



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 February 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.

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 3/1/2024. 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 3/1/2024. 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*).

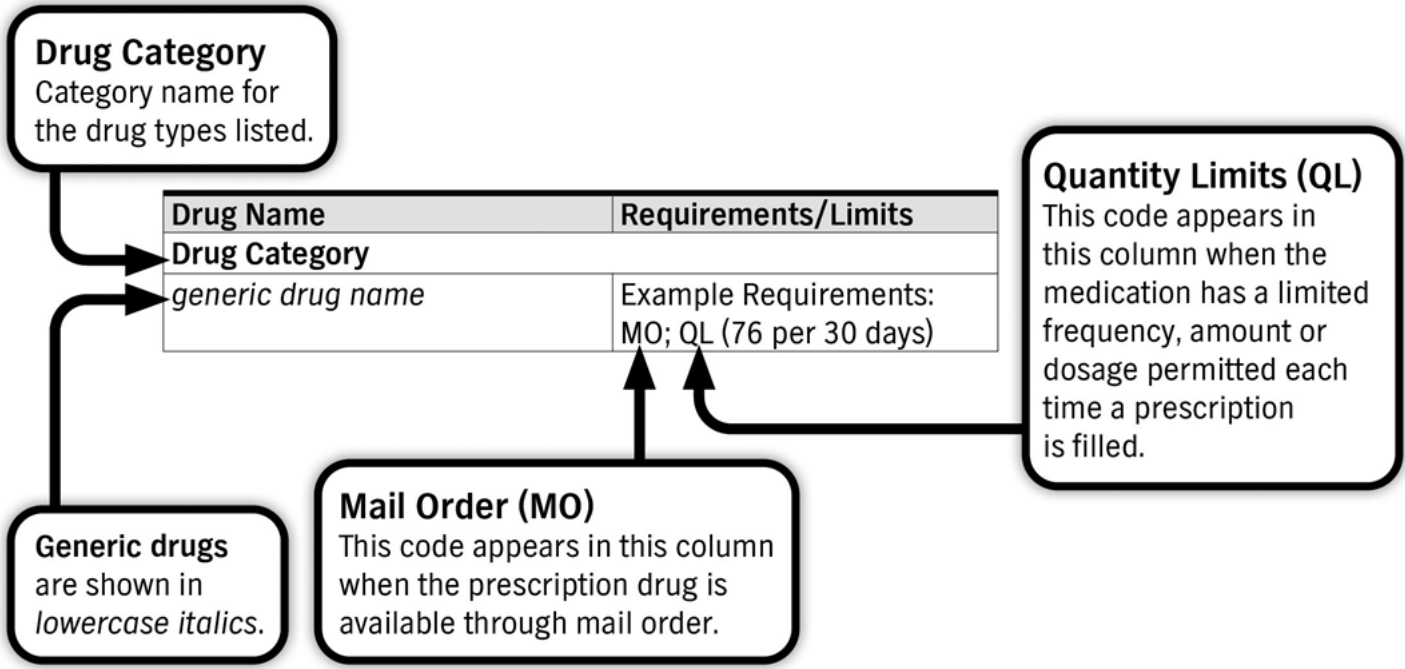
The **second column** of the chart identifies the tier placement of each medication covered in your formulary. Our drug plan groups drugs based upon cost with the lowest cost drugs in Tier 1. These are typically generic drugs. Some newer, more expensive generic drugs may be on a higher tier. To find 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

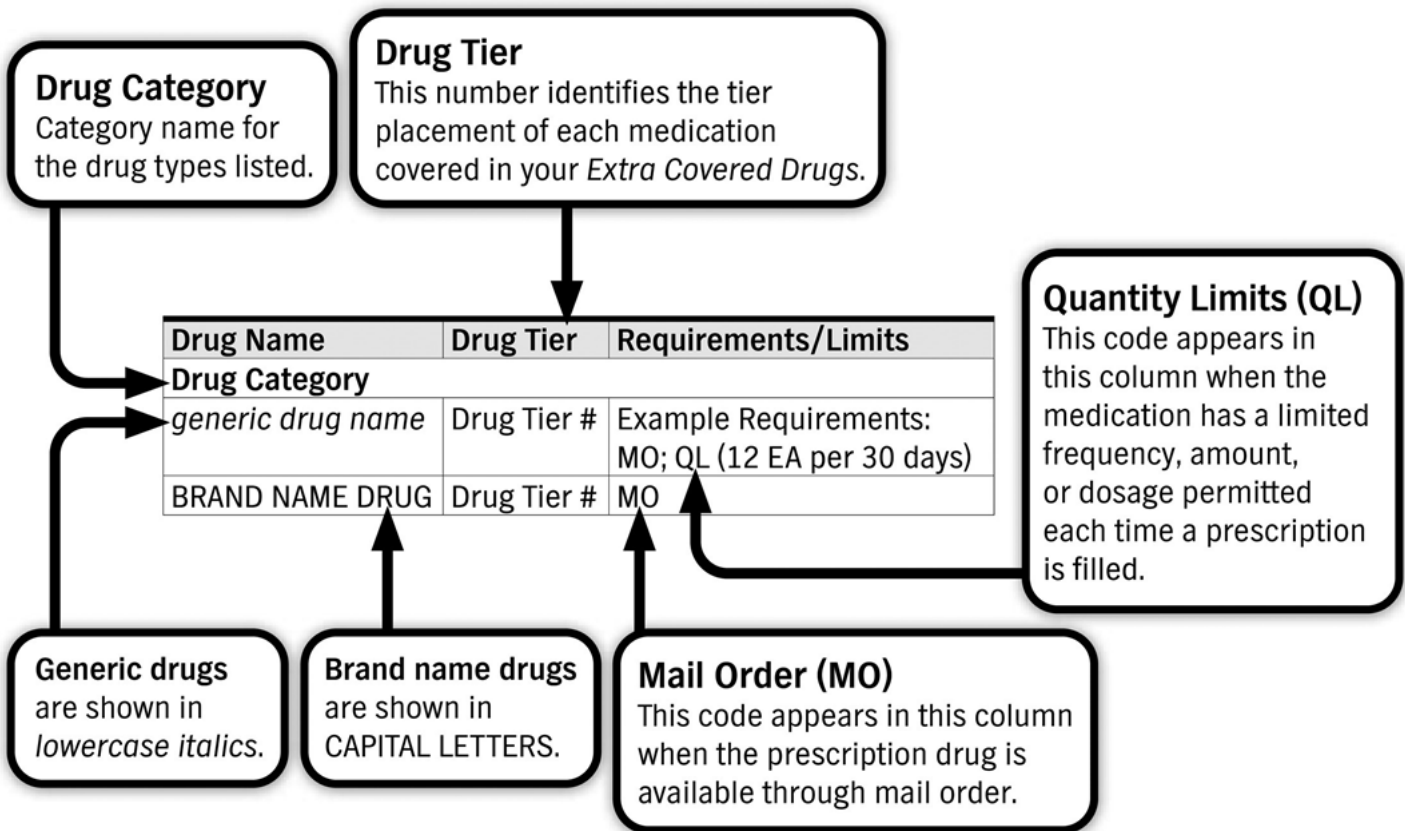
The benefits chart in your *Evidence of Coverage* will also tell you if the amount that you pay for covered drugs changes after the total drug cost paid by you and the plan reaches the initial coverage amount of \$5,030. Please check your benefits chart and *Evidence of Coverage* online at www.anthem.com/ca, 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>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)
<i>acetaminophen-codeine oral tablet</i>	1	QL (180 per 30 days)	<i>buprenorphine transdermal patch weekly 5 mcg/hr, 7.5 mcg/hr</i>	2	PA; QL (4 per 28 days)
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO	<i>butalbital-apap-caff-cod</i>	1	PA; QL (180 per 30 days)
ASCOMP-CODEINE	1	PA; QL (180 per 30 days)			

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

Drug Name	Drug Tier	Requirements /Limits
<i>butalbital-asa-caff-codeine</i>	1	PA; QL (180 per 30 days)
<i>butorphanol tartrate injection</i>	1	
<i>butorphanol tartrate nasal</i>	1	QL (5 per 30 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 5 MCG/HR, 7.5 MCG/HR	3	PA; QL (4 per 28 days)
<i>celecoxib oral</i>	1	MO
<i>codeine sulfate oral tablet</i>	2	QL (180 per 30 days)
<i>colchicine oral</i>	1	
<i>colchicine-probenecid</i>	1	MO
CONZIP	3	PA; QL (30 per 30 days)
DAYPRO	3	MO
DEMEROL INJECTION SOLUTION 25 MG/ML, 50 MG/ML	3	PA
<i>diclofenac potassium oral tablet 50 mg</i>	1	MO
<i>diclofenac sodium er</i>	1	MO
<i>diclofenac sodium external gel 1 %</i>	1	QL (1000 per 30 days)
<i>diclofenac sodium external solution 1.5 %</i>	1	QL (300 per 30 days)
<i>diclofenac sodium oral</i>	1	MO
<i>diclofenac-misoprostol oral tablet delayed release</i>	1	MO
<i>diflunisal oral</i>	1	MO
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
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	1	QL (180 per 30 days)
<i>etodolac er</i>	1	MO
<i>etodolac oral</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>febuxostat</i>	1	ST; MO
FELDENE	3	MO
<i>fenoprofen calcium oral tablet</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>fentanyl citrate buccal lozenge on a handle 200 mcg, 400 mcg</i>	3	PA; QL (120 per 30 days)
<i>fentanyl citrate buccal tablet</i>	3	PA; QL (120 per 30 days); S
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PA; QL (15 per 30 days)
<i>flurbiprofen oral tablet 100 mg</i>	1	MO
GLYDO EXTERNAL PREFILLED SYRINGE	1	
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	1	QL (2700 per 30 days)
<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>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	QL (50 per 10 days)
<i>hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	
<i>hydromorphone hcl oral liquid</i>	1	QL (720 per 30 days)
<i>hydromorphone hcl oral tablet</i>	1	QL (180 per 30 days)
<i>hydromorphone hcl pf injection solution 1 mg/ml, 4 mg/ml</i>	2	

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

Drug Name	Drug Tier	Requirements /Limits
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)
meclofenamate sodium oral	1	MO
mefenamic acid oral	1	MO
meloxicam oral tablet	1	MO

Drug Name	Drug Tier	Requirements /Limits
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 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)
morphine sulfate er oral tablet extended release 100 mg, 200 mg	1	PA; QL (60 per 30 days)
morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg	1	PA; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<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 100 mg/5ml</i>	1	QL (180 per 30 days)
<i>oxycodone hcl oral solution</i>	1	QL (900 per 30 days)
<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)

Drug Name	Drug Tier	Requirements /Limits
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
<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

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ALECENSA	3	PA; QL (240 per 30 days); LA; S	BOSULIF ORAL TABLET 100 MG	3	PA; QL (120 per 30 days); S
ALUNBRIG ORAL TABLET 180 MG	3	PA; QL (30 per 30 days); LA; S	BOSULIF ORAL TABLET 400 MG, 500 MG	3	PA; QL (30 per 30 days); S
ALUNBRIG ORAL TABLET 30 MG	3	PA; QL (180 per 30 days); LA; S	BRAFTOVI ORAL CAPSULE 75 MG	3	PA; QL (180 per 30 days); LA; S
ALUNBRIG ORAL TABLET 90 MG	3	PA; QL (60 per 30 days); LA; S	BRUKINSA	3	PA; QL (120 per 30 days); LA; S
ALUNBRIG ORAL TABLET THERAPY PACK	3	PA; QL (30 per 180 days); LA; S	CABOMETYX	3	PA; QL (30 per 30 days); LA; S
<i>anastrozole oral</i>	1	QL (30 per 30 days); MO	CALQUENCE	3	PA; QL (60 per 30 days); LA; S
AUGTYRO	3	PA; QL (240 per 30 days); S	CAPRELSA ORAL TABLET 100 MG	3	PA; QL (90 per 30 days); LA; S
AVASTIN	3	PA; LA; S	CAPRELSA ORAL TABLET 300 MG	3	PA; QL (30 per 30 days); LA; S
AYVAKIT	3	PA; QL (30 per 30 days); LA; S	<i>carboplatin intravenous solution</i>	1	B/D PA
<i>azacitidine</i>	3	PA; LA; S	<i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml</i>	1	B/D PA
BALVERSA ORAL TABLET 3 MG	3	PA; QL (90 per 30 days); LA; S	COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	3	PA; QL (56 per 28 days); LA; S
BALVERSA ORAL TABLET 4 MG	3	PA; QL (60 per 30 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
BALVERSA ORAL TABLET 5 MG	3	PA; QL (30 per 30 days); LA; S	COMETRIQ (60 MG DAILY DOSE)	3	PA; QL (84 per 28 days); LA; S
BAVENCIO	3	PA; LA; S	COPIKTRA	3	PA; QL (60 per 30 days); LA; S
<i>bendamustine hcl intravenous solution</i>	3	B/D PA; S	COTELLIC	3	PA; QL (90 per 30 days); LA; S
BENDEKA	3	B/D PA; S	<i>cyclophosphamide intravenous</i>	3	S
BESREMI	3	PA; LA; S	<i>cyclophosphamide oral capsule</i>	2	B/D PA
<i>bexarotene oral</i>	3	PA; QL (300 per 30 days); S	CYRAMZA	3	PA; LA; S
<i>bicalutamide</i>	1	QL (30 per 30 days)	DARZALEX	3	PA; LA; S
<i>bleomycin sulfate</i>	1	B/D PA	DARZALEX FASPRO	3	PA; S
<i>bortezomib injection solution reconstituted 1 mg, 3.5 mg</i>	3	PA; S	DAURISMO ORAL TABLET 100 MG	3	PA; QL (30 per 30 days); LA; S
<i>bortezomib injection solution reconstituted 2.5 mg</i>	3	PA	DAURISMO ORAL TABLET 25 MG	3	PA; QL (60 per 30 days); LA; S
<i>bortezomib intravenous solution reconstituted</i>	3	PA; S			

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Drug Name	Drug Tier	Requirements /Limits
<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
<i>exemestane</i>	1	QL (60 per 30 days); MO
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

Drug Name	Drug Tier	Requirements /Limits
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	
IBRANCE	3	PA; QL (21 per 28 days); LA; S
ICLUSIG	3	PA; QL (30 per 30 days); LA; S
IDHIFA ORAL TABLET 100 MG	3	PA; QL (30 per 30 days); LA; S
IDHIFA ORAL TABLET 50 MG	3	PA; QL (60 per 30 days); LA; S
<i>imatinib mesylate oral tablet 100 mg</i>	3	PA; QL (90 per 30 days); S
<i>imatinib mesylate oral tablet 400 mg</i>	3	PA; QL (60 per 30 days); S

