



List of Covered Drugs

2024 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 April 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 **1-833-848-8730**, or for TTY users, **711**, Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays, or visit [**www.anthem.com/ca**](http://www.anthem.com/ca).

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 formulary (Drug List) refers to “we,” “us” or “our,” it means Anthem BC Health Insurance Company. When it refers to “plan” or “your plan,” it means your Anthem Medicare Preferred (PPO) with Senior Rx Plus plan.

This document includes a list of the covered Part D drugs for your plan which is current as of 5/1/2024. For an updated formulary, please review the formulary online at **www.anthem.com/ca**, or call Pharmacy Member Services. Our contact information, along with the date we last updated the 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, 2025, 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/ca**, 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?

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 drug is a Medicare Part D eligible drug. Medicare Part D eligible drugs are all approved by the Food and Drug Administration (FDA) and if brand, the drug manufacturer has agreed to provide the Coverage Gap Discount.
- 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/ca, 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/ca, 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 (Drug List) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that 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?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and 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 add a generic drug that is not new to market to replace a brand name drug currently on the formulary, or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or, we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or 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, or at the time the member requests a refill of the drug, at which time the member will receive a one-month supply of the drug.
 - If we make these other changes, 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?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 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 Drug List 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 provider feels you should use the new drug, you or your provider may request a coverage exception.

This formulary is current as of 5/1/2024. To get updated information about the drugs covered by your plan, please refer to your formulary online at www.anthem.com/ca, 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 11. 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 11, 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 81. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Your plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

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 provider 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 11. 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/ca 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 5 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 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.
- You can ask us to waive coverage restrictions or limits 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.

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 additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should call Pharmacy Member Services to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. Our contact information appears on the front and back covers.

When you request a formulary, tiering or utilization restriction exception, you should submit a statement from your prescribing provider supporting your request. Generally, we must make our decision within 72 hours of getting your prescribing provider's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your prescribing provider.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in your 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 your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to 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 your plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, 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. 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/ca, 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 11 provides coverage information about the drugs covered by your plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 81.

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

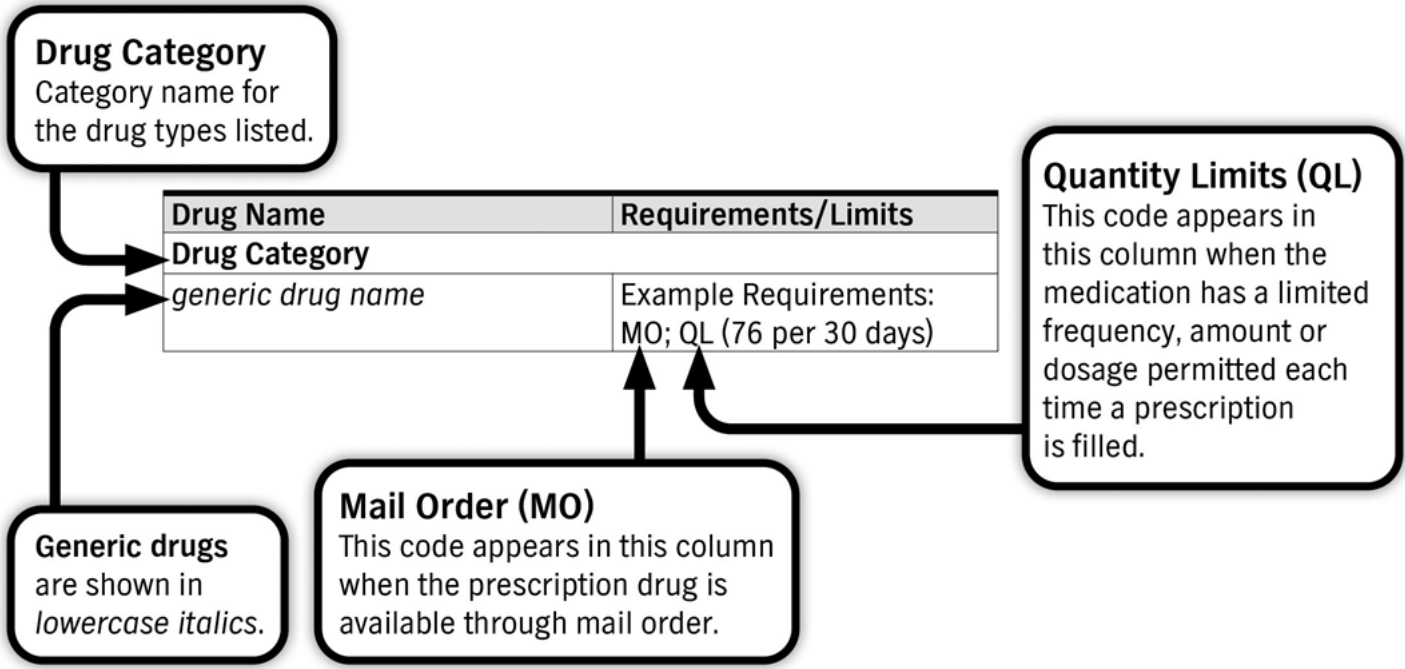
The **second column** of the chart identifies the tier placement of each medication covered in your formulary. Our drug plan groups drugs based upon cost with the lowest cost drugs in Tier 1. These are typically generic drugs. Some newer, more expensive generic drugs may be on a higher tier. To find out what your copayment or coinsurance is for each drug tier, please check the benefits chart located at the front of your *Evidence of Coverage*, which can be found online at www.anthem.com/ca, 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 Brands
3	Non-Preferred Drugs, including Specialty Drugs

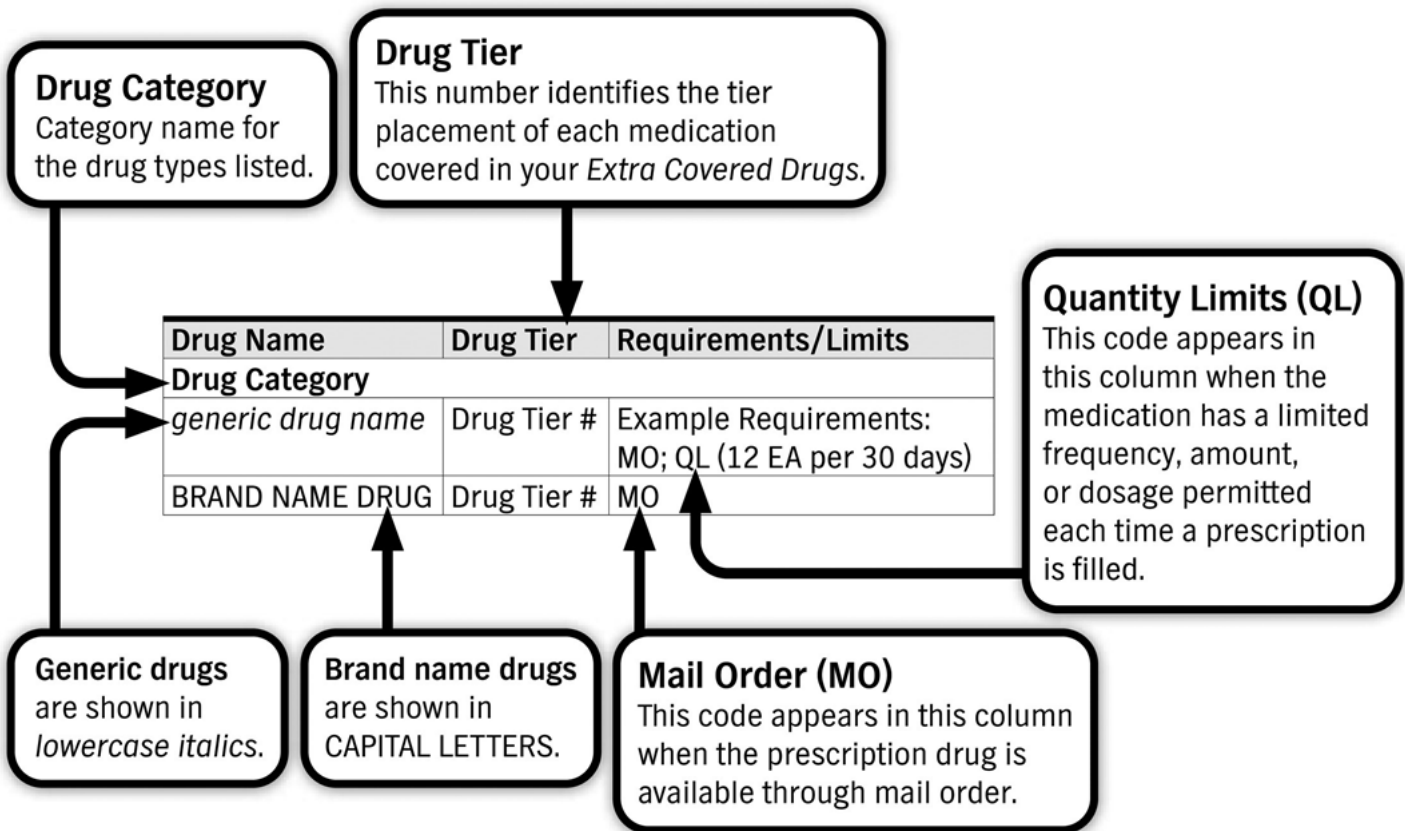
The benefits chart in your *Evidence of Coverage* will also tell you if the amount that you pay for covered drugs changes after the total drug cost paid by you and the plan reaches the initial coverage amount of \$5,030. Please check your benefits chart and *Evidence of Coverage* online at www.anthem.com/ca, for complete details on the cost you must pay for drugs covered by your drug plan.

The **third column** tells you if your plan has any special requirements for coverage of your drug. The formulary chart legend, located on page 11, 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 2024

You may fill up to a 100-day supply of Select Generics if prescribed by your provider. 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	Requirements /Limits	Drug Name	Requirements /Limits
Cardiovascular Agents		<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>		<i>hydrochlorothiazide oral capsule 12.5 mg</i>	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>		<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>		<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	QL (30 per 30 days)
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	QL (30 per 30 days)	<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	QL (30 per 30 days)
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>		<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>		<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>		<i>losartan potassium oral tablet 100 mg</i>	QL (30 per 30 days)
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>		<i>losartan potassium oral tablet 25 mg, 50 mg</i>	QL (60 per 30 days)
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>		<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	QL (30 per 30 days)
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>		<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	QL (60 per 30 days)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>		<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>		<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	QL (30 per 30 days)
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>		<i>olmesartan medoxomil oral tablet 5 mg</i>	QL (60 per 30 days)

Drug Name	Requirements /Limits	Drug Name	Requirements /Limits
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	QL (30 per 30 days)	<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	QL (240 per 30 days)
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>		<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	QL (120 per 30 days)
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>		<i>glipizide oral tablet 10 mg</i>	QL (120 per 30 days)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	QL (30 per 30 days)	<i>glipizide oral tablet 5 mg</i>	QL (240 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	QL (30 per 30 days)	<i>glipizide xl oral tablet extended release 24 hour 10 mg</i>	QL (60 per 30 days)
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>		<i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i>	QL (240 per 30 days)
<i>valsartan oral tablet 160 mg</i>	QL (60 per 30 days)	<i>glipizide xl oral tablet extended release 24 hour 5 mg</i>	QL (120 per 30 days)
<i>valsartan oral tablet 320 mg</i>	QL (30 per 30 days)	<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	QL (240 per 30 days)
<i>valsartan oral tablet 40 mg, 80 mg</i>	QL (90 per 30 days)	<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	QL (120 per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	QL (30 per 30 days)	<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	QL (120 per 30 days)
Endocrine And Metabolic Disorder Agents			
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	QL (30 per 30 days)	<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	QL (60 per 30 days)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	QL (4 per 28 days)	<i>metformin hcl oral tablet 1000 mg</i>	QL (60 per 30 days)
<i>glimepiride oral tablet 1 mg</i>	QL (240 per 30 days)	<i>metformin hcl oral tablet 500 mg</i>	QL (150 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	QL (120 per 30 days)	<i>metformin hcl oral tablet 850 mg</i>	QL (90 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	QL (60 per 30 days)	<i>pioglitazone hcl oral tablet 15 mg</i>	QL (90 per 30 days)
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	QL (60 per 30 days)	<i>pioglitazone hcl oral tablet 30 mg</i>	QL (45 per 30 days)
		<i>pioglitazone hcl oral tablet 45 mg</i>	QL (30 per 30 days)

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, your doctor or other network provider 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/ca, 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>acetaminophen-codeine oral tablet</i>	1	QL (180 per 30 days)
<i>acetaminophen-codeine #2</i>	1	QL (180 per 30 days)	<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
<i>acetaminophen-codeine #3</i>	1	QL (180 per 30 days)	ASCOMP-CODEINE	1	PA; QL (180 per 30 days)
<i>acetaminophen-codeine #4</i>	1	QL (180 per 30 days)	<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr</i>	3	PA; QL (4 per 28 days)
<i>acetaminophen-codeine oral solution</i>	1	QL (900 per 30 days)	<i>buprenorphine transdermal patch weekly 20 mcg/hr</i>	1	PA; QL (4 per 28 days)

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>buprenorphine transdermal patch weekly 5 mcg/hr, 7.5 mcg/hr</i>	2	PA; QL (4 per 28 days)	ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	1	QL (180 per 30 days)
<i>butalbital-apap-caff-cod</i>	1	PA; QL (180 per 30 days)	<i>etodolac er</i>	1	MO
<i>butalbital-asa-caff-codeine</i>	1	PA; QL (180 per 30 days)	<i>etodolac oral</i>	1	MO
<i>butorphanol tartrate injection</i>	1		<i>febuxostat</i>	1	ST; MO
<i>butorphanol tartrate nasal</i>	1	QL (5 per 30 days)	FELDENE	3	MO
BUTRANS TRANSDERMAL PATCH WEEKLY 5 MCG/HR, 7.5 MCG/HR	3	PA; QL (4 per 28 days)	<i>fenoprofen calcium oral tablet</i>	1	MO
<i>celecoxib oral</i>	1	MO	<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 600 mcg, 800 mcg</i>	3	PA; QL (120 per 30 days); S
<i>codeine sulfate oral tablet</i>	2	QL (180 per 30 days)	<i>fentanyl citrate buccal lozenge on a handle 200 mcg, 400 mcg</i>	3	PA; QL (120 per 30 days)
<i>colchicine oral</i>	1		<i>fentanyl citrate buccal tablet</i>	3	PA; QL (120 per 30 days); S
<i>colchicine-probenecid</i>	1	MO	<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)
CONZIP	3	PA; QL (30 per 30 days)	<i>flurbiprofen oral tablet 100 mg</i>	1	MO
DAYPRO	3	MO	GLYDO EXTERNAL PREFILLED SYRINGE	1	
DEMEROL INJECTION SOLUTION 25 MG/ML, 50 MG/ML	3	PA	<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)
<i>diclofenac potassium oral tablet 50 mg</i>	1	MO	<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)
<i>diclofenac sodium er</i>	1	MO	<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	QL (50 per 10 days)
<i>diclofenac sodium external gel 1 %</i>	1	QL (1000 per 30 days)	<i>hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	
<i>diclofenac sodium external solution 1.5 %</i>	1	QL (300 per 30 days)	<i>hydromorphone hcl oral liquid</i>	1	QL (720 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			
DILAUDID ORAL LIQUID	3	QL (720 per 30 days)			
DILAUDID ORAL TABLET 2 MG, 4 MG	3	QL (180 per 30 days)			
<i>duramorph</i>	1				
<i>ec-naproxen</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
hydromorphone hcl oral tablet	1	QL (180 per 30 days)
hydromorphone hcl pf injection solution 1 mg/ml, 4 mg/ml	2	
hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml, 500 mg/50ml	1	
IBU	1	MO
ibuprofen oral suspension	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	MO
indomethacin er	1	PA; MO
indomethacin oral capsule 25 mg, 50 mg	1	PA; MO
ketoprofen er	1	MO
ketoprofen oral capsule 50 mg	1	MO
ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml	1	PA
ketorolac tromethamine intramuscular solution 60 mg/2ml	1	PA
ketorolac tromethamine oral	1	PA
lidocaine external ointment 5 %	1	PA; QL (150 per 30 days)
lidocaine external patch 5 %	1	PA; QL (90 per 30 days)
lidocaine hcl (pf) injection solution 1 %, 1.5 %	1	
lidocaine hcl external solution	1	PA; QL (300 per 30 days)
lidocaine hcl injection solution 0.5 %, 1 %, 2 %	1	
lidocaine hcl mouth/throat	1	PA; QL (300 per 30 days)
lidocaine hcl urethral/mucosal	1	
lidocaine viscous hcl	1	
lidocaine-prilocaine external cream	1	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
meclofenamate sodium oral	1	MO
mefenamic acid oral	1	MO
meloxicam oral tablet	1	MO
meperidine hcl injection solution 25 mg/ml, 50 mg/ml	3	PA
METHADONE HCL INTENSOL	1	QL (180 per 30 days)
methadone hcl oral concentrate	1	QL (180 per 30 days)
methadone hcl oral solution	1	QL (900 per 30 days)
methadone hcl oral tablet	1	PA; QL (180 per 30 days)
METHADOSE SUGAR-FREE	2	QL (180 per 30 days)
MITIGARE	3	
morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 100 mg/5ml, 20 mg/ml	1	QL (180 per 30 days)
morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml	1	
morphine sulfate (pf) injection solution 10 mg/ml, 4 mg/ml, 5 mg/ml	2	
morphine sulfate (pf) injection solution 8 mg/ml	3	
morphine sulfate (pf) intravenous solution 1 mg/ml, 2 mg/ml	2	
morphine sulfate (pf) intravenous solution 10 mg/ml	1	
morphine sulfate (pf) intravenous solution 8 mg/ml	3	
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	3	PA; QL (60 per 30 days)

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 er oral tablet extended release 100 mg, 200 mg</i>	1	PA; QL (60 per 30 days)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	1	PA; QL (90 per 30 days)
<i>morphine sulfate injection solution 2 mg/ml, 4 mg/ml, 50 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	
<i>morphine sulfate oral solution</i>	1	QL (900 per 30 days)
<i>morphine sulfate oral tablet</i>	1	QL (180 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG	3	PA; QL (90 per 30 days)
<i>nabumetone oral</i>	1	MO
NALFON ORAL TABLET	3	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)
<i>oxycodone hcl oral concentrate 10 mg/0.5ml, 100 mg/5ml</i>	1	QL (180 per 30 days)
<i>oxycodone hcl oral solution</i>	1	QL (900 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>oxycodone hcl oral tablet</i>	1	QL (180 per 30 days)
<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)
<i>pentazocine-naloxone hcl</i>	1	PA; QL (360 per 30 days)
PERCOCET ORAL TABLET 2.5-325 MG	3	QL (180 per 30 days)
<i>piroxicam oral</i>	1	MO
<i>probenecid oral</i>	1	MO
RELAFEN	1	MO
ROXICODONE ORAL TABLET 15 MG	3	QL (180 per 30 days)
<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
<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)
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour</i>	1	PA; QL (30 per 30 days)
<i>tramadol hcl er</i>	1	PA; QL (30 per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	1	QL (240 per 30 days)
<i>tramadol-acetaminophen</i>	1	QL (40 per 5 days)
ULORIC ORAL TABLET 80 MG	3	ST; MO
Antineoplastics		
<i>abiraterone acetate oral tablet 250 mg</i>	3	PA; QL (120 per 30 days); S
<i>abiraterone acetate oral tablet 500 mg</i>	3	PA; QL (60 per 30 days); S
ADRIAMYCIN INTRAVENOUS SOLUTION	3	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
<i>adriamycin intravenous solution reconstituted 10 mg</i>	1	B/D PA
ADRIAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	1	B/D PA
AKEEGA	3	PA; QL (30 per 30 days); S
ALECENSA	3	PA; QL (240 per 30 days); LA; S
ALUNBRIG ORAL TABLET 180 MG	3	PA; QL (30 per 30 days); LA; S
ALUNBRIG ORAL TABLET 30 MG	3	PA; QL (180 per 30 days); LA; S
ALUNBRIG ORAL TABLET 90 MG	3	PA; QL (60 per 30 days); LA; S
ALUNBRIG ORAL TABLET THERAPY PACK	3	PA; QL (30 per 180 days); LA; S
<i>anastrozole oral</i>	1	QL (30 per 30 days); MO
AUGTYRO	3	PA; QL (240 per 30 days); S
AVASTIN	3	PA; LA; S
AYVAKIT	3	PA; QL (30 per 30 days); LA; S
<i>azacitidine</i>	3	PA; LA; S
BALVERSA ORAL TABLET 3 MG	3	PA; QL (90 per 30 days); LA; S
BALVERSA ORAL TABLET 4 MG	3	PA; QL (60 per 30 days); LA; S
BALVERSA ORAL TABLET 5 MG	3	PA; QL (30 per 30 days); LA; S
BAVENCIO	3	PA; LA; S
<i>bendamustine hcl intravenous solution</i>	3	B/D PA; S
BENDEKA	3	B/D PA; S
BESREMI	3	PA; LA; S
<i>bexarotene oral</i>	3	PA; QL (300 per 30 days); S
<i>bicalutamide</i>	1	QL (30 per 30 days)
<i>bleomycin sulfate</i>	1	B/D PA

Drug Name	Drug Tier	Requirements /Limits
<i>bortezomib injection solution reconstituted 1 mg, 3.5 mg</i>	3	PA; S
<i>bortezomib injection solution reconstituted 2.5 mg</i>	3	PA
<i>bortezomib intravenous solution reconstituted</i>	3	PA; S
BOSULIF ORAL CAPSULE 100 MG	3	PA; QL (120 per 30 days); LA; S
BOSULIF ORAL CAPSULE 50 MG	3	PA; QL (30 per 30 days); LA; S
BOSULIF ORAL TABLET 100 MG	3	PA; QL (120 per 30 days); S
BOSULIF ORAL TABLET 400 MG, 500 MG	3	PA; QL (30 per 30 days); S
BRAFTOVI ORAL CAPSULE 75 MG	3	PA; QL (180 per 30 days); LA; S
BRUKINSA	3	PA; QL (120 per 30 days); LA; S
CABOMETYX	3	PA; QL (30 per 30 days); LA; S
CALQUENCE	3	PA; QL (60 per 30 days); LA; S
CAPRELSA ORAL TABLET 100 MG	3	PA; QL (90 per 30 days); LA; S
CAPRELSA ORAL TABLET 300 MG	3	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	3	PA; QL (56 per 28 days); LA; S
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	3	PA; QL (112 per 28 days); LA; S
COMETRIQ (60 MG DAILY DOSE)	3	PA; QL (84 per 28 days); LA; S
COPIKTRA	3	PA; QL (60 per 30 days); LA; S
COTELLIC	3	PA; QL (90 per 30 days); LA; S

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Drug Name	Drug Tier	Requirements /Limits
<i>cyclophosphamide intravenous</i>	3	S
<i>cyclophosphamide oral capsule</i>	2	B/D PA
CYRAMZA	3	PA; LA; S
DARZALEX	3	PA; LA; S
DARZALEX FASPRO	3	PA; S
DAURISMO ORAL TABLET 100 MG	3	PA; QL (30 per 30 days); LA; S
DAURISMO ORAL TABLET 25 MG	3	PA; QL (60 per 30 days); LA; S
<i>decitabine</i>	3	S
<i>doxorubicin hcl intravenous solution</i>	3	B/D PA
<i>doxorubicin hcl intravenous solution reconstituted</i>	1	B/D PA
<i>doxorubicin hcl liposomal</i>	3	PA; S
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 7.5 MG	2	PA
ELIGARD SUBCUTANEOUS KIT 30 MG, 45 MG	3	PA
ELITEK	3	PA; S
EMCYT	3	S
EMPLICITI	3	PA; LA; S
ENHERTU	3	PA; S
ERBITUX	3	PA; S
ERIVEDGE	3	PA; QL (30 per 30 days); LA; S
ERLEADA	3	PA; LA; S
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	3	PA; QL (30 per 30 days); S
<i>erlotinib hcl oral tablet 25 mg</i>	3	PA; QL (90 per 30 days); S
<i>etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i>	1	B/D PA
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	3	PA; S
<i>everolimus oral tablet soluble</i>	3	PA; S
exemestane	1	QL (60 per 30 days); MO

Drug Name	Drug Tier	Requirements /Limits
EXKIVITY	3	PA; QL (120 per 30 days); LA; S
FIRMAGON (240 MG DOSE)	3	PA; S
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	2	PA
<i>fluorouracil intravenous</i>	1	B/D PA
FOTIVDA	3	PA; QL (21 per 28 days); S
FRUZAQLA ORAL CAPSULE 1 MG	3	PA; QL (84 per 28 days); LA; S
FRUZAQLA ORAL CAPSULE 5 MG	3	PA; QL (21 per 28 days); LA; S
<i>fulvestrant intramuscular solution prefilled syringe</i>	3	PA; S
GAVRETO	3	PA; QL (120 per 30 days); LA; S
GAZYVA	3	PA; LA; S
<i>gefitinib</i>	3	PA; QL (30 per 30 days); S
<i>gemcitabine hcl intravenous solution 1 gm/10ml, 2 gm/20ml, 2 gm/52.6ml, 200 mg/2ml</i>	3	B/D PA
<i>gemcitabine hcl intravenous solution 1 gm/26.3ml, 200 mg/5.26ml</i>	1	B/D PA
<i>gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm</i>	1	B/D PA
<i>gemcitabine hcl intravenous solution reconstituted 200 mg</i>	3	B/D PA
GILOTRIF	3	PA; QL (30 per 30 days); LA; S
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	3	PA
HERCEPTIN HYLECTA	3	B/D PA; S
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	3	B/D PA; S
HYDREA	3	
<i>hydroxyurea 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	Drug Name	Drug Tier	Requirements /Limits
IBRANCE	3	PA; QL (21 per 28 days); LA; S	JAYPIRCA ORAL TABLET 50 MG	3	PA; QL (30 per 30 days); S
ICLUSIG	3	PA; QL (30 per 30 days); LA; S	JEVTANA	3	PA; S
IDHIFA ORAL TABLET 100 MG	3	PA; QL (30 per 30 days); LA; S	KADCYLA	3	PA; S
IDHIFA ORAL TABLET 50 MG	3	PA; QL (60 per 30 days); LA; S	KEYTRUDA INTRAVENOUS SOLUTION	3	PA; S
<i>imatinib mesylate oral tablet 100 mg</i>	3	PA; QL (90 per 30 days); S	KISQALI (200 MG DOSE)	3	PA; QL (21 per 21 days); S
<i>imatinib mesylate oral tablet 400 mg</i>	3	PA; QL (60 per 30 days); S	KISQALI (400 MG DOSE)	3	PA; QL (42 per 21 days); S
IMBRUVICA ORAL CAPSULE 140 MG	3	PA; QL (90 per 30 days); LA; S	KISQALI (600 MG DOSE)	3	PA; QL (63 per 21 days); S
IMBRUVICA ORAL CAPSULE 70 MG	3	PA; QL (30 per 30 days); LA; S	KISQALI FEMARA (200 MG DOSE)	3	PA; QL (49 per 28 days); S
IMBRUVICA ORAL SUSPENSION	3	PA; QL (216 per 27 days); LA; S	KISQALI FEMARA (400 MG DOSE)	3	PA; QL (70 per 28 days); S
IMBRUVICA ORAL TABLET 140 MG	3	PA; QL (90 per 30 days); LA; S	KISQALI FEMARA (600 MG DOSE)	3	PA; QL (91 per 28 days); S
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG	3	PA; QL (30 per 30 days); LA; S	KRAZATI	3	PA; QL (180 per 30 days); S
IMFINZI	3	PA; LA; S	KYPROLIS	3	PA; LA; S
INLYTA ORAL TABLET 1 MG	3	PA; QL (180 per 30 days); LA; S	<i>lapatinib ditosylate</i>	3	PA; QL (180 per 30 days); S
INLYTA ORAL TABLET 5 MG	3	PA; QL (120 per 30 days); LA; S	<i>lenalidomide oral capsule 10 mg</i>	3	PA; QL (60 per 30 days); LA; S
INQOVI	3	PA; QL (5 per 28 days); LA; S	<i>lenalidomide oral capsule 15 mg, 2.5 mg, 20 mg, 25 mg</i>	3	PA; QL (30 per 30 days); LA; S
INREBIC	3	PA; QL (120 per 30 days); LA; S	<i>lenalidomide oral capsule 5 mg</i>	3	PA; QL (150 per 30 days); LA; S
<i>irinotecan hcl intravenous solution 100 mg/5ml</i>	3		LENVIMA (10 MG DAILY DOSE)	3	PA; QL (30 per 30 days); LA; S
<i>irinotecan hcl intravenous solution 300 mg/15ml, 40 mg/2ml</i>	1		LENVIMA (12 MG DAILY DOSE)	3	PA; QL (90 per 30 days); LA; S
<i>irinotecan hcl intravenous solution 500 mg/25ml</i>	1	B/D PA	LENVIMA (14 MG DAILY DOSE)	3	PA; QL (60 per 30 days); LA; S
IWILFIN	3	PA; QL (240 per 30 days); S	LENVIMA (18 MG DAILY DOSE)	3	PA; QL (90 per 30 days); LA; S
JAKAFI	3	PA; QL (60 per 30 days); LA; S	LENVIMA (20 MG DAILY DOSE)	3	PA; QL (60 per 30 days); LA; S
JAYPIRCA ORAL TABLET 100 MG	3	PA; QL (60 per 30 days); S	LENVIMA (24 MG DAILY DOSE)	3	PA; QL (90 per 30 days); LA; S
			LENVIMA (4 MG DAILY DOSE)	3	PA; QL (30 per 30 days); LA; S

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Drug Name	Drug Tier	Requirements /Limits
LENVIMA (8 MG DAILY DOSE)	3	PA; QL (60 per 30 days); LA; S
<i>letrozole oral</i>	1	QL (30 per 30 days); MO
<i>leucovorin calcium injection solution 100 mg/10ml</i>	1	
<i>leucovorin calcium injection solution reconstituted</i>	1	B/D PA
<i>leucovorin calcium oral</i>	1	
LEUKERAN	2	
<i>leuprolide acetate (3 month)</i>	3	PA
<i>leuprolide acetate injection</i>	1	PA
LONSURF	3	PA; S
LORBRENA ORAL TABLET 100 MG	3	PA; QL (30 per 30 days); LA; S
LORBRENA ORAL TABLET 25 MG	3	PA; QL (90 per 30 days); LA; S
LUMAKRAS ORAL TABLET 120 MG	3	PA; QL (240 per 30 days); LA; S
LUMAKRAS ORAL TABLET 320 MG	3	PA; QL (90 per 30 days); S
LUPRON DEPOT (1-MONTH)	3	PA; QL (1 per 28 days); S
LUPRON DEPOT (3-MONTH)	3	PA; QL (1 per 84 days); S
LUPRON DEPOT (4-MONTH)	3	PA; QL (1 per 112 days); S
LUPRON DEPOT (6-MONTH)	3	PA; QL (1 per 168 days); S
LYNPARZA ORAL TABLET	3	PA; QL (120 per 30 days); LA; S
LYSODREN	3	S
LYTGOBI (12 MG DAILY DOSE)	3	PA; S
LYTGOBI (16 MG DAILY DOSE)	3	PA; S
LYTGOBI (20 MG DAILY DOSE)	3	PA; S
MATULANE	3	LA; S
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>	1	PA

Drug Name	Drug Tier	Requirements /Limits
<i>megestrol acetate oral tablet</i>	1	PA
MEKINIST ORAL SOLUTION RECONSTITUTED	3	PA; QL (1200 per 30 days); S
MEKINIST ORAL TABLET 0.5 MG	3	PA; QL (90 per 30 days); LA; S
MEKINIST ORAL TABLET 2 MG	3	PA; QL (30 per 30 days); LA; S
MEKTOVI	3	PA; QL (180 per 30 days); LA; S
<i>melphalan</i>	1	B/D PA
<i>mercaptopurine oral</i>	1	
<i>mesna</i>	1	
MESNEX ORAL	3	S
<i>mitomycin intravenous solution reconstituted 20 mg, 40 mg</i>	3	B/D PA; S
<i>mitomycin intravenous solution reconstituted 5 mg</i>	1	B/D PA
MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 5 MG	1	B/D PA
MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	3	B/D PA; S
NERLYNX	3	PA; QL (180 per 30 days); LA; S
<i>nilutamide</i>	3	QL (30 per 30 days); S
NINLARO	3	PA; QL (3 per 28 days); S
NUBEQA	3	PA; QL (120 per 30 days); LA; S
ODOMZO	3	PA; QL (30 per 30 days); LA; S
OGSIVEO	3	PA; QL (180 per 30 days); S
OJJAARA	3	PA; QL (30 per 30 days); LA; S
ONUREG	3	PA; QL (14 per 28 days); LA; S
OPDIVO	3	PA; LA; S
ORGOVYX	3	PA; QL (32 per 30 days); LA; S

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Drug Name	Drug Tier	Requirements /Limits
ORSERDU ORAL TABLET 345 MG	3	PA; QL (30 per 30 days); S
ORSERDU ORAL TABLET 86 MG	3	PA; QL (90 per 30 days); S
<i>oxaliplatin intravenous solution</i>	1	B/D PA
<i>oxaliplatin intravenous solution reconstituted 100 mg</i>	3	B/D PA
<i>oxaliplatin intravenous solution reconstituted 50 mg</i>	3	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>	3	PA; S
PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/100ML	1	B/D PA
<i>pazopanib hcl</i>	3	PA; QL (120 per 30 days); S
PEMAZYRE	3	PA; QL (14 per 21 days); LA; S
<i>pemetrexed disodium intravenous solution reconstituted 100 mg</i>	3	PA; S
<i>pemetrexed disodium intravenous solution reconstituted 1000 mg, 750 mg</i>	3	S
<i>pemetrexed disodium intravenous solution reconstituted 500 mg</i>	3	PA
PERJETA	3	PA; S
PHESGO	3	PA; S
PIQRAY (200 MG DAILY DOSE)	3	PA; QL (28 per 28 days); S
PIQRAY (250 MG DAILY DOSE)	3	PA; QL (56 per 28 days); S
PIQRAY (300 MG DAILY DOSE)	3	PA; QL (56 per 28 days); S
POMALYST	3	PA; QL (21 per 28 days); LA; S

Drug Name	Drug Tier	Requirements /Limits
POTELIGEO	3	B/D PA; LA; S
PURIXAN	3	PA; S
QINLOCK	3	PA; QL (90 per 30 days); S
RETEVMO ORAL CAPSULE 40 MG	3	PA; QL (180 per 30 days); S
RETEVMO ORAL CAPSULE 80 MG	3	PA; QL (120 per 30 days); S
REZLIDHIA	3	PA; QL (60 per 30 days); LA; S
RIABNI	3	B/D PA; S
RITUXAN HYCELA	3	B/D PA; LA; S
RITUXAN INTRAVENOUS SOLUTION	3	B/D PA; LA; S
<i>romidepsin intravenous solution reconstituted</i>	3	S
ROZLYTREK ORAL CAPSULE 100 MG	3	PA; QL (150 per 30 days); LA; S
ROZLYTREK ORAL CAPSULE 200 MG	3	PA; QL (90 per 30 days); LA; S
ROZLYTREK ORAL PACKET	3	PA; QL (240 per 30 days); LA; S
RUBRACA	3	PA; QL (120 per 30 days); LA; S
RYBREVANT	3	PA; S
RYDAPT	3	PA; QL (240 per 30 days); S
RYLAZE	3	PA; S
SARCLISA	3	PA; S
SCSEMBLIX ORAL TABLET 20 MG	3	PA; QL (60 per 30 days); S
SCSEMBLIX ORAL TABLET 40 MG	3	PA; QL (300 per 30 days); S
SOLTAMOX	3	MO
<i>sorafenib tosylate</i>	3	PA; QL (120 per 30 days); S
SPRYCEL	3	PA; QL (30 per 30 days); S
STIVARGA	3	PA; QL (84 per 28 days); LA; S
<i>sunitinib malate</i>	3	PA; QL (30 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
SYNRIBO	3	PA; S
TABLOID	3	
TABRECTA	3	PA; QL (120 per 30 days); S
TAFINLAR ORAL CAPSULE	3	PA; QL (120 per 30 days); LA; S
TAFINLAR ORAL TABLET SOLUBLE	3	PA; QL (900 per 30 days); S
TAGRISSO	3	PA; QL (30 per 30 days); LA; S
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	3	PA; QL (30 per 30 days); S
TALZENNA ORAL CAPSULE 0.25 MG	3	PA; QL (90 per 30 days); LA; S
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG, 1 MG	3	PA; QL (30 per 30 days); LA; S
<i>tamoxifen citrate oral</i>	1	MO
TASIGNA	3	PA; QL (112 per 28 days); S
TAZVERIK	3	PA; QL (240 per 30 days); LA; S
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML	3	PA; QL (20 per 21 days); LA; S
TECENTRIQ INTRAVENOUS SOLUTION 840 MG/14ML	3	PA; QL (28 per 28 days); LA; S
TECVAYLI	3	PA; S
TEPMETKO	3	PA; QL (60 per 30 days); LA; S
THALOMID ORAL CAPSULE 100 MG, 50 MG	3	PA; QL (30 per 30 days); S
THALOMID ORAL CAPSULE 150 MG, 200 MG	3	PA; QL (60 per 30 days); S
TIBSOVO	3	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>	3	S
TRODELVY	3	PA; S
TRUQAP	3	PA; QL (64 per 28 days); S
TRUSELTIQ (100MG DAILY DOSE)	3	PA; QL (21 per 28 days); LA; S

