



List of Covered Drugs or "Drug List"

2025 Formulary

Anthem Medicare Preferred (PPO) with Senior Rx Plus with Select Generics

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

For more recent information or other pharmacy-related benefits questions, please contact Pharmacy Member Services at **1-833-360-3662**, or for TTY users, **711**, 24 hours a day, 7 days a week.

For all other questions, please contact Member Services at **1-833-812-1797**, or for TTY users, **711**, Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays, or visit **www.anthem.com**.

Note to members:

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

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

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

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

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

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

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

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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.
- The drugs covered under your Anthem Medicare Preferred (PPO) with Senior Rx Plus coverage are listed in this document.

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

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

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

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

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

Can the Part D Formulary change?

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

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

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

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

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

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

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

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

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

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

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

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

How do I use the Part D Formulary?

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

Medical Condition

The formulary begins on page 13. 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 13, then look under the category name for your drug.

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 86. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

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

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

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

Are there any restrictions on my coverage?

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

These requirements and limits may include:

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 13. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online at www.anthem.com the prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back covers.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

For more information

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

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

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

Your plan's Part D Formulary

The formulary that begins on page 13 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 86.

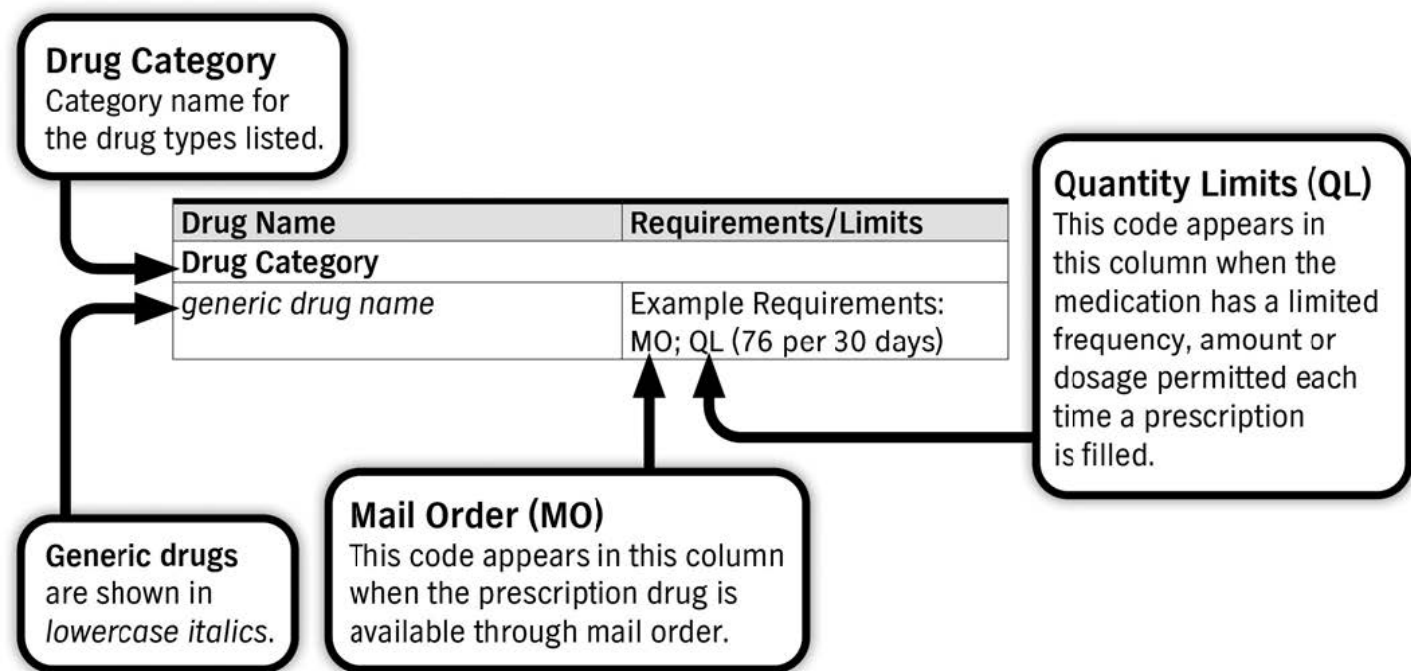
The **first column** of the chart lists the drug name. Brand name drugs are capitalized (e.g., HUMALOG) and generic drugs are listed in lowercase italics (e.g., *enalapril*).

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

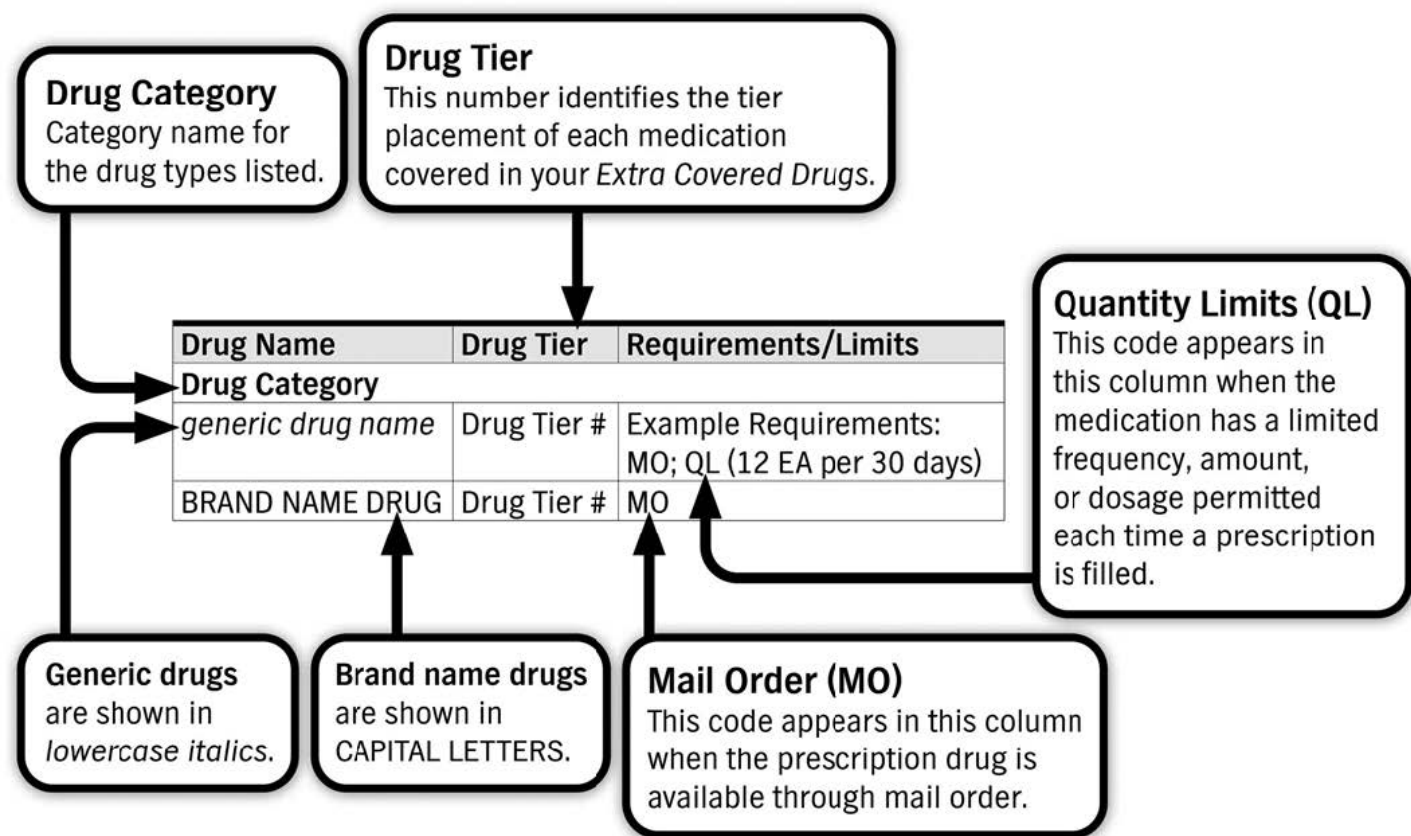
Tier Number	Tier Label
1	Generics
2	Preferred Drugs
3	Non-Preferred Drugs
4	Specialty Drugs

The **third column** tells you if your plan has any special requirements for coverage of your drug. The formulary chart legend, located on page 13, contains the list of special requirements which can be applied to drugs in your plan. The legend also gives you a description of the restriction and the code used in the drug chart to tell you that the restriction applies to a specific drug.

Below you will find an example of how to read the Select Generics List.



Below you will find an example of how to read your formulary Drug List, which has more requirements than the Select Generics List.



Select Generics for 2025

You may fill up to a 100-day supply of Select Generics if prescribed. These drugs are covered under your Anthem Medicare Preferred (PPO) with Senior Rx Plus plan at a reduced copay (see the benefits chart in your *Evidence of Coverage*).

Legend

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.

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Cardiovascular Agents			enalapril maleate oral tablet10 mg, 2.5 mg, 20 mg, 5 mg	1	
amlodipine besy-benazepril hcl oral capsule10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1		enalapril-hydrochlorothiazide oral tablet10-25 mg, 5-12.5 mg	1	
atenolol oral tablet100 mg, 25 mg, 50 mg	1		fosinopril sodium oral tablet10 mg, 20 mg, 40 mg	1	
atenolol-chlorthalidone oral tablet100-25 mg, 50-25 mg	1		furosemide oral tablet20 mg, 40 mg, 80 mg	1	
atorvastatin calcium oral tablet10 mg, 20 mg, 40 mg, 80 mg	1	QL (30 per 30 days)	hydrochlorothiazide oral capsule12.5 mg	1	
benazepril hcl oral tablet10 mg, 20 mg, 40 mg, 5 mg	1		hydrochlorothiazide oral tablet12.5 mg, 25 mg, 50 mg	1	
benazepril-hydrochlorothiazide oral tablet10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1		irbesartan oral tablet150 mg, 300 mg, 75 mg	1	QL (30 per 30 days)
bisoprolol fumarate oral tablet10 mg, 5 mg	1		irbesartan-hydrochlorothiazide oral tablet150-12.5 mg, 300-12.5 mg	1	QL (30 per 30 days)
bisoprolol-hydrochlorothiazide oral tablet10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1		lisinopril oral tablet10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
carvedilol oral tablet12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1		lisinopril-hydrochlorothiazide oral tablet10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
chlorthalidone oral tablet25 mg, 50 mg	1		losartan potassium oral tablet100 mg	1	QL (30 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
losartan potassium oral tablet 25 mg, 50 mg	1	QL (60 per 30 days)
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	QL (30 per 30 days)
lovastatin oral tablet 10 mg, 20 mg, 40 mg	1	QL (60 per 30 days)
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
olmesartan medoxomil oral tablet 20 mg, 40 mg	1	QL (30 per 30 days)
olmesartan medoxomil oral tablet 5 mg	1	QL (60 per 30 days)
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	QL (30 per 30 days)
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	QL (30 per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	QL (30 per 30 days)
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	
valsartan oral tablet 160 mg	1	QL (60 per 30 days)
valsartan oral tablet 320 mg	1	QL (30 per 30 days)
valsartan oral tablet 40 mg, 80 mg	1	QL (90 per 30 days)
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	QL (30 per 30 days)

Endocrine And Metabolic Disorder Agents

Drug Name	Drug Tier	Requirements/ Limits
alendronate sodium oral tablet 10 mg, 5 mg	1	QL (30 per 30 days)
alendronate sodium oral tablet 35 mg, 70 mg	1	QL (4 per 28 days)
glimepiride oral tablet 1 mg	1	QL (240 per 30 days)
glimepiride oral tablet 2 mg	1	QL (120 per 30 days)
glimepiride oral tablet 4 mg	1	QL (60 per 30 days)
glipizide er oral tablet extended release 24 hour 10 mg	1	QL (60 per 30 days)
glipizide er oral tablet extended release 24 hour 2.5 mg	1	QL (240 per 30 days)
glipizide er oral tablet extended release 24 hour 5 mg	1	QL (120 per 30 days)
glipizide oral tablet 10 mg	1	QL (120 per 30 days)
glipizide oral tablet 5 mg	1	QL (240 per 30 days)
glipizide xl oral tablet extended release 24 hour 10 mg	1	QL (60 per 30 days)
glipizide xl oral tablet extended release 24 hour 2.5 mg	1	QL (240 per 30 days)
glipizide xl oral tablet extended release 24 hour 5 mg	1	QL (120 per 30 days)
glipizide-metformin hcl oral tablet 2.5-250 mg	1	QL (240 per 30 days)
glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg	1	QL (120 per 30 days)
metformin hcl er oral tablet extended release 24 hour 500 mg	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
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	1	QL (60 per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	1	QL (60 per 30 days)
<i>metformin hcl oral tablet 500 mg</i>	1	QL (150 per 30 days)
<i>metformin hcl oral tablet 850 mg</i>	1	QL (90 per 30 days)
<i>pioglitazone hcl oral tablet 15 mg</i>	1	QL (90 per 30 days)
<i>pioglitazone hcl oral tablet 30 mg</i>	1	QL (45 per 30 days)
<i>pioglitazone hcl oral tablet 45 mg</i>	1	QL (30 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.

Covered Medications by Therapeutic Category - Part D Eligible Drugs

Legend

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

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

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

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

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

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

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

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

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

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

Part D Eligible Drugs

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>butorphanol tartrate nasal</i>	1	QL (5 per 30 days); NEDS
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	1	QL (60 per 30 days); MO
<i>celecoxib oral capsule 400 mg</i>	1	QL (30 per 30 days); MO
<i>codeine sulfate oral tablet</i>	2	QL (180 per 30 days); NEDS
<i>colchicine oral</i>	1	
<i>colchicine-probenecid</i>	1	MO
<i>diclofenac potassium oral tablet 50 mg</i>	1	MO
<i>diclofenac sodium er</i>	1	MO
<i>diclofenac sodium external gel 1 %</i>	1	QL (1000 per 30 days)
<i>diclofenac sodium external solution 1.5 %</i>	1	QL (300 per 30 days)
<i>diclofenac sodium oral</i>	1	MO
<i>diclofenac-misoprostol oral tablet delayed release</i>	1	MO
<i>diflunisal oral</i>	1	MO
<i>duramorph</i>	1	
<i>ec-naproxen</i>	1	MO
<i>ENDOCET 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>etodolac er</i>	1	MO
<i>etodolac oral</i>	1	MO
<i>febuxostat</i>	1	ST; MO
<i>fenoprofen calcium oral tablet</i>	1	MO
<i>fentanyl citrate buccal</i>	4	PA; QL (120 per 30 days); NEDS; S
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PA; QL (15 per 30 days); NEDS

Drug Name	Drug Tier	Requirements/ Limits
<i>flurbiprofen oral tablet 100 mg</i>	1	MO
<i>GLYDO EXTERNAL PREFILLED SYRINGE</i>	1	
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	1	QL (2700 per 30 days); NEDS
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	QL (180 per 30 days); NEDS
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	QL (50 per 10 days); NEDS
<i>hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	
<i>hydromorphone hcl oral liquid</i>	1	QL (720 per 30 days); NEDS
<i>hydromorphone hcl oral tablet</i>	1	QL (180 per 30 days); NEDS
<i>hydromorphone hcl pf injection solution 1 mg/ml, 4 mg/ml</i>	2	
<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml, 500 mg/50ml</i>	1	
<i>IBU</i>	1	MO
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>indomethacin er</i>	1	PA; MO
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	PA; MO
<i>ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml</i>	1	PA

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

Drug Name	Drug Tier	Requirements/ Limits
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	1	PA
<i>ketorolac tromethamine oral</i>	1	PA
<i>lidocaine external ointment 5 %</i>	1	PA; QL (150 per 30 days)
<i>lidocaine external patch 5 %</i>	1	PA; QL (90 per 30 days)
<i>lidocaine hcl (pf) injection solution 1 %, 1.5 %</i>	1	
<i>lidocaine hcl external solution</i>	1	PA; QL (300 per 30 days)
<i>lidocaine hcl injection solution 0.5 %, 1 %, 2 %</i>	1	
<i>lidocaine hcl mouth/throat</i>	1	PA; QL (300 per 30 days)
<i>lidocaine hcl urethral/mucosal</i>	1	
<i>lidocaine viscous hcl</i>	1	
<i>lidocaine-prilocaine external cream</i>	1	QL (30 per 30 days)
<i>meclofenamate sodium oral</i>	1	MO
<i>mefenamic acid oral</i>	1	MO
<i>meloxicam oral tablet</i>	1	MO
<i>meperidine hcl injection solution 25 mg/ml, 50 mg/ml</i>	3	PA
METHADONE HCL INTENSOL	1	QL (180 per 30 days); NEDS
<i>methadone hcl oral concentrate</i>	1	QL (180 per 30 days); NEDS
<i>methadone hcl oral solution</i>	1	QL (900 per 30 days); NEDS
<i>methadone hcl oral tablet</i>	1	PA; QL (180 per 30 days); NEDS
<i>morphine sulfate (concentrate) oral</i>	1	QL (180 per 30 days); NEDS

<i>solution 100 mg/5ml, 20 mg/ml</i>		
<i>morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	1	
<i>morphine sulfate (pf) injection solution 10 mg/ml, 4 mg/ml, 5 mg/ml</i>	2	
<i>morphine sulfate (pf) injection solution 8 mg/ml</i>	3	
<i>morphine sulfate (pf) intravenous solution 1 mg/ml, 2 mg/ml</i>	2	
<i>morphine sulfate (pf) intravenous solution 10 mg/ml</i>	1	
<i>morphine sulfate (pf) intravenous solution 8 mg/ml</i>	3	
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	3	PA; QL (60 per 30 days); NEDS
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>	1	PA; QL (60 per 30 days); NEDS
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	1	PA; QL (90 per 30 days); NEDS
<i>morphine sulfate injection solution 2 mg/ml, 4 mg/ml</i>	2	
<i>morphine sulfate intravenous solution 10 mg/ml, 50 mg/ml</i>	1	
<i>morphine sulfate intravenous solution 4 mg/ml</i>	2	
<i>morphine sulfate intravenous solution 8 mg/ml</i>	3	

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>irinotecan hcl intravenous solution 300 mg/15ml, 40 mg/2ml</i>	1	
<i>irinotecan hcl intravenous solution 500 mg/25ml</i>	1	B/D PA
IWILFIN	4	PA; QL (240 per 30 days); S
JAKAFI	4	PA; QL (60 per 30 days); LA; S
JAYPIRCA ORAL TABLET 100 MG	4	PA; QL (60 per 30 days); S
JAYPIRCA ORAL TABLET 50 MG	4	PA; QL (30 per 30 days); S
JEVTANA	4	PA; S
KADCYLA	4	PA; S
KEYTRUDA INTRAVENOUS SOLUTION	4	PA; S
KISQALI (200 MG DOSE)	4	PA; QL (21 per 28 days); S
KISQALI (400 MG DOSE)	4	PA; QL (42 per 28 days); S
KISQALI (600 MG DOSE)	4	PA; QL (63 per 28 days); S
KISQALI FEMARA (200 MG DOSE)	4	PA; QL (49 per 28 days); S
KISQALI FEMARA (400 MG DOSE)	4	PA; QL (70 per 28 days); S
KISQALI FEMARA (600 MG DOSE)	4	PA; QL (91 per 28 days); S
KRAZATI	4	PA; QL (180 per 30 days); S
KYPROLIS	4	PA; LA; S
<i>lapatinib ditosylate</i>	4	PA; QL (180 per 30 days); S
<i>lenalidomide oral capsule 10 mg</i>	4	PA; QL (60 per 30 days); LA; S
<i>lenalidomide oral capsule 15 mg, 2.5 mg, 20 mg, 25 mg</i>	4	PA; QL (30 per 30 days); LA; S

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

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

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

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

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Drug Name	Drug Tier	Requirements/Limits
RETEVMO ORAL TABLET 80 MG	4	PA; QL (120 per 30 days); S
REZLIDHIA	4	PA; QL (60 per 30 days); LA; S
RIABNI	4	B/D PA; S
RITUXAN HYCELA	4	B/D PA; LA; S
RITUXAN INTRAVENOUS SOLUTION	4	B/D PA; LA; S
<i>romidepsin intravenous solution reconstituted</i>	4	S
ROZLYTREK ORAL CAPSULE 100 MG	4	PA; QL (150 per 30 days); LA; S
ROZLYTREK ORAL CAPSULE 200 MG	4	PA; QL (90 per 30 days); LA; S
ROZLYTREK ORAL PACKET	4	PA; QL (360 per 30 days); LA; S
RUBRACA	4	PA; QL (120 per 30 days); LA; S
RYBREVAANT	4	PA; S
RYDAPT	4	PA; QL (240 per 30 days); S
RYLAZE	4	PA; S
SARCLISA	4	PA; S
SCEMBLIX ORAL TABLET 100 MG	4	PA; QL (120 per 30 days); S
SCEMBLIX ORAL TABLET 20 MG	4	PA; QL (60 per 30 days); S
SCEMBLIX ORAL TABLET 40 MG	4	PA; QL (300 per 30 days); S
SOLTAMOX	4	MO; S
<i>sorafenib tosylate</i>	4	PA; QL (120 per 30 days); S
SPRYCEL	4	PA; QL (30 per 30 days); S
STIVARGA	4	PA; QL (84 per 28 days); LA; S
<i>sunitinib malate</i>	4	PA; QL (30 per 30 days); S
TABLOID	3	

Drug Name	Drug Tier	Requirements/Limits
TABRECTA	4	PA; QL (120 per 30 days); S
TAFINLAR ORAL CAPSULE	4	PA; QL (120 per 30 days); LA; S
TAFINLAR ORAL TABLET SOLUBLE	4	PA; QL (900 per 30 days); S
TAGRISSO	4	PA; QL (30 per 30 days); LA; S
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	4	PA; QL (30 per 30 days); S
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	4	PA; QL (30 per 30 days); LA; S
<i>tamoxifen citrate oral</i>	1	MO
TASIGNA	4	PA; QL (112 per 28 days); S
TAZVERIK	4	PA; QL (240 per 30 days); LA; S
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML	4	PA; QL (20 per 21 days); LA; S
TECENTRIQ INTRAVENOUS SOLUTION 840 MG/14ML	4	PA; QL (28 per 28 days); LA; S
TECVAYLI	4	PA; S
TEPMETKO	4	PA; QL (60 per 30 days); LA; S
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PA; QL (30 per 30 days); S
THALOMID ORAL CAPSULE 150 MG, 200 MG	4	PA; QL (60 per 30 days); S
TIBSOVO	4	PA; QL (60 per 30 days); LA; S
TICE BCG	2	B/D PA
<i>toremifene citrate</i>	3	QL (30 per 30 days)
<i>tretinoin oral</i>	4	S
TRODELVY	4	PA; S
TRUQAP	4	PA; QL (64 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
TRUSELTIQ (100MG DAILY DOSE)	4	PA; QL (21 per 28 days); LA; S
TRUSELTIQ (125MG DAILY DOSE)	4	PA; QL (42 per 28 days); LA; S
TRUSELTIQ (50MG DAILY DOSE)	4	PA; QL (42 per 28 days); LA; S
TRUSELTIQ (75MG DAILY DOSE)	4	PA; QL (63 per 28 days); LA; S
TUKYSA	4	PA; QL (120 per 30 days); LA; S
TURALIO ORAL CAPSULE 125 MG	4	PA; QL (120 per 30 days); LA; S
VANFLYTA	4	PA; QL (56 per 28 days); S
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	4	PA; S
VENCLEXTA ORAL TABLET 10 MG	2	PA; QL (60 per 30 days); LA
VENCLEXTA ORAL TABLET 100 MG	4	PA; QL (180 per 30 days); LA; S
VENCLEXTA ORAL TABLET 50 MG	4	PA; QL (30 per 30 days); LA; S
VENCLEXTA STARTING PACK	4	PA; LA; S
VERZENIO	4	PA; QL (56 per 28 days); LA; S
<i>vinblastine sulfate intravenous solution</i>	1	B/D PA
<i>vincristine sulfate intravenous</i>	1	B/D PA
<i>vinorelbine tartrate</i>	1	B/D PA
VITRAKVI ORAL CAPSULE 100 MG	4	PA; QL (60 per 30 days); LA; S
VITRAKVI ORAL CAPSULE 25 MG	4	PA; QL (180 per 30 days); LA; S
VITRAKVI ORAL SOLUTION	4	PA; QL (300 per 30 days); LA; S
VIZIMPRO	4	PA; QL (30 per 30 days); LA; S

