mg</i>	37
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	72	<i>risperidone oral tablet 2 mg</i>	37
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML, 8 MG/20ML ...	79	<i>risperidone oral tablet 3 mg, 4 mg</i>	37
<i>repaglinide oral tablet 0.5 mg</i>	50	<i>risperidone oral tablet dispersible 0.25 mg</i>	37
<i>repaglinide oral tablet 1 mg</i>	50	<i>risperidone oral tablet dispersible 0.5 mg</i>	37
<i>repaglinide oral tablet 2 mg</i>	50	<i>risperidone oral tablet dispersible 1 mg</i>	37
REPATHA	25	<i>risperidone oral tablet dispersible 2 mg</i>	37
REPATHA PUSHTRONEX SYSTEM	25	<i>risperidone oral tablet dispersible 3 mg</i>	37
REPATHA SURECLICK	25	<i>risperidone oral tablet dispersible 4 mg</i>	37
RESTASIS	76	<i>ritonavir</i>	72
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	76	RITUXAN HYCELA	17
RETEVMO ORAL CAPSULE 40 MG	16	<i>rivastigmine</i>	37
RETEVMO ORAL CAPSULE 80 MG	16	<i>rivastigmine tartrate</i>	37
RETEVMO ORAL TABLET 120 MG, 160 MG	16	RIVELSA	60
RETEVMO ORAL TABLET 40 MG	17	<i>rizatriptan benzoate</i>	37
RETEVMO ORAL TABLET 80 MG	17	ROCKLATAN	76
RETROVIR INTRAVENOUS	72	<i>roflumilast</i>	79
REVCovi	54	ROMVIMZA	17
REVUFORJ ORAL TABLET 110 MG	17	<i>ropinirole hcl</i>	37
REVUFORJ ORAL TABLET 160 MG	17	<i>ropinirole hcl er</i>	37
REVUFORJ ORAL TABLET 25 MG	17	<i>rosuvastatin calcium oral</i>	25
REXULTI	37	ROSYRAH	60
REYATAZ ORAL PACKET	72	ROTARIX ORAL SUSPENSION	64
REZDIFFRA	60	ROTATEQ ORAL SOLUTION	64
REZLIDHIA	17	ROWEEPRA ORAL TABLET 500 MG	37
REZUROCK	64	ROZLYTREK ORAL CAPSULE 100 MG	17
RHOPRESSA	76	ROZLYTREK ORAL CAPSULE 200 MG	17
<i>ribavirin oral capsule</i>	72	ROZLYTREK ORAL PACKET	17
<i>ribavirin oral tablet 200 mg</i>	72	RUBRACA	17
RIDAURA	64	<i>rufinamide oral suspension</i>	37
		<i>rufinamide oral tablet 200 mg</i>	37
		<i>rufinamide oral tablet 400 mg</i>	37