Drug Name	Drug Tier	Requirements /Limits
TRUSELTIQ (125MG DAILY DOSE)	3	PA; QL (42 per 28 days); LA; S
TRUSELTIQ (50MG DAILY DOSE)	3	PA; QL (42 per 28 days); LA; S
TRUSELTIQ (75MG DAILY DOSE)	3	PA; QL (63 per 28 days); LA; S
TUKYSA	3	PA; QL (120 per 30 days); LA; S
TURALIO ORAL CAPSULE 125 MG	3	PA; QL (120 per 30 days); LA; S
VANFLYTA	3	PA; QL (56 per 28 days); S
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	3	PA; S
VENCLEXTA ORAL TABLET 10 MG	2	PA; QL (60 per 30 days); LA
VENCLEXTA ORAL TABLET 100 MG	3	PA; QL (180 per 30 days); LA; S
VENCLEXTA ORAL TABLET 50 MG	3	PA; QL (30 per 30 days); LA; S
VENCLEXTA STARTING PACK	3	PA; LA; S
VERZENIO	3	PA; QL (60 per 30 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	3	PA; QL (60 per 30 days); LA; S
VITRAKVI ORAL CAPSULE 25 MG	3	PA; QL (180 per 30 days); LA; S
VITRAKVI ORAL SOLUTION	3	PA; QL (300 per 30 days); LA; S
VIZIMPRO	3	PA; QL (30 per 30 days); LA; S
VONJO	3	PA; QL (120 per 30 days); LA; S
WELIREG	3	PA; QL (90 per 30 days); LA; S
XALKORI ORAL CAPSULE	3	PA; QL (120 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
XALKORI ORAL CAPSULE SPRINKLE 150 MG	3	PA; QL (90 per 30 days); LA; S
XALKORI ORAL CAPSULE SPRINKLE 20 MG	3	PA; QL (120 per 30 days); LA; S
XALKORI ORAL CAPSULE SPRINKLE 50 MG	3	PA; QL (60 per 30 days); LA; S
XOSPATA	3	PA; QL (90 per 30 days); LA; S
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	3	PA; QL (8 per 28 days); LA; S
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA; QL (4 per 28 days); LA; S
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA; QL (8 per 28 days); LA; S
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	3	PA; QL (4 per 28 days); LA; S
XPOVIO (60 MG TWICE WEEKLY)	3	PA; QL (24 per 28 days); LA; S
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA; QL (8 per 28 days); LA; S
XPOVIO (80 MG TWICE WEEKLY)	3	PA; QL (32 per 28 days); LA; S
XTANDI ORAL CAPSULE	3	PA; QL (120 per 30 days); LA; S
XTANDI ORAL TABLET 40 MG	3	PA; QL (120 per 30 days); S
XTANDI ORAL TABLET 80 MG	3	PA; QL (60 per 30 days); S
YERVOY	3	PA; S
YONSA	3	PA; QL (120 per 30 days); S
ZEJULA ORAL CAPSULE	3	PA; QL (90 per 30 days); LA; S
ZEJULA ORAL TABLET 100 MG	3	PA; QL (90 per 30 days); S
ZEJULA ORAL TABLET 200 MG, 300 MG	3	PA; QL (30 per 30 days); S
ZELBORAF	3	PA; QL (240 per 30 days); LA; S

Drug Name	Drug Tier	Requirements /Limits
ZEPZELCA	3	PA; S
ZOLINZA	3	PA; QL (120 per 30 days); S
ZYDELIG	3	PA; QL (60 per 30 days); LA; S
ZYKADIA ORAL TABLET	3	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	3	PA; S
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 60 MCG/ML	2	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 40 MCG/ML	3	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	3	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
BRILINTA	2	QL (60 per 30 days); MO
<i>cilostazol</i>	1	MO
CINRYZE	3	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

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>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)
ENDARI	3	LA; S
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	1	QL (168 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	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/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; S
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	3	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>	3	QL (12 per 30 days); S

Drug Name	Drug Tier	Requirements /Limits
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	3	QL (18 per 30 days); S
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML	3	
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	3	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	3	S
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	3	
FULPHILA	3	PA; QL (1.2 per 28 days); S
GRANIX	3	PA; S
<i>heparin (porcine) in nacl intravenous solution 12500-0.45 ut/250ml-%, 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%</i>	2	B/D PA
<i>heparin 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>	3	PA; S
JANTOVEN	1	MO
LEUKINE INJECTION SOLUTION RECONSTITUTED	3	PA; S
MOZOBIL	3	PA; S
NEULASTA ONPRO	3	PA; QL (1.2 per 28 days); S

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Drug Name	Drug Tier	Requirements /Limits
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (1.2 per 28 days); S
NEUPOGEN INJECTION SOLUTION 300 MCG/ML	3	PA
NEUPOGEN INJECTION SOLUTION 480 MCG/1.6ML	3	PA; S
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	3	PA; S
NIVESTYM INJECTION SOLUTION 300 MCG/ML	3	PA; S
NIVESTYM INJECTION SOLUTION 480 MCG/1.6ML	3	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	3	PA
<i>pentoxifylline er</i>	1	MO
<i>plerixafor</i>	3	PA
PRADAXA ORAL CAPSULE	3	QL (60 per 30 days); MO
<i>prasugrel hcl</i>	1	QL (30 per 30 days); MO
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 20000 UNIT/ML, 40000 UNIT/ML	3	PA; S
PROCRIT INJECTION SOLUTION 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
PROMACTA ORAL PACKET 12.5 MG	3	PA; QL (360 per 30 days); LA; S
PROMACTA ORAL PACKET 25 MG	3	PA; QL (180 per 30 days); LA; S
PROMACTA ORAL TABLET 12.5 MG, 25 MG	3	PA; QL (30 per 30 days); LA; S
PROMACTA ORAL TABLET 50 MG	3	PA; QL (90 per 30 days); LA; S
PROMACTA ORAL TABLET 75 MG	3	PA; QL (60 per 30 days); LA; S
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; S

Drug Name	Drug Tier	Requirements /Limits
<i>tranexamic acid intravenous solution 1000 mg/10ml</i>	1	
<i>tranexamic acid oral</i>	1	
UDENYCA	3	PA; QL (1.2 per 28 days); S
<i>warfarin sodium oral</i>	1	MO
XARELTO ORAL SUSPENSION RECONSTITUTED	2	QL (600 per 30 days); MO
XARELTO ORAL TABLET 10 MG, 20 MG	2	QL (30 per 30 days); MO
XARELTO ORAL TABLET 15 MG, 2.5 MG	2	QL (60 per 30 days); MO
XARELTO STARTER PACK	2	
ZARXIO	3	PA; S
ZIEXTENZO	3	PA; QL (1.2 per 28 days); S
Cardiovascular Agents		
ACCUPRIL	3	MO
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG	3	MO
<i>acebutolol hcl oral</i>	1	MO
<i>acetazolamide oral</i>	1	MO
ALDACTAZIDE ORAL TABLET 50-50 MG	3	MO
<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	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

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>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
AVALIDE ORAL TABLET 150-12.5 MG	3	QL (60 per 30 days); MO
AVALIDE ORAL TABLET 300-12.5 MG	3	QL (30 per 30 days); MO
<i>benazepril hcl oral</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	1	MO
BETAPACE AF ORAL TABLET 120 MG, 80 MG	3	MO
<i>betaxolol hcl oral</i>	1	MO
BIDIL	2	QL (180 per 30 days); 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
BYSTOLIC	3	MO
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-40 MG, 5-80 MG	3	QL (30 per 30 days); 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
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	1	QL (60 per 30 days); MO
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>	1	QL (30 per 30 days); MO
<i>captopril oral</i>	1	MO
<i>captopril-hydrochlorothiazide</i>	1	MO
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG	3	MO

Drug Name	Drug Tier	Requirements /Limits
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 360 MG, 420 MG	3	MO
CARDIZEM ORAL TABLET 120 MG, 30 MG	3	MO
CARDIZEM ORAL TABLET 60 MG	3	MO; S
CARDURA ORAL TABLET 1 MG, 8 MG	3	MO
CARTIA XT	1	MO
<i>carvedilol</i>	1	MO
<i>carvedilol phosphate er</i>	1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>cholestyramine light</i>	1	MO
<i>cholestyramine oral</i>	1	MO
<i>clonidine</i>	1	QL (4 per 28 days); MO
<i>clonidine hcl oral</i>	1	MO
<i>colesevelam hcl</i>	1	MO
COLESTID	3	MO
COLESTID FLAVORED ORAL PACKET	3	MO
<i>colestipol hcl</i>	1	MO
CORGARD ORAL TABLET 20 MG, 40 MG	3	MO
CORLANOR ORAL SOLUTION	3	PA; QL (560 per 28 days); MO
CORLANOR ORAL TABLET	3	PA; QL (60 per 30 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
<i>digoxin oral solution</i>	1	MO
<i>digoxin oral tablet 125 mcg</i>	1	QL (30 per 30 days); MO
<i>digoxin oral tablet 250 mcg</i>	1	PA; QL (60 per 30 days); MO
<i>digoxin oral tablet 62.5 mcg</i>	2	QL (30 per 30 days); MO
<i>dilt-xr</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>ezetimibe-simvastatin</i>	1	QL (30 per 30 days); MO
<i>felodipine er</i>	1	MO
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	MO
<i>fenofibrate oral capsule 134 mg, 200 mg, 50 mg, 67 mg</i>	1	MO
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	1	MO
<i>fenofibrate oral tablet 40 mg</i>	3	MO
<i>fenofibric acid oral capsule delayed release</i>	1	MO
FENOGLIDE ORAL TABLET 40 MG	3	MO
<i>flecainide acetate</i>	1	MO
<i>fluvastatin sodium</i>	1	QL (60 per 30 days); MO
<i>fluvastatin sodium er</i>	1	QL (30 per 30 days); MO
<i>fosinopril sodium</i>	1	MO
<i>fosinopril sodium-hctz</i>	1	MO
<i>furosemide injection</i>	1	
<i>furosemide oral solution 10 mg/ml</i>	1	MO
<i>furosemide oral solution 8 mg/ml</i>	1	MO
<i>furosemide oral tablet</i>	1	MO
<i>gemfibrozil oral</i>	1	MO
<i>guanfacine hcl oral</i>	1	PA; MO
<i>hydralazine hcl injection</i>	1	
<i>hydralazine hcl oral</i>	1	MO
<i>hydrochlorothiazide oral</i>	1	MO
<i>icosapent ethyl</i>	3	MO
<i>indapamide oral</i>	1	MO
INSPRA	3	MO
<i>irbesartan</i>	1	QL (30 per 30 days); MO
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	1	QL (60 per 30 days); MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	1	QL (30 per 30 days); MO
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	MO
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	2	QL (180 per 30 days); MO
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	MO
<i>isosorbide dinitrate oral tablet 40 mg</i>	3	MO; S
<i>isosorbide mononitrate</i>	1	MO
<i>isosorbide mononitrate er</i>	1	MO
<i>isradipine</i>	1	MO
<i>labetalol hcl intravenous solution</i>	1	
<i>labetalol hcl oral</i>	1	MO
LANOXIN ORAL TABLET 125 MCG	3	QL (30 per 30 days); MO
LANOXIN ORAL TABLET 250 MCG	3	PA; QL (60 per 30 days); MO
LESCOL XL	3	QL (30 per 30 days); MO
LIPOFEN ORAL CAPSULE 150 MG	3	MO
LIPOFEN ORAL CAPSULE 50 MG	2	MO
<i>lisinopril oral</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
LOPID	3	MO
<i>losartan potassium oral tablet 100 mg</i>	1	QL (30 per 30 days); MO
<i>losartan potassium oral tablet 25 mg, 50 mg</i>	1	QL (60 per 30 days); MO
<i>losartan potassium-hctz</i>	1	QL (30 per 30 days); MO
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	MO
LOTREL ORAL CAPSULE 10-40 MG	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>lovastatin oral</i>	1	QL (60 per 30 days); MO
MATZIM LA	1	MO
MAXZIDE	3	MO
MAXZIDE-25	3	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>	3	S
<i>mexiletine hcl oral</i>	1	MO
<i>midodrine hcl</i>	1	
MINIPRESS	3	MO
<i>minoxidil oral</i>	1	MO
<i>moexipril hcl</i>	1	MO
MULTAQ	2	QL (60 per 30 days); MO
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	MO
<i>nebivolol hcl</i>	1	MO
<i>niacin (antihyperlipidemic)</i>	1	
<i>niacin er (antihyperlipidemic)</i>	1	MO
NIACOR	1	
<i>nicardipine hcl intravenous</i>	1	
<i>nicardipine hcl oral</i>	1	MO
<i>nifedipine er</i>	1	MO
<i>nifedipine er osmotic release</i>	1	MO
<i>nifedipine oral</i>	1	PA; MO
<i>nimodipine oral</i>	1	
<i>nisoldipine er</i>	1	MO
NITRO-BID	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
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	3	MO
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	3	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
NITROSTAT	3	MO
NORPACE	3	PA; MO
NORPACE CR	3	PA; MO
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	1	QL (30 per 30 days); MO
<i>olmesartan medoxomil oral tablet 5 mg</i>	1	QL (60 per 30 days); MO
<i>olmesartan medoxomil-hctz</i>	1	QL (30 per 30 days); MO
<i>olmesartan-amlodipine-hctz</i>	1	QL (30 per 30 days); MO
<i>omega-3-acid ethyl esters</i>	1	MO
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	1	MO
<i>perindopril erbumine</i>	1	MO
<i>phenoxybenzamine hcl oral</i>	3	S
<i>pindolol</i>	1	MO
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (2 per 28 days); MO
<i>pravastatin sodium</i>	1	QL (30 per 30 days); MO
<i>prazosin hcl oral</i>	1	MO
PREVALITE	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

Drug Name	Drug Tier	Requirements /Limits
<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
QUESTRAN	3	MO
QUESTRAN LIGHT ORAL POWDER	3	MO
<i>quinapril hcl</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	1	MO
<i>quinidine sulfate oral</i>	1	MO
<i>ramipril</i>	1	MO
<i>ranolazine er</i>	1	PA; MO
REPATHA	2	PA; QL (3 per 28 days); MO
REPATHA PUSHTRONEX SYSTEM	2	PA; QL (3.5 per 28 days); MO
REPATHA SURECLICK	2	PA; QL (3 per 28 days); MO
<i>rosuvastatin calcium</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
<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
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 34 MG	3	MO
TAZTIA XT	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
TEKTURNA	3	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
TENORETIC 100	3	MO
TENORETIC 50	3	MO
TENORMIN ORAL TABLET 100 MG, 50 MG	3	MO
<i>terazosin hcl oral</i>	1	MO
TIADYL ER	1	MO
TIAZAC	3	MO
TIKOSYN	3	
<i>timolol maleate oral</i>	1	MO
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG	3	MO
<i>toremide oral</i>	1	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil hcl er</i>	1	MO
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hctz oral tablet</i>	1	MO
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG	3	QL (30 per 30 days); MO
TRILIPIX	3	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

Drug Name	Drug Tier	Requirements /Limits
VASCEPA	3	MO
VASERETIC	3	MO
VASOTEC ORAL TABLET 2.5 MG	3	MO
VECAMYL	3	MO
<i>verapamil hcl er oral capsule extended release 24 hour</i>	1	MO
<i>verapamil hcl er oral tablet extended release 120 mg</i>	1	MO
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	1	MO
<i>verapamil hcl intravenous</i>	1	
<i>verapamil hcl oral</i>	1	MO
VERELAN	3	MO
VERELAN PM	3	MO
VERQUOVO	3	PA; MO
VYTORIN ORAL TABLET 10-80 MG	3	QL (30 per 30 days); MO
WELCHOL ORAL PACKET	3	MO
ZESTORETIC	3	MO
ZESTRIL ORAL TABLET 2.5 MG	3	MO
ZIAC	3	MO
ZOCOR ORAL TABLET 10 MG	3	QL (30 per 30 days); MO
Central Nervous System Agents		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	3	QL (2.4 per 56 days); S
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	3	QL (3.2 per 56 days); S
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	3	QL (1 per 28 days); MO; S
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3	QL (1 per 28 days); MO; S
<i>acamprosate calcium</i>	1	MO
ADDERALL ORAL TABLET 5 MG, 7.5 MG	3	PA; 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
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA; QL (1 per 28 days); MO
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	2	PA; QL (2 per 28 days); MO
<i>almotriptan malate</i>	1	QL (9 per 30 days)
<i>alprazolam er</i>	1	QL (90 per 30 days)
ALPRAZOLAM INTENSOL	2	QL (300 per 30 days)
<i>alprazolam oral</i>	1	QL (90 per 30 days)
<i>alprazolam xr</i>	1	QL (90 per 30 days)
<i>amantadine hcl oral capsule</i>	1	MO
<i>amantadine hcl oral solution</i>	1	MO
<i>amantadine hcl oral tablet</i>	1	MO
<i>amitriptyline hcl oral</i>	1	MO
<i>amoxapine</i>	1	PA; MO
<i>amphetamine sulfate oral tablet 10 mg</i>	3	PA; QL (180 per 30 days); MO
<i>amphetamine sulfate oral tablet 5 mg</i>	3	PA; QL (90 per 30 days); MO
<i>amphetamine-dextroamphetamine er</i>	1	PA; QL (30 per 30 days); MO
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	1	PA; QL (90 per 30 days); MO
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	1	PA; QL (60 per 30 days); MO
<i>apomorphine hcl subcutaneous</i>	3	PA; QL (60 per 30 days); S
APTIOM	3	ST; MO; S
ARICEPT ORAL TABLET 23 MG	3	ST; QL (30 per 30 days); MO
ARICEPT ORAL TABLET 5 MG	3	QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements /Limits
<i>aripiprazole oral solution</i>	1	QL (900 per 30 days); MO
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	1	MO
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	1	QL (30 per 30 days); MO
<i>aripiprazole oral tablet dispersible 10 mg</i>	3	QL (90 per 30 days); MO
<i>aripiprazole oral tablet dispersible 15 mg</i>	3	QL (60 per 30 days); MO
ARISTADA INITIO	3	QL (4.8 per 365 days); S
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	3	QL (3.9 per 60 days); MO; S
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	3	QL (1.6 per 28 days); MO; S
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	3	QL (2.4 per 28 days); MO; S
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	3	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
AUBAGIO	3	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
AUVELITY	3	PA; QL (60 per 30 days); MO; S
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	3	PA; QL (4 per 28 days); S
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	3	PA; QL (4 per 28 days); S
AZILECT ORAL TABLET 0.5 MG	3	MO; S
BAC	1	PA; QL (180 per 30 days)
<i>baclofen oral tablet 10 mg, 5 mg</i>	1	QL (90 per 30 days)
<i>baclofen oral tablet 20 mg</i>	1	QL (120 per 30 days)
BELSOMRA	3	QL (30 per 30 days)
<i>benztropine mesylate injection</i>	1	PA
<i>benztropine mesylate oral</i>	1	PA; MO
BETASERON SUBCUTANEOUS KIT	3	PA; QL (15 per 30 days); S
BOTOX	3	PA
BRIVIACT INTRAVENOUS	3	
BRIVIACT ORAL SOLUTION	3	QL (600 per 30 days); MO; S
BRIVIACT ORAL TABLET	3	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)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	1	QL (60 per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	1	QL (60 per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	1	QL (480 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	1	QL (240 per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	1	QL (120 per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	1	QL (480 per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	1	QL (120 per 30 days)
<i>bupropion hcl er (smoking det)</i>	1	QL (60 per 30 days); MO
<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	3	QL (30 per 30 days); MO; S
<i>carbamazepine er</i>	1	MO
<i>carbamazepine oral</i>	1	MO
<i>carbidopa oral</i>	1	MO
<i>carbidopa-levodopa</i>	1	MO

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
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	1	MO
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	1	MO
carisoprodol oral tablet 350 mg	1	
chlordiazepoxide hcl	1	QL (120 per 30 days)
chlordiazepoxide-amitriptyline	1	PA; MO
chlorpromazine hcl injection	2	
chlorpromazine hcl oral concentrate	3	MO
chlorpromazine hcl oral tablet	1	MO
chlorzoxazone oral tablet 500 mg	1	PA
citalopram hydrobromide oral solution	1	QL (600 per 30 days); MO
citalopram hydrobromide oral tablet 10 mg	1	QL (120 per 30 days); MO
citalopram hydrobromide oral tablet 20 mg	1	QL (60 per 30 days); MO
citalopram hydrobromide oral tablet 40 mg	1	QL (30 per 30 days); MO
clobazam oral suspension	1	PA; QL (480 per 30 days); MO
clobazam oral tablet 10 mg	1	PA; QL (120 per 30 days); MO
clobazam oral tablet 20 mg	1	PA; QL (60 per 30 days); MO
clomipramine hcl oral	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)

Drug Name	Drug Tier	Requirements /Limits
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)
clozapine oral tablet dispersible 200 mg	3	QL (120 per 30 days); S
clozapine oral tablet dispersible 25 mg	1	QL (1080 per 30 days)
COMTAN	3	MO
CONCERTA ORAL TABLET EXTENDED RELEASE 27 MG	3	PA; QL (30 per 30 days); MO
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	3	PA; QL (30 per 30 days); S
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	3	PA; QL (12 per 28 days); S
cyclobenzaprine hcl oral	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>dalfampridine er</i>	2	PA; QL (60 per 30 days)
DANTRIUM ORAL CAPSULE 25 MG	3	
<i>dantrolene sodium oral</i>	1	
DEPAKOTE	3	MO
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	3	MO
<i>desipramine hcl oral</i>	1	PA; MO
<i>desvenlafaxine er</i>	3	QL (30 per 30 days); MO
<i>desvenlafaxine succinate er</i>	1	MO
<i>dexmethylphenidate hcl</i>	1	QL (60 per 30 days); MO
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	2	QL (30 per 30 days); MO
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i>	1	QL (60 per 30 days); MO
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	1	QL (120 per 30 days); MO
<i>dextroamphetamine sulfate oral solution</i>	1	QL (1920 per 30 days); MO
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	1	QL (180 per 30 days); MO
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	1	QL (90 per 30 days); MO
DIACOMIT ORAL CAPSULE 250 MG	3	PA; QL (360 per 30 days); LA; S
DIACOMIT ORAL CAPSULE 500 MG	3	PA; QL (180 per 30 days); LA; S
DIACOMIT ORAL PACKET 250 MG	3	PA; QL (360 per 30 days); LA; S
DIACOMIT ORAL PACKET 500 MG	3	PA; QL (180 per 30 days); LA; S
DIASTAT ACUDIAL RECTAL GEL 10 MG	3	

Drug Name	Drug Tier	Requirements /Limits
<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; S
<i>dihydroergotamine mesylate nasal</i>	3	QL (8 per 28 days); S
DILANTIN	3	MO
DILANTIN INFATABS	3	MO
<i>disulfiram oral</i>	1	MO
<i>divalproex sodium er oral tablet extended release 24 hour</i>	1	MO
<i>divalproex sodium oral capsule delayed release sprinkle</i>	1	MO
<i>divalproex sodium oral tablet delayed release</i>	1	MO
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	QL (30 per 30 days); MO
<i>donepezil hcl oral tablet 23 mg</i>	1	ST; QL (30 per 30 days); MO
<i>donepezil hcl oral tablet dispersible</i>	1	QL (30 per 30 days); MO
<i>doxepin hcl oral capsule</i>	1	PA; MO
<i>doxepin hcl oral concentrate</i>	1	PA; MO
<i>doxepin hcl oral tablet</i>	1	PA; QL (30 per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg</i>	1	QL (180 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>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	3	PA; QL (30 per 30 days); MO; S
<i>entacapone</i>	1	MO
EPIDIOLEX	3	PA; LA; S
EPITOL	1	MO
EPRONTIA	3	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	3	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)

Drug Name	Drug Tier	Requirements /Limits
ESGIC ORAL TABLET	3	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
EVEKEO ORAL TABLET 10 MG	3	PA; QL (180 per 30 days); MO
EVEKEO ORAL TABLET 5 MG	3	PA; QL (90 per 30 days); MO
FANAPT ORAL TABLET 1 MG	3	QL (720 per 30 days); S
FANAPT ORAL TABLET 10 MG, 12 MG	3	QL (60 per 30 days); S
FANAPT ORAL TABLET 2 MG	3	QL (360 per 30 days); S
FANAPT ORAL TABLET 4 MG	3	QL (180 per 30 days); S
FANAPT ORAL TABLET 6 MG	3	QL (120 per 30 days); S
FANAPT ORAL TABLET 8 MG	3	QL (90 per 30 days); S
FANAPT TITRATION PACK	3	
<i>felbamate</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); S
FINTEPLA	3	PA; LA; S
FIRDAPSE	3	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

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>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
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	1	MO
FOCALIN	3	QL (60 per 30 days); MO
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	3	QL (30 per 30 days); MO
<i>frovatriptan succinate</i>	1	QL (12 per 30 days)
FYCOMPA ORAL SUSPENSION	3	QL (720 per 30 days); MO; S
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	3	QL (30 per 30 days); MO; S
FYCOMPA ORAL TABLET 2 MG	3	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
GABITRIL ORAL TABLET 12 MG	3	MO; S
GABITRIL ORAL TABLET 16 MG, 2 MG, 4 MG	3	MO

Drug Name	Drug Tier	Requirements /Limits
<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	3	PA; QL (30 per 30 days); S
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	3	PA; QL (30 per 30 days); S
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	3	PA; QL (12 per 28 days); S
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	3	PA; QL (30 per 30 days); S
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	3	PA; QL (12 per 28 days); S
<i>guanfacine hcl er</i>	1	PA; 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
IMITREX NASAL SOLUTION 5 MG/ACT	3	
IMITREX ORAL TABLET 25 MG	3	QL (9 per 30 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML	3	QL (6 per 30 days)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML	3	QL (6 per 30 days)
INGREZZA ORAL CAPSULE 40 MG	3	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	Drug Name	Drug Tier	Requirements /Limits
INGREZZA ORAL CAPSULE 60 MG, 80 MG	3	PA; QL (30 per 30 days); S	INVEGA TRINZA INTRAMUSCULAR	3	QL (2.63 per 84 days); S
INGREZZA ORAL CAPSULE THERAPY PACK	3	PA; QL (56 per 365 days); S	SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML		
INTUNIV	3	PA; QL (30 per 30 days); MO	KESIMPTA	3	PA; QL (1.2 per 30 days); S
INVEGA HAFYERA INTRAMUSCULAR	3	QL (3.5 per 180 days); S	<i>lacosamide intravenous</i>	3	QL (1200 per 30 days); S
SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML			<i>lacosamide oral solution</i>	3	QL (1200 per 30 days); MO
INVEGA HAFYERA INTRAMUSCULAR	3	QL (5 per 180 days); S	<i>lacosamide oral tablet</i>	3	QL (60 per 30 days); MO
SUSPENSION PREFILLED SYRINGE 1560 MG/5ML			LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 25 MG, 50 MG	3	MO
INVEGA SUSTENNA INTRAMUSCULAR	3	QL (0.75 per 28 days); S	LAMICTAL ODT ORAL TABLET DISPERSIBLE 200 MG	3	MO; S
SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML			LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	3	MO
INVEGA SUSTENNA INTRAMUSCULAR	3	QL (1 per 28 days); S	LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG	3	
SUSPENSION PREFILLED SYRINGE 156 MG/ML			LAMICTAL XR ORAL KIT 50 & 100 & 200 MG	3	S
INVEGA SUSTENNA INTRAMUSCULAR	3	QL (1.5 per 28 days); S	<i>lamotrigine er</i>	3	MO
SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML			<i>lamotrigine oral tablet</i>	1	MO
INVEGA SUSTENNA INTRAMUSCULAR	3	QL (0.25 per 28 days)	<i>lamotrigine oral tablet chewable</i>	1	MO
SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML			<i>lamotrigine oral tablet dispersible</i>	1	MO
INVEGA SUSTENNA INTRAMUSCULAR	3	QL (0.5 per 28 days); S	<i>lamotrigine starter kit-blue</i>	3	
SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML			<i>lamotrigine starter kit-orange</i>	3	
INVEGA TRINZA INTRAMUSCULAR	3	QL (0.88 per 84 days); S	<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	1	QL (180 per 30 days); MO
SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML			<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	1	QL (120 per 30 days); MO
INVEGA TRINZA INTRAMUSCULAR	3	QL (1.32 per 84 days); S	<i>levetiracetam intravenous</i>	1	
SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML			<i>levetiracetam oral</i>	1	MO
INVEGA TRINZA INTRAMUSCULAR	3	QL (1.75 per 84 days); S	<i>lithium</i>	2	MO
SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML			<i>lithium carbonate er</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>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</i>	3	QL (30 per 30 days); MO; S
<i>lurasidone hcl oral tablet 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
LYBALVI	3	QL (30 per 30 days); MO; S
MARPLAN	3	MO
MAYZENT ORAL TABLET 0.25 MG	3	PA; QL (120 per 30 days); LA; S
MAYZENT ORAL TABLET 1 MG, 2 MG	3	PA; QL (30 per 30 days); LA; S
MAYZENT STARTER PACK	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	

Drug Name	Drug Tier	Requirements /Limits
<i>methsuximide</i>	3	MO
METHYLIN ORAL SOLUTION 10 MG/5ML	3	PA; QL (900 per 30 days); MO
METHYLIN ORAL SOLUTION 5 MG/5ML	3	PA; QL (1800 per 30 days); 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 extended release 18 mg, 27 mg, 45 mg, 54 mg, 63 mg</i>	1	PA; QL (30 per 30 days); MO
<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	3	S
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 3 MG, 3.75 MG	3	MO
<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

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Drug Name	Drug Tier	Requirements /Limits
<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	
<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	
<i>nefazodone hcl</i>	1	MO
NEUPRO	3	QL (30 per 30 days); MO
NEURONTIN ORAL SOLUTION	3	QL (2160 per 30 days); MO
NICOTROL	3	
NICOTROL NS	3	QL (120 per 30 days)
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	PA; MO
<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	3	PA; QL (60 per 30 days); MO; S

Drug Name	Drug Tier	Requirements /Limits
NUPLAZID ORAL CAPSULE	3	PA; QL (30 per 30 days); LA; S
NUPLAZID ORAL TABLET 10 MG	3	PA; QL (30 per 30 days); LA; S
NURTEC	3	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
<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
PARLODEL	3	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

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>paroxetine hcl oral suspension</i>	3	QL (900 per 30 days); MO
<i>paroxetine hcl oral tablet 10 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>paroxetine hcl oral tablet 40 mg</i>	1	QL (45 per 30 days); MO
PAXIL ORAL SUSPENSION	3	QL (900 per 30 days); MO; S
PAXIL ORAL TABLET 10 MG	3	QL (45 per 30 days); MO
<i>perphenazine oral</i>	1	MO
<i>perphenazine-amitriptyline</i>	1	PA; MO
PERSERIS	3	QL (1 per 28 days); MO; S
PEXEVA ORAL TABLET 10 MG, 40 MG	3	QL (45 per 30 days); MO
PEXEVA ORAL TABLET 20 MG	3	QL (30 per 30 days); MO
PEXEVA ORAL TABLET 30 MG	3	QL (60 per 30 days); MO
<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>	1	PA; QL (120 per 30 days); MO
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg</i>	1	PA; QL (210 per 30 days); MO
PHENYTEK	3	MO
PHENYTOIN INFATABS	1	MO
<i>phenytoin oral</i>	1	MO
<i>phenytoin sodium extended</i>	1	MO
<i>pimozide</i>	1	MO
<i>pramipexole dihydrochloride</i>	1	MO
<i>pramipexole dihydrochloride er</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg</i>	3	PA; QL (30 per 30 days); MO
<i>pregabalin er oral tablet extended release 24 hour 330 mg</i>	3	PA; QL (60 per 30 days); MO
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>pregabalin oral capsule 200 mg</i>	1	QL (90 per 30 days); MO
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	QL (60 per 30 days); MO
<i>pregabalin oral solution</i>	1	QL (900 per 30 days); MO
<i>primidone oral</i>	1	MO
<i>protriptyline hcl</i>	1	PA; MO
<i>pyridostigmine bromide er</i>	1	
<i>pyridostigmine bromide oral solution</i>	3	S
<i>pyridostigmine bromide oral tablet</i>	1	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 25 MG, 50 MG	3	MO
<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

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Drug Name	Drug Tier	Requirements /Limits
<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	
RELEXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	1	PA; QL (30 per 30 days); MO
RELPAK	3	QL (9 per 30 days)
REMERON SOLTAB	3	QL (30 per 30 days); MO
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	3	QL (60 per 30 days); MO; S
REXULTI ORAL TABLET 3 MG, 4 MG	3	QL (30 per 30 days); MO; S
<i>riluzole</i>	1	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG	3	QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG	3	QL (2 per 28 days); S
<i>risperidone er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg</i>	3	QL (2 per 28 days)
<i>risperidone er intramuscular suspension reconstituted er 50 mg</i>	3	QL (2 per 28 days); S
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg</i>	3	QL (2 per 28 days)
<i>risperidone microspheres er intramuscular suspension reconstituted er 50 mg</i>	3	QL (2 per 28 days); S
<i>risperidone oral solution</i>	1	QL (480 per 30 days); MO

Drug Name	Drug Tier	Requirements /Limits
<i>risperidone oral tablet 0.25 mg</i>	1	QL (1920 per 30 days); MO
<i>risperidone oral tablet 0.5 mg</i>	1	QL (960 per 30 days); MO
<i>risperidone oral tablet 1 mg</i>	1	QL (480 per 30 days); MO
<i>risperidone oral tablet 2 mg</i>	1	QL (240 per 30 days); MO
<i>risperidone oral tablet 3 mg, 4 mg</i>	1	QL (120 per 30 days); MO
<i>risperidone oral tablet dispersible 0.25 mg</i>	1	QL (1920 per 30 days); MO
<i>risperidone oral tablet dispersible 0.5 mg</i>	1	QL (960 per 30 days); MO
<i>risperidone oral tablet dispersible 1 mg</i>	1	QL (480 per 30 days); MO
<i>risperidone oral tablet dispersible 2 mg</i>	1	QL (240 per 30 days); MO
<i>risperidone oral tablet dispersible 3 mg</i>	1	QL (150 per 30 days); MO
<i>risperidone oral tablet dispersible 4 mg</i>	1	QL (120 per 30 days); MO
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 30 MG	3	PA; QL (60 per 30 days); MO
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG	3	PA; QL (30 per 30 days); MO
<i>rivastigmine</i>	1	QL (30 per 30 days); MO
<i>rivastigmine tartrate</i>	1	QL (60 per 30 days); MO
<i>rizatriptan benzoate</i>	1	QL (12 per 30 days)
<i>ropinirole hcl</i>	1	MO
<i>ropinirole hcl er</i>	1	MO
ROWEEPRA ORAL TABLET 500 MG	1	MO
<i>rufinamide oral suspension</i>	3	PA; QL (2400 per 30 days); MO; S
<i>rufinamide oral tablet 200 mg</i>	3	PA; QL (480 per 30 days); MO
<i>rufinamide oral tablet 400 mg</i>	3	PA; QL (240 per 30 days); MO; S

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

Drug Name	Drug Tier	Requirements /Limits
RYTARY	3	ST; MO
SAVELLA	3	QL (60 per 30 days); MO
SAVELLA TITRATION PACK	3	
SECUADO	3	QL (30 per 30 days); MO; S
<i>selegiline hcl oral</i>	1	MO
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	3	QL (30 per 30 days); MO
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG	3	QL (60 per 30 days); MO; S
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG	3	QL (60 per 30 days); MO
<i>sertraline hcl oral concentrate</i>	1	QL (300 per 30 days); MO
<i>sertraline hcl oral tablet 100 mg</i>	1	QL (60 per 30 days); MO
<i>sertraline hcl oral tablet 25 mg</i>	1	QL (240 per 30 days); MO
<i>sertraline hcl oral tablet 50 mg</i>	1	QL (120 per 30 days); MO
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	MO
SPRAVATO (56 MG DOSE)	3	PA; QL (16 per 28 days)
SPRAVATO (84 MG DOSE)	3	PA; QL (24 per 28 days); S
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG	3	QL (60 per 30 days); MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	3	QL (120 per 30 days); MO
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	3	QL (60 per 30 days); MO
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	3	QL (30 per 30 days); MO
SUBOXONE SUBLINGUAL FILM 12-3 MG	3	QL (60 per 30 days)
SUBVENITE	1	MO
<i>sumatriptan nasal</i>	1	