Drug Name	Drug Tier	Requirements/ Limits
VONJO	4	PA; QL (120 per 30 days); LA; S
WELIREG	4	PA; QL (90 per 30 days); LA; S
XALKORI ORAL CAPSULE	4	PA; QL (120 per 30 days); LA; S
XALKORI ORAL CAPSULE SPRINKLE 150 MG	4	PA; QL (180 per 30 days); LA; S
XALKORI ORAL CAPSULE SPRINKLE 20 MG	4	PA; QL (240 per 30 days); LA; S
XALKORI ORAL CAPSULE SPRINKLE 50 MG	4	PA; QL (120 per 30 days); LA; S
XOSPATA	4	PA; QL (90 per 30 days); LA; S
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	4	PA; QL (8 per 28 days); LA; S
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	4	PA; QL (4 per 28 days); LA; S
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	4	PA; QL (8 per 28 days); LA; S
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	4	PA; QL (4 per 28 days); LA; S
XPOVIO (60 MG TWICE WEEKLY)	4	PA; QL (24 per 28 days); LA; S
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	4	PA; QL (8 per 28 days); LA; S
XPOVIO (80 MG TWICE WEEKLY)	4	PA; QL (32 per 28 days); LA; S
XTANDI ORAL CAPSULE	4	PA; QL (120 per 30 days); LA; 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
YERVOY	4	PA; S

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>aripiprazole oral tablet dispersible 10 mg</i>	3	QL (90 per 30 days); MO
<i>aripiprazole oral tablet dispersible 15 mg</i>	3	QL (60 per 30 days); MO
ARISTADA INITIO	4	QL (4.8 per 365 days); S
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	4	QL (3.9 per 60 days); MO; S
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	4	QL (1.6 per 28 days); MO; S
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	4	QL (2.4 per 28 days); MO; S
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	4	QL (3.2 per 28 days); MO; S
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	1	PA; QL (30 per 30 days); MO
<i>armodafinil oral tablet 50 mg</i>	1	PA; QL (60 per 30 days); MO
<i>asenapine maleate sublingual tablet sublingual 10 mg</i>	3	QL (60 per 30 days); MO
<i>asenapine maleate sublingual tablet sublingual 2.5 mg</i>	1	QL (240 per 30 days); MO
<i>asenapine maleate sublingual tablet sublingual 5 mg</i>	1	QL (120 per 30 days); MO
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL (60 per 30 days); MO
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	1	QL (30 per 30 days); MO
AUVELITY	4	PA; QL (60 per 30 days); MO; S

Drug Name	Drug Tier	Requirements/ Limits
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	4	PA; QL (4 per 28 days); S
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	4	PA; QL (4 per 28 days); S
BAC	1	PA; QL (180 per 30 days)
<i>baclofen oral tablet 10 mg, 15 mg, 5 mg</i>	1	QL (90 per 30 days)
<i>baclofen oral tablet 20 mg</i>	1	QL (120 per 30 days)
<i>benztropine mesylate injection</i>	1	PA
<i>benztropine mesylate oral</i>	1	PA; MO
BETASERON SUBCUTANEOUS KIT	4	PA; QL (15 per 30 days); S
BOTOX	3	PA
BRIVIACT INTRAVENOUS	3	
BRIVIACT ORAL SOLUTION	4	QL (600 per 30 days); MO; S
BRIVIACT ORAL TABLET	4	QL (60 per 30 days); MO; S
<i>bromocriptine mesylate oral</i>	1	MO
<i>buprenorphine hcl injection</i>	1	
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	1	QL (240 per 30 days); NEDS
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	1	QL (60 per 30 days); NEDS
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	1	QL (60 per 30 days); NEDS
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	1	QL (480 per 30 days); NEDS

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
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	1	PA; MO
clonazepam oral tablet 0.5 mg	1	QL (1200 per 30 days)
clonazepam oral tablet 1 mg	1	QL (600 per 30 days)
clonazepam oral tablet 2 mg	1	QL (300 per 30 days)
clonazepam oral tablet dispersible 0.125 mg	1	QL (4800 per 30 days)
clonazepam oral tablet dispersible 0.25 mg	1	QL (2400 per 30 days)
clonazepam oral tablet dispersible 0.5 mg	1	QL (1200 per 30 days)
clonazepam oral tablet dispersible 1 mg	1	QL (600 per 30 days)
clonazepam oral tablet dispersible 2 mg	1	QL (300 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)
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)

Drug Name	Drug Tier	Requirements/ Limits
clozapine oral tablet dispersible 200 mg	4	QL (120 per 30 days); S
clozapine oral tablet dispersible 25 mg	1	QL (1080 per 30 days)
cyclobenzaprine hcl oral	1	PA
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 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	2	QL (30 per 30 days); MO
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); LA; S
DIACOMIT ORAL CAPSULE 500 MG	4	PA; QL (180 per 30 days); LA; S
DIACOMIT ORAL PACKET 250 MG	4	PA; QL (360 per 30 days); LA; S

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
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 SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	4	QL (1.75 per 84 days); S
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	4	QL (2.63 per 84 days); S
KESIMPTA	4	PA; QL (1.2 per 30 days); S
<i>lacosamide intravenous</i>	4	S
<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

Drug Name	Drug Tier	Requirements/ Limits
<i>lamotrigine oral tablet dispersible</i>	1	MO
<i>lamotrigine starter kit- blue</i>	3	
<i>lamotrigine starter kit- orange</i>	3	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	1	QL (180 per 30 days); MO
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	1	QL (120 per 30 days); MO
<i>levetiracetam intravenous</i>	1	
<i>levetiracetam oral</i>	1	MO
LIBERVANT	3	QL (10 per 30 days)
<i>lithium</i>	2	MO
<i>lithium carbonate er</i>	1	MO
<i>lithium carbonate oral capsule 150 mg, 300 mg</i>	1	MO
<i>lithium carbonate oral capsule 600 mg</i>	1	MO
<i>lithium carbonate oral tablet</i>	1	MO
<i>lorazepam injection</i>	1	
LORAZEPAM INTENSOL	1	QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	1	QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	QL (150 per 30 days)
<i>loxapine succinate oral</i>	1	MO
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	3	QL (30 per 30 days); MO
<i>lurasidone hcl oral tablet 80 mg</i>	3	QL (60 per 30 days); MO

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Drug Name	Drug Tier	Requirements/ Limits
LYBALVI	4	PA; QL (30 per 30 days); MO; S
MARPLAN	3	MO
MAYZENT ORAL TABLET 0.25 MG	4	PA; QL (120 per 30 days); LA; S
MAYZENT ORAL TABLET 1 MG, 2 MG	4	PA; QL (30 per 30 days); LA; S
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	4	PA; LA; S
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	3	PA; LA
<i>memantine hcl er</i>	1	PA; QL (30 per 30 days); MO
<i>memantine hcl oral solution 2 mg/ml</i>	1	PA; QL (300 per 30 days); MO
<i>memantine hcl oral tablet 10 mg</i>	1	PA; QL (60 per 30 days); MO
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	1	PA; QL (60 per 30 days)
<i>memantine hcl oral tablet 5 mg</i>	1	PA; QL (90 per 30 days); MO
<i>meprobamate</i>	1	PA
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>methsuximide</i>	3	MO
<i>methylphenidate hcl er (cd)</i>	1	PA; QL (30 per 30 days); MO
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 60 mg</i>	1	PA; QL (30 per 30 days); MO
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg</i>	1	PA; QL (60 per 30 days); MO
<i>methylphenidate hcl er (osm) oral tablet</i>	1	PA; QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
<i>extended release 18 mg, 27 mg, 45 mg, 54 mg, 63 mg</i>		
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	1	PA; QL (60 per 30 days); MO
<i>methylphenidate hcl er oral tablet extended release</i>	1	PA; QL (90 per 30 days); MO
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i>	1	PA; QL (30 per 30 days); MO
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	1	PA; QL (60 per 30 days); MO
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	1	PA; QL (900 per 30 days); MO
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	1	PA; QL (1800 per 30 days); MO
<i>methylphenidate hcl oral tablet</i>	1	PA; QL (90 per 30 days); MO
<i>midazolam hcl oral</i>	1	
MIGERGOT	4	S
<i>mirtazapine oral tablet 15 mg, 30 mg, 7.5 mg</i>	1	MO
<i>mirtazapine oral tablet 45 mg</i>	1	QL (30 per 30 days); MO
<i>mirtazapine oral tablet dispersible</i>	1	QL (30 per 30 days); MO
<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	

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Drug Name	Drug Tier	Requirements/ Limits
<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)
NARCAN	2	
NAYZILAM	3	PA
<i>nefazodone hcl</i>	1	MO
NICOTROL	3	
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); LA; S
NUPLAZID ORAL TABLET 10 MG	4	PA; QL (30 per 30 days); LA; S
NURTEC	4	PA; QL (16 per 30 days); S
<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

Drug Name	Drug Tier	Requirements/ Limits
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 5 mg</i>	1	MO
<i>olanzapine oral tablet dispersible 20 mg</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
<i>orphenadrine citrate er</i>	1	
oxazepam	1	QL (120 per 30 days)
oxcarbazepine	1	MO
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg</i>	1	QL (30 per 30 days); MO
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	1	QL (60 per 30 days); MO
<i>paliperidone er oral tablet extended release 24 hour 9 mg</i>	3	QL (30 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
<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>perphenazine oral</i>	1	MO
<i>perphenazine-amitriptyline</i>	1	PA; MO

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Drug Name	Drug Tier	Requirements/ Limits
PERSERIS	4	QL (1 per 28 days); MO; S
<i>phenelzine sulfate oral</i>	1	MO
<i>phenobarbital oral elixir</i>	1	PA; QL (3000 per 30 days); 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	PA; 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
<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

Drug Name	Drug Tier	Requirements/ Limits
<i>pyridostigmine bromide er</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
<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
<i>ramelteon</i>	1	QL (30 per 30 days)
<i>rasagiline mesylate oral</i>	1	MO
REGONOL INTRAVENOUS	2	
RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	1	PA; QL (30 per 30 days); MO
REXULTI	4	PA; QL (30 per 30 days); MO; S
<i>riluzole</i>	1	
<i>risperidone microspheres er intramuscular</i>	3	QL (2 per 28 days)

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

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

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

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

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

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

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

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

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

You can find information 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>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 PEN-INJECTOR 200 MG/1.14ML	4	PA; QL (4.56 per 28 days); S
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	4	PA; QL (8 per 28 days); S
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	4	PA; QL (1.34 per 28 days); S
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	4	PA; QL (4.56 per 28 days); S
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	4	PA; QL (8 per 28 days); S
<i>econazole nitrate external</i>	1	QL (90 per 30 days)
<i>ery</i>	1	
<i>erythromycin external gel</i>	1	
<i>erythromycin external solution</i>	1	
<i>fluocinolone acetonide body</i>	1	QL (120 per 30 days)
<i>fluocinolone acetonide external</i>	1	QL (120 per 30 days)
<i>fluocinolone acetonide scalp</i>	1	QL (120 per 30 days)
<i>fluocinonide emulsified base</i>	1	QL (240 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>fluocinonide external cream 0.05 %</i>	1	QL (240 per 30 days)
<i>fluocinonide external cream 0.1 %</i>	1	QL (120 per 30 days)
<i>fluocinonide external gel</i>	1	QL (240 per 30 days)
<i>fluocinonide external ointment</i>	1	QL (240 per 30 days)
<i>fluocinonide external solution</i>	1	QL (240 per 30 days)
<i>fluorouracil external cream 5 %</i>	1	QL (40 per 28 days)
<i>fluorouracil external solution</i>	1	QL (10 per 28 days)
<i>flurandrenolide external cream</i>	4	S
<i>flurandrenolide external lotion</i>	3	
<i>fluticasone propionate external</i>	1	
<i>gentamicin sulfate external</i>	1	QL (30 per 30 days)
<i>halobetasol propionate external cream</i>	1	
<i>halobetasol propionate external ointment</i>	1	
HALOG EXTERNAL OINTMENT	3	
<i>hydrocortisone (perianal) external cream 1 %</i>	1	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	1	
<i>hydrocortisone butyr lipo base</i>	4	S
<i>hydrocortisone butyrate external cream</i>	1	
<i>hydrocortisone butyrate external lotion</i>	3	

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

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

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

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

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

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

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

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

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

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Drug Name	Drug Tier	Requirements/ Limits
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	QL (4 per 28 days); MO
AURYXIA	4	PA; MO; S
BYDUREON BCISE	2	PA; QL (4 per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL (2.4 per 30 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL (1.2 per 30 days)
<i>calcitonin (salmon) injection</i>	4	B/D PA; S
<i>calcitonin (salmon) nasal</i>	1	QL (4 per 30 days); MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	B/D PA
<i>calcitriol oral</i>	1	B/D PA; MO
<i>calcium acetate (phos binder)</i>	1	MO
<i>calcium acetate oral tablet 667 mg</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>	4	B/D PA; QL (120 per 30 days); S
CYCLOSET	3	ST; QL (180 per 30 days); MO
<i>deferasirox oral tablet 90 mg</i>	2	PA
<i>deferasirox oral tablet soluble 125 mg</i>	3	PA
<i>deferasirox oral tablet soluble 250 mg, 500 mg</i>	4	PA; S
<i>deferiprone oral tablet 1000 mg</i>	4	PA; S

Drug Name	Drug Tier	Requirements/ Limits
<i>deferiprone oral tablet 500 mg</i>	4	PA; LA; S
<i>diazoxide oral</i>	3	MO
<i>doxercalciferol intravenous</i>	1	B/D PA
<i>doxercalciferol oral</i>	3	B/D PA; MO
FARXIGA	2	QL (30 per 30 days); MO
FERRIPROX ORAL SOLUTION	4	PA; LA; S
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 xl oral tablet extended release 24 hour 10 mg</i>	1	QL (60 per 30 days); MO
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i>	1	QL (240 per 30 days); MO

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Drug Name	Drug Tier	Requirements/ Limits
<i>glipizide xl oral tablet extended release 24 hour 5 mg</i>	1	QL (120 per 30 days); MO
<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
GLUCAGEN HYPOKIT	2	
<i>glucagon emergency injection kit</i>	2	
<i>glyburide micronized oral tablet 1.5 mg</i>	1	QL (240 per 30 days); MO
<i>glyburide micronized oral tablet 3 mg</i>	1	QL (120 per 30 days); MO
<i>glyburide micronized oral tablet 6 mg</i>	1	QL (60 per 30 days); MO
<i>glyburide oral tablet 1.25 mg</i>	1	QL (480 per 30 days); MO
<i>glyburide oral tablet 2.5 mg</i>	1	QL (240 per 30 days); MO
<i>glyburide oral tablet 5 mg</i>	1	QL (120 per 30 days); MO
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	1	QL (240 per 30 days); MO
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 per 30 days); MO
GLYXAMBI	2	QL (30 per 30 days); MO
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	3	
HUMALOG INJECTION	2	MO
HUMALOG JUNIOR KWIKPEN	2	MO
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	MO

Drug Name	Drug Tier	Requirements/ Limits
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR	2	MO
HUMALOG MIX 75/25	2	MO
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR	2	MO
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	2	MO
HUMULIN 70/30	2	MO
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR	2	MO
HUMULIN N	2	MO
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR	2	MO
HUMULIN R	2	MO
HUMULIN R U-500 (CONCENTRATED)	4	PA; MO; S
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; MO; S
<i>ibandronate sodium intravenous</i>	1	B/D PA
<i>ibandronate sodium oral</i>	1	QL (1 per 28 days); MO
<i>insulin lispro (1 unit dial)</i>	2	MO
<i>insulin lispro injection</i>	2	MO
<i>insulin lispro junior kwikpen</i>	2	MO
<i>insulin lispro prot & lispro</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	Drug Name	Drug Tier	Requirements/ Limits
INVOKAMET	3	QL (60 per 30 days); MO	LOKELMA ORAL PACKET 10 GM	2	QL (34 per 30 days); MO
INVOKAMET XR	3	QL (60 per 30 days); MO	LOKELMA ORAL PACKET 5 GM	2	QL (90 per 30 days); MO
INVOKANA	3	QL (30 per 30 days); MO	LYUMJEV	2	MO
JANUMET	2	QL (60 per 30 days); MO	LYUMJEV KWIKPEN	2	MO
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	2	QL (30 per 30 days); MO	<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	1	QL (120 per 30 days); MO
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	2	QL (60 per 30 days); MO	<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	1	QL (60 per 30 days); MO
JANUVIA	2	QL (30 per 30 days); MO	<i>metformin hcl oral tablet 1000 mg</i>	1	QL (60 per 30 days); MO
JARDIANCE	2	QL (30 per 30 days); MO	<i>metformin hcl oral tablet 500 mg</i>	1	QL (150 per 30 days); MO
JENTADUETO	2	QL (60 per 30 days); MO	<i>metformin hcl oral tablet 850 mg</i>	1	QL (90 per 30 days); MO
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	2	QL (60 per 30 days); MO	<i>miglitol</i>	1	QL (90 per 30 days); MO
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	2	QL (30 per 30 days); MO	MOUNJARO	2	PA; QL (2 per 28 days)
KERENDIA	2	QL (30 per 30 days); MO	<i>nateglinide oral tablet 120 mg</i>	1	QL (90 per 30 days); MO
KIONEX ORAL SUSPENSION	1		<i>nateglinide oral tablet 60 mg</i>	1	QL (180 per 30 days); MO
<i>lanthanum carbonate</i>	3	ST; MO	OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	2	PA; QL (1.5 per 28 days)
LANTUS	2	QL (30 per 30 days); MO	OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	2	PA; QL (3 per 28 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL (30 per 30 days); MO	OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	2	PA; QL (3 per 28 days)
<i>liraglutide</i>	1	PA; QL (9 per 30 days)	OZEMPIC (2 MG/DOSE)	2	PA; QL (3 per 28 days)

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

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

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

Drug Name	Drug Tier	Requirements/Limits
TOUJEO MAX SOLOSTAR	2	QL (12 per 30 days); MO
TOUJEO SOLOSTAR	2	QL (13.5 per 30 days); MO
TRADJENTA	2	QL (30 per 30 days); MO
TRESIBA	2	QL (30 per 30 days); MO
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	QL (30 per 30 days); MO
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	2	PA; QL (2 per 28 days)
TYMLOS	4	PA; QL (1.56 per 28 days); S
VELPHORO	4	QL (180 per 30 days); MO; S
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	2	QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
HOUR 10-1000 MG, 10-500 MG, 5-500 MG		
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
<i>zoledronic acid intravenous solution</i>	1	PA
Gastrointestinal Agents		
<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</i>	1	B/D PA; QL (15 per 30 days)
<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>	1	B/D PA; QL (10 per 30 days)
<i>balsalazide disodium</i>	1	
<i>budesonide er oral tablet extended release 24 hour</i>	3	PA
<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	3	
COMPRO	1	
<i>constulose</i>	1	MO

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

Drug Name	Drug Tier	Requirements/ Limits
CORTIFOAM EXTERNAL	3	
dexlansoprazole	3	ST; QL (30 per 30 days); MO
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral solution	1	
dicyclomine hcl oral tablet	1	
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	ST; 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; LA; S
GAVILYTE-C	1	
GAVILYTE-G	1	

Drug Name	Drug Tier	Requirements/ Limits
GAVILYTE-N WITH FLAVOR PACK	1	
generlac	1	MO
glycopyrrolate injection solution	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml	1	
granisetron hcl oral	1	B/D PA; QL (30 per 30 days)
hydrocortisone oral	1	
hydrocortisone rectal enema	1	
hyoscyamine sulfate oral tablet	1	MO
hyoscyamine sulfate oral tablet dispersible	1	MO
hyoscyamine sulfate sublingual	1	MO
lactulose encephalopathy	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	

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

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

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Drug Name	Drug Tier	Requirements/ Limits
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	4	PA; QL (12 per 30 days); S
SANCUSO	4	PA; QL (4 per 28 days); S
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
XERMELO	4	PA; QL (90 per 30 days); LA; S

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

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

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

Genitourinary Agents

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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Drug Name	Drug Tier	Requirements/ Limits
<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	
COSENTYX (300 MG DOSE)	4	PA; QL (8 per 28 days); LA; S
COSENTYX SENSOREADY (300 MG)	4	PA; QL (8 per 28 days); LA; S
COSENTYX SENSOREADY PEN	4	PA; QL (8 per 28 days); LA; S
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	4	PA; QL (8 per 28 days); LA; S
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	4	PA; QL (2 per 28 days); S
<i>cyclosporine modified</i>	1	B/D PA
<i>cyclosporine oral capsule</i>	1	B/D PA
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	2	
<i>diphtheria-tetanus toxoids dt</i>	2	
ENBREL MINI	4	PA; QL (8 per 28 days); S
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	4	PA; QL (4 per 28 days); S

Drug Name	Drug Tier	Requirements/ Limits
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	4	PA; QL (4.08 per 28 days); S
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	4	PA; QL (8 per 28 days); S
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL (8 per 28 days); S
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	2	B/D PA
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	2	B/D PA
ENVARSUS XR	3	B/D PA
<i>everolimus oral tablet 0.25 mg</i>	1	B/D PA
<i>everolimus oral tablet 0.5 mg, 1 mg</i>	4	B/D PA; S
<i>everolimus oral tablet 0.75 mg</i>	3	B/D PA
GAMUNEX-C	4	PA; S
GARDASIL 9	2	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	1	B/D PA
GENGRAF ORAL SOLUTION	1	B/D PA
HAVRIX	2	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	2	B/D PA
HIBERIX INJECTION	2	
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	4	PA; QL (4 per 28 days); S
HUMIRA (2 PEN) SUBCUTANEOUS PEN-	4	PA; QL (2 per 28 days); S

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Drug Name	Drug Tier	Requirements/ Limits
INJECTOR KIT 80 MG/ 0.8ML		
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/ 0.2ML	4	PA; QL (2 per 28 days); S
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/ 0.8ML	4	PA; QL (4 per 28 days); S
HUMIRA PEN-PEDIATRIC UC START	4	PA; QL (8 per 365 days); S
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/ 0.8ML	4	PA; QL (6 per 365 days); S
HUMIRA-PSORIASIS/UEIT STARTER	4	PA; QL (6 per 365 days); S
HYPERRAB	4	S
IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML	2	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	
INFANRIX	2	
<i>infliximab</i>	4	PA; S
IPOL	2	
IXCHIQ	2	
IXIARO	2	
JYLAMVO	3	ST
JYNNEOS	2	B/D PA
<i>kedrab injection</i>	2	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
<i>leflunomide oral</i>	1	QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
M-M-R II INJECTION	2	
MENACTRA INTRAMUSCULAR SOLUTION	2	
MENQUADFI INTRAMUSCULAR SOLUTION	2	
MENVEO	2	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution reconstituted</i>	1	
<i>methotrexate sodium oral</i>	1	
MRESVIA	2	
<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
NULOJIX	4	PA; S
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML, 2.5 GM/50ML, 30 GM/300ML, 5 GM/ 100ML	4	PA; S

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Drug Name	Drug Tier	Requirements/ Limits
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
PENBRAYA	2	
PENTACEL	2	
PREHEVBRIO	2	B/D PA
PRIORIX	2	
PROGRAF INTRAVENOUS	4	B/D PA; S
PROGRAF ORAL PACKET	3	B/D PA
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	2	
QUADRACEL	2	
RABAVERT	2	
RECOMBIVAX HB	2	B/D PA
REMICADE	4	PA; S
REZUROCK	4	PA; LA; S
RIDAURA	4	MO; S
RINVOQ	4	PA; QL (30 per 30 days); S
RINVOQ LQ	4	PA; QL (360 per 30 days); S
ROTARIX	2	