RUKOBIA	72	SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED	
RYBELSUS (FORMULATION R2) ORAL TABLET 1.5		SYRINGE KIT 20 MG/0.2ML	64
MG	50	SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED	
RYBELSUS (FORMULATION R2) ORAL TABLET 4 MG, 9		SYRINGE KIT 40 MG/0.4ML	64
MG	50	SIMLIYA	60
RYBELSUS ORAL TABLET 14 MG, 7 MG	50	SIMPESSE	60
RYBELSUS ORAL TABLET 3 MG	50	<i>simvastatin oral tablet</i>	25
RYDAPT	17	<i>sirolimus oral solution</i>	64
RYKINDO	37	<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	64
RYLAZE	17	<i>sirolimus oral tablet 2 mg</i>	64
S		SIRTURO	72
<i>sacubitril-valsartan oral tablet 24-26 mg</i>	25	SKYLA	60
<i>sacubitril-valsartan oral tablet 49-51 mg, 97-103</i>		SKYRIZI INTRAVENOUS	64
<i>mg</i>	25	SKYRIZI PEN	64
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED		SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180	
SYRINGE	20	MG/1.2ML	64
SANDIMMUNE ORAL SOLUTION	64	SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360	
SANTYL	44	MG/2.4ML	64
<i>sapropterin dihydrochloride oral packet</i>	54	SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED	
<i>sapropterin dihydrochloride oral tablet</i>	54	SYRINGE	64
SCEMBLIX ORAL TABLET 100 MG	17	<i>sodium bicarbonate intravenous solution 7.5 %</i>	46
SCEMBLIX ORAL TABLET 20 MG, 40 MG	17	<i>sodium chloride (pf)</i>	46
scopolamine	53	<i>sodium chloride injection solution 2.5 meq/ml</i>	46
SECUADO	37	<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3</i>	
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED		<i>%, 5 %</i>	46
SYRINGE 45 MG/0.5ML	64	<i>sodium chloride irrigation solution 0.9 %</i>	74
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED		<i>sodium fluoride 5000 plus</i>	44
SYRINGE 90 MG/ML	64	<i>sodium fluoride 5000 ppm dental cream</i>	44
<i>selegiline hcl oral</i>	37	<i>sodium fluoride 5000 ppm dental gel</i>	44
<i>selenium sulfide external lotion</i>	44	<i>sodium fluoride dental cream</i>	44
SELZENTRY ORAL SOLUTION	72	<i>sodium fluoride dental gel 1.1 %</i>	44
SEREVENT DISKUS INHALATION AEROSOL POWDER		<i>sodium fluoride mouth/throat</i>	44
BREATH ACTIVATED 50 MCG/ACT	79	<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	46
<i>sertraline hcl oral concentrate</i>	37	<i>sodium fluoride oral tablet chewable</i>	46
<i>sertraline hcl oral tablet 100 mg</i>	38	<i>sodium oxybate</i>	38
<i>sertraline hcl oral tablet 25 mg</i>	38	<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	54
<i>sertraline hcl oral tablet 50 mg</i>	38	<i>sodium phenylbutyrate oral tablet</i>	54
SETLAKIN	60	<i>sodium polystyrene sulfonate oral powder</i>	50
<i>sf</i>	44	<i>solifenacin succinate</i>	55
<i>sf 5000 plus</i>	44	SOLQUA	50
SHAROBEL	60	SOLTAMOX	17
SHINGRIX INTRAMUSCULAR SUSPENSION		SOMAVERT	60
RECONSTITUTED 50 MCG/0.5ML	64	<i>sorafenib tosylate</i>	17
SIGNIFOR	60	<i>sotalol hcl (af) oral tablet 120 mg, 160 mg</i>	25
<i>sildenafil citrate intravenous</i>	79	<i>sotalol hcl (af) oral tablet 80 mg</i>	25
<i>sildenafil citrate oral tablet 20 mg</i>	79	<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg</i>	25
<i>silodosin</i>	55	<i>sotalol hcl oral tablet 80 mg</i>	25
<i>silver sulfadiazine external</i>	44	<i>spinosad</i>	44
SIMBRINZA	76	SPIRIVA HANDIHALER	79
SIMLANDI (1 PEN)	64	SPIRIVA RESPIMAT	79
SIMLANDI (1 SYRINGE)	64	<i>spironolactone oral tablet 100 mg, 50 mg</i>	25
SIMLANDI (2 PEN)	64	<i>spironolactone oral tablet 25 mg</i>	25