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	QL (30 per 30 days); MO
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	QL (90 per 30 days); MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	3	PA; QL (60 per 30 days); MO; S
SYMPAZAN ORAL FILM 5 MG	3	PA; QL (30 per 30 days); MO
<i>tasimelteon</i>	3	PA; QL (30 per 30 days); S
TECFIDERA ORAL	3	PA; LA; S
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG	3	PA; QL (14 per 7 days); LA; S
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG	3	PA; QL (60 per 30 days); LA; S
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	3	PA; LA; S
TEGRETOL ORAL SUSPENSION	3	MO
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 400 MG	3	MO
<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>tetrabenazine oral tablet 12.5 mg</i>	3	PA; QL (240 per 30 days); S
<i>tetrabenazine oral tablet 25 mg</i>	3	PA; QL (120 per 30 days); S
<i>thioridazine hcl oral</i>	1	MO
<i>thiothixene 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
tiagabine hcl	1	MO
tizanidine hcl oral tablet	1	
tolcapone	3	PA; QL (180 per 30 days); MO; S
topiramate er oral capsule er 24 hour sprinkle 100 mg, 25 mg, 50 mg	3	MO
topiramate er oral capsule extended release 24 hour 100 mg	3	QL (30 per 30 days); MO; S
topiramate er oral capsule extended release 24 hour 25 mg, 50 mg	3	QL (30 per 30 days); MO
topiramate oral	1	MO
tranlycypromine sulfate	1	MO
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	1	MO
trazodone hcl oral tablet 300 mg	1	MO
triazolam oral tablet 0.25 mg	1	QL (30 per 30 days)
trifluoperazine hcl oral	1	MO
trihexyphenidyl hcl oral solution	1	PA; MO
trihexyphenidyl hcl oral tablet	1	MO
TRILEPTAL ORAL SUSPENSION	3	MO
TRILEPTAL ORAL TABLET 150 MG, 300 MG	3	MO
trimipramine maleate oral	1	MO
TRINTELLIX	3	QL (30 per 30 days); MO
TYSABRI	3	PA; LA; S
UBRELVY ORAL TABLET 100 MG	3	PA; QL (16 per 30 days); S
UBRELVY ORAL TABLET 50 MG	3	PA; QL (20 per 30 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	3	QL (0.28 per 30 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	3	QL (0.35 per 30 days); S

Drug Name	Drug Tier	Requirements /Limits
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	3	QL (0.42 per 60 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	3	QL (0.56 per 60 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	3	QL (0.7 per 60 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	3	QL (0.14 per 30 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	3	QL (0.21 per 30 days); S
valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml	1	
valproic acid oral capsule	1	MO
valproic acid oral solution	1	MO
VALTOCO 10 MG DOSE	3	
VALTOCO 15 MG DOSE	3	
VALTOCO 20 MG DOSE	3	
VALTOCO 5 MG DOSE	3	
varenicline tartrate (starter)	3	PA
varenicline tartrate oral tablet 0.5 mg	3	PA; QL (60 per 30 days)
varenicline tartrate oral tablet 1 mg	3	PA; QL (56 per 28 days)
varenicline tartrate oral tablet therapy pack	3	PA
venlafaxine besylate er	3	QL (60 per 30 days); MO
venlafaxine hcl	1	QL (90 per 30 days); MO
venlafaxine hcl er oral capsule extended release 24 hour 150 mg	1	QL (30 per 30 days); MO
venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg	1	QL (180 per 30 days); MO

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Drug Name	Drug Tier	Requirements /Limits
<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	1	QL (90 per 30 days); MO
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>	1	QL (30 per 30 days); MO
VERSACLOZ	3	QL (600 per 30 days)
<i>vigabatrin</i>	3	PA; QL (180 per 30 days); LA; S
VIGADRONE ORAL PACKET	3	PA; QL (180 per 30 days); LA; S
VIGADRONE ORAL TABLET	3	PA; QL (180 per 30 days); S
VIGPODER	3	PA; QL (180 per 30 days); S
VIIBRYD ORAL TABLET	3	ST; QL (30 per 30 days); MO
<i>vilazodone hcl</i>	3	ST; QL (30 per 30 days); MO
VIMPAT ORAL TABLET 50 MG	3	MO
VRAYLAR ORAL CAPSULE	3	QL (30 per 30 days); MO; S
VRAYLAR ORAL CAPSULE THERAPY PACK	3	
VUMERITY	3	PA; QL (120 per 30 days); LA; S
WAKIX	3	PA; QL (60 per 30 days); S
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG	3	QL (120 per 30 days); MO
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 3 MG	3	QL (90 per 30 days)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2 MG	3	QL (90 per 30 days); S
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	3	QL (56 per 28 days); MO; S
XCOPRI (350 MG DAILY DOSE)	3	QL (56 per 28 days); MO; S

Drug Name	Drug Tier	Requirements /Limits
XCOPRI ORAL TABLET 100 MG, 50 MG	3	QL (30 per 30 days); MO; S
XCOPRI ORAL TABLET 150 MG, 200 MG	3	QL (60 per 30 days); MO; S
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	3	QL (56 per 365 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG	3	QL (56 per 365 days); S
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT	2	PA
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT	3	PA
XYREM	3	PA; QL (540 per 30 days); LA; S
<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)
ZANAFLEX	3	
ZARONTIN	3	MO
<i>ziprasidone hcl oral capsule 20 mg</i>	1	QL (240 per 30 days); MO
<i>ziprasidone hcl oral capsule 40 mg</i>	1	QL (120 per 30 days); MO
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	1	QL (60 per 30 days); MO
<i>ziprasidone mesylate</i>	3	QL (6 per 3 days)
<i>zolmitriptan nasal solution 2.5 mg</i>	1	
<i>zolmitriptan oral</i>	1	QL (9 per 30 days)
ZOLOFT ORAL CONCENTRATE	3	QL (300 per 30 days); MO
<i>zolpidem tartrate er</i>	1	QL (30 per 30 days)
<i>zolpidem tartrate oral tablet</i>	1	QL (30 per 30 days)
ZOMIG NASAL	3	

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Drug Name	Drug Tier	Requirements /Limits
ZOMIG ORAL TABLET 2.5 MG	3	QL (9 per 30 days)
ZONISADE	3	MO; S
<i>zonisamide oral</i>	1	MO
ZTALMY	3	QL (1100 per 30 days); S
ZURZUVAE	3	S
ZYPREXA INTRAMUSCULAR	3	QL (90 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	3	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	3	QL (2 per 28 days); S
Dermatological Agents		
ACUTANE ORAL CAPSULE 20 MG, 30 MG, 40 MG	1	
<i>acitretin</i>	3	
<i>acyclovir external cream</i>	1	QL (5 per 30 days)
<i>acyclovir external ointment</i>	1	QL (30 per 30 days)
<i>adapalene external cream</i>	1	
<i>adapalene external gel</i>	1	
<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	
ANUSOL-HC EXTERNAL	3	
ATRALIN	3	PA; QL (45 per 30 days)
<i>azelaic acid external</i>	1	
BENZAMYCIN	3	

Drug Name	Drug Tier	Requirements /Limits
<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>	3	PA; QL (60 per 30 days); S
<i>calcipotriene external cream</i>	1	QL (120 per 30 days)
<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)
CAPEX	3	
<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	
CLEOCIN-T EXTERNAL LOTION	3	QL (120 per 30 days)
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	

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>clindamycin phosphate external lotion</i>	1	QL (120 per 30 days)	CORDRAN EXTERNAL CREAM 0.05 %	3	S
<i>clindamycin phosphate external solution</i>	1	QL (120 per 30 days)	CORDRAN EXTERNAL LOTION	3	
<i>clindamycin phosphate external swab</i>	1		CROTAN	3	S
<i>clindamycin-tretinoin</i>	1	PA	<i>dapsone external</i>	3	
<i>clobetasol prop emollient base</i>	1	QL (120 per 30 days)	DENTA 5000 PLUS	1	MO
<i>clobetasol propionate e</i>	1	QL (120 per 30 days)	DENTAGEL	1	MO
<i>clobetasol propionate emulsion</i>	1	QL (100 per 30 days)	<i>desonide external cream</i>	1	
<i>clobetasol propionate external cream</i>	1	QL (120 per 30 days)	<i>desonide external lotion</i>	1	
<i>clobetasol propionate external foam</i>	1	QL (100 per 30 days)	<i>desonide external ointment</i>	1	
<i>clobetasol propionate external gel</i>	1	QL (60 per 30 days)	DESOWEN EXTERNAL CREAM	3	
<i>clobetasol propionate external lotion</i>	1		<i>desoximetasone external cream</i>	1	QL (100 per 30 days)
<i>clobetasol propionate external ointment</i>	1	QL (120 per 30 days)	<i>desoximetasone external gel</i>	1	
<i>clobetasol propionate external shampoo</i>	1		<i>desoximetasone external liquid</i>	3	
<i>clobetasol propionate external solution</i>	1	QL (50 per 30 days)	<i>desoximetasone external ointment</i>	1	
<i>clocortolone pivalate</i>	1		<i>diclofenac sodium external gel 3 %</i>	1	PA; QL (100 per 30 days)
CLODAN EXTERNAL SHAMPOO	1		DIFFERIN EXTERNAL CREAM	3	
CLODERM	3		DIFFERIN EXTERNAL GEL 0.3 %	3	
<i>clotrimazole external cream</i>	1		<i>diflorasone diacetate external</i>	1	QL (60 per 30 days)
<i>clotrimazole external solution</i>	1		DIPROLENE EXTERNAL OINTMENT	3	
<i>clotrimazole mouth/throat troche</i>	1	QL (150 per 30 days)	DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	3	PA; QL (4.56 per 28 days); S
<i>clotrimazole-betamethasone external cream</i>	1	QL (120 per 30 days)	DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	3	PA; QL (8 per 28 days); S
<i>clotrimazole-betamethasone external lotion</i>	1		DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	3	PA; QL (1.34 per 28 days); S
			DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	3	PA; QL (4.56 per 28 days); S

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Drug Name	Drug Tier	Requirements /Limits
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	3	PA; QL (8 per 28 days); S
<i>econazole nitrate external</i>	1	QL (90 per 30 days)
ELIDEL	3	PA; QL (100 per 30 days)
EPIDUO	3	PA
<i>ery</i>	1	
ERYGEL	3	
<i>erythromycin external gel</i>	1	
<i>erythromycin external solution</i>	1	
EXELDERM	3	
FINACEA EXTERNAL GEL	3	
<i>fluocinolone acetonide body</i>	1	QL (120 per 30 days)
<i>fluocinolone acetonide external</i>	1	QL (120 per 30 days)
<i>fluocinolone acetonide scalp</i>	1	QL (120 per 30 days)
<i>fluocinonide emulsified base</i>	1	QL (240 per 30 days)
<i>fluocinonide external cream 0.05 %</i>	1	QL (240 per 30 days)
<i>fluocinonide external cream 0.1 %</i>	1	QL (120 per 30 days)
<i>fluocinonide external gel</i>	1	QL (240 per 30 days)
<i>fluocinonide external ointment</i>	1	QL (240 per 30 days)
<i>fluocinonide external solution</i>	1	QL (240 per 30 days)
<i>fluorouracil external cream 5 %</i>	1	
<i>fluorouracil external solution</i>	1	
<i>flurandrenolide</i>	3	
<i>fluticasone propionate external</i>	1	
<i>gentamicin sulfate external</i>	1	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<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>	1	
<i>hydrocortisone butyrate external cream</i>	1	
<i>hydrocortisone butyrate external lotion</i>	3	
<i>hydrocortisone butyrate external ointment</i>	1	
<i>hydrocortisone butyrate external solution</i>	1	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone external lotion 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>imiquimod external cream 5 %</i>	1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 35 mg, 40 mg</i>	1	
<i>isotretinoin oral capsule 25 mg</i>	3	S
JUST RIGHT 5000 DENTAL PASTE	1	MO
KENALOG EXTERNAL	3	
<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)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
KETODAN EXTERNAL FOAM	3	QL (100 per 30 days)	<i>penciclovir</i>	3	QL (5 per 30 days)
KLARON	3		PERIOGARD	1	
KLAYESTA	1		<i>permethrin external cream</i>	1	
KOURZEQ	1		<i>pilocarpine hcl oral</i>	1	MO
<i>lindane external shampoo</i>	1		<i>pimecrolimus</i>	1	PA; QL (100 per 30 days)
LOCOID EXTERNAL LOTION	3		<i>podofilox external solution</i>	1	
LOCOID LIPOCREAM	3		PREVIDENT	3	MO
<i>luliconazole</i>	3		PREVIDENT 5000 BOOSTER PLUS	3	MO
LUZU	3		PREVIDENT 5000 DRY MOUTH DENTAL GEL	3	MO
<i>mafenide acetate external</i>	1		PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL	3	
<i>malathion external</i>	1		PREVIDENT 5000 ORTHO DEFENSE	3	MO
<i>methoxsalen rapid</i>	3	S	PREVIDENT 5000 PLUS	3	MO
METROCREAM	3		PREVIDENT 5000 SENSITIVE DENTAL GEL	3	
METROGEL EXTERNAL GEL	3		PROCTO-MED HC EXTERNAL	1	
METROLOTION	3		PROCTOSOL HC EXTERNAL	1	
<i>metronidazole external</i>	1		PROCTOZONE-HC EXTERNAL	1	
<i>mometasone furoate external</i>	1		RECTIV	3	QL (30 per 30 days)
<i>mupirocin calcium</i>	1	QL (30 per 30 days)	RETIN-A EXTERNAL GEL 0.01 %	3	PA; QL (45 per 30 days)
<i>mupirocin external</i>	1	QL (120 per 30 days)	RETIN-A MICRO EXTERNAL GEL 0.04 %	3	PA; QL (50 per 30 days)
MYORISAN	1		RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %	3	PA; QL (50 per 30 days)
<i>naftifine hcl external cream</i>	1		SALAGEN	3	MO
NATROBA	3		SANTYL	3	QL (30 per 30 days)
<i>nitroglycerin rectal</i>	3	QL (30 per 30 days)	<i>selenium sulfide external lotion</i>	1	
NYAMYC	1		<i>sf</i>	1	MO
<i>nystatin external</i>	1		<i>sf 5000 plus</i>	1	MO
<i>nystatin mouth/throat</i>	1		<i>silver sulfadiazine external</i>	1	
<i>nystatin-triamcinolone</i>	1		<i>sodium fluoride 5000 plus</i>	1	MO
NYSTOP	1		<i>sodium fluoride 5000 ppm dental cream</i>	1	MO
ORALONE	1				
OVIDE	3				
<i>oxiconazole nitrate</i>	3	QL (60 per 30 days)			
OXISTAT EXTERNAL LOTION	3				
PANDEL	3				
PANRETIN	3	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
sodium fluoride 5000 ppm dental gel	1	MO
sodium fluoride dental cream	1	MO
sodium fluoride dental gel 1.1 %	1	MO
sodium fluoride mouth/throat	1	MO
spinosad	3	
SSD (SILVER SULFADIAZINE)	1	
sulfacetamide sodium (acne)	1	
SULFAMYLON EXTERNAL CREAM	3	
tacrolimus external ointment	1	PA; QL (100 per 30 days)
tazarotene external cream	1	PA
tazarotene external gel	3	PA
TAZORAC EXTERNAL CREAM 0.1 %	3	PA; S
TAZORAC EXTERNAL GEL 0.05 %	3	PA
TOPICORT EXTERNAL CREAM	3	QL (100 per 30 days)
TOPICORT EXTERNAL GEL	3	
TOPICORT EXTERNAL OINTMENT	3	
TOPICORT SPRAY	3	
tretinoin external cream	1	PA; QL (45 per 30 days)
tretinoin external gel 0.01 %, 0.025 %	1	PA; QL (45 per 30 days)
tretinoin external gel 0.05 %	3	PA; QL (45 per 30 days)
tretinoin microsphere external gel 0.04 %, 0.1 %	3	PA; QL (50 per 30 days)
tretinoin microsphere pump external gel 0.04 %, 0.1 %	3	PA; QL (50 per 30 days)
triamcinolone acetonide external aerosol solution	1	
triamcinolone acetonide external cream	1	QL (454 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide mouth/throat	1	
TRIDERM EXTERNAL CREAM	1	QL (454 per 30 days)
VALCHLOR	3	PA; LA; S
VECTICAL	3	QL (800 per 28 days)
ZENATANE	1	
ZIANA	3	PA
Electrolytes / Minerals / Metals / Vitamins		
carglumic acid oral tablet soluble	3	PA; LA; S
CARNITOR ORAL	3	B/D PA; MO
CARNITOR SF	3	B/D PA; MO
CLINIMIX E/DEXTROSE (2.75/5)	2	B/D PA
CLINIMIX E/DEXTROSE (4.25/10)	2	B/D PA
CLINIMIX E/DEXTROSE (4.25/5)	2	B/D PA
CLINIMIX E/DEXTROSE (5/15)	2	B/D PA
CLINIMIX E/DEXTROSE (5/20)	2	B/D PA
clinimix e/dextrose (8/10)	2	B/D PA
clinimix e/dextrose (8/14)	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
clinimix/dextrose (6/5)	2	B/D PA
clinimix/dextrose (8/10)	2	B/D PA
clinimix/dextrose (8/14)	2	B/D PA
CLINISOL SF	3	B/D PA
CLINOLIPID	1	B/D PA
dextrose 5%/electrolyte #48	2	
dextrose in lactated ringers	1	

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
dextrose intravenous solution 10 %, 5 %, 50 %, 70 %	1		KLOR-CON M15	1	MO
dextrose intravenous solution 250 mg/ml	2		KLOR-CON M20	1	MO
dextrose-nacl intravenous solution 10-0.2 %	2		KLOR-CON ORAL TABLET EXTENDED RELEASE	1	MO
dextrose-nacl intravenous solution 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.33 %, 5-0.45 %, 5-0.9 %	1		KLOR-CON/EF	1	MO
dextrose-sodium chloride intravenous solution 10-0.2 %	2		<i>lactated ringers intravenous</i>	1	
dextrose-sodium chloride intravenous solution 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.3 %, 5-0.33 %, 5-0.45 %, 5-0.9 %	1		<i>levocarnitine oral solution</i>	1	B/D PA; MO
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	1	MO	<i>levocarnitine oral tablet</i>	2	B/D PA; MO
INTRALIPID INTRAVENOUS EMULSION 20 %	3	B/D PA	<i>levocarnitine sf</i>	1	B/D PA; MO
INTRALIPID INTRAVENOUS EMULSION 30 %	2	B/D PA	<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	1	
ISOLYTE-P IN D5W	2		<i>magnesium sulfate intravenous solution 2 gm/ 50ml, 20 gm/500ml, 4 gm/ 100ml, 4 gm/50ml, 40 gm/ 1000ml</i>	2	
ISOLYTE-S	2		<i>multiple electro type 1 ph 5.5</i>	2	
ISOLYTE-S PH 7.4	2		<i>multiple electro type 1 ph 7.4</i>	2	
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	3	MO	NUTRILIPID	3	B/D PA
kcl (0.149%) in nacl intravenous solution 20-0.45 meq/l-%	1		PLASMA-LYTE 148	2	
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-%-%	1		PLASMA-LYTE A	2	
kcl-lactated ringers-d5w	2		PLENAMINE	3	B/D PA
KLOR-CON 10	1	MO	<i>pnv-dha</i>	3	
KLOR-CON M10	1	MO	<i>potassium chloride crys er</i>	1	MO
			<i>potassium chloride er</i>	1	MO
			<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	1	
			<i>potassium chloride intravenous solution 10 meq/100ml, 20 meq/100ml, 40 meq/100ml</i>	3	
			<i>potassium chloride intravenous solution 10 meq/50ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/ 50ml</i>	1	
			<i>potassium chloride oral packet</i>	3	MO

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>potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1	MO
<i>potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l</i>	1	
PREMASOL INTRAVENOUS SOLUTION 10 %	2	B/D PA
<i>prenatal oral tablet 27-1 mg</i>	3	
<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>	3	
PRENATAL VIT W/ IRON CARBONYL-FOLIC ACID	3	
PROSOL	2	B/D PA
<i>ringers</i>	1	
<i>sodium bicarbonate intravenous solution 4.2 %, 7.5 %, 8.4 %</i>	1	
<i>sodium chloride (pf)</i>	1	
<i>sodium chloride injection solution 2.5 meq/ml</i>	1	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 4 meq/ml, 5 %</i>	1	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	1	MO
<i>sodium fluoride oral tablet chewable</i>	1	MO
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	3	
TRAVASOL	2	B/D PA
TROPHAMINE INTRAVENOUS SOLUTION 10 %	2	B/D PA
Endocrine And Metabolic Disorder Agents		
<i>acarbose oral</i>	1	QL (90 per 30 days); MO
ACTONEL ORAL TABLET 150 MG	3	QL (1 per 28 days); MO
ACTONEL ORAL TABLET 35 MG	3	QL (4 per 28 days); MO
ACTOPLUS MET ORAL TABLET 15-850 MG	3	QL (90 per 30 days); MO

Drug Name	Drug Tier	Requirements /Limits
ACTOS ORAL TABLET 45 MG	3	QL (30 per 30 days); MO
<i>alendronate sodium oral solution</i>	1	QL (300 per 28 days); MO
<i>alendronate sodium oral tablet 10 mg</i>	1	QL (30 per 30 days); MO
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	QL (4 per 28 days); MO
ATELVIA	3	QL (4 per 28 days); MO
AURYXIA	3	PA; MO; S
BYDUREON BCISE	2	PA; QL (4 per 28 days); MO
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL (2.4 per 30 days); MO
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL (1.2 per 30 days); MO
<i>calcitonin (salmon) injection</i>	3	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>	3	B/D PA; QL (120 per 30 days); S
CYCLOSET	3	ST; QL (180 per 30 days); MO
<i>deferasirox oral tablet soluble 125 mg</i>	3	PA
<i>deferasirox oral tablet soluble 250 mg, 500 mg</i>	3	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
<i>deferiprone oral tablet 1000 mg</i>	3	PA; S
<i>deferiprone oral tablet 500 mg</i>	3	PA; LA; S
<i>diazoxide oral</i>	3	MO; S
<i>doxercalciferol intravenous</i>	1	B/D PA
<i>doxercalciferol oral</i>	3	B/D PA; MO
DUETACT	3	QL (30 per 30 days); MO
FARXIGA	2	QL (30 per 30 days); MO
FERRIPROX ORAL SOLUTION	3	PA; LA; S
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	3	PA; QL (3 per 28 days); S
FOSAMAX ORAL TABLET 70 MG	3	QL (4 per 28 days); MO
FOSAMAX PLUS D	3	QL (4 per 28 days); MO
<i>glimepiride oral tablet 1 mg</i>	1	QL (240 per 30 days); MO
<i>glimepiride oral tablet 2 mg</i>	1	QL (120 per 30 days); MO
<i>glimepiride oral tablet 4 mg</i>	1	QL (60 per 30 days); MO
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	1	QL (60 per 30 days); MO
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	1	QL (240 per 30 days); MO
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	1	QL (120 per 30 days); MO
<i>glipizide oral tablet 10 mg</i>	1	QL (120 per 30 days); MO
<i>glipizide oral tablet 2.5 mg</i>	1	MO
<i>glipizide oral tablet 5 mg</i>	1	QL (240 per 30 days); MO
<i>glipizide xl oral tablet extended release 24 hour 10 mg</i>	1	QL (60 per 30 days); MO

Drug Name	Drug Tier	Requirements /Limits
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i>	1	QL (240 per 30 days); MO
<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	
GLUCAGON EMERGENCY INJECTION KIT	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
GLYNASE ORAL TABLET 3 MG	3	QL (120 per 30 days); MO
GLYXAMBI	2	QL (30 per 30 days); MO
HUMALOG INJECTION	2	MO
HUMALOG JUNIOR KWIKPEN	2	MO
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	MO
HUMALOG MIX 50/50	2	MO
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	MO
HUMALOG MIX 75/25	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
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	MO	JANUVIA ORAL TABLET 25 MG	2	QL (120 per 30 days); MO
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	2	MO	JANUVIA ORAL TABLET 50 MG	2	QL (60 per 30 days); MO
HUMULIN 70/30	2	MO	JARDIANCE	2	QL (30 per 30 days); MO
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	MO	JENTADUETO	2	QL (60 per 30 days); MO
HUMULIN N	2	MO	JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	2	QL (60 per 30 days); MO
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	MO	JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	2	QL (30 per 30 days); MO
HUMULIN R	2	MO	KERENDIA	2	QL (30 per 30 days); MO
HUMULIN R U-500 (CONCENTRATED)	3	PA; MO; S	<i>lanthanum carbonate</i>	3	ST; MO
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; MO; S	LANTUS	2	MO
<i>ibandronate sodium intravenous</i>	1	B/D PA	LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	MO
<i>ibandronate sodium oral</i>	1	QL (1 per 28 days); MO	LEVEMIR	2	MO
<i>insulin lispro (1 unit dial)</i>	2	MO	LOKELMA	2	MO
<i>insulin lispro injection</i>	2	MO	LYUMJEV	2	MO
<i>insulin lispro junior kwikpen</i>	2	MO	LYUMJEV KWIKPEN	2	MO
<i>insulin lispro prot & lispro</i>	2	MO	<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	1	QL (120 per 30 days); MO
INVOKAMET	3	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
INVOKAMET XR	3	QL (60 per 30 days); MO	<i>metformin hcl oral tablet 1000 mg</i>	1	QL (60 per 30 days); MO
INVOKANA	3	QL (30 per 30 days); MO	<i>metformin hcl oral tablet 500 mg</i>	1	QL (150 per 30 days); MO
JANUMET	2	QL (60 per 30 days); MO	<i>metformin hcl oral tablet 850 mg</i>	1	QL (90 per 30 days); MO
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	2	QL (30 per 30 days); MO	<i>migliitol</i>	1	QL (90 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	MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	2	PA; QL (2 per 28 days); MO
JANUVIA ORAL TABLET 100 MG	2	QL (30 per 30 days); MO			

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 2.5 MG/0.5ML	2	PA; QL (2 per 28 days)	<i>repaglinide oral tablet 1 mg</i>	1	QL (480 per 30 days); MO
<i>nateglinide oral tablet 120 mg</i>	1	QL (90 per 30 days); MO	<i>repaglinide oral tablet 2 mg</i>	1	QL (240 per 30 days); MO
<i>nateglinide oral tablet 60 mg</i>	1	QL (180 per 30 days); MO	<i>risedronate sodium oral tablet 150 mg</i>	1	QL (1 per 28 days); MO
NATPARA	3	PA; QL (2 per 28 days); S	<i>risedronate sodium oral tablet 30 mg</i>	1	QL (30 per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	2	PA; QL (1.5 per 28 days); MO	<i>risedronate sodium oral tablet 35 mg</i>	1	QL (4 per 28 days); MO
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	2	PA; QL (3 per 28 days); MO	<i>risedronate sodium oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	1	MO
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	2	PA; QL (3 per 28 days); MO	<i>risedronate sodium oral tablet 5 mg</i>	1	QL (30 per 30 days); MO
OZEMPIC (2 MG/DOSE)	2	PA; QL (3 per 28 days); MO	<i>risedronate sodium oral tablet delayed release</i>	1	QL (4 per 28 days); MO
<i>pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml</i>	1		ROCALtrol ORAL CAPSULE 0.5 MCG	3	B/D PA; MO
<i>pamidronate disodium intravenous solution 6 mg/ml</i>	2	B/D PA	ROCALtrol ORAL SOLUTION	3	B/D PA; MO
<i>paricalcitol oral</i>	1	B/D PA; MO	RYBELSUS ORAL TABLET 14 MG, 7 MG	2	PA; QL (30 per 30 days); MO
<i>pioglitazone hcl oral tablet 15 mg</i>	1	QL (90 per 30 days); MO	RYBELSUS ORAL TABLET 3 MG	2	PA; QL (60 per 365 days); MO
<i>pioglitazone hcl oral tablet 30 mg</i>	1	QL (45 per 30 days); MO	<i>sevelamer carbonate oral packet 0.8 gm</i>	3	QL (540 per 30 days); MO
<i>pioglitazone hcl oral tablet 45 mg</i>	1	QL (30 per 30 days); MO	<i>sevelamer carbonate oral packet 2.4 gm</i>	3	QL (180 per 30 days); MO
<i>pioglitazone hcl-glimepiride</i>	1	QL (30 per 30 days); MO	<i>sevelamer carbonate oral tablet</i>	1	QL (540 per 30 days); MO
<i>pioglitazone hcl-metformin hcl</i>	1	QL (90 per 30 days); MO	<i>sevelamer hcl oral tablet 400 mg</i>	1	ST; MO
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; QL (1 per 180 days)	<i>sevelamer hcl oral tablet 800 mg</i>	3	ST; MO
<i>repaglinide oral tablet 0.5 mg</i>	1	QL (960 per 30 days); 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	3	PA; QL (11 per 30 days); MO; S

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

Drug Name	Drug Tier	Requirements /Limits
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	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>	3	PA; QL (3 per 28 days); S
<i>teriparatide (recombinant)</i>	3	PA; QL (3 per 28 days); S
<i>tolvaptan oral tablet 15 mg</i>	3	PA; QL (30 per 30 days); S
<i>tolvaptan oral tablet 30 mg</i>	3	PA; QL (60 per 30 days); S
TOUJEO MAX SOLOSTAR	2	MO
TOUJEO SOLOSTAR	2	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>	3	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); MO
TYMLOS	3	PA; QL (1.56 per 28 days); S

Drug Name	Drug Tier	Requirements /Limits
VELPHORO	3	QL (180 per 30 days); MO; S
VELTASSA	3	MO; S
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL (9 per 30 days); MO
XGEVA	3	PA; QL (5.1 per 28 days); S
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	2	QL (30 per 30 days); MO
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	2	QL (60 per 30 days); MO
ZEMPLAR ORAL CAPSULE 1 MCG	3	B/D PA; 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>	3	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>	1	B/D PA; QL (5 per 30 days)
<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; S
<i>budesonide oral</i>	1	
<i>cimetidine hcl oral solution 300 mg/5ml</i>	1	MO
<i>cimetidine oral tablet 200 mg</i>	1	

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>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	MO	GATTEX	3	PA; LA; S
CLENPIQ	3		GAVILYTE-C	1	
COMPRO	1		GAVILYTE-G	1	
<i>constulose</i>	1	MO	GAVILYTE-N WITH FLAVOR PACK	1	
CORTEF ORAL TABLET 20 MG	3		<i>generlac</i>	1	MO
CORTIFOAM EXTERNAL	3		<i>glycopyrrolate injection solution</i>	1	
CYTOTEC	3	MO	<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>dexlansoprazole</i>	3	ST; QL (30 per 30 days); MO	<i>granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml</i>	1	
DICLEGIS	3	PA; QL (120 per 30 days)	<i>granisetron hcl oral</i>	1	B/D PA; QL (30 per 30 days)
<i>dicyclomine hcl oral capsule</i>	1		<i>hydrocortisone oral</i>	1	
<i>dicyclomine hcl oral solution</i>	1		<i>hydrocortisone rectal enema</i>	1	
<i>dicyclomine hcl oral tablet</i>	1		<i>hyoscyamine sulfate oral tablet</i>	1	MO
<i>diphenoxylate-atropine oral liquid</i>	1		<i>hyoscyamine sulfate oral tablet dispersible</i>	1	MO
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1		<i>hyoscyamine sulfate sublingual</i>	1	MO
<i>dronabinol</i>	1	B/D PA; QL (120 per 30 days)	<i>lactulose encephalopathy</i>	1	MO
EMEND ORAL CAPSULE 80 MG	3	B/D PA; QL (10 per 30 days); S	<i>lactulose oral solution</i>	1	MO
EMEND ORAL SUSPENSION RECONSTITUTED	3	B/D PA; QL (15 per 30 days)	<i>lansoprazole oral capsule delayed release 15 mg</i>	1	MO
<i>enulose</i>	1	MO	<i>lansoprazole oral capsule delayed release 30 mg</i>	1	QL (30 per 30 days); MO
<i>esomeprazole magnesium oral capsule delayed release</i>	1	ST; QL (30 per 30 days); MO	LINZESS	2	QL (30 per 30 days); MO
<i>esomeprazole sodium intravenous solution reconstituted 40 mg</i>	1		<i>loperamide hcl oral capsule</i>	1	
<i>famotidine (pf)</i>	1		<i>lubiprostone</i>	1	QL (60 per 30 days); MO
<i>famotidine intravenous solution 200 mg/20ml, 40 mg/4ml</i>	1		<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	1	
<i>famotidine oral suspension reconstituted</i>	1	MO	<i>mesalamine er oral capsule extended release</i>	3	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO	<i>mesalamine er oral capsule extended release 24 hour</i>	1	MO
<i>famotidine premixed</i>	1		<i>mesalamine oral capsule delayed release</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
mesalamine oral tablet delayed release 1.2 gm	1	MO	prochlorperazine	1	
mesalamine oral tablet delayed release 800 mg	1		prochlorperazine edisylate injection solution 10 mg/2ml	1	
mesalamine rectal	1		prochlorperazine maleate oral	1	MO
mesalamine-cleanser	1		promethazine hcl injection	1	
methscopolamine bromide oral	1		promethazine hcl oral	1	
metoclopramide hcl injection	1		promethazine hcl rectal suppository 12.5 mg, 25 mg	1	PA
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	1		PROMETHEGAN	1	PA
metoclopramide hcl oral tablet	1		rabeprazole sodium oral tablet delayed release	1	QL (30 per 30 days); MO
misoprostol oral	1	MO	REGLAN ORAL	3	
MOVANTIK	2	QL (30 per 30 days)	RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	3	PA; QL (18 per 30 days); S
MOVIPREP	3		RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (0.6ML SYRINGE)	3	S
na sulfate-k sulfate-mg sulf	2		RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	3	PA; QL (12 per 30 days); S
nizatidine oral capsule	1	MO	ROWASA RECTAL	3	
omeprazole oral capsule delayed release	1	MO	SANCUSO	3	PA; QL (4 per 28 days); S
ondansetron	1	B/D PA; QL (90 per 30 days)	scopolamine	1	QL (10 per 28 days)
ondansetron hcl injection	1		sucralfate oral	1	MO
ondansetron hcl oral solution	1	B/D PA; QL (450 per 30 days)	sulfasalazine oral	1	MO
ondansetron hcl oral tablet 4 mg, 8 mg	1	B/D PA; QL (90 per 30 days)	SUPREP BOWEL PREP KIT	2	
opium	1		TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR	2	QL (10 per 28 days)
pantoprazole sodium intravenous	1		trimethobenzamide hcl oral	1	
pantoprazole sodium oral tablet delayed release	1	MO	URSO 250	3	MO
peg 3350-kcl-na bicarb-nacl	1		ursodiol oral capsule 300 mg	1	MO
peg-3350/electrolytes	1		ursodiol oral tablet	1	MO
peg-3350/electrolytes/ascorbat	1		XERMELO	3	PA; QL (90 per 30 days); LA; S
peg-kcl-nacl-nasulf-na asc-c	1		ZEGERID ORAL CAPSULE 20-1100 MG	3	QL (30 per 30 days); MO; S
PLENVU	3		Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		

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>betaine</i>	3	LA; S
BUPHENYL ORAL POWDER 3 GM/TSP	3	PA; LA
CREON	2	MO
<i>cromolyn sodium oral</i>	1	MO
CYSTAGON	2	LA
FABRAZYME	3	PA; LA; S
GASTROCROM	3	MO
JAVYGTOR	3	PA; S
LUMIZYME	3	PA; LA; S
<i>miglustat</i>	3	PA; LA; S
NAGLAZYME	3	PA; LA; S
<i>nitisinone</i>	3	PA; S
PROLASTIN-C	3	PA; LA; S
RAVICTI	3	PA; QL (525 per 30 days); LA; S
<i>sapropterin dihydrochloride oral packet</i>	3	PA; S
<i>sapropterin dihydrochloride oral tablet</i>	3	PA; S
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	3	PA; S
<i>sodium phenylbutyrate oral tablet</i>	3	PA; S
VIOKACE ORAL TABLET 10440-39150 UNIT	3	MO
VIOKACE ORAL TABLET 20880-78300 UNIT	3	MO; S
VPRIV	3	PA; S
YARGESA	3	PA; S
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 3000-10000 UNIT, 5000-24000 UNIT	2	MO
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 25000-79000 UNIT, 40000-126000 UNIT	3	MO; S
Genitourinary Agents		

Drug Name	Drug Tier	Requirements /Limits
<i>alfuzosin hcl er</i>	1	MO
<i>bethanechol chloride oral</i>	1	
CARDURA XL	3	MO
CLEOCIN VAGINAL	3	
<i>clindamycin phosphate vaginal</i>	1	
<i>darifenacin hydrobromide er</i>	1	QL (30 per 30 days); MO
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG	3	ST; QL (30 per 30 days); MO
DETROL ORAL TABLET 1 MG	3	ST; QL (60 per 30 days); MO
<i>dutasteride oral</i>	1	QL (30 per 30 days); MO
<i>dutasteride-tamsulosin hcl</i>	1	QL (30 per 30 days); MO
ELMIRON	3	
<i>fesoterodine fumarate er</i>	2	QL (30 per 30 days); MO
<i>finasteride oral tablet 5 mg</i>	1	MO
<i>flavoxate hcl</i>	1	MO
GEMTESA	3	QL (30 per 30 days); MO
JALYN	3	QL (30 per 30 days); MO
<i>metronidazole vaginal</i>	1	
<i>miconazole 3 vaginal suppository</i>	1	
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