Drug Name	Drug Tier	Requirements/ Limits
ROTATEQ ORAL SOLUTION	2	
SANDIMMUNE ORAL SOLUTION	3	B/D PA
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/ 0.5ML	2	
<i>sirolimus oral solution</i>	3	B/D PA
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	1	B/D PA
<i>sirolimus oral tablet 2 mg</i>	3	B/D PA
SKYRIZI INTRAVENOUS	4	PA; QL (10 per 28 days); S
SKYRIZI PEN	4	PA; QL (6 per 365 days); S
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	4	PA; QL (1.2 per 56 days); S
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	4	PA; QL (2.4 per 56 days); S
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (6 per 365 days); S
STELARA INTRAVENOUS	4	PA; LA; S
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	4	PA; QL (1 per 28 days); LA; S
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (1 per 28 days); S
<i>tacrolimus oral</i>	1	B/D PA
TDVAX	2	
TENIVAC	2	
TICOVAC	2	
TREXALL	3	ST

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

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

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

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Drug Name	Drug Tier	Requirements/ Limits
azithromycin oral tablet 250 mg, 250 mg (6 pack)	1	
azithromycin oral tablet 500 mg, 500 mg (3 pack), 600 mg	1	
aztreonam	1	
BARACLUDE ORAL SOLUTION	4	PA; 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	
cefazolin sodium injection solution reconstituted 100 gm, 300 gm	2	

Drug Name	Drug Tier	Requirements/ Limits
cefazolin sodium intravenous solution reconstituted 1 gm	1	
cefazolin sodium intravenous solution reconstituted 2 gm, 3 gm	2	
cefazolin sodium- dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%	2	
cefazolin sodium- dextrose intravenous solution reconstituted 1- 4 gm-%(50ml), 2-3 gm- %(50ml)	2	
cefdinir	1	
cefepime hcl injection solution reconstituted 1 gm	1	
cefepime hcl intravenous solution	2	
cefepime hcl intravenous solution reconstituted 100 gm	2	
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	

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

Drug Name	Drug Tier	Requirements/ Limits
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	1	
ceftriaxone sodium injection solution reconstituted 100 gm	2	
ceftriaxone sodium intravenous	1	
ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)	2	
cefuroxime axetil oral tablet 250 mg	1	
cefuroxime axetil oral tablet 500 mg	1	
cefuroxime sodium injection solution reconstituted 750 mg	1	
cefuroxime sodium intravenous solution reconstituted 1.5 gm	1	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral capsule 750 mg	1	
cephalexin oral suspension reconstituted 125 mg/ 5ml	1	
cephalexin oral suspension reconstituted 250 mg/ 5ml	1	
cephalexin oral tablet	1	
chloroquine phosphate oral	1	MO
cidofovir intravenous	4	B/D PA; S
CIMDUO	4	QL (30 per 30 days); S

CIPRO ORAL SUSPENSION RECONSTITUTED	3	
ciprofloxacin hcl oral tablet 250 mg, 500 mg	1	
ciprofloxacin hcl oral tablet 750 mg	1	
ciprofloxacin in d5w	1	
clarithromycin er	1	
clarithromycin oral	1	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	
clindamycin phosphate in d5w	1	
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 9000 mg/60ml	1	
clindamycin phosphate injection solution 900 mg/6ml	3	
COARTEM	3	
colistimethate sodium (cba)	1	
COMPLERA	4	QL (30 per 30 days); S
dapsone oral	1	MO
daptomycin intravenous solution reconstituted 500 mg	4	S
darunavir oral tablet 600 mg	3	QL (60 per 30 days)
darunavir oral tablet 800 mg	4	QL (60 per 30 days); S
DELSTRIGO	4	QL (30 per 30 days); S
demeclocycline hcl oral	1	
DESCOVY	4	QL (30 per 30 days); S

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Drug Name	Drug Tier	Requirements/ Limits
<i>dicloxacillin sodium</i>	1	
DIFICID	4	PA; S
DOVATO	4	QL (30 per 30 days); S
DOXY 100	1	
<i>doxycycline</i>	3	
<i>doxycycline hyclate intravenous</i>	1	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral suspension reconstituted</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
E.E.S. 400 ORAL TABLET	1	
EDURANT	4	QL (30 per 30 days); S
<i>efavirenz oral capsule 200 mg</i>	1	QL (120 per 30 days)
<i>efavirenz oral capsule 50 mg</i>	1	QL (360 per 30 days)
<i>efavirenz oral tablet</i>	3	QL (30 per 30 days)
<i>efavirenz-emtricitabine-tenofovir</i>	3	QL (30 per 30 days)
<i>efavirenz-lamivudine-tenofovir</i>	3	QL (30 per 30 days)
<i>emtricitabine</i>	1	QL (30 per 30 days)
<i>emtricitabine-tenofovir oral tablet 100-150 mg, 200-300 mg</i>	3	QL (30 per 30 days)

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

You can find information 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>etravirine oral tablet 100 mg</i>	3	QL (120 per 30 days)
<i>etravirine oral tablet 200 mg</i>	3	QL (60 per 30 days)
EVOTAZ	4	QL (30 per 30 days); S
<i>famciclovir oral tablet 125 mg, 250 mg</i>	1	QL (60 per 30 days)
<i>famciclovir oral tablet 500 mg</i>	1	QL (21 per 7 days)
FIRVANQ	3	QL (1200 per 30 days)
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	1	
<i>fluconazole oral</i>	1	
<i>flucytosine oral</i>	4	S
<i>fosamprenavir calcium</i>	3	QL (120 per 30 days)
<i>fosfomycin tromethamine</i>	1	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	4	QL (60 per 30 days); S
<i>ganciclovir sodium intravenous solution reconstituted</i>	4	B/D PA; S
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	1	
<i>gentamicin in saline intravenous solution 2-0.9 mg/ml-%</i>	2	
<i>gentamicin sulfate injection</i>	1	
GENVOYA	4	QL (30 per 30 days); S

Drug Name	Drug Tier	Requirements/ Limits
<i>griseofulvin microsize oral</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
HARVONI	4	PA; QL (28 per 28 days); S
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	1	MO
<i>imipenem-cilastatin</i>	1	
INTELENCE ORAL TABLET 25 MG	3	QL (480 per 30 days)
ISENTRESS HD	4	QL (60 per 30 days); S
ISENTRESS ORAL PACKET	4	QL (180 per 30 days); S
ISENTRESS ORAL TABLET	4	QL (120 per 30 days); S
ISENTRESS ORAL TABLET CHEWABLE 100 MG	3	QL (180 per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 25 MG	2	QL (720 per 30 days)
<i>isoniazid injection</i>	1	
<i>isoniazid oral syrup</i>	1	MO
<i>isoniazid oral tablet</i>	1	MO
<i>itraconazole oral capsule</i>	1	PA
<i>ivermectin oral</i>	1	PA
JULUCA	4	QL (30 per 30 days); S
<i>ketoconazole oral</i>	1	
LAGEVRIO	4	QL (40 per 90 days); S
<i>lamivudine oral solution</i>	1	QL (960 per 30 days)
<i>lamivudine oral tablet 100 mg</i>	1	
<i>lamivudine oral tablet 150 mg</i>	1	QL (60 per 30 days)

You can find information 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>lamivudine oral tablet 300 mg</i>	1	QL (30 per 30 days)
<i>lamivudine-zidovudine</i>	1	QL (60 per 30 days)
<i>ledipasvir-sofosbuvir</i>	4	PA; QL (28 per 28 days); S
<i>levofloxacin in d5w</i>	1	
<i>levofloxacin intravenous</i>	1	
<i>levofloxacin oral solution</i>	1	
<i>levofloxacin oral tablet</i>	1	
LEXIVA ORAL SUSPENSION	3	QL (1800 per 30 days)
<i>lincomycin hcl injection</i>	1	
<i>linezolid in sodium chloride</i>	3	
<i>linezolid intravenous solution 600 mg/300ml</i>	1	
<i>linezolid oral suspension reconstituted</i>	4	PA; QL (1800 per 30 days); S
<i>linezolid oral tablet</i>	3	PA; QL (56 per 28 days)
LIVTENCITY	4	PA; S
<i>lopinavir-ritonavir oral solution</i>	1	QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	3	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	3	QL (120 per 30 days)
<i>maraviroc</i>	3	QL (120 per 30 days)
MAVYRET ORAL PACKET	4	PA; QL (180 per 30 days); S
MAVYRET ORAL TABLET	4	PA; QL (90 per 30 days); S
<i>mefloquine hcl</i>	1	MO
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	1	
<i>methenamine hippurate</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>methenamine mandelate oral</i>	1	
<i>metronidazole intravenous solution 500 mg/100ml</i>	1	
<i>metronidazole oral</i>	1	
<i>micafungin sodium</i>	4	S
<i>minocycline hcl oral</i>	1	
MONDOXYNE NL ORAL CAPSULE 100 MG	1	
<i>moxifloxacin hcl in nacl</i>	1	
<i>moxifloxacin hcl oral</i>	1	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	3	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	4	S
<i>neomycin sulfate oral</i>	1	
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	1	QL (30 per 30 days)
<i>nevirapine oral suspension</i>	1	QL (1200 per 30 days)
<i>nevirapine oral tablet</i>	1	QL (60 per 30 days)
<i>nitazoxanide oral</i>	3	QL (6 per 30 days)
<i>nitrofurantoin macrocrystal oral</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5ml, 50 mg/10ml</i>	4	S
NORVIR ORAL PACKET	3	QL (360 per 30 days)
NUZYRA ORAL	4	PA; S
<i>nystatin oral tablet</i>	1	

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

Drug Name	Drug Tier	Requirements/ Limits
ODEFSEY	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 1 gm/50ml	2	
oxacillin sodium in dextrose intravenous solution 2 gm/50ml	4	S
oxacillin sodium injection solution reconstituted 1 gm, 2 gm	1	
oxacillin sodium intravenous	3	
PAXLOVID (150/100)	1	QL (20 per 90 days)
PAXLOVID (300/100)	1	QL (30 per 90 days)
penicillin g pot in dextrose	3	
penicillin g potassium	1	
penicillin g sodium	1	
penicillin v potassium	1	
pentamidine isethionate inhalation	1	B/D PA
pentamidine isethionate injection	1	
PFIZERPEN	1	
PIFELTRO	4	QL (30 per 30 days); S

Drug Name	Drug Tier	Requirements/ Limits
piperacillin sod-tazobactam	1	
polymyxin b sulfate injection	1	
posaconazole oral	4	PA; MO; S
praziquantel oral	1	
PREVYMIS ORAL	4	PA; QL (30 per 30 days); S
PREZCOBIX	4	QL (30 per 30 days); S
PREZISTA ORAL SUSPENSION	4	QL (400 per 30 days); S
PREZISTA ORAL TABLET 150 MG	3	QL (180 per 30 days)
PREZISTA ORAL TABLET 75 MG	3	QL (300 per 30 days)
PRIFTIN	2	
primaquine phosphate oral tablet 26.3 (15 base) mg	2	
pyrazinamide oral	1	
pyrimethamine oral	4	PA; S
quinine sulfate oral	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)
ribavirin oral capsule	1	
ribavirin oral tablet 200 mg	1	
rifabutin	1	
rifampin intravenous	3	
rifampin oral	1	
rimantadine hcl	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>ritonavir</i>	1	QL (360 per 30 days)
RUKOBIA	4	QL (60 per 30 days); MO; S
SELZENTRY ORAL SOLUTION	2	QL (1840 per 30 days)
SELZENTRY ORAL TABLET 25 MG	2	QL (240 per 30 days)
SELZENTRY ORAL TABLET 75 MG	4	QL (60 per 30 days); S
SIRTURO	4	PA; LA; S
<i>sofosbuvir-velpatasvir</i>	4	PA; QL (30 per 30 days); S
<i>streptomycin sulfate intramuscular</i>	4	S
STRIBILD	4	QL (30 per 30 days); S
<i>sulfadiazine oral</i>	4	S
<i>sulfamethoxazole-trimethoprim intravenous</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/ 5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
SUNLENCA ORAL	4	LA; S
SUNLENCA SUBCUTANEOUS	4	QL (3 per 168 days); MO; S
SYMTUZA	4	QL (30 per 30 days); S
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	1	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM	1	
TEFLARO	4	S

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

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

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

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

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

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

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Drug Name	Drug Tier	Requirements/ Limits
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	
NEVANAC	2	
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	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
prednisolone sodium phosphate ophthalmic	2	
proparacaine hcl ophthalmic	1	
RESTASIS	2	QL (60 per 30 days); MO
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	2	QL (5.5 per 28 days); MO
RHOPRESSA	2	MO
ROCKLATAN	2	MO
SIMBRINZA	2	MO
sulfacetamide sodium ophthalmic	1	
sulfacetamide- prednisolone ophthalmic solution	1	
tafluprost (pf)	3	MO
timolol maleate (once- daily)	1	MO
TIMOLOL MALEATE OCUDOSE	1	MO

Drug Name	Drug Tier	Requirements/ Limits
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 OPHTHALMIC OINTMENT	2	
TOBRADEX ST	2	
tobramycin ophthalmic	1	
tobramycin- dexamethasone	1	
travoprost (bak free)	1	MO
VYZULTA	3	MO
XDEMVEY	4	LA; 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	
CORTISPORIN-TC	3	
FLAC	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>		
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	1	QL (1 per 30 days); MO
<i>formoterol fumarate inhalation</i>	3	B/D PA; QL (120 per 30 days); MO
<i>hydroxyzine hcl intramuscular</i>	1	
<i>hydroxyzine hcl oral syrup</i>	1	QL (2880 per 28 days)
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg</i>	1	QL (120 per 30 days)
<i>hydroxyzine hcl oral tablet 50 mg</i>	1	QL (240 per 30 days)
<i>hydroxyzine pamoate oral</i>	1	QL (120 per 30 days)
<i>ipratropium bromide inhalation</i>	1	B/D PA; MO
<i>ipratropium bromide nasal</i>	1	QL (30 per 30 days); MO
<i>ipratropium-albuterol</i>	1	B/D PA; QL (540 per 30 days); MO
KALYDECO ORAL TABLET	4	PA; QL (60 per 30 days); S
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	1	B/D PA; QL (270 per 30 days); MO
<i>levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml</i>	1	B/D PA; QL (540 per 30 days); MO
<i>levalbuterol tartrate</i>	1	QL (45 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/ Limits
PULMICORT FLEXHALER	3	QL (2 per 30 days); MO
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	4	B/D PA; S
QVAR REDIBALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	2	QL (11 per 30 days); MO
QVAR REDIBALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	2	QL (22 per 30 days); MO
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML	4	PA; LA; S
<i>roflumilast</i>	3	PA; QL (30 per 30 days); MO
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	QL (60 per 30 days); MO
<i>sildenafil citrate intravenous</i>	4	PA; QL (1125 per 30 days); S
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA; QL (360 per 30 days)
SPIRIVA HANDIBALER	2	QL (30 per 30 days); MO
SPIRIVA RESPIMAT	2	QL (4 per 30 days); MO
STIOLTO RESPIMAT	2	QL (4 per 30 days); MO
SYMBICORT	2	QL (30.6 per 30 days); MO
<i>tadalafil (pah)</i>	4	PA; QL (60 per 30 days); S
<i>terbutaline sulfate injection</i>	1	
<i>terbutaline sulfate oral</i>	1	MO
THEO-24	2	MO

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

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

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

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

Legend

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

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

A	ADRIAMYCIN INTRAVENOUS SOLUTION
<i>abacavir sulfate oral solution</i>	RECONSTITUTED 50 MG 16
<i>abacavir sulfate oral tablet</i>	ADVAIR HFA 82
<i>abacavir sulfate-lamivudine</i>	AFIRMELLE 60
ABELCET	AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED	140 MG/ML 31
SYRINGE 720 MG/2.4ML	AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED	70 MG/ML 31
SYRINGE 960 MG/3.2ML	<i>ak-poly-bac</i> 79
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED	AKEEGA 16
SYRINGE	<i>ala-cort external cream</i> 45
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION	<i>albendazole oral</i> 70
RECONSTITUTED ER	<i>albuterol sulfate hfa</i> 82
<i>abiraterone acetate oral tablet 250 mg</i>	<i>albuterol sulfate inhalation nebulization solution</i>
<i>abiraterone acetate oral tablet 500 mg</i>	(2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml 82
ABRYSVO	<i>albuterol sulfate inhalation nebulization solution</i>
<i>acamprosate calcium</i>	(5 mg/ml) 0.5% 82
<i>acarbose oral</i>	<i>albuterol sulfate inhalation nebulization solution</i>
ACCUTANE ORAL CAPSULE 20 MG, 30 MG, 40 MG ...	2.5 mg/0.5ml 82
<i>acebutolol hcl oral</i>	<i>albuterol sulfate oral syrup</i> 82
<i>acetaminophen-codeine oral solution</i>	<i>albuterol sulfate oral tablet</i> 82
<i>acetaminophen-codeine oral tablet</i>	<i>alclometasone dipropionate</i> 45
<i>acetazolamide er</i>	ALCOHOL SWABS 79
<i>acetazolamide oral</i>	ALECENSA 16
<i>acetic acid irrigation</i>	<i>alendronate sodium oral solution</i> 51
<i>acetic acid otic</i>	<i>alendronate sodium oral tablet 10 mg</i> 51
<i>acetylcysteine inhalation</i>	<i>alendronate sodium oral tablet 35 mg, 70 mg</i> 52
<i>acetylcysteine intravenous</i>	<i>alendronate sodium oral tablet 10 mg, 5 mg</i> 11
<i>acitretin</i>	<i>alendronate sodium oral tablet 35 mg, 70 mg</i> 11
ACTHAR	<i>alfuzosin hcl er</i> 59
ACTHAR GEL	<i>aliskiren fumarate</i> 26
ACTHIB	<i>allopurinol oral tablet 100 mg, 300 mg</i> 13
ACTIMMUNE	<i>almotriptan malate</i> 31
<i>acyclovir external cream</i>	ALOCRIL 79
<i>acyclovir external ointment</i>	ALOMIDE 79
<i>acyclovir oral</i>	<i>alose tron hcl oral tablet 0.5 mg</i> 56
<i>acyclovir sodium intravenous solution</i>	<i>alose tron hcl oral tablet 1 mg</i> 56
ADACEL	ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % 79
<i>adapalene external cream</i>	<i>alprazolam er</i> 31
<i>adapalene external gel</i>	ALPRAZOLAM INTENSOL 31
<i>adefovir dipivoxil</i>	<i>alprazolam oral</i> 31
ADEMPAS	<i>alprazolam xr</i> 31
	ALREX 79

ALTAVERA	60	ampicillin sodium injection solution reconstituted	
ALUNBRIG ORAL TABLET 180 MG	16	1 gm, 125 mg, 2 gm, 250 mg, 500 mg	70
ALUNBRIG ORAL TABLET 30 MG	16	ampicillin sodium intravenous	70
ALUNBRIG ORAL TABLET 90 MG	16	ampicillin-sulbactam sodium injection solution	
ALUNBRIG ORAL TABLET THERAPY PACK	16	reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	70
alyacen 1/35	60	ampicillin-sulbactam sodium intravenous	70
alyacen 7/7/7	60	anagrelide hcl	24
ALYQ	82	anastrozole oral	16
amantadine hcl oral capsule	31	ANORO ELLIPTA INHALATION AEROSOL POWDER	
amantadine hcl oral solution	31	BREATH ACTIVATED 62.5-25 MCG/ACT	82
amantadine hcl oral tablet	31	apomorphine hcl subcutaneous	31
ambrisentan	82	apraclonidine hcl	79
amcinonide external cream	45	aprepitant oral	56
amcinonide external ointment	45	aprepitant oral capsule 125 mg	56
AMETHIA	60	aprepitant oral capsule 40 mg	56
AMETHYST	60	aprepitant oral capsule 80 & 125 mg	56
amikacin sulfate injection solution 1 gm/4ml, 500		aprepitant oral capsule 80 mg	56
mg/2ml	70	APRI	60
amiloride hcl oral	26	APTOM	31
amiloride-hydrochlorothiazide	26	APTIVUS ORAL CAPSULE	70
amiodarone hcl intravenous	26	ARANELLE	60
amiodarone hcl oral	26	ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100	
amitriptyline hcl oral	31	MCG/ML, 200 MCG/ML, 40 MCG/ML	24
amlodipine besy-benazepril hcl	26	ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25	
amlodipine besy-benazepril hcl oral capsule 10-20		MCG/ML, 60 MCG/ML	24
mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40		ARANESP (ALBUMIN FREE) INJECTION SOLUTION	
mg	10	PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML,	
amlodipine besylate oral	26	40 MCG/0.4ML	24
amlodipine besylate-valsartan	26	ARANESP (ALBUMIN FREE) INJECTION SOLUTION	
amlodipine-atorvastatin	26	PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML,	
amlodipine-olmesartan	26	200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	24
amlodipine-valsartan-hctz	26	ARANESP (ALBUMIN FREE) INJECTION SOLUTION	
ammonium lactate external	45	PREFILLED SYRINGE 60 MCG/0.3ML	24
AMNESTEEM	45	ARCALYST	66
amoxapine	31	AREXVY	66
amoxicillin oral capsule	70	arformoterol tartrate	82
amoxicillin oral suspension reconstituted	70	ARIKAYCE	70
amoxicillin oral tablet	70	aripiprazole oral solution	31
amoxicillin oral tablet chewable 125 mg, 250		aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5	
mg	70	mg	31
amoxicillin-pot clavulanate er	70	aripiprazole oral tablet 20 mg, 30 mg	31
amoxicillin-pot clavulanate oral	70	aripiprazole oral tablet dispersible 10 mg	32
amphetamine sulfate oral tablet 10 mg	31	aripiprazole oral tablet dispersible 15 mg	32
amphetamine sulfate oral tablet 5 mg	31	ARISTADA INITIO	32
amphetamine-dextroamphetamine er	31	ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064	
amphetamine-dextroamphetamine oral tablet 10		MG/3.9ML	32
mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	31	ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441	
amphetamine-dextroamphetamine oral tablet 30		MG/1.6ML	32
mg	31	ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662	
amphotericin b intravenous	70	MG/2.4ML	32
amphotericin b liposome	70	ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882	
ampicillin oral capsule 500 mg	70	MG/3.2ML	32
		armodafinil oral tablet 150 mg, 200 mg, 250 mg	32

armodafinil oral tablet 50 mg	32	azelastine hcl nasal	82
ARMOUR THYROID	60	azelastine hcl ophthalmic	79
ARNUITY ELLIPTA	82	azelastine-fluticasone	82
ASCOMP-CODEINE	13	azithromycin intravenous	70
asenapine maleate sublingual tablet sublingual 10 mg	32	azithromycin oral packet	70
asenapine maleate sublingual tablet sublingual 2.5 mg	32	azithromycin oral suspension reconstituted	70
asenapine maleate sublingual tablet sublingual 5 mg	32	azithromycin oral tablet 250 mg, 250 mg (6 pack)	71
ASHLYNA	60	azithromycin oral tablet 500 mg, 500 mg (3 pack), 600 mg	71
aspirin-dipyridamole er	24	aztreonam	71
atazanavir sulfate oral capsule 150 mg, 200 mg	70	AZURETTE	60
atazanavir sulfate oral capsule 300 mg	70	B	
atenolol oral	26	BAC	32
atenolol oral tablet 100 mg, 25 mg, 50 mg	10	bacitra-neomycin-polymyxin-hc	79
atenolol-chlorthalidone	26	bacitracin ophthalmic	79
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	10	bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	79
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg	32	baclofen oral tablet 10 mg, 15 mg, 5 mg	32
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	32	baclofen oral tablet 20 mg	32
atorvastatin calcium oral	26	balsalazide disodium	56
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	10	BALVERSA ORAL TABLET 3 MG	17
atovaquone oral	70	BALVERSA ORAL TABLET 4 MG	17
atovaquone-proguanil hcl	70	BALVERSA ORAL TABLET 5 MG	17
atropine sulfate ophthalmic ointment	79	BALZIVA	60
atropine sulfate ophthalmic solution 1 %	79	BARACLUDE ORAL SOLUTION	71
ATROVENT HFA	82	BAVENCIO	17
AUBRA EQ	60	bcg vaccine injection solution reconstituted	67
AUGTYRO	16	BD PEN	79
AUROVELA 1.5/30	60	BD PEN MINI	79
AUROVELA 1/20	60	benazepril hcl oral	26
AUROVELA 24 FE	60	benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	10
AUROVELA FE 1.5/30	60	benazepril-hydrochlorothiazide	26
AUROVELA FE 1/20	60	benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	10
AURYXIA	52	bendamustine hcl intravenous solution	17
AUTOPEN	79	BENDEKA	17
AUVELITY	32	BENLYSTA	67
AVASTIN	17	benzoyl peroxide-erythromycin	45
AVIANE	60	benztropine mesylate injection	32
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	32	benztropine mesylate oral	32
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	32	bepotastine besilate	79
AYUNA	60	BESREMI	17
AYVAKIT	17	betaine	59
azacitidine	17	betamethasone dipropionate aug	45
azathioprine oral tablet 50 mg	67	betamethasone dipropionate external	45
azelaic acid external	45	betamethasone valerate external	45
		BETASERON SUBCUTANEOUS KIT	32
		betaxolol hcl ophthalmic	79
		betaxolol hcl oral	26
		bethanechol chloride oral	59
		BETOPTIC-S	79