<i>spironolactone-hctz</i>	25	SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	50
SPRINTEC 28	60	SYMPAZAN ORAL FILM 10 MG, 20 MG	38
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG	38	SYMPAZAN ORAL FILM 5 MG	38
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	38	SYMTUZA	72
SPS (SODIUM POLYSTYRENE SULF)	50	SYNAGIS	74
SRONYX	60	SYNAREL	60
SSD (SILVER SULFADIAZINE)	44	SYNJARDY	50
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML ..	64	SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	50
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	64	SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	50
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	64	SYNTHROID	60
<i>sterile water for irrigation</i>	74	T	
STIOLTO RESPIMAT	79	TABLOID	17
STIVARGA	17	TABRECTA	17
<i>streptomycin sulfate intramuscular</i>	72	<i>tacrolimus external ointment</i>	44
STRIBILD	72	<i>tacrolimus oral</i>	64
SUBVENITE	38	<i>tadalafil (pah)</i>	80
<i>sucralfate oral</i>	53	<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	55
<i>sulfacetamide sodium (acne)</i>	44	TAFINLAR ORAL CAPSULE	17
<i>sulfacetamide sodium ophthalmic</i>	76	TAFINLAR ORAL TABLET SOLUBLE	17
<i>sulfacetamide-prednisolone ophthalmic solution</i> ..	76	<i>tafluprost (pf)</i>	76
<i>sulfadiazine oral</i>	72	TAGRISSO	17
<i>sulfamethoxazole-trimethoprim oral suspension</i>	72	TALZENNA	17
<i>sulfamethoxazole-trimethoprim oral tablet</i>	72	<i>tamoxifen citrate oral</i>	17
SULFAMYLON EXTERNAL CREAM	44	<i>tamsulosin hcl</i>	55
<i>sulfasalazine oral</i>	53	TARINA 24 FE	60
<i>sulindac oral tablet 150 mg</i>	12	TARINA FE 1/20 EQ	60
<i>sulindac oral tablet 200 mg</i>	12	<i>tasimelteon</i>	38
<i>sumatriptan nasal</i>	38	<i>tazarotene external cream 0.1 %</i>	44
<i>sumatriptan succinate oral</i>	38	<i>tazarotene external gel</i>	44
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	38	TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	72
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	38	TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM	72
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	38	TAZVERIK	17
<i>sunitinib malate</i>	17	TECENTRIQ HYBREZA	17
SUNLENCA ORAL TABLET	72	TECVAYLI	17
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG	72	TEFLARO	72
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	72	<i>telmisartan oral tablet 20 mg, 40 mg</i>	25
SUNLENCA SUBCUTANEOUS	72	<i>telmisartan oral tablet 80 mg</i>	25
SUNOSI	38	<i>telmisartan-amlodipine</i>	25
SUPREP BOWEL PREP KIT	53	<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg</i>	25
SYEDA	60	<i>telmisartan-hctz oral tablet 80-25 mg</i>	25
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	50	<i>temazepam oral capsule 15 mg, 30 mg</i>	38
		TENIVAC	64
		<i>tenofovir disoproxil fumarate</i>	72
		TEPMETKO	17
		<i>terazosin hcl oral</i>	25
		<i>terbinafine hcl oral</i>	72