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
IMBRUVICA ORAL CAPSULE 140 MG	3	PA; QL (90 per 30 days); LA; S	KISQALI FEMARA (400 MG DOSE)	3	PA; QL (70 per 28 days); S
IMBRUVICA ORAL CAPSULE 70 MG	3	PA; QL (30 per 30 days); LA; S	KISQALI FEMARA (600 MG DOSE)	3	PA; QL (91 per 28 days); S
IMBRUVICA ORAL SUSPENSION	3	PA; QL (216 per 27 days); LA; S	KRAZATI	3	PA; QL (180 per 30 days); S
IMBRUVICA ORAL TABLET 140 MG	3	PA; QL (90 per 30 days); LA; S	KYPROLIS	3	PA; LA; S
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG	3	PA; QL (30 per 30 days); LA; S	<i>lapatinib ditosylate</i>	3	PA; QL (180 per 30 days); S
IMFINZI	3	PA; LA; S	<i>lenalidomide oral capsule 10 mg</i>	3	PA; QL (60 per 30 days); LA; S
INLYTA ORAL TABLET 1 MG	3	PA; QL (180 per 30 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
INLYTA ORAL TABLET 5 MG	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
INQOVI	3	PA; QL (5 per 28 days); LA; S	LENVIMA (10 MG DAILY DOSE)	3	PA; QL (30 per 30 days); LA; S
INREBIC	3	PA; QL (120 per 30 days); LA; S	LENVIMA (12 MG DAILY DOSE)	3	PA; QL (90 per 30 days); LA; S
<i>irinotecan hcl intravenous solution 100 mg/5ml</i>	3		LENVIMA (14 MG DAILY DOSE)	3	PA; QL (60 per 30 days); LA; S
<i>irinotecan hcl intravenous solution 300 mg/15ml, 40 mg/2ml</i>	1		LENVIMA (18 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 (20 MG DAILY DOSE)	3	PA; QL (60 per 30 days); LA; S
JAKAFI	3	PA; QL (60 per 30 days); LA; S	LENVIMA (24 MG DAILY DOSE)	3	PA; QL (90 per 30 days); LA; S
JAYPIRCA ORAL TABLET 100 MG	3	PA; QL (60 per 30 days); S	LENVIMA (4 MG DAILY DOSE)	3	PA; QL (30 per 30 days); LA; S
JAYPIRCA ORAL TABLET 50 MG	3	PA; QL (30 per 30 days); S	LENVIMA (8 MG DAILY DOSE)	3	PA; QL (60 per 30 days); LA; S
JEVTANA	3	PA; S	<i>letrozole oral</i>	1	QL (30 per 30 days); MO
KADCYLA	3	PA; S	<i>leucovorin calcium injection solution 100 mg/10ml</i>	1	
KEYTRUDA INTRAVENOUS SOLUTION	3	PA; S	<i>leucovorin calcium injection solution reconstituted</i>	1	B/D PA
KISQALI (200 MG DOSE)	3	PA; QL (21 per 21 days); S	<i>leucovorin calcium oral</i>	1	
KISQALI (400 MG DOSE)	3	PA; QL (42 per 21 days); S	LEUKERAN	2	
KISQALI (600 MG DOSE)	3	PA; QL (63 per 21 days); S	<i>leuprolide acetate (3 month)</i>	3	PA
KISQALI FEMARA (200 MG DOSE)	3	PA; QL (49 per 28 days); S	<i>leuprolide acetate injection</i>	1	PA
			LONSURF	3	PA; S

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Drug Name	Drug Tier	Requirements /Limits
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
<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

Drug Name	Drug Tier	Requirements /Limits
<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
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

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>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
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

Drug Name	Drug Tier	Requirements /Limits
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); 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
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

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
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
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

Drug Name	Drug Tier	Requirements /Limits
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
XALKORI ORAL CAPSULE SPRINKLE 150 MG	3	PA; QL (90 per 30 days); S
XALKORI ORAL CAPSULE SPRINKLE 20 MG	3	PA; QL (120 per 30 days); S
XALKORI ORAL CAPSULE SPRINKLE 50 MG	3	PA; QL (60 per 30 days); 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

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
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
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

Drug Name	Drug Tier	Requirements /Limits
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 oral capsule 150 mg, 75 mg</i>	3	QL (60 per 30 days); MO
<i>dipyridamole oral</i>	1	PA; MO
DROXIA	2	MO
ELIQUIS	2	QL (60 per 30 days); MO
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	2	QL (74 per 180 days)
ENDARI	3	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
<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
<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

Drug Name	Drug Tier	Requirements /Limits
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/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>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
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

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
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
<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

Drug Name	Drug Tier	Requirements /Limits
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	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
<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

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>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
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

Drug Name	Drug Tier	Requirements /Limits
<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	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
<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

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
diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	MO	fenofibrate oral tablet 40 mg	3	MO
diltiazem hcl intravenous solution	1		fenofibric acid oral capsule delayed release	1	MO
diltiazem hcl intravenous solution reconstituted	2		FENOGLIDE ORAL TABLET 40 MG	3	MO
diltiazem hcl oral	1	MO	flecainide acetate	1	MO
disopyramide phosphate oral	1	PA; MO	fluvastatin sodium	1	QL (60 per 30 days); MO
dofetilide	1		fluvastatin sodium er	1	QL (30 per 30 days); MO
doxazosin mesylate oral	1	MO	fosinopril sodium	1	MO
droxidopa oral capsule 100 mg	3	PA; QL (90 per 30 days)	fosinopril sodium-hctz	1	MO
droxidopa oral capsule 200 mg	3	PA; QL (180 per 30 days)	furosemide injection	1	
droxidopa oral capsule 300 mg	3	PA; QL (180 per 30 days); S	furosemide oral solution 10 mg/ml	1	MO
EDARBI	3	QL (30 per 30 days); MO	furosemide oral solution 8 mg/ml	1	MO
EDARBYCLOR	3	QL (30 per 30 days); MO	furosemide oral tablet	1	MO
enalapril maleate oral tablet	1	MO	gemfibrozil oral	1	MO
enalapril-hydrochlorothiazide	1	MO	guanfacine hcl oral	1	PA; MO
ENTRESTO ORAL TABLET 24-26 MG	2	QL (180 per 30 days); MO	hydralazine hcl injection	1	
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	2	QL (60 per 30 days); MO	hydralazine hcl oral	1	MO
eplerenone	1	MO	hydrochlorothiazide oral	1	MO
ezetimibe	1	MO	icosapent ethyl	3	MO
ezetimibe-simvastatin	1	QL (30 per 30 days); MO	indapamide oral	1	MO
felodipine er	1	MO	INSPIRA	3	MO
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	MO	irbesartan	1	QL (30 per 30 days); MO
fenofibrate oral capsule 134 mg, 200 mg, 50 mg, 67 mg	1	MO	irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg	1	QL (60 per 30 days); MO
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	MO	irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg	1	QL (30 per 30 days); MO
			ISORDIL TITRADOSE ORAL TABLET 5 MG	3	MO
			isosorb dinitrate-hydralazine	2	QL (180 per 30 days); MO
			isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	MO

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>isosorbide dinitrate oral tablet 40 mg</i>	3	MO; S	<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>isosorbide mononitrate</i>	1	MO	<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	1	MO
<i>isosorbide mononitrate er</i>	1	MO	<i>metoprolol-hydrochlorothiazide</i>	1	MO
<i>isradipine</i>	1	MO	<i>metyrosine</i>	3	S
<i>labetalol hcl intravenous solution</i>	1		<i>mexiletine hcl oral</i>	1	MO
<i>labetalol hcl oral</i>	1	MO	<i>midodrine hcl</i>	1	
LANOXIN ORAL TABLET 125 MCG	3	QL (30 per 30 days); MO	MINIPRESS	3	MO
LANOXIN ORAL TABLET 250 MCG	3	PA; QL (60 per 30 days); MO	<i>minoxidil oral</i>	1	MO
LESCOL XL	3	QL (30 per 30 days); MO	<i>moexipril hcl</i>	1	MO
LIPOFEN ORAL CAPSULE 150 MG	3	MO	MULTAQ	2	QL (60 per 30 days); MO
LIPOFEN ORAL CAPSULE 50 MG	2	MO	<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	MO
<i>lisinopril oral</i>	1	MO	<i>nebivolol hcl</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO	<i>niacin (antihyperlipidemic)</i>	1	
LOPID	3	MO	<i>niacin er (antihyperlipidemic)</i>	1	MO
<i>losartan potassium oral tablet 100 mg</i>	1	QL (30 per 30 days); MO	NIACOR	1	
<i>losartan potassium oral tablet 25 mg, 50 mg</i>	1	QL (60 per 30 days); MO	<i>nicardipine hcl intravenous</i>	1	
<i>losartan potassium-hctz</i>	1	QL (30 per 30 days); MO	<i>nicardipine hcl oral</i>	1	MO
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	MO	<i>nifedipine er</i>	1	MO
LOTREL ORAL CAPSULE 10-40 MG	3	MO	<i>nifedipine er osmotic release</i>	1	MO
<i>lovastatin oral</i>	1	QL (60 per 30 days); MO	<i>nifedipine oral</i>	1	PA; MO
MATZIM LA	1	MO	<i>nimodipine oral</i>	1	
MAXZIDE	3	MO	<i>nisoldipine er</i>	1	MO
MAXZIDE-25	3	MO	NITRO-BID	2	MO
<i>metolazone</i>	1	MO	NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	3	MO
<i>metoprolol succinate er</i>	1	MO	NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	3	MO; S
<i>metoprolol tartrate intravenous solution 5 mg/ 5ml</i>	1		<i>nitroglycerin intravenous</i>	2	B/D PA
			<i>nitroglycerin sublingual</i>	1	MO
			<i>nitroglycerin transdermal patch 24 hour</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>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
<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

Drug Name	Drug Tier	Requirements /Limits
<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
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

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
TENORETIC 100	3	MO
TENORETIC 50	3	MO
TENORMIN ORAL TABLET 100 MG, 50 MG	3	MO
terazosin hcl oral	1	MO
TIADYL ER	1	MO
TIAZAC	3	MO
TIKOSYN	3	
timolol maleate oral	1	MO
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG	3	MO
torseamide oral	1	MO
trandolapril	1	MO
trandolapril-verapamil hcl er	1	MO
triamterene-hctz oral capsule 37.5-25 mg	1	MO
triamterene-hctz oral tablet	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
valsartan oral tablet 160 mg	1	QL (60 per 30 days); MO
valsartan oral tablet 320 mg	1	QL (30 per 30 days); MO
valsartan oral tablet 40 mg, 80 mg	1	QL (90 per 30 days); MO
valsartan-hydrochlorothiazide	1	QL (30 per 30 days); MO
VASCEPA	3	MO
VASERETIC	3	MO
VASOTEC ORAL TABLET 2.5 MG	3	MO
VECAMYL	3	MO
verapamil hcl er oral capsule extended release 24 hour	1	MO
verapamil hcl er oral tablet extended release 120 mg	1	MO

Drug Name	Drug Tier	Requirements /Limits
verapamil hcl er oral tablet extended release 180 mg, 240 mg	1	MO
verapamil hcl intravenous	1	
verapamil hcl oral	1	MO
VERELAN	3	MO
VERELAN PM	3	MO
VERQUVO	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
acamprosate calcium	1	MO
ADDERALL ORAL TABLET 5 MG, 7.5 MG	3	PA; QL (90 per 30 days); MO
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA; QL (1 per 28 days); MO
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	2	PA; QL (2 per 28 days); MO
almotriptan malate	1	QL (9 per 30 days)
alprazolam er	1	QL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ALPRAZOLAM INTENSOL	2	QL (300 per 30 days)	ARISTADA INITIO	3	QL (4.8 per 365 days); S
<i>alprazolam oral</i>	1	QL (90 per 30 days)	ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	3	QL (3.9 per 60 days); MO; S
<i>alprazolam xr</i>	1	QL (90 per 30 days)	ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	3	QL (1.6 per 28 days); MO; S
<i>amantadine hcl oral capsule</i>	1	MO	ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	3	QL (2.4 per 28 days); MO; S
<i>amantadine hcl oral solution</i>	1	MO	ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	3	QL (3.2 per 28 days); MO; S
<i>amantadine hcl oral tablet</i>	1	MO	<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	1	PA; QL (30 per 30 days); MO
<i>amitriptyline hcl oral</i>	1	MO	<i>armodafinil oral tablet 50 mg</i>	1	PA; QL (60 per 30 days); MO
<i>amoxapine</i>	1	PA; MO	<i>asenapine maleate sublingual tablet sublingual 10 mg</i>	3	QL (60 per 30 days); MO
<i>amphetamine sulfate oral tablet 10 mg</i>	3	PA; QL (180 per 30 days); MO	<i>asenapine maleate sublingual tablet sublingual 2.5 mg</i>	1	QL (240 per 30 days); MO
<i>amphetamine sulfate oral tablet 5 mg</i>	3	PA; QL (90 per 30 days); MO	<i>asenapine maleate sublingual tablet sublingual 5 mg</i>	1	QL (120 per 30 days); MO
<i>amphetamine-dextroamphetamine</i>	1	PA; QL (30 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>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>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	1	QL (30 per 30 days); MO
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	1	PA; QL (60 per 30 days); MO	AUBAGIO	3	PA; QL (30 per 30 days); LA; S
<i>apomorphine hcl subcutaneous</i>	3	PA; QL (60 per 30 days); S	AUVELITY	3	PA; QL (60 per 30 days); MO; S
APTIOM	3	ST; MO; S	AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	3	PA; QL (4 per 28 days); S
ARICEPT ORAL TABLET 23 MG	3	ST; QL (30 per 30 days); MO	AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	3	PA; QL (4 per 28 days); S
ARICEPT ORAL TABLET 5 MG	3	QL (30 per 30 days); MO	AZILECT ORAL TABLET 0.5 MG	3	MO; S
<i>aripiprazole oral solution</i>	1	QL (900 per 30 days); MO			
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	1	MO			
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	1	QL (30 per 30 days); MO			
<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			

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
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)
<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)

Drug Name	Drug Tier	Requirements /Limits
<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
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	MO
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	MO

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>carisoprodol oral tablet 350 mg</i>	1	
<i>chlordiazepoxide hcl</i>	1	QL (120 per 30 days)
<i>chlordiazepoxide-amitriptyline</i>	1	PA; MO
<i>chlorpromazine hcl injection</i>	2	
<i>chlorpromazine hcl oral concentrate</i>	3	MO
<i>chlorpromazine hcl oral tablet</i>	1	MO
<i>chlorzoxazone oral tablet 500 mg</i>	1	PA
<i>citalopram hydrobromide oral solution</i>	1	QL (600 per 30 days); MO
<i>citalopram hydrobromide oral tablet 10 mg</i>	1	QL (120 per 30 days); MO
<i>citalopram hydrobromide oral tablet 20 mg</i>	1	QL (60 per 30 days); MO
<i>citalopram hydrobromide oral tablet 40 mg</i>	1	QL (30 per 30 days); MO
<i>clobazam oral suspension</i>	1	PA; QL (480 per 30 days); MO
<i>clobazam oral tablet 10 mg</i>	1	PA; QL (120 per 30 days); MO
<i>clobazam oral tablet 20 mg</i>	1	PA; QL (60 per 30 days); MO
<i>clomipramine hcl oral</i>	1	PA; MO
<i>clonazepam oral tablet 0.5 mg</i>	1	QL (1200 per 30 days)
<i>clonazepam oral tablet 1 mg</i>	1	QL (600 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	QL (300 per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg</i>	1	QL (4800 per 30 days)
<i>clonazepam oral tablet dispersible 0.25 mg</i>	1	QL (2400 per 30 days)
<i>clonazepam oral tablet dispersible 0.5 mg</i>	1	QL (1200 per 30 days)
<i>clonazepam oral tablet dispersible 1 mg</i>	1	QL (600 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>clonazepam oral tablet dispersible 2 mg</i>	1	QL (300 per 30 days)
<i>clonidine hcl er oral tablet extended release 12 hour</i>	1	QL (120 per 30 days); MO
<i>clorazepate dipotassium</i>	1	
<i>clozapine oral tablet 100 mg</i>	1	QL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i>	1	QL (120 per 30 days)
<i>clozapine oral tablet 25 mg</i>	1	QL (1080 per 30 days)
<i>clozapine oral tablet 50 mg</i>	1	QL (540 per 30 days)
<i>clozapine oral tablet dispersible 100 mg</i>	1	QL (270 per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg</i>	1	QL (2160 per 30 days)
<i>clozapine oral tablet dispersible 150 mg</i>	1	QL (180 per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	3	QL (120 per 30 days); S
<i>clozapine oral tablet dispersible 25 mg</i>	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
<i>cyclobenzaprine hcl oral</i>	1	PA
<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