<i>bexarotene external</i>	45	BRUKINSA	17
<i>bexarotene oral</i>	17	<i>budesonide er oral tablet extended release 24</i>	
BEXSERO	67	<i>hour</i>	56
<i>bicalutamide</i>	17	<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5</i>	
BICILLIN C-R	71	<i>mg/2ml</i>	82
BICILLIN C-R 900/300	71	<i>budesonide inhalation suspension 1 mg/2ml</i>	82
BICILLIN L-A INTRAMUSCULAR SUSPENSION		<i>budesonide oral</i>	56
PREFILLED SYRINGE	71	<i>budesonide-formoterol fumarate</i>	82
BIJUVA	60	<i>bumetanide injection</i>	26
BIKTARVY ORAL TABLET 30-120-15 MG	71	<i>bumetanide oral</i>	26
BIKTARVY ORAL TABLET 50-200-25 MG	71	<i>buprenorphine hcl injection</i>	32
<i>bimatoprost ophthalmic</i>	79	<i>buprenorphine hcl sublingual tablet sublingual 2</i>	
<i>bisoprolol fumarate oral</i>	26	<i>mg</i>	32
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	10	<i>buprenorphine hcl sublingual tablet sublingual 8</i>	
<i>bisoprolol-hydrochlorothiazide</i>	26	<i>mg</i>	32
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25</i>		<i>buprenorphine hcl-naloxone hcl sublingual film 12-</i>	
<i>mg, 2.5-6.25 mg, 5-6.25 mg</i>	10	<i>3 mg</i>	32
<i>bleomycin sulfate</i>	17	<i>buprenorphine hcl-naloxone hcl sublingual film 2-</i>	
BLISOVI 24 FE	60	<i>0.5 mg</i>	32
BLISOVI FE 1.5/30	60	<i>buprenorphine hcl-naloxone hcl sublingual film 4-1</i>	
BLISOVI FE 1/20	61	<i>mg</i>	33
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5		<i>buprenorphine hcl-naloxone hcl sublingual film 8-2</i>	
LF-MCG/0.5	67	<i>mg</i>	33
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED		<i>buprenorphine hcl-naloxone hcl sublingual tablet</i>	
SYRINGE	67	<i>sublingual 2-0.5 mg</i>	33
<i>bortezomib injection solution reconstituted 1 mg,</i>		<i>buprenorphine hcl-naloxone hcl sublingual tablet</i>	
<i>3.5 mg</i>	17	<i>sublingual 8-2 mg</i>	33
<i>bortezomib injection solution reconstituted 2.5</i>		<i>buprenorphine transdermal patch weekly 10 mcg/</i>	
<i>mg</i>	17	<i>hr, 15 mcg/hr</i>	13
<i>bosentan</i>	82	<i>buprenorphine transdermal patch weekly 20 mcg/</i>	
BOSULIF ORAL CAPSULE 100 MG	17	<i>hr</i>	13
BOSULIF ORAL CAPSULE 50 MG	17	<i>buprenorphine transdermal patch weekly 5 mcg/</i>	
BOSULIF ORAL TABLET 100 MG	17	<i>hr, 7.5 mcg/hr</i>	13
BOSULIF ORAL TABLET 400 MG, 500 MG	17	<i>bupropion hcl er (smoking det)</i>	33
BOTOX	32	<i>bupropion hcl er (sr) oral tablet extended release</i>	
BRAFTOVI ORAL CAPSULE 75 MG	17	<i>12 hour 100 mg</i>	33
BREO ELLIPTA INHALATION AEROSOL POWDER		<i>bupropion hcl er (sr) oral tablet extended release</i>	
BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/		<i>12 hour 150 mg, 200 mg</i>	33
ACT, 50-25 MCG/INH	82	<i>bupropion hcl er (xl) oral tablet extended release</i>	
<i>breyana</i>	82	<i>24 hour 150 mg</i>	33
BREZTRI AEROSPHERE	82	<i>bupropion hcl er (xl) oral tablet extended release</i>	
<i>briellyn</i>	61	<i>24 hour 300 mg</i>	33
BRILINTA	24	<i>bupropion hcl oral tablet 100 mg</i>	33
<i>brimonidine tartrate ophthalmic</i>	79	<i>bupropion hcl oral tablet 75 mg</i>	33
<i>brimonidine tartrate-timolol</i>	79	<i>buspirone hcl oral</i>	33
<i>brinzolamide</i>	79	<i>butalbital-apap-caff-cod</i>	13
BRIVIACT INTRAVENOUS	32	<i>butalbital-apap-caffeine oral capsule</i>	33
BRIVIACT ORAL SOLUTION	32	<i>butalbital-apap-caffeine oral tablet 50-325-40</i>	
BRIVIACT ORAL TABLET	32	<i>mg</i>	33
<i>bromfenac sodium (once-daily)</i>	79	<i>butalbital-asa-caff-codeine</i>	13
<i>bromfenac sodium ophthalmic solution 0.07 %</i> ...	80	<i>butalbital-aspirin-caffeine oral capsule</i>	33
<i>bromocriptine mesylate oral</i>	32	<i>butorphanol tartrate injection</i>	13
BRONCHITOL	82	<i>butorphanol tartrate nasal</i>	14

BYDUREON BCISE	52	carbinoxamine maleate oral tablet 6 mg	82
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	52	carboplatin intravenous solution	17
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	52	CARDURA XL	59
C		carglumic acid oral tablet soluble	49
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML	71	carisoprodol oral tablet 350 mg	33
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML	71	carteolol hcl	80
cabergoline	61	CARTIA XT	27
CABOMETYX	17	carvedilol	27
calcipotriene external cream	45	carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	10
calcipotriene external ointment	46	carvedilol phosphate er	27
calcipotriene external solution	46	CAYSTON	82
calcipotriene-betameth diprop external ointment	46	cefaclor er	71
calcitonin (salmon) injection	52	cefaclor oral capsule	71
calcitonin (salmon) nasal	52	cefaclor oral suspension reconstituted 250 mg/5ml	71
CALCITRENE	46	cefadroxil	71
calcitriol external	46	cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg	71
calcitriol intravenous solution 1 mcg/ml	52	cefazolin sodium injection solution reconstituted 100 gm, 300 gm	71
calcitriol oral	52	cefazolin sodium intravenous solution reconstituted 1 gm	71
calcium acetate (phos binder)	52	cefazolin sodium intravenous solution reconstituted 2 gm, 3 gm	71
calcium acetate oral tablet 667 mg	52	cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%	71
CALQUENCE	17	cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-(50ml), 2-3 gm-(50ml)	71
CAMILA	61	cefdinir	71
CAMRESE	61	cefepime hcl injection solution reconstituted 1 gm	71
CAMRESE LO	61	cefepime hcl intravenous solution	71
candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg	26	cefepime hcl intravenous solution reconstituted 100 gm	71
candesartan cilexetil oral tablet 32 mg	26	cefepime hcl intravenous solution reconstituted 2 gm	71
candesartan cilexetil-hctz oral tablet 16-12.5 mg	27	cefixime	71
candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg	27	cefotetan disodium injection solution reconstituted 1 gm, 2 gm	71
CAPLYTA	33	cefoxitin sodium intravenous	71
CAPRELSA ORAL TABLET 100 MG	17	cefpodoxime proxetil	71
CAPRELSA ORAL TABLET 300 MG	17	cefprozil	71
captopril oral tablet 100 mg	27	ceftazidime injection solution reconstituted 1 gm, 6 gm	71
captopril oral tablet 12.5 mg, 25 mg, 50 mg	27	ceftazidime intravenous	71
captopril-hydrochlorothiazide	27	ceftriaxone sodium in dextrose	71
carbamazepine er	33	ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	72
carbamazepine oral	33	ceftriaxone sodium injection solution reconstituted 100 gm	72
carbidopa oral	33	ceftriaxone sodium intravenous	72
carbidopa-levodopa	33		
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	33		
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	33		
carbinoxamine maleate oral solution	82		
carbinoxamine maleate oral tablet 4 mg	82		

ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)	72	ciprofloxacin hcl oral tablet 750 mg	72
cefuroxime axetil oral tablet 250 mg	72	ciprofloxacin hcl otic	81
cefuroxime axetil oral tablet 500 mg	72	ciprofloxacin in d5w	72
cefuroxime sodium injection solution reconstituted 750 mg	72	ciprofloxacin-dexamethasone	81
cefuroxime sodium intravenous solution reconstituted 1.5 gm	72	cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml	17
celecoxib oral capsule 100 mg, 200 mg, 50 mg	14	citalopram hydrobromide oral solution	33
celecoxib oral capsule 400 mg	14	citalopram hydrobromide oral tablet 10 mg	33
cephalexin oral capsule 250 mg, 500 mg	72	citalopram hydrobromide oral tablet 20 mg	33
cephalexin oral capsule 750 mg	72	citalopram hydrobromide oral tablet 40 mg	33
cephalexin oral suspension reconstituted 125 mg/5ml	72	CLARAVIS	46
cephalexin oral suspension reconstituted 250 mg/5ml	72	clarithromycin er	72
cephalexin oral tablet	72	clarithromycin oral	72
cetirizine hcl oral solution	82	clemastine fumarate oral tablet 2.68 mg	82
cevimeline hcl	46	CLENPIQ	56
CHARLOTTE 24 FE	61	CLEOCIN VAGINAL SUPPOSITORY	59
CHATEAL EQ	61	CLIMARA PRO	61
CHEMET	52	CLINDACIN	46
chlordiazepoxide hcl	33	clindamycin hcl oral	72
chlordiazepoxide-amitriptyline	33	clindamycin palmitate hcl	72
chlorhexidine gluconate mouth/throat	46	clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	46
chloroquine phosphate oral	72	clindamycin phosphate external gel	46
chlorpromazine hcl injection	33	clindamycin phosphate external lotion	46
chlorpromazine hcl oral concentrate	33	clindamycin phosphate external solution	46
chlorpromazine hcl oral tablet	33	clindamycin phosphate external swab	46
chlorthalidone oral tablet 25 mg, 50 mg	27	clindamycin phosphate in d5w	72
chlorthalidone oral tablet 25 mg, 50 mg	10	clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/60ml	72
chlorzoxazone oral tablet 500 mg	33	clindamycin phosphate injection solution 900 mg/6ml	72
cholestyramine light	27	clindamycin phosphate vaginal	59
cholestyramine oral	27	clindamycin-tretinoin	46
CICLODAN EXTERNAL SOLUTION	46	CLINIMIX E/DEXTROSE (2.75/5)	49
ciclopirox external	46	CLINIMIX E/DEXTROSE (4.25/10)	50
ciclopirox olamine external cream	46	CLINIMIX E/DEXTROSE (4.25/5)	50
ciclopirox olamine external suspension	46	CLINIMIX E/DEXTROSE (5/15)	50
cidofovir intravenous	72	CLINIMIX E/DEXTROSE (5/20)	50
cilostazol	24	clinimix e/dextrose (8/10)	50
CIMDUO	72	clinimix e/dextrose (8/14)	50
cimetidine hcl oral solution 300 mg/5ml	56	CLINIMIX/DEXTROSE (4.25/10)	50
cimetidine oral tablet 200 mg	56	CLINIMIX/DEXTROSE (4.25/5)	50
cimetidine oral tablet 300 mg, 400 mg, 800 mg ...	56	CLINIMIX/DEXTROSE (5/15)	50
cinacalcet hcl oral tablet 30 mg	52	CLINIMIX/DEXTROSE (5/20)	50
cinacalcet hcl oral tablet 60 mg	52	clinimix/dextrose (6/5)	50
cinacalcet hcl oral tablet 90 mg	52	clinimix/dextrose (8/10)	50
CINRYZE	24	clinimix/dextrose (8/14)	50
CIPRO HC	81	CLINISOL SF	50
CIPRO ORAL SUSPENSION RECONSTITUTED	72	CLINOLIPID	50
ciprofloxacin hcl ophthalmic	80	clobazam oral suspension	33
ciprofloxacin hcl oral tablet 250 mg, 500 mg	72	clobazam oral tablet 10 mg	34
		clobazam oral tablet 20 mg	34
		clobetasol propionate e	46

clobetasol propionate emulsion	46	COMPLERA	72
clobetasol propionate external cream	46	COMPRO	56
clobetasol propionate external foam	46	constulose	56
clobetasol propionate external gel	46	COPIKTRA	17
clobetasol propionate external lotion	46	CORLANOR ORAL SOLUTION	27
clobetasol propionate external ointment	46	CORTIFOAM EXTERNAL	57
clobetasol propionate external shampoo	46	CORTISPORIN-TC	81
clobetasol propionate external solution	46	COSENTYX (300 MG DOSE)	67
clocortolone pivalate	46	COSENTYX SENSOREADY (300 MG)	67
CLODAN EXTERNAL SHAMPOO	46	COSENTYX SENSOREADY PEN	67
clomipramine hcl oral	34	COSENTYX SUBCUTANEOUS SOLUTION PREFILLED	
clonazepam oral tablet 0.5 mg	34	SYRINGE 150 MG/ML	67
clonazepam oral tablet 1 mg	34	COSENTYX SUBCUTANEOUS SOLUTION PREFILLED	
clonazepam oral tablet 2 mg	34	SYRINGE 75 MG/0.5ML	67
clonazepam oral tablet dispersible 0.125 mg	34	COTELLIC	17
clonazepam oral tablet dispersible 0.25 mg	34	CREON	59
clonazepam oral tablet dispersible 0.5 mg	34	CRINONE	61
clonazepam oral tablet dispersible 1 mg	34	cromolyn sodium inhalation	82
clonazepam oral tablet dispersible 2 mg	34	cromolyn sodium ophthalmic	80
clonidine	27	cromolyn sodium oral	59
clonidine hcl er oral tablet extended release 12		CROTAN	46
hour	34	CRYSELLE-28	61
clonidine hcl oral	27	cyclobenzaprine hcl oral	34
clopidogrel bisulfate oral tablet 300 mg	24	cyclopentolate hcl ophthalmic solution 1 %	80
clopidogrel bisulfate oral tablet 75 mg	24	cyclophosphamide intravenous solution 500 mg/	
clorazepate dipotassium	34	2.5ml	17
clotrimazole external cream	46	cyclophosphamide oral capsule	17
clotrimazole external solution	46	CYCLOSET	52
clotrimazole mouth/throat troche	46	cyclosporine modified	67
clotrimazole-betamethasone	46	cyclosporine ophthalmic	80
clozapine oral tablet 100 mg	34	cyclosporine oral capsule	67
clozapine oral tablet 200 mg	34	cyproheptadine hcl oral syrup	83
clozapine oral tablet 25 mg	34	cyproheptadine hcl oral tablet	83
clozapine oral tablet 50 mg	34	CYRAMZA	17
clozapine oral tablet dispersible 100 mg	34	CYRED EQ	61
clozapine oral tablet dispersible 12.5 mg	34	CYSTAGON	59
clozapine oral tablet dispersible 150 mg	34	CYSTARAN	80
clozapine oral tablet dispersible 200 mg	34	D	
clozapine oral tablet dispersible 25 mg	34	dabigatran etexilate mesylate	24
COARTEM	72	dalfampridine er	34
codeine sulfate oral tablet	14	danazol oral	61
colchicine oral	14	dantrolene sodium oral	34
colchicine-probenecid	14	dapsone external	46
colesevelam hcl	27	dapsone oral	72
colestipol hcl	27	DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-	
colistimethate sodium (cba)	72	5	67
COMBIPATCH	61	daptomycin intravenous solution reconstituted 500	
COMBIVENT RESPIMAT	82	mg	72
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 &		darifenacin hydrobromide er	59
20 MG	17	darunavir oral tablet 600 mg	72
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG		darunavir oral tablet 800 mg	72
& 80 MG	17	DARZALEX	17
COMETRIQ (60 MG DAILY DOSE)	17	DARZALEX FASPRO	17

DASETTA 1/35	61	dexamethasone sodium phosphate	
DASETTA 7/7/7	61	ophthalmic	80
DAURISMO ORAL TABLET 100 MG	17	dexlansoprazole	57
DAURISMO ORAL TABLET 25 MG	17	dexmethylphenidate hcl	34
DAYSEE	61	dexmethylphenidate hcl er oral capsule extended	
DEBLITANE	61	release 24 hour 10 mg, 15 mg, 25 mg, 30 mg, 35 mg,	
decitabine	17	40 mg, 5 mg	34
deferasirox oral tablet 90 mg	52	dextroamphetamine sulfate er oral capsule	
deferasirox oral tablet soluble 125 mg	52	extended release 24 hour 10 mg, 5 mg	34
deferasirox oral tablet soluble 250 mg, 500 mg ...	52	dextroamphetamine sulfate er oral capsule	
deferiprone oral tablet 1000 mg	52	extended release 24 hour 15 mg	34
deferiprone oral tablet 500 mg	52	dextroamphetamine sulfate oral solution	34
DELSTRIGO	72	dextroamphetamine sulfate oral tablet 10 mg ...	34
DELYLA	61	dextroamphetamine sulfate oral tablet 5 mg	34
demeclocycline hcl oral	72	dextrose 5%/electrolyte #48	50
DENTA 5000 PLUS	46	dextrose in lactated ringers	50
DENTAGEL	46	dextrose intravenous solution 10 %, 5 %, 50 %, 70	
DEPO-ESTRADIOL	61	%	50
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS		dextrose intravenous solution 250 mg/ml	50
SUSPENSION PREFILLED SYRINGE	61	dextrose-sodium chloride intravenous solution 10-	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION		0.2 %	50
100 MG/ML	61	dextrose-sodium chloride intravenous solution 10-	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION		0.45 %, 5-0.2 %, 5-0.225 %, 5-0.3 %, 5-0.45 %, 5-0.9	
200 MG/ML	61	%	50
DESCOVY	72	DIACOMIT ORAL CAPSULE 250 MG	34
desipramine hcl oral	34	DIACOMIT ORAL CAPSULE 500 MG	34
desloratadine	83	DIACOMIT ORAL PACKET 250 MG	34
desmopressin ace spray refrig	61	DIACOMIT ORAL PACKET 500 MG	35
desmopressin acetate injection	61	diazepam injection	35
desmopressin acetate oral	61	DIAZEPAM INTENSOL	35
desmopressin acetate pf	61	diazepam oral concentrate	35
desmopressin acetate spray	61	diazepam oral solution 5 mg/5ml	35
desogestrel-ethinyl estradiol	61	diazepam oral tablet 10 mg	35
desonide external cream	46	diazepam oral tablet 2 mg	35
desonide external lotion	46	diazepam oral tablet 5 mg	35
desonide external ointment	46	diazepam rectal	35
desoximetasone external cream	46	diazoxide oral	52
desoximetasone external gel	46	diclofenac potassium oral tablet 50 mg	14
desoximetasone external liquid	46	diclofenac sodium er	14
desoximetasone external ointment	47	diclofenac sodium external gel 1 %	14
desvenlafaxine er	34	diclofenac sodium external gel 3 %	47
desvenlafaxine succinate er	34	diclofenac sodium external solution 1.5 %	14
DEXAMETHASONE INTENSOL	61	diclofenac sodium ophthalmic	80
dexamethasone oral elixir	61	diclofenac sodium oral	14
dexamethasone oral solution	61	diclofenac-misoprostol oral tablet delayed	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg,		release	14
1.5 mg	61	dicloxacillin sodium	73
dexamethasone oral tablet 2 mg, 4 mg, 6 mg	61	dicyclomine hcl oral capsule	57
dexamethasone oral tablet therapy pack	61	dicyclomine hcl oral solution	57
dexamethasone sod phos +rfid	61	dicyclomine hcl oral tablet	57
dexamethasone sod phosphate pf injection		DIFICID	73
solution	61	diflorasone diacetate external	47
dexamethasone sodium phosphate injection	61	diflunisal oral	14

difluprednate	80	DOVATO	73
digox oral tablet 125 mcg	27	doxazosin mesylate oral	27
digox oral tablet 250 mcg	27	doxepin hcl oral capsule	35
digoxin oral solution	27	doxepin hcl oral concentrate	35
digoxin oral tablet 125 mcg	27	doxepin hcl oral tablet	35
digoxin oral tablet 250 mcg	27	doxercalciferol intravenous	52
digoxin oral tablet 62.5 mcg	27	doxercalciferol oral	52
dihydroergotamine mesylate injection	35	doxorubicin hcl intravenous solution	18
dihydroergotamine mesylate nasal	35	doxorubicin hcl intravenous solution reconstituted	18
DILANTIN ORAL CAPSULE 30 MG	35	doxorubicin hcl liposomal	18
dilt-xr	27	DOXY 100	73
diltiazem hcl er beads	27	doxycycline	73
diltiazem hcl er coated beads oral capsule extended release 24 hour	27	doxycycline hyclate intravenous	73
diltiazem hcl er oral capsule extended release 12 hour	27	doxycycline hyclate oral capsule	73
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	27	doxycycline hyclate oral tablet 100 mg, 20 mg	73
diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	27	doxycycline monohydrate oral capsule 100 mg, 50 mg	73
diltiazem hcl intravenous solution	27	doxycycline monohydrate oral suspension reconstituted	73
diltiazem hcl intravenous solution reconstituted	27	doxycycline monohydrate oral tablet	73
diltiazem hcl oral	27	DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	35
dimethyl fumarate oral capsule delayed release 120 mg	35	DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	35
dimethyl fumarate oral capsule delayed release 240 mg	35	dronabinol	57
dimethyl fumarate starter pack oral capsule delayed release therapy pack	35	drospiren-eth estrad-levomefol	61
diphenhydramine hcl injection	83	drospirenone-ethinyl estradiol	61
diphenoxylate-atropine oral liquid	57	DROXIA	24
diphenoxylate-atropine oral tablet 2.5-0.025 mg	57	droxidopa oral capsule 100 mg	27
diphtheria-tetanus toxoids dt	67	droxidopa oral capsule 200 mg, 300 mg	27
dipyridamole oral	24	DUAVEE	61
disopyramide phosphate oral	27	DULERA	83
disulfiram oral	35	duloxetine hcl oral capsule delayed release particles 20 mg	35
divalproex sodium er oral tablet extended release 24 hour	35	duloxetine hcl oral capsule delayed release particles 30 mg	35
divalproex sodium oral capsule delayed release sprinkle	35	duloxetine hcl oral capsule delayed release particles 40 mg	35
divalproex sodium oral tablet delayed release ...	35	duloxetine hcl oral capsule delayed release particles 60 mg	35
dofetilide	27	DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	47
DOLISHALE	61	DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	47
donepezil hcl oral tablet 10 mg, 5 mg	35	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	47
donepezil hcl oral tablet 23 mg	35	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	47
donepezil hcl oral tablet dispersible	35	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	47
dorzolamide hcl ophthalmic	80	duramorph	14
dorzolamide hcl-timolol mal	80	dutasteride oral	59
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	80		
DOTTI	61		