<i>terbutaline sulfate injection</i>	80	<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	80
<i>terbutaline sulfate oral</i>	80	<i>tobramycin ophthalmic</i>	76
<i>terconazole</i>	55	<i>tobramycin sulfate injection solution</i>	72
<i>teriflunomide</i>	38	<i>tobramycin sulfate injection solution reconstituted</i>	73
<i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml</i>	50	<i>tobramycin-dexamethasone</i>	76
<i>testosterone cypionate intramuscular solution 100 mg/ml</i>	60	<i>tolcapone</i>	38
<i>testosterone cypionate intramuscular solution 200 mg/ml, 200 mg/ml (1 ml)</i>	60	<i>tolterodine tartrate</i>	55
<i>testosterone enanthate intramuscular solution</i>	60	<i>tolterodine tartrate er</i>	55
<i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i>	60	<i>tolvaptan oral tablet 15 mg (hyponatremia)</i>	50
<i>testosterone transdermal gel 10 mg/act (2%)</i>	60	<i>tolvaptan oral tablet 15 mg, 30 mg</i>	50
<i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	61	<i>tolvaptan oral tablet 30 mg (hyponatremia)</i>	50
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%)</i>	61	<i>topiramate oral capsule sprinkle</i>	38
<i>testosterone transdermal solution</i>	61	<i>topiramate oral solution</i>	38
<i>tetrabenazine oral tablet 12.5 mg</i>	38	<i>topiramate oral tablet</i>	38
<i>tetrabenazine oral tablet 25 mg</i>	38	<i>toremifene citrate</i>	17
<i>tetracycline hcl oral capsule</i>	72	<i>torsemide oral</i>	25
<i>THALOMID ORAL CAPSULE 100 MG</i>	17	<i>TOUJEO MAX SOLOSTAR</i>	50
<i>THALOMID ORAL CAPSULE 150 MG, 200 MG</i>	17	<i>TOUJEO SOLOSTAR</i>	50
<i>THALOMID ORAL CAPSULE 50 MG</i>	17	<i>TPN ELECTROLYTES INTRAVENOUS CONCENTRATE</i> ...	46
<i>THEO-24</i>	80	<i>TRACLEER ORAL TABLET SOLUBLE</i>	80
<i>theophylline er</i>	80	<i>TRADJENTA</i>	50
<i>theophylline oral</i>	80	<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour</i>	12
<i>thioridazine hcl oral</i>	38	<i>tramadol hcl er</i>	12
<i>thiothixene oral</i>	38	<i>tramadol hcl oral tablet 50 mg</i>	12
<i>TIADYLT ER</i>	25	<i>tramadol-acetaminophen</i>	12
<i>tiagabine hcl</i>	38	<i>trandolapril</i>	25
<i>TIBSOVO</i>	17	<i>trandolapril-verapamil hcl er</i>	25
<i>ticagrelor</i>	20	<i>tranexamic acid oral</i>	20
<i>TICOVAC</i>	65	<i>tranylcypromine sulfate</i>	38
<i>tigecycline</i>	72	<i>TRAVASOL</i>	47
<i>TILIA FE</i>	61	<i>travoprost (bak free)</i>	76
<i>timolol maleate (once-daily)</i>	76	<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	38
<i>TIMOLOL MALEATE OCUDOSE</i>	76	<i>trazodone hcl oral tablet 300 mg</i>	38
<i>timolol maleate ophthalmic gel forming solution</i>	76	<i>TRECTOR</i>	73
<i>timolol maleate ophthalmic solution 0.25 %</i>	76	<i>TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT</i>	80
<i>timolol maleate ophthalmic solution 0.5 %</i>	76	<i>TREMFYA CROHNS INDUCTION</i>	65
<i>timolol maleate oral</i>	25	<i>TREMFYA ONE-PRESS</i>	65
<i>timolol maleate pf ophthalmic solution 0.5 %</i>	76	<i>TREMFYA PEN</i>	65
<i>tinidazole oral</i>	72	<i>TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</i>	65
<i>tiopronin oral tablet</i>	55	<i>treprostinil</i>	80
<i>TIVICAY ORAL TABLET 50 MG</i>	72	<i>TRESIBA</i>	50
<i>TIVICAY PD</i>	72	<i>TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML</i>	50
<i>tizanidine hcl oral tablet</i>	38	<i>TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML</i>	51
<i>TOBRADEX OPHTHALMIC OINTMENT</i>	76	<i>tretinoin external cream</i>	44
<i>TOBRADEX ST</i>	76		