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>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>	3	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>	3	PA; S
<i>tolterodine tartrate</i>	1	QL (60 per 30 days); MO
<i>tolterodine tartrate er</i>	1	QL (30 per 30 days); MO
TOVIAZ	2	QL (30 per 30 days); MO
<i>tropium chloride</i>	1	QL (60 per 30 days); MO
<i>tropium chloride er</i>	1	QL (30 per 30 days); MO
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	
VANDAZOLE	1	
VESICARE	3	ST; QL (30 per 30 days); MO
Hormonal Agents		
ACTHAR	3	PA; LA; S
ACTIVELLA ORAL TABLET 1-0.5 MG	3	PA; MO
AFIRMELLE	1	MO
ALTAVERA	1	MO
<i>alyacen 1/35</i>	1	MO
<i>alyacen 7/7/7</i>	1	MO
AMABELZ ORAL TABLET 0.5-0.1 MG	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
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
AYGESTIN	3	MO
AYUNA	1	MO
AZURETTE	1	MO
BALZIVA	1	MO
BEYAZ	3	MO
BIJUVA	2	PA; MO
BLISOVI 24 FE	1	MO
BLISOVI FE 1.5/30	1	MO
BLISOVI FE 1/20	1	MO
<i>briellyn</i>	1	MO
<i>cabergoline</i>	1	
CAMILA	1	MO
CAMRESE	1	MO
CAMRESE LO	1	MO
CHARLOTTE 24 FE	1	MO
CHATEAL EQ	1	MO
CLIMARA PRO	2	PA; QL (4 per 28 days); MO
COMBIPATCH	2	PA; QL (8 per 28 days); MO
CRINONE	3	PA
CRYSELLE-28	1	MO
CYRED EQ	1	MO
<i>danazol oral</i>	1	
DASETTA 1/35	1	MO
DASETTA 7/7/7	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
DAYSEE	1	MO
DDAVP ORAL	3	MO
DEBLITANE	1	MO
DELYLA	1	MO
DEPO-ESTRADIOL	2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	2	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	1	PA; MO
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	1	MO
<i>desmopressin ace spray refrig</i>	1	MO
<i>desmopressin acetate injection</i>	1	
<i>desmopressin acetate oral</i>	1	MO
<i>desmopressin acetate pf</i>	1	
<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 phosphate pf injection solution</i>	1	
<i>dexamethasone sodium phosphate injection</i>	1	

Drug Name	Drug Tier	Requirements /Limits
DIVIGEL	2	PA; MO
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	3	PA; LA; S
ELINEST	1	MO
ELURYNG	1	MO
EMOQUETTE	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
ESTRACE ORAL	3	MO
<i>estradiol oral</i>	1	MO
<i>estradiol transdermal gel</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

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
FEMRING	3	QL (1 per 90 days); MO
FEMYNOR	1	MO
FINZALA	1	MO
<i>fludrocortisone acetate oral</i>	1	MO
FORTESTA	3	PA; QL (120 per 30 days); MO
FYAVOLV	1	PA; MO
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG	3	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	3	PA; S
GENOTROPIN SUBCUTANEOUS CARTRIDGE	3	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	3	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	3	PA; LA; S
INTROVALE	1	MO
ISIBLOOM	1	MO
JAIMIESS	1	MO
JASMIEL	1	MO
JENCYCLA	1	MO
JINTELI	1	PA; MO
JOLESSA	1	MO

Drug Name	Drug Tier	Requirements /Limits
JULEBER	1	MO
JUNEL 1.5/30	1	MO
JUNEL 1/20	1	MO
JUNEL FE 1.5/30	1	MO
JUNEL FE 1/20	1	MO
JUNEL FE 24	1	MO
KAITLIB FE	1	MO
KALLIGA	1	MO
KARIVA	1	MO
KELNOR 1/35	1	MO
KELNOR 1/50	1	MO
KORLYM	3	PA; LA; S
KURVELO	1	MO
KYLEENA	2	
<i>lanreotide acetate</i>	3	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

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
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	3	
<i>liothyronine sodium intravenous</i>	3	S
<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
LOSEASONIQUE	3	MO
LOW-OGESTREL	1	MO
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	3	PA; QL (1 per 28 days); S
LUTERA	1	MO
LYLEQ	1	MO
LYZA	1	MO
<i>marlissa</i>	1	MO
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	3	
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

Drug Name	Drug Tier	Requirements /Limits
MICROGESTIN 1/20	1	MO
MICROGESTIN 24 FE	1	MO
MICROGESTIN FE 1.5/30	1	MO
MICROGESTIN FE 1/20	1	MO
<i>mifepristone oral tablet 300 mg</i>	3	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
NIKKI	1	MO
NORA-BE	1	MO
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; S
<i>norelgestromin-eth estradiol</i>	1	MO
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	MO
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	1	MO
<i>norethin-eth estradiol-fe</i>	1	MO
<i>norethindron-ethinyl estrad-fe</i>	1	MO
<i>norethindrone acet-ethinyl est oral tablet</i>	1	MO
<i>norethindrone acetate oral</i>	1	MO
<i>norethindrone oral</i>	1	MO
<i>norethindrone-eth estradiol</i>	1	PA; MO
<i>norgestim-eth estrad triphasic</i>	1	MO
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	MO
NORLYDA	1	MO
NORLYROC	1	MO
NORTREL 0.5/35 (28)	1	MO

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
NORTREL 1/35 (21)	1	MO	PHILITH	1	MO
NORTREL 1/35 (28)	1	MO	PIMTREA	1	MO
NORTREL 7/7/7	1	MO	PIRMELLA 1/35	1	MO
NP THYROID	1	PA; MO	PORTIA-28	1	MO
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; LA; S	<i>prednicarbate external ointment</i>	1	
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; LA; S	<i>prednisolone oral solution</i>	1	
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; LA	<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>		
NUVARING	3	MO	<i>prednisolone sodium phosphate oral tablet dispersible</i>	1	
NYLIA 1/35	1	MO	PREDNISON INTENSOL	2	
NYLIA 7/7/7	1	MO	<i>prednisone oral solution</i>	1	
OCELLA	1	MO	<i>prednisone oral tablet 1 mg</i>	1	
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	1	PA	<i>prednisone oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	3	PA	<i>prednisone oral tablet therapy pack 10 mg (21), 5 mg (21)</i>	1	
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ ml, 50 mcg/ml</i>	1	PA	<i>prednisone oral tablet therapy pack 10 mg (48), 5 mg (48)</i>	1	
<i>octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ ml</i>	3	PA; S	PREMARIN ORAL	2	PA; MO
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA; LA; S	PREMARIN VAGINAL	2	MO
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; LA	PREMPHASE	2	PA; MO
ORAPRED ODT	3		PREMPRO	2	PA; MO
ORSYTHIA	1	MO	<i>progesterone oral</i>	1	MO
OSPHENA	2	MO	PROMETRIUM ORAL CAPSULE 200 MG	3	MO
<i>oxandrolone oral tablet 10 mg</i>	1	PA; QL (60 per 30 days)	<i>propylthiouracil oral</i>	1	MO
<i>oxandrolone oral tablet 2.5 mg</i>	1	PA; QL (240 per 30 days)	PROVERA ORAL TABLET 10 MG, 2.5 MG	3	MO
			QUARTETTE	3	MO
			<i>raloxifene hcl</i>	1	QL (30 per 30 days); MO
			RECLIPSEN	1	MO
			RIVELSA	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
SAFYRAL	3	MO
SAIZEN	3	PA; LA; S
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML	3	PA; S
SANDOSTATIN INJECTION SOLUTION 50 MCG/ML	3	PA
SANDOSTATIN LAR DEPOT	3	PA; S
SEASONIQUE	3	MO
SETLAKIN	1	MO
SHAROBEL	1	MO
SIGNIFOR	3	PA; LA; S
SIMLIYA	1	MO
SIMPESSE	1	MO
SKYLA	2	
SOMATULINE DEPOT	3	PA; S
SOMAVERT	3	PA; LA; S
SPRINTEC 28	1	MO
SRONYX	1	MO
SYEDA	1	MO
SYNAREL	3	PA; S
SYNTHROID	2	MO
TAPERDEX 6-DAY	1	
TARINA 24 FE	1	MO
TARINA FE 1/20 EQ	1	MO
testosterone cypionate intramuscular solution 100 mg/ml	1	PA; MO
testosterone cypionate intramuscular solution 200 mg/ml, 200 mg/ml (1 ml)	1	MO
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

Drug Name	Drug Tier	Requirements /Limits
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 137 MCG, 175 MCG, 200 MCG, 37.5 MCG, 44 MCG, 62.5 MCG	2	MO
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	2	MO
TRI FEMYNOR	1	MO
TRI-ESTARYLLA	1	MO
TRI-LEGEST FE	1	MO
TRI-LINYAH	1	MO
TRI-LO-ESTARYLLA	1	MO
TRI-LO-MARZIA	1	MO
TRI-LO-MILI	1	MO
TRI-LO-SPRINTEC	1	MO
TRI-MILI	1	MO
TRI-NYMYO	1	MO
TRI-SPRINTEC	1	MO
TRI-VYLIBRA	1	MO
TRI-VYLIBRA LO	1	MO
triamcinolone acetanide 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
VAGIFEM VAGINAL TABLET 10 MCG	3	MO
VELIVET	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
VIENVA	1	MO
<i>viorele</i>	1	MO
VOGELXO PUMP	3	PA; QL (300 per 30 days); MO
VOLNEA	1	MO
VYFEMLA	1	MO
VYLIBRA	1	MO
WERA	1	MO
WYMZYA FE	1	MO
XULANE	1	MO
YASMIN 28	3	MO
YAZ	3	MO
YUVAFEM	1	MO
ZAFEMY	1	MO
ZOVIA 1/35 (28)	1	MO
ZUMANDIMINE	1	MO
Immunological Agents		
ABRYSCO	2	
ACTHIB	2	
ACTIMMUNE	3	PA; LA; S
ADACEL	2	
ARAVA ORAL TABLET 10 MG	3	QL (30 per 30 days); MO; S
ARCALYST	3	PA; S
AREXVY	2	
<i>azathioprine oral tablet 50 mg</i>	1	B/D PA
<i>bcg vaccine injection solution reconstituted</i>	2	
BENLYSTA	3	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)	3	PA; QL (8 per 28 days); LA; S
COSENTYX SENSOREADY (300 MG)	3	PA; QL (8 per 28 days); LA; S

Drug Name	Drug Tier	Requirements /Limits
COSENTYX SENSOREADY PEN	3	PA; QL (8 per 28 days); LA; S
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	3	PA; QL (8 per 28 days); LA; S
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	3	PA; QL (2 per 28 days); S
<i>cyclosporine intravenous</i>	1	B/D PA
<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	3	PA; QL (8 per 28 days); S
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	3	PA; QL (4 per 28 days); S
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	3	PA; QL (4.08 per 28 days); S
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	3	PA; QL (8 per 28 days); S
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; QL (8 per 28 days); S
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	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
ENVARUSUS XR	3	B/D PA
<i>everolimus oral tablet 0.25 mg</i>	1	B/D PA
<i>everolimus oral tablet 0.5 mg, 0.75 mg</i>	3	B/D PA
<i>everolimus oral tablet 1 mg</i>	3	B/D PA; S
GAMUNEX-C	3	PA; S
GARDASIL 9	2	

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

Drug Name	Drug Tier	Requirements /Limits
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	3	PA; QL (4 per 28 days); S
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	3	PA; QL (2 per 28 days); S
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	3	PA; QL (2 per 28 days); S
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	3	PA; QL (4 per 28 days); S
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	3	PA; QL (6 per 365 days); S
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	3	PA; QL (4 per 365 days); S
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	3	PA; QL (4 per 28 days); S
HUMIRA PEN-PEDIATRIC UC START	3	PA; QL (8 per 365 days); S
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	3	PA; QL (4 per 28 days); S
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	3	PA; QL (12 per 365 days); S

Drug Name	Drug Tier	Requirements /Limits
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	3	PA; QL (6 per 365 days); S
HUMIRA-PS/UV/ADOL HS STARTER	3	PA; QL (8 per 365 days); S
HUMIRA-PSORIASIS/UVEIT STARTER	3	PA; QL (6 per 365 days); S
HYPERRAB	3	S
ILARIS SUBCUTANEOUS SOLUTION	3	PA; LA; S
IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML	2	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	
INFANRIX	2	
<i>infliximab</i>	3	PA; S
IPOL	2	
IXCHIQ	2	
IXIARO	2	
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
M-M-R II INJECTION	2	
MENACTRA INTRAMUSCULAR SOLUTION	2	
MENQUADFI INTRAMUSCULAR SOLUTION	2	
MENVEO	2	
<i>methotrexate oral</i>	1	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</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>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	
<i>mycophenolate mofetil oral capsule</i>	1	B/D PA
<i>mycophenolate mofetil oral suspension reconstituted</i>	3	B/D PA; S
<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
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG	3	B/D PA
NULOJIX	3	PA; S
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML, 2.5 GM/50ML, 30 GM/300ML, 5 GM/100ML	3	PA; S
OTEZLA ORAL TABLET	3	PA; QL (60 per 30 days); S
OTEZLA ORAL TABLET THERAPY PACK	3	PA; S
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	2	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	3	S
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	S
PENBRAYA	2	
PENTACEL	2	
PREHEVBRIO	2	B/D PA
PRIORIX	2	

Drug Name	Drug Tier	Requirements /Limits
PROGRAF INTRAVENOUS	3	B/D PA; S
PROGRAF ORAL CAPSULE 5 MG	3	B/D PA
PROGRAF ORAL PACKET	3	B/D PA
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	2	
QUADRACEL	2	
RABAVERT	2	
RECOMBIVAX HB	2	B/D PA
REMICADE	3	PA; S
REZUROCK	3	PA; LA; S
RIDAURA	3	MO; S
RINVOQ	3	PA; QL (30 per 30 days); S
ROTARIX	2	
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; S
<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	3	PA; QL (10 per 28 days); S
SKYRIZI PEN	3	PA; QL (6 per 365 days); S
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	3	PA; QL (1.2 per 56 days); S
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	3	PA; QL (2.4 per 56 days); S
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (6 per 365 days); S
STELARA INTRAVENOUS	3	PA; LA; S
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	3	PA; QL (1 per 28 days); LA; S

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Drug Name	Drug Tier	Requirements /Limits
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (1 per 28 days); S
<i>tacrolimus oral</i>	1	B/D PA
TDVAX	2	
TENIVAC	2	
TICOVAC	2	
TREXALL	3	ST
TRUMENBA	2	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
VARIZIG INTRAMUSCULAR SOLUTION	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>	3	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	3	QL (120 per 30 days); 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	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack)</i>	1	
<i>azithromycin oral tablet 500 mg, 500 mg (3 pack), 600 mg</i>	1	
<i>aztreonam</i>	1	
BACTRIM	3	
BACTRIM DS	3	
BARACLUDGE ORAL SOLUTION	3	PA; S
BICILLIN C-R	2	

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
BICILLIN C-R 900/300	2		<i>cefepime hcl intravenous solution reconstituted 100 gm</i>	2	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3		<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	1	
BIKTARVY ORAL TABLET 30-120-15 MG	3	QL (30 per 30 days); MO; S	<i>cefixime</i>	1	
BIKTARVY ORAL TABLET 50-200-25 MG	3	QL (30 per 30 days); S	<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	1	
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML	3	QL (4 per 28 days); S	<i>cefoxitin sodium intravenous</i>	1	
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML	3	QL (6 per 28 days); S	<i>cefpodoxime proxetil</i>	1	
<i>cefaclor er</i>	2		<i>cefprozil</i>	1	
<i>cefaclor oral capsule</i>	1		<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	1	
<i>cefaclor oral suspension reconstituted 250 mg/5ml</i>	1		<i>ceftazidime intravenous</i>	1	
<i>cefadroxil</i>	1		<i>ceftriaxone sodium in dextrose</i>	1	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg</i>	1		<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	1	
<i>cefazolin sodium injection solution reconstituted 100 gm, 300 gm</i>	2		<i>ceftriaxone sodium injection solution reconstituted 100 gm</i>	2	
<i>cefazolin sodium intravenous solution reconstituted 1 gm</i>	1		<i>ceftriaxone sodium intravenous</i>	1	
<i>cefazolin sodium intravenous solution reconstituted 2 gm, 3 gm</i>	2		<i>ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)</i>	2	
<i>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%</i>	2		<i>cefuroxime axetil oral tablet 250 mg</i>	1	
<i>cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml)</i>	2		<i>cefuroxime axetil oral tablet 500 mg</i>	1	
<i>cefdinir</i>	1		<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	1	
<i>cefepime hcl injection solution reconstituted 1 gm</i>	1		<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	1	
<i>cefepime hcl intravenous solution</i>	2		<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>cephalexin oral capsule 750 mg</i>	1	
<i>cephalexin oral suspension reconstituted 125 mg/5ml</i>	1	
<i>cephalexin oral suspension reconstituted 250 mg/5ml</i>	1	
<i>cephalexin oral tablet</i>	1	
<i>chloroquine phosphate oral</i>	1	MO
<i>cidofovir intravenous</i>	1	B/D PA
CIMDUO	3	QL (30 per 30 days); S
CIPRO ORAL SUSPENSION RECONSTITUTED	3	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	1	
<i>ciprofloxacin hcl oral tablet 750 mg</i>	1	
<i>ciprofloxacin in d5w</i>	1	
<i>clarithromycin er</i>	1	
<i>clarithromycin oral</i>	1	
CLEOCIN ORAL CAPSULE 300 MG, 75 MG	3	
CLEOCIN ORAL SOLUTION RECONSTITUTED	3	
CLEOCIN PHOSPHATE INJECTION SOLUTION 900 MG/6ML	3	
<i>clindamycin hcl oral</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<i>clindamycin phosphate in d5w</i>	1	
<i>clindamycin phosphate injection solution 300 mg/ 2ml, 600 mg/4ml, 9 gm/ 60ml, 9000 mg/60ml</i>	1	
<i>clindamycin phosphate injection solution 900 mg/ 6ml</i>	3	
COARTEM	3	
<i>colistimethate sodium (cba)</i>	1	
COMPLERA	3	QL (30 per 30 days); S
<i>dapsone oral</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>daptomycin intravenous solution reconstituted 500 mg</i>	3	S
<i>darunavir</i>	3	QL (60 per 30 days); S
DELSTRIGO	3	QL (30 per 30 days); S
<i>demeclocycline hcl oral</i>	1	
DESCOVY	3	QL (30 per 30 days); S
<i>dicloxacillin sodium</i>	1	
DIFICID	3	PA; S
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	3	
DIFLUCAN ORAL TABLET 100 MG	3	
DOVATO	3	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	3	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)

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Drug Name	Drug Tier	Requirements /Limits
<i>efavirenz-emtricitab-tenofo df</i>	3	QL (30 per 30 days)
<i>efavirenz-lamivudine-tenofovir</i>	3	QL (30 per 30 days); S
<i>emtricitabine</i>	1	QL (30 per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	3	QL (30 per 30 days); S
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	3	QL (30 per 30 days)
EMTRIVA ORAL CAPSULE	3	QL (30 per 30 days)
EMTRIVA ORAL SOLUTION	3	QL (850 per 30 days)
<i>entecavir</i>	1	PA
EPCLUSA ORAL PACKET 150-37.5 MG	3	PA; QL (30 per 30 days); S
EPCLUSA ORAL PACKET 200-50 MG	3	PA; QL (60 per 30 days); S
EPCLUSA ORAL TABLET 200-50 MG	3	PA; QL (60 per 30 days); S
EPCLUSA ORAL TABLET 400-100 MG	3	PA; QL (30 per 30 days); S
EPIVIR HBV ORAL SOLUTION	2	
EPIVIR HBV ORAL TABLET	3	
EPIVIR ORAL SOLUTION	3	QL (960 per 30 days)
EPIVIR ORAL TABLET 150 MG	3	QL (60 per 30 days)
EPIVIR ORAL TABLET 300 MG	3	QL (30 per 30 days)
<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</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>erythromycin lactobionate</i>	3	
<i>erythromycin oral</i>	1	
<i>erythromycin stearate oral tablet 250 mg</i>	1	
<i>ethambutol hcl oral</i>	1	
<i>etravirine oral tablet 100 mg</i>	3	QL (120 per 30 days); S
<i>etravirine oral tablet 200 mg</i>	3	QL (60 per 30 days); S
EVOTAZ	3	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)
FLAGYL ORAL CAPSULE	3	
<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>	3	S
<i>fosamprenavir calcium</i>	3	QL (120 per 30 days)
<i>fosfomycin tromethamine</i>	1	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	3	QL (60 per 30 days); S
<i>ganciclovir sodium intravenous solution reconstituted</i>	3	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	3	QL (30 per 30 days); S

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Drug Name	Drug Tier	Requirements /Limits
<i>griseofulvin microsize oral</i>	1	
<i>griseofulvin ultramicronized</i>	1	
HARVONI	3	PA; QL (28 per 28 days); S
HIPREX	3	
<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	3	QL (60 per 30 days); S
ISENTRESS ORAL PACKET	3	QL (180 per 30 days); S
ISENTRESS ORAL TABLET	3	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	3	QL (30 per 30 days); S
KALETRA ORAL TABLET 100-25 MG	3	QL (300 per 30 days)
<i>ketoconazole oral</i>	1	
LAGEVRIO	3	QL (40 per 90 days); S
<i>lamivudine oral solution</i>	1	QL (960 per 30 days)
<i>lamivudine oral tablet 100 mg</i>	1	
<i>lamivudine oral tablet 150 mg</i>	1	QL (60 per 30 days)
<i>lamivudine oral tablet 300 mg</i>	1	QL (30 per 30 days)
<i>lamivudine-zidovudine</i>	1	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>ledipasvir-sofosbuvir</i>	3	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)
LINCOCIN	3	
<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>	3	PA; QL (1800 per 30 days); S
<i>linezolid oral tablet</i>	3	PA; QL (56 per 28 days)
<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)
MACRODANTIN	3	
MALARONE	3	
<i>maraviroc</i>	3	QL (120 per 30 days); S
MAVYRET ORAL PACKET	3	PA; QL (180 per 30 days); S
MAVYRET ORAL TABLET	3	PA; QL (90 per 30 days); S
<i>mefloquine hcl</i>	1	MO
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	1	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate oral</i>	1	
<i>metronidazole intravenous solution 500 mg/100ml</i>	1	
<i>metronidazole oral</i>	1	
<i>miconazole sodium</i>	3	S

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

Drug Name	Drug Tier	Requirements /Limits
<i>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	
MYAMBUTOL ORAL TABLET 400 MG	3	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	3	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	3	S
NEBUPENT	3	B/D PA
<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</i>	3	S
NORVIR ORAL PACKET	3	QL (360 per 30 days)
NOXAFIL ORAL SUSPENSION	3	PA; MO; S
NUZYRA ORAL	3	S
<i>nystatin oral tablet</i>	1	
ODEFSEY	3	QL (30 per 30 days); S
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
<i>oseltamivir phosphate oral capsule 30 mg</i>	1	QL (168 per 365 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	1	QL (84 per 365 days)

Drug Name	Drug Tier	Requirements /Limits
<i>oseltamivir phosphate oral suspension reconstituted</i>	1	QL (1080 per 365 days)
<i>oxacillin sodium in dextrose intravenous solution 1 gm/ 50ml</i>	2	
<i>oxacillin sodium in dextrose intravenous solution 2 gm/ 50ml</i>	3	S
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	1	
<i>oxacillin sodium intravenous</i>	3	
<i>paromomycin sulfate oral</i>	1	
PAXLOVID (150/100)	3	QL (20 per 90 days); S
PAXLOVID (300/100)	3	QL (30 per 90 days); S
<i>penicillin g pot in dextrose</i>	3	
<i>penicillin g potassium</i>	1	
<i>penicillin g sodium</i>	1	
<i>penicillin v potassium</i>	1	
PENTAM	3	
<i>pentamidine isethionate inhalation</i>	1	B/D PA
<i>pentamidine isethionate injection</i>	1	
PFIZERPEN	1	
PIFELTRO	3	QL (30 per 30 days); S
<i>piperacillin sod-tazobactam</i>	1	
<i>polymyxin b sulfate injection</i>	1	
<i>posaconazole oral</i>	3	PA; MO; S
<i>praziquantel oral</i>	1	
PREVYMIS ORAL	3	QL (30 per 30 days); S
PREZCOBIX	3	QL (30 per 30 days); S
PREZISTA ORAL SUSPENSION	3	QL (400 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
PREZISTA ORAL TABLET 150 MG	3	QL (180 per 30 days)
PREZISTA ORAL TABLET 75 MG	3	QL (300 per 30 days)
PRIFTIN	2	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	2	
PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG	3	
<i>pyrazinamide oral</i>	1	
<i>pyrimethamine oral</i>	3	S
QUALAQUIN	3	PA
<i>quinine sulfate oral</i>	1	PA
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	2	QL (60 per 180 days)
RETROVIR INTRAVENOUS	2	
RETROVIR ORAL CAPSULE	3	QL (180 per 30 days)
RETROVIR ORAL SYRUP	3	QL (1920 per 30 days)
REYATAZ ORAL PACKET	3	QL (240 per 30 days)
<i>ribavirin oral capsule</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
<i>rifabutin</i>	1	
<i>rifampin intravenous</i>	3	
<i>rifampin oral</i>	1	
<i>rimantadine hcl</i>	1	
<i>ritonavir</i>	1	QL (360 per 30 days)
RUKOBIA	3	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	3	QL (60 per 30 days); S
SIRTURO	3	PA; LA; S

Drug Name	Drug Tier	Requirements /Limits
<i>sofosbuvir-velpatasvir</i>	3	PA; QL (30 per 30 days); S
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 55 MG, 65 MG	3	
<i>streptomycin sulfate intramuscular</i>	3	S
STRIBILD	3	QL (30 per 30 days); S
STROMEKTOL	3	PA
<i>sulfadiazine oral</i>	3	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	2	LA
SUNLENCA SUBCUTANEOUS	3	QL (3 per 168 days); MO; S
SUPRAX ORAL SUSPENSION RECONSTITUTED 200 MG/5ML, 500 MG/5ML	3	
SUPRAX ORAL TABLET CHEWABLE	3	
SYMTUZA	3	QL (30 per 30 days); S
TAMIFLU ORAL CAPSULE 30 MG	3	QL (168 per 365 days)
TAMIFLU ORAL CAPSULE 45 MG	3	QL (84 per 365 days)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	3	QL (1080 per 365 days)
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	1	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM	1	
TEFLARO	3	S
<i>tenofovir disoproxil fumarate</i>	1	QL (30 per 30 days)
<i>terbinafine 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
tetracycline hcl oral capsule	1	
tigecycline	3	S
tinidazole oral	1	
TIVICAY ORAL TABLET 10 MG	3	QL (120 per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	3	QL (60 per 30 days); S
TIVICAY PD	3	QL (360 per 30 days); S
tobramycin sulfate injection	1	
TRECTOR	3	
trifluridine ophthalmic	1	
trimethoprim oral	1	
TRIUMEQ	3	QL (30 per 30 days); S
TRIUMEQ PD	3	QL (180 per 30 days); S
TRIZIVIR	3	QL (60 per 30 days); S
TROGARZO	3	PA; QL (23.94 per 28 days); LA; S
TYBOST	2	QL (30 per 30 days)
UNASYN INJECTION SOLUTION RECONSTITUTED 3 (2-1) GM	3	
UNASYN INTRAVENOUS SOLUTION RECONSTITUTED 15 (10-5) GM	3	
valacyclovir hcl oral tablet 1 gm	1	QL (90 per 30 days)
valacyclovir hcl oral tablet 500 mg	1	QL (60 per 30 days)
valganciclovir hcl oral solution reconstituted	3	
valganciclovir hcl oral tablet	2	
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	

Drug Name	Drug Tier	Requirements /Limits
vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%	2	
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	
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 5 gm, 500 mg	1	
vancomycin hcl intravenous solution reconstituted 1.25 gm, 1.5 gm, 750 mg	2	
vancomycin hcl oral capsule 125 mg	1	PA; QL (240 per 30 days)
vancomycin hcl oral capsule 250 mg	3	PA; QL (240 per 30 days)
vancomycin hcl oral solution reconstituted 25 mg/ml	3	PA; QL (1200 per 30 days)
VEMLIDY	3	PA; QL (30 per 30 days); S
VFEND ORAL TABLET 50 MG	3	PA; QL (120 per 30 days)
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG	3	PA; S
VIBRAMYCIN ORAL CAPSULE	3	
VIRACEPT ORAL TABLET 250 MG	3	QL (300 per 30 days); S
VIRACEPT ORAL TABLET 625 MG	3	QL (120 per 30 days); S
VIREAD ORAL POWDER	3	QL (240 per 30 days); S
VIREAD ORAL TABLET 150 MG, 250 MG	3	QL (30 per 30 days); S
VIREAD ORAL TABLET 200 MG	3	QL (30 per 30 days)
voriconazole intravenous	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
<i>voriconazole oral suspension reconstituted</i>	3	PA; QL (300 per 30 days); S
<i>voriconazole oral tablet 200 mg</i>	3	PA; QL (60 per 30 days)
<i>voriconazole oral tablet 50 mg</i>	1	PA; QL (120 per 30 days)
VOSEVI	3	PA; QL (30 per 30 days); S
XIFAXAN ORAL TABLET 550 MG	3	PA; QL (84 per 28 days); MO; S
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	
ZIAGEN ORAL SOLUTION	3	QL (960 per 30 days)
ZIAGEN ORAL TABLET	3	QL (60 per 30 days)
<i>zidovudine oral capsule</i>	1	QL (180 per 30 days)
<i>zidovudine oral syrup</i>	1	QL (1920 per 30 days)
<i>zidovudine oral tablet</i>	1	QL (60 per 30 days)
ZIRGAN	3	
ZITHROMAX INTRAVENOUS	3	
ZITHROMAX ORAL PACKET	3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	3	
ZITHROMAX ORAL TABLET 500 MG	3	
ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML	3	S
ZYVOX INTRAVENOUS SOLUTION 600 MG/300ML	3	
Miscellaneous Therapeutic Agents		
<i>acetic acid irrigation</i>	1	
<i>acetylcysteine intravenous</i>	1	
ALCOHOL SWABS	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>atropine sulfate injection solution 0.4 mg/ml</i>	1	
AUTOPEN	2	
BD PEN	2	
BD PEN MINI	2	
CEQUR SIMPLICITY 2U	2	
CEQUR SIMPLICITY INSERTER	2	
GAUZE STERILE PADS 2	1	MO
INPEN	2	
100-BLUE-LILLY-HUMALOG		
INPEN	2	
100-BLUE-NOVOLOG-FIASP		
INPEN	2	
100-GREY-LILLY-HUMALOG		
INPEN	2	
100-GREY-NOVOLOG-FIASP		
INPEN	2	
100-PINK-LILLY-HUMALOG		
INPEN	2	
100-PINK-NOVOLOG-FIASP		
INSULIN PEN NEEDLE	1	QL (200 per 30 days); MO
INSULIN SYRINGE	1	QL (200 per 30 days); MO
KOSELUGO	3	PA; S
<i>lactated ringers irrigation</i>	1	
<i>mannitol intravenous solution 20 %, 25 %</i>	1	
METHERGINE ORAL	3	S
<i>methylergonovine maleate oral</i>	3	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	
<i>sterile water for irrigation</i>	2	
SYNAGIS	3	PA; S
TIS-U-SOL	1	
Ophthalmic Agents		

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
acetazolamide er	1	MO
ACULAR	3	
ACULAR LS	3	
ak-poly-bac	1	
ALOCRIAL	3	
ALOMIDE	3	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	MO
ALREX	3	
apraclonidine hcl	1	
atropine sulfate ophthalmic ointment	2	MO
atropine sulfate ophthalmic solution 1 %	2	MO
azelastine hcl ophthalmic	1	
bacitra-neomycin-polymyxin-hc	1	
bacitracin ophthalmic	1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1	
bepotastine besilate	1	
betaxolol hcl ophthalmic	1	MO
BETOPTIC-S	3	MO
bimatoprost ophthalmic	1	MO
brimonidine tartrate ophthalmic	1	MO
brimonidine tartrate-timolol	2	MO
brinzolamide	2	MO
bromfenac sodium (once-daily)	1	
bromfenac sodium ophthalmic solution 0.07 %	3	
carteolol hcl	1	MO
ciprofloxacin hcl ophthalmic	1	
COMBIGAN	2	MO
cromolyn sodium ophthalmic	1	
cyclopentolate hcl ophthalmic solution 1 %	1	MO

Drug Name	Drug Tier	Requirements /Limits
cyclosporine ophthalmic	2	QL (60 per 30 days); MO
CYSTARAN	3	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
DUREZOL	2	
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	
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	

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>loteprednol etabonate ophthalmic gel</i>	1	
<i>loteprednol etabonate ophthalmic suspension 0.2 %</i>	3	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	2	MO
MAXIDEX	3	
<i>methazolamide oral</i>	1	MO
<i>moxifloxacin hcl (2x day)</i>	3	
<i>moxifloxacin hcl ophthalmic solution</i>	2	
NATACYN	3	
NEO-POLYCIN	1	
NEO-POLYCIN HC	1	
<i>neomycin-bacitracin zn-polymyx</i>	1	
<i>neomycin-polymyxin-dexameth</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	1	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	1	
NEVANAC	2	
OCUFLOX	3	
<i>ofloxacin ophthalmic</i>	1	
<i>olopatadine hcl ophthalmic</i>	1	
PHOSPHOLINE IODIDE	3	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	MO
POLYCIN	1	
<i>polymyxin b-trimethoprim</i>	1	
PRED MILD	3	
<i>prednisolone acetate ophthalmic</i>	1	
<i>prednisolone sodium phosphate ophthalmic</i>	2	

Drug Name	Drug Tier	Requirements /Limits
PROLENSA	3	
<i>proparacaine hcl ophthalmic</i>	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
<i>sulfacetamide sodium ophthalmic</i>	1	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	1	
<i>tafluprost (pf)</i>	3	MO
<i>timolol maleate (once-daily)</i>	1	MO
TIMOLOL MALEATE OCUDOSE	1	MO
<i>timolol maleate ophthalmic gel forming solution</i>	1	MO
<i>timolol maleate ophthalmic solution 0.25 %</i>	1	MO
<i>timolol maleate ophthalmic solution 0.5 %</i>	1	MO
<i>timolol maleate pf ophthalmic solution 0.5 %</i>	1	MO
TIMOPTIC OCUDOSE	3	MO
TIMOPTIC-XE	3	MO
TOBRADEX OPHTHALMIC OINTMENT	2	
TOBRADEX ST	2	
<i>tobramycin ophthalmic</i>	1	
<i>tobramycin-dexamethasone</i>	1	
<i>travoprost (bak free)</i>	1	MO
VYZULTA	3	MO
XIIDRA	2	QL (60 per 30 days); MO
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	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
ZYLET	2	
Otic Agents		
<i>acetic acid otic</i>	1	
CETRAXAL	3	
CIPRO HC	3	
CIPRODEX	2	
<i>ciprofloxacin hcl otic</i>	1	
<i>ciprofloxacin-dexamethasone</i>	1	
CORTISPORIN-TC	3	
FLAC	1	
<i>fluocinolone acetonide otic</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<i>neomycin-polymyxin-hc otic</i>	1	
<i>ofloxacin otic</i>	1	
Respiratory Tract/Pulmonary Agents		
ACCOLATE ORAL TABLET 10 MG	3	MO
<i>acetylcysteine inhalation</i>	1	B/D PA
ADEMPAS	3	PA; LA; S
ADRENALIN INJECTION SOLUTION 1 MG/ML	2	
ADVAIR HFA	2	QL (12 per 30 days); MO
AIRDUO RESPICLICK 113/14	3	QL (1 per 30 days); MO
AIRDUO RESPICLICK 232/14	3	QL (1 per 30 days); MO
AIRDUO RESPICLICK 55/14	3	QL (1 per 30 days); MO
<i>albuterol sulfate hfa</i>	1	MO
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>	1	B/D PA; QL (360 per 30 days); MO
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 2.5 mg/0.5ml</i>	1	B/D PA; QL (60 per 30 days); MO
<i>albuterol sulfate oral syrup</i>	1	MO
<i>albuterol sulfate oral tablet</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
ALYQ	3	PA; QL (60 per 30 days); S
<i>ambrisentan</i>	3	PA; QL (30 per 30 days); LA; S
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	2	QL (60 per 30 days); MO
<i>arformoterol tartrate</i>	3	B/D PA; QL (120 per 30 days); MO
ARNUIITY ELLIPTA	2	QL (30 per 30 days); MO
ATROVENT HFA	3	QL (26 per 30 days); MO
<i>azelastine hcl nasal</i>	1	QL (30 per 25 days)
<i>azelastine-fluticasone</i>	1	QL (23 per 28 days)
<i>bosentan</i>	3	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
BREYNA	1	QL (30.9 per 30 days); MO
BREZTRI AEROSPHERE	2	QL (10.7 per 30 days); MO
BRONCHITOL	3	LA; S
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	1	B/D PA; QL (120 per 30 days); MO
<i>budesonide inhalation suspension 1 mg/2ml</i>	1	B/D PA; QL (60 per 30 days); MO
<i>budesonide-formoterol fumarate</i>	1	QL (30.6 per 30 days); MO
<i>carbinoxamine maleate oral solution</i>	1	PA
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	PA
<i>carbinoxamine maleate oral tablet 6 mg</i>	3	PA; S
CAYSTON	3	PA; LA; S

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Drug Name	Drug Tier	Requirements /Limits
<i>cetirizine hcl oral solution</i>	1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	PA
COMBIVENT RESPIMAT	3	QL (8 per 30 days); MO
<i>cromolyn sodium inhalation</i>	1	B/D PA; MO
<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	
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	QL (2 per 28 days)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	QL (2 per 28 days)
ESBRIET ORAL TABLET 267 MG	3	PA; QL (270 per 30 days); S
ESBRIET ORAL TABLET 801 MG	3	PA; QL (90 per 30 days); S
FASENRA	3	PA; QL (1 per 28 days); LA; S
FASENRA PEN	3	PA; QL (1 per 28 days); S
<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

Drug Name	Drug Tier	Requirements /Limits
<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 powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	QL (60 per 30 days); MO
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	1	QL (1 per 30 days); MO
<i>formoterol fumarate inhalation</i>	3	B/D PA; QL (120 per 30 days); MO
<i>hydroxyzine hcl intramuscular</i>	1	
<i>hydroxyzine hcl oral syrup</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate oral</i>	1	
<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	3	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	ST; QL (45 per 30 days); MO

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Drug Name	Drug Tier	Requirements /Limits
<i>levocetirizine dihydrochloride oral solution</i>	1	QL (300 per 30 days)
<i>levocetirizine dihydrochloride oral tablet</i>	1	QL (30 per 30 days)
<i>mometasone furoate nasal</i>	1	
<i>montelukast sodium oral</i>	1	MO
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (3 per 28 days); LA; S
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA; QL (3 per 28 days); LA; S
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	PA; QL (0.4 per 28 days); LA; S
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; QL (3 per 28 days); LA; S
OFEV	3	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	3	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	3	PA; LA; S
ORKAMBI ORAL TABLET	3	PA; QL (120 per 30 days); S
PERFOROMIST	3	B/D PA; QL (120 per 30 days); MO
<i>pirfenidone oral tablet 267 mg</i>	3	PA; QL (270 per 30 days); S
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	3	PA; QL (90 per 30 days); S
PROAIR RESPICLICK	2	MO
PULMICORT FLEXHALER	3	QL (2 per 30 days); MO

Drug Name	Drug Tier	Requirements /Limits
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML	3	B/D PA; QL (120 per 30 days); MO
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	3	B/D PA; S
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	2	QL (11 per 30 days); MO
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	2	QL (22 per 30 days); MO
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML	3	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>	3	PA; QL (1125 per 30 days); S
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA; QL (360 per 30 days)
SINGULAIR ORAL PACKET	3	MO
SINGULAIR ORAL TABLET CHEWABLE	3	MO
SPIRIVA HANDHALER	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>	3	PA; QL (60 per 30 days); S
<i>terbutaline sulfate injection</i>	1	
<i>terbutaline sulfate oral</i>	1	MO
THEO-24	2	MO
<i>theophylline er</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>theophylline oral</i>	1	MO
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	3	B/D PA; QL (280 per 28 days); S
TRACLEER ORAL TABLET SOLUBLE	3	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>	3	PA; LA; S
TRIKAFTA ORAL TABLET THERAPY PACK	3	PA; QL (84 per 28 days); LA; S
TRIKAFTA ORAL THERAPY PACK	3	PA; QL (56 per 28 days); S
TUDORZA PRESSAIR	3	QL (1 per 30 days); MO
TYVASO	3	PA; QL (81.2 per 30 days); S
TYVASO REFILL	3	PA; QL (81.2 per 30 days); S
TYVASO STARTER	3	PA; QL (81.2 per 365 days); S
UPTRAVI ORAL	3	PA; QL (60 per 30 days); LA; S
UPTRAVI TITRATION	3	PA; LA; S

Drug Name	Drug Tier	Requirements /Limits
VENTAVIS	3	PA; QL (270 per 30 days); S
VENTOLIN HFA	3	ST; MO
VISTARIL ORAL CAPSULE 50 MG	3	
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	1	QL (60 per 30 days); MO
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML	3	PA; QL (8 per 28 days); LA; S
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	3	PA; QL (4 per 28 days); LA; S
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	3	PA; QL (8 per 28 days); LA; S
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	3	PA; QL (4 per 28 days); LA; S
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	3	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.