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>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	3	
<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)

Drug Name	Drug Tier	Requirements /Limits
<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
<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)

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
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)
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

Drug Name	Drug Tier	Requirements /Limits
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
<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

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

Drug Name	Drug Tier	Requirements /Limits
<i>fluvoxamine maleate oral tablet 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
<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

Drug Name	Drug Tier	Requirements /Limits
<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
INGREZZA ORAL CAPSULE 60 MG, 80 MG	3	PA; QL (30 per 30 days); S
INGREZZA ORAL CAPSULE THERAPY PACK	3	PA; QL (56 per 365 days); S
INTUNIV	3	PA; 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
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	3	QL (3.5 per 180 days); S	<i>lacosamide intravenous</i>	3	QL (1200 per 30 days); S
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	3	QL (5 per 180 days); S	<i>lacosamide oral solution</i>	3	QL (1200 per 30 days); MO
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	3	QL (0.75 per 28 days); S	<i>lacosamide oral tablet</i>	3	QL (60 per 30 days); MO
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	3	QL (1 per 28 days); S	LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 25 MG, 50 MG	3	MO
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	3	QL (1.5 per 28 days); S	LAMICTAL ODT ORAL TABLET DISPERSIBLE 200 MG	3	MO; S
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	3	QL (0.25 per 28 days)	LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	3	MO
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	3	QL (0.5 per 28 days); S	LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG	3	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	3	QL (0.88 per 84 days); S	LAMICTAL XR ORAL KIT 50 & 100 & 200 MG	3	S
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	3	QL (1.32 per 84 days); S	<i>lamotrigine er</i>	3	MO
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	3	QL (1.75 per 84 days); S	<i>lamotrigine oral tablet</i>	1	MO
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	3	QL (2.63 per 84 days); S	<i>lamotrigine oral tablet chewable</i>	1	MO
KESIMPTA	3	PA; QL (1.2 per 30 days); S	<i>lamotrigine oral tablet dispersible</i>	1	MO
			<i>lamotrigine starter kit-blue</i>	3	
			<i>lamotrigine starter kit- orange</i>	3	
			<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	1	QL (180 per 30 days); MO
			<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	1	QL (120 per 30 days); MO
			<i>levetiracetam intravenous</i>	1	
			<i>levetiracetam oral</i>	1	MO
			<i>lithium</i>	2	MO
			<i>lithium carbonate er</i>	1	MO
			<i>lithium carbonate oral capsule 150 mg, 300 mg</i>	1	MO
			<i>lithium carbonate oral capsule 600 mg</i>	1	MO
			<i>lithium carbonate oral tablet</i>	1	MO

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>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	
<i>methsuximide</i>	3	MO
METHYLIN ORAL SOLUTION	3	PA; QL (900 per 10 MG/5ML)
METHYLIN ORAL SOLUTION	3	PA; QL (1800 per 5 MG/5ML)

Drug Name	Drug Tier	Requirements /Limits
<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
<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

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Drug Name	Drug Tier	Requirements /Limits
<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
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

Drug Name	Drug Tier	Requirements /Limits
<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	
<i>oxazepam</i>	1	QL (120 per 30 days)
<i>oxcarbazepine</i>	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
<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

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>paroxetine hcl oral tablet 30 mg</i>	1	QL (60 per 30 days); MO	<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>paroxetine hcl oral tablet 40 mg</i>	1	QL (45 per 30 days); MO	<i>pregabalin oral capsule 200 mg</i>	1	QL (90 per 30 days); MO
PAXIL ORAL SUSPENSION	3	QL (900 per 30 days); MO; S	<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	QL (60 per 30 days); MO
PAXIL ORAL TABLET 10 MG	3	QL (45 per 30 days); MO	<i>pregabalin oral solution</i>	1	QL (900 per 30 days); MO
<i>perphenazine oral</i>	1	MO	<i>primidone oral</i>	1	MO
<i>perphenazine-amitriptyline</i>	1	PA; MO	<i>protriptyline hcl</i>	1	PA; MO
PERSERIS	3	QL (1 per 28 days); MO; S	<i>pyridostigmine bromide er</i>	1	
PEXEVA ORAL TABLET 10 MG, 40 MG	3	QL (45 per 30 days); MO	<i>pyridostigmine bromide oral solution</i>	3	S
PEXEVA ORAL TABLET 20 MG	3	QL (30 per 30 days); MO	<i>pyridostigmine bromide oral tablet</i>	1	
PEXEVA ORAL TABLET 30 MG	3	QL (60 per 30 days); MO	QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 25 MG, 50 MG	3	MO
<i>phenelzine sulfate oral</i>	1	MO	<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	1	QL (30 per 30 days); MO
<i>phenobarbital oral elixir</i>	1	PA; QL (3000 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>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>quetiapine fumarate oral tablet 100 mg</i>	1	QL (240 per 30 days); MO
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg</i>	1	PA; QL (210 per 30 days); MO	<i>quetiapine fumarate oral tablet 150 mg</i>	1	QL (150 per 30 days); MO
PHENYTEK	3	MO	<i>quetiapine fumarate oral tablet 200 mg</i>	1	QL (120 per 30 days); MO
PHENYTOIN INFATABS	1	MO	<i>quetiapine fumarate oral tablet 25 mg</i>	1	QL (960 per 30 days); MO
<i>phenytoin oral</i>	1	MO	<i>quetiapine fumarate oral tablet 300 mg</i>	1	QL (80 per 30 days); MO
<i>phenytoin sodium extended</i>	1	MO	<i>quetiapine fumarate oral tablet 400 mg</i>	1	QL (60 per 30 days); MO
<i>pimozide</i>	1	MO	<i>quetiapine fumarate oral tablet 50 mg</i>	1	QL (480 per 30 days); MO
<i>pramipexole dihydrochloride</i>	1	MO	<i>ramelteon</i>	1	QL (30 per 30 days)
<i>pramipexole dihydrochloride er</i>	3	MO	<i>rasagiline mesylate oral</i>	1	MO
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg</i>	3	PA; QL (30 per 30 days); MO	REGONOL INTRAVENOUS	2	
<i>pregabalin er oral tablet extended release 24 hour 330 mg</i>	3	PA; QL (60 per 30 days); MO			

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Drug Name	Drug Tier	Requirements /Limits
RELEXXII 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 oral solution</i>	1	QL (480 per 30 days); MO
<i>risperidone oral tablet 0.25 mg</i>	1	QL (1920 per 30 days); MO
<i>risperidone oral tablet 0.5 mg</i>	1	QL (960 per 30 days); MO
<i>risperidone oral tablet 1 mg</i>	1	QL (480 per 30 days); MO
<i>risperidone oral tablet 2 mg</i>	1	QL (240 per 30 days); MO
<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

Drug Name	Drug Tier	Requirements /Limits
<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
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

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Drug Name	Drug Tier	Requirements /Limits
<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	
<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

Drug Name	Drug Tier	Requirements /Limits
<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
<i>tiagabine hcl</i>	1	MO
<i>tizanidine hcl oral tablet</i>	1	
tolcapone	3	PA; QL (180 per 30 days); MO; S
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 25 mg, 50 mg</i>	3	MO
<i>topiramate er oral capsule extended release 24 hour 100 mg</i>	3	QL (30 per 30 days); MO; S
<i>topiramate er oral capsule extended release 24 hour 25 mg, 50 mg</i>	3	QL (30 per 30 days); MO
<i>topiramate oral</i>	1	MO
<i>tranylcypromine sulfate</i>	1	MO
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1	MO
<i>trazodone hcl oral tablet 300 mg</i>	1	MO

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>triazolam oral tablet 0.25 mg</i>	1	QL (30 per 30 days)
<i>trifluoperazine hcl oral</i>	1	MO
<i>trihexyphenidyl hcl oral solution</i>	1	PA; MO
<i>trihexyphenidyl hcl oral tablet</i>	1	MO
TRILEPTAL ORAL SUSPENSION	3	MO
TRILEPTAL ORAL TABLET 150 MG, 300 MG	3	MO
<i>trimipramine maleate oral</i>	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
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
<i>valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml</i>	1	
<i>valproic acid oral capsule</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>valproic acid oral solution</i>	1	MO
VALTOCO 10 MG DOSE	3	
VALTOCO 15 MG DOSE	3	
VALTOCO 20 MG DOSE	3	
VALTOCO 5 MG DOSE	3	
<i>varenicline tartrate (starter)</i>	3	PA
<i>varenicline tartrate oral tablet 0.5 mg</i>	3	PA; QL (60 per 30 days)
<i>varenicline tartrate oral tablet 1 mg</i>	3	PA; QL (56 per 28 days)
<i>varenicline tartrate oral tablet therapy pack</i>	3	PA
<i>venlafaxine besylate er</i>	3	QL (60 per 30 days); MO
<i>venlafaxine hcl</i>	1	QL (90 per 30 days); MO
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	1	QL (30 per 30 days); MO
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg</i>	1	QL (180 per 30 days); MO
<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

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
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
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)

Drug Name	Drug Tier	Requirements /Limits
<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	
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		
ACCUTANE ORAL CAPSULE 20 MG, 30 MG, 40 MG	1	

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

Drug Name	Drug Tier	Requirements /Limits
<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 lotion</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	
<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)

Drug Name	Drug Tier	Requirements /Limits
<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	
<i>clindamycin phosphate external lotion</i>	1	QL (120 per 30 days)
<i>clindamycin phosphate external solution</i>	1	QL (120 per 30 days)
<i>clindamycin phosphate external swab</i>	1	
<i>clindamycin-tretinoin</i>	1	PA
<i>clobetasol prop emollient base</i>	1	QL (120 per 30 days)
<i>clobetasol propionate e</i>	1	QL (120 per 30 days)
<i>clobetasol propionate emulsion</i>	1	QL (100 per 30 days)
<i>clobetasol propionate external cream</i>	1	QL (120 per 30 days)
<i>clobetasol propionate external foam</i>	1	QL (100 per 30 days)
<i>clobetasol propionate external gel</i>	1	QL (60 per 30 days)

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>clobetasol propionate external lotion</i>	1	
<i>clobetasol propionate external ointment</i>	1	QL (120 per 30 days)
<i>clobetasol propionate external shampoo</i>	1	
<i>clobetasol propionate external solution</i>	1	QL (50 per 30 days)
<i>clocortolone pivalate</i>	1	
CLODRAN EXTERNAL SHAMPOO	1	
CLODERM	3	
<i>clotrimazole external cream</i>	1	
<i>clotrimazole external solution</i>	1	
<i>clotrimazole mouth/throat troche</i>	1	QL (150 per 30 days)
<i>clotrimazole-betamethasone external cream</i>	1	QL (120 per 30 days)
<i>clotrimazole-betamethasone external lotion</i>	1	
CORDRAN EXTERNAL CREAM 0.05 %	3	S
CORDRAN EXTERNAL LOTION	3	
CROTAN	3	S
<i>dapsone external</i>	3	
DENTA 5000 PLUS	1	MO
DENTAGEL	1	MO
<i>desonide external cream</i>	1	
<i>desonide external lotion</i>	1	
<i>desonide external ointment</i>	1	
DESOWEN EXTERNAL CREAM	3	
<i>desoximetasone external cream</i>	1	QL (100 per 30 days)
<i>desoximetasone external gel</i>	1	
<i>desoximetasone external liquid</i>	3	

Drug Name	Drug Tier	Requirements /Limits
<i>desoximetasone external ointment</i>	1	
<i>diclofenac sodium external gel 3 %</i>	1	PA; QL (100 per 30 days)
DIFFERIN EXTERNAL CREAM	3	
DIFFERIN EXTERNAL GEL 0.3 %	3	
<i>diflorasone diacetate external</i>	1	QL (60 per 30 days)
DIPROLENE EXTERNAL OINTMENT	3	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	3	PA; QL (4.56 per 28 days); S
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	3	PA; QL (8 per 28 days); S
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
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)

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
fluocinonide emulsified base	1	QL (240 per 30 days)	hydrocortisone external lotion 2.5 %	1	
fluocinonide external cream 0.05 %	1	QL (240 per 30 days)	hydrocortisone external ointment 1 %, 2.5 %	1	
fluocinonide external cream 0.1 %	1	QL (120 per 30 days)	hydrocortisone valerate	1	
fluocinonide external gel	1	QL (240 per 30 days)	imiquimod external cream 5 %	1	
fluocinonide external ointment	1	QL (240 per 30 days)	isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 35 mg, 40 mg	1	
fluocinonide external solution	1	QL (240 per 30 days)	isotretinoin oral capsule 25 mg	3	S
fluorouracil external cream 5 %	1		JUST RIGHT 5000 DENTAL PASTE	1	MO
fluorouracil external solution	1		KENALOG EXTERNAL	3	
flurandrenolide	3		ketoconazole external cream	1	QL (120 per 30 days)
fluticasone propionate external	1		ketoconazole external foam	3	QL (100 per 30 days)
gentamicin sulfate external	1	QL (30 per 30 days)	ketoconazole external shampoo 2 %	1	QL (120 per 30 days)
halobetasol propionate external cream	1		KETODAN EXTERNAL FOAM	3	QL (100 per 30 days)
halobetasol propionate external ointment	1		KLARON	3	
HALOG EXTERNAL OINTMENT	3		KLAYESTA	1	
hydrocortisone (perianal) external cream 1 %	1		KOURZEQ	1	
hydrocortisone (perianal) external cream 2.5 %	1		lindane external shampoo	1	
hydrocortisone butyr lipo base	1		LOCOID EXTERNAL LOTION	3	
hydrocortisone butyrate external cream	1		LOCOID LIPOCREAM	3	
hydrocortisone butyrate external lotion	3		luliconazole	3	
hydrocortisone butyrate external ointment	1		LUZU	3	
hydrocortisone butyrate external solution	1		mafenide acetate external	1	
hydrocortisone external cream 1 %, 2.5 %	1		malathion external	1	
			methoxsalen rapid	3	S
			METROCREAM	3	
			METROGEL EXTERNAL GEL	3	
			METROLOTION	3	
			metronidazole external	1	
			mometasone furoate external	1	
			mupirocin calcium	1	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>mupirocin external</i>	1	QL (120 per 30 days)
MYORISAN	1	
<i>naftifine hcl external cream</i>	1	
NATROBA	3	
NYAMYC	1	
<i>nystatin external</i>	1	
<i>nystatin mouth/throat</i>	1	
<i>nystatin-triamcinolone</i>	1	
NYSTOP	1	
ORALONE	1	
OVIDE	3	
<i>oxiconazole nitrate</i>	3	QL (60 per 30 days)
OXISTAT EXTERNAL LOTION	3	
PANDEL	3	
PANRETIN	3	S
<i>penciclovir</i>	3	QL (5 per 30 days)
PERIOGARD	1	
<i>permethrin external cream</i>	1	
<i>pilocarpine hcl oral</i>	1	MO
<i>pimecrolimus</i>	1	PA; QL (100 per 30 days)
<i>podofilox external solution</i>	1	
PREVIDENT	3	MO
PREVIDENT 5000 BOOSTER PLUS	3	MO
PREVIDENT 5000 DRY MOUTH DENTAL GEL	3	MO
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL	3	
PREVIDENT 5000 ORTHO DEFENSE	3	MO
PREVIDENT 5000 PLUS	3	MO
PREVIDENT 5000 SENSITIVE DENTAL GEL	3	
PROCTO-MED HC EXTERNAL	1	
PROCTOSOL HC EXTERNAL	1	
PROCTOZONE-HC EXTERNAL	1	