<i>tretinoin external gel 0.01 %, 0.025 %</i>	44	TRUMENBA	65
<i>tretinoin external gel 0.05 %</i>	44	TRUQAP	17
<i>tretinoin microsphere</i>	44	TUKYSA	17
<i>tretinoin microsphere pump</i>	44	TURALIO ORAL CAPSULE 125 MG	17
<i>tretinoin oral</i>	17	TURQOZ	61
TREXALL	65	TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED	
TRI-ESTARYLLA	61	SYRINGE	65
TRI-LEGEST FE	61	TYBOST	73
TRI-LINYAH	61	TYDEMY	61
TRI-LO-ESTARYLLA	61	TYENNE SUBCUTANEOUS	65
TRI-LO-MARZIA	61	TYMLOS	51
TRI-LO-MILI	61	TYPHIM VI	65
TRI-LO-SPRINTEC	61	TYVASO	80
TRI-MILI	61	TYVASO DPI INSTITUTIONAL KIT	80
TRI-NYMYO	61	TYVASO DPI MAINTENANCE KIT INHALATION POWDER	
TRI-SPRINTEC	61	16 MCG, 32 MCG, 48 MCG, 64 MCG	80
TRI-VYLIBRA	61	TYVASO DPI TITRATION KIT INHALATION POWDER 16	
TRI-VYLIBRA LO	61	& 32 & 48 MCG	80
<i>triamcinolone acetonide external cream</i>	44	TYVASO REFILL KIT	80
<i>triamcinolone acetonide external lotion</i>	44	TYVASO STARTER KIT	80
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	44	U	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	61	UBRELVY ORAL TABLET 100 MG	38
<i>triamcinolone acetonide mouth/throat</i>	44	UBRELVY ORAL TABLET 50 MG	38
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	25	UDENYCA	20
<i>triamterene-hctz oral tablet</i>	25	<i>umeclidinium-vilanterol</i>	80
<i>triazolam oral tablet 0.25 mg</i>	38	UNITHROID	61
TRIDERM EXTERNAL CREAM 0.5 %	45	UPTRAVI ORAL	80
<i>trientine hcl</i>	51	UPTRAVI TITRATION	80
<i>trifluoperazine hcl oral</i>	38	<i>ursodiol oral capsule 300 mg</i>	53
<i>trifluridine ophthalmic</i>	73	<i>ursodiol oral tablet</i>	53
<i>trihexyphenidyl hcl oral solution</i>	38	<i>ustekinumab subcutaneous solution</i>	65
<i>trihexyphenidyl hcl oral tablet</i>	38	<i>ustekinumab subcutaneous solution prefilled syringe 45 mg/0.5ml</i>	65
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	51	<i>ustekinumab subcutaneous solution prefilled syringe 90 mg/ml</i>	65
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	51	UZEDY SUBCUTANEOUS SUSPENSION PREFILLED	
TRIKAFTA ORAL TABLET THERAPY PACK	80	SYRINGE 100 MG/0.28ML	39
TRIKAFTA ORAL THERAPY PACK	80	UZEDY SUBCUTANEOUS SUSPENSION PREFILLED	
<i>trimethobenzamide hcl oral</i>	53	SYRINGE 125 MG/0.35ML	39
<i>trimethoprim oral</i>	73	UZEDY SUBCUTANEOUS SUSPENSION PREFILLED	
<i>trimipramine maleate oral</i>	38	SYRINGE 150 MG/0.42ML	39
TRINTELLIX	38	UZEDY SUBCUTANEOUS SUSPENSION PREFILLED	
TRIUMEQ	73	SYRINGE 200 MG/0.56ML	39
TRIUMEQ PD	73	UZEDY SUBCUTANEOUS SUSPENSION PREFILLED	
TRIVORA (28)	61	SYRINGE 250 MG/0.7ML	39
TROPHAMINE INTRAVENOUS SOLUTION 10 %	47	UZEDY SUBCUTANEOUS SUSPENSION PREFILLED	
<i>trospium chloride</i>	55	SYRINGE 50 MG/0.14ML	39
<i>trospium chloride er</i>	55	UZEDY SUBCUTANEOUS SUSPENSION PREFILLED	
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	51	SYRINGE 75 MG/0.21ML	39
		V	
		<i>valacyclovir hcl oral tablet 1 gm</i>	73
		<i>valacyclovir hcl oral tablet 500 mg</i>	73