Index of Drugs

Legend

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

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

<i>abacavir sulfate oral solution</i>	66	ACTIMMUNE	63
<i>abacavir sulfate oral tablet</i>	66	ACTIVELLA ORAL TABLET 1-0.5 MG	57
<i>abacavir sulfate-lamivudine</i>	66	ACTONEL ORAL TABLET 150 MG	49
ABELCET	66	ACTONEL ORAL TABLET 35 MG	49
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	28	ACTOPLUS MET ORAL TABLET 15-850 MG	49
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	28	ACTOS ORAL TABLET 45 MG	49
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	28	ACULAR	75
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	28	ACULAR LS	75
<i>abiraterone acetate oral tablet 250 mg</i>	14	<i>acyclovir external cream</i>	43
<i>abiraterone acetate oral tablet 500 mg</i>	14	<i>acyclovir external ointment</i>	43
ABRYSVO	63	<i>acyclovir oral</i>	66
<i>acamprosate calcium</i>	28	<i>acyclovir sodium intravenous solution</i>	66
<i>acarbose oral</i>	49	ADACEL	63
ACCOLATE ORAL TABLET 10 MG	77	<i>adapalene external cream</i>	43
ACCUPRIL	23	<i>adapalene external gel</i>	43
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG	23	ADDERALL ORAL TABLET 5 MG, 7.5 MG	28
ACCUTANE ORAL CAPSULE 20 MG, 30 MG, 40 MG	43	<i>adefovir dipivoxil</i>	66
<i>acebutolol hcl oral</i>	23	ADEMPAS	77
<i>acetaminophen-codeine #2</i>	11	ADRENALIN INJECTION SOLUTION 1 MG/ML	77
<i>acetaminophen-codeine #3</i>	11	ADRIAMYCIN INTRAVENOUS SOLUTION	14
<i>acetaminophen-codeine #4</i>	11	<i>adriamycin intravenous solution reconstituted 10 mg</i>	15
<i>acetaminophen-codeine oral solution</i>	11	ADRIAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	15
<i>acetaminophen-codeine oral tablet</i>	11	ADVAIR HFA	77
<i>acetazolamide er</i>	75	AFIRMELLE	57
<i>acetazolamide oral</i>	23	AIMOVIIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	29
<i>acetic acid irrigation</i>	74	AIMOVIIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	29
<i>acetic acid otic</i>	77	AIRDUO RESPICLICK 113/14	77
<i>acetylcysteine inhalation</i>	77	AIRDUO RESPICLICK 232/14	77
<i>acetylcysteine intravenous</i>	74	AIRDUO RESPICLICK 55/14	77
<i>acitretin</i>	43	<i>ak-poly-bac</i>	75
ACTHAR	57	AKEEGA	15
ACTHIB	63	<i>ala-cort external cream</i>	43
		<i>albendazole oral</i>	66
		<i>albuterol sulfate hfa</i>	77

<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>	77	<i>amiloride hcl oral</i>	23
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 2.5 mg/0.5ml</i>	77	<i>amiloride-hydrochlorothiazide</i>	23
<i>albuterol sulfate oral syrup</i>	77	<i>amiodarone hcl intravenous</i>	23
<i>albuterol sulfate oral tablet</i>	77	<i>amiodarone hcl oral</i>	23
<i>alclometasone dipropionate</i>	43	<i>amitriptyline hcl oral</i>	29
ALCOHOL SWABS	74	<i>amlodipine besy-benazepril hcl</i>	23
ALDACTAZIDE ORAL TABLET 50-50 MG	23	<i>amlodipine besylate oral</i>	23
ALECENSA	15	<i>amlodipine besylate-valsartan</i>	23
<i>alendronate sodium oral solution</i>	49	<i>amlodipine-atorvastatin</i>	23
<i>alendronate sodium oral tablet 10 mg</i>	49	<i>amlodipine-olmesartan</i>	23
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	49	<i>amlodipine-valsartan-hctz</i>	24
<i>alfuzosin hcl er</i>	56	<i>ammonium lactate external</i>	43
<i>aliskiren fumarate</i>	23	AMNESTEEM	43
<i>allopurinol oral tablet 100 mg, 300 mg</i>	11	<i>amoxapine</i>	29
<i>almotriptan malate</i>	29	<i>amoxicillin oral capsule</i>	66
ALOCRIL	75	<i>amoxicillin oral suspension reconstituted</i>	66
ALOMIDE	75	<i>amoxicillin oral tablet</i>	66
<i>alosetron hcl oral tablet 0.5 mg</i>	53	<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	66
<i>alosetron hcl oral tablet 1 mg</i>	53	<i>amoxicillin-pot clavulanate er</i>	66
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	75	<i>amoxicillin-pot clavulanate oral</i>	66
<i>alprazolam er</i>	29	<i>amphetamine sulfate oral tablet 10 mg</i>	29
ALPRAZOLAM INTENSOL	29	<i>amphetamine sulfate oral tablet 5 mg</i>	29
<i>alprazolam oral</i>	29	<i>amphetamine-dextroamphet er</i>	29
<i>alprazolam xr</i>	29	<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	29
ALREX	75	<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	29
ALTAVERA	57	<i>amphotericin b intravenous</i>	66
ALUNBRIG ORAL TABLET 180 MG	15	<i>amphotericin b liposome</i>	66
ALUNBRIG ORAL TABLET 30 MG	15	<i>ampicillin oral capsule 500 mg</i>	66
ALUNBRIG ORAL TABLET 90 MG	15	<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg</i>	66
ALUNBRIG ORAL TABLET THERAPY PACK	15	<i>ampicillin sodium intravenous</i>	66
<i>alyacen 1/35</i>	57	<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	66
<i>alyacen 7/7/7</i>	57	<i>ampicillin-sulbactam sodium intravenous</i>	66
ALYQ	77	<i>anagrelide hcl</i>	21
AMABELZ ORAL TABLET 0.5-0.1 MG	57	<i>anastrozole oral</i>	15
<i>amantadine hcl oral capsule</i>	29	ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	77
<i>amantadine hcl oral solution</i>	29	ANUSOL-HC EXTERNAL	43
<i>amantadine hcl oral tablet</i>	29	<i>apomorphine hcl subcutaneous</i>	29
<i>ambrisentan</i>	77	<i>apraclonidine hcl</i>	75
<i>amcinonide external cream</i>	43	<i>aprepitant oral</i>	53
<i>amcinonide external ointment</i>	43	<i>aprepitant oral capsule 125 mg</i>	53
AMETHIA	57	<i>aprepitant oral capsule 40 mg</i>	53
AMETHYST	57	<i>aprepitant oral capsule 80 & 125 mg</i>	53
<i>amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml</i>	66		

<i>aprepitant oral capsule 80 mg</i>	53	<i>asenapine maleate sublingual tablet sublingual</i>	
APRI	57	2.5 mg	29
APTIOM	29	<i>asenapine maleate sublingual tablet sublingual</i>	
APTIVUS ORAL CAPSULE	66	5 mg	29
ARANELLE	57	ASHLYNA	57
ARANESP (ALBUMIN FREE) INJECTION SOLUTION		<i>aspirin-dipyridamole er</i>	21
100 MCG/ML, 200 MCG/ML	21	<i>atazanavir sulfate oral capsule 150 mg, 200</i>	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25		mg	66
MCG/ML, 60 MCG/ML	21	<i>atazanavir sulfate oral capsule 300 mg</i>	66
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 40		ATELVIA	49
MCG/ML	21	<i>atenolol oral</i>	24
ARANESP (ALBUMIN FREE) INJECTION SOLUTION		<i>atenolol-chlorthalidone</i>	24
PREFILLED SYRINGE 10 MCG/0.4ML, 25		<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg,</i>	
MCG/0.42ML, 40 MCG/0.4ML	21	40 mg	29
ARANESP (ALBUMIN FREE) INJECTION SOLUTION		<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80</i>	
PREFILLED SYRINGE 100 MCG/0.5ML, 150		mg	29
MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML,		<i>atorvastatin calcium oral</i>	24
500 MCG/ML	21	<i>atovaquone oral</i>	66
ARANESP (ALBUMIN FREE) INJECTION SOLUTION		<i>atovaquone-proguanil hcl</i>	66
PREFILLED SYRINGE 60 MCG/0.3ML	21	ATRALIN	43
ARAVA ORAL TABLET 10 MG	63	<i>atropine sulfate injection solution 0.4 mg/ml</i>	74
ARCALYST	63	<i>atropine sulfate ophthalmic ointment</i>	75
AREXVY	63	<i>atropine sulfate ophthalmic solution 1 %</i>	75
<i>arformoterol tartrate</i>	77	ATROVENT HFA	77
ARICEPT ORAL TABLET 23 MG	29	AUBAGIO	29
ARICEPT ORAL TABLET 5 MG	29	AUBRA EQ	57
<i>aripiprazole oral solution</i>	29	AUGTYRO	15
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5</i>		AUROVELA 1.5/30	57
mg	29	AUROVELA 1/20	57
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	29	AUROVELA 24 FE	57
<i>aripiprazole oral tablet dispersible 10 mg</i>	29	AUROVELA FE 1.5/30	57
<i>aripiprazole oral tablet dispersible 15 mg</i>	29	AUROVELA FE 1/20	57
ARISTADA INITIO	29	AURYXIA	49
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE		AUTOPEN	74
1064 MG/3.9ML	29	AUVELITY	30
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE		AVALIDE ORAL TABLET 150-12.5 MG	24
441 MG/1.6ML	29	AVALIDE ORAL TABLET 300-12.5 MG	24
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE		AVASTIN	15
662 MG/2.4ML	29	AVIANE	57
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE		AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR	
882 MG/3.2ML	29	KIT	30
<i>armodafinil oral tablet 150 mg, 200 mg, 250</i>		AVONEX PREFILLED INTRAMUSCULAR PREFILLED	
mg	29	SYRINGE KIT	30
<i>armodafinil oral tablet 50 mg</i>	29	AYGESTIN	57
ARMOUR THYROID	57	AYUNA	57
ARNUITY ELLIPTA	77	AYVAKIT	15
ASCOMP-CODEINE	11	<i>azacitidine</i>	15
<i>asenapine maleate sublingual tablet sublingual</i>		<i>azathioprine oral tablet 50 mg</i>	63
10 mg	29		

<i>azelaic acid external</i>	43	<i>betamethasone dipropionate external</i>	43
<i>azelastine hcl nasal</i>	77	<i>betamethasone valerate external</i>	43
<i>azelastine hcl ophthalmic</i>	75	BETAPACE AF ORAL TABLET 120 MG, 80 MG	24
<i>azelastine-fluticasone</i>	77	BETASERON SUBCUTANEOUS KIT	30
AZILECT ORAL TABLET 0.5 MG	30	<i>betaxolol hcl ophthalmic</i>	75
<i>azithromycin intravenous</i>	66	<i>betaxolol hcl oral</i>	24
<i>azithromycin oral packet</i>	66	<i>bethanechol chloride oral</i>	56
<i>azithromycin oral suspension reconstituted</i>	66	BETOPTIC-S	75
<i>azithromycin oral tablet 250 mg, 250 mg (6</i> <i>pack)</i>	66	<i>bexarotene external</i>	43
<i>azithromycin oral tablet 500 mg, 500 mg (3 pack),</i> <i>600 mg</i>	66	<i>bexarotene oral</i>	15
<i>aztreonam</i>	66	BEXSERO	63
AZURETTE	57	BEYAZ	57
BAC	30	<i>bicalutamide</i>	15
<i>bacitra-neomycin-polymyxin-hc</i>	75	BICILLIN C-R	66
<i>bacitracin ophthalmic</i>	75	BICILLIN C-R 900/300	67
<i>bacitracin-polymyxin b ophthalmic ointment</i> <i>500-10000 unit/gm</i>	75	BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	67
<i>baclofen oral tablet 10 mg, 5 mg</i>	30	BIDIL	24
<i>baclofen oral tablet 20 mg</i>	30	BIJUVA	57
BACTRIM	66	BIKTARVY ORAL TABLET 30-120-15 MG	67
BACTRIM DS	66	BIKTARVY ORAL TABLET 50-200-25 MG	67
<i>balsalazide disodium</i>	53	<i>bimatoprost ophthalmic</i>	75
BALVERSA ORAL TABLET 3 MG	15	<i>bisoprolol fumarate oral</i>	24
BALVERSA ORAL TABLET 4 MG	15	<i>bisoprolol-hydrochlorothiazide</i>	24
BALVERSA ORAL TABLET 5 MG	15	<i>bleomycin sulfate</i>	15
BALZIVA	57	BLISOVI 24 FE	57
BARACLUDE ORAL SOLUTION	66	BLISOVI FE 1.5/30	57
BAVENCIO	15	BLISOVI FE 1/20	57
<i>bcg vaccine injection solution reconstituted</i>	63	BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	63
BD PEN	74	BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	63
BD PEN MINI	74	<i>bortezomib injection solution reconstituted 1 mg,</i> <i>3.5 mg</i>	15
BELSOMRA	30	<i>bortezomib injection solution reconstituted 2.5</i> <i>mg</i>	15
<i>benazepril hcl oral</i>	24	<i>bortezomib intravenous solution</i> <i>reconstituted</i>	15
<i>benazepril-hydrochlorothiazide</i>	24	<i>bosentan</i>	77
<i>bendamustine hcl intravenous solution</i>	15	BOSULIF ORAL CAPSULE 100 MG	15
BENDEKA	15	BOSULIF ORAL CAPSULE 50 MG	15
BENLYSTA	63	BOSULIF ORAL TABLET 100 MG	15
BENZAMYCIN	43	BOSULIF ORAL TABLET 400 MG, 500 MG	15
<i>benzoyl peroxide-erythromycin</i>	43	BOTOX	30
<i>benztropine mesylate injection</i>	30	BRAFTOVI ORAL CAPSULE 75 MG	15
<i>benztropine mesylate oral</i>	30	BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	77
<i>bepotastine besilate</i>	75		
BESREMI	15		
<i>betaine</i>	56		
<i>betamethasone dipropionate aug</i>	43		

BREYNA	77	<i>bupropion hcl er (smoking det)</i>	30
BREZTRI AEROSPHERE	77	<i>bupropion hcl er (sr) oral tablet extended release</i>	
<i>briellyn</i>	57	12 hour 100 mg	30
BRILINTA	21	<i>bupropion hcl er (sr) oral tablet extended release</i>	
<i>brimonidine tartrate ophthalmic</i>	75	12 hour 150 mg, 200 mg	30
<i>brimonidine tartrate-timolol</i>	75	<i>bupropion hcl er (xl) oral tablet extended release</i>	
<i>brinzolamide</i>	75	24 hour 150 mg	30
BRIVIACT INTRAVENOUS	30	<i>bupropion hcl er (xl) oral tablet extended release</i>	
BRIVIACT ORAL SOLUTION	30	24 hour 300 mg	30
BRIVIACT ORAL TABLET	30	<i>bupropion hcl oral tablet 100 mg</i>	30
<i>bromfenac sodium (once-daily)</i>	75	<i>bupropion hcl oral tablet 75 mg</i>	30
<i>bromfenac sodium ophthalmic solution 0.07</i>		<i>bupirone hcl oral</i>	30
%	75	<i>butalbital-apap-caff-cod</i>	12
<i>bromocriptine mesylate oral</i>	30	<i>butalbital-apap-caffeine oral capsule</i>	30
BRONCHITOL	77	<i>butalbital-apap-caffeine oral tablet 50-325-40</i>	
BRUKINSA	15	mg	30
<i>budesonide er oral tablet extended release 24</i>		<i>butalbital-asa-caff-codeine</i>	12
hour	53	<i>butalbital-aspirin-caffeine oral capsule</i>	30
<i>budesonide inhalation suspension 0.25 mg/2ml,</i>		<i>butorphanol tartrate injection</i>	12
0.5 mg/2ml	77	<i>butorphanol tartrate nasal</i>	12
<i>budesonide inhalation suspension 1 mg/2ml</i>	77	BUTRANS TRANSDERMAL PATCH WEEKLY 5	
<i>budesonide oral</i>	53	MCG/HR, 7.5 MCG/HR	12
<i>budesonide-formoterol fumarate</i>	77	BYDUREON BCISE	49
<i>bumetanide injection</i>	24	BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION	
<i>bumetanide oral</i>	24	PEN-INJECTOR	49
BUPHENYL ORAL POWDER 3 GM/TSP	56	BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION	
<i>buprenorphine hcl injection</i>	30	PEN-INJECTOR	49
<i>buprenorphine hcl sublingual tablet sublingual 2</i>		BYSTOLIC	24
mg	30	CABENUVA INTRAMUSCULAR SUSPENSION	
<i>buprenorphine hcl sublingual tablet sublingual 8</i>		EXTENDED RELEASE 400 & 600 MG/2ML	67
mg	30	CABENUVA INTRAMUSCULAR SUSPENSION	
<i>buprenorphine hcl-naloxone hcl sublingual film</i>		EXTENDED RELEASE 600 & 900 MG/3ML	67
12-3 mg	30	<i>cabergoline</i>	57
<i>buprenorphine hcl-naloxone hcl sublingual film</i>		CABOMETYX	15
2-0.5 mg	30	CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40	
<i>buprenorphine hcl-naloxone hcl sublingual film</i>		MG, 10-80 MG, 5-10 MG, 5-40 MG, 5-80 MG	24
4-1 mg	30	<i>calcipotriene external cream</i>	43
<i>buprenorphine hcl-naloxone hcl sublingual film</i>		<i>calcipotriene external ointment</i>	43
8-2 mg	30	<i>calcipotriene external solution</i>	43
<i>buprenorphine hcl-naloxone hcl sublingual tablet</i>		<i>calcipotriene-betameth diprop external</i>	
sublingual 2-0.5 mg	30	ointment	43
<i>buprenorphine hcl-naloxone hcl sublingual tablet</i>		<i>calcitonin (salmon) injection</i>	49
sublingual 8-2 mg	30	<i>calcitonin (salmon) nasal</i>	49
<i>buprenorphine transdermal patch weekly 10</i>		CALCITRENE	43
mcg/hr, 15 mcg/hr	11	<i>calcitriol external</i>	43
<i>buprenorphine transdermal patch weekly 20</i>		<i>calcitriol intravenous solution 1 mcg/ml</i>	49
mcg/hr	11	<i>calcitriol oral</i>	49
<i>buprenorphine transdermal patch weekly 5 mcg/</i>		<i>calcium acetate (phos binder)</i>	49
hr, 7.5 mcg/hr	12		

<i>calcium acetate oral tablet 667 mg</i>	49	CAYSTON	77
CALQUENCE	15	cefaclor er	67
CAMILA	57	cefaclor oral capsule	67
CAMRESE	57	cefaclor oral suspension reconstituted 250 mg/ 5ml	67
CAMRESE LO	57	cefadroxil	67
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	24	cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg	67
<i>candesartan cilexetil oral tablet 32 mg</i>	24	cefazolin sodium injection solution reconstituted 100 gm, 300 gm	67
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	24	cefazolin sodium intravenous solution reconstituted 1 gm	67
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>	24	cefazolin sodium intravenous solution reconstituted 2 gm, 3 gm	67
CAPEX	43	cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%	67
CAPLYTA	30	cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm- %(50ml)	67
CAPRELSA ORAL TABLET 100 MG	15	cefdinir	67
CAPRELSA ORAL TABLET 300 MG	15	cefepime hcl injection solution reconstituted 1 gm	67
<i>captopril oral</i>	24	cefepime hcl intravenous solution	67
<i>captopril-hydrochlorothiazide</i>	24	cefepime hcl intravenous solution reconstituted 100 gm	67
<i>carbamazepine er</i>	30	cefepime hcl intravenous solution reconstituted 2 gm	67
<i>carbamazepine oral</i>	30	cefixime	67
<i>carbidopa oral</i>	30	cefotetan disodium injection solution reconstituted 1 gm, 2 gm	67
<i>carbidopa-levodopa</i>	30	cefoxitin sodium intravenous	67
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	31	cefpodoxime proxetil	67
<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>	31	cefprozil	67
<i>carbinoxamine maleate oral solution</i>	77	ceftazidime injection solution reconstituted 1 gm, 6 gm	67
<i>carbinoxamine maleate oral tablet 4 mg</i>	77	ceftazidime intravenous	67
<i>carbinoxamine maleate oral tablet 6 mg</i>	77	ceftriaxone sodium in dextrose	67
<i>carboplatin intravenous solution</i>	15	ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	67
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG	24	ceftriaxone sodium injection solution reconstituted 100 gm	67
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 360 MG, 420 MG	24	ceftriaxone sodium intravenous	67
CARDIZEM ORAL TABLET 120 MG, 30 MG	24	ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm- %(50ml)	67
CARDIZEM ORAL TABLET 60 MG	24	cefuroxime axetil oral tablet 250 mg	67
CARDURA ORAL TABLET 1 MG, 8 MG	24	cefuroxime axetil oral tablet 500 mg	67
CARDURA XL	56	cefuroxime sodium injection solution reconstituted 750 mg	67
<i>carglumic acid oral tablet soluble</i>	47		
<i>carisoprodol oral tablet 350 mg</i>	31		
CARNITOR ORAL	47		
CARNITOR SF	47		
<i>carteolol hcl</i>	75		
CARTIA XT	24		
<i>carvedilol</i>	24		
<i>carvedilol phosphate er</i>	24		

cefuroxime sodium intravenous solution reconstituted 1.5 gm	67	ciprofloxacin hcl ophthalmic	75
celecoxib oral	12	ciprofloxacin hcl oral tablet 250 mg, 500 mg	68
cephalexin oral capsule 250 mg, 500 mg	67	ciprofloxacin hcl oral tablet 750 mg	68
cephalexin oral capsule 750 mg	68	ciprofloxacin hcl otic	77
cephalexin oral suspension reconstituted 125 mg/5ml	68	ciprofloxacin in d5w	68
cephalexin oral suspension reconstituted 250 mg/5ml	68	ciprofloxacin-dexamethasone	77
cephalexin oral tablet	68	cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml	15
CEQUR SIMPLICITY 2U	74	citalopram hydrobromide oral solution	31
CEQUR SIMPLICITY INSERTER	74	citalopram hydrobromide oral tablet 10 mg	31
cetirizine hcl oral solution	78	citalopram hydrobromide oral tablet 20 mg	31
CETRAXAL	77	citalopram hydrobromide oral tablet 40 mg	31
cevimeline hcl	43	CLARAVIS	43
CHARLOTTE 24 FE	57	clarithromycin er	68
CHATEAL EQ	57	clarithromycin oral	68
CHEMET	49	clemastine fumarate oral tablet 2.68 mg	78
chlordiazepoxide hcl	31	CLENPIQ	54
chlordiazepoxide-amitriptyline	31	CLEOCIN ORAL CAPSULE 300 MG, 75 MG	68
chlorhexidine gluconate mouth/throat	43	CLEOCIN ORAL SOLUTION RECONSTITUTED	68
chloroquine phosphate oral	68	CLEOCIN PHOSPHATE INJECTION SOLUTION 900 MG/6ML	68
chlorpromazine hcl injection	31	CLEOCIN VAGINAL	56
chlorpromazine hcl oral concentrate	31	CLEOCIN-T EXTERNAL LOTION	43
chlorpromazine hcl oral tablet	31	CLIMARA PRO	57
chlorthalidone oral tablet 25 mg, 50 mg	24	CLINDACIN	43
chlorzoxazone oral tablet 500 mg	31	clindamycin hcl oral	68
cholestyramine light	24	clindamycin palmitate hcl	68
cholestyramine oral	24	clindamycin phos-benzoyl perox external gel 1-5 % , 1.2-5 %	43
CICLODAN EXTERNAL SOLUTION	43	clindamycin phosphate external gel	43
ciclopirox external	43	clindamycin phosphate external lotion	44
ciclopirox olamine external cream	43	clindamycin phosphate external solution	44
ciclopirox olamine external suspension	43	clindamycin phosphate external swab	44
cidofovir intravenous	68	clindamycin phosphate in d5w	68
cilostazol	21	clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 9 gm/60ml, 9000 mg/60ml	68
CIMDUO	68	clindamycin phosphate injection solution 900 mg/6ml	68
cimetidine hcl oral solution 300 mg/5ml	53	clindamycin phosphate vaginal	56
cimetidine oral tablet 200 mg	53	clindamycin-tretinoin	44
cimetidine oral tablet 300 mg, 400 mg, 800 mg	54	CLINIMIX E/DEXTROSE (2.75/5)	47
cinacalcet hcl oral tablet 30 mg	49	CLINIMIX E/DEXTROSE (4.25/10)	47
cinacalcet hcl oral tablet 60 mg	49	CLINIMIX E/DEXTROSE (4.25/5)	47
cinacalcet hcl oral tablet 90 mg	49	CLINIMIX E/DEXTROSE (5/15)	47
CINRYZE	21	CLINIMIX E/DEXTROSE (5/20)	47
CIPRO HC	77	clinimix e/dextrose (8/10)	47
CIPRO ORAL SUSPENSION RECONSTITUTED	68	clinimix e/dextrose (8/14)	47
CIPRODEX	77		

CLINIMIX/DEXTROSE (4.25/10)	47	loti-	
CLINIMIX/DEXTROSE (4.25/5)	47	on	44
CLINIMIX/DEXTROSE (5/15)	47	clozapine oral tablet 100 mg	31
CLINIMIX/DEXTROSE (5/20)	47	clozapine oral tablet 200 mg	31
clinimix/dextrose (6/5)	47	clozapine oral tablet 25 mg	31
clinimix/dextrose (8/10)	47	clozapine oral tablet 50 mg	31
clinimix/dextrose (8/14)	47	clozapine oral tablet dispersible 100 mg	31
CLINISOL SF	47	clozapine oral tablet dispersible 12.5 mg	31
CLINOLIPID	47	clozapine oral tablet dispersible 150 mg	31
clobazam oral suspension	31	clozapine oral tablet dispersible 200 mg	31
clobazam oral tablet 10 mg	31	clozapine oral tablet dispersible 25 mg	31
clobazam oral tablet 20 mg	31	COARTEM	68
clobetasol prop emollient base	44	codeine sulfate oral tablet	12
clobetasol propionate e	44	colchicine oral	12
clobetasol propionate emulsion	44	colchicine-probenecid	12
clobetasol propionate external cream	44	colesevelam hcl	24
clobetasol propionate external foam	44	COLESTID	24
clobetasol propionate external gel	44	COLESTID FLAVORED ORAL PACKET	24
clobetasol propionate external lotion	44	colestipol hcl	24
clobetasol propionate external ointment	44	colistimethate sodium (cba)	68
clobetasol propionate external shampoo	44	COMBIGAN	75
clobetasol propionate external solution	44	COMBIPATCH	57
clocortolone pivalate	44	COMBIVENT RESPIMAT	78
CLODAN EXTERNAL SHAMPOO	44	COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20	
CLODERM	44	MG	15
clomipramine hcl oral	31	COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20	
clonazepam oral tablet 0.5 mg	31	MG & 80 MG	15
clonazepam oral tablet 1 mg	31	COMETRIQ (60 MG DAILY DOSE)	15
clonazepam oral tablet 2 mg	31	COMPLERA	68
clonazepam oral tablet dispersible 0.125 mg	31	COMPRO	54
clonazepam oral tablet dispersible 0.25 mg	31	COMTAN	31
clonazepam oral tablet dispersible 0.5 mg	31	CONCERTA ORAL TABLET EXTENDED RELEASE 27	
clonazepam oral tablet dispersible 1 mg	31	MG	31
clonazepam oral tablet dispersible 2 mg	31	constulose	54
clonidine	24	CONZIP	12
clonidine hcl er oral tablet extended release 12		COPAXONE SUBCUTANEOUS SOLUTION PREFILLED	
hour	31	SYRINGE 20 MG/ML	31
clonidine hcl oral	24	COPAXONE SUBCUTANEOUS SOLUTION PREFILLED	
clopidogrel bisulfate oral tablet 300 mg	21	SYRINGE 40 MG/ML	31
clopidogrel bisulfate oral tablet 75 mg	21	COPIKTRA	15
clorazepate dipotassium	31	CORDRAN EXTERNAL CREAM 0.05 %	44
clotrimazole external cream	44	CORDRAN EXTERNAL LOTION	44
clotrimazole external solution	44	CORGARD ORAL TABLET 20 MG, 40 MG	24
clotrimazole mouth/throat troche	44	CORLANOR ORAL SOLUTION	24
clotrimazole-betamethasone external		CORLANOR ORAL TABLET	24
cream	44	CORTEF ORAL TABLET 20 MG	54
clotrimazole-betamethasone external		CORTIFOAM EXTERNAL	54
		CORTISPORIN-TC	77

COSENTYX (300 MG DOSE)	63	DASETTA 7/7/7	57
COSENTYX SENSOREADY (300 MG)	63	DAURISMO ORAL TABLET 100 MG	16
COSENTYX SENSOREADY PEN	63	DAURISMO ORAL TABLET 25 MG	16
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	63	DAYPRO	12
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	63	DAYSEE	58
COTELLIC	15	DDAVP ORAL	58
CREON	56	DEBLITANE	58
CRINONE	57	<i>decitabine</i>	16
<i>cromolyn sodium inhalation</i>	78	<i>deferasirox oral tablet soluble 125 mg</i>	49
<i>cromolyn sodium ophthalmic</i>	75	<i>deferasirox oral tablet soluble 250 mg, 500 mg</i>	49
<i>cromolyn sodium oral</i>	56	<i>deferiprone oral tablet 1000 mg</i>	50
CROTAN	44	<i>deferiprone oral tablet 500 mg</i>	50
CRYSSELLE-28	57	DELSTRIGO	68
<i>cyclobenzaprine hcl oral</i>	31	DELYLA	58
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	75	<i>demeclocycline hcl oral</i>	68
<i>cyclophosphamide intravenous</i>	16	DEMEROL INJECTION SOLUTION 25 MG/ML, 50 MG/ML	12
<i>cyclophosphamide oral capsule</i>	16	DENTA 5000 PLUS	44
CYCLOSET	49	DENTAGEL	44
<i>cyclosporine intravenous</i>	63	DEPAKOTE	32
<i>cyclosporine modified</i>	63	DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	32
<i>cyclosporine ophthalmic</i>	75	DEPO-ESTRADIOL	58
<i>cyclosporine oral capsule</i>	63	DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	58
<i>cyproheptadine hcl oral syrup</i>	78	DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	58
<i>cyproheptadine hcl oral tablet</i>	78	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	58
CYRAMZA	16	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	58
CYRED EQ	57	DESCOVY	68
CYSTAGON	56	<i>desipramine hcl oral</i>	32
CYSTARAN	75	<i>desloratadine</i>	78
CYTOTEC	54	<i>desmopressin ace spray refrig</i>	58
<i>dabigatran etexilate mesylate</i>	21	<i>desmopressin acetate injection</i>	58
<i>dalfampridine er</i>	32	<i>desmopressin acetate oral</i>	58
<i>danazol oral</i>	57	<i>desmopressin acetate pf</i>	58
DANTRIUM ORAL CAPSULE 25 MG	32	<i>desmopressin acetate spray</i>	58
<i>dantrolene sodium oral</i>	32	<i>desogestrel-ethinyl estradiol</i>	58
<i>dapsone external</i>	44	<i>desonide external cream</i>	44
<i>dapsone oral</i>	68	<i>desonide external lotion</i>	44
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	63	<i>desonide external ointment</i>	44
<i>daptomycin intravenous solution reconstituted 500 mg</i>	68	DESOWEN EXTERNAL CREAM	44
<i>darifenacin hydrobromide er</i>	56	<i>desoximetasone external cream</i>	44
<i>darunavir</i>	68	<i>desoximetasone external gel</i>	44
DARZALEX	16	<i>desoximetasone external liquid</i>	44
DARZALEX FASPRO	16		
DASETTA 1/35	57		