<i>dutasteride-tamsulosin hcl</i>	59	ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325	
DYSPORT	35	MG, 7.5-325 MG	14
E		ENERGIX-B INJECTION SUSPENSION 20 MCG/ML	67
E.E.S. 400 ORAL TABLET	73	ENERGIX-B INJECTION SUSPENSION PREFILLED	
<i>ec-naproxen</i>	14	SYRINGE	67
<i>econazole nitrate external</i>	47	ENHERTU	18
EDURANT	73	ENILLORING	62
<i>efavirenz oral capsule 200 mg</i>	73	<i>enoxaparin sodium injection solution 300 mg/</i>	
<i>efavirenz oral capsule 50 mg</i>	73	<i>3ml</i>	24
<i>efavirenz oral tablet</i>	73	<i>enoxaparin sodium injection solution prefilled</i>	
<i>efavirenz-emtricitab-tenofo df</i>	73	<i>syringe 100 mg/ml, 150 mg/ml</i>	24
<i>efavirenz-lamivudine-tenofovir</i>	73	<i>enoxaparin sodium injection solution prefilled</i>	
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	50	<i>syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	24
EGRIFTA SV	61	<i>enoxaparin sodium injection solution prefilled</i>	
<i>eletriptan hydrobromide</i>	35	<i>syringe 30 mg/0.3ml</i>	24
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 7.5 MG	18	<i>enoxaparin sodium injection solution prefilled</i>	
ELIGARD SUBCUTANEOUS KIT 30 MG, 45 MG	18	<i>syringe 40 mg/0.4ml</i>	24
ELINEST	61	<i>enoxaparin sodium injection solution prefilled</i>	
ELIQUIS	24	<i>syringe 60 mg/0.6ml</i>	24
ELIQUIS DVT/PE STARTER PACK ORAL TABLET		ENPRESSE-28	62
THERAPY PACK	24	ENSKYCE ORAL TABLET 0.15-30 MG-MCG	62
ELITEK	18	<i>entacapone</i>	35
ELIXOPHYLLIN	83	<i>entecavir</i>	73
ELMIRON	59	ENTRESTO ORAL CAPSULE SPRINKLE	27
ELURYNG	61	ENTRESTO ORAL TABLET 24-26 MG	27
EMCYT	18	ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	27
EMEND ORAL SUSPENSION RECONSTITUTED	57	<i>enulose</i>	57
EMGALITY	35	ENVARUSUS XR	67
EMGALITY (300 MG DOSE)	35	EPCLUSA ORAL PACKET 150-37.5 MG	73
EMPLICITI	18	EPCLUSA ORAL PACKET 200-50 MG	73
EMSAM	35	EPCLUSA ORAL TABLET 200-50 MG	73
<i>emtricitabine</i>	73	EPCLUSA ORAL TABLET 400-100 MG	73
<i>emtricitabine-tenofovir df oral tablet 100-150 mg,</i>		EPIDIOLEX	36
<i>200-300 mg</i>	73	<i>epinastine hcl</i>	80
<i>emtricitabine-tenofovir df oral tablet 133-200 mg,</i>		<i>epinephrine (anaphylaxis)</i>	83
<i>167-250 mg</i>	73	<i>epinephrine injection solution 0.3 mg/0.3ml</i>	83
EMTRIVA ORAL SOLUTION	73	<i>epinephrine injection solution auto-injector 0.15 mg/</i>	
EMZAHH	62	<i>0.3ml, 0.3 mg/0.3ml</i>	83
<i>enalapril maleate oral tablet</i>	27	EPITOL	36
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg,</i>		<i>eplerenone</i>	27
<i>5 mg</i>	10	EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000	
<i>enalapril-hydrochlorothiazide</i>	27	UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg,</i>		ML	24-25
<i>5-12.5 mg</i>	10	EPRONTIA	36
ENBREL MINI	67	EQUETRO ORAL CAPSULE EXTENDED RELEASE 12	
ENBREL SUBCUTANEOUS SOLUTION 25 MG/		HOUR 100 MG	36
0.5ML	67	EQUETRO ORAL CAPSULE EXTENDED RELEASE 12	
ENBREL SUBCUTANEOUS SOLUTION PREFILLED		HOUR 200 MG	36
SYRINGE 25 MG/0.5ML	67	EQUETRO ORAL CAPSULE EXTENDED RELEASE 12	
ENBREL SUBCUTANEOUS SOLUTION PREFILLED		HOUR 300 MG	36
SYRINGE 50 MG/ML	67	ERBITUX	18
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-		<i>ergoloid mesylates oral</i>	36
INJECTOR	67	ERGOMAR	36

ergotamine-caffeine	36	etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml	18
ERIVEDGE	18	etravirine oral tablet 100 mg	74
ERLEADA ORAL TABLET 240 MG	18	etravirine oral tablet 200 mg	74
ERLEADA ORAL TABLET 60 MG	18	EUTHYROX	62
erlotinib hcl oral tablet 100 mg, 150 mg	18	EVAMIST	62
erlotinib hcl oral tablet 25 mg	18	everolimus oral tablet 0.25 mg	67
ERRIN	62	everolimus oral tablet 0.5 mg, 1 mg	67
ertapenem sodium	73	everolimus oral tablet 0.75 mg	67
ery	47	everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	18
ERY-TAB	73	everolimus oral tablet soluble	18
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	73	EVOTAZ	74
ERYTHROCIN STEARATE ORAL TABLET 250 MG	73	exemestane	18
erythromycin base oral	73	EXKIVITY	18
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	73	ezetimibe	28
erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	73	ezetimibe-simvastatin	28
erythromycin ethylsuccinate oral tablet	73	F	
erythromycin external gel	47	FABRAZYME	59
erythromycin external solution	47	FALMINA	62
erythromycin lactobionate	73	famciclovir oral tablet 125 mg, 250 mg	74
erythromycin ophthalmic	80	famciclovir oral tablet 500 mg	74
erythromycin oral	73	famotidine (pf)	57
escitalopram oxalate oral solution	36	famotidine intravenous solution 200 mg/20ml, 40 mg/4ml	57
escitalopram oxalate oral tablet 10 mg	36	famotidine oral suspension reconstituted	57
escitalopram oxalate oral tablet 20 mg	36	famotidine oral tablet 20 mg, 40 mg	57
escitalopram oxalate oral tablet 5 mg	36	famotidine premixed	57
ESGIC ORAL CAPSULE	36	FANAPT ORAL TABLET 1 MG	36
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	57	FANAPT ORAL TABLET 10 MG, 12 MG	36
esomeprazole sodium intravenous solution reconstituted 40 mg	57	FANAPT ORAL TABLET 2 MG	36
ESTARYLLA	62	FANAPT ORAL TABLET 4 MG	36
estazolam	36	FANAPT ORAL TABLET 6 MG	36
estradiol oral	62	FANAPT ORAL TABLET 8 MG	36
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	62	FANAPT TITRATION PACK	36
estradiol transdermal patch twice weekly	62	FARXIGA	52
estradiol transdermal patch weekly	62	febuxostat	14
estradiol vaginal	62	felbamate oral suspension	36
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	62	felbamate oral tablet	36
estradiol-norethindrone acet	62	felodipine er	28
ESTRING	62	FEMRING	62
eszopiclone	36	FEMYNOR	62
ethambutol hcl oral	73	fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	28
ethosuximide oral	36	fenofibrate oral capsule 134 mg, 200 mg, 50 mg, 67 mg	28
ethynodiol diac-eth estradiol	62	fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	28
etodolac er	14	fenofibrate oral tablet 40 mg	28
etodolac oral	14	fenofibric acid oral capsule delayed release	28
etonogestrel-ethinyl estradiol	62	fenoprofen calcium oral tablet	14
		fentanyl citrate buccal	14

<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	14	<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act</i>	83
FERRIPROX ORAL SOLUTION	52	<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>	83
<i>fesoterodine fumarate er</i>	59	<i>fluticasone propionate external</i>	47
FETZIMA	36	<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	83
FETZIMA TITRATION	36	<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	83
<i>finasteride oral tablet 5 mg</i>	59	<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	83
<i>finbolimod hcl</i>	36	<i>fluticasone propionate nasal</i>	83
FINTEPLA	36	<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	83
FINZALA	62	<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	83
FIRDAPSE	36	<i>fluvastatin sodium</i>	28
FIRMAGON (240 MG DOSE)	18	<i>fluvastatin sodium er</i>	28
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	18	<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg</i>	36
FIRVANQ	74	<i>fluvoxamine maleate er oral capsule extended release 24 hour 150 mg</i>	36
FLAC	81	<i>fluvoxamine maleate oral tablet 100 mg</i>	36
FLAREX	80	<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i> ...	37
<i>flavoxate hcl</i>	60	FML FORTE	80
<i>flecainide acetate</i>	28	<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	25
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	74	<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	25
<i>fluconazole oral</i>	74	<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	25
<i>flucytosine oral</i>	74	<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	25
<i>fludrocortisone acetate oral</i>	62	<i>formoterol fumarate inhalation</i>	83
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	83	FOSAMAX PLUS D	52
<i>fluocinolone acetonide body</i>	47	<i>fosamprenavir calcium</i>	74
<i>fluocinolone acetonide external</i>	47	<i>fosfomycin tromethamine</i>	74
<i>fluocinolone acetonide otic</i>	81	<i>fosinopril sodium</i>	28
<i>fluocinolone acetonide scalp</i>	47	<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	10
<i>fluocinonide emulsified base</i>	47	<i>fosinopril sodium-hctz oral tablet 10-12.5 mg</i>	28
<i>fluocinonide external cream 0.05 %</i>	47	<i>fosinopril sodium-hctz oral tablet 20-12.5 mg</i>	28
<i>fluocinonide external cream 0.1 %</i>	47	FOTIVDA	18
<i>fluocinonide external gel</i>	47	FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML	25
<i>fluocinonide external ointment</i>	47	FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	25
<i>fluocinonide external solution</i>	47	FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 7500 UNIT/0.3ML ...	25
<i>fluorometholone ophthalmic</i>	80		
<i>fluorouracil external cream 5 %</i>	47		
<i>fluorouracil external solution</i>	47		
<i>fluorouracil intravenous</i>	18		
<i>fluoxetine hcl oral capsule 10 mg</i>	36		
<i>fluoxetine hcl oral capsule 20 mg</i>	36		
<i>fluoxetine hcl oral capsule 40 mg</i>	36		
<i>fluoxetine hcl oral capsule delayed release</i>	36		
<i>fluoxetine hcl oral solution</i>	36		
<i>fluphenazine decanoate injection</i>	36		
<i>fluphenazine hcl injection</i>	36		
<i>fluphenazine hcl oral</i>	36		
<i>flurandrenolide external cream</i>	47		
<i>flurandrenolide external lotion</i>	47		
<i>flurbiprofen oral tablet 100 mg</i>	14		
<i>flurbiprofen sodium</i>	80		

FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED	generlac	57
SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	GENGRAF ORAL CAPSULE 100 MG, 25 MG	67
<i>frovatriptan succinate</i>	GENGRAF ORAL SOLUTION	67
FRUZAQLA ORAL CAPSULE 1 MG	GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED	
FRUZAQLA ORAL CAPSULE 5 MG	SYRINGE	62
FULPHILA	GENOTROPIN SUBCUTANEOUS CARTRIDGE	62
<i>fulvestrant intramuscular solution prefilled</i>	GENTAK OPHTHALMIC OINTMENT	80
<i>syringe</i>	<i>gentamicin in saline intravenous solution 0.8-0.9</i>	
<i>furosemide injection</i>	<i>mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/</i>	
<i>furosemide oral solution 10 mg/ml</i>	<i>ml-%</i>	74
<i>furosemide oral solution 8 mg/ml</i>	<i>gentamicin in saline intravenous solution 2-0.9 mg/</i>	
<i>furosemide oral tablet</i>	<i>ml-%</i>	74
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	<i>gentamicin sulfate external</i>	47
FUZEON SUBCUTANEOUS SOLUTION	<i>gentamicin sulfate injection</i>	74
RECONSTITUTED	<i>gentamicin sulfate ophthalmic solution</i>	80
FYAVOLV	GENVOYA	74
FYCOMPA ORAL SUSPENSION	GILENYA ORAL CAPSULE 0.25 MG	37
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8	GILOTRIF	18
MG	<i>glatiramer acetate subcutaneous solution prefilled</i>	
FYCOMPA ORAL TABLET 2 MG	<i>syringe 20 mg/ml</i>	37
G	<i>glatiramer acetate subcutaneous solution prefilled</i>	
<i>gabapentin oral capsule 100 mg</i>	<i>syringe 40 mg/ml</i>	37
<i>gabapentin oral capsule 300 mg</i>	GLATOPA SUBCUTANEOUS SOLUTION PREFILLED	
<i>gabapentin oral capsule 400 mg</i>	SYRINGE 20 MG/ML	37
<i>gabapentin oral solution</i>	GLATOPA SUBCUTANEOUS SOLUTION PREFILLED	
<i>gabapentin oral tablet 600 mg</i>	SYRINGE 40 MG/ML	37
<i>gabapentin oral tablet 800 mg</i>	GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	18
<i>galantamine hydrobromide er</i>	GLEOSTINE ORAL CAPSULE 100 MG	18
<i>galantamine hydrobromide oral solution</i>	<i>glimepiride oral tablet 1 mg</i>	52
<i>galantamine hydrobromide oral tablet</i>	<i>glimepiride oral tablet 2 mg</i>	52
GAMUNEX-C	<i>glimepiride oral tablet 4 mg</i>	52
<i>ganciclovir sodium intravenous solution</i>	<i>glimepiride oral tablet1 mg</i>	11
<i>reconstituted</i>	<i>glimepiride oral tablet2 mg</i>	11
GARDASIL 9	<i>glimepiride oral tablet4 mg</i>	11
<i>gatifloxacin ophthalmic</i>	<i>glipizide er oral tablet extended release 24 hour 10</i>	
GATTEX	<i>mg</i>	52
GAUZE STERILE PADS 2	<i>glipizide er oral tablet extended release 24 hour 2.5</i>	
GAVILYTE-C	<i>mg</i>	52
GAVILYTE-G	<i>glipizide er oral tablet extended release 24 hour 5</i>	
GAVILYTE-N WITH FLAVOR PACK	<i>mg</i>	52
GAVRETO	<i>glipizide er oral tablet extended release 24 hour10</i>	
GAZYVA	<i>mg</i>	11
<i>gefitinib</i>	<i>glipizide er oral tablet extended release 24 hour2.5</i>	
<i>gemcitabine hcl intravenous solution 1 gm/10ml, 2</i>	<i>mg</i>	11
<i>gm/20ml, 2 gm/52.6ml, 200 mg/2ml</i>	<i>glipizide er oral tablet extended release 24 hour5</i>	
<i>gemcitabine hcl intravenous solution 1 gm/26.3ml,</i>	<i>mg</i>	11
<i>200 mg/5.26ml</i>	<i>glipizide oral tablet 10 mg</i>	52
<i>gemcitabine hcl intravenous solution reconstituted</i>	<i>glipizide oral tablet 2.5 mg</i>	52
<i>1 gm, 2 gm</i>	<i>glipizide oral tablet 5 mg</i>	52
<i>gemcitabine hcl intravenous solution reconstituted</i>	<i>glipizide oral tablet10 mg</i>	11
<i>200 mg</i>	<i>glipizide oral tablet5 mg</i>	11
<i>gemfibrozil oral</i>	<i>glipizide xl oral tablet extended release 24 hour 10</i>	
GEMTESA	<i>mg</i>	52

glipizide xl oral tablet extended release 24 hour 2.5 mg	52	haloperidol oral	37
glipizide xl oral tablet extended release 24 hour 5 mg	53	HARVONI	74
glipizide xl oral tablet extended release 24 hour 10 mg	11	HAVRIX	67
glipizide xl oral tablet extended release 24 hour 2.5 mg	11	HEATHER	62
glipizide xl oral tablet extended release 24 hour 5 mg	11	heparin (porcine) in nacl intravenous solution 12500-0.45 ut/250ml-%, 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%	25
glipizide-metformin hcl oral tablet 2.5-250 mg	53	heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%	25
glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg	53	heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	25
glipizide-metformin hcl oral tablet 2.5-250 mg	11	heparin sodium (porcine) pf injection solution 1000 unit/ml	25
glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg	11	HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	67
GLUCAGEN HYPOKIT	53	HERCEPTIN HYLECTA	18
glucagon emergency injection kit	53	HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	19
glyburide micronized oral tablet 1.5 mg	53	HIBERIX INJECTION	67
glyburide micronized oral tablet 3 mg	53	HIDEX 6-DAY	62
glyburide micronized oral tablet 6 mg	53	HUMALOG INJECTION	53
glyburide oral tablet 1.25 mg	53	HUMALOG JUNIOR KWIKPEN	53
glyburide oral tablet 2.5 mg	53	HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	53
glyburide oral tablet 5 mg	53	HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	53
glyburide-metformin oral tablet 1.25-250 mg	53	HUMALOG MIX 75/25	53
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	53	HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	53
glycopyrrolate injection solution	57	HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	53
glycopyrrolate oral tablet 1 mg, 2 mg	57	HUMATROPE INJECTION CARTRIDGE	62
GLYDO EXTERNAL PREFILLED SYRINGE	14	HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	67
GLYXAMBI	53	HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	67-68
granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml	57	HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	68
granisetron hcl oral	57	HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	68
GRANIX	25	HUMIRA PEN-PEDIATRIC UC START	68
griseofulvin microsize oral	74	HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	68
griseofulvin ultramicrosize	74	HUMIRA-PSORIASIS/UVEIT STARTER	68
guanfacine hcl er	37	HUMULIN 70/30	53
guanfacine hcl oral	28	HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	53
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	53	HUMULIN N	53
H		HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	53
HAILEY 1.5/30	62	HUMULIN R	53
HAILEY 24 FE	62		
HAILEY FE 1.5/30	62		
HAILEY FE 1/20	62		
halobetasol propionate external cream	47		
halobetasol propionate external ointment	47		
HALOETTE	62		
HALOG EXTERNAL OINTMENT	47		
haloperidol decanoate intramuscular	37		
haloperidol lactate injection	37		
haloperidol lactate oral	37		

HUMULIN R U-500 (CONCENTRATED)	53	IBU	14
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS		<i>ibuprofen oral suspension</i>	14
SOLUTION PEN-INJECTOR	53	<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> ...	14
<i>hydralazine hcl injection</i>	28	<i>icatibant acetate</i>	25
<i>hydralazine hcl oral</i>	28	ICLEVIA	62
<i>hydrochlorothiazide oral</i>	28	ICLUSIG	19
<i>hydrochlorothiazide oral capsule</i> 12.5 mg	10	<i>icosapent ethyl</i>	28
<i>hydrochlorothiazide oral tablet</i> 12.5 mg, 25 mg, 50		IDHIFA ORAL TABLET 100 MG	19
<i>mg</i>	10	IDHIFA ORAL TABLET 50 MG	19
<i>hydrocodone-acetaminophen oral solution</i> 2.5-108		IGALMI	79
<i>mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	14	ILEVRO	80
<i>hydrocodone-acetaminophen oral tablet</i> 10-300		<i>imatinib mesylate oral tablet 100 mg</i>	19
<i>mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-</i>		<i>imatinib mesylate oral tablet 400 mg</i>	19
<i>325 mg</i>	14	IMBRUVICA ORAL CAPSULE 140 MG	19
<i>hydrocodone-ibuprofen oral tablet</i> 10-200 mg, 5-		IMBRUVICA ORAL CAPSULE 70 MG	19
<i>200 mg, 7.5-200 mg</i>	14	IMBRUVICA ORAL SUSPENSION	19
<i>hydrocortisone (perianal) external cream</i> 1 %	47	IMBRUVICA ORAL TABLET 140 MG	19
<i>hydrocortisone (perianal) external cream</i> 2.5 %	47	IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560	
<i>hydrocortisone butyr lipo base</i>	47	<i>MG</i>	19
<i>hydrocortisone butyrate external cream</i>	47	IMFINZI	19
<i>hydrocortisone butyrate external lotion</i>	47	<i>imipenem-cilastatin</i>	74
<i>hydrocortisone butyrate external ointment</i>	48	<i>imipramine hcl oral</i>	37
<i>hydrocortisone butyrate external solution</i>	48	<i>imipramine pamoate oral capsule</i> 125 mg, 150	
<i>hydrocortisone external cream</i> 1 %, 2.5 %	48	<i>mg</i>	37
<i>hydrocortisone external lotion</i> 2.5 %	48	<i>imiquimod external cream</i> 5 %	48
<i>hydrocortisone external ointment</i> 1 %, 2.5 %	48	IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/	
<i>hydrocortisone oral</i>	57	<i>2ML</i>	68
<i>hydrocortisone rectal enema</i>	57	IMOVAX RABIES INTRAMUSCULAR SUSPENSION	
<i>hydrocortisone valerate</i>	48	RECONSTITUTED	68
<i>hydrocortisone-acetic acid</i>	81	IMVEXXY MAINTENANCE PACK	62
<i>hydromorphone hcl injection solution</i> 1 mg/ml, 2		IMVEXXY STARTER PACK	62
<i>mg/ml, 4 mg/ml</i>	14	INCASSIA	62
<i>hydromorphone hcl oral liquid</i>	14	INCRELEX	62
<i>hydromorphone hcl oral tablet</i>	14	<i>indapamide oral</i>	28
<i>hydromorphone hcl pf injection solution</i> 1 mg/ml, 4		<i>indomethacin er</i>	14
<i>mg/ml</i>	14	<i>indomethacin oral capsule</i> 25 mg, 50 mg	14
<i>hydromorphone hcl pf injection solution</i> 10 mg/ml,		INFANRIX	68
<i>50 mg/5ml, 500 mg/50ml</i>	14	<i>infliximab</i>	68
<i>hydroxychloroquine sulfate oral tablet</i> 200 mg ...	74	INGREZZA ORAL CAPSULE 40 MG	37
<i>hydroxyurea oral</i>	19	INGREZZA ORAL CAPSULE 60 MG, 80 MG	37
<i>hydroxyzine hcl intramuscular</i>	83	INGREZZA ORAL CAPSULE SPRINKLE 40 MG	37
<i>hydroxyzine hcl oral syrup</i>	83	INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80	
<i>hydroxyzine hcl oral tablet</i> 10 mg, 25 mg	83	<i>MG</i>	37
<i>hydroxyzine hcl oral tablet</i> 50 mg	83	INGREZZA ORAL CAPSULE THERAPY PACK	37
<i>hydroxyzine pamoate oral</i>	83	INLYTA ORAL TABLET 1 MG	19
<i>hyoscyamine sulfate oral tablet</i>	57	INLYTA ORAL TABLET 5 MG	19
<i>hyoscyamine sulfate oral tablet dispersible</i>	57	INPEN 100-BLUE-LILLY-HUMALOG	79
<i>hyoscyamine sulfate sublingual</i>	57	INPEN 100-BLUE-NOVOLOG-FIASP	79
HYPERRAB	68	INPEN 100-GREY-LILLY-HUMALOG	79
I		INPEN 100-GREY-NOVOLOG-FIASP	79
<i>ibandronate sodium intravenous</i>	53	INPEN 100-PINK-LILLY-HUMALOG	79
<i>ibandronate sodium oral</i>	53	INPEN 100-PINK-NOVOLOG-FIASP	79
IBRANCE	19	INQOVI	19