VALCHLOR	45	VENCLEXTA ORAL TABLET 10 MG	18
valganciclovir hcl oral solution reconstituted	73	VENCLEXTA ORAL TABLET 100 MG	18
valganciclovir hcl oral tablet	73	VENCLEXTA ORAL TABLET 50 MG	18
valproic acid oral capsule	39	VENCLEXTA STARTING PACK	18
valproic acid oral solution	39	venlafaxine besylate er	39
valsartan oral tablet 160 mg	25	venlafaxine hcl	39
valsartan oral tablet 320 mg	26	venlafaxine hcl er oral capsule extended release 24 hour 150 mg	39
valsartan oral tablet 40 mg, 80 mg	26	venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg	39
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg	26	venlafaxine hcl er oral capsule extended release 24 hour 75 mg	39
valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg	26	venlafaxine hcl er oral tablet extended release 24 hour 225 mg	39
VALTOCO 10 MG DOSE	39	VENTAVIS	80
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	39	verapamil hcl er oral capsule extended release 24 hour	26
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	39	verapamil hcl er oral tablet extended release 120 mg	26
VALTOCO 5 MG DOSE	39	verapamil hcl er oral tablet extended release 180 mg, 240 mg	26
VALTYA 1/50	61	verapamil hcl oral	26
vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.25-5 gm/250ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%	73	VERQUVO	26
vancomycin hcl in nacl intravenous solution 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%	73	VERSACLOZ	39
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	73	VERZENIO	18
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 500 gm	73	VESTURA	61
vancomycin hcl intravenous solution reconstituted 1.25 gm, 1.5 gm, 750 mg	73	VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG	73
vancomycin hcl oral capsule 125 mg	73	VICTOZA SUBCUTANEOUS SOLUTION PEN- INJECTOR	51
vancomycin hcl oral capsule 250 mg	73	VIENVA	61
vancomycin hcl oral solution reconstituted 25 mg/ ml	73	vigabatrin oral packet	39
VANDAZOLE	55	vigabatrin oral tablet	39
VANFLYTA	17	VIGADRONE ORAL PACKET	39
VAQTA	65	VIGADRONE ORAL TABLET	39
varenicline tartrate (starter)	39	VIGPODER	39
varenicline tartrate oral tablet 0.5 mg	39	vilazodone hcl	39
varenicline tartrate oral tablet 1 mg, 1 mg (56 pack)	39	VIMKUNYA	65
varenicline tartrate(continue)	39	viorele	61
VARIVAX INJECTION	65	VIRACEPT ORAL TABLET 250 MG	73
VARIZIG INTRAMUSCULAR SOLUTION	65	VIRACEPT ORAL TABLET 625 MG	73
VAXCHORA	65	VIREAD ORAL POWDER	73
VECAMYL	26	VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	73
VELIVET	61	VITRAKVI ORAL CAPSULE 100 MG	18
VELTASSA ORAL PACKET 1 GM	51	VITRAKVI ORAL CAPSULE 25 MG	18
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	51	VITRAKVI ORAL SOLUTION	18
VELTASSA ORAL PACKET 8.4 GM	51	VIVOTIF	65
VEMLIDY	73	VIZIMPRO	18
		VOLNEA	61
		VONJO	18
		VORANIGO ORAL TABLET 10 MG	18
		VORANIGO ORAL TABLET 40 MG	18

<i>voriconazole intravenous</i>	73	XIFAXAN ORAL TABLET 550 MG	73
<i>voriconazole oral suspension reconstituted</i>	73	XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	
<i>voriconazole oral tablet 200 mg</i>	73	10-1000 MG, 10-500 MG, 5-500 MG	51
<i>voriconazole oral tablet 50 mg</i>	73	XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	
VOSEVI	73	2.5-1000 MG, 5-1000 MG	51
VOWST	53	XIIDRA	76
VRAYLAR ORAL CAPSULE	39	XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK	
VUMERITY	39	1 X 40 MG	74
VYFEMLA	61	XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK	
VYLIBRA	61	1 X 80 MG	74
VYNDAMAX	54	XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	
VYZULTA	76	150 MG/ML, 300 MG/2ML	80
W		XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	
<i>warfarin sodium oral</i>	20	75 MG/0.5ML	80
WELIREG	18	XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	
WERA	61	150 MG/ML, 300 MG/2ML	80
WINREVAIR	80	XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	
<i>wixela inhub inhalation aerosol powder breath</i>		75 MG/0.5ML	80
<i>activated 100-50 mcg/act, 250-50 mcg/act, 500-50</i>		XOLAIR SUBCUTANEOUS SOLUTION	
<i>mcg/act</i>	80	RECONSTITUTED	80
WYMZYA FE	61	XOSPATA	18
X		XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY	
XALKORI ORAL CAPSULE	18	PACK 50 MG	18
XALKORI ORAL CAPSULE SPRINKLE 150 MG	18	XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY	
XALKORI ORAL CAPSULE SPRINKLE 20 MG	18	PACK 10 MG	18
XALKORI ORAL CAPSULE SPRINKLE 50 MG	18	XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY	
XARAH FE	61	PACK 40 MG	18
XARELTO ORAL SUSPENSION RECONSTITUTED	20	XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY	
XARELTO ORAL TABLET 10 MG, 20 MG	20	PACK 40 MG	18
XARELTO ORAL TABLET 15 MG, 2.5 MG	21	XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY	
XARELTO STARTER PACK	21	PACK 60 MG	18
XATMEP	65	XPOVIO (60 MG TWICE WEEKLY)	18
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY		XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY	
PACK 100 & 150 MG	40	PACK 40 MG	18
XCOPRI (350 MG DAILY DOSE)	40	XPOVIO (80 MG TWICE WEEKLY)	18
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	40	XTANDI ORAL CAPSULE	18
XCOPRI ORAL TABLET 150 MG, 200 MG	40	XTANDI ORAL TABLET 40 MG	18
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG		XTANDI ORAL TABLET 80 MG	18
& 14 X 25 MG	40	XULANE	61
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG		Y	
& 14 X 200 MG, 14 X 50 MG & 14 X 100 MG ...	40	YARGESA	54
XDEMVI	76	YF-VAX	65
XELJANZ ORAL SOLUTION	65	<i>yuvaferm</i>	61
XELJANZ ORAL TABLET	65	Z	
XELJANZ XR	65	ZAFEMY	61
XELRIA FE	61	<i>zafirlukast</i>	80
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED		<i>zaleplon oral capsule 10 mg</i>	40
100 UNIT, 50 UNIT	40	<i>zaleplon oral capsule 5 mg</i>	40
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED		ZARXIO	21
200 UNIT	40	ZEJULA ORAL TABLET 100 MG	18
XERMELO	54	ZEJULA ORAL TABLET 200 MG, 300 MG	18
XGEVA	51	ZELBORAF	18