<i>desoximetasone external ointment</i>	44	DIACOMIT ORAL CAPSULE 500 MG	32
<i>desvenlafaxine er</i>	32	DIACOMIT ORAL PACKET 250 MG	32
<i>desvenlafaxine succinate er</i>	32	DIACOMIT ORAL PACKET 500 MG	32
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG	56	DIASTAT ACUDIAL RECTAL GEL 10 MG	32
DETROL ORAL TABLET 1 MG	56	<i>diazepam injection</i>	32
DEXAMETHASONE INTENSOL	58	DIAZEPAM INTENSOL	32
<i>dexamethasone oral elixir</i>	58	<i>diazepam oral concentrate</i>	32
<i>dexamethasone oral solution</i>	58	<i>diazepam oral solution 5 mg/5ml</i>	32
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	58	<i>diazepam oral tablet 10 mg</i>	32
<i>dexamethasone oral tablet 2 mg, 4 mg, 6 mg</i>	58	<i>diazepam oral tablet 2 mg</i>	32
<i>dexamethasone oral tablet therapy pack</i>	58	<i>diazepam oral tablet 5 mg</i>	32
<i>dexamethasone sod phosphate pf injection solution</i>	58	<i>diazepam rectal</i>	32
<i>dexamethasone sodium phosphate injection</i>	58	<i>diazoxide oral</i>	50
<i>dexamethasone sodium phosphate ophthalmic</i>	75	DICLEGIS	54
<i>dexlansoprazole</i>	54	<i>diclofenac potassium oral tablet 50 mg</i>	12
<i>dexmethylphenidate hcl</i>	32	<i>diclofenac sodium er</i>	12
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	32	<i>diclofenac sodium external gel 1 %</i>	12
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i>	32	<i>diclofenac sodium external gel 3 %</i>	44
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	32	<i>diclofenac sodium external solution 1.5 %</i>	12
<i>dextroamphetamine sulfate oral solution</i>	32	<i>diclofenac sodium ophthalmic</i>	75
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	32	<i>diclofenac sodium oral</i>	12
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	32	<i>diclofenac-misoprostol oral tablet delayed release</i>	12
<i>dextrose 5%/electrolyte #48</i>	47	<i>dicloxacillin sodium</i>	68
<i>dextrose in lactated ringers</i>	47	<i>dicyclomine hcl oral capsule</i>	54
<i>dextrose intravenous solution 10 %, 5 %, 50 %, 70 %</i>	48	<i>dicyclomine hcl oral solution</i>	54
<i>dextrose intravenous solution 250 mg/ml</i>	48	<i>dicyclomine hcl oral tablet</i>	54
<i>dextrose-nacl intravenous solution 10-0.2 %</i>	48	DIFFERIN EXTERNAL CREAM	44
<i>dextrose-nacl intravenous solution 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i>	48	DIFFERIN EXTERNAL GEL 0.3 %	44
<i>dextrose-sodium chloride intravenous solution 10-0.2 %</i>	48	DIFICID	68
<i>dextrose-sodium chloride intravenous solution 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.3 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i>	48	<i>diflorasone diacetate external</i>	44
DIACOMIT ORAL CAPSULE 250 MG	32	DIFLUCAN ORAL SUSPENSION RECONSTITUTED	68
		DIFLUCAN ORAL TABLET 100 MG	68
		<i>diflunisal oral</i>	12
		<i>difluprednate</i>	75
		DIGOX ORAL TABLET 125 MCG	24
		DIGOX ORAL TABLET 250 MCG	24
		<i>digoxin oral solution</i>	24
		<i>digoxin oral tablet 125 mcg</i>	24
		<i>digoxin oral tablet 250 mcg</i>	24
		<i>digoxin oral tablet 62.5 mcg</i>	24
		<i>dihydroergotamine mesylate injection</i>	32
		<i>dihydroergotamine mesylate nasal</i>	32
		DILANTIN	32
		DILANTIN INFATABS	32
		DILAUDID ORAL LIQUID	12

DILAUDID ORAL TABLET 2 MG, 4 MG	12	<i>doxercalciferol oral</i>	50
<i>dilt-xr</i>	24	<i>doxorubicin hcl intravenous solution</i>	16
<i>diltiazem hcl er beads</i>	25	<i>doxorubicin hcl intravenous solution</i> <i>reconstituted</i>	16
<i>diltiazem hcl er coated beads oral capsule</i> <i>extended release 24 hour</i>	25	<i>doxorubicin hcl liposomal</i>	16
<i>diltiazem hcl er oral capsule extended release 12</i> <i>hour</i>	25	DOXY 100	68
<i>diltiazem hcl er oral capsule extended release 24</i> <i>hour 120 mg, 180 mg, 240 mg</i>	25	<i>doxycycline</i>	68
<i>diltiazem hcl er oral tablet extended release 24</i> <i>hour 180 mg, 240 mg, 300 mg, 360 mg, 420</i> <i>mg</i>	25	<i>doxycycline hyclate intravenous</i>	68
<i>diltiazem hcl intravenous solution</i>	25	<i>doxycycline hyclate oral capsule</i>	68
<i>diltiazem hcl intravenous solution</i> <i>reconstituted</i>	25	<i>doxycycline hyclate oral tablet 100 mg, 20</i> <i>mg</i>	68
<i>diltiazem hcl oral</i>	25	<i>doxycycline monohydrate oral capsule 100 mg, 50</i> <i>mg</i>	68
<i>diphenhydramine hcl injection</i>	78	<i>doxycycline monohydrate oral suspension</i> <i>reconstituted</i>	68
<i>diphenoxylate-atropine oral liquid</i>	54	<i>doxycycline monohydrate oral tablet</i>	68
<i>diphenoxylate-atropine oral tablet 2.5-0.025</i> <i>mg</i>	54	<i>dronabinol</i>	54
<i>diphtheria-tetanus toxoids dt</i>	63	<i>drospiren-eth estrad-levomefol</i>	58
DIPROLENE EXTERNAL OINTMENT	44	<i>drospirenone-ethinyl estradiol</i>	58
<i>dipyridamole oral</i>	22	DROXIA	22
<i>disopyramide phosphate oral</i>	25	<i>droxidopa oral capsule 100 mg</i>	25
<i>disulfiram oral</i>	32	<i>droxidopa oral capsule 200 mg</i>	25
<i>divalproex sodium er oral tablet extended</i> <i>release 24 hour</i>	32	<i>droxidopa oral capsule 300 mg</i>	25
<i>divalproex sodium oral capsule delayed release</i> <i>sprinkle</i>	32	DUAVEE	58
<i>divalproex sodium oral tablet delayed</i> <i>release</i>	32	DUETACT	50
DIVIGEL	58	DULERA	78
<i>dofetilide</i>	25	<i>duloxetine hcl oral capsule delayed release</i> <i>particles 20 mg</i>	32
DOLISHALE	58	<i>duloxetine hcl oral capsule delayed release</i> <i>particles 30 mg</i>	33
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	32	<i>duloxetine hcl oral capsule delayed release</i> <i>particles 40 mg</i>	33
<i>donepezil hcl oral tablet 23 mg</i>	32	<i>duloxetine hcl oral capsule delayed release</i> <i>particles 60 mg</i>	33
<i>donepezil hcl oral tablet dispersible</i>	32	DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	44
<i>dorzolamide hcl ophthalmic</i>	75	DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	44
<i>dorzolamide hcl-timolol mal</i>	75	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	44
<i>dorzolamide hcl-timolol mal pf ophthalmic</i> <i>solution 2-0.5 %</i>	75	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	44
DOTTI	58	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	45
DOVATO	68	<i>duramorph</i>	12
<i>doxazosin mesylate oral</i>	25	DUREZOL	75
<i>doxepin hcl oral capsule</i>	32	<i>dutasteride oral</i>	56
<i>doxepin hcl oral concentrate</i>	32	<i>dutasteride-tamsulosin hcl</i>	56
<i>doxepin hcl oral tablet</i>	32	DYSPORT	33
<i>doxercalciferol intravenous</i>	50		

E.E.S. 400 ORAL TABLET	68	SYRINGE 50 MG/ML	63
<i>ec-naproxen</i>	12	ENBREL SUBCUTANEOUS SOLUTION	
<i>econazole nitrate external</i>	45	RECONSTITUTED	63
EDARBI	25	ENBREL SURECLICK SUBCUTANEOUS SOLUTION	
EDARBYCLOR	25	AUTO-INJECTOR	63
EDURANT	68	ENDARI	22
<i>efavirenz oral capsule 200 mg</i>	68	ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG,	
<i>efavirenz oral capsule 50 mg</i>	68	5-325 MG, 7.5-325 MG	12
<i>efavirenz oral tablet</i>	68	ENGERIX-B INJECTION SUSPENSION 20	
<i>efavirenz-emtricitab-tenofo df</i>	69	MCG/ML	63
<i>efavirenz-lamivudine-tenofovir</i>	69	ENGERIX-B INJECTION SUSPENSION PREFILLED	
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ ...	48	SYRINGE	63
EGRIFTA SV	58	ENHERTU	16
<i>eletriptan hydrobromide</i>	33	ENILLORING	58
ELIDEL	45	<i>enoxaparin sodium injection solution 300 mg/</i>	
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 7.5 MG	16	<i>3ml</i>	22
ELIGARD SUBCUTANEOUS KIT 30 MG, 45 MG	16	<i>enoxaparin sodium injection solution prefilled</i>	
ELINEST	58	<i>syringe 100 mg/ml, 150 mg/ml</i>	22
ELIQUIS	22	<i>enoxaparin sodium injection solution prefilled</i>	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET		<i>syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	22
THERAPY PACK	22	<i>enoxaparin sodium injection solution prefilled</i>	
ELITEK	16	<i>syringe 30 mg/0.3ml</i>	22
ELIXOPHYLLIN	78	<i>enoxaparin sodium injection solution prefilled</i>	
ELMIRON	56	<i>syringe 40 mg/0.4ml</i>	22
ELURYNG	58	<i>enoxaparin sodium injection solution prefilled</i>	
EMCYT	16	<i>syringe 60 mg/0.6ml</i>	22
EMEND ORAL CAPSULE 80 MG	54	ENPRESSE-28	58
EMEND ORAL SUSPENSION RECONSTITUTED	54	ENSKYCE ORAL TABLET 0.15-30 MG-MCG	58
EMGALITY	33	<i>entacapone</i>	33
EMGALITY (300 MG DOSE)	33	<i>entecavir</i>	69
EMOQUETTE	58	ENTRESTO ORAL TABLET 24-26 MG	25
EMPLICITI	16	ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	25
EMSAM	33	<i>enulose</i>	54
<i>emtricitabine</i>	69	ENVARUSUS XR	63
<i>emtricitabine-tenofovir df oral tablet 100-150 mg,</i>		EPCLUSA ORAL PACKET 150-37.5 MG	69
<i>133-200 mg, 167-250 mg</i>	69	EPCLUSA ORAL PACKET 200-50 MG	69
<i>emtricitabine-tenofovir df oral tablet 200-300</i>		EPCLUSA ORAL TABLET 200-50 MG	69
<i>mg</i>	69	EPCLUSA ORAL TABLET 400-100 MG	69
EMTRIVA ORAL CAPSULE	69	EPIDIOLEX	33
EMTRIVA ORAL SOLUTION	69	EPIDUO	45
<i>enalapril maleate oral tablet</i>	25	<i>epinastine hcl</i>	75
<i>enalapril-hydrochlorothiazide</i>	25	<i>epinephrine (anaphylaxis)</i>	78
ENBREL MINI	63	<i>epinephrine injection solution 0.3 mg/0.3ml</i>	78
ENBREL SUBCUTANEOUS SOLUTION 25		<i>epinephrine injection solution auto-injector 0.15</i>	
MG/0.5ML	63	<i>mg/0.3ml, 0.3 mg/0.3ml</i>	78
ENBREL SUBCUTANEOUS SOLUTION PREFILLED		EPIPEN JR 2-PAK INJECTION SOLUTION	
SYRINGE 25 MG/0.5ML	63	AUTO-INJECTOR	78
ENBREL SUBCUTANEOUS SOLUTION PREFILLED		EPITOL	33
		EPIVIR HBV ORAL SOLUTION	69

EPIVIR HBV ORAL TABLET	69	<i>release</i>	54
EPIVIR ORAL SOLUTION	69	<i>esomeprazole sodium intravenous solution</i>	
EPIVIR ORAL TABLET 150 MG	69	<i>reconstituted 40 mg</i>	54
EPIVIR ORAL TABLET 300 MG	69	ESTARYLLA	58
<i>eplerenone</i>	25	<i>estazolam</i>	33
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	22	ESTRACE ORAL	58
EPRONTIA	33	<i>estradiol oral</i>	58
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG	33	<i>estradiol transdermal gel</i>	58
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG	33	<i>estradiol transdermal patch twice weekly</i>	58
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG	33	<i>estradiol transdermal patch weekly</i>	58
ERBITUX	16	<i>estradiol vaginal</i>	58
<i>ergoloid mesylates oral</i>	33	<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	58
ERGOMAR	33	<i>estradiol-norethindrone acet</i>	58
<i>ergotamine-caffeine</i>	33	ESTRING	58
ERIVEDGE	16	<i>eszopiclone</i>	33
ERLEADA	16	<i>ethambutol hcl oral</i>	69
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	16	<i>ethosuximide oral</i>	33
<i>erlotinib hcl oral tablet 25 mg</i>	16	<i>ethynodiol diac-eth estradiol</i>	58
ERRIN	58	<i>etodolac er</i>	12
<i>ertapenem sodium</i>	69	<i>etodolac oral</i>	12
<i>ery</i>	45	<i>etonogestrel-ethinyl estradiol</i>	58
ERY-TAB	69	<i>etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i>	16
ERYGEL	45	<i>etravirine oral tablet 100 mg</i>	69
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	69	<i>etravirine oral tablet 200 mg</i>	69
ERYTHROCIN STEARATE ORAL TABLET 250 MG ...	69	EUTHYROX	58
<i>erythromycin base oral</i>	69	EVAMIST	58
<i>erythromycin ethylsuccinate oral</i>	69	EVEKEO ORAL TABLET 10 MG	33
<i>erythromycin external gel</i>	45	EVEKEO ORAL TABLET 5 MG	33
<i>erythromycin external solution</i>	45	<i>everolimus oral tablet 0.25 mg</i>	63
<i>erythromycin lactobionate</i>	69	<i>everolimus oral tablet 0.5 mg, 0.75 mg</i>	63
<i>erythromycin ophthalmic</i>	75	<i>everolimus oral tablet 1 mg</i>	63
<i>erythromycin oral</i>	69	<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	16
<i>erythromycin stearate oral tablet 250 mg</i>	69	<i>everolimus oral tablet soluble</i>	16
ESBRIET ORAL TABLET 267 MG	78	EVOTAZ	69
ESBRIET ORAL TABLET 801 MG	78	EXELDERM	45
<i>escitalopram oxalate oral solution</i>	33	<i>exemestane</i>	16
<i>escitalopram oxalate oral tablet 10 mg</i>	33	EXKIVITY	16
<i>escitalopram oxalate oral tablet 20 mg</i>	33	<i>ezetimibe</i>	25
<i>escitalopram oxalate oral tablet 5 mg</i>	33	<i>ezetimibe-simvastatin</i>	25
ESGIC ORAL CAPSULE	33	FABRAZYME	56
ESGIC ORAL TABLET	33	FALMINA	58
<i>esomeprazole magnesium oral capsule delayed</i>		<i>famciclovir oral tablet 125 mg, 250 mg</i>	69
		<i>famciclovir oral tablet 500 mg</i>	69
		<i>famotidine (pf)</i>	54

<i>famotidine intravenous solution 200 mg/20ml, 40 mg/4ml</i>	54	SYRINGE	22
<i>famotidine oral suspension reconstituted</i>	54	FIRDAPSE	33
<i>famotidine oral tablet 20 mg, 40 mg</i>	54	FIRMAGON (240 MG DOSE)	16
<i>famotidine premixed</i>	54	FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	16
FANAPT ORAL TABLET 1 MG	33	FIRVANQ	69
FANAPT ORAL TABLET 10 MG, 12 MG	33	FLAC	77
FANAPT ORAL TABLET 2 MG	33	FLAGYL ORAL CAPSULE	69
FANAPT ORAL TABLET 4 MG	33	FLAREX	75
FANAPT ORAL TABLET 6 MG	33	<i>flavoxate hcl</i>	56
FANAPT ORAL TABLET 8 MG	33	<i>flecainide acetate</i>	25
FANAPT TITRATION PACK	33	<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	69
FARXIGA	50	<i>fluconazole oral</i>	69
FASENRA	78	<i>flucytosine oral</i>	69
FASENRA PEN	78	<i>fludrocortisone acetate oral</i>	59
<i>febuxostat</i>	12	<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	78
<i>felbamate</i>	33	<i>fluocinolone acetonide body</i>	45
FELDENE	12	<i>fluocinolone acetonide external</i>	45
<i>felodipine er</i>	25	<i>fluocinolone acetonide otic</i>	77
FEMRING	59	<i>fluocinolone acetonide scalp</i>	45
FEMYNOR	59	<i>fluocinonide emulsified base</i>	45
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	25	<i>fluocinonide external cream 0.05 %</i>	45
<i>fenofibrate oral capsule 134 mg, 200 mg, 50 mg, 67 mg</i>	25	<i>fluocinonide external cream 0.1 %</i>	45
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	25	<i>fluocinonide external gel</i>	45
<i>fenofibrate oral tablet 40 mg</i>	25	<i>fluocinonide external ointment</i>	45
<i>fenofibric acid oral capsule delayed release</i>	25	<i>fluocinonide external solution</i>	45
FENOGLIDE ORAL TABLET 40 MG	25	<i>fluorometholone ophthalmic</i>	75
<i>fenoprofen calcium oral tablet</i>	12	<i>fluorouracil external cream 5 %</i>	45
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 600 mcg, 800 mcg</i>	12	<i>fluorouracil external solution</i>	45
<i>fentanyl citrate buccal lozenge on a handle 200 mcg, 400 mcg</i>	12	<i>fluorouracil intravenous</i>	16
<i>fentanyl citrate buccal tablet</i>	12	<i>fluoxetine hcl oral capsule 10 mg</i>	33
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	12	<i>fluoxetine hcl oral capsule 20 mg</i>	33
FERRIPROX ORAL SOLUTION	50	<i>fluoxetine hcl oral capsule 40 mg</i>	33
<i>fesoterodine fumarate er</i>	56	<i>fluoxetine hcl oral capsule delayed release</i>	33
FETZIMA	33	<i>fluoxetine hcl oral solution</i>	33
FETZIMA TITRATION	33	<i>fluphenazine decanoate injection</i>	34
FINACEA EXTERNAL GEL	45	<i>fluphenazine hcl injection</i>	34
<i>finasteride oral tablet 5 mg</i>	56	<i>fluphenazine hcl oral</i>	34
<i> fingolimod hcl</i>	33	<i>flurandrenolide</i>	45
FINTEPLA	33	<i>flurbiprofen oral tablet 100 mg</i>	12
FINZALA	59	<i>flurbiprofen sodium</i>	75
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED		<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act</i>	78
		<i>fluticasone propionate diskus inhalation aerosol</i>	

powder breath activated 250 mcg/act	78	UNIT/4ML	22
fluticasone propionate external	45	FRAGMIN SUBCUTANEOUS SOLUTION 95000	
fluticasone propionate hfa inhalation aerosol 110 mcg/act	78	UNIT/3.8ML	22
fluticasone propionate hfa inhalation aerosol 220 mcg/act	78	FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 7500 UNIT/0.3ML	22
fluticasone propionate hfa inhalation aerosol 44 mcg/act	78	FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	22
fluticasone propionate nasal	78	frovatriptan succinate	34
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	78	FRUZAQLA ORAL CAPSULE 1 MG	16
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	78	FRUZAQLA ORAL CAPSULE 5 MG	16
fluvastatin sodium	25	FULPHILA	22
fluvastatin sodium er	25	fulvestrant intramuscular solution prefilled syringe	16
flvoxamine maleate er oral capsule extended release 24 hour 100 mg	34	furosemide injection	25
flvoxamine maleate er oral capsule extended release 24 hour 150 mg	34	furosemide oral solution 10 mg/ml	25
flvoxamine maleate oral tablet 100 mg	34	furosemide oral solution 8 mg/ml	25
flvoxamine maleate oral tablet 25 mg, 50 mg	34	furosemide oral tablet	25
FML FORTE	75	FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	69
FOCALIN	34	FYAVOLV	59
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	34	FYCOMPA ORAL SUSPENSION	34
fondaparinux sodium subcutaneous solution 10 mg/0.8ml	22	FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	34
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	22	FYCOMPA ORAL TABLET 2 MG	34
fondaparinux sodium subcutaneous solution 5 mg/0.4ml	22	gabapentin oral capsule 100 mg	34
fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml	22	gabapentin oral capsule 300 mg	34
formoterol fumarate inhalation	78	gabapentin oral capsule 400 mg	34
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	50	gabapentin oral solution	34
FORTESTA	59	gabapentin oral tablet 600 mg	34
FOSAMAX ORAL TABLET 70 MG	50	gabapentin oral tablet 800 mg	34
FOSAMAX PLUS D	50	GABITRIL ORAL TABLET 12 MG	34
fosamprenavir calcium	69	GABITRIL ORAL TABLET 16 MG, 2 MG, 4 MG	34
fosfomycin tromethamine	69	galantamine hydrobromide er	34
fosinopril sodium	25	galantamine hydrobromide oral solution	34
fosinopril sodium-hctz	25	galantamine hydrobromide oral tablet	34
FOTIVDA	16	GAMUNEX-C	63
FRAGMIN SUBCUTANEOUS SOLUTION 10000		ganciclovir sodium intravenous solution reconstituted	69
		GARDASIL 9	63
		GASTROCROM	56
		gatifloxacin ophthalmic	75
		GATTEX	54
		GAUZE STERILE PADS 2	74
		GAVILYTE-C	54
		GAVILYTE-G	54

GAVILYTE-N WITH FLAVOR PACK	54	10 mg	50
GAVRETO	16	glipizide er oral tablet extended release 24 hour	
GAZYVA	16	2.5 mg	50
gefitinib	16	glipizide er oral tablet extended release 24 hour 5	
gemcitabine hcl intravenous solution 1 gm/10ml, 2		mg	50
gm/20ml, 2 gm/52.6ml, 200 mg/2ml	16	glipizide oral tablet 10 mg	50
gemcitabine hcl intravenous solution 1 gm/26.3ml,		glipizide oral tablet 2.5 mg	50
200 mg/5.26ml	16	glipizide oral tablet 5 mg	50
gemcitabine hcl intravenous solution		glipizide xl oral tablet extended release 24 hour	
reconstituted 1 gm, 2 gm	16	10 mg	50
gemcitabine hcl intravenous solution		glipizide xl oral tablet extended release 24 hour	
reconstituted 200 mg	16	2.5 mg	50
gemfibrozil oral	25	glipizide xl oral tablet extended release 24 hour 5	
GEMTESA	56	mg	50
generlac	54	glipizide-metformin hcl oral tablet 2.5-250	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	64	mg	50
GENGRAF ORAL SOLUTION	64	glipizide-metformin hcl oral tablet 2.5-500 mg,	
GENOTROPIN MINIQUICK SUBCUTANEOUS		5-500 mg	50
PREFILLED SYRINGE 0.2 MG	59	GLUCAGEN HYPOKIT	50
GENOTROPIN MINIQUICK SUBCUTANEOUS		GLUCAGON EMERGENCY INJECTION KIT	50
PREFILLED SYRINGE 0.4 MG, 0.6 MG, 0.8 MG, 1 MG,		glyburide micronized oral tablet 1.5 mg	50
1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	59	glyburide micronized oral tablet 3 mg	50
GENOTROPIN SUBCUTANEOUS CARTRIDGE	59	glyburide micronized oral tablet 6 mg	50
GENTAK OPHTHALMIC OINTMENT	75	glyburide oral tablet 1.25 mg	50
gentamicin in saline intravenous solution 0.8-0.9		glyburide oral tablet 2.5 mg	50
mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9		glyburide oral tablet 5 mg	50
mg/ml-%	69	glyburide-metformin oral tablet 1.25-250 mg ...	50
gentamicin in saline intravenous solution 2-0.9		glyburide-metformin oral tablet 2.5-500 mg, 5-500	
mg/ml-%	69	mg	50
gentamicin sulfate external	45	glycopyrrolate injection solution	54
gentamicin sulfate injection	69	glycopyrrolate oral tablet 1 mg, 2 mg	54
gentamicin sulfate ophthalmic solution	75	GLYDO EXTERNAL PREFILLED SYRINGE	12
GENVOYA	69	GLYNASE ORAL TABLET 3 MG	50
GILENYA ORAL CAPSULE 0.25 MG	34	GLYXAMBI	50
GILOTRIF	16	granisetron hcl intravenous solution 1 mg/ml, 4	
glatiramer acetate subcutaneous solution		mg/4ml	54
prefilled syringe 20 mg/ml	34	granisetron hcl oral	54
glatiramer acetate subcutaneous solution		GRANIX	22
prefilled syringe 40 mg/ml	34	griseofulvin microsize oral	70
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED		griseofulvin ultramicrosize	70
SYRINGE 20 MG/ML	34	guanfacine hcl er	34
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED		guanfacine hcl oral	25
SYRINGE 40 MG/ML	34	HAILEY 1.5/30	59
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40		HAILEY 24 FE	59
MG	16	HAILEY FE 1.5/30	59
glimepiride oral tablet 1 mg	50	HAILEY FE 1/20	59
glimepiride oral tablet 2 mg	50	halobetasol propionate external cream	45
glimepiride oral tablet 4 mg	50	halobetasol propionate external ointment	45
glipizide er oral tablet extended release 24 hour			

HALOETTE	59	HUMIRA PEDIATRIC CROHNS START	
HALOG EXTERNAL OINTMENT	45	SUBCUTANEOUS PREFILLED SYRINGE KIT 80	
<i>haloperidol decanoate intramuscular</i>	34	MG/0.8ML	64
<i>haloperidol lactate injection</i>	34	HUMIRA PEDIATRIC CROHNS START	
<i>haloperidol lactate oral</i>	34	SUBCUTANEOUS PREFILLED SYRINGE KIT 80	
<i>haloperidol oral</i>	34	MG/0.8ML & 40MG/0.4ML	64
HARVONI	70	HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR	
HAVRIX	64	KIT	64
HEATHER	59	HUMIRA PEN-PEDIATRIC UC START	64
<i>heparin (porcine) in nacl intravenous solution</i>		HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	
12500-0.45 ut/250ml-%, 25000-0.45 ut/250ml-%,		40 MG/0.8ML	64
25000-0.45 ut/500ml-%	22	HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS	
<i>heparin sod (porcine) in d5w intravenous solution</i>		PEN-INJECTOR KIT 40 MG/0.8ML	64
100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/		HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS	
ml-%	22	PEN-INJECTOR KIT 80 MG/0.8ML	64
<i>heparin sodium (porcine) injection solution 1000</i>		HUMIRA-PS/UV/ADOL HS STARTER	64
unit/ml, 10000 unit/ml, 20000 unit/ml, 5000		HUMIRA-PSORIASIS/UEVEIT STARTER	64
unit/ml	22	HUMULIN 70/30	51
<i>heparin sodium (porcine) pf injection solution</i>		HUMULIN 70/30 KWIKPEN SUBCUTANEOUS	
1000 unit/ml	22	SUSPENSION PEN-INJECTOR	51
HEPLISAV-B INTRAMUSCULAR SOLUTION		HUMULIN N	51
PREFILLED SYRINGE	64	HUMULIN N KWIKPEN SUBCUTANEOUS	
HERCEPTIN HYLECTA	16	SUSPENSION PEN-INJECTOR	51
HERCEPTIN INTRAVENOUS SOLUTION		HUMULIN R	51
RECONSTITUTED 150 MG	16	HUMULIN R U-500 (CONCENTRATED)	51
HIBERIX INJECTION	64	HUMULIN R U-500 KWIKPEN SUBCUTANEOUS	
HIDEX 6-DAY	59	SOLUTION PEN-INJECTOR	51
HIPREX	70	<i>hydralazine hcl injection</i>	25
HUMALOG INJECTION	50	<i>hydralazine hcl oral</i>	25
HUMALOG JUNIOR KWIKPEN	50	HYDREA	16
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION		<i>hydrochlorothiazide oral</i>	25
PEN-INJECTOR	50	<i>hydrocodone-acetaminophen oral solution</i>	
HUMALOG MIX 50/50	50	2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS		15ml	12
SUSPENSION PEN-INJECTOR	50	<i>hydrocodone-acetaminophen oral tablet 10-300</i>	
HUMALOG MIX 75/25	50	mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg,	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS		7.5-325 mg	12
SUSPENSION PEN-INJECTOR	51	<i>hydrocodone-ibuprofen oral tablet 10-200 mg,</i>	
HUMALOG SUBCUTANEOUS SOLUTION		5-200 mg, 7.5-200 mg	12
CARTRIDGE	51	<i>hydrocortisone (perianal) external cream 1</i>	
HUMATROPE INJECTION CARTRIDGE	59	%	45
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT		<i>hydrocortisone (perianal) external cream 2.5</i>	
40 MG/0.4ML, 40 MG/0.8ML	64	%	45
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT		<i>hydrocortisone butyr lipo base</i>	45
80 MG/0.8ML	64	<i>hydrocortisone butyrate external cream</i>	45
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED		<i>hydrocortisone butyrate external lotion</i>	45
SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	64	<i>hydrocortisone butyrate external ointment</i>	45
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED		<i>hydrocortisone butyrate external solution</i>	45
SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	64	<i>hydrocortisone external cream 1 %, 2.5 %</i>	45

<i>hydrocortisone external lotion 2.5 %</i>	45	IMFINZI	17
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	45	<i>imipenem-cilastatin</i>	70
<i>hydrocortisone oral</i>	54	<i>imipramine hcl oral</i>	34
<i>hydrocortisone rectal enema</i>	54	<i>imipramine pamoate oral capsule 125 mg, 150</i>	
<i>hydrocortisone valerate</i>	45	<i>mg</i>	34
<i>hydrocortisone-acetic acid</i>	77	<i>imiquimod external cream 5 %</i>	45
<i>hydromorphone hcl injection solution 1 mg/ml, 2</i>		IMITREX NASAL SOLUTION 5 MG/ACT	34
<i>mg/ml, 4 mg/ml</i>	12	IMITREX ORAL TABLET 25 MG	34
<i>hydromorphone hcl oral liquid</i>	12	IMITREX STATDOSE REFILL SUBCUTANEOUS	
<i>hydromorphone hcl oral tablet</i>	13	<i>SOLUTION CARTRIDGE 4 MG/0.5ML</i>	34
<i>hydromorphone hcl pf injection solution 1 mg/ml,</i>		IMITREX STATDOSE SYSTEM SUBCUTANEOUS	
<i>4 mg/ml</i>	13	<i>SOLUTION AUTO-INJECTOR 4 MG/0.5ML</i>	34
<i>hydromorphone hcl pf injection solution 10 mg/</i>		IMOGAM RABIES-HT INJECTION SOLUTION 300	
<i>ml, 50 mg/5ml, 500 mg/50ml</i>	13	<i>UNIT/2ML</i>	64
<i>hydroxychloroquine sulfate oral tablet 200</i>		IMOVAX RABIES INTRAMUSCULAR SUSPENSION	
<i>mg</i>	70	<i>RECONSTITUTED</i>	64
<i>hydroxyurea oral</i>	16	IMVEXXY MAINTENANCE PACK	59
<i>hydroxyzine hcl intramuscular</i>	78	IMVEXXY STARTER PACK	59
<i>hydroxyzine hcl oral syrup</i>	78	INCASSIA	59
<i>hydroxyzine hcl oral tablet</i>	78	INCRELEX	59
<i>hydroxyzine pamoate oral</i>	78	<i>indapamide oral</i>	25
<i>hyoscyamine sulfate oral tablet</i>	54	<i>indomethacin er</i>	13
<i>hyoscyamine sulfate oral tablet dispersible</i>	54	<i>indomethacin oral capsule 25 mg, 50 mg</i>	13
<i>hyoscyamine sulfate sublingual</i>	54	INFANRIX	64
HYPERRAB	64	<i>infliximab</i>	64
<i>ibandronate sodium intravenous</i>	51	INGREZZA ORAL CAPSULE 40 MG	34
<i>ibandronate sodium oral</i>	51	INGREZZA ORAL CAPSULE 60 MG, 80 MG	35
IBRANCE	17	INGREZZA ORAL CAPSULE THERAPY PACK	35
IBU	13	INLYTA ORAL TABLET 1 MG	17
<i>ibuprofen oral suspension</i>	13	INLYTA ORAL TABLET 5 MG	17
<i>ibuprofen oral tablet 400 mg, 600 mg, 800</i>		INPEN 100-BLUE-LILLY-HUMALOG	74
<i>mg</i>	13	INPEN 100-BLUE-NOVOLOG-FIASP	74
<i>icatibant acetate</i>	22	INPEN 100-GREY-LILLY-HUMALOG	74
ICLEVIA	59	INPEN 100-GREY-NOVOLOG-FIASP	74
ICLUSIG	17	INPEN 100-PINK-LILLY-HUMALOG	74
<i>icosapent ethyl</i>	25	INPEN 100-PINK-NOVOLOG-FIASP	74
IDHIFA ORAL TABLET 100 MG	17	INQOVI	17
IDHIFA ORAL TABLET 50 MG	17	INREBIC	17
ILARIS SUBCUTANEOUS SOLUTION	64	INSPRA	25
ILEVRO	75	<i>insulin lispro (1 unit dial)</i>	51
<i>imatinib mesylate oral tablet 100 mg</i>	17	<i>insulin lispro injection</i>	51
<i>imatinib mesylate oral tablet 400 mg</i>	17	<i>insulin lispro junior kwikpen</i>	51
IMBRUVICA ORAL CAPSULE 140 MG	17	<i>insulin lispro prot & lispro</i>	51
IMBRUVICA ORAL CAPSULE 70 MG	17	INSULIN PEN NEEDLE	74
IMBRUVICA ORAL SUSPENSION	17	INSULIN SYRINGE	74
IMBRUVICA ORAL TABLET 140 MG	17	INTELENCE ORAL TABLET 25 MG	70
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560		INTRALIPID INTRAVENOUS EMULSION 20 %	48
<i>MG</i>	17	INTRALIPID INTRAVENOUS EMULSION 30 %	48

INTROVALE	59	ISIBLOOM	59
INTUNIV	35	ISOLYTE-P IN D5W	48
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	35	ISOLYTE-S	48
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	35	ISOLYTE-S PH 7.4	48
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	35	<i>isoniazid injection</i>	70
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	35	<i>isoniazid oral syrup</i>	70
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	35	<i>isoniazid oral tablet</i>	70
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	35	ISORDIL TITRADOSE ORAL TABLET 5 MG	26
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	35	<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	26
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	35	<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	26
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	35	<i>isosorbide dinitrate oral tablet 40 mg</i>	26
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	35	<i>isosorbide mononitrate</i>	26
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	35	<i>isosorbide mononitrate er</i>	26
INVELTYS	75	<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 35 mg, 40 mg</i>	45
INVOKAMET	51	<i>isotretinoin oral capsule 25 mg</i>	45
INVOKAMET XR	51	<i>isradipine</i>	26
INVOKANA	51	<i>itraconazole oral capsule</i>	70
IOPIDINE OPHTHALMIC SOLUTION 1 %	75	<i>ivermectin oral</i>	70
IPOL	64	IWILFIN	17
<i>ipratropium bromide inhalation</i>	78	IXCHIQ	64
<i>ipratropium bromide nasal</i>	78	IXIARO	64
<i>ipratropium-albuterol</i>	78	JAIMIESS	59
<i>irbesartan</i>	25	JAKAFI	17
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	25	JALYN	56
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	26	JANTOVEN	22
<i>irinotecan hcl intravenous solution 100 mg/ 5ml</i>	17	JANUMET	51
<i>irinotecan hcl intravenous solution 300 mg/15ml, 40 mg/2ml</i>	17	JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	51
<i>irinotecan hcl intravenous solution 500 mg/ 25ml</i>	17	JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	51
ISENTRESS HD	70	JANUVIA ORAL TABLET 100 MG	51
ISENTRESS ORAL PACKET	70	JANUVIA ORAL TABLET 25 MG	51
ISENTRESS ORAL TABLET	70	JANUVIA ORAL TABLET 50 MG	51
ISENTRESS ORAL TABLET CHEWABLE 100 MG	70	JARDIANCE	51
ISENTRESS ORAL TABLET CHEWABLE 25 MG	70	JASMIEL	59
		JAVYGTOR	56
		JAYPIRCA ORAL TABLET 100 MG	17
		JAYPIRCA ORAL TABLET 50 MG	17
		JENCYCLA	59
		JENTADUETO	51
		JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	51
		JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	51
		JEVTANA	17

JINTELI	59	SYRINGE	64
JOLESSA	59	KISQALI (200 MG DOSE)	17
JULEBER	59	KISQALI (400 MG DOSE)	17
JULUCA	70	KISQALI (600 MG DOSE)	17
JUNEL 1.5/30	59	KISQALI FEMARA (200 MG DOSE)	17
JUNEL 1/20	59	KISQALI FEMARA (400 MG DOSE)	17
JUNEL FE 1.5/30	59	KISQALI FEMARA (600 MG DOSE)	17
JUNEL FE 1/20	59	KLARON	46
JUNEL FE 24	59	KLAYESTA	46
JUST RIGHT 5000 DENTAL PASTE	45	KLOR-CON 10	48
JYNNEOS	64	KLOR-CON M10	48
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	48	KLOR-CON M15	48
KADCYLA	17	KLOR-CON M20	48
KAITLIB FE	59	KLOR-CON ORAL TABLET EXTENDED RELEASE	48
KALETRA ORAL TABLET 100-25 MG	70	KLOR-CON/EF	48
KALLIGA	59	KORLYM	59
KALYDECO ORAL TABLET	78	KOSELUGO	74
KARIVA	59	KOURZEQ	46
<i>kcl (0.149%) in nacl intravenous solution 20-0.45 meq/l-%</i>	48	KRAZATI	17
<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>	48	KURVELO	59
<i>kcl-lactated ringers-d5w</i>	48	KYLEENA	59
<i>kedrab injection</i>	64	KYPROLIS	17
KELNOR 1/35	59	<i>labetalol hcl intravenous solution</i>	26
KELNOR 1/50	59	<i>labetalol hcl oral</i>	26
KENALOG EXTERNAL	45	<i>lacosamide intravenous</i>	35
KERENDIA	51	<i>lacosamide oral solution</i>	35
KESIMPTA	35	<i>lacosamide oral tablet</i>	35
<i>ketoconazole external cream</i>	45	<i>lactated ringers intravenous</i>	48
<i>ketoconazole external foam</i>	45	<i>lactated ringers irrigation</i>	74
<i>ketoconazole external shampoo 2 %</i>	45	<i>lactulose encephalopathy</i>	54
<i>ketoconazole oral</i>	70	<i>lactulose oral solution</i>	54
KETODAN EXTERNAL FOAM	46	LAGEVRIO	70
<i>ketoprofen er</i>	13	LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 25 MG, 50 MG	35
<i>ketoprofen oral capsule 50 mg</i>	13	LAMICTAL ODT ORAL TABLET DISPERSIBLE 200 MG	35
<i>ketorolac tromethamine injection solution 15 mg/ ml, 30 mg/ml</i>	13	LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	35
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	13	LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG	35
<i>ketorolac tromethamine ophthalmic</i>	75	LAMICTAL XR ORAL KIT 50 & 100 & 200 MG	35
<i>ketorolac tromethamine oral</i>	13	<i>lamivudine oral solution</i>	70
KEYTRUDA INTRAVENOUS SOLUTION	17	<i>lamivudine oral tablet 100 mg</i>	70
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED		<i>lamivudine oral tablet 150 mg</i>	70
		<i>lamivudine oral tablet 300 mg</i>	70
		<i>lamivudine-zidovudine</i>	70
		<i>lamotrigine er</i>	35