Drug Name	Drug Tier	Requirements /Limits
PROTOPIC	3	PA; QL (100 per 30 days)
RECTIV	3	QL (30 per 30 days)
RETIN-A EXTERNAL GEL 0.01 %	3	PA; QL (45 per 30 days)
RETIN-A MICRO EXTERNAL GEL 0.04 %	3	PA; QL (50 per 30 days)
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %	3	PA; QL (50 per 30 days)
SALAGEN	3	MO
SANTYL	3	QL (30 per 30 days)
<i>selenium sulfide external lotion</i>	1	
<i>sf</i>	1	MO
<i>sf 5000 plus</i>	1	MO
<i>silver sulfadiazine external</i>	1	
<i>sodium fluoride 5000 plus</i>	1	MO
<i>sodium fluoride 5000 ppm dental cream</i>	1	MO
<i>sodium fluoride 5000 ppm dental gel</i>	1	MO
<i>sodium fluoride dental cream</i>	1	MO
<i>sodium fluoride dental gel 1.1 %</i>	1	MO
<i>sodium fluoride mouth/throat</i>	1	MO
<i>spinosad</i>	3	
SSD	1	
<i>sulfacetamide sodium (acne)</i>	1	
SULFAMYLON EXTERNAL CREAM	3	
<i>tacrolimus external ointment</i>	1	PA; QL (100 per 30 days)
<i>tazarotene external cream</i>	1	PA
<i>tazarotene external gel</i>	3	PA
TAZORAC EXTERNAL CREAM 0.1 %	3	PA; S
TAZORAC EXTERNAL GEL 0.05 %	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	Drug Name	Drug Tier	Requirements /Limits
TOPICORT EXTERNAL CREAM	3	QL (100 per 30 days)	CLINIMIX E/DEXTROSE (4.25/5)	2	B/D PA
TOPICORT EXTERNAL GEL	3		CLINIMIX E/DEXTROSE (5/15)	2	B/D PA
TOPICORT EXTERNAL OINTMENT	3		CLINIMIX E/DEXTROSE (5/20)	2	B/D PA
TOPICORT SPRAY	3		<i>clinimix e/dextrose (8/10)</i>	2	B/D PA
<i>tretinoin external cream</i>	1	PA; QL (45 per 30 days)	<i>clinimix e/dextrose (8/14)</i>	2	B/D PA
<i>tretinoin external gel 0.01 %, 0.025 %</i>	1	PA; QL (45 per 30 days)	CLINIMIX/DEXTROSE (4.25/5)	2	B/D PA
<i>tretinoin external gel 0.05 %</i>	3	PA; QL (45 per 30 days)	CLINIMIX/DEXTROSE (5/15)	2	B/D PA
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	3	PA; QL (50 per 30 days)	CLINIMIX/DEXTROSE (5/20)	2	B/D PA
<i>tretinoin microsphere pump external gel 0.04 %, 0.1 %</i>	3	PA; QL (50 per 30 days)	<i>clinimix/dextrose (6/5)</i>	2	B/D PA
<i>triamcinolone acetonide external aerosol solution</i>	1		<i>clinimix/dextrose (8/10)</i>	2	B/D PA
<i>triamcinolone acetonide external cream</i>	1	QL (454 per 30 days)	<i>clinimix/dextrose (8/14)</i>	2	B/D PA
<i>triamcinolone acetonide external lotion</i>	1		CLINISOL SF	3	B/D PA
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	1		CLINOLIPID	1	B/D PA
<i>triamcinolone acetonide mouth/throat</i>	1		<i>dextrose 5%/electrolyte #48</i>	2	
TRIDERM EXTERNAL CREAM	1	QL (454 per 30 days)	<i>dextrose in lactated ringers</i>	1	
VALCHLOR	3	PA; LA; S	<i>dextrose intravenous solution 10 %, 5 %, 50 %, 70 %</i>	1	
VECTICAL	3	QL (800 per 28 days)	<i>dextrose intravenous solution 250 mg/ml</i>	2	
ZENATANE	1		<i>dextrose-nacl intravenous solution 10-0.2 %</i>	2	
ZIANA	3	PA	<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>	1	
Electrolytes / Minerals / Metals / Vitamins			<i>dextrose-sodium chloride</i>	1	
<i>carglumic acid oral tablet soluble</i>	3	PA; LA; S	EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	1	MO
CARNITOR ORAL	3	B/D PA; MO	INTRALIPID INTRAVENOUS EMULSION 20 %	3	B/D PA
CARNITOR SF	3	B/D PA; MO	INTRALIPID INTRAVENOUS EMULSION 30 %	2	B/D PA
CLINIMIX E/DEXTROSE (2.75/5)	2	B/D PA	ISOLYTE-P IN D5W	2	
CLINIMIX E/DEXTROSE (4.25/10)	2	B/D PA	ISOLYTE-S	2	
			ISOLYTE-S PH 7.4	2	
			K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	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>kcl (0.149%) in nacl intravenous solution 20-0.45 meq/l-%</i>	1	
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.225 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	1	
<i>kcl-lactated ringers-d5w</i>	2	
KLOR-CON 10	1	MO
KLOR-CON M10	1	MO
KLOR-CON M15	1	MO
KLOR-CON M20	1	MO
KLOR-CON ORAL TABLET EXTENDED RELEASE	1	MO
KLOR-CON/EF	1	MO
<i>lactated ringers intravenous</i>	1	
<i>levocarnitine oral solution</i>	1	B/D PA; MO
<i>levocarnitine oral tablet</i>	2	B/D PA; MO
<i>levocarnitine sf</i>	1	B/D PA; MO
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	1	
<i>magnesium sulfate intravenous solution 2 gm/ 50ml, 20 gm/500ml, 4 gm/ 100ml, 4 gm/50ml, 40 gm/ 1000ml</i>	2	
<i>multiple electro type 1 ph 5.5</i>	2	
<i>multiple electro type 1 ph 7.4</i>	2	
NUTRILIPID	3	B/D PA
PLASMA-LYTE 148	2	
PLASMA-LYTE A	2	
PLENAMINE	3	B/D PA
<i>pnv-dha</i>	3	

Drug Name	Drug Tier	Requirements /Limits
<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
<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

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Drug Name	Drug Tier	Requirements /Limits
<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
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
AELVIA	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

Drug Name	Drug Tier	Requirements /Limits
<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
<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

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>glipizide er oral tablet extended release 24 hour 10 mg</i>	1	QL (60 per 30 days); MO	<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 per 30 days); MO
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	1	QL (240 per 30 days); MO	GLYNASE ORAL TABLET 3 MG	3	QL (120 per 30 days); MO
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	1	QL (120 per 30 days); MO	GLYXAMBI	2	QL (30 per 30 days); MO
<i>glipizide oral tablet 10 mg</i>	1	QL (120 per 30 days); MO	HUMALOG INJECTION	2	MO
<i>glipizide oral tablet 2.5 mg</i>	1	MO	HUMALOG JUNIOR KWIKPEN	2	MO
<i>glipizide oral tablet 5 mg</i>	1	QL (240 per 30 days); MO	HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	MO
<i>glipizide xl oral tablet extended release 24 hour 10 mg</i>	1	QL (60 per 30 days); MO	HUMALOG MIX 50/50	2	MO
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i>	1	QL (240 per 30 days); MO	HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	MO
<i>glipizide xl oral tablet extended release 24 hour 5 mg</i>	1	QL (120 per 30 days); MO	HUMALOG MIX 75/25	2	MO
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	1	QL (240 per 30 days); MO	HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	MO
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 per 30 days); MO	HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	2	MO
GLUCAGEN HYPOKIT	2		HUMULIN 70/30	2	MO
GLUCAGON EMERGENCY INJECTION KIT	2		HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	MO
<i>glyburide micronized oral tablet 1.5 mg</i>	1	QL (240 per 30 days); MO	HUMULIN N	2	MO
<i>glyburide micronized oral tablet 3 mg</i>	1	QL (120 per 30 days); MO	HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	MO
<i>glyburide micronized oral tablet 6 mg</i>	1	QL (60 per 30 days); MO	HUMULIN R	2	MO
<i>glyburide oral tablet 1.25 mg</i>	1	QL (480 per 30 days); MO	HUMULIN R U-500 (CONCENTRATED)	3	PA; MO; S
<i>glyburide oral tablet 2.5 mg</i>	1	QL (240 per 30 days); MO	HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; MO; S
<i>glyburide oral tablet 5 mg</i>	1	QL (120 per 30 days); MO	<i>ibandronate sodium intravenous</i>	1	B/D PA
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	1	QL (240 per 30 days); MO	<i>ibandronate sodium oral</i>	1	QL (1 per 28 days); MO
			<i>insulin lispro (1 unit dial)</i>	2	MO
			<i>insulin lispro injection</i>	2	MO
			<i>insulin lispro junior kwikpen</i>	2	MO
			<i>insulin lispro prot & lispro</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
INVOKAMET	3	QL (60 per 30 days); MO
INVOKAMET XR	3	QL (60 per 30 days); MO
INVOKANA	3	QL (30 per 30 days); MO
JANUMET	2	QL (60 per 30 days); MO
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	2	QL (30 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
JANUVIA ORAL TABLET 100 MG	2	QL (30 per 30 days); MO
JANUVIA ORAL TABLET 25 MG	2	QL (120 per 30 days); MO
JANUVIA ORAL TABLET 50 MG	2	QL (60 per 30 days); MO
JARDIANCE	2	QL (30 per 30 days); MO
JENTADUETO	2	QL (60 per 30 days); MO
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	2	QL (60 per 30 days); MO
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	2	QL (30 per 30 days); MO
KERENDIA	2	PA; QL (30 per 30 days); MO
<i>lanthanum carbonate</i>	3	ST; MO
LANTUS	2	MO
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	MO
LEVEMIR	2	MO
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	MO
LEVEMIR FLEXTOUCH	2	MO
LOKELMA	2	MO

Drug Name	Drug Tier	Requirements /Limits
LYUMJEV	2	MO
LYUMJEV KWIKPEN	2	MO
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	1	QL (120 per 30 days); MO
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	1	QL (60 per 30 days); MO
<i>metformin hcl oral tablet 1000 mg</i>	1	QL (60 per 30 days); MO
<i>metformin hcl oral tablet 500 mg</i>	1	QL (150 per 30 days); MO
<i>metformin hcl oral tablet 850 mg</i>	1	QL (90 per 30 days); MO
<i>migliitol</i>	1	QL (90 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	3	PA; QL (2 per 28 days); MO; S
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 2.5 MG/0.5ML	3	PA; QL (2 per 28 days); S
<i>nateglinide oral tablet 120 mg</i>	1	QL (90 per 30 days); MO
<i>nateglinide oral tablet 60 mg</i>	1	QL (180 per 30 days); MO
NATPARA	3	PA; QL (2 per 28 days); S
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
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	2	PA; QL (3 per 28 days); MO
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	2	PA; QL (3 per 28 days); MO
OZEMPIC (2 MG/DOSE)	2	PA; QL (3 per 28 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>pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml</i>	1	
<i>pamidronate disodium intravenous solution 6 mg/ml</i>	2	B/D PA
<i>paricalcitol oral</i>	1	B/D PA; MO
<i>pioglitazone hcl oral tablet 15 mg</i>	1	QL (90 per 30 days); MO
<i>pioglitazone hcl oral tablet 30 mg</i>	1	QL (45 per 30 days); MO
<i>pioglitazone hcl oral tablet 45 mg</i>	1	QL (30 per 30 days); MO
<i>pioglitazone hcl-glimepiride</i>	1	QL (30 per 30 days); MO
<i>pioglitazone hcl-metformin hcl</i>	1	QL (90 per 30 days); MO
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; QL (1 per 180 days)
<i>repaglinide oral tablet 0.5 mg</i>	1	QL (960 per 30 days); MO
<i>repaglinide oral tablet 1 mg</i>	1	QL (480 per 30 days); MO
<i>repaglinide oral tablet 2 mg</i>	1	QL (240 per 30 days); MO
<i>risedronate sodium oral tablet 150 mg</i>	1	QL (1 per 28 days); MO
<i>risedronate sodium oral tablet 30 mg</i>	1	QL (30 per 30 days)
<i>risedronate sodium oral tablet 35 mg</i>	1	QL (4 per 28 days); MO
<i>risedronate sodium oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	1	MO
<i>risedronate sodium oral tablet 5 mg</i>	1	QL (30 per 30 days); MO
<i>risedronate sodium oral tablet delayed release</i>	1	QL (4 per 28 days); MO
ROCALTRON ORAL CAPSULE 0.5 MCG	3	B/D PA; MO
ROCALTRON ORAL SOLUTION	3	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
RYBELSUS ORAL TABLET 14 MG, 7 MG	2	PA; QL (30 per 30 days); MO
RYBELSUS ORAL TABLET 3 MG	2	PA; QL (60 per 365 days); MO
<i>sevelamer carbonate oral packet 0.8 gm</i>	3	QL (540 per 30 days); MO
<i>sevelamer carbonate oral packet 2.4 gm</i>	3	QL (180 per 30 days); MO
<i>sevelamer carbonate oral tablet</i>	1	QL (540 per 30 days); MO
<i>sevelamer hcl oral tablet 400 mg</i>	1	ST; MO
<i>sevelamer hcl oral tablet 800 mg</i>	3	ST; MO
<i>sodium polystyrene sulfonate oral powder</i>	1	
SOLQUA	3	QL (15 per 25 days); MO
SPS	1	
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL (11 per 30 days); MO; S
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