INREBIC	19	<i>irinotecan hcl intravenous solution 500 mg/</i>	
<i>insulin lispro (1 unit dial)</i>	53	25ml	19
<i>insulin lispro injection</i>	53	ISENTRESS HD	74
<i>insulin lispro junior kwikpen</i>	53	ISENTRESS ORAL PACKET	74
<i>insulin lispro prot & lispro</i>	53	ISENTRESS ORAL TABLET	74
INSULIN PEN NEEDLE	79	ISENTRESS ORAL TABLET CHEWABLE 100 MG	74
INSULIN SYRINGE	79	ISENTRESS ORAL TABLET CHEWABLE 25 MG	74
INTELENCE ORAL TABLET 25 MG	74	ISIBLOOM	62
INTRALIPID INTRAVENOUS EMULSION 20 %	50	ISOLYTE-P IN D5W	50
INTRALIPID INTRAVENOUS EMULSION 30 %	50	ISOLYTE-S	50
INTROVALE	62	ISOLYTE-S PH 7.4	50
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION		<i>isoniazid injection</i>	74
PREFILLED SYRINGE 1092 MG/3.5ML	37	<i>isoniazid oral syrup</i>	74
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION		<i>isoniazid oral tablet</i>	74
PREFILLED SYRINGE 1560 MG/5ML	37	<i>isosorb dinitrate-hydralazine oral tablet 20-37.5</i>	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION		<i>mg</i>	28
PREFILLED SYRINGE 117 MG/0.75ML	37	<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg,</i>	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION		<i>5 mg</i>	28
PREFILLED SYRINGE 156 MG/ML	38	<i>isosorbide dinitrate oral tablet 40 mg</i>	28
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION		<i>isosorbide mononitrate</i>	28
PREFILLED SYRINGE 234 MG/1.5ML	38	<i>isosorbide mononitrate er</i>	28
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION		<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 35</i>	
PREFILLED SYRINGE 39 MG/0.25ML	38	<i>mg, 40 mg</i>	48
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION		<i>isotretinoin oral capsule 25 mg</i>	48
PREFILLED SYRINGE 78 MG/0.5ML	38	<i>isradipine</i>	28
INVEGA TRINZA INTRAMUSCULAR SUSPENSION		<i>itraconazole oral capsule</i>	74
PREFILLED SYRINGE 273 MG/0.88ML	38	<i>ivabradine hcl</i>	28
INVEGA TRINZA INTRAMUSCULAR SUSPENSION		<i>ivermectin oral</i>	74
PREFILLED SYRINGE 410 MG/1.32ML	38	IWILFIN	19
INVEGA TRINZA INTRAMUSCULAR SUSPENSION		IXCHIQ	68
PREFILLED SYRINGE 546 MG/1.75ML	38	IXIARO	68
INVEGA TRINZA INTRAMUSCULAR SUSPENSION		J	
PREFILLED SYRINGE 819 MG/2.63ML	38	JAIMESS	62
INVELTYS	80	JAKAFI	19
INVOKAMET	54	<i>jantoven</i>	25
INVOKAMET XR	54	JANUMET	54
INVOKANA	54	JANUMET XR ORAL TABLET EXTENDED RELEASE 24	
IOPIDINE OPHTHALMIC SOLUTION 1 %	80	HOUR 100-1000 MG	54
IPOL	68	JANUMET XR ORAL TABLET EXTENDED RELEASE 24	
<i>ipratropium bromide inhalation</i>	83	HOUR 50-1000 MG, 50-500 MG	54
<i>ipratropium bromide nasal</i>	83	JANUVIA	54
<i>ipratropium-albuterol</i>	83	JARDIANCE	54
<i>irbesartan</i>	28	JASMIEL	62
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	10	JAVYGTOR	59
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5</i>		JAYPIRCA ORAL TABLET 100 MG	19
<i>mg</i>	28	JAYPIRCA ORAL TABLET 50 MG	19
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5</i>		JENCYCLA	62
<i>mg</i>	28	JENTADUETO	54
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5</i>		JENTADUETO XR ORAL TABLET EXTENDED RELEASE	
<i>mg, 300-12.5 mg</i>	10	24 HOUR 2.5-1000 MG	54
<i>irinotecan hcl intravenous solution 100 mg/5ml</i>	19	JENTADUETO XR ORAL TABLET EXTENDED RELEASE	
<i>irinotecan hcl intravenous solution 300 mg/15ml,</i> 40		24 HOUR 5-1000 MG	54
<i>mg/2ml</i>	19	JEVTANA	19

JINTELI	62	KLOR-CON 10	50
JOLESSA	62	KLOR-CON M10	50
JULEBER	62	KLOR-CON M15	50
JULUCA	74	KLOR-CON M20	50
JUNEL 1.5/30	62	KLOR-CON ORAL TABLET EXTENDED RELEASE	50
JUNEL 1/20	62	KLOR-CON/EF	50
JUNEL FE 1.5/30	62	KOSELUGO	79
JUNEL FE 1/20	62	KOURZEQ	48
JUNEL FE 24	62	KRAZATI	19
JUST RIGHT 5000 DENTAL PASTE	48	KURVELO	63
JYLAMVO	68	KYLEENA	63
JYNNEOS	68	KYPROLIS	19
K		L	
KADCYLA	19	<i>l</i> -glutamine oral packet	25
KAITLIB FE	63	labetalol hcl intravenous solution	28
KALLIGA	63	labetalol hcl oral	28
KALYDECO ORAL TABLET	83	lacosamide intravenous	38
KARIVA	63	lacosamide oral solution	38
<i>kcl (0.149%) in nacl intravenous solution 20-0.45</i>		<i>lacosamide oral tablet</i>	<i>38</i>
<i>meq/l-%</i>	<i>50</i>	<i>lactated ringers intravenous</i>	<i>50</i>
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45</i>		<i>lactated ringers irrigation</i>	<i>79</i>
<i>meq/l-%, 20-5-0.2 meq/l-%, 20-5-0.225 meq/l-%</i>		<i>lactulose encephalopathy</i>	<i>57</i>
<i>%, 20-5-0.45 meq/l-%, 20-5-0.9 meq/l-%, 30-5-0.45</i>		<i>lactulose oral solution</i>	<i>57</i>
<i>meq/l-%, 40-5-0.45 meq/l-%, 40-5-0.9 meq/l-%</i>		LAGEVRIO	74
<i>%</i>	<i>50</i>	<i>lamivudine oral solution</i>	<i>74</i>
<i>kcl-lactated ringers-d5w</i>	<i>50</i>	<i>lamivudine oral tablet 100 mg</i>	<i>74</i>
<i>kedrab injection</i>	<i>68</i>	<i>lamivudine oral tablet 150 mg</i>	<i>74</i>
KELNOR 1/35	63	<i>lamivudine oral tablet 300 mg</i>	<i>75</i>
KELNOR 1/50	63	<i>lamivudine-zidovudine</i>	<i>75</i>
KERENDIA	54	<i>lamotrigine er</i>	<i>38</i>
KESIMPTA	38	<i>lamotrigine oral tablet</i>	<i>38</i>
<i>ketoconazole external cream</i>	<i>48</i>	<i>lamotrigine oral tablet chewable</i>	<i>38</i>
<i>ketoconazole external foam</i>	<i>48</i>	<i>lamotrigine oral tablet dispersible</i>	<i>38</i>
<i>ketoconazole external shampoo 2 %</i>	<i>48</i>	<i>lamotrigine starter kit-blue</i>	<i>38</i>
<i>ketoconazole oral</i>	<i>74</i>	<i>lamotrigine starter kit-orange</i>	<i>38</i>
KETODAN EXTERNAL FOAM	48	<i>lanreotide acetate</i>	<i>63</i>
<i>ketorolac tromethamine injection solution 15 mg/</i>		<i>lansoprazole oral capsule delayed release 15</i>	
<i>ml, 30 mg/ml</i>	<i>14</i>	<i>mg</i>	<i>57</i>
<i>ketorolac tromethamine intramuscular solution 60</i>		<i>lansoprazole oral capsule delayed release 30</i>	
<i>mg/2ml</i>	<i>15</i>	<i>mg</i>	<i>57</i>
<i>ketorolac tromethamine ophthalmic</i>	<i>80</i>	<i>lanthanum carbonate</i>	<i>54</i>
<i>ketorolac tromethamine oral</i>	<i>15</i>	LANTUS	54
KEYTRUDA INTRAVENOUS SOLUTION	19	LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED		INJECTOR	54
SYRINGE	68	<i>lapatinib ditosylate</i>	<i>19</i>
KIONEX ORAL SUSPENSION	54	LARIN 1.5/30	63
KISQALI (200 MG DOSE)	19	LARIN 1/20	63
KISQALI (400 MG DOSE)	19	LARIN 24 FE	63
KISQALI (600 MG DOSE)	19	LARIN FE 1.5/30	63
KISQALI FEMARA (200 MG DOSE)	19	LARIN FE 1/20	63
KISQALI FEMARA (400 MG DOSE)	19	<i>latanoprost ophthalmic</i>	<i>80</i>
KISQALI FEMARA (600 MG DOSE)	19	LAYOLIS FE	63
KLAYESTA	48	<i>ledipasvir-sofosbuvir</i>	<i>75</i>

LEENA	63	levonorgestrel-ethinyl estrad	63
leflunomide oral	68	LEVORA 0.15/30 (28)	63
lenalidomide oral capsule 10 mg	19	levothyroxine sodium oral tablet	63
lenalidomide oral capsule 15 mg, 2.5 mg, 20 mg, 25 mg	19	LEVOXYL	63
lenalidomide oral capsule 5 mg	20	LEXIVA ORAL SUSPENSION	75
LENVIMA (10 MG DAILY DOSE)	20	LIBERVANT	38
LENVIMA (12 MG DAILY DOSE)	20	lidocaine external ointment 5 %	15
LENVIMA (14 MG DAILY DOSE)	20	lidocaine external patch 5 %	15
LENVIMA (18 MG DAILY DOSE)	20	lidocaine hcl (pf) injection solution 1 %, 1.5 %	15
LENVIMA (20 MG DAILY DOSE)	20	lidocaine hcl external solution	15
LENVIMA (24 MG DAILY DOSE)	20	lidocaine hcl injection solution 0.5 %, 1 %, 2 %	15
LENVIMA (4 MG DAILY DOSE)	20	lidocaine hcl mouth/throat	15
LENVIMA (8 MG DAILY DOSE)	20	lidocaine hcl urethral/mucosal	15
LESSINA	63	lidocaine viscous hcl	15
letrozole oral	20	lidocaine-prilocaine external cream	15
leucovorin calcium injection solution 100 mg/10ml	20	LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	63
leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 500 mg	20	lincomycin hcl injection	75
leucovorin calcium oral	20	linezolid in sodium chloride	75
LEUKERAN	20	linezolid intravenous solution 600 mg/300ml	75
LEUKINE INJECTION SOLUTION RECONSTITUTED ..	25	linezolid oral suspension reconstituted	75
leuprolide acetate (3 month)	20	linezolid oral tablet	75
leuprolide acetate injection	20	LINZESS	57
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	83	liothyronine sodium intravenous	63
levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml	83	liothyronine sodium oral	63
levalbuterol tartrate	83	liraglutide	54
levetiracetam er oral tablet extended release 24 hour 500 mg	38	lisinopril oral	28
levetiracetam er oral tablet extended release 24 hour 750 mg	38	lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	10
levetiracetam intravenous	38	lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg	28
levetiracetam oral	38	lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg	28
LEVO-T	63	lisinopril-hydrochlorothiazide oral tablet 20-25 mg	28
levobunolol hcl ophthalmic solution 0.5 %	80	lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	10
levocarnitine oral solution	50	lithium	38
levocarnitine oral tablet	50	lithium carbonate er	38
levocarnitine sf	50	lithium carbonate oral capsule 150 mg, 300 mg	38
levocetirizine dihydrochloride oral solution	84	lithium carbonate oral capsule 600 mg	38
levocetirizine dihydrochloride oral tablet	84	lithium carbonate oral tablet	38
levofloxacin in d5w	75	LIVTENCITY	75
levofloxacin intravenous	75	LO-ZUMANDIMINE	63
levofloxacin ophthalmic	80	LOESTRIN 1.5/30 (21)	63
levofloxacin oral solution	75	LOESTRIN FE 1.5/30	63
levofloxacin oral tablet	75	LOESTRIN FE 1/20	63
LEVONEST	63	LOJAIMIESS	63
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	63	LOKELMA ORAL PACKET 10 GM	54
levonorgest-eth est & eth est	63	LOKELMA ORAL PACKET 5 GM	54
levonorgest-eth estrad 91-day	63	LONSURF	20
		loperamide hcl oral capsule	57
		lopinavir-ritonavir oral solution	75

lopinavir-ritonavir oral tablet 100-25 mg	75	LYZA	63
lopinavir-ritonavir oral tablet 200-50 mg	75	M	
lorazepam injection	38	M-M-R II INJECTION	68
LORAZEPAM INTENSOL	38	mafenide acetate external	48
lorazepam oral concentrate	38	magnesium sulfate injection solution 50 %, 50 % (10ml syringe)	51
lorazepam oral tablet 0.5 mg, 1 mg	38	magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml	51
lorazepam oral tablet 2 mg	38	malathion external	48
LORBRENA ORAL TABLET 100 MG	20	mannitol intravenous solution 20 %, 25 %	79
LORBRENA ORAL TABLET 25 MG	20	maraviroc	75
LORYNA	63	marlissa	63
losartan potassium oral tablet 100 mg	28	MARPLAN	39
losartan potassium oral tablet 25 mg, 50 mg	29	MATULANE	20
losartan potassium oral tablet 100 mg	10	MATZIM LA	29
losartan potassium oral tablet 25 mg, 50 mg	11	MAVYRET ORAL PACKET	75
losartan potassium-hctz	29	MAVYRET ORAL TABLET	75
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	11	MAXIDEX	80
LOTEMAX OPHTHALMIC OINTMENT	80	MAYZENT ORAL TABLET 0.25 MG	39
LOTEMAX SM	80	MAYZENT ORAL TABLET 1 MG, 2 MG	39
loteprednol etabonate ophthalmic gel	80	MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	39
loteprednol etabonate ophthalmic suspension 0.2 %	80	MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	39
loteprednol etabonate ophthalmic suspension 0.5 %	80	meclizine hcl oral tablet 12.5 mg, 25 mg	57
lovastatin oral	29	meclofenamate sodium oral	15
lovastatin oral tablet 10 mg, 20 mg, 40 mg	11	MEDROL ORAL TABLET 2 MG	63
LOW-OGESTREL	63	medroxyprogesterone acetate intramuscular	63
loxapine succinate oral	38	medroxyprogesterone acetate oral	63
lubiprostone	57	mefenamic acid oral	15
luliconazole	48	mefloquine hcl	75
LUMAKRAS ORAL TABLET 120 MG	20	megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	20
LUMAKRAS ORAL TABLET 320 MG	20	megestrol acetate oral tablet	20
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	80	MEKINIST ORAL SOLUTION RECONSTITUTED	20
LUMIZYME	59	MEKINIST ORAL TABLET 0.5 MG	20
LUPRON DEPOT (1-MONTH)	20	MEKINIST ORAL TABLET 2 MG	20
LUPRON DEPOT (3-MONTH)	20	MEKTOVI	20
LUPRON DEPOT (4-MONTH)	20	meloxicam oral tablet	15
LUPRON DEPOT (6-MONTH)	20	memantine hcl er	39
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	63	memantine hcl oral solution 2 mg/ml	39
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg	38	memantine hcl oral tablet 10 mg	39
lurasidone hcl oral tablet 80 mg	38	memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	39
LUTERA	63	memantine hcl oral tablet 5 mg	39
LYBALVI	39	MENACTRA INTRAMUSCULAR SOLUTION	68
LYLEQ	63	MENEST	63
LYNPARZA ORAL TABLET	20	MENQUADFI INTRAMUSCULAR SOLUTION	68
LYSODREN	20	MENVEO	68
LYTGOBI (12 MG DAILY DOSE)	20	meperidine hcl injection solution 25 mg/ml, 50 mg/ml	15
LYTGOBI (16 MG DAILY DOSE)	20	meprobamate	39
LYTGOBI (20 MG DAILY DOSE)	20		
LYUMJEV	54		
LYUMJEV KWIKPEN	54		

mercaptopurine oral	20	methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg	39
meropenem intravenous solution reconstituted 1 gm, 500 mg	75	methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 45 mg, 54 mg, 63 mg	39
mesalamine er oral capsule extended release ...	58	methylphenidate hcl er (osm) oral tablet extended release 36 mg	39
mesalamine er oral capsule extended release 24 hour	58	methylphenidate hcl er oral tablet extended release	39
mesalamine oral capsule delayed release	58	methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg	39
mesalamine oral tablet delayed release 1.2 gm ...	58	methylphenidate hcl er oral tablet extended release 24 hour 36 mg	39
mesalamine oral tablet delayed release 800 mg	58	methylphenidate hcl oral solution 10 mg/5ml	39
mesalamine rectal	58	methylphenidate hcl oral solution 5 mg/5ml	39
mesalamine-cleanser	58	methylphenidate hcl oral tablet	39
mesna	20	methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	63
MESNEX ORAL	20	methylprednisolone oral	63
metformin hcl er oral tablet extended release 24 hour 500 mg	54	methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg	63
metformin hcl er oral tablet extended release 24 hour 750 mg	54	metoclopramide hcl injection	58
metformin hcl er oral tablet extended release 24 hour 500 mg	11	metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	58
metformin hcl er oral tablet extended release 24 hour 750 mg	12	metoclopramide hcl oral tablet	58
metformin hcl oral tablet 1000 mg	54	metolazone	29
metformin hcl oral tablet 500 mg	54	metoprolol succinate er	29
metformin hcl oral tablet 850 mg	54	metoprolol tartrate intravenous solution 5 mg/5ml	29
metformin hcl oral tablet 1000 mg	12	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	29
metformin hcl oral tablet 500 mg	12	metoprolol tartrate oral tablet 37.5 mg, 75 mg	29
metformin hcl oral tablet 850 mg	12	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	11
METHADONE HCL INTENSOL	15	metoprolol-hydrochlorothiazide	29
methadone hcl oral concentrate	15	metronidazole external	48
methadone hcl oral solution	15	metronidazole intravenous solution 500 mg/100ml	75
methadone hcl oral tablet	15	metronidazole oral	75
methazolamide oral	80	metronidazole vaginal	60
methenamine hippurate	75	metyrosine	29
methenamine mandelate oral	75	mexiletine hcl oral	29
METHERGINE ORAL	79	MIBELAS 24 FE	63
methimazole oral	63	micafungin sodium	75
methocarbamol oral tablet 500 mg, 750 mg	39	miconazole 3 vaginal suppository	60
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	68	MICROGESTIN 1.5/30	63
methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	68	MICROGESTIN 1/20	63
methotrexate sodium injection solution reconstituted	68	MICROGESTIN 24 FE	63
methotrexate sodium oral	68	MICROGESTIN FE 1.5/30	64
methoxsalen rapid	48	MICROGESTIN FE 1/20	64
methscopolamine bromide oral	58	midazolam hcl oral	39
methsuximide	39	midodrine hcl	29
methylergonovine maleate oral	79	mifepristone oral tablet 300 mg	64
methylphenidate hcl er (cd)	39	MIGERGOT	39
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 60 mg	39		

<i>miglitol</i>	54	<i>morphine sulfate oral tablet</i>	16
<i>miglustat</i>	59	MOUNJARO	54
MILI	64	MOVANTIK	58
MILLIPRED ORAL TABLET	64	<i>moxifloxacin hcl (2x day)</i>	80
MIMVEY	64	<i>moxifloxacin hcl in nacl</i>	75
<i>minocycline hcl oral</i>	75	<i>moxifloxacin hcl ophthalmic solution</i>	80
<i>minoxidil oral</i>	29	<i>moxifloxacin hcl oral</i>	75
<i>mirabegron er</i>	60	MRESVIA	68
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE		MULTAQ	29
20 MCG/DAY	64	<i>multiple electro type 1 ph 5.5</i>	51
<i>mirtazapine oral tablet 15 mg, 30 mg, 7.5 mg</i>	39	<i>multiple electro type 1 ph 7.4</i>	51
<i>mirtazapine oral tablet 45 mg</i>	39	<i>mupirocin calcium</i>	48
<i>mirtazapine oral tablet dispersible</i>	39	<i>mupirocin external</i>	48
<i>misoprostol oral</i>	58	MUTAMYCIN INTRAVENOUS SOLUTION	
<i>mitomycin intravenous solution reconstituted 5</i>		RECONSTITUTED 20 MG, 5 MG	21
<i>mg</i>	21	MUTAMYCIN INTRAVENOUS SOLUTION	
<i>modafinil oral tablet 100 mg</i>	39	RECONSTITUTED 40 MG	21
<i>modafinil oral tablet 200 mg</i>	39	<i>mycophenolate mofetil oral capsule</i>	68
<i>moexipril hcl</i>	29	<i>mycophenolate mofetil oral suspension</i>	
<i>molindone hcl</i>	39	<i>reconstituted</i>	68
<i>mometasone furoate external</i>	48	<i>mycophenolate mofetil oral tablet</i>	68
<i>mometasone furoate nasal</i>	84	<i>mycophenolate sodium</i>	68
MONDOXYNE NL ORAL CAPSULE 100 MG	75	<i>mycophenolic acid oral tablet delayed release</i>	
MONO-LINYAH	64	<i>mg, 360 mg</i>	68
<i>montelukast sodium oral</i>	84	MYHIBBIN	68
<i>morphine sulfate (concentrate) oral solution 100</i>		MYORISAN	48
<i>mg/5ml, 20 mg/ml</i>	15	MYRBETRIQ ORAL SUSPENSION RECONSTITUTED	
<i>morphine sulfate (pf) injection solution 0.5 mg/ml,</i>		ER	60
<i>1 mg/ml</i>	15	MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24	
<i>morphine sulfate (pf) injection solution 10 mg/ml, 4</i>		HOUR	60
<i>mg/ml, 5 mg/ml</i>	15	N	
<i>morphine sulfate (pf) injection solution 8 mg/</i>		<i>na sulfate-k sulfate-mg sulf</i>	58
<i>ml</i>	15	<i>nabumetone oral</i>	16
<i>morphine sulfate (pf) intravenous solution 1 mg/ml,</i>		<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	29
<i>2 mg/ml</i>	15	<i>nafcillin sodium injection solution reconstituted 1</i>	
<i>morphine sulfate (pf) intravenous solution 10 mg/</i>		<i>gm, 2 gm</i>	75
<i>ml</i>	15	<i>nafcillin sodium intravenous solution reconstituted</i>	
<i>morphine sulfate (pf) intravenous solution 8 mg/</i>		<i>10 gm</i>	75
<i>ml</i>	15	<i>naftifine hcl external cream</i>	48
<i>morphine sulfate er oral capsule extended release</i>		NAGLAZYME	59
<i>24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg,</i>		<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/</i>	
<i>80 mg</i>	15	<i>10ml</i>	39
<i>morphine sulfate er oral tablet extended release</i>		<i>naloxone hcl injection solution cartridge</i>	39
<i>100 mg, 200 mg</i>	15	<i>naloxone hcl injection solution prefilled</i>	
<i>morphine sulfate er oral tablet extended release</i>		<i>syringe</i>	40
<i>15 mg, 30 mg, 60 mg</i>	15	<i>naloxone hcl nasal</i>	40
<i>morphine sulfate injection solution 2 mg/ml, 4 mg/</i>		<i>naltrexone hcl oral</i>	40
<i>ml</i>	15	NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY	
<i>morphine sulfate intravenous solution 10 mg/ml, 50</i>		PACK	40
<i>mg/ml</i>	15	NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24	
<i>morphine sulfate intravenous solution 4 mg/ml</i>	15	HOUR	40
<i>morphine sulfate intravenous solution 8 mg/ml</i>	15	<i>naproxen dr oral tablet delayed release 500</i>	
<i>morphine sulfate oral solution</i>	16	<i>mg</i>	16