<i>lamotrigine oral tablet</i>	35	LEUKINE INJECTION SOLUTION	
<i>lamotrigine oral tablet chewable</i>	35	RECONSTITUTED	22
<i>lamotrigine oral tablet dispersible</i>	35	<i>leuprolide acetate (3 month)</i>	18
<i>lamotrigine starter kit-blue</i>	35	<i>leuprolide acetate injection</i>	18
<i>lamotrigine starter kit-orange</i>	35	<i>levabuterol hcl inhalation nebulization solution</i> 0.31 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	78
LANOXIN ORAL TABLET 125 MCG	26	<i>levabuterol hcl inhalation nebulization solution</i> 0.63 mg/3ml	78
LANOXIN ORAL TABLET 250 MCG	26	<i>levabuterol tartrate</i>	78
<i>lanreotide acetate</i>	59	LEVEMIR	51
<i>lansoprazole oral capsule delayed release 15</i> <i>mg</i>	54	<i>levetiracetam er oral tablet extended release 24</i> <i>hour 500 mg</i>	35
<i>lansoprazole oral capsule delayed release 30</i> <i>mg</i>	54	<i>levetiracetam er oral tablet extended release 24</i> <i>hour 750 mg</i>	35
<i>lanthanum carbonate</i>	51	<i>levetiracetam intravenous</i>	35
LANTUS	51	<i>levetiracetam oral</i>	35
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	51	LEVO-T	59
<i>lapatinib ditosylate</i>	17	<i>levobunolol hcl ophthalmic solution 0.5 %</i>	75
LARIN 1.5/30	59	<i>levocarnitine oral solution</i>	48
LARIN 1/20	59	<i>levocarnitine oral tablet</i>	48
LARIN 24 FE	59	<i>levocarnitine sf</i>	48
LARIN FE 1.5/30	59	<i>levocetirizine dihydrochloride oral solution</i>	79
LARIN FE 1/20	59	<i>levocetirizine dihydrochloride oral tablet</i>	79
<i>latanoprost ophthalmic</i>	75	<i>levofloxacin in d5w</i>	70
LAYOLIS FE	59	<i>levofloxacin intravenous</i>	70
<i>ledipasvir-sofosbuvir</i>	70	<i>levofloxacin ophthalmic</i>	75
LEENA	59	<i>levofloxacin oral solution</i>	70
<i>leflunomide oral</i>	64	<i>levofloxacin oral tablet</i>	70
<i>lenalidomide oral capsule 10 mg</i>	17	LEVONEST	59
<i>lenalidomide oral capsule 15 mg, 2.5 mg, 20 mg, 25</i> <i>mg</i>	17	<i>levonorg-eth estrad triphasic oral tablet</i> 50-30/75-40/ 125-30 mcg	59
<i>lenalidomide oral capsule 5 mg</i>	17	<i>levonorgest-eth est & eth est</i>	59
LENVIMA (10 MG DAILY DOSE)	17	<i>levonorgest-eth estrad 91-day</i>	59
LENVIMA (12 MG DAILY DOSE)	17	<i>levonorgestrel-ethinyl estrad</i>	59
LENVIMA (14 MG DAILY DOSE)	17	LEVORA 0.15/30 (28)	59
LENVIMA (18 MG DAILY DOSE)	17	<i>levothyroxine sodium oral tablet</i>	59
LENVIMA (20 MG DAILY DOSE)	17	LEVOXYL	59
LENVIMA (24 MG DAILY DOSE)	17	LEXIVA ORAL SUSPENSION	70
LENVIMA (4 MG DAILY DOSE)	17	<i>lidocaine external ointment 5 %</i>	13
LENVIMA (8 MG DAILY DOSE)	18	<i>lidocaine external patch 5 %</i>	13
LESCOL XL	26	<i>lidocaine hcl (pf) injection solution 1 %, 1.5 %</i>	13
LESSINA	59	<i>lidocaine hcl external solution</i>	13
<i>letrozole oral</i>	18	<i>lidocaine hcl injection solution 0.5 %, 1 %, 2 %</i>	13
<i>leucovorin calcium injection solution 100 mg/</i> <i>10ml</i>	18	<i>lidocaine hcl mouth/throat</i>	13
<i>leucovorin calcium injection solution</i> <i>reconstituted</i>	18	<i>lidocaine hcl urethral/mucosal</i>	13
<i>leucovorin calcium oral</i>	18	<i>lidocaine viscous hcl</i>	13
LEUKERAN	18	<i>lidocaine-prilocaine external cream</i>	13
		LILETTA (52 MG) INTRAUTERINE INTRAUTERINE	

DEVICE 20.1 MCG/DAY	60	<i>losartan potassium-hctz</i>	26
LINCOCIN	70	LOSEASONIQUE	60
<i>lincomycin hcl injection</i>	70	LOTEMAX OPHTHALMIC OINTMENT	75
<i>lindane external shampoo</i>	46	LOTEMAX SM	75
<i>linezolid in sodium chloride</i>	70	LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	26
<i>linezolid intravenous solution 600 mg/ 300ml</i>	70	<i>loteprednol etabonate ophthalmic gel</i>	76
<i>linezolid oral suspension reconstituted</i>	70	<i>loteprednol etabonate ophthalmic suspension 0.2 %</i>	76
<i>linezolid oral tablet</i>	70	<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	76
LINZESS	54	LOTREL ORAL CAPSULE 10-40 MG	26
<i>liothyronine sodium intravenous</i>	60	<i>lovastatin oral</i>	26
<i>liothyronine sodium oral</i>	60	LOW-OGESTREL	60
LIPOFEN ORAL CAPSULE 150 MG	26	<i>loxapine succinate oral</i>	36
LIPOFEN ORAL CAPSULE 50 MG	26	<i>lubiprostone</i>	54
<i>lisinopril oral</i>	26	<i>luliconazole</i>	46
<i>lisinopril-hydrochlorothiazide</i>	26	LUMAKRAS ORAL TABLET 120 MG	18
<i>lithium</i>	35	LUMAKRAS ORAL TABLET 320 MG	18
<i>lithium carbonate er</i>	35	LUMIGAN OPHTHALMIC SOLUTION 0.01 %	76
<i>lithium carbonate oral capsule 150 mg, 300 mg</i>	36	LUMIZYME	56
<i>lithium carbonate oral capsule 600 mg</i>	36	LUPRON DEPOT (1-MONTH)	18
<i>lithium carbonate oral tablet</i>	36	LUPRON DEPOT (3-MONTH)	18
LO-ZUMANDIMINE	60	LUPRON DEPOT (4-MONTH)	18
LOCOID EXTERNAL LOTION	46	LUPRON DEPOT (6-MONTH)	18
LOCOID LIPOCREAM	46	LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	60
LOESTRIN 1.5/30 (21)	60	<i>lurasidone hcl oral tablet 120 mg</i>	36
LOESTRIN FE 1.5/30	60	<i>lurasidone hcl oral tablet 20 mg, 40 mg, 60 mg</i>	36
LOESTRIN FE 1/20	60	<i>lurasidone hcl oral tablet 80 mg</i>	36
LOJAIMIESS	60	LUTERA	60
LOKELMA	51	LUZU	46
LONSURF	18	LYBALVI	36
<i>loperamide hcl oral capsule</i>	54	LYLEQ	60
LOPID	26	LYNPARZA ORAL TABLET	18
<i>lopinavir-ritonavir oral solution</i>	70	LYSODREN	18
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	70	LYTGOBI (12 MG DAILY DOSE)	18
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	70	LYTGOBI (16 MG DAILY DOSE)	18
<i>lorazepam injection</i>	36	LYTGOBI (20 MG DAILY DOSE)	18
LORAZEPAM INTENSOL	36	LYUMJEV	51
<i>lorazepam oral concentrate</i>	36	LYUMJEV KWIKPEN	51
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	36	LYZA	60
<i>lorazepam oral tablet 2 mg</i>	36	M-M-R II INJECTION	64
LORBRENA ORAL TABLET 100 MG	18	MACRODANTIN	70
LORBRENA ORAL TABLET 25 MG	18	<i>mafenide acetate external</i>	46
LORYNA	60	<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	48
<i>losartan potassium oral tablet 100 mg</i>	26	<i>magnesium sulfate intravenous solution 2 gm/</i>	
<i>losartan potassium oral tablet 25 mg, 50 mg</i>	26		

50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml	48	mg/ml	13
MALARONE	70	meprobamate	36
malathion external	46	mercaptapurine oral	18
mannitol intravenous solution 20 %, 25 %	74	meropenem intravenous solution reconstituted 1 gm, 500 mg	70
maraviroc	70	mesalamine er oral capsule extended release	54
marlissa	60	mesalamine er oral capsule extended release 24 hour	54
MARPLAN	36	mesalamine oral capsule delayed release	54
MATULANE	18	mesalamine oral tablet delayed release 1.2 gm	55
MATZIM LA	26	mesalamine oral tablet delayed release 800 mg	55
MAVYRET ORAL PACKET	70	mesalamine rectal	55
MAVYRET ORAL TABLET	70	mesalamine-cleanser	55
MAXIDEX	76	mesna	18
MAXZIDE	26	MESNEX ORAL	18
MAXZIDE-25	26	metformin hcl er oral tablet extended release 24 hour 500 mg	51
MAYZENT ORAL TABLET 0.25 MG	36	metformin hcl er oral tablet extended release 24 hour 750 mg	51
MAYZENT ORAL TABLET 1 MG, 2 MG	36	metformin hcl oral tablet 1000 mg	51
MAYZENT STARTER PACK	36	metformin hcl oral tablet 500 mg	51
meclizine hcl oral tablet 12.5 mg, 25 mg	54	metformin hcl oral tablet 850 mg	51
meclofenamate sodium oral	13	METHADONE HCL INTENSOL	13
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	60	methadone hcl oral concentrate	13
MEDROL ORAL TABLET 2 MG	60	methadone hcl oral solution	13
medroxyprogesterone acetate intramuscular	60	methadone hcl oral tablet	13
medroxyprogesterone acetate oral	60	METHADOSE SUGAR-FREE	13
mefenamic acid oral	13	methazolamide oral	76
mefloquine hcl	70	methenamine hippurate	70
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	18	methenamine mandelate oral	70
megestrol acetate oral tablet	18	METHERGINE ORAL	74
MEKINIST ORAL SOLUTION RECONSTITUTED	18	methimazole oral	60
MEKINIST ORAL TABLET 0.5 MG	18	methocarbamol oral tablet 500 mg, 750 mg	36
MEKINIST ORAL TABLET 2 MG	18	methotrexate oral	64
MEKTOVI	18	methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	64
meloxicam oral tablet	13	methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	65
melphalan	18	methotrexate sodium injection solution reconstituted	65
memantine hcl er	36	methotrexate sodium oral	65
memantine hcl oral solution 2 mg/ml	36	methoxsalen rapid	46
memantine hcl oral tablet 10 mg	36	methscopolamine bromide oral	55
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	36	methsuximide	36
memantine hcl oral tablet 5 mg	36	methylergonovine maleate oral	74
MENACTRA INTRAMUSCULAR SOLUTION	64		
MENEST	60		
MENQUADFI INTRAMUSCULAR SOLUTION	64		
MENVEO	64		
meperidine hcl injection solution 25 mg/ml, 50			

METHYLIN ORAL SOLUTION 10 MG/5ML	36	<i>metronidazole vaginal</i>	56
METHYLIN ORAL SOLUTION 5 MG/5ML	36	<i>metyrosine</i>	26
<i>methylphenidate hcl er (cd)</i>	36	<i>mexiletine hcl oral</i>	26
<i>methylphenidate hcl er (la) oral capsule</i> <i>extended release 24 hour 10 mg, 20 mg, 40 mg,</i> <i>60 mg</i>	36	MIBELAS 24 FE	60
<i>methylphenidate hcl er (la) oral capsule</i> <i>extended release 24 hour 30 mg</i>	36	<i>micafungin sodium</i>	70
<i>methylphenidate hcl er (osm) oral tablet</i> <i>extended release 18 mg, 27 mg, 45 mg, 54 mg,</i> <i>63 mg</i>	36	<i>miconazole 3 vaginal suppository</i>	56
<i>methylphenidate hcl er (osm) oral tablet</i> <i>extended release 36 mg</i>	36	MICROGESTIN 1.5/30	60
<i>methylphenidate hcl er oral tablet extended</i> <i>release</i>	36	MICROGESTIN 1/20	60
<i>methylphenidate hcl er oral tablet extended</i> <i>release 24 hour 18 mg, 27 mg, 54 mg</i>	36	MICROGESTIN 24 FE	60
<i>methylphenidate hcl er oral tablet extended</i> <i>release 24 hour 36 mg</i>	36	MICROGESTIN FE 1.5/30	60
<i>methylphenidate hcl oral solution 10 mg/</i> <i>5ml</i>	36	MICROGESTIN FE 1/20	60
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	36	<i>midazolam hcl oral</i>	36
<i>methylphenidate hcl oral tablet</i>	36	<i>midodrine hcl</i>	26
<i>methylprednisolone acetate injection suspension</i> <i>40 mg/ml, 80 mg/ml</i>	60	<i>mifepristone oral tablet 300 mg</i>	60
<i>methylprednisolone oral</i>	60	MIGERGOT	36
<i>methylprednisolone sodium succ injection</i> <i>solution reconstituted 1000 mg, 125 mg, 40</i> <i>mg</i>	60	<i>miglitol</i>	51
<i>metoclopramide hcl injection</i>	55	<i>miglustat</i>	56
<i>metoclopramide hcl oral solution 10 mg/10ml, 5</i> <i>mg/5ml</i>	55	MILI	60
<i>metoclopramide hcl oral tablet</i>	55	MILLIPRED ORAL TABLET	60
<i>metolazone</i>	26	MIMVEY	60
<i>metoprolol succinate er</i>	26	MINIPRESS	26
<i>metoprolol tartrate intravenous solution 5 mg/</i> <i>5ml</i>	26	<i>minocycline hcl oral</i>	71
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50</i> <i>mg</i>	26	<i>minoxidil oral</i>	26
<i>metoprolol tartrate oral tablet 37.5 mg, 75</i> <i>mg</i>	26	MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 3 MG, 3.75 MG	36
<i>metoprolol-hydrochlorothiazide</i>	26	MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	60
METROCREAM	46	<i>mirtazapine oral tablet 15 mg, 30 mg, 7.5 mg</i> ...	36
METROGEL EXTERNAL GEL	46	<i>mirtazapine oral tablet 45 mg</i>	36
METROLOTION	46	<i>mirtazapine oral tablet dispersible</i>	37
<i>metronidazole external</i>	46	<i>misoprostol oral</i>	55
<i>metronidazole intravenous solution 500 mg/</i> <i>100ml</i>	70	MITIGARE	13
<i>metronidazole oral</i>	70	<i>mitomycin intravenous solution reconstituted 20</i> <i>mg, 40 mg</i>	18
		<i>mitomycin intravenous solution reconstituted 5</i> <i>mg</i>	18
		<i>modafinil oral tablet 100 mg</i>	37
		<i>modafinil oral tablet 200 mg</i>	37
		<i>moexipril hcl</i>	26
		<i>molindone hcl</i>	37
		<i>mometasone furoate external</i>	46
		<i>mometasone furoate nasal</i>	79
		MONDOXYNE NL ORAL CAPSULE 100 MG	71
		MONO-LINYAH	60
		<i>montelukast sodium oral</i>	79
		<i>morphine sulfate (concentrate) oral solution 10</i> <i>mg/0.5ml, 100 mg/5ml, 20 mg/ml</i>	13
		<i>morphine sulfate (pf) injection solution 0.5 mg/ml,</i>	

1 mg/ml	13	MUTAMYCIN INTRAVENOUS SOLUTION	
morphine sulfate (pf) injection solution 10 mg/ml, 4 mg/ml, 5 mg/ml	13	RECONSTITUTED 40 MG	18
morphine sulfate (pf) injection solution 8 mg/ ml	13	MYAMBUTOL ORAL TABLET 400 MG	71
morphine sulfate (pf) intravenous solution 1 mg/ ml, 2 mg/ml	13	mycophenolate mofetil oral capsule	65
morphine sulfate (pf) intravenous solution 10 mg/ ml	13	mycophenolate mofetil oral suspension reconstituted	65
morphine sulfate (pf) intravenous solution 8 mg/ ml	13	mycophenolate mofetil oral tablet	65
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	13	mycophenolate sodium	65
morphine sulfate er oral tablet extended release 100 mg, 200 mg	14	mycophenolic acid oral tablet delayed release 180 mg, 360 mg	65
morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg	14	MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG	65
morphine sulfate injection solution 2 mg/ml, 4 mg/ml, 50 mg/ml	14	MYORISAN	46
morphine sulfate intravenous solution 10 mg/ml, 50 mg/ml	14	MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	56
morphine sulfate intravenous solution 4 mg/ ml	14	MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	56
morphine sulfate intravenous solution 8 mg/ ml	14	na sulfate-k sulfate-mg sulf	55
morphine sulfate oral solution	14	nabumetone oral	14
morphine sulfate oral tablet	14	nadolol oral tablet 20 mg, 40 mg, 80 mg	26
MOUNJARO SUBCUTANEOUS SOLUTION		nafcillin sodium injection solution reconstituted 1 gm, 2 gm	71
PEN-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	51	nafcillin sodium intravenous solution reconstituted 10 gm	71
MOUNJARO SUBCUTANEOUS SOLUTION		naftifine hcl external cream	46
PEN-INJECTOR 2.5 MG/0.5ML	52	NAGLAZYME	56
MOVANTIK	55	NALFON ORAL TABLET	14
MOVIPREP	55	naloxone hcl injection solution 0.4 mg/ml, 4 mg/ 10ml	37
moxifloxacin hcl (2x day)	76	naloxone hcl injection solution cartridge	37
moxifloxacin hcl in nacl	71	naloxone hcl injection solution prefilled syringe	37
moxifloxacin hcl ophthalmic solution	76	naloxone hcl nasal	37
moxifloxacin hcl oral	71	naltrexone hcl oral	37
MOZOBIL	22	NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	37
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG	14	NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	37
MULTAQ	26	naproxen dr oral tablet delayed release 500 mg	14
multiple electro type 1 ph 5.5	48	naproxen oral suspension	14
multiple electro type 1 ph 7.4	48	naproxen oral tablet	14
mupirocin calcium	46	naproxen oral tablet delayed release	14
mupirocin external	46	naproxen sodium oral tablet 275 mg, 550 mg	14
MUTAMYCIN INTRAVENOUS SOLUTION		naratriptan hcl	37
RECONSTITUTED 20 MG, 5 MG	18	NARCAN	37
		NATACYN	76
		nateglinide oral tablet 120 mg	52

<i>nateglinide oral tablet 60 mg</i>	52	<i>nimodipine oral</i>	26
NATPARA	52	NINLARO	18
NATROBA	46	<i>nisoldipine er</i>	26
NAYZILAM	37	<i>nitazoxanide oral</i>	71
<i>nebivolol hcl</i>	26	<i>nitisinone</i>	56
NEBUPENT	71	NITRO-BID	26
NECON 0.5/35 (28)	60	NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	27
<i>nefazodone hcl</i>	37	NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	27
NEO-POLYCIN	76	<i>nitrofurantoin macrocrystal oral</i>	71
NEO-POLYCIN HC	76	<i>nitrofurantoin monohyd macro</i>	71
<i>neomycin sulfate oral</i>	71	<i>nitrofurantoin oral suspension 25 mg/5ml</i>	71
<i>neomycin-bacitracin zn-polymyx</i>	76	<i>nitroglycerin intravenous</i>	27
<i>neomycin-polymyxin b gu</i>	74	<i>nitroglycerin rectal</i>	46
<i>neomycin-polymyxin-dexameth</i>	76	<i>nitroglycerin sublingual</i>	27
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-025</i>	76	<i>nitroglycerin transdermal patch 24 hour</i>	27
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	76	<i>nitroglycerin translingual solution</i>	27
<i>neomycin-polymyxin-hc otic</i>	77	NITROSTAT	27
NERLYNX	18	NIVESTYM INJECTION SOLUTION 300 MCG/ML ...	23
NEULASTA ONPRO	22	NIVESTYM INJECTION SOLUTION 480 MCG/1.6ML	23
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	23	NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	23
NEUPOGEN INJECTION SOLUTION 300 MCG/ML	23	<i>nizatidine oral capsule</i>	55
NEUPOGEN INJECTION SOLUTION 480 MCG/1.6ML	23	NORA-BE	60
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	23	NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	60
NEUPRO	37	<i>norelgestromin-eth estradiol</i>	60
NEURONTIN ORAL SOLUTION	37	<i>norethin ace-eth estrad-fe oral tablet 1-20 mg- mcg, 1.5-30 mg-mcg</i>	60
NEVANAC	76	<i>norethin ace-eth estrad-fe oral tablet chewable</i>	60
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	71	<i>norethin-eth estradiol-fe</i>	60
<i>nevirapine oral suspension</i>	71	<i>norethindron-ethinyl estrad-fe</i>	60
<i>nevirapine oral tablet</i>	71	<i>norethindrone acet-ethinyl est oral tablet</i>	60
<i>niacin (antihyperlipidemic)</i>	26	<i>norethindrone acetate oral</i>	60
<i>niacin er (antihyperlipidemic)</i>	26	<i>norethindrone oral</i>	60
NIACOR	26	<i>norethindrone-eth estradiol</i>	60
<i>nicardipine hcl intravenous</i>	26	<i>norgestim-eth estrad triphasic</i>	60
<i>nicardipine hcl oral</i>	26	<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	60
NICOTROL	37	NORLYDA	60
NICOTROL NS	37	NORLYROC	60
<i>nifedipine er</i>	26	NORPACE	27
<i>nifedipine er osmotic release</i>	26	NORPACE CR	27
<i>nifedipine oral</i>	26	NORPRAMIN ORAL TABLET 10 MG, 25 MG	37
NIKKI	60	NORTREL 0.5/35 (28)	60
<i>nilutamide</i>	18		

NORTREL 1/35 (21)	61	<i>ml, 500 mcg/ml</i>	61
NORTREL 1/35 (28)	61	<i>octreotide acetate subcutaneous solution</i>	
NORTREL 7/7/7	61	<i>prefilled syringe 100 mcg/ml, 50 mcg/ml</i>	61
<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	37	<i>octreotide acetate subcutaneous solution</i>	
<i>nortriptyline hcl oral capsule 50 mg, 75 mg</i>	37	<i>prefilled syringe 500 mcg/ml</i>	61
<i>nortriptyline hcl oral solution</i>	37	OCUFLOX	76
NORVIR ORAL PACKET	71	ODEFSEY	71
NOVOPEN ECHO	74	ODOMZO	18
NOXAFIL ORAL SUSPENSION	71	OFEV	79
NP THYROID	61	<i>ofloxacin ophthalmic</i>	76
NUBEQA	18	<i>ofloxacin oral tablet 300 mg, 400 mg</i>	71
NUCALA SUBCUTANEOUS SOLUTION		<i>ofloxacin otic</i>	77
AUTO-INJECTOR	79	OGSIVEO	18
NUCALA SUBCUTANEOUS SOLUTION PREFILLED		OJJAARA	18
SYRINGE 100 MG/ML	79	<i>olanzapine intramuscular</i>	37
NUCALA SUBCUTANEOUS SOLUTION PREFILLED		<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg,</i>	
SYRINGE 40 MG/0.4ML	79	<i>7.5 mg</i>	37
NUCALA SUBCUTANEOUS SOLUTION		<i>olanzapine oral tablet 20 mg</i>	37
RECONSTITUTED	79	<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 5</i>	
NUEDEXTA	37	<i>mg</i>	37
NULOJIX	65	<i>olanzapine oral tablet dispersible 20 mg</i>	37
NUPLAZID ORAL CAPSULE	37	<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg,</i>	
NUPLAZID ORAL TABLET 10 MG	37	<i>12-50 mg, 6-50 mg</i>	37
NURTEC	37	<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg,</i>	
NUTRILIPID	48	<i>6-25 mg</i>	37
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS		<i>olmesartan medoxomil oral tablet 20 mg, 40</i>	
SOLUTION PEN-INJECTOR	61	<i>mg</i>	27
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS		<i>olmesartan medoxomil oral tablet 5 mg</i>	27
SOLUTION PEN-INJECTOR	61	<i>olmesartan medoxomil-hctz</i>	27
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS		<i>olmesartan-amlodipine-hctz</i>	27
SOLUTION PEN-INJECTOR	61	<i>olopatadine hcl nasal</i>	79
NUVARING	61	<i>olopatadine hcl ophthalmic</i>	76
NUZYRA ORAL	71	<i>omega-3-acid ethyl esters</i>	27
NYAMYC	46	<i>omeprazole oral capsule delayed release</i>	55
NYLIA 1/35	61	OMNARIS	79
NYLIA 7/7/7	61	OMNITROPE SUBCUTANEOUS SOLUTION	
<i>nystatin external</i>	46	CARTRIDGE	61
<i>nystatin mouth/throat</i>	46	OMNITROPE SUBCUTANEOUS SOLUTION	
<i>nystatin oral tablet</i>	71	RECONSTITUTED	61
<i>nystatin-triamcinolone</i>	46	<i>ondansetron</i>	55
NYSTOP	46	<i>ondansetron hcl injection</i>	55
OCELLA	61	<i>ondansetron hcl oral solution</i>	55
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2		<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	55
GM/20ML, 2.5 GM/50ML, 30 GM/300ML, 5		ONUREG	18
GM/100ML	65	OPDIVO	18
<i>octreotide acetate injection solution 100 mcg/ml,</i>		<i>opium</i>	55
<i>200 mcg/ml, 50 mcg/ml</i>	61	OPSUMIT	79
<i>octreotide acetate injection solution 1000 mcg/</i>		ORALONE	46

ORAPRED ODT	61	<i>mg/5ml</i>	14
ORENITRAM ORAL TABLET EXTENDED RELEASE		<i>oxycodone hcl oral solution</i>	14
0.125 MG	79	<i>oxycodone hcl oral tablet</i>	14
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25		<i>oxycodone-acetaminophen oral tablet 10-325 mg,</i>	
MG, 1 MG, 2.5 MG, 5 MG	79	<i>2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	14
ORGOVYX	18	OXYTROL	57
ORKAMBI ORAL TABLET	79	OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS	
<i>orphenadrine citrate er</i>	37	SOLUTION PEN-INJECTOR 2 MG/1.5ML	52
ORSERDU ORAL TABLET 345 MG	19	OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS	
ORSERDU ORAL TABLET 86 MG	19	SOLUTION PEN-INJECTOR 2 MG/3ML	52
ORSYTHIA	61	OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION	
<i>oseltamivir phosphate oral capsule 30 mg</i>	71	PEN-INJECTOR 4 MG/3ML	52
<i>oseltamivir phosphate oral capsule 45 mg, 75</i>		OZEMPIC (2 MG/DOSE)	52
<i>mg</i>	71	PACERONE ORAL TABLET 100 MG, 200 MG, 400	
<i>oseltamivir phosphate oral suspension</i>		MG	27
<i>reconstituted</i>	71	<i>paclitaxel intravenous concentrate 100 mg/</i>	
OSPHENA	61	<i>16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/</i>	
OTEZLA ORAL TABLET	65	<i>50ml</i>	19
OTEZLA ORAL TABLET THERAPY PACK	65	<i>paclitaxel protein-bound part</i>	19
OVIDE	46	<i>paliperidone er oral tablet extended release 24</i>	
<i>oxacillin sodium in dextrose intravenous solution</i>		<i>hour 1.5 mg, 3 mg</i>	37
<i>1 gm/50ml</i>	71	<i>paliperidone er oral tablet extended release 24</i>	
<i>oxacillin sodium in dextrose intravenous solution</i>		<i>hour 6 mg</i>	37
<i>2 gm/50ml</i>	71	<i>paliperidone er oral tablet extended release 24</i>	
<i>oxacillin sodium injection solution reconstituted 1</i>		<i>hour 9 mg</i>	37
<i>gm, 2 gm</i>	71	<i>pamidronate disodium intravenous solution 30</i>	
<i>oxacillin sodium intravenous</i>	71	<i>mg/10ml, 90 mg/10ml</i>	52
<i>oxaliplatin intravenous solution</i>	19	<i>pamidronate disodium intravenous solution 6</i>	
<i>oxaliplatin intravenous solution reconstituted 100</i>		<i>mg/ml</i>	52
<i>mg</i>	19	PANDEL	46
<i>oxaliplatin intravenous solution reconstituted 50</i>		PANRETIN	46
<i>mg</i>	19	<i>pantoprazole sodium intravenous</i>	55
<i>oxandrolone oral tablet 10 mg</i>	61	<i>pantoprazole sodium oral tablet delayed</i>	
<i>oxandrolone oral tablet 2.5 mg</i>	61	<i>release</i>	55
<i>oxaprozin oral tablet</i>	14	PARAPLATIN INTRAVENOUS SOLUTION 1000	
<i>oxazepam</i>	37	MG/100ML	19
<i>oxcarbazepine</i>	37	<i>paricalcitol oral</i>	52
<i>oxiconazole nitrate</i>	46	PARLODEL	37
OXISTAT EXTERNAL LOTION	46	<i>paromomycin sulfate oral</i>	71
<i>oxybutynin chloride er oral tablet extended</i>		<i>paroxetine hcl er oral tablet extended release 24</i>	
<i>release 24 hour 10 mg, 15 mg</i>	56	<i>hour 12.5 mg</i>	37
<i>oxybutynin chloride er oral tablet extended</i>		<i>paroxetine hcl er oral tablet extended release 24</i>	
<i>release 24 hour 5 mg</i>	56	<i>hour 25 mg, 37.5 mg</i>	37
<i>oxybutynin chloride oral solution</i>	56	<i>paroxetine hcl oral suspension</i>	38
<i>oxybutynin chloride oral tablet 2.5 mg</i>	57	<i>paroxetine hcl oral tablet 10 mg</i>	38
<i>oxybutynin chloride oral tablet 5 mg</i>	57	<i>paroxetine hcl oral tablet 20 mg</i>	38
<i>oxycodone hcl oral capsule</i>	14	<i>paroxetine hcl oral tablet 30 mg</i>	38
<i>oxycodone hcl oral concentrate 10 mg/0.5ml, 100</i>		<i>paroxetine hcl oral tablet 40 mg</i>	38
		PAXIL ORAL SUSPENSION	38

PAXIL ORAL TABLET 10 MG	38	<i>phenelzine sulfate oral</i>	38
PAXLOVID (150/100)	71	<i>phenobarbital oral elixir</i>	38
PAXLOVID (300/100)	71	<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg, 64.8 mg, 97.2 mg</i>	38
<i>pazopanib hcl</i>	19	<i>phenobarbital oral tablet 16.2 mg, 32.4 mg</i>	38
PEDIARIX INTRAMUSCULAR SUSPENSION REFILLED SYRINGE	65	<i>phenoxybenzamine hcl oral</i>	27
PEDVAX HIB INTRAMUSCULAR SUSPENSION	65	PHENYTEK	38
<i>peg 3350-kcl-na bicarb-nacl</i>	55	PHENYTOIN INFATABS	38
<i>peg-3350/electrolytes</i>	55	<i>phenytoin oral</i>	38
<i>peg-3350/electrolytes/ascorbat</i>	55	<i>phenytoin sodium extended</i>	38
<i>peg-kcl-nacl-nasulf-na asc-c</i>	55	PHESGO	19
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	65	PHILITH	61
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	65	PHOSPHOLINE IODIDE	76
PEMAZYRE	19	PHYSIOLYTE	74
<i>pemetrexed disodium intravenous solution reconstituted 100 mg</i>	19	PIFELTRO	71
<i>pemetrexed disodium intravenous solution reconstituted 1000 mg, 750 mg</i>	19	<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	76
<i>pemetrexed disodium intravenous solution reconstituted 500 mg</i>	19	<i>pilocarpine hcl oral</i>	46
PENBRAYA	65	<i>pimecrolimus</i>	46
<i>penciclovir</i>	46	<i>pimozide</i>	38
<i>penicillamine oral tablet</i>	57	PIMTREA	61
<i>penicillin g pot in dextrose</i>	71	<i>pindolol</i>	27
<i>penicillin g potassium</i>	71	<i>pioglitazone hcl oral tablet 15 mg</i>	52
<i>penicillin g sodium</i>	71	<i>pioglitazone hcl oral tablet 30 mg</i>	52
<i>penicillin v potassium</i>	71	<i>pioglitazone hcl oral tablet 45 mg</i>	52
PENTACEL	65	<i>pioglitazone hcl-glimepiride</i>	52
PENTAM	71	<i>pioglitazone hcl-metformin hcl</i>	52
<i>pentamidine isethionate inhalation</i>	71	<i>piperacillin sod-tazobactam</i>	71
<i>pentamidine isethionate injection</i>	71	PIQRAY (200 MG DAILY DOSE)	19
<i>pentazocine-naloxone hcl</i>	14	PIQRAY (250 MG DAILY DOSE)	19
<i>pentoxifylline er</i>	23	PIQRAY (300 MG DAILY DOSE)	19
PERCOCET ORAL TABLET 2.5-325 MG	14	<i>pirfenidone oral tablet 267 mg</i>	79
PERFOROMIST	79	<i>pirfenidone oral tablet 534 mg, 801 mg</i>	79
<i>perindopril erbumine</i>	27	PIRMELLA 1/35	61
PERIOGARD	46	<i>piroxicam oral</i>	14
PERJETA	19	PLASMA-LYTE 148	48
<i>permethrin external cream</i>	46	PLASMA-LYTE A	48
<i>perphenazine oral</i>	38	PLENAMINE	48
<i>perphenazine-amitriptyline</i>	38	PLENVU	55
PERSERIS	38	<i>plerixafor</i>	23
PEXEVA ORAL TABLET 10 MG, 40 MG	38	<i>pnv-dha</i>	48
PEXEVA ORAL TABLET 20 MG	38	<i>podofilox external solution</i>	46
PEXEVA ORAL TABLET 30 MG	38	POLYCIN	76
PFIZERPEN	71	<i>polymyxin b sulfate injection</i>	71
		<i>polymyxin b-trimethoprim</i>	76
		POMALYST	19
		PORTIA-28	61

<i>posaconazole oral</i>	71	<i>pregabalin er oral tablet extended release 24 hour 330 mg</i>	38
<i>potassium chloride crys er</i>	48	<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	38
<i>potassium chloride er</i>	48	<i>pregabalin oral capsule 200 mg</i>	38
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/ l-%</i>	48	<i>pregabalin oral capsule 225 mg, 300 mg</i>	38
<i>potassium chloride intravenous solution 10 meq/ 100ml, 20 meq/100ml, 40 meq/100ml</i>	48	<i>pregabalin oral solution</i>	38
<i>potassium chloride intravenous solution 10 meq/ 50ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/ 50ml</i>	48	PREHEVBRIO	65
<i>potassium chloride oral packet</i>	48	PREMARIN ORAL	61
<i>potassium chloride oral solution 10 %, 20 meq/ 15ml (10%), 40 meq/15ml (20%)</i>	49	PREMARIN VAGINAL	61
<i>potassium citrate er</i>	57	PREMASOL INTRAVENOUS SOLUTION 10 %	49
<i>potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l</i>	49	PREMPHASE	61
POTELIGEO	19	PREMPRO	61
PRADAXA ORAL CAPSULE	23	<i>prenatal oral tablet 27-1 mg</i>	49
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	27	<i>prenatal vit w/ ferrous fumarate-l methylfolate- folic acid</i>	49
<i>pramipexole dihydrochloride</i>	38	PRENATAL VIT W/ IRON CARBONYL-FOLIC ACID	49
<i>pramipexole dihydrochloride er</i>	38	PREVALITE	27
<i>prasugrel hcl</i>	23	PREVIDENT	46
<i>pravastatin sodium</i>	27	PREVIDENT 5000 BOOSTER PLUS	46
<i>praziquantel oral</i>	71	PREVIDENT 5000 DRY MOUTH DENTAL GEL	46
<i>prazosin hcl oral</i>	27	PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL	46
PRED MILD	76	PREVIDENT 5000 ORTHO DEFENSE	46
<i>prednicarbate external ointment</i>	61	PREVIDENT 5000 PLUS	46
<i>prednisolone acetate ophthalmic</i>	76	PREVIDENT 5000 SENSITIVE DENTAL GEL	46
<i>prednisolone oral solution</i>	61	PREVYMIS ORAL	71
<i>prednisolone sodium phosphate ophthalmic</i>	76	PREZCOBIX	71
<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>	61	PREZISTA ORAL SUSPENSION	71
<i>prednisolone sodium phosphate oral tablet dispersible</i>	61	PREZISTA ORAL TABLET 150 MG	72
PREDNISON INTENSOL	61	PREZISTA ORAL TABLET 75 MG	72
<i>prednisone oral solution</i>	61	PRIFTIN	72
<i>prednisone oral tablet 1 mg</i>	61	<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	72
<i>prednisone oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	61	PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG	72
<i>prednisone oral tablet therapy pack 10 mg (21), 5 mg (21)</i>	61	<i>primidone oral</i>	38
<i>prednisone oral tablet therapy pack 10 mg (48), 5 mg (48)</i>	61	PRIORIX	65
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg</i>	38	PROAIR RESPICLICK	79
		<i>probenecid oral</i>	14
		<i>prochlorperazine</i>	55
		<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>	55
		<i>prochlorperazine maleate oral</i>	55
		PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 20000 UNIT/ML, 40000 UNIT/ML	23
		PROCRIT INJECTION SOLUTION 2000 UNIT/ML, 3000	