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
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
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

Drug Name	Drug Tier	Requirements /Limits
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</i>	1	MO
<i>cimetidine oral tablet 200 mg</i>	1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	MO
CLENPIQ	3	
COMPRO	1	
<i>constulose</i>	1	MO
CORTEF ORAL TABLET 20 MG	3	
CORTIFOAM EXTERNAL	3	
CYTOTEC	3	MO
<i>dexlansoprazole</i>	3	ST; QL (30 per 30 days); MO
DICLEGIS	3	PA; QL (120 per 30 days)
<i>dicyclomine hcl oral capsule</i>	1	
<i>dicyclomine hcl oral solution</i>	1	
<i>dicyclomine hcl oral tablet</i>	1	
<i>diphenoxylate-atropine oral liquid</i>	1	

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
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
dronabinol	1	B/D PA; QL (120 per 30 days)
EMEND ORAL CAPSULE 80 MG	3	B/D PA; QL (10 per 30 days); S
EMEND ORAL SUSPENSION RECONSTITUTED	3	B/D PA; QL (15 per 30 days)
enulose	1	MO
esomeprazole magnesium oral capsule delayed release	1	ST; QL (30 per 30 days); MO
esomeprazole sodium intravenous solution reconstituted 40 mg	1	
famotidine (pf)	1	
famotidine intravenous solution 200 mg/20ml, 40 mg/4ml	1	
famotidine oral suspension reconstituted	1	MO
famotidine oral tablet 20 mg, 40 mg	1	MO
famotidine premixed	1	
GATTEX	3	PA; LA; S
GAVILYTE-C	1	
GAVILYTE-G	1	
GAVILYTE-N WITH FLAVOR PACK	1	
generlac	1	MO
glycopyrrolate injection solution	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml	1	
granisetron hcl oral	1	B/D PA; QL (30 per 30 days)
hydrocortisone oral	1	
hydrocortisone rectal enema	1	
hyoscyamine sulfate oral tablet	1	MO

Drug Name	Drug Tier	Requirements /Limits
hyoscyamine sulfate oral tablet dispersible	1	MO
hyoscyamine sulfate sublingual	1	MO
lactulose encephalopathy	1	MO
lactulose oral solution	1	MO
lansoprazole oral capsule delayed release 15 mg	1	MO
lansoprazole oral capsule delayed release 30 mg	1	QL (30 per 30 days); MO
LINZESS	2	QL (30 per 30 days); MO
loperamide hcl oral capsule	1	
lubiprostone	1	QL (60 per 30 days); MO
meclizine hcl oral tablet 12.5 mg, 25 mg	1	
mesalamine er oral capsule extended release	3	MO
mesalamine er oral capsule extended release 24 hour	1	MO
mesalamine oral capsule delayed release	1	MO
mesalamine oral tablet delayed release 1.2 gm	1	MO
mesalamine oral tablet delayed release 800 mg	1	
mesalamine rectal	1	
mesalamine-cleanser	1	
methscopolamine bromide oral	1	
metoclopramide hcl injection	1	
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	1	
metoclopramide hcl oral tablet	1	
misoprostol oral	1	MO
MOVANTIK	2	QL (30 per 30 days)
MOVIPREP	3	
na sulfate-k sulfate-mg sulf	2	

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Drug Name	Drug Tier	Requirements /Limits
nizatidine oral capsule	1	MO
omeprazole oral capsule delayed release	1	MO
ondansetron	1	B/D PA; QL (90 per 30 days)
ondansetron hcl injection	1	
ondansetron hcl oral solution	1	B/D PA; QL (450 per 30 days)
ondansetron hcl oral tablet 4 mg, 8 mg	1	B/D PA; QL (90 per 30 days)
opium	1	
pantoprazole sodium intravenous	1	
pantoprazole sodium oral tablet delayed release	1	MO
peg 3350-kcl-na bicarb-nacl	1	
peg-3350/electrolytes	1	
peg-3350/electrolytes/ ascorbat	1	
peg-kcl-nacl-nasulf-na asc-c	1	
PLENVU	3	
prochlorperazine	1	
prochlorperazine edisylate injection solution 10 mg/2ml	1	
prochlorperazine maleate oral	1	MO
promethazine hcl injection	1	
promethazine hcl oral	1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	PA
PROMETHEGAN	1	PA
rabeprazole sodium oral tablet delayed release	1	QL (30 per 30 days); MO
REGLAN ORAL	3	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	3	PA; QL (18 per 30 days); S
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (0.6ML SYRINGE)	3	S
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	3	PA; QL (12 per 30 days); S

Drug Name	Drug Tier	Requirements /Limits
ROWASA RECTAL	3	
SANCUSO	3	PA; QL (4 per 28 days); S
scopolamine	1	QL (10 per 28 days)
sucralfate oral	1	MO
sulfasalazine oral	1	MO
SUPREP BOWEL PREP KIT	2	
TRANSDERM-SCOP	2	QL (10 per 28 days)
TRANSDERMAL PATCH 72 HOUR		
trimethobenzamide hcl oral	1	
URSO 250	3	MO
ursodiol oral capsule 300 mg	1	MO
ursodiol oral tablet	1	MO
XERMELO	3	PA; QL (90 per 30 days); LA; S
ZEGERID ORAL CAPSULE 20-1100 MG	3	QL (30 per 30 days); MO; S
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
betaine	3	LA; S
BUPHENYL ORAL POWDER 3 GM/TSP	3	PA; LA
CREON	2	MO
cromolyn sodium oral	1	MO
CYSTAGON	2	LA
FABRAZYME	3	PA; LA; S
GASTROCROM	3	MO
JAVYGTOR	3	PA; S
LUMIZYME	3	PA; LA; S
miglustat	3	PA; LA; S
NAGLAZYME	3	PA; LA; S
nitisinone	3	PA; S
PROLASTIN-C	3	PA; LA; S
RAVICTI	3	PA; QL (525 per 30 days); LA; S
sapropterin dihydrochloride oral packet	3	PA; S

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Drug Name	Drug Tier	Requirements /Limits
<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		
<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

Drug Name	Drug Tier	Requirements /Limits
<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
<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</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

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Drug Name	Drug Tier	Requirements /Limits
TOVIAZ	2	QL (30 per 30 days); MO
<i>trosipium chloride</i>	1	QL (60 per 30 days); MO
<i>trosipium chloride er</i>	1	QL (30 per 30 days); MO
UROKIT-K 10	3	
UROKIT-K 15	3	
UROKIT-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	1	PA; MO
AMETHIA	1	MO
AMETHYST	1	MO
APRI	1	MO
ARANELLE	1	MO
ARMOUR THYROID	2	PA; MO
ASHLYNA	1	MO
AUBRA EQ	1	MO
AUROVELA 1.5/30	1	MO
AUROVELA 1/20	1	MO
AUROVELA 24 FE	1	MO
AUROVELA FE 1.5/30	1	MO
AUROVELA FE 1/20	1	MO
AVIANE	1	MO
AYGESTIN	3	MO
AYUNA	1	MO
AZURETTE	1	MO
BALZIVA	1	MO
BEYAZ	3	MO
BIJUVA	2	PA; MO

Drug Name	Drug Tier	Requirements /Limits
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
CRYSSELLE-28	1	MO
CYRED EQ	1	MO
<i>danazol oral</i>	1	
DASETTA 1/35	1	MO
DASETTA 7/7/7	1	MO
DAYSEE	1	MO
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	1	PA; 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	

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>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	
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

Drug Name	Drug Tier	Requirements /Limits
<i>estradiol transdermal patch twice weekly</i>	1	PA; QL (8 per 28 days); MO
<i>estradiol transdermal patch weekly</i>	1	PA; QL (4 per 28 days); MO
<i>estradiol vaginal</i>	1	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet</i>	1	PA; MO
ESTRING	3	QL (1 per 90 days); MO
<i>ethynodiol diac-eth estradiol</i>	1	MO
<i>etonogestrel-ethinyl estradiol</i>	1	MO
EUTHYROX	1	MO
EVAMIST	2	PA; MO
FALMINA	1	MO
FEMRING	3	QL (1 per 90 days); MO
FEMYNOR	1	MO
FINZALA	1	MO
<i>fludrocortisone acetate oral</i>	1	MO
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

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
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
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

Drug Name	Drug Tier	Requirements /Limits
LEENA	1	MO
LESSINA	1	MO
LEVO-T	1	MO
LEVONEST	1	MO
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	1	MO
<i>levonorgest-eth est & eth est</i>	1	MO
<i>levonorgest-eth estrad 91-day</i>	1	MO
<i>levonorgestrel-ethinyl estrad</i>	1	MO
LEVORA 0.15/30 (28)	1	MO
<i>levothyroxine sodium oral tablet</i>	1	MO
LEVOXYL	1	MO
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	3	
<i>liothyronine sodium intravenous</i>	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	

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>medroxyprogesterone acetate intramuscular</i>	1	
<i>medroxyprogesterone acetate oral</i>	1	MO
MENEST	3	PA; MO
<i>methimazole oral</i>	1	MO
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	1	
<i>methylprednisolone oral</i>	1	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg</i>	1	
MIBELAS 24 FE	1	MO
MICROGESTIN 1.5/30	1	MO
MICROGESTIN 1/20	1	MO
MICROGESTIN 24 FE	1	MO
MICROGESTIN FE 1.5/30	1	MO
MICROGESTIN FE 1/20	1	MO
MILI	1	MO
MILLIPRED ORAL TABLET	3	
MIMVEY	1	PA; MO
MINASTRIN 24 FE	3	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

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

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Drug Name	Drug Tier	Requirements /Limits
<i>octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml</i>	3	PA; S
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA; LA; S
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; LA
ORAPRED ODT	3	
ORSYTHIA	1	MO
OSPHENA	2	MO
<i>oxandrolone oral tablet 10 mg</i>	1	PA; QL (60 per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>	1	PA; QL (240 per 30 days)
PHILITH	1	MO
PIMTREA	1	MO
PIRMELLA 1/35	1	MO
PIRMELLA 7/7/7	1	MO
PORTIA-28	1	MO
<i>prednicarbate external ointment</i>	1	
<i>prednisolone oral solution</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	
<i>prednisolone sodium phosphate oral tablet dispersible</i>	1	
PREDNISONE INTENSOL	2	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet 1 mg</i>	1	
<i>prednisone oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablet therapy pack 10 mg (21), 5 mg (21)</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>prednisone oral tablet therapy pack 10 mg (48), 5 mg (48)</i>	1	
PREMARIN ORAL	2	PA; MO
PREMARIN VAGINAL	2	MO
PREMPHASE	2	PA; MO
PREMPRO	2	PA; MO
<i>progesterone oral</i>	1	MO
PROMETRIUM ORAL CAPSULE 200 MG	3	MO
<i>propylthiouracil oral</i>	1	MO
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
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	

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Drug Name	Drug Tier	Requirements /Limits
TARINA 24 FE	1	MO
TARINA FE 1/20 EQ	1	MO
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1	PA; MO
testosterone cypionate intramuscular solution 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
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

Drug Name	Drug Tier	Requirements /Limits
TRI-MILI	1	MO
TRI-NYMYO	1	MO
TRI-SPRINTEC	1	MO
TRI-VYLIBRA	1	MO
TRI-VYLIBRA LO	1	MO
triamcinolone acetonide injection suspension 40 mg/ml	1	
TRIVORA (28)	1	MO
TURQOZ	1	MO
TYBLUME ORAL TABLET CHEWABLE	1	MO
TYDEMY	1	MO
UNITHROID	1	MO
VAGIFEM VAGINAL TABLET 10 MCG	3	MO
VELIVET	1	MO
VIENVA	1	MO
viorele	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
ZORBTIVE	3	PA; S
ZOVIA 1/35 (28)	1	MO
ZUMANDIMINE	1	MO
Immunological Agents		
ABRYSVO	2	
ACTHIB	2	
ACTIMMUNE	3	PA; LA; S
ADACEL	2	

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Drug Name	Drug Tier	Requirements /Limits
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
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

Drug Name	Drug Tier	Requirements /Limits
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	
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

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
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
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/UEVIT 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

Drug Name	Drug Tier	Requirements /Limits
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT	2	B/D PA
INTRON A INJECTION SOLUTION RECONSTITUTED 18000000 UNIT	3	B/D PA
INTRON A INJECTION SOLUTION RECONSTITUTED 50000000 UNIT	3	B/D PA; S
IPOL	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	
<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

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
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, 25 GM/500ML, 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	
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	

Drug Name	Drug Tier	Requirements /Limits
ROTATEQ ORAL SOLUTION	2	
SANDIMMUNE ORAL SOLUTION	3	B/D PA
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	2	
<i>sirolimus oral solution</i>	3	B/D PA; 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
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	

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
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	
<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	

Drug Name	Drug Tier	Requirements /Limits
<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	
BICILLIN C-R 900/300	2	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
BIKTARVY ORAL TABLET 30-120-15 MG	3	QL (30 per 30 days); MO; S
BIKTARVY ORAL TABLET 50-200-25 MG	3	QL (30 per 30 days); S
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML	3	QL (4 per 28 days); S
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML	3	QL (6 per 28 days); S

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

Drug Name	Drug Tier	Requirements /Limits
cefaclor er	2	
cefaclor oral capsule	1	
cefaclor oral suspension reconstituted 250 mg/5ml	1	
cefadroxil	1	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 500 mg	1	
cefazolin sodium injection solution reconstituted 100 gm, 300 gm	2	
cefazolin sodium intravenous solution reconstituted 1 gm	1	
cefazolin sodium intravenous solution reconstituted 2 gm, 3 gm	2	
cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%	2	
cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml)	2	
cefdinir	1	
cefepime hcl injection solution reconstituted 1 gm	1	
cefepime hcl intravenous solution	2	
cefepime hcl intravenous solution reconstituted 100 gm	2	
cefepime hcl intravenous solution reconstituted 2 gm	1	
cefixime	1	
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	1	
cefoxitin sodium intravenous	1	
cefpodoxime proxetil	1	
cefprozil	1	

Drug Name	Drug Tier	Requirements /Limits
ceftazidime injection solution reconstituted 1 gm, 6 gm	1	
ceftazidime intravenous	1	
ceftriaxone sodium in dextrose	1	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	1	
ceftriaxone sodium injection solution reconstituted 100 gm	2	
ceftriaxone sodium intravenous	1	
ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)	2	
cefuroxime axetil oral tablet 250 mg	1	
cefuroxime axetil oral tablet 500 mg	1	
cefuroxime sodium injection solution reconstituted 750 mg	1	
cefuroxime sodium intravenous solution reconstituted 1.5 gm	1	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral capsule 750 mg	1	
cephalexin oral suspension reconstituted 125 mg/5ml	1	
cephalexin oral suspension reconstituted 250 mg/5ml	1	
cephalexin oral tablet	1	
chloroquine phosphate oral	1	MO
cidofovir intravenous	1	B/D PA
CIMDUO	3	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
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 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
<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	

Drug Name	Drug Tier	Requirements /Limits
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)
<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)

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
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	
<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