<i>naproxen oral suspension</i>	16	<i>nitazoxanide oral</i>	75
<i>naproxen oral tablet</i>	16	<i>nitisinone</i>	59
<i>naproxen oral tablet delayed release</i>	16	<i>NITRO-BID</i>	29
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	16	<i>NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/</i>	
<i>naratriptan hcl</i>	40	<i>HR, 0.8 MG/HR</i>	29
<i>NARCAN</i>	40	<i>nitrofurantoin macrocrystal oral</i>	75
<i>NATACYN</i>	80	<i>nitrofurantoin monohyd macro</i>	75
<i>nateglinide oral tablet 120 mg</i>	54	<i>nitrofurantoin oral suspension 25 mg/5ml, 50 mg/</i>	
<i>nateglinide oral tablet 60 mg</i>	54	<i>10ml</i>	75
<i>NAYZILAM</i>	40	<i>nitroglycerin intravenous</i>	29
<i>nebivolol hcl</i>	29	<i>nitroglycerin rectal</i>	48
<i>NECON 0.5/35 (28)</i>	64	<i>nitroglycerin sublingual</i>	29
<i>nefazodone hcl</i>	40	<i>nitroglycerin transdermal patch 24 hour</i>	29
<i>NEO-POLYCIN</i>	80	<i>nitroglycerin translingual solution</i>	29
<i>NEO-POLYCIN HC</i>	80	<i>NIVESTYM INJECTION SOLUTION</i>	25
<i>neomycin sulfate oral</i>	75	<i>NIVESTYM INJECTION SOLUTION PREFILLED</i>	
<i>neomycin-bacitracin zn-polymyx</i>	80	<i>SYRINGE</i>	25
<i>neomycin-polymyxin b gu</i>	79	<i>nizatidine oral capsule</i>	58
<i>neomycin-polymyxin-dexameth</i>	80	<i>NORA-BE</i>	64
<i>neomycin-polymyxin-gramicidin ophthalmic solution</i>		<i>NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION</i>	
<i>1.75-10000-.025</i>	80	<i>PEN-INJECTOR</i>	64
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-</i>		<i>norelgestromin-eth estradiol</i>	64
<i>10000-1</i>	81	<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg,</i>	
<i>neomycin-polymyxin-hc otic</i>	81	<i>1.5-30 mg-mcg</i>	64
<i>NERLYNX</i>	21	<i>norethin ace-eth estrad-fe oral tablet</i>	
<i>NEULASTA ONPRO</i>	25	<i>chewable</i>	64
<i>NEULASTA SUBCUTANEOUS SOLUTION PREFILLED</i>		<i>norethin-eth estradiol-fe</i>	64
<i>SYRINGE</i>	25	<i>norethindron-ethinyl estrad-fe</i>	64
<i>NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480</i>		<i>norethindrone acet-ethinyl est oral tablet</i>	64
<i>MCG/1.6ML</i>	25	<i>norethindrone acetate oral</i>	64
<i>NEUPOGEN INJECTION SOLUTION PREFILLED</i>		<i>norethindrone oral</i>	64
<i>SYRINGE</i>	25	<i>norethindrone-eth estradiol</i>	64
<i>NEVANAC</i>	81	<i>norgestim-eth estrad triphasic</i>	64
<i>nevirapine er oral tablet extended release 24 hour</i>		<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-</i>	
<i>400 mg</i>	75	<i>mcg</i>	64
<i>nevirapine oral suspension</i>	75	<i>NORLYDA</i>	64
<i>nevirapine oral tablet</i>	75	<i>NORLYROC</i>	64
<i>NEXPLANON</i>	64	<i>NORPACE CR</i>	29
<i>niacin (antihyperlipidemic)</i>	29	<i>NORTREL 0.5/35 (28)</i>	64
<i>niacin er (antihyperlipidemic)</i>	29	<i>NORTREL 1/35 (21)</i>	64
<i>niacor</i>	29	<i>NORTREL 1/35 (28)</i>	64
<i>nicardipine hcl intravenous</i>	29	<i>NORTREL 7/7/7</i>	64
<i>nicardipine hcl oral</i>	29	<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	40
<i>NICOTROL</i>	40	<i>nortriptyline hcl oral capsule 50 mg, 75 mg</i>	40
<i>NICOTROL NS</i>	40	<i>nortriptyline hcl oral solution</i>	40
<i>nifedipine er</i>	29	<i>NORVIR ORAL PACKET</i>	75
<i>nifedipine er osmotic release</i>	29	<i>NOVOPEN ECHO</i>	79
<i>nifedipine oral</i>	29	<i>NP THYROID</i>	64
<i>NIKKI</i>	64	<i>NUBEQA</i>	21
<i>nilutamide</i>	21	<i>NUCALA SUBCUTANEOUS SOLUTION AUTO-</i>	
<i>nimodipine oral</i>	29	<i>INJECTOR</i>	84
<i>NINLARO</i>	21	<i>NUCALA SUBCUTANEOUS SOLUTION PREFILLED</i>	
<i>nisoldipine er</i>	29	<i>SYRINGE 100 MG/ML</i>	84

NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	84	olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg	40
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	84	olanzapine oral tablet 20 mg	40
NUEDEXTA	40	olanzapine oral tablet dispersible 10 mg, 15 mg, 5 mg	40
NULOJIX	68	olanzapine oral tablet dispersible 20 mg	40
NUPLAZID ORAL CAPSULE	40	olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg	40
NUPLAZID ORAL TABLET 10 MG	40	olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg	40
NURTEC	40	olmesartan medoxomil oral tablet 20 mg, 40 mg	29
NUTRILIPID	51	olmesartan medoxomil oral tablet 5 mg	29
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	64	olmesartan medoxomil oral tablet 20 mg, 40 mg	11
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	64	olmesartan medoxomil oral tablet 5 mg	11
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	64	olmesartan medoxomil-hctz	29
NUZYRA ORAL	75	olmesartan-amlodipine-hctz	29
NYAMYC	48	olopatadine hcl nasal	84
NYLIA 1/35	64	olopatadine hcl ophthalmic	81
NYLIA 7/7/7	64	omega-3-acid ethyl esters	29
nystatin external	48	omeprazole oral capsule delayed release	58
nystatin mouth/throat	48	OMNARIS	84
nystatin oral tablet	75	OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	65
nystatin-triamcinolone	48	OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	65
NYSTOP	48	ondansetron hcl injection	58
O		ondansetron hcl oral solution	58
OCELLA	64	ondansetron hcl oral tablet 4 mg, 8 mg	58
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML, 2.5 GM/50ML, 30 GM/300ML, 5 GM/100ML	68	ondansetron oral tablet dispersible 16 mg	58
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	64	ondansetron oral tablet dispersible 4 mg, 8 mg	58
octreotide acetate injection solution 1000 mcg/ml	64	ONUREG	21
octreotide acetate injection solution 500 mcg/ml	64	OPDIVO	21
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml	64	opium	58
octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml	64	OPSUMIT	84
ODEFSEY	76	ORALONE	48
ODOMZO	21	ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	84
OFEV	84	ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	84
ofloxacin ophthalmic	81	ORGOVYX	21
ofloxacin oral tablet 300 mg, 400 mg	76	ORKAMBI ORAL TABLET	84
ofloxacin otic	82	orphenadrine citrate er	40
OGSIVEO ORAL TABLET 100 MG, 150 MG	21	ORSERDU ORAL TABLET 345 MG	21
OGSIVEO ORAL TABLET 50 MG	21	ORSERDU ORAL TABLET 86 MG	21
OJEMDA ORAL SUSPENSION RECONSTITUTED	21	ORSYTHIA	65
OJEMDA ORAL TABLET	21	oseltamivir phosphate oral capsule 30 mg	76
OJJAARA	21	oseltamivir phosphate oral capsule 45 mg, 75 mg	76
olanzapine intramuscular	40	oseltamivir phosphate oral suspension reconstituted	76
		OSPHENA	65

OTEZLA ORAL TABLET	69	pamidronate disodium intravenous solution 6 mg/	
OTEZLA ORAL TABLET THERAPY PACK	69	ml	55
oxacillin sodium in dextrose intravenous solution 1		PANDEL	48
gm/50ml	76	PANRETIN	48
oxacillin sodium in dextrose intravenous solution 2		pantoprazole sodium intravenous	58
gm/50ml	76	pantoprazole sodium oral tablet delayed	
oxacillin sodium injection solution reconstituted 1		release	58
gm, 2 gm	76	PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/	
oxacillin sodium intravenous	76	100ML	21
oxaliplatin intravenous solution	21	paricalcitol oral	55
oxaliplatin intravenous solution reconstituted	21	paroxetine hcl er oral tablet extended release 24	
oxandrolone oral tablet 10 mg	65	hour 12.5 mg	40
oxandrolone oral tablet 2.5 mg	65	paroxetine hcl er oral tablet extended release 24	
oxaprozin oral tablet	16	hour 25 mg, 37.5 mg	40
oxazepam	40	paroxetine hcl oral suspension	40
oxcarbazepine	40	paroxetine hcl oral tablet 10 mg, 40 mg	40
oxiconazole nitrate	48	paroxetine hcl oral tablet 20 mg	40
OXISTAT EXTERNAL LOTION	48	paroxetine hcl oral tablet 30 mg	40
oxybutynin chloride er oral tablet extended release		PAXLOVID (150/100)	76
24 hour 10 mg, 15 mg	60	PAXLOVID (300/100)	76
oxybutynin chloride er oral tablet extended release		pazopanib hcl	21
24 hour 5 mg	60	PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED	
oxybutynin chloride oral solution	60	SYRINGE	69
oxybutynin chloride oral tablet 2.5 mg	60	PEDVAX HIB INTRAMUSCULAR SUSPENSION	69
oxybutynin chloride oral tablet 5 mg	60	peg 3350-kcl-na bicarb-nacl	58
oxycodone hcl oral capsule	16	peg-3350/electrolytes	58
oxycodone hcl oral concentrate 100 mg/5ml	16	peg-3350/electrolytes/ascorbat	58
oxycodone hcl oral solution	16	peg-kcl-nacl-nasulf-na asc-c	58
oxycodone hcl oral tablet	16	PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/	
oxycodone-acetaminophen oral tablet 10-325 mg,		ML	69
2.5-325 mg, 5-325 mg, 7.5-325 mg	16	PEGASYS SUBCUTANEOUS SOLUTION PREFILLED	
OXYTROL	60	SYRINGE	69
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS		PEMAZYRE	21
SOLUTION PEN-INJECTOR 2 MG/1.5ML	54	PENBRAYA	69
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS		penciclovir	48
SOLUTION PEN-INJECTOR 2 MG/3ML	54	penicillamine oral tablet	60
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION		penicillin g pot in dextrose	76
PEN-INJECTOR 4 MG/3ML	54	penicillin g potassium	76
OZEMPIC (2 MG/DOSE)	54	penicillin g sodium	76
P		penicillin v potassium	76
pacerone oral tablet 100 mg, 200 mg, 400 mg	29	PENTACEL	69
paclitaxel intravenous concentrate 100 mg/16.7ml,		pentamidine isethionate inhalation	76
150 mg/25ml, 30 mg/5ml, 300 mg/50ml	21	pentamidine isethionate injection	76
paclitaxel protein-bound part	21	pentazocine-naloxone hcl	16
paliperidone er oral tablet extended release 24		pentoxifylline er	25
hour 1.5 mg, 3 mg	40	perindopril erbumine	29
paliperidone er oral tablet extended release 24		PERIOGARD	48
hour 6 mg	40	PERJETA	21
paliperidone er oral tablet extended release 24		permethrin external cream	48
hour 9 mg	40	perphenazine oral	40
pamidronate disodium intravenous solution 30 mg/		perphenazine-amitriptyline	40
10ml, 90 mg/10ml	55	PERSERIS	41
		PFIZERPEN	76

<i>phenelzine sulfate oral</i>	41	<i>potassium chloride intravenous solution 10 meq/100ml, 20 meq/100ml, 40 meq/100ml</i>	51
<i>phenobarbital oral elixir</i>	41	<i>potassium chloride intravenous solution 10 meq/50ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/50ml</i>	51
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg, 64.8 mg, 97.2 mg</i>	41	<i>potassium chloride oral packet</i>	51
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg</i>	41	<i>potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	51
<i>phenoxybenzamine hcl oral</i>	29	<i>potassium citrate er</i>	60
PHENYTEK	41	<i>potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l</i>	51
PHENYTOIN INFATABS	41	POTELIGEO	21
<i>phenytoin oral</i>	41	<i>pramipexole dihydrochloride</i>	41
<i>phenytoin sodium extended</i>	41	<i>pramipexole dihydrochloride er</i>	41
PHESGO	21	<i>prasugrel hcl</i>	25
PHILITH	65	<i>pravastatin sodium</i>	29
PHOSPHOLINE IODIDE	81	<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	11
PHYSIOLYTE	79	<i>praziquantel oral</i>	76
PIFELTRO	76	<i>prazosin hcl oral</i>	29
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	81	PRED MILD	81
<i>pilocarpine hcl oral</i>	48	<i>prednicarbate external ointment</i>	65
<i>pimecrolimus</i>	48	<i>prednisolone acetate ophthalmic</i>	81
<i>pimozide</i>	41	<i>prednisolone oral solution</i>	65
PIMTREA	65	<i>prednisolone sodium phosphate ophthalmic</i>	81
<i>pindolol</i>	29	<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	65
<i>pioglitazone hcl oral tablet 15 mg</i>	55	<i>prednisolone sodium phosphate oral tablet dispersible</i>	65
<i>pioglitazone hcl oral tablet 30 mg</i>	55	PREDNISON INTENSOL	65
<i>pioglitazone hcl oral tablet 45 mg</i>	55	<i>prednisone oral solution</i>	65
<i>pioglitazone hcl oral tablet 15 mg</i>	12	<i>prednisone oral tablet 1 mg</i>	65
<i>pioglitazone hcl oral tablet 30 mg</i>	12	<i>prednisone oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	65
<i>pioglitazone hcl oral tablet 45 mg</i>	12	<i>prednisone oral tablet therapy pack 10 mg (21), 5 mg (21)</i>	65
<i>pioglitazone hcl-glimepiride</i>	55	<i>prednisone oral tablet therapy pack 10 mg (48), 5 mg (48)</i>	65
<i>pioglitazone hcl-metformin hcl</i>	55	<i>pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg</i>	41
<i>piperacillin sod-tazobactam</i>	76	<i>pregabalin er oral tablet extended release 24 hour 330 mg</i>	41
PIQRAY (200 MG DAILY DOSE)	21	<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	41
PIQRAY (250 MG DAILY DOSE)	21	<i>pregabalin oral capsule 200 mg</i>	41
PIQRAY (300 MG DAILY DOSE)	21	<i>pregabalin oral capsule 225 mg, 300 mg</i>	41
<i>pirfenidone oral tablet 267 mg</i>	84	<i>pregabalin oral solution</i>	41
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	84	PREHEVBRIO	69
<i>piroxicam oral</i>	16	PREMARIN ORAL	65
<i>pitavastatin calcium</i>	29	PREMARIN VAGINAL	65
PLENAMINE	51	PREMASOL INTRAVENOUS SOLUTION 10 %	51
PLENVU	58	PREMPHASE	65
<i>plerixafor</i>	25	PREMPRO	65
<i>pnv-dha</i>	51		
<i>podofilox external solution</i>	48		
POLYCIN	81		
<i>polymyxin b sulfate injection</i>	76		
<i>polymyxin b-trimethoprim</i>	81		
POMALYST	21		
PORTIA-28	65		
<i>posaconazole oral</i>	76		
<i>potassium chloride crys er</i>	51		
<i>potassium chloride er</i>	51		
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	51		

<i>prenatal oral tablet 27-1 mg</i>	51	<i>propafenone hcl er</i>	30
<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>	51	<i>proparacaine hcl ophthalmic</i>	81
<i>PRENATAL VIT W/ IRON CARBONYL-FOLIC ACID</i>	51	<i>propranolol hcl er</i>	30
<i>prevalite</i>	30	<i>propranolol hcl intravenous</i>	30
<i>PREVIDENT</i>	48	<i>propranolol hcl oral solution</i>	30
<i>PREVIDENT 5000 BOOSTER PLUS</i>	48	<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	30
<i>PREVIDENT 5000 DRY MOUTH DENTAL GEL</i>	48	<i>propranolol hcl oral tablet 60 mg</i>	30
<i>PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL</i>	49	<i>propylthiouracil oral</i>	65
<i>PREVIDENT 5000 KIDS</i>	49	<i>PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED</i>	69
<i>PREVIDENT 5000 ORTHO DEFENSE</i>	49	<i>PROSOL</i>	51
<i>PREVIDENT 5000 PLUS</i>	49	<i>protriptyline hcl</i>	41
<i>PREVIDENT 5000 SENSITIVE DENTAL GEL</i>	49	<i>PULMICORT FLEXHALER</i>	84
<i>PREVYMIS ORAL</i>	76	<i>PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML</i>	84
<i>PREZCOBIX</i>	76	<i>PURIXAN</i>	21
<i>PREZISTA ORAL SUSPENSION</i>	76	<i>pyrazinamide oral</i>	76
<i>PREZISTA ORAL TABLET 150 MG</i>	76	<i>pyridostigmine bromide er</i>	41
<i>PREZISTA ORAL TABLET 75 MG</i>	76	<i>pyridostigmine bromide oral solution</i>	41
<i>PRIFTIN</i>	76	<i>pyridostigmine bromide oral tablet</i>	41
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	76	<i>pyrimethamine oral</i>	76
<i>primidone oral</i>	41	Q	
<i>PRIORIX</i>	69	<i>QINLOCK</i>	21
<i>probenecid oral</i>	16	<i>QUADRACEL</i>	69
<i>prochlorperazine</i>	58	<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	41
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>	58	<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	41
<i>prochlorperazine maleate oral</i>	58	<i>quetiapine fumarate oral tablet 100 mg</i>	41
<i>PROCRT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML</i>	25-26	<i>quetiapine fumarate oral tablet 150 mg</i>	41
<i>PROCRT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML</i>	26	<i>quetiapine fumarate oral tablet 200 mg</i>	41
<i>PROCTO-MED HC EXTERNAL</i>	49	<i>quetiapine fumarate oral tablet 25 mg</i>	41
<i>PROCTOSOL HC EXTERNAL</i>	49	<i>quetiapine fumarate oral tablet 300 mg</i>	41
<i>PROCTOZONE-HC EXTERNAL</i>	49	<i>quetiapine fumarate oral tablet 400 mg</i>	41
<i>progesterone oral</i>	65	<i>quetiapine fumarate oral tablet 50 mg</i>	41
<i>PROGRAF INTRAVENOUS</i>	69	<i>quinapril hcl</i>	30
<i>PROGRAF ORAL PACKET</i>	69	<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 50 mg</i>	11
<i>PROLASTIN-C INTRAVENOUS SOLUTION</i>	59	<i>quinapril-hydrochlorothiazide</i>	30
<i>PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</i>	55	<i>quinidine sulfate oral</i>	30
<i>PROMACTA ORAL PACKET 12.5 MG</i>	26	<i>quinine sulfate oral</i>	76
<i>PROMACTA ORAL PACKET 25 MG</i>	26	<i>QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT</i>	84
<i>PROMACTA ORAL TABLET 12.5 MG, 25 MG</i>	26	<i>QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT</i>	84
<i>PROMACTA ORAL TABLET 50 MG</i>	26	R	
<i>PROMACTA ORAL TABLET 75 MG</i>	26	<i>RABAVERT</i>	69
<i>promethazine hcl injection</i>	58	<i>rabeprazole sodium oral tablet delayed release</i>	58
<i>promethazine hcl oral solution</i>	58	<i>raloxifene hcl</i>	65
<i>promethazine hcl oral tablet</i>	58	<i>ramelteon</i>	41
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	58	<i>ramipril</i>	30
<i>PROMETHEGAN</i>	58		
<i>propafenone hcl</i>	30		

<i>ramipril oral capsule</i> 1.25 mg, 10 mg, 2.5 mg, 5 mg	11	<i>risedronate sodium oral tablet</i> 150 mg	55
<i>ranolazine er</i>	30	<i>risedronate sodium oral tablet</i> 30 mg	55
<i>rasagiline mesylate oral</i>	41	<i>risedronate sodium oral tablet</i> 35 mg, 35 mg (12 pack), 35 mg (4 pack)	55
RAVICTI	59	<i>risedronate sodium oral tablet</i> 5 mg	55
RECLIPSEN	65	<i>risedronate sodium oral tablet delayed release</i>	55
RECOMBIVAX HB	69	<i>risperidone microspheres er intramuscular suspension reconstituted er</i> 12.5 mg, 25 mg, 37.5 mg	41–42
RECTIV	49	<i>risperidone microspheres er intramuscular suspension reconstituted er</i> 50 mg	42
REGONOL INTRAVENOUS	41	<i>risperidone oral solution</i>	42
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	76	<i>risperidone oral tablet</i> 0.25 mg	42
RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	41	<i>risperidone oral tablet</i> 0.5 mg	42
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE)	58	<i>risperidone oral tablet</i> 1 mg	42
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	59	<i>risperidone oral tablet</i> 2 mg	42
REMICADE	69	<i>risperidone oral tablet</i> 3 mg, 4 mg	42
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML	84	<i>risperidone oral tablet dispersible</i> 0.25 mg	42
<i>repaglinide oral tablet</i> 0.5 mg	55	<i>risperidone oral tablet dispersible</i> 0.5 mg	42
<i>repaglinide oral tablet</i> 1 mg	55	<i>risperidone oral tablet dispersible</i> 1 mg	42
<i>repaglinide oral tablet</i> 2 mg	55	<i>risperidone oral tablet dispersible</i> 2 mg	42
REPATHA	30	<i>risperidone oral tablet dispersible</i> 3 mg	42
REPATHA PUSHTRONEX SYSTEM	30	<i>risperidone oral tablet dispersible</i> 4 mg	42
REPATHA SURECLICK	30	<i>ritonavir</i>	77
RESTASIS	81	RITUXAN HYCELA	22
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	81	RITUXAN INTRAVENOUS SOLUTION	22
RETEVMO ORAL CAPSULE 40 MG	21	<i>rivastigmine</i>	42
RETEVMO ORAL CAPSULE 80 MG	21	<i>rivastigmine tartrate</i>	42
RETEVMO ORAL TABLET 120 MG, 160 MG	21	RIVELSA	65
RETEVMO ORAL TABLET 40 MG	21	<i>rizatriptan benzoate</i>	42
RETEVMO ORAL TABLET 80 MG	22	ROCKLATAN	81
RETROVIR INTRAVENOUS	76	<i>roflumilast</i>	84
REXULTI	41	<i>romidepsin intravenous solution reconstituted</i> ...	22
REYATAZ ORAL PACKET	76	<i>ropinirole hcl</i>	42
REZLIDHIA	22	<i>ropinirole hcl er</i>	42
REZUROCK	69	<i>rosuvastatin calcium oral</i>	30
RHOPRESSA	81	<i>rosuvastatin calcium oral tablet</i> 10 mg, 20 mg, 40 mg, 5 mg	11
RIABNI	22	ROTARIX	69
<i>ribavirin oral capsule</i>	76	ROTATEQ ORAL SOLUTION	69
<i>ribavirin oral tablet</i> 200 mg	76	ROWEEPPRA ORAL TABLET 500 MG	42
RIDAURA	69	ROZLYTREK ORAL CAPSULE 100 MG	22
<i>rifabutin</i>	76	ROZLYTREK ORAL CAPSULE 200 MG	22
<i>rifampin intravenous</i>	76	ROZLYTREK ORAL PACKET	22
<i>rifampin oral</i>	76	RUBRACA	22
<i>riluzole</i>	41	<i>rufinamide oral suspension</i>	42
<i>rimantadine hcl</i>	76	<i>rufinamide oral tablet</i> 200 mg	42
<i>ringers</i>	51	<i>rufinamide oral tablet</i> 400 mg	42
<i>ringers irrigation</i>	79	RUKOBIA	77
RINVOQ	69	RYBELSUS ORAL TABLET 14 MG, 7 MG	55
RINVOQ LQ	69	RYBELSUS ORAL TABLET 3 MG	55
		RYBREVANT	22