UNIT/ML, 4000 UNIT/ML	23	<i>pyrimethamine oral</i>	72
PROCTO-MED HC EXTERNAL	46	QINLOCK	19
PROCTOSOL HC EXTERNAL	46	QUADRACEL	65
PROCTOZONE-HC EXTERNAL	46	QUALAQUIN	72
<i>progesterone oral</i>	61	QUARTETTE	61
PROGRAF INTRAVENOUS	65	QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 25 MG, 50 MG	38
PROGRAF ORAL CAPSULE 5 MG	65	QUESTRAN	27
PROGRAF ORAL PACKET	65	QUESTRAN LIGHT ORAL POWDER	27
PROLASTIN-C	56	<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	38
PROLENSA	76	<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	38
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	52	<i>quetiapine fumarate oral tablet 100 mg</i>	38
PROMACTA ORAL PACKET 12.5 MG	23	<i>quetiapine fumarate oral tablet 150 mg</i>	38
PROMACTA ORAL PACKET 25 MG	23	<i>quetiapine fumarate oral tablet 200 mg</i>	38
PROMACTA ORAL TABLET 12.5 MG, 25 MG	23	<i>quetiapine fumarate oral tablet 25 mg</i>	38
PROMACTA ORAL TABLET 50 MG	23	<i>quetiapine fumarate oral tablet 300 mg</i>	38
PROMACTA ORAL TABLET 75 MG	23	<i>quetiapine fumarate oral tablet 400 mg</i>	38
<i>promethazine hcl injection</i>	55	<i>quetiapine fumarate oral tablet 50 mg</i>	39
<i>promethazine hcl oral</i>	55	<i>quinapril hcl</i>	27
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	55	<i>quinapril-hydrochlorothiazide</i>	27
PROMETHEGAN	55	<i>quinidine sulfate oral</i>	27
PROMETRIUM ORAL CAPSULE 200 MG	61	<i>quinine sulfate oral</i>	72
<i>propafenone hcl</i>	27	QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	79
<i>propafenone hcl er</i>	27	QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	79
<i>proparacaine hcl ophthalmic</i>	76	RABAVERT	65
<i>propranolol hcl er</i>	27	<i>rabeprazole sodium oral tablet delayed release</i>	55
<i>propranolol hcl intravenous</i>	27	<i>raloxifene hcl</i>	61
<i>propranolol hcl oral solution</i>	27	<i>ramelteon</i>	39
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	27	<i>ramipril</i>	27
<i>propranolol hcl oral tablet 60 mg</i>	27	<i>ranolazine er</i>	27
<i>propylthiouracil oral</i>	61	<i>rasagiline mesylate oral</i>	39
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	65	RAVICTI	56
PROSOL	49	RECLIPSEN	61
<i>protriptyline hcl</i>	38	RECOMBIVAX HB	65
PROVERA ORAL TABLET 10 MG, 2.5 MG	61	RECTIV	46
PULMICORT FLEXHALER	79	REGLAN ORAL	55
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML	79	REGONOL INTRAVENOUS	39
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	79	RELAFEN	14
PURIXAN	19	RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	72
<i>pyrazinamide oral</i>	72	RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	39
<i>pyridostigmine bromide er</i>	38	RELISTOR SUBCUTANEOUS SOLUTION 12	
<i>pyridostigmine bromide oral solution</i>	38		
<i>pyridostigmine bromide oral tablet</i>	38		

MG/0.6ML	55	<i>risedronate sodium oral tablet 35 mg</i>	52
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (0.6ML SYRINGE)	55	<i>risedronate sodium oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	52
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	55	<i>risedronate sodium oral tablet 5 mg</i>	52
RELPAK	39	<i>risedronate sodium oral tablet delayed release</i>	52
REMERON SOLTAB	39	RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG	39
REMICADE	65	RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG	39
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML	79	<i>risperidone er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg</i>	39
<i>repaglinide oral tablet 0.5 mg</i>	52	<i>risperidone er intramuscular suspension reconstituted er 50 mg</i>	39
<i>repaglinide oral tablet 1 mg</i>	52	<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg</i>	39
<i>repaglinide oral tablet 2 mg</i>	52	<i>risperidone microspheres er intramuscular suspension reconstituted er 50 mg</i>	39
REPATHA	27	<i>risperidone oral solution</i>	39
REPATHA PUSHTRONEX SYSTEM	27	<i>risperidone oral tablet 0.25 mg</i>	39
REPATHA SURECLICK	27	<i>risperidone oral tablet 0.5 mg</i>	39
RESTASIS	76	<i>risperidone oral tablet 1 mg</i>	39
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	76	<i>risperidone oral tablet 2 mg</i>	39
RETEVMO ORAL CAPSULE 40 MG	19	<i>risperidone oral tablet 3 mg, 4 mg</i>	39
RETEVMO ORAL CAPSULE 80 MG	19	<i>risperidone oral tablet dispersible 0.25 mg</i>	39
RETIN-A EXTERNAL GEL 0.01 %	46	<i>risperidone oral tablet dispersible 0.5 mg</i>	39
RETIN-A MICRO EXTERNAL GEL 0.04 %	46	<i>risperidone oral tablet dispersible 1 mg</i>	39
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %	46	<i>risperidone oral tablet dispersible 2 mg</i>	39
RETROVIR INTRAVENOUS	72	<i>risperidone oral tablet dispersible 3 mg</i>	39
RETROVIR ORAL CAPSULE	72	<i>risperidone oral tablet dispersible 4 mg</i>	39
RETROVIR ORAL SYRUP	72	RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 30 MG	39
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	39	RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG	39
REXULTI ORAL TABLET 3 MG, 4 MG	39	<i>ritonavir</i>	72
REYATAZ ORAL PACKET	72	RITUXAN HYCELA	19
REZLIDHIA	19	RITUXAN INTRAVENOUS SOLUTION	19
REZUROCK	65	<i>rivastigmine</i>	39
RHOPRESSA	76	<i>rivastigmine tartrate</i>	39
RIABNI	19	RIVELSA	61
<i>ribavirin oral capsule</i>	72	<i>rizatriptan benzoate</i>	39
<i>ribavirin oral tablet 200 mg</i>	72	ROCALTROL ORAL CAPSULE 0.5 MCG	52
RIDAURA	65	ROCALTROL ORAL SOLUTION	52
<i>rifabutin</i>	72	ROCKLATAN	76
<i>rifampin intravenous</i>	72	<i>roflumilast</i>	79
<i>rifampin oral</i>	72	<i>romidepsin intravenous solution reconstituted</i>	19
<i>riluzole</i>	39		
<i>rimantadine hcl</i>	72		
<i>ringers</i>	49		
<i>ringers irrigation</i>	74		
RINVOQ	65		
<i>risedronate sodium oral tablet 150 mg</i>	52		
<i>risedronate sodium oral tablet 30 mg</i>	52		

<i>ropinirole hcl</i>	39	<i>selenium sulfide external lotion</i>	46
<i>ropinirole hcl er</i>	39	SELZENTRY ORAL SOLUTION	72
<i>rosuvastatin calcium</i>	27	SELZENTRY ORAL TABLET 25 MG	72
ROTARIX	65	SELZENTRY ORAL TABLET 75 MG	72
ROTATEQ ORAL SOLUTION	65	SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	79
ROWASA RECTAL	55	SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	40
ROWEEPRA ORAL TABLET 500 MG	39	SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG	40
ROXICODONE ORAL TABLET 15 MG	14	SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG	40
ROZLYTREK ORAL CAPSULE 100 MG	19	<i>sertraline hcl oral concentrate</i>	40
ROZLYTREK ORAL CAPSULE 200 MG	19	<i>sertraline hcl oral tablet 100 mg</i>	40
ROZLYTREK ORAL PACKET	19	<i>sertraline hcl oral tablet 25 mg</i>	40
RUBRACA	19	<i>sertraline hcl oral tablet 50 mg</i>	40
<i>rufinamide oral suspension</i>	39	SETLAKIN	62
<i>rufinamide oral tablet 200 mg</i>	39	<i>sevelamer carbonate oral packet 0.8 gm</i>	52
<i>rufinamide oral tablet 400 mg</i>	39	<i>sevelamer carbonate oral packet 2.4 gm</i>	52
RUKOBIA	72	<i>sevelamer carbonate oral tablet</i>	52
RYBELSUS ORAL TABLET 14 MG, 7 MG	52	<i>sevelamer hcl oral tablet 400 mg</i>	52
RYBELSUS ORAL TABLET 3 MG	52	<i>sevelamer hcl oral tablet 800 mg</i>	52
RYBREVANT	19	<i>sf</i>	46
RYDAPT	19	<i>sf 5000 plus</i>	46
RYLAZE	19	SHAROBEL	62
RYTARY	40	SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	65
SAFYRAL	62	SIGNIFOR	62
SAIZEN	62	<i>sildenafil citrate intravenous</i>	79
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	23	<i>sildenafil citrate oral tablet 20 mg</i>	79
SALAGEN	46	<i>silodosin</i>	57
<i>salsalate oral</i>	14	<i>silver sulfadiazine external</i>	46
SANCUSO	55	SIMBRINZA	76
SANDIMMUNE ORAL SOLUTION	65	SIMLIYA	62
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML	62	SIMPESSE	62
SANDOSTATIN INJECTION SOLUTION 50 MCG/ML	62	<i>simvastatin oral tablet</i>	27
SANDOSTATIN LAR DEPOT	62	SINEMET ORAL TABLET 10-100 MG, 25-100 MG	40
SANTYL	46	SINGULAIR ORAL PACKET	79
<i>sapropterin dihydrochloride oral packet</i>	56	SINGULAIR ORAL TABLET CHEWABLE	79
<i>sapropterin dihydrochloride oral tablet</i>	56	<i>sirolimus oral solution</i>	65
SARCLISA	19	<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	65
SAVELLA	40	<i>sirolimus oral tablet 2 mg</i>	65
SAVELLA TITRATION PACK	40	SIRTURO	72
SCSEMBLIX ORAL TABLET 20 MG	19	SKYLA	62
SCSEMBLIX ORAL TABLET 40 MG	19	SKYRIZI INTRAVENOUS	65
<i>scopolamine</i>	55	SKYRIZI PEN	65
SEASONIQUE	62	SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	65
SECUADO	40		
<i>selegiline hcl oral</i>	40		

SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	65	SPRINTEC 28	62
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	65	SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG	40
<i>sodium bicarbonate intravenous solution 4.2 %, 7.5 %, 8.4 %</i>	49	SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	40
<i>sodium chloride (pf)</i>	49	SPRYCEL	19
<i>sodium chloride injection solution 2.5 meq/ml</i>	49	SPS	52
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 4 meq/ml, 5 %</i>	49	SRONYX	62
<i>sodium chloride irrigation solution 0.9 %</i>	74	SSD (SILVER SULFADIAZINE)	47
<i>sodium fluoride 5000 plus</i>	46	STELARA INTRAVENOUS	65
<i>sodium fluoride 5000 ppm dental cream</i>	46	STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	65
<i>sodium fluoride 5000 ppm dental gel</i>	47	STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	66
<i>sodium fluoride dental cream</i>	47	<i>sterile water for irrigation</i>	74
<i>sodium fluoride dental gel 1.1 %</i>	47	STIOLTO RESPIMAT	79
<i>sodium fluoride mouth/throat</i>	47	STIVARGA	19
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	49	STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	40
<i>sodium fluoride oral tablet chewable</i>	49	STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	40
<i>sodium phenylbutyrate oral powder 3 gm/ tsp</i>	56	<i>streptomycin sulfate intramuscular</i>	72
<i>sodium phenylbutyrate oral tablet</i>	56	STRIBILD	72
<i>sodium polystyrene sulfonate oral powder</i>	52	STROMECTOL	72
<i>sofosbuvir-velpatasvir</i>	72	SUBOXONE SUBLINGUAL FILM 12-3 MG	40
<i>solifenacin succinate</i>	57	SUBVENITE	40
SOLQUA	52	<i>sucralfate oral</i>	55
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 55 MG, 65 MG	72	SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 34 MG	27
SOLTAMOX	19	<i>sulfacetamide sodium (acne)</i>	47
SOMATULINE DEPOT	62	<i>sulfacetamide sodium ophthalmic</i>	76
SOMAVERT	62	<i>sulfacetamide-prednisolone ophthalmic solution</i>	76
<i>sorafenib tosylate</i>	19	<i>sulfadiazine oral</i>	72
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG ...	27	<i>sulfamethoxazole-trimethoprim intravenous</i>	72
SORINE ORAL TABLET 80 MG	27	<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	72
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg</i>	27	<i>sulfamethoxazole-trimethoprim oral tablet</i>	72
<i>sotalol hcl (af) oral tablet 80 mg</i>	27	SULFAMYLON EXTERNAL CREAM	47
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg</i>	27	<i>sulfasalazine oral</i>	55
<i>sotalol hcl oral tablet 80 mg</i>	27	<i>sulindac oral tablet 150 mg</i>	14
<i>spinosad</i>	47	<i>sulindac oral tablet 200 mg</i>	14
SPIRIVA HANDIHALER	79	<i>sumatriptan nasal</i>	40
SPIRIVA RESPIMAT	79	<i>sumatriptan succinate oral</i>	40
<i>spironolactone oral tablet 100 mg, 50 mg</i>	27	<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	40
<i>spironolactone oral tablet 25 mg</i>	27	<i>sumatriptan succinate subcutaneous solution 6</i>	
SPIRONOLACTONE-HCTZ	27		
SPRAVATO (56 MG DOSE)	40		
SPRAVATO (84 MG DOSE)	40		

mg/0.5ml	40	MG/ML	72
<i>sumatriptan succinate subcutaneous solution</i>		<i>tamoxifen citrate oral</i>	20
<i>auto-injector</i>	40	<i>tamsulosin hcl</i>	57
<i>sunitinib malate</i>	19	TAPERDEX 6-DAY	62
SUNLENCA ORAL	72	TARINA 24 FE	62
SUNLENCA SUBCUTANEOUS	72	TARINA FE 1/20 EQ	62
SUNOSI	40	TASIGNA	20
SUPRAX ORAL SUSPENSION RECONSTITUTED 200		<i>tasimelteon</i>	40
MG/5ML, 500 MG/5ML	72	<i>tazarotene external cream</i>	47
SUPRAX ORAL TABLET CHEWABLE	72	<i>tazarotene external gel</i>	47
SUPREP BOWEL PREP KIT	55	TAZICEF INJECTION SOLUTION RECONSTITUTED 1	
SYEDA	62	GM	72
SYMBICORT	79	TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	40	2 GM, 6 GM	72
SYMLINPEN 120 SUBCUTANEOUS SOLUTION		TAZORAC EXTERNAL CREAM 0.1 %	47
PEN-INJECTOR	52	TAZORAC EXTERNAL GEL 0.05 %	47
SYMLINPEN 60 SUBCUTANEOUS SOLUTION		TAZTIA XT	27
PEN-INJECTOR	53	TAZVERIK	20
SYMPAZAN ORAL FILM 10 MG, 20 MG	40	TDVAX	66
SYMPAZAN ORAL FILM 5 MG	40	TECENTRIQ INTRAVENOUS SOLUTION 1200	
SYMTUZA	72	MG/20ML	20
SYNAGIS	74	TECENTRIQ INTRAVENOUS SOLUTION 840	
SYNAREL	62	MG/14ML	20
SYNJARDY	53	TECFIDERA ORAL	40
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24		TECFIDERA ORAL CAPSULE DELAYED RELEASE 120	
HOUR 10-1000 MG, 12.5-1000 MG, 5-1000		MG	40
MG	53	TECFIDERA ORAL CAPSULE DELAYED RELEASE 240	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24		MG	40
HOUR 25-1000 MG	53	TECFIDERA ORAL CAPSULE DELAYED RELEASE	
SYNRIBO	20	THERAPY PACK	40
SYNTHROID	62	TECVAYLI	20
TABLOID	20	TEFLARO	72
TABRECTA	20	TEGRETOL ORAL SUSPENSION	40
<i>tacrolimus external ointment</i>	47	TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12	
<i>tacrolimus oral</i>	66	HOUR 400 MG	40
<i>tadalafil (pah)</i>	79	TEKTURNA	28
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	57	<i>telmisartan oral tablet 20 mg, 40 mg</i>	28
TAFINLAR ORAL CAPSULE	20	<i>telmisartan oral tablet 80 mg</i>	28
TAFINLAR ORAL TABLET SOLUBLE	20	<i>telmisartan-amlodipine</i>	28
<i>tafluprost (pf)</i>	76	<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-25</i>	
TAGRISSO	20	<i>mg</i>	28
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	20	<i>telmisartan-hctz oral tablet 80-12.5 mg</i>	28
TALZENNA ORAL CAPSULE 0.25 MG	20	<i>temazepam oral capsule 15 mg, 30 mg</i>	40
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG, 1		<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	40
MG	20	TENIVAC	66
TAMIFLU ORAL CAPSULE 30 MG	72	<i>tenofovir disoproxil fumarate</i>	72
TAMIFLU ORAL CAPSULE 45 MG	72	TENORETIC 100	28
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6		TENORETIC 50	28

TENORMIN ORAL TABLET 100 MG, 50 MG	28	<i>timolol maleate ophthalmic solution 0.5 %</i>	76
TEPMETKO	20	<i>timolol maleate oral</i>	28
<i>terazosin hcl oral</i>	28	<i>timolol maleate pf ophthalmic solution 0.5 %</i>	76
<i>terbinafine hcl oral</i>	72	TIMOPTIC OCUDOSE	76
<i>terbutaline sulfate injection</i>	79	TIMOPTIC-XE	76
<i>terbutaline sulfate oral</i>	79	<i>tinidazole oral</i>	73
<i>terconazole</i>	57	<i>tiopronin oral tablet</i>	57
<i>teriparatide</i>	53	TIROSINT ORAL CAPSULE 137 MCG, 175 MCG, 200 MCG, 37.5 MCG, 44 MCG, 62.5 MCG	62
<i>teriparatide (recombinant)</i>	53	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	62
<i>testosterone cypionate intramuscular solution 100 mg/ml</i>	62	TIS-U-SOL	74
<i>testosterone cypionate intramuscular solution 200 mg/ml, 200 mg/ml (1 ml)</i>	62	TIVICAY ORAL TABLET 10 MG	73
<i>testosterone enanthate intramuscular solution</i>	62	TIVICAY ORAL TABLET 25 MG, 50 MG	73
<i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i>	62	TIVICAY PD	73
<i>testosterone transdermal gel 10 mg/act (2%)</i>	62	<i>tizanidine hcl oral tablet</i>	41
<i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	62	TOBRADEX OPHTHALMIC OINTMENT	76
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%)</i>	62	TOBRADEX ST	76
<i>testosterone transdermal solution</i>	62	<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	80
<i>tetrabenazine oral tablet 12.5 mg</i>	40	<i>tobramycin ophthalmic</i>	76
<i>tetrabenazine oral tablet 25 mg</i>	40	<i>tobramycin sulfate injection</i>	73
<i>tetracycline hcl oral capsule</i>	73	<i>tobramycin-dexamethasone</i>	76
THALOMID ORAL CAPSULE 100 MG, 50 MG	20	<i>tolcapone</i>	41
THALOMID ORAL CAPSULE 150 MG, 200 MG	20	<i>tolmetin sodium oral capsule</i>	14
THEO-24	79	<i>tolmetin sodium oral tablet 600 mg</i>	14
<i>theophylline er</i>	79	<i>tolterodine tartrate</i>	57
<i>theophylline oral</i>	80	<i>tolterodine tartrate er</i>	57
<i>thioridazine hcl oral</i>	40	<i>tolvaptan oral tablet 15 mg</i>	53
<i>thiothixene oral</i>	40	<i>tolvaptan oral tablet 30 mg</i>	53
TIADYLT ER	28	TOPICORT EXTERNAL CREAM	47
<i>tiagabine hcl</i>	41	TOPICORT EXTERNAL GEL	47
TIAZAC	28	TOPICORT EXTERNAL OINTMENT	47
TIBSOVO	20	TOPICORT SPRAY	47
TICE BCG	20	<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 25 mg, 50 mg</i>	41
TICOVAC	66	<i>topiramate er oral capsule extended release 24 hour 100 mg</i>	41
<i>tigecycline</i>	73	<i>topiramate er oral capsule extended release 24 hour 25 mg, 50 mg</i>	41
TIKOSYN	28	<i>topiramate oral</i>	41
TILIA FE	62	TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG	28
<i>timolol maleate (once-daily)</i>	76	<i>toremifene citrate</i>	20
TIMOLOL MALEATE OCUDOSE	76		
<i>timolol maleate ophthalmic gel forming solution</i>	76		
<i>timolol maleate ophthalmic solution 0.25 %</i>	76		

<i>torseamide oral</i>	28	TRI-ESTARYLLA	62
TOUJEO MAX SOLOSTAR	53	TRI-LEGEST FE	62
TOUJEO SOLOSTAR	53	TRI-LINYAH	62
TOVIAZ	57	TRI-LO-ESTARYLLA	62
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	49	TRI-LO-MARZIA	62
TRACLEER ORAL TABLET SOLUBLE	80	TRI-LO-MILI	62
TRADJENTA	53	TRI-LO-SPRINTEC	62
<i>tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	14	TRI-MILI	62
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour</i>	14	TRI-NYMYO	62
<i>tramadol hcl er</i>	14	TRI-SPRINTEC	62
<i>tramadol hcl oral tablet 50 mg</i>	14	TRI-VYLIBRA	62
<i>tramadol-acetaminophen</i>	14	TRI-VYLIBRA LO	62
<i>trandolapril</i>	28	<i>triamcinolone acetonide external aerosol solution</i>	47
<i>trandolapril-verapamil hcl er</i>	28	<i>triamcinolone acetonide external cream</i>	47
<i>tranexamic acid intravenous solution 1000 mg/ 10ml</i>	23	<i>triamcinolone acetonide external lotion</i>	47
<i>tranexamic acid oral</i>	23	<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	47
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR	55	<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	62
<i>tranylcypromine sulfate</i>	41	<i>triamcinolone acetonide mouth/throat</i>	47
TRAVASOL	49	<i>triamterene-hctz oral capsule 37.5-25 mg</i>	28
<i>travoprost (bak free)</i>	76	<i>triamterene-hctz oral tablet</i>	28
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	41	<i>triazolam oral tablet 0.25 mg</i>	41
<i>trazodone hcl oral tablet 300 mg</i>	41	TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG	28
TRECTOR	73	TRIDERM EXTERNAL CREAM	47
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	80	<i>trientine hcl</i>	53
<i>treprostinil</i>	80	<i>trifluoperazine hcl oral</i>	41
TRESIBA	53	<i>trifluridine ophthalmic</i>	73
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	53	<i>trihexyphenidyl hcl oral solution</i>	41
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	53	<i>trihexyphenidyl hcl oral tablet</i>	41
<i>tretinoin external cream</i>	47	TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	53
<i>tretinoin external gel 0.01 %, 0.025 %</i>	47	TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	53
<i>tretinoin external gel 0.05 %</i>	47	TRIKAFTA ORAL TABLET THERAPY PACK	80
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	47	TRIKAFTA ORAL THERAPY PACK	80
<i>tretinoin microsphere pump external gel 0.04 %, 0.1 %</i>	47	TRILEPTAL ORAL SUSPENSION	41
<i>tretinoin oral</i>	20	TRILEPTAL ORAL TABLET 150 MG, 300 MG	41
TREXALL	66	TRILIPIX	28
TRI FEMYNOR	62	<i>trimethobenzamide hcl oral</i>	55
		<i>trimethoprim oral</i>	73
		<i>trimipramine maleate oral</i>	41
		TRINTELLIX	41
		TRIUMEQ	73
		TRIUMEQ PD	73
		TRIVORA (28)	62

TRIZIVIR	73	UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	41
TRODELVY	20	UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	41
TROGARZO	73	UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	41
TROPHAMINE INTRAVENOUS SOLUTION 10 %	49	UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	41
<i>trosipium chloride</i>	57	UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	41
<i>trosipium chloride er</i>	57	UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	41
TRULICITY	53	VAGIFEM VAGINAL TABLET 10 MCG	62
TRUMENBA	66	<i>valacyclovir hcl oral tablet 1 gm</i>	73
TRUQAP	20	<i>valacyclovir hcl oral tablet 500 mg</i>	73
TRUSELTIQ (100MG DAILY DOSE)	20	VALCHLOR	47
TRUSELTIQ (125MG DAILY DOSE)	20	<i>valganciclovir hcl oral solution</i> <i>reconstituted</i>	73
TRUSELTIQ (50MG DAILY DOSE)	20	<i>valganciclovir hcl oral tablet</i>	73
TRUSELTIQ (75MG DAILY DOSE)	20	<i>valproate sodium intravenous solution 100 mg/ ml, 500 mg/5ml</i>	41
TUDORZA PRESSAIR	80	<i>valproic acid oral capsule</i>	41
TUKYSA	20	<i>valproic acid oral solution</i>	41
TURALIO ORAL CAPSULE 125 MG	20	<i>valsartan oral tablet 160 mg</i>	28
TURQOZ	62	<i>valsartan oral tablet 320 mg</i>	28
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	66	<i>valsartan oral tablet 40 mg, 80 mg</i>	28
TYBLUME ORAL TABLET CHEWABLE	62	<i>valsartan-hydrochlorothiazide</i>	28
TYBOST	73	VALTOCO 10 MG DOSE	41
TYDEMY	62	VALTOCO 15 MG DOSE	41
TYMLOS	53	VALTOCO 20 MG DOSE	41
TYPHIM VI	66	VALTOCO 5 MG DOSE	41
TYSABRI	41	<i>vancomycin hcl in dextrose intravenous solution</i> <i>1-5 gm/200ml-%, 1.25-5 gm/250ml-%, 1.5-5 gm/ 300ml-%, 500-5 mg/100ml-%, 750-5 mg/ 150ml-%</i>	73
TYVASO	80	<i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/ 150ml-%</i>	73
TYVASO REFILL	80	<i>vancomycin hcl intravenous solution 1000 mg/ 200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml</i>	73
TYVASO STARTER	80	<i>vancomycin hcl intravenous solution</i> <i>reconstituted 1 gm, 10 gm, 100 gm, 5 gm, 500 mg</i>	73
UBRELVY ORAL TABLET 100 MG	41	<i>vancomycin hcl intravenous solution</i> <i>reconstituted 1.25 gm, 1.5 gm, 750 mg</i>	73
UBRELVY ORAL TABLET 50 MG	41	<i>vancomycin hcl oral capsule 125 mg</i>	73
UDENYCA	23	<i>vancomycin hcl oral capsule 250 mg</i>	73
ULORIC ORAL TABLET 80 MG	14		
UNASYN INJECTION SOLUTION RECONSTITUTED 3 (2-1) GM	73		
UNASYN INTRAVENOUS SOLUTION RECONSTITUTED 15 (10-5) GM	73		
UNITHROID	62		
UPTRAVI ORAL	80		
UPTRAVI TITRATION	80		
UROCIT-K 10	57		
UROCIT-K 15	57		
UROCIT-K 5	57		
URSO 250	55		
<i>ursodiol oral capsule 300 mg</i>	55		
<i>ursodiol oral tablet</i>	55		
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	41		

<i>vancomycin hcl oral solution reconstituted 25 mg/ml</i>	73	VERELAN PM	28
VANDAZOLE	57	VERQUVO	28
VANFLYTA	20	VERSACLOZ	42
VAQTA	66	VERZENIO	20
<i>varenicline tartrate (starter)</i>	41	VESICARE	57
<i>varenicline tartrate oral tablet 0.5 mg</i>	41	VFEND ORAL TABLET 50 MG	73
<i>varenicline tartrate oral tablet 1 mg</i>	41	VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG	73
<i>varenicline tartrate oral tablet therapy pack</i>	41	VIBRAMYCIN ORAL CAPSULE	73
VARIVAX	66	VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	53
VARIZIG INTRAMUSCULAR SOLUTION	66	VIENVA	63
VASCEPA	28	<i>vigabatrin</i>	42
VASERETIC	28	VIGADRONE ORAL PACKET	42
VASOTEC ORAL TABLET 2.5 MG	28	VIGADRONE ORAL TABLET	42
VECAMYL	28	VIGPODER	42
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	20	VIIBRYD ORAL TABLET	42
VECTICAL	47	<i>vilazodone hcl</i>	42
VELIVET	62	VIMPAT ORAL TABLET 50 MG	42
VELPHORO	53	<i>vinblastine sulfate intravenous solution</i>	20
VELTASSA	53	<i>vincristine sulfate intravenous</i>	20
VEMLIDY	73	<i>vinorelbine tartrate</i>	20
VENCLEXTA ORAL TABLET 10 MG	20	VIOKACE ORAL TABLET 10440-39150 UNIT	56
VENCLEXTA ORAL TABLET 100 MG	20	VIOKACE ORAL TABLET 20880-78300 UNIT	56
VENCLEXTA ORAL TABLET 50 MG	20	<i>viorele</i>	63
VENCLEXTA STARTING PACK	20	VIRACEPT ORAL TABLET 250 MG	73
<i>venlafaxine besylate er</i>	41	VIRACEPT ORAL TABLET 625 MG	73
<i>venlafaxine hcl</i>	41	VIREAD ORAL POWDER	73
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	41	VIREAD ORAL TABLET 150 MG, 250 MG	73
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg</i>	41	VIREAD ORAL TABLET 200 MG	73
<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	42	VISTARIL ORAL CAPSULE 50 MG	80
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>	42	VITRAKVI ORAL CAPSULE 100 MG	20
VENTAVIS	80	VITRAKVI ORAL CAPSULE 25 MG	20
VENTOLIN HFA	80	VITRAKVI ORAL SOLUTION	20
<i>verapamil hcl er oral capsule extended release 24 hour</i>	28	VIZIMPRO	20
<i>verapamil hcl er oral tablet extended release 120 mg</i>	28	VOGELXO PUMP	63
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	28	VOLNEA	63
<i>verapamil hcl intravenous</i>	28	VONJO	20
<i>verapamil hcl oral</i>	28	<i>voriconazole intravenous</i>	73
VERELAN	28	<i>voriconazole oral suspension reconstituted</i>	74
		<i>voriconazole oral tablet 200 mg</i>	74
		<i>voriconazole oral tablet 50 mg</i>	74
		VOSEVI	74
		VPRIV	56
		VRAYLAR ORAL CAPSULE	42
		VRAYLAR ORAL CAPSULE THERAPY PACK	42
		VUMERITY	42

VYFEMLA	63	XIIDRA	76
VYLIBRA	63	XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	74
VYTORIN ORAL TABLET 10-80 MG	28	XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	74
VYZULTA	76	XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML	80
WAKIX	42	XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	80
<i>warfarin sodium oral</i>	23	XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	80
WELCHOL ORAL PACKET	28	XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	80
WELIREG	20	XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	80
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG	42	XOSPATA	21
WERA	63	XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	21
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	80	XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	21
WYMZYA FE	63	XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	21
XALKORI ORAL CAPSULE	20	XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	21
XALKORI ORAL CAPSULE SPRINKLE 150 MG	21	XPOVIO (60 MG TWICE WEEKLY)	21
XALKORI ORAL CAPSULE SPRINKLE 20 MG	21	XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	21
XALKORI ORAL CAPSULE SPRINKLE 50 MG	21	XPOVIO (80 MG TWICE WEEKLY)	21
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 3 MG	42	XTANDI ORAL CAPSULE	21
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2 MG	42	XTANDI ORAL TABLET 40 MG	21
XARELTO ORAL SUSPENSION RECONSTITUTED	23	XTANDI ORAL TABLET 80 MG	21
XARELTO ORAL TABLET 10 MG, 20 MG	23	XULANE	63
XARELTO ORAL TABLET 15 MG, 2.5 MG	23	XYREM	42
XARELTO STARTER PACK	23	YARGESA	56
XATMEP	66	YASMIN 28	63
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	42	YAZ	63
XCOPRI (350 MG DAILY DOSE)	42	YERVOY	21
XCOPRI ORAL TABLET 100 MG, 50 MG	42	YF-VAX	66
XCOPRI ORAL TABLET 150 MG, 200 MG	42	YONSA	21
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	42	YUVAFEM	63
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	42	ZAFEMY	63
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT	42	<i>zafirlukast</i>	80
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT	42	<i>zaleplon oral capsule 10 mg</i>	42
XERMELO	55	<i>zaleplon oral capsule 5 mg</i>	42
XGEVA	53	ZANAFLEX	42
XIFAXAN ORAL TABLET 550 MG	74	ZARONTIN	42
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	53	ZARXIO	23
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	53	ZEGERID ORAL CAPSULE 20-1100 MG	55

ZEJULA ORAL CAPSULE	21	ZITHROMAX ORAL SUSPENSION RECONSTITUTED	74
ZEJULA ORAL TABLET 100 MG	21	ZITHROMAX ORAL TABLET 500 MG	74
ZEJULA ORAL TABLET 200 MG, 300 MG	21	ZOCOR ORAL TABLET 10 MG	28
ZELBORAF	21	<i>zoledronic acid intravenous concentrate</i>	53
ZEMPLAR ORAL CAPSULE 1 MCG	53	<i>zoledronic acid intravenous solution</i>	53
ZENATANE	47	ZOLINZA	21
ZENPEP ORAL CAPSULE DELAYED RELEASE		<i>zolmitriptan nasal solution 2.5 mg</i>	42
PARTICLES 10000-32000 UNIT, 15000-47000 UNIT,		<i>zolmitriptan oral</i>	42
20000-63000 UNIT, 3000-10000 UNIT,		ZOLOFT ORAL CONCENTRATE	42
5000-24000 UNIT	56	<i>zolpidem tartrate er</i>	42
ZENPEP ORAL CAPSULE DELAYED RELEASE		<i>zolpidem tartrate oral tablet</i>	42
PARTICLES 25000-79000 UNIT, 40000-126000		ZOMIG NASAL	42
UNIT	56	ZOMIG ORAL TABLET 2.5 MG	43
ZEPZELCA	21	ZONISADE	43
ZESTORETIC	28	<i>zonisamide oral</i>	43
ZESTRIL ORAL TABLET 2.5 MG	28	ZOVIA 1/35 (28)	63
ZETONNA	80	ZTALMY	43
ZIAC	28	ZUMANDIMINE	63
ZIAGEN ORAL SOLUTION	74	ZURZUVAE	43
ZIAGEN ORAL TABLET	74	ZYDELIG	21
ZIANA	47	ZYKADIA ORAL TABLET	21
<i>zidovudine oral capsule</i>	74	ZYLET	77
<i>zidovudine oral syrup</i>	74	ZYPREXA INTRAMUSCULAR	43
<i>zidovudine oral tablet</i>	74	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION	
ZIEXTENZO	23	RECONSTITUTED 210 MG, 300 MG	43
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	76	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION	
<i>ziprasidone hcl oral capsule 20 mg</i>	42	RECONSTITUTED 405 MG	43
<i>ziprasidone hcl oral capsule 40 mg</i>	42	ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML	
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	42	74
<i>ziprasidone mesylate</i>	42	ZYVOX INTRAVENOUS SOLUTION 600	
ZIRGAN	74	MG/300ML	74
ZITHROMAX INTRAVENOUS	74		
ZITHROMAX ORAL PACKET	74		

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

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

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

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

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

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

Arabic: إننا نقدم خدمات الترجمة الفورية المجانية من أي لغة تتحدثها أو تفهمها إلى اللغة العربية. للحصول على مزيد من المعلومات، يرجى الاتصال برقم الهاتف لمركز خدمة العملاء في مكتبنا. (TTY: 711) يقيّم شخص مختص مهاراتك في فهم اللغة العربية. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें आपके प्लान सदस्यता कार्ड पर दिए गए नंबर पर (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता 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 Italiano vi 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 April 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 **1-833-848-8730**, or for TTY users, **711**, Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays, or visit **www.anthem.com/ca**.