Drug Name	Drug Tier	Requirements /Limits
<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
<i>griseofulvin microsize oral</i>	1	
<i>griseofulvin ultramicrosize</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

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
ISENTRESS ORAL PACKET	3	QL (180 per 30 days); S	<i>linezolid intravenous solution 600 mg/300ml</i>	1	
ISENTRESS ORAL TABLET	3	QL (120 per 30 days); S	<i>linezolid oral suspension reconstituted</i>	3	PA; QL (1800 per 30 days); S
ISENTRESS ORAL TABLET CHEWABLE 100 MG	3	QL (180 per 30 days)	<i>linezolid oral tablet</i>	3	PA; QL (56 per 28 days)
ISENTRESS ORAL TABLET CHEWABLE 25 MG	2	QL (720 per 30 days)	<i>lopinavir-ritonavir oral solution</i>	1	QL (480 per 30 days)
<i>isoniazid injection</i>	1		<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	3	QL (300 per 30 days)
<i>isoniazid oral syrup</i>	1	MO	<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	3	QL (120 per 30 days)
<i>isoniazid oral tablet</i>	1	MO	MACRODANTIN	3	
<i>itraconazole oral capsule</i>	1	PA	MALARONE	3	
<i>ivermectin oral</i>	1	PA	<i>maraviroc</i>	3	QL (120 per 30 days); S
JULUCA	3	QL (30 per 30 days); S	MAVYRET ORAL PACKET	3	PA; QL (180 per 30 days); S
KALETRA ORAL TABLET 100-25 MG	3	QL (300 per 30 days)	MAVYRET ORAL TABLET	3	PA; QL (90 per 30 days); S
<i>ketoconazole oral</i>	1		<i>mefloquine hcl</i>	1	MO
LAGEVRIO	3	QL (40 per 90 days); S	<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	1	
<i>lamivudine oral solution</i>	1	QL (960 per 30 days)	<i>methenamine hippurate</i>	1	
<i>lamivudine oral tablet 100 mg</i>	1		<i>methenamine mandelate oral</i>	1	
<i>lamivudine oral tablet 150 mg</i>	1	QL (60 per 30 days)	<i>metronidazole intravenous solution 500 mg/100ml</i>	1	
<i>lamivudine oral tablet 300 mg</i>	1	QL (30 per 30 days)	<i>metronidazole oral</i>	1	
<i>lamivudine-zidovudine</i>	1	QL (60 per 30 days)	<i>micafungin sodium</i>	3	S
<i>ledipasvir-sofosbuvir</i>	3	PA; QL (28 per 28 days); S	<i>minocycline hcl oral</i>	1	
<i>levofloxacin in d5w</i>	1		MONDOXYNE NL ORAL CAPSULE 100 MG	1	
<i>levofloxacin intravenous</i>	1		<i>moxifloxacin hcl in nacl</i>	1	
<i>levofloxacin oral solution</i>	1		<i>moxifloxacin hcl oral</i>	1	
<i>levofloxacin oral tablet</i>	1		MYAMBUTOL ORAL TABLET 400 MG	3	
LEXIVA ORAL SUSPENSION	3	QL (1800 per 30 days)	<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	3	
LINCOCIN	3				
<i>lincomycin hcl injection</i>	1				
<i>linezolid in sodium chloride</i>	3				

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

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

Drug Name	Drug Tier	Requirements /Limits
<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 procaine</i>	2	
<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
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	

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>pyrazinamide oral</i>	1		<i>sulfadiazine oral</i>	3	S
<i>pyrimethamine oral</i>	3	S	<i>sulfamethoxazole-trimethoprim intravenous</i>	1	
QUALAQUIN	3	PA	<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>quinine sulfate oral</i>	1	PA	<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	2	QL (60 per 180 days)	SUNLENCA ORAL	2	LA
RETROVIR INTRAVENOUS	2		SUNLENCA SUBCUTANEOUS	3	QL (3 per 168 days); MO; S
RETROVIR ORAL CAPSULE	3	QL (180 per 30 days)	SUPRAX ORAL SUSPENSION RECONSTITUTED 200 MG/5ML, 500 MG/5ML	3	
RETROVIR ORAL SYRUP	3	QL (1920 per 30 days)	SUPRAX ORAL TABLET CHEWABLE	3	
REYATAZ ORAL PACKET	3	QL (240 per 30 days)	SYMTUZA	3	QL (30 per 30 days); S
<i>ribavirin oral capsule</i>	1		TAMIFLU ORAL CAPSULE 30 MG	3	QL (168 per 365 days)
<i>ribavirin oral tablet 200 mg</i>	1		TAMIFLU ORAL CAPSULE 45 MG	3	QL (84 per 365 days)
<i>rifabutin</i>	1		TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	3	QL (1080 per 365 days)
<i>rifampin intravenous</i>	3		TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	1	
<i>rifampin oral</i>	1		TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM	1	
<i>rimantadine hcl</i>	1		TEFLARO	3	S
<i>ritonavir</i>	1	QL (360 per 30 days)	<i>tenofovir disoproxil fumarate</i>	1	QL (30 per 30 days)
RUKOBIA	3	QL (60 per 30 days); MO; S	<i>terbinafine hcl oral</i>	1	
SELZENTRY ORAL SOLUTION	2	QL (1840 per 30 days)	<i>tetracycline hcl oral capsule</i>	1	
SELZENTRY ORAL TABLET 25 MG	2	QL (240 per 30 days)	<i>tigecycline</i>	3	S
SELZENTRY ORAL TABLET 75 MG	3	QL (60 per 30 days); S	<i>tinidazole oral</i>	1	
SIRTURO	3	PA; LA; S	TIVICAY ORAL TABLET 10 MG	3	QL (120 per 30 days)
<i>sofosbuvir-velpatasvir</i>	3	PA; QL (30 per 30 days); S	TIVICAY ORAL TABLET 25 MG, 50 MG	3	QL (60 per 30 days); S
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 55 MG, 65 MG	3		TIVICAY PD	3	QL (360 per 30 days); S
<i>streptomycin sulfate intramuscular</i>	3	S			
STRIBILD	3	QL (30 per 30 days); S			
STROMEKTOL	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>tobramycin sulfate injection</i>	1	
TRECTOR	3	
<i>trifluridine ophthalmic</i>	1	
<i>trimethoprim oral</i>	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	
<i>valacyclovir hcl oral tablet 1 gm</i>	1	QL (90 per 30 days)
<i>valacyclovir hcl oral tablet 500 mg</i>	1	QL (60 per 30 days)
<i>valganciclovir hcl oral solution reconstituted</i>	3	
<i>valganciclovir hcl oral tablet</i>	2	
<i>vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%</i>	2	
<i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%</i>	2	
<i>vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 5 gm, 500 mg</i>	1	
<i>vancomycin hcl intravenous solution reconstituted 1.25 gm, 1.5 gm, 750 mg</i>	2	
<i>vancomycin hcl oral capsule 125 mg</i>	1	PA; QL (240 per 30 days)
<i>vancomycin hcl oral capsule 250 mg</i>	3	PA; QL (240 per 30 days)
<i>vancomycin hcl oral solution reconstituted 25 mg/ml</i>	3	PA; QL (1200 per 30 days)
VEMLIDY	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)
<i>voriconazole intravenous</i>	3	PA
<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

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
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
<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 100-BLUE-LILLY-HUMALOG	2	

Drug Name	Drug Tier	Requirements /Limits
INPEN 100-BLUE-NOVOLOG-FIASP	2	
INPEN 100-GREY-LILLY-HUMALOG	2	
INPEN 100-GREY-NOVOLOG-FIASP	2	
INPEN 100-PINK-LILLY-HUMALOG	2	
INPEN 100-PINK-NOVOLOG-FIASP	2	
INSULIN PEN NEEDLE	1	QL (200 per 30 days); MO
INSULIN SYRINGE	1	QL (200 per 30 days); MO
KOSELUGO	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		
<i>acetazolamide er</i>	1	MO
ACULAR	3	
ACULAR LS	3	
<i>ak-poly-bac</i>	1	
ALOCRIAL	3	
ALOMIDE	3	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	MO
ALREX	3	
<i>apraclonidine hcl</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
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	
carteolol hcl	1	MO
ciprofloxacin hcl ophthalmic	1	
COMBIGAN	2	MO
cromolyn sodium ophthalmic	1	
cyclopentolate hcl ophthalmic solution 1 %	1	MO
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

Drug Name	Drug Tier	Requirements /Limits
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	
loteprednol etabonate	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	2	MO
MAXIDEX	3	
methazolamide oral	1	MO
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic solution	2	
NATACYN	3	
NEO-POLYCIN	1	
NEO-POLYCIN HC	1	

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

Drug Name	Drug Tier	Requirements /Limits
<i>neomycin-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	
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

Drug Name	Drug Tier	Requirements /Limits
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
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 acetate 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		

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
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
ALYQ	3	PA; QL (60 per 30 days); S
<i>ambriasantan</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
ARNUITY 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

Drug Name	Drug Tier	Requirements /Limits
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
<i>cetirizine hcl oral solution 1 mg/ml</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	

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>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
<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

Drug Name	Drug Tier	Requirements /Limits
<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
<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)

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
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
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 REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	2	QL (11 per 30 days); MO
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	2	QL (22 per 30 days); MO
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML	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

Drug Name	Drug Tier	Requirements /Limits
<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 HANDIHALER	2	QL (30 per 30 days); MO
SPIRIVA RESPIMAT	2	QL (4 per 30 days); MO
STIOLTO RESPIMAT	2	QL (4 per 30 days); MO
SYMBICORT	2	QL (30.6 per 30 days); MO
<i>tadalafil (pah)</i>	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</i>	1	MO
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	1	MO
<i>theophylline er oral tablet extended release 24 hour</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

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
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
VENTAVIS	3	PA; QL (270 per 30 days); S
VENTOLIN HFA	3	ST; MO
VISTARIL ORAL CAPSULE 50 MG	3	

Drug Name	Drug Tier	Requirements /Limits
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 PREFILLED SYRINGE 150 MG/ML	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	ACTONEL ORAL TABLET 35 MG	49
<i>abacavir sulfate oral tablet</i>	66	ACTOPLUS MET ORAL TABLET 15-850 MG	49
<i>abacavir sulfate-lamivudine</i>	66	ACTOS ORAL TABLET 45 MG	49
ABELCET	66	ACULAR	74
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	28	ACULAR LS	74
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	28	<i>acyclovir external cream</i>	43
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	28	<i>acyclovir external ointment</i>	43
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	28	<i>acyclovir oral</i>	66
<i>abiraterone acetate oral tablet 250 mg</i>	14	<i>acyclovir sodium intravenous solution</i>	66
<i>abiraterone acetate oral tablet 500 mg</i>	14	ADACEL	62
ABRYSVO	62	<i>adapalene external cream</i>	43
<i>acamprosate calcium</i>	28	<i>adapalene external gel</i>	43
<i>acarbose oral</i>	49	ADDERALL ORAL TABLET 5 MG, 7.5 MG	28
ACCOLATE ORAL TABLET 10 MG	77	<i>adefovir dipivoxil</i>	66
ACCUPRIL	23	ADEMPAS	77
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG	23	ADRENALIN INJECTION SOLUTION 1 MG/ML	77
ACCUTANE ORAL CAPSULE 20 MG, 30 MG, 40 MG	42	ADRIAMYCIN INTRAVENOUS SOLUTION	14
<i>acebutolol hcl oral</i>	23	<i>adriamycin intravenous solution reconstituted 10 mg</i>	14
<i>acetaminophen-codeine oral solution</i>	11	ADRIAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	14
<i>acetaminophen-codeine oral tablet</i>	11	ADVAIR HFA	77
<i>acetazolamide er</i>	74	AFIRMELLE	57
<i>acetazolamide oral</i>	23	AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	28
<i>acetic acid irrigation</i>	74	AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	28
<i>acetic acid otic</i>	76	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>	74
ACTHAR	57	AKEEGA	14
ACTHIB	62	<i>ala-cort external cream</i>	43
ACTIMMUNE	62	<i>albendazole oral</i>	66
ACTIVELLA ORAL TABLET 1-0.5 MG	57	<i>albuterol sulfate hfa</i>	77
ACTONEL ORAL TABLET 150 MG	49	<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/ 3ml</i>	77

<i>albuterol sulfate inhalation nebulization solution</i> (5 mg/ml) 0.5%, 2.5 mg/0.5ml	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	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</i> <i>mg</i>	49	<i>amlodipine-valsartan-hctz</i>	23
<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>	28	<i>amoxicillin oral capsule</i>	66
ALOCRIAL	74	<i>amoxicillin oral suspension reconstituted</i>	66
ALOMIDE	74	<i>amoxicillin oral tablet</i>	66
<i>alosetron hcl oral tablet 0.5 mg</i>	53	<i>amoxicillin oral tablet chewable 125 mg, 250</i> <i>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 %	74	<i>amoxicillin-pot clavulanate oral</i>	66
<i>alprazolam er</i>	28	<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</i> <i>mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	29
ALREX	74	<i>amphetamine-dextroamphetamine oral tablet 30</i> <i>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</i> <i>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</i> <i>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	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>	74
<i>amcinonide external cream</i>	43	<i>aprepitant oral</i>	53
<i>amcinonide external lotion</i>	43	<i>aprepitant oral capsule 125 mg</i>	53
<i>amcinonide external ointment</i>	43	<i>aprepitant oral capsule 40 mg</i>	53
AMETHIA	57	<i>aprepitant oral capsule 80 & 125 mg</i>	53
AMETHYST	57	<i>aprepitant oral capsule 80 mg</i>	53
<i>amikacin sulfate injection solution 1 gm/4ml, 500</i> <i>mg/2ml</i>	66		
<i>amiloride hcl oral</i>	23		

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>	23
ARANESP (ALBUMIN FREE) INJECTION SOLUTION		<i>atenolol-chlorthalidone</i>	23
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>	23
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
<i>mg</i>	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	29
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE		AVALIDE ORAL TABLET 150-12.5 MG	23
441 MG/1.6ML	29	AVALIDE ORAL TABLET 300-12.5 MG	23
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	29
<i>armodafinil oral tablet 150 mg, 200 mg, 250</i>		AVONEX PREFILLED INTRAMUSCULAR PREFILLED	
<i>mg</i>	29	SYRINGE KIT	29
<i>armodafinil oral tablet 50 mg</i>	29	AYGESTIN	57
ARMOUR THYROID	57	AYUNA	57
ARNUIITY 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>asenapine maleate sublingual tablet sublingual</i>			