ZENATANE	45	<i>zolmitriptan nasal solution 2.5 mg</i>	40
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES		<i>zolmitriptan oral</i>	40
10000-32000 UNIT, 15000-47000 UNIT, 20000-63000		<i>zolpidem tartrate er</i>	40
UNIT, 3000-10000 UNIT, 5000-24000 UNIT	54	<i>zolpidem tartrate oral tablet</i>	40
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES		ZONISADE	40
25000-79000 UNIT, 40000-126000 UNIT, 60000-189600		<i>zonisamide oral</i>	40
UNIT	54	ZOVIA 1/35 (28)	61
<i>zidovudine oral capsule</i>	74	ZTALMY	40
<i>zidovudine oral syrup</i>	74	ZUMANDIMINE	61
<i>zidovudine oral tablet</i>	74	ZURZUVAE	40
ZIEXTENZO	21	ZYDELIG	18
<i>ziprasidone hcl oral capsule 20 mg</i>	40	ZYKADIA ORAL TABLET	19
<i>ziprasidone hcl oral capsule 40 mg</i>	40	ZYLET	76
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	40	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION	
<i>ziprasidone mesylate</i>	40	RECONSTITUTED 210 MG, 300 MG	40
ZIRGAN	74	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION	
<i>zoledronic acid intravenous concentrate</i>	51	RECONSTITUTED 405 MG	40
ZOLINZA	18		

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call the phone number on your member ID card or speak to your provider.

Spanish - ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia en otros idiomas. También puede obtener ayudas y servicios auxiliares adecuados gratuitos para proporcionar información en formatos accesibles. Llame al número de teléfono que figura en su tarjeta de identificación del miembro o hable con su proveedor.

Arabic - تنبيه: إذا كنت تتحدث العربية ، فإن خدمات المساعدة اللغوية المجانية متاحة لك. كما تتوفر مساعدات وخدمات مساعدة مناسبة لتوفير المعلومات بأشكال يسهل الوصول إليها مجانًا. اتصل على رقم الهاتف الموجود على بطاقة ID هوية العضو الخاصة بك أو تحدث إلى مقدم الخدمة.

Armenian - ՈՒՇԱԿՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, ձեզ հասանելի են անվճար լեզվական աջակցության ծառայություններ: Մասշեղի ձևաչափերով տեղեկատվություն սրամադրելու համար համապատասխան օժանդակ միջոցներն ու ծառայությունները նույնպես հասանելի են անվճար: Զանգահարե՛ք ձեր անդամի ID քարտի վրա նշված հեռախոսահամարով կամ խոսե՛ք ձեր մատակարարի հետ:

Chinese - 注意: 如果您說中文，我們可以為您提供免費的語言協助服務。我們還免費提供適當的輔助工具和服務，以無障礙格式提供資訊。請撥打您的會員 ID 卡上的電話號碼或與您的提供者交談。

Farsi - توجه: اگر به زبان فارسی صحبت می‌کنید، خدمات کمک زبانی رایگان در دسترس شما است. وسایل و خدمات کمکی مناسب برای ارائه اطلاعات در قالب‌های مناسب معلولان نیز به صورت رایگان قابل ارائه است. با شماره تلفن مندرج روی کارت ID عضویت خود تماس بگیرید یا با ارائه‌دهنده‌تان صحبت کنید.

French - ATTENTION : Si vous parlez français, des services gratuits d'assistance linguistique sont disponibles. Des aides et services auxiliaires appropriés permettant de fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le numéro de téléphone figurant sur votre carte d'ID de membre ou appelez votre prestataire.

Haitian Creole - ATANSYON: Si w pale kreyòl ayisyen, sèvis asistans lang gratis disponib pou ou. Èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòm aksesib yo disponib tou gratis. Rele nimewo telefòn ki sou kat lantifikasyon manm ou a oswa pale ak founisè w la.

Italian - ATTENZIONE: sono disponibili servizi di assistenza linguistica gratuita in italiano. Sono inoltre disponibili gratuitamente adeguati supporti e servizi per ottenere informazioni in formato accessibile. Chiamare il numero di telefono riportato sulla propria tessera associativa o rivolgersi al proprio fornitore.

Japanese - 注意: 日本語を話せる方向けに、無料の言語支援サービスをご提供しています。適切な補助器具・サービスも、利用者がアクセスしやすい方法でご提供しています。こちらでも無料でご利用いただけます。必要な情報取得にお役立てください。会員IDカードに記載されている電話番号にお電話いただくか、プロバイダーにお問い合わせください。

Korean - 주의: 한국어를 사용하는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 장치 및 서비스도 무료로 이용하실 수 있습니다. 가입자 ID 카드에 기재된 전화 번호로 전화하거나 담당 의료 제공자에게 문의하십시오.

Polish - UWAGA: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnych usług pomocy językowej. Dostępne są również nieodpłatnie odpowiednie pomoce i usługi zapewniające informacje w dostępnych formatach. Zadzwoń pod numer telefonu podany na karcie ID członka lub porozmawiaj ze swoim dostawcą.

Portuguese - ATENÇÃO: Se fala português, tem à sua disposição serviços de assistência linguística gratuitos. Estão também disponíveis, a título gratuito, ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para o número de telefone que consta do seu cartão ID de membro ou fale com seu prestador.

Russian - ВНИМАНИЕ: Если вы говорите на русском языке, вам могут предоставить бесплатные услуги переводчика. Также бесплатно предоставляются вспомогательные средства и услуги, позволяющие получать информацию в доступных форматах. Позвоните по номеру телефона, указанному на вашей ID-карте участника, или обсудите этот вопрос с вашим поставщиком услуг.

Tagalog - PAUNAWA: Kung nagsasalita ka ng Tagalog, may available na mga libreng serbisyong tulong sa wika para sa iyo. Available rin nang libre ang mga naaangkop na auxiliary aid at serbisyo para maibigay ang impormasyon sa alternatibong mga format. Tawagan ang numero ng telepono sa iyong ID card ng miyembro o makipag-usap sa iyong provider.

Vietnamese - CHÚ Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí luôn sẵn sàng phục vụ quý vị. Các dịch vụ và hỗ trợ phụ trợ thích hợp cung cấp thông tin ở các định dạng có thể truy cập cũng được cung cấp miễn phí. Gọi số điện thoại trên thẻ ID thành viên của quý vị hoặc nói chuyện với nhà cung cấp của quý vị.

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This formulary was updated on September 1, 2025.

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