RYDAPT	22	<i>simvastatin oral tablet</i>	30
RYLAZE	22	<i>simvastatin oral tablet</i> 10 mg, 20 mg, 40 mg, 5	
RYTARY	42	<i>mg</i>	11
S		<i>sirolimus oral solution</i>	69
SAIZEN INJECTION SOLUTION RECONSTITUTED 5		<i>sirolimus oral tablet</i> 0.5 mg, 1 mg	69
MG	65	<i>sirolimus oral tablet</i> 2 mg	69
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED		SIRTURO	77
SYRINGE	26	SKYLA	65
<i>salsalate oral</i>	16	SKYRIZI INTRAVENOUS	69
SANCUSO	59	SKYRIZI PEN	69
SANDIMMUNE ORAL SOLUTION	69	SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180	
SANDOSTATIN LAR DEPOT	65	MG/1.2ML	69
SANTYL	49	SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360	
<i>sapropterin dihydrochloride oral packet</i>	59	MG/2.4ML	69
<i>sapropterin dihydrochloride oral tablet</i>	59	SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED	
SARCLISA	22	SYRINGE	69
SAVELLA	42	<i>sodium bicarbonate intravenous solution</i> 4.2 %, 7.5	
SAVELLA TITRATION PACK	42	<i>%, 8.4 %</i>	51
SCEMBLIX ORAL TABLET 100 MG	22	<i>sodium chloride (pf)</i>	51
SCEMBLIX ORAL TABLET 20 MG	22	<i>sodium chloride injection solution</i> 2.5 meq/ml	51
SCEMBLIX ORAL TABLET 40 MG	22	<i>sodium chloride intravenous solution</i> 0.45 %, 0.9 %, 3	
<i>scopolamine</i>	59	<i>%, 4 meq/ml, 5 %</i>	51
SECUADO	42	<i>sodium chloride irrigation solution</i> 0.9 %	79
<i>selegiline hcl oral</i>	42	<i>sodium fluoride 5000 plus</i>	49
<i>selenium sulfide external lotion</i>	49	<i>sodium fluoride 5000 ppm dental cream</i>	49
SELZENTRY ORAL SOLUTION	77	<i>sodium fluoride 5000 ppm dental gel</i>	49
SELZENTRY ORAL TABLET 25 MG	77	<i>sodium fluoride dental cream</i>	49
SELZENTRY ORAL TABLET 75 MG	77	<i>sodium fluoride dental gel</i> 1.1 %	49
SEREVENT DISKUS INHALATION AEROSOL POWDER		<i>sodium fluoride mouth/throat</i>	49
BREATH ACTIVATED 50 MCG/ACT	84	<i>sodium fluoride oral tablet</i> 2.2 (1 f) mg	51
<i>sertraline hcl oral concentrate</i>	42	<i>sodium fluoride oral tablet chewable</i>	51
<i>sertraline hcl oral tablet</i> 100 mg	42	<i>sodium oxybate</i>	42
<i>sertraline hcl oral tablet</i> 25 mg	42	<i>sodium phenylbutyrate oral powder</i> 3 gm/tsp	59
<i>sertraline hcl oral tablet</i> 50 mg	42	<i>sodium phenylbutyrate oral tablet</i>	59
SETLAKIN	65	<i>sodium polystyrene sulfonate oral powder</i>	55
<i>sevelamer carbonate oral packet</i> 0.8 gm	55	<i>sofosbuvir-velpatasvir</i>	77
<i>sevelamer carbonate oral packet</i> 2.4 gm	55	<i>solifenacin succinate</i>	60
<i>sevelamer carbonate oral tablet</i>	55	SOLQUA	55
<i>sevelamer hcl oral tablet</i> 400 mg	55	SOLTAMOX	22
<i>sevelamer hcl oral tablet</i> 800 mg	55	SOMATULINE DEPOT	65
<i>sf</i>	49	SOMAVERT	65
<i>sf 5000 plus</i>	49	<i>sorafenib tosylate</i>	22
SHAROBEL	65	SORINE ORAL TABLET 120 MG, 160 MG, 240 MG	30
SHINGRIX INTRAMUSCULAR SUSPENSION		SORINE ORAL TABLET 80 MG	30
RECONSTITUTED 50 MCG/0.5ML	69	<i>sotalol hcl (af) oral tablet</i> 120 mg, 160 mg	30
SIGNIFOR	65	<i>sotalol hcl (af) oral tablet</i> 80 mg	30
<i>sildenafil citrate intravenous</i>	84	<i>sotalol hcl oral tablet</i> 120 mg, 160 mg, 240 mg	30
<i>sildenafil citrate oral tablet</i> 20 mg	84	<i>sotalol hcl oral tablet</i> 80 mg	30
<i>silodosin</i>	60	<i>spinosad</i>	49
<i>silver sulfadiazine external</i>	49	SPIRIVA HANDIHALER	84
SIMBRINZA	81	SPIRIVA RESPIMAT	84
SIMLIYA	65	<i>spironolactone oral tablet</i> 100 mg, 50 mg	30
SIMPESSE	65	<i>spironolactone oral tablet</i> 25 mg	30

<i>spironolactone-hctz</i>	30	SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	55
SPRAVATO (56 MG DOSE)	42	SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	55
SPRAVATO (84 MG DOSE)	42	SYMPAZAN ORAL FILM 10 MG, 20 MG	43
SPRINTEC 28	65	SYMPAZAN ORAL FILM 5 MG	43
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG	42	SYMTUZA	77
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	42	SYNAGIS	79
SPRYCEL	22	SYNAREL	65
SPS	55	SYNJARDY	55
SRONYX	65	SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	55
SSD (SILVER SULFADIAZINE)	49	SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	55
STELARA INTRAVENOUS	69	SYNTHROID	65
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	69	T	
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	69	TABLOID	22
<i>sterile water for irrigation</i>	79	TABRECTA	22
STIOLTO RESPIMAT	84	<i>tacrolimus external ointment</i>	49
STIVARGA	22	<i>tacrolimus oral</i>	69
<i>streptomycin sulfate intramuscular</i>	77	<i>tadalafil (pah)</i>	84
STRIBILD	77	<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	60
SUBVENITE	42	TAFINLAR ORAL CAPSULE	22
<i>sucrafate oral</i>	59	TAFINLAR ORAL TABLET SOLUBLE	22
<i>sulfacetamide sodium (acne)</i>	49	<i>tafluprost (pf)</i>	81
<i>sulfacetamide sodium ophthalmic</i>	81	TAGRISSO	22
<i>sulfacetamide-prednisolone ophthalmic solution</i>	81	TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	22
<i>sulfadiazine oral</i>	77	TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	22
<i>sulfamethoxazole-trimethoprim intravenous</i>	77	<i>tamoxifen citrate oral</i>	22
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	77	<i>tamsulosin hcl</i>	60
<i>sulfamethoxazole-trimethoprim oral tablet</i>	77	TAPERDEX 6-DAY	65
SULFAMYLLON EXTERNAL CREAM	49	TARINA 24 FE	65
<i>sulfasalazine oral</i>	59	TARINA FE 1/20 EQ	65
<i>sulindac oral tablet 150 mg</i>	16	TASIGNA	22
<i>sulindac oral tablet 200 mg</i>	16	<i>tasimelteon</i>	43
<i>sumatriptan nasal</i>	42	<i>tazarotene external cream 0.1 %</i>	49
<i>sumatriptan succinate oral</i>	43	<i>tazarotene external gel</i>	49
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	43	TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	77
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	43	TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM	77
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	43	TAZVERIK	22
<i>sunitinib malate</i>	22	TDVAX	69
SUNLENCA ORAL	77	TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML	22
SUNLENCA SUBCUTANEOUS	77	TECENTRIQ INTRAVENOUS SOLUTION 840 MG/14ML	22
SUNOSI	43	TECVAYLI	22
SUPREP BOWEL PREP KIT	59	TEFLARO	77
SYEDA	65	<i>telmisartan oral tablet 20 mg, 40 mg</i>	30
SYMBICORT	84	<i>telmisartan oral tablet 80 mg</i>	30
		<i>telmisartan-amlodipine</i>	30

telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg	30	timolol maleate pf ophthalmic solution 0.5 %	81
telmisartan-hctz oral tablet 80-12.5 mg	30	tinidazole oral	77
temazepam oral capsule 15 mg, 30 mg	43	tiopronin oral tablet	60
temazepam oral capsule 22.5 mg, 7.5 mg	43	TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG	66
TENIVAC	69	TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	66
tenofovir disoproxil fumarate	77	TIS-U-SOL	79
TEPMETKO	22	TIVICAY ORAL TABLET 10 MG	77
terazosin hcl oral	30	TIVICAY ORAL TABLET 25 MG, 50 MG	77
terbinafine hcl oral	77	TIVICAY PD	77
terbutaline sulfate injection	84	tizanidine hcl oral tablet	43
terbutaline sulfate oral	84	TOBRADEX OPHTHALMIC OINTMENT	81
terconazole	60	TOBRADEX ST	81
teriflunomide	43	tobramycin inhalation nebulization solution 300 mg/5ml	85
teriparatide	55	tobramycin ophthalmic	81
teriparatide (recombinant)	55	tobramycin sulfate injection solution	77
testosterone cypionate intramuscular solution 100 mg/ml	65	tobramycin sulfate injection solution reconstituted	77
testosterone cypionate intramuscular solution 200 mg/ml, 200 mg/ml (1 ml)	65-66	tobramycin-dexamethasone	81
testosterone enanthate intramuscular solution ...	66	tolcapone	43
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)	66	tolmetin sodium oral capsule	16
testosterone transdermal gel 10 mg/act (2%)	66	tolmetin sodium oral tablet 600 mg	16
testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)	66	tolterodine tartrate	60
testosterone transdermal gel 20.25 mg/1.25gm (1.62%)	66	tolterodine tartrate er	60
testosterone transdermal solution	66	tolvaptan oral tablet 15 mg	55
tetrabenazine oral tablet 12.5 mg	43	tolvaptan oral tablet 30 mg	55
tetrabenazine oral tablet 25 mg	43	topiramate er oral capsule er 24 hour sprinkle 100 mg, 25 mg, 50 mg	43
tetracycline hcl oral capsule	77	topiramate er oral capsule extended release 24 hour 100 mg	43
THALOMID ORAL CAPSULE 100 MG, 50 MG	22	topiramate er oral capsule extended release 24 hour 25 mg, 50 mg	43
THALOMID ORAL CAPSULE 150 MG, 200 MG	22	topiramate oral	43
THEO-24	84	toremifene citrate	22
theophylline er	85	torsemide oral	30
theophylline oral	85	TOUJEO MAX SOLOSTAR	56
thioridazine hcl oral	43	TOUJEO SOLOSTAR	56
thiothixene oral	43	TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	51
TIADYLT ER	30	TRACLEER ORAL TABLET SOLUBLE	85
tiagabine hcl	43	TRADJENTA	56
TIBSOVO	22	tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	16
TICE BCG	22	tramadol hcl (er biphasic) oral tablet extended release 24 hour	16
TICOVAC	69	tramadol hcl er	16
tigecycline	77	tramadol hcl oral tablet 50 mg	16
TILIA FE	66	tramadol-acetaminophen	16
timolol maleate (once-daily)	81		
TIMOLOL MALEATE OCUDOSE	81		
timolol maleate ophthalmic gel forming solution	81		
timolol maleate ophthalmic solution 0.25 %	81		
timolol maleate ophthalmic solution 0.5 %	81		
timolol maleate oral	30		

<i>trandolapril</i>	30	<i>triamterene-hctz oral tablet</i>	30
<i>trandolapril oral tablet</i> 1 mg, 2 mg, 4 mg	11	<i>triazolam oral tablet</i> 0.25 mg	43
<i>trandolapril-verapamil hcl er</i>	30	TRIDERM EXTERNAL CREAM	49
<i>tranexamic acid intravenous solution</i> 1000 mg/10ml	26	<i>trientine hcl</i>	56
<i>tranexamic acid oral</i>	26	<i>trifluoperazine hcl oral</i>	43
<i>tranylcypromine sulfate</i>	43	<i>trifluridine ophthalmic</i>	77
TRAVASOL	51	<i>trihexyphenidyl hcl oral solution</i>	43
<i>travoprost (bak free)</i>	81	<i>trihexyphenidyl hcl oral tablet</i>	43
<i>trazodone hcl oral tablet</i> 100 mg, 150 mg, 50 mg	43	TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	56
<i>trazodone hcl oral tablet</i> 300 mg	43	TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	56
TRECATOR	77	TRIKAFTA ORAL TABLET THERAPY PACK	85
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	85	TRIKAFTA ORAL THERAPY PACK	85
<i>treprostinil</i>	85	<i>trimethobenzamide hcl oral</i>	59
TRESIBA	56	<i>trimethoprim oral</i>	77
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	56	<i>trimipramine maleate oral</i>	43
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	56	TRINTELLIX	43
<i>tretinoin external cream</i>	49	TRIUMEQ	77
<i>tretinoin external gel</i> 0.01 %, 0.025 %	49	TRIUMEQ PD	77
<i>tretinoin external gel</i> 0.05 %	49	TRIVORA (28)	66
<i>tretinoin microsphere external gel</i> 0.04 %, 0.1 %	49	TRIZIVIR	77
<i>tretinoin microsphere pump external gel</i> 0.04 %, 0.1 %	49	TRODELVY	22
<i>tretinoin oral</i>	22	TROGARZO	77
TREXALL	69	TROPHAMINE INTRAVENOUS SOLUTION 10 %	51
TRI FEMYNOR	66	<i>trospium chloride</i>	60
TRI-ESTARYLLA	66	<i>trospium chloride er</i>	60
TRI-LEGEST FE	66	TRULICITY	56
TRI-LINYAH	66	TRUMENBA	70
TRI-LO-ESTARYLLA	66	TRUQAP	22
TRI-LO-MARZIA	66	TRUSELTIQ (100MG DAILY DOSE)	23
TRI-LO-MILI	66	TRUSELTIQ (125MG DAILY DOSE)	23
TRI-LO-SPRINTEC	66	TRUSELTIQ (50MG DAILY DOSE)	23
TRI-MILI	66	TRUSELTIQ (75MG DAILY DOSE)	23
TRI-NYMYO	66	TUDORZA PRESSAIR	85
TRI-SPRINTEC	66	TUKYSA	23
TRI-VYLIBRA	66	TURALIO ORAL CAPSULE 125 MG	23
TRI-VYLIBRA LO	66	TURQOZ	66
<i>triamcinolone acetonide external aerosol solution</i>	49	TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	70
<i>triamcinolone acetonide external cream</i>	49	TYBLUME ORAL TABLET CHEWABLE	66
<i>triamcinolone acetonide external lotion</i>	49	TYBOST	77
<i>triamcinolone acetonide external ointment</i> 0.025 %, 0.1 %, 0.5 %	49	TYDEMY	66
<i>triamcinolone acetonide injection suspension</i> 40 mg/ml	66	TYMLOS	56
<i>triamcinolone acetonide mouth/throat</i>	49	TYPHIM VI	70
<i>triamterene-hctz oral capsule</i> 37.5-25 mg	30	TYVASO	85
		TYVASO REFILL KIT	85
		TYVASO STARTER KIT	85
		U	
		UBRELVY ORAL TABLET 100 MG	43
		UBRELVY ORAL TABLET 50 MG	43
		UDENYCA	26
		UNITHROID	66

UPTRAVI ORAL	85	vancomycin hcl intravenous solution reconstituted	
UPTRAVI TITRATION	85	1 gm, 10 gm, 100 gm, 5 gm, 500 mg	78
ursodiol oral capsule 300 mg	59	vancomycin hcl intravenous solution reconstituted	
ursodiol oral tablet	59	1.25 gm, 1.5 gm, 750 mg	78
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED		vancomycin hcl oral capsule 125 mg	78
SYRINGE 100 MG/0.28ML	43	vancomycin hcl oral capsule 250 mg	78
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED		vancomycin hcl oral solution reconstituted 25 mg/	
SYRINGE 125 MG/0.35ML	43	ml	78
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED		VANDAZOLE	60
SYRINGE 150 MG/0.42ML	43	VANFLYTA	23
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED		VAQTA	70
SYRINGE 200 MG/0.56ML	43	varenicline tartrate (starter)	44
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED		varenicline tartrate oral tablet 0.5 mg	44
SYRINGE 250 MG/0.7ML	44	varenicline tartrate oral tablet 1 mg, 1 mg (56	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED		pack)	44
SYRINGE 50 MG/0.14ML	44	varenicline tartrate(continue)	44
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED		VARIVAX	70
SYRINGE 75 MG/0.21ML	44	VARIZIG INTRAMUSCULAR SOLUTION	70
V		VASCEPA	31
valacyclovir hcl oral tablet 1 gm	77	VAXCHORA	70
valacyclovir hcl oral tablet 500 mg	77	VECAMYL	31
VALCHLOR	49	VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400	
valganciclovir hcl oral solution reconstituted	77	MG/20ML	23
valganciclovir hcl oral tablet	78	VELIVET	66
valproate sodium intravenous solution 100 mg/ml,		VELPHORO	56
500 mg/5ml	44	VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	56
valproic acid oral capsule	44	VELTASSA ORAL PACKET 8.4 GM	56
valproic acid oral solution 250 mg/5ml	44	VEMLIDY	78
valsartan oral tablet 160 mg	30	VENCLEXTA ORAL TABLET 10 MG	23
valsartan oral tablet 320 mg	30	VENCLEXTA ORAL TABLET 100 MG	23
valsartan oral tablet 40 mg, 80 mg	30	VENCLEXTA ORAL TABLET 50 MG	23
valsartan oral tablet160 mg	11	VENCLEXTA STARTING PACK	23
valsartan oral tablet320 mg	11	venlafaxine besylate er	44
valsartan oral tablet40 mg, 80 mg	11	venlafaxine hcl	44
valsartan-hydrochlorothiazide	30	venlafaxine hcl er oral capsule extended release	
valsartan-hydrochlorothiazide oral tablet160-12.5		24 hour 150 mg	44
mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5		venlafaxine hcl er oral capsule extended release	
mg	11	24 hour 37.5 mg	44
VALTOCO 10 MG DOSE	44	venlafaxine hcl er oral capsule extended release	
VALTOCO 15 MG DOSE	44	24 hour 75 mg	44
VALTOCO 20 MG DOSE	44	venlafaxine hcl er oral tablet extended release 24	
VALTOCO 5 MG DOSE	44	hour 225 mg	44
vancomycin hcl in dextrose intravenous solution 1-		VENTAVIS	85
5 gm/200ml-%, 1.25-5 gm/250ml-%, 1.5-5 gm/300ml-		verapamil hcl er oral capsule extended release 24	
%, 500-5 mg/100ml-%, 750-5 mg/150ml-%	78	hour	31
vancomycin hcl in nacl intravenous solution 1-0.9		verapamil hcl er oral tablet extended release 120	
gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/		mg	31
150ml-%	78	verapamil hcl er oral tablet extended release 180	
vancomycin hcl intravenous solution 1000 mg/		mg, 240 mg	31
200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/		verapamil hcl intravenous	31
350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/		verapamil hcl oral	31
150ml	78	VERQUVO	31
		VERSACLOZ	44

VERZENIO	23	XARELTO ORAL SUSPENSION RECONSTITUTED	26
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED		XARELTO ORAL TABLET 10 MG, 20 MG	26
750 MG	78	XARELTO ORAL TABLET 15 MG, 2.5 MG	26
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	56	XARELTO STARTER PACK	26
VIENVA	66	XATMEP	70
<i>vigabatrin oral packet</i>	44	XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY	
<i>vigabatrin oral tablet</i>	44	PACK 100 & 150 MG	44
VIGADRONE ORAL PACKET	44	XCOPRI (350 MG DAILY DOSE)	44
VIGADRONE ORAL TABLET	44	XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	44
VIGPODER	44	XCOPRI ORAL TABLET 150 MG, 200 MG	44
VIIBRYD ORAL TABLET	44	XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG	
<i>vilazodone hcl</i>	44	& 14 X 25 MG	44
<i>vinblastine sulfate intravenous solution</i>	23	XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG	
<i>vincristine sulfate intravenous</i>	23	& 14 X200 MG, 14 X 50 MG & 14 X100	
<i>vinorelbine tartrate</i>	23	MG	44-45
<i>viorele</i>	66	XDEMVI	81
VIRACEPT ORAL TABLET 250 MG	78	XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED	
VIRACEPT ORAL TABLET 625 MG	78	100 UNIT, 50 UNIT	45
VIREAD ORAL POWDER	78	XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED	
VIREAD ORAL TABLET 150 MG, 250 MG	78	200 UNIT	45
VIREAD ORAL TABLET 200 MG	78	XERMELO	59
VITRAKVI ORAL CAPSULE 100 MG	23	XGEVA	56
VITRAKVI ORAL CAPSULE 25 MG	23	XIFAXAN ORAL TABLET 550 MG	78
VITRAKVI ORAL SOLUTION	23	XIGDUO XR ORAL TABLET EXTENDED RELEASE 24	
VIZIMPRO	23	HOUR 10-1000 MG, 10-500 MG, 5-500 MG	56
VOLNEA	66	XIGDUO XR ORAL TABLET EXTENDED RELEASE 24	
VONJO	23	HOUR 2.5-1000 MG, 5-1000 MG	56
<i>voriconazole intravenous</i>	78	XIIDRA	81
<i>voriconazole oral suspension reconstituted</i>	78	XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK	
<i>voriconazole oral tablet 200 mg</i>	78	1 X 40 MG	78
<i>voriconazole oral tablet 50 mg</i>	78	XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK	
VOSEVI	78	1 X 80 MG	78
VOWST	59	XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	
VPRIV	59	150 MG/ML, 300 MG/2ML	85
VRAYLAR ORAL CAPSULE	44	XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	
VUMERITY	44	75 MG/0.5ML	85
VYFEMLA	66	XOLAIR SUBCUTANEOUS SOLUTION PREFILLED	
VYLIBRA	66	SYRINGE 150 MG/ML, 300 MG/2ML	85
VYZULTA	81	XOLAIR SUBCUTANEOUS SOLUTION PREFILLED	
W		SYRINGE 75 MG/0.5ML	85
<i>warfarin sodium oral</i>	26	XOLAIR SUBCUTANEOUS SOLUTION	
WELIREG	23	RECONSTITUTED	85
WERA	66	XOSPATA	23
<i>wixela inhub inhalation aerosol powder breath</i>		XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET	
<i>activated 100-50 mcg/act, 250-50 mcg/act, 500-50</i>		THERAPY PACK 50 MG	23
<i>mcg/act</i>	85	XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET	
WYMZYA FE	66	THERAPY PACK 40 MG	23
X		XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET	
XALKORI ORAL CAPSULE	23	THERAPY PACK 40 MG	23
XALKORI ORAL CAPSULE SPRINKLE 150 MG	23	XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET	
XALKORI ORAL CAPSULE SPRINKLE 20 MG	23	THERAPY PACK 60 MG	23
XALKORI ORAL CAPSULE SPRINKLE 50 MG	23	XPOVIO (60 MG TWICE WEEKLY)	23

XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	23	zidovudine oral capsule	78
XPOVIO (80 MG TWICE WEEKLY)	23	zidovudine oral syrup	78
XTANDI ORAL CAPSULE	23	zidovudine oral tablet	78
XTANDI ORAL TABLET 40 MG	23	ZIEXTENZO	26
XTANDI ORAL TABLET 80 MG	23	ziprasidone hcl oral capsule 20 mg	45
XULANE	66	ziprasidone hcl oral capsule 40 mg	45
Y		ziprasidone hcl oral capsule 60 mg, 80 mg	45
YARGESA	59	ziprasidone mesylate	45
YERVOY	23	ZIRGAN	78
YF-VAX	70	zoledronic acid intravenous concentrate	56
yuvafem	66	zoledronic acid intravenous solution	56
Z		ZOLINZA	24
ZAFEMY	66	zolmitriptan oral	45
zafirlukast	85	zolpidem tartrate er	45
zaleplon oral capsule 10 mg	45	zolpidem tartrate oral tablet	45
zaleplon oral capsule 5 mg	45	ZONISADE	45
ZARXIO	26	zonisamide oral	45
ZEJULA ORAL TABLET 100 MG	24	ZOVIA 1/35 (28)	66
ZEJULA ORAL TABLET 200 MG, 300 MG	24	ZTALMY	45
ZELBORAF	24	ZUMANDIMINE	66
ZENATANE	49	ZURZUVAE	45
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 3000-10000 UNIT, 5000-24000 UNIT	59	ZYDELIG	24
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 25000-79000 UNIT, 40000-126000 UNIT, 60000-189600 UNIT	59	ZYKADIA ORAL TABLET	24
ZEPZELCA	24	ZYLET	81
ZETONNA	85	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	45
		ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	45
		ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML ...	78

Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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This formulary was updated on September 1, 2024.

For more recent information or other pharmacy-related benefits questions, please contact Pharmacy Member Services at **1-833-360-3662**, or for TTY users, **711**, 24 hours a day, 7 days a week.

For all other questions, please contact Member Services at **1-833-812-1797**, or for TTY users, **711**, Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays, or visit **www.anthem.com**.