<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	29	<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>bexarotene external</i>	43
<i>pack)</i>	66	<i>bexarotene oral</i>	15
<i>azithromycin oral tablet 500 mg, 500 mg (3 pack),</i>		BEXSERO	63
<i>600 mg</i>	66	BEYAZ	57
<i>aztreonam</i>	66	<i>bicalutamide</i>	15
AZURETTE	57	BICILLIN C-R	66
BAC	30	BICILLIN C-R 900/300	66
<i>bacitra-neomycin-polymyxin-hc</i>	75	BICILLIN L-A INTRAMUSCULAR SUSPENSION	
<i>bacitracin ophthalmic</i>	75	PREFILLED SYRINGE	66
<i>bacitracin-polymyxin b ophthalmic ointment</i>		BIDIL	24
<i>500-10000 unit/gm</i>	75	BIJUVA	57
<i>baclofen oral tablet 10 mg, 5 mg</i>	30	BIKTARVY ORAL TABLET 30-120-15 MG	66
<i>baclofen oral tablet 20 mg</i>	30	BIKTARVY ORAL TABLET 50-200-25 MG	66
BACTRIM	66	<i>bimatoprost ophthalmic</i>	75
BACTRIM DS	66	<i>bisoprolol fumarate oral</i>	24
<i>balsalazide disodium</i>	53	<i>bisoprolol-hydrochlorothiazide</i>	24
BALVERSA ORAL TABLET 3 MG	15	<i>bleomycin sulfate</i>	15
BALVERSA ORAL TABLET 4 MG	15	BLISOVI 24 FE	57
BALVERSA ORAL TABLET 5 MG	15	BLISOVI FE 1.5/30	57
BALZIVA	57	BLISOVI FE 1/20	57
BARACLUDGE ORAL SOLUTION	66	BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5	
BAVENCIO	15	LF-MCG/0.5	63
<i>bcg vaccine injection solution reconstituted</i>	63	BOOSTRIX INTRAMUSCULAR SUSPENSION	
BD PEN	74	PREFILLED SYRINGE	63
BD PEN MINI	74	<i>bortezomib injection solution reconstituted 1 mg,</i>	
BELSOMRA	30	<i>3.5 mg</i>	15
<i>benazepril hcl oral</i>	23	<i>bortezomib injection solution reconstituted 2.5</i>	
<i>benazepril-hydrochlorothiazide</i>	24	<i>mg</i>	15
<i>bendamustine hcl intravenous solution</i>	15	<i>bortezomib intravenous solution</i>	
BENDEKA	15	<i>reconstituted</i>	15
BENLYSTA	63	<i>bosentan</i>	77
BENZAMYCIN	43	BOSULIF ORAL TABLET 100 MG	15
<i>benzoyl peroxide-erythromycin</i>	43	BOSULIF ORAL TABLET 400 MG, 500 MG	15
<i>benztropine mesylate injection</i>	30	BOTOX	30
<i>benztropine mesylate oral</i>	30	BRAFTOVI ORAL CAPSULE 75 MG	15
<i>bepotastine besilate</i>	75	BREO ELLIPTA INHALATION AEROSOL POWDER	
BESREMI	15	BREATH ACTIVATED 100-25 MCG/ACT, 200-25	
<i>betaine</i>	55	MCG/ACT, 50-25 MCG/INH	77
<i>betamethasone dipropionate aug</i>	43	BREYNA	77
<i>betamethasone dipropionate external</i>	43	BREZTRI AEROSPHERE	77
		<i>briellyn</i>	57

BRILINTA	21	<i>bupropion hcl er (xl) oral tablet extended release</i>	
<i>brimonidine tartrate ophthalmic</i>	75	<i>24 hour 150 mg</i>	30
<i>brimonidine tartrate-timolol</i>	75	<i>bupropion hcl er (xl) oral tablet extended release</i>	
<i>brinzolamide</i>	75	<i>24 hour 300 mg</i>	30
BRIVIACT INTRAVENOUS	30	<i>bupropion hcl oral tablet 100 mg</i>	30
BRIVIACT ORAL SOLUTION	30	<i>bupropion hcl oral tablet 75 mg</i>	30
BRIVIACT ORAL TABLET	30	<i>bupirone hcl oral</i>	30
<i>bromfenac sodium (once-daily)</i>	75	<i>butalbital-apap-caff-cod</i>	11
<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	<i>mg</i>	30
<i>budesonide er oral tablet extended release 24</i>		<i>butalbital-asa-caff-codeine</i>	12
<i>hour</i>	53	<i>butalbital-aspirin-caffeine oral capsule</i>	30
<i>budesonide inhalation suspension 0.25 mg/2ml,</i>		<i>butorphanol tartrate injection</i>	12
<i>0.5 mg/2ml</i>	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	<i>MCG/HR, 7.5 MCG/HR</i>	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	<i>PEN-INJECTOR</i>	49
BUPHENYL ORAL POWDER 3 GM/TSP	55	BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION	
<i>buprenorphine hcl injection</i>	30	<i>PEN-INJECTOR</i>	49
<i>buprenorphine hcl sublingual tablet sublingual 2</i>		BYSTOLIC	24
<i>mg</i>	30	CABENUVA INTRAMUSCULAR SUSPENSION	
<i>buprenorphine hcl sublingual tablet sublingual 8</i>		<i>EXTENDED RELEASE 400 & 600 MG/2ML</i>	66
<i>mg</i>	30	CABENUVA INTRAMUSCULAR SUSPENSION	
<i>buprenorphine hcl-naloxone hcl sublingual film</i>		<i>EXTENDED RELEASE 600 & 900 MG/3ML</i>	66
<i>12-3 mg</i>	30	<i>cabergoline</i>	57
<i>buprenorphine hcl-naloxone hcl sublingual film</i>		CABOMETYX	15
<i>2-0.5 mg</i>	30	CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40	
<i>buprenorphine hcl-naloxone hcl sublingual film</i>		<i>MG, 10-80 MG, 5-10 MG, 5-40 MG, 5-80 MG</i>	24
<i>4-1 mg</i>	30	<i>calcipotriene external cream</i>	43
<i>buprenorphine hcl-naloxone hcl sublingual film</i>		<i>calcipotriene external ointment</i>	43
<i>8-2 mg</i>	30	<i>calcipotriene external solution</i>	43
<i>buprenorphine hcl-naloxone hcl sublingual tablet</i>		<i>calcipotriene-betameth diprop external</i>	
<i>sublingual 2-0.5 mg</i>	30	<i>ointment</i>	43
<i>buprenorphine hcl-naloxone hcl sublingual tablet</i>		<i>calcitonin (salmon) injection</i>	49
<i>sublingual 8-2 mg</i>	30	<i>calcitonin (salmon) nasal</i>	49
<i>buprenorphine transdermal patch weekly 10</i>		CALCITRENE	43
<i>mcg/hr, 15 mcg/hr</i>	11	<i>calcitriol external</i>	43
<i>buprenorphine transdermal patch weekly 20</i>		<i>calcitriol intravenous solution 1 mcg/ml</i>	49
<i>mcg/hr</i>	11	<i>calcitriol oral</i>	49
<i>buprenorphine transdermal patch weekly 5 mcg/</i>		<i>calcium acetate (phos binder)</i>	49
<i>hr, 7.5 mcg/hr</i>	11	<i>calcium acetate oral tablet 667 mg</i>	49
<i>bupropion hcl er (smoking det)</i>	30	CALQUENCE	15
<i>bupropion hcl er (sr) oral tablet extended release</i>		CAMILA	57
<i>12 hour 100 mg</i>	30	CAMRESE	57
<i>bupropion hcl er (sr) oral tablet extended release</i>		CAMRESE LO	57
<i>12 hour 150 mg, 200 mg</i>	30		

candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg	24	cefadroxil	67
candesartan cilexetil oral tablet 32 mg	24	cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 500 mg	67
candesartan cilexetil-hctz oral tablet 16-12.5 mg	24	cefazolin sodium injection solution reconstituted 100 gm, 300 gm	67
candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg	24	cefazolin sodium intravenous solution reconstituted 1 gm	67
CAPEX	43	cefazolin sodium intravenous solution reconstituted 2 gm, 3 gm	67
CAPLYTA	30	cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%	67
CAPRELSA ORAL TABLET 100 MG	15	cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml)	67
CAPRELSA ORAL TABLET 300 MG	15	cefdinir	67
captopril oral	24	cefepime hcl injection solution reconstituted 1 gm	67
captopril-hydrochlorothiazide	24	cefepime hcl intravenous solution	67
carbamazepine er	30	cefepime hcl intravenous solution reconstituted 100 gm	67
carbamazepine oral	30	cefepime hcl intravenous solution reconstituted 2 gm	67
carbidopa oral	30	cefixime	67
carbidopa-levodopa	30	cefotetan disodium injection solution reconstituted 1 gm, 2 gm	67
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	30	cefoxitin sodium intravenous	67
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	30	cefpodoxime proxetil	67
carbinoxamine maleate oral solution	77	cefprozil	67
carbinoxamine maleate oral tablet 4 mg	77	ceftazidime injection solution reconstituted 1 gm, 6 gm	67
carbinoxamine maleate oral tablet 6 mg	77	ceftazidime intravenous	67
carboplatin intravenous solution	15	ceftriaxone sodium in dextrose	67
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG	24	ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	67
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 360 MG, 420 MG	24	ceftriaxone sodium injection solution reconstituted 100 gm	67
CARDIZEM ORAL TABLET 120 MG, 30 MG	24	ceftriaxone sodium intravenous	67
CARDIZEM ORAL TABLET 60 MG	24	ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)	67
CARDURA ORAL TABLET 1 MG, 8 MG	24	cefuroxime axetil oral tablet 250 mg	67
CARDURA XL	56	cefuroxime axetil oral tablet 500 mg	67
carglumic acid oral tablet soluble	47	cefuroxime sodium injection solution reconstituted 750 mg	67
carisoprodol oral tablet 350 mg	31	cefuroxime sodium intravenous solution reconstituted 1.5 gm	67
CARNITOR ORAL	47	celecoxib oral	12
CARNITOR SF	47	cephalexin oral capsule 250 mg, 500 mg	67
carteolol hcl	75	cephalexin oral capsule 750 mg	67
CARTIA XT	24		
carvedilol	24		
carvedilol phosphate er	24		
CAYSTON	77		
cefacor er	67		
cefacor oral capsule	67		
cefacor oral suspension reconstituted 250 mg/5ml	67		

<i>cephalexin oral suspension reconstituted 125 mg/5ml</i>	67	<i>ciprofloxacin-dexamethasone</i>	76
<i>cephalexin oral suspension reconstituted 250 mg/5ml</i>	67	<i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml</i>	15
<i>cephalexin oral tablet</i>	67	<i>citalopram hydrobromide oral solution</i>	31
CEQUR SIMPLICITY 2U	74	<i>citalopram hydrobromide oral tablet 10 mg</i>	31
CEQUR SIMPLICITY INSERTER	74	<i>citalopram hydrobromide oral tablet 20 mg</i>	31
<i>cetirizine hcl oral solution 1 mg/ml</i>	77	<i>citalopram hydrobromide oral tablet 40 mg</i>	31
CETRAXAL	76	CLARAVIS	43
<i>cevimeline hcl</i>	43	<i>clarithromycin er</i>	68
CHARLOTTE 24 FE	57	<i>clarithromycin oral</i>	68
CHATEAL EQ	57	<i>clemastine fumarate oral tablet 2.68 mg</i>	77
CHEMET	49	CLENPIQ	53
<i>chlordiazepoxide hcl</i>	31	CLEOCIN ORAL CAPSULE 300 MG, 75 MG	68
<i>chlordiazepoxide-amitriptyline</i>	31	CLEOCIN ORAL SOLUTION RECONSTITUTED	68
<i>chlorhexidine gluconate mouth/throat</i>	43	CLEOCIN PHOSPHATE INJECTION SOLUTION 900 MG/6ML	68
<i>chloroquine phosphate oral</i>	67	CLEOCIN VAGINAL	56
<i>chlorpromazine hcl injection</i>	31	CLEOCIN-T EXTERNAL LOTION	43
<i>chlorpromazine hcl oral concentrate</i>	31	CLIMARA PRO	57
<i>chlorpromazine hcl oral tablet</i>	31	CLINDACIN	43
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	24	<i>clindamycin hcl oral</i>	68
<i>chlorzoxazone oral tablet 500 mg</i>	31	<i>clindamycin palmitate hcl</i>	68
<i>cholestyramine light</i>	24	<i>clindamycin phos-benzoyl perox external gel 1-5 % , 1.2-5 %</i>	43
<i>cholestyramine oral</i>	24	<i>clindamycin phosphate external gel</i>	43
CICLODAN EXTERNAL SOLUTION	43	<i>clindamycin phosphate external lotion</i>	43
<i>ciclopirox external</i>	43	<i>clindamycin phosphate external solution</i>	43
<i>ciclopirox olamine external cream</i>	43	<i>clindamycin phosphate external swab</i>	43
<i>ciclopirox olamine external suspension</i>	43	<i>clindamycin phosphate in d5w</i>	68
<i>cidofovir intravenous</i>	67	<i>clindamycin phosphate injection solution 600 mg/4ml, 9 gm/60ml, 9000 mg/60ml</i>	68
<i>cilostazol</i>	21	<i>clindamycin phosphate injection solution 900 mg/6ml</i>	68
CIMDUO	67	<i>clindamycin phosphate vaginal</i>	56
<i>cimetidine hcl oral</i>	53	<i>clindamycin-tretinoin</i>	43
<i>cimetidine oral tablet 200 mg</i>	53	CLINIMIX E/DEXTROSE (2.75/5)	47
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	53	CLINIMIX E/DEXTROSE (4.25/10)	47
<i>cinacalcet hcl oral tablet 30 mg</i>	49	CLINIMIX E/DEXTROSE (4.25/5)	47
<i>cinacalcet hcl oral tablet 60 mg</i>	49	CLINIMIX E/DEXTROSE (5/15)	47
<i>cinacalcet hcl oral tablet 90 mg</i>	49	CLINIMIX E/DEXTROSE (5/20)	47
CINRYZE	21	<i>climix e/dextrose (8/10)</i>	47
CIPRO HC	76	<i>climix e/dextrose (8/14)</i>	47
CIPRO ORAL SUSPENSION RECONSTITUTED	68	CLINIMIX/DEXTROSE (4.25/10)	47
CIPRODEX	76	CLINIMIX/DEXTROSE (4.25/5)	47
<i>ciprofloxacin hcl ophthalmic</i>	75	CLINIMIX/DEXTROSE (5/15)	47
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	68	CLINIMIX/DEXTROSE (5/20)	47
<i>ciprofloxacin hcl oral tablet 750 mg</i>	68	<i>climix/dextrose (6/5)</i>	47
<i>ciprofloxacin hcl otic</i>	76	<i>climix/dextrose (8/10)</i>	47
<i>ciprofloxacin in d5w</i>	68		

<i>climimix/dextrose (8/14)</i>	47	<i>clozapine oral tablet dispersible 12.5 mg</i>	31
CLINISOL SF	47	<i>clozapine oral tablet dispersible 150 mg</i>	31
CLINOLIPID	47	<i>clozapine oral tablet dispersible 200 mg</i>	31
<i>clobazam oral suspension</i>	31	<i>clozapine oral tablet dispersible 25 mg</i>	31
<i>clobazam oral tablet 10 mg</i>	31	COARTEM	68
<i>clobazam oral tablet 20 mg</i>	31	<i>codeine sulfate oral tablet</i>	12
<i>clobetasol prop emollient base</i>	43	<i>colchicine oral</i>	12
<i>clobetasol propionate e</i>	43	<i>colchicine-probenecid</i>	12
<i>clobetasol propionate emulsion</i>	43	<i>colesevelam hcl</i>	24
<i>clobetasol propionate external cream</i>	43	COLESTID	24
<i>clobetasol propionate external foam</i>	43	COLESTID FLAVORED	24
<i>clobetasol propionate external gel</i>	43	<i>colestipol hcl</i>	24
<i>clobetasol propionate external lotion</i>	44	<i>colistimethate sodium (cba)</i>	68
<i>clobetasol propionate external ointment</i>	44	COMBIGAN	75
<i>clobetasol propionate external shampoo</i>	44	COMBIPATCH	57
<i>clobetasol propionate external solution</i>	44	COMBIVENT RESPIMAT	77
<i>clocortolone pivalate</i>	44	COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	15
CLODAN EXTERNAL SHAMPOO	44	COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	15
CLODERM	44	COMETRIQ (60 MG DAILY DOSE)	15
<i>clomipramine hcl oral</i>	31	COMPLERA	68
<i>clonazepam oral tablet 0.5 mg</i>	31	COMPRO	53
<i>clonazepam oral tablet 1 mg</i>	31	COMTAN	31
<i>clonazepam oral tablet 2 mg</i>	31	CONCERTA ORAL TABLET EXTENDED RELEASE 27 MG	31
<i>clonazepam oral tablet dispersible 0.125 mg</i>	31	<i>constulose</i>	53
<i>clonazepam oral tablet dispersible 0.25 mg</i>	31	CONZIP	12
<i>clonazepam oral tablet dispersible 0.5 mg</i>	31	COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	31
<i>clonazepam oral tablet dispersible 1 mg</i>	31	COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	31
<i>clonazepam oral tablet dispersible 2 mg</i>	31	COPIKTRA	15
<i>clonidine</i>	24	CORDRAN EXTERNAL CREAM 0.05 %	44
<i>clonidine hcl er oral tablet extended release 12 hour</i>	31	CORDRAN EXTERNAL LOTION	44
<i>clonidine hcl oral</i>	24	CORGARD ORAL TABLET 20 MG, 40 MG	24
<i>clopidogrel bisulfate oral tablet 300 mg</i>	21	CORLANOR ORAL SOLUTION	24
<i>clopidogrel bisulfate oral tablet 75 mg</i>	21	CORLANOR ORAL TABLET	24
<i>clorazepate dipotassium</i>	31	CORTEF ORAL TABLET 20 MG	53
<i>clotrimazole external cream</i>	44	CORTIFOAM EXTERNAL	53
<i>clotrimazole external solution</i>	44	CORTISPORIN-TC	76
<i>clotrimazole mouth/throat troche</i>	44	COSENTYX (300 MG DOSE)	63
<i>clotrimazole-betamethasone external cream</i>	44	COSENTYX SENSOREADY (300 MG)	63
<i>clotrimazole-betamethasone external lotion</i>	44	COSENTYX SENSOREADY PEN	63
<i>clozapine oral tablet 100 mg</i>	31	COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	63
<i>clozapine oral tablet 200 mg</i>	31	COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	63
<i>clozapine oral tablet 25 mg</i>	31		
<i>clozapine oral tablet 50 mg</i>	31		
<i>clozapine oral tablet dispersible 100 mg</i>	31		

COTELLIC	15	DEBLITANE	57
CREON	55	decitabine	16
CRINONE	57	deferasirox oral tablet soluble 125 mg	49
<i>cromolyn sodium inhalation</i>	77	<i>deferasirox oral tablet soluble 250 mg, 500</i>	
<i>cromolyn sodium ophthalmic</i>	75	<i>mg</i>	49
<i>cromolyn sodium oral</i>	55	<i>deferiprone oral tablet 1000 mg</i>	49
CROTAN	44	<i>deferiprone oral tablet 500 mg</i>	49
CRYSSELLE-28	57	DELSTRIGO	68
<i>cyclobenzaprine hcl oral</i>	31	DELYLA	57
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	75	<i>demeclocycline hcl oral</i>	68
<i>cyclophosphamide intravenous</i>	15	DEMEROL INJECTION SOLUTION 25 MG/ML, 50	
<i>cyclophosphamide oral capsule</i>	15	MG/ML	12
CYCLOSET	49	DENTA 5000 PLUS	44
<i>cyclosporine intravenous</i>	63	DENTAGEL	44
<i>cyclosporine modified</i>	63	DEPAKOTE	31
<i>cyclosporine ophthalmic</i>	75	DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED	
<i>cyclosporine oral capsule</i>	63	RELEASE SPRINKLE	31
<i>cyproheptadine hcl oral syrup</i>	77	DEPO-ESTRADIOL	57
<i>cyproheptadine hcl oral tablet</i>	77	DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150	
CYRAMZA	15	MG/ML	57
CYRED EQ	57	DEPO-SUBQ PROVERA 104 SUBCUTANEOUS	
CYSTAGON	55	SUSPENSION PREFILLED SYRINGE	57
CYSTARAN	75	DEPO-TESTOSTERONE INTRAMUSCULAR	
CYTOTEC	53	SOLUTION	57
<i>dabigatran etexilate mesylate oral capsule 150</i>		DESCOVY	68
<i>mg, 75 mg</i>	21	<i>desipramine hcl oral</i>	31
<i>dalfampridine er</i>	31	<i>desloratadine</i>	77
<i>danazol oral</i>	57	<i>desmopressin ace spray refrig</i>	57
DANTRIUM ORAL CAPSULE 25 MG	31	<i>desmopressin acetate injection</i>	57
<i>dantrolene sodium oral</i>	31	<i>desmopressin acetate oral</i>	57
<i>dapsone external</i>	44	<i>desmopressin acetate pf</i>	57
<i>dapsone oral</i>	68	<i>desmopressin acetate spray</i>	58
DAPTACEL INTRAMUSCULAR SUSPENSION		<i>desogestrel-ethinyl estradiol</i>	58
23-15-5	63	<i>desonide external cream</i>	44
<i>daptomycin intravenous solution reconstituted</i>		<i>desonide external lotion</i>	44
<i>500 mg</i>	68	<i>desonide external ointment</i>	44
<i>darifenacin hydrobromide er</i>	56	DESOWEN EXTERNAL CREAM	44
<i>darunavir</i>	68	<i>desoximetasone external cream</i>	44
DARZALEX	15	<i>desoximetasone external gel</i>	44
DARZALEX FASPRO	15	<i>desoximetasone external liquid</i>	44
DASETTA 1/35	57	<i>desoximetasone external ointment</i>	44
DASETTA 7/7/7	57	<i>desvenlafaxine er</i>	32
DAURISMO ORAL TABLET 100 MG	15	<i>desvenlafaxine succinate er</i>	32
DAURISMO ORAL TABLET 25 MG	15	DETROL LA ORAL CAPSULE EXTENDED RELEASE 24	
DAYPRO	12	HOUR 2 MG	56
DAYSEE	57	DETROL ORAL TABLET 1 MG	56
DDAVP ORAL	57	DEXAMETHASONE INTENSOL	58
		<i>dexamethasone oral elixir</i>	58

dexamethasone oral solution	58	diazoxide oral	49
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	58	DICLEGIS	53
dexamethasone oral tablet 2 mg, 4 mg, 6 mg	58	diclofenac potassium oral tablet 50 mg	12
dexamethasone oral tablet therapy pack	58	diclofenac sodium er	12
dexamethasone sod phosphate pf injection solution	58	diclofenac sodium external gel 1 %	12
dexamethasone sodium phosphate injection	58	diclofenac sodium external gel 3 %	44
dexamethasone sodium phosphate ophthalmic	75	diclofenac sodium external solution 1.5 %	12
dexlansoprazole	53	diclofenac sodium ophthalmic	75
dexmethylphenidate hcl	32	diclofenac sodium oral	12
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	32	diclofenac-misoprostol oral tablet delayed release	12
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg	32	dicloxacillin sodium	68
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	32	dicyclomine hcl oral capsule	53
dextroamphetamine sulfate oral solution	32	dicyclomine hcl oral solution	53
dextroamphetamine sulfate oral tablet 10 mg	32	dicyclomine hcl oral tablet	53
dextroamphetamine sulfate oral tablet 5 mg	32	DIFFERIN EXTERNAL CREAM	44
dextrose 5%/electrolyte #48	47	DIFFERIN EXTERNAL GEL 0.3 %	44
dextrose in lactated ringers	47	DIFICID	68
dextrose intravenous solution 10 %, 5 %, 50 %, 70 %	47	diflorasone diacetate external	44
dextrose intravenous solution 250 mg/ml	47	DIFLUCAN ORAL SUSPENSION RECONSTITUTED	68
dextrose-nacl intravenous solution 10-0.2 %	47	DIFLUCAN ORAL TABLET 100 MG	68
dextrose-nacl intravenous solution 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.33 %, 5-0.45 %, 5-0.9 %	47	diflunisal oral	12
dextrose-sodium chloride	47	difluprednate	75
DIACOMIT ORAL CAPSULE 250 MG	32	DIGOX ORAL TABLET 125 MCG	24
DIACOMIT ORAL CAPSULE 500 MG	32	DIGOX ORAL TABLET 250 MCG	24
DIACOMIT ORAL PACKET 250 MG	32	digoxin oral solution	24
DIACOMIT ORAL PACKET 500 MG	32	digoxin oral tablet 125 mcg	24
DIASTAT ACUDIAL	32	digoxin oral tablet 250 mcg	24
diazepam injection	32	digoxin oral tablet 62.5 mcg	24
DIAZEPAM INTENSOL	32	dihydroergotamine mesylate injection	32
diazepam oral concentrate	32	dihydroergotamine mesylate nasal	32
diazepam oral solution 5 mg/5ml	32	DILANTIN	32
diazepam oral tablet 10 mg	32	DILANTIN INFATABS	32
diazepam oral tablet 2 mg	32	DILAUDID ORAL LIQUID	12
diazepam oral tablet 5 mg	32	DILAUDID ORAL TABLET 2 MG, 4 MG	12
diazepam rectal	32	dilt-xr	24
		diltiazem hcl er beads	24
		diltiazem hcl er coated beads oral capsule extended release 24 hour	24
		diltiazem hcl er oral capsule extended release 12 hour	24
		diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	24
		diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	25
		diltiazem hcl intravenous solution	25

<i>diltiazem hcl intravenous solution</i>		<i>doxycycline monohydrate oral suspension</i>	
<i>reconstituted</i>	25	<i>reconstituted</i>	68
<i>diltiazem hcl oral</i>	25	<i>doxycycline monohydrate oral tablet</i>	68
<i>diphenhydramine hcl injection</i>	77	<i>dronabinol</i>	54
<i>diphenoxylate-atropine oral liquid</i>	53	<i>drospiren-eth estrad-levomefol</i>	58
<i>diphenoxylate-atropine oral tablet 2.5-0.025</i>		<i>drospirenone-ethinyl estradiol</i>	58
<i>mg</i>	54	DROXIA	21
<i>diphtheria-tetanus toxoids dt</i>	63	<i>droxidopa oral capsule 100 mg</i>	25
DIPROLENE EXTERNAL OINTMENT	44	<i>droxidopa oral capsule 200 mg</i>	25
<i>dipyridamole oral</i>	21	<i>droxidopa oral capsule 300 mg</i>	25
<i>disopyramide phosphate oral</i>	25	DUAVEE	58
<i>disulfiram oral</i>	32	DUETACT	49
<i>divalproex sodium er oral tablet extended</i>		DULERA	77
<i>release 24 hour</i>	32	<i>duloxetine hcl oral capsule delayed release</i>	
<i>divalproex sodium oral capsule delayed release</i>		<i>particles 20 mg</i>	32
<i>sprinkle</i>	32	<i>duloxetine hcl oral capsule delayed release</i>	
<i>divalproex sodium oral tablet delayed</i>		<i>particles 30 mg</i>	32
<i>release</i>	32	<i>duloxetine hcl oral capsule delayed release</i>	
DIVIGEL	58	<i>particles 40 mg</i>	32
<i>dofetilide</i>	25	<i>duloxetine hcl oral capsule delayed release</i>	
DOLISHALE	58	<i>particles 60 mg</i>	32
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	32	DUPIXENT SUBCUTANEOUS SOLUTION	
<i>donepezil hcl oral tablet 23 mg</i>	32	PEN-INJECTOR 200 MG/1.14ML	44
<i>donepezil hcl oral tablet dispersible</i>	32	DUPIXENT SUBCUTANEOUS SOLUTION	
<i>dorzolamide hcl ophthalmic</i>	75	PEN-INJECTOR 300 MG/2ML	44
<i>dorzolamide hcl-timolol mal</i>	75	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED	
<i>dorzolamide hcl-timolol mal pf ophthalmic</i>		SYRINGE 100 MG/0.67ML	44
<i>solution 2-0.5 %</i>	75	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED	
DOTTI	58	SYRINGE 200 MG/1.14ML	44
DOVATO	68	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED	
<i>doxazosin mesylate oral</i>	25	SYRINGE 300 MG/2ML	44
<i>doxepin hcl oral capsule</i>	32	<i>duramorph</i>	12
<i>doxepin hcl oral concentrate</i>	32	DUREZOL	75
<i>doxepin hcl oral tablet</i>	32	<i>dutasteride oral</i>	56
<i>doxercalciferol intravenous</i>	49	<i>dutasteride-tamsulosin hcl</i>	56
<i>doxercalciferol oral</i>	49	DYSPORT	32
<i>doxorubicin hcl intravenous solution</i>	16	E.E.S. 400 ORAL TABLET	68
<i>doxorubicin hcl intravenous solution</i>		<i>ec-naproxen</i>	12
<i>reconstituted</i>	16	<i>econazole nitrate external</i>	44
<i>doxorubicin hcl liposomal</i>	16	EDARBI	25
DOXY 100	68	EDARBYCLOR	25
<i>doxycycline</i>	68	EDURANT	68
<i>doxycycline hyclate intravenous</i>	68	<i>efavirenz oral capsule 200 mg</i>	68
<i>doxycycline hyclate oral capsule</i>	68	<i>efavirenz oral capsule 50 mg</i>	68
<i>doxycycline hyclate oral tablet 100 mg, 20</i>		<i>efavirenz oral tablet</i>	68
<i>mg</i>	68	<i>efavirenz-emtricitab-tenofo df</i>	68
<i>doxycycline monohydrate oral capsule 100 mg, 50</i>		<i>efavirenz-lamivudine-tenofovir</i>	68
<i>mg</i>	68	EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ ...	47

EGRIFTA SV	58	ENHERTU	16
<i>eletriptan hydrobromide</i>	32	ENILLORING	58
ELIDEL	44	<i>enoxaparin sodium injection solution 300 mg/ 3ml</i>	22
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 7.5 MG	16	<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	22
ELIGARD SUBCUTANEOUS KIT 30 MG, 45 MG	16	<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	22
ELINEST	58	<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	22
ELIQUIS	21	<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	22
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	21	<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	22
ELITEK	16	ENPRESSE-28	58
ELIXOPHYLLIN	77	ENSKYCE ORAL TABLET 0.15-30 MG-MCG	58
ELMIRON	56	<i>entacapone</i>	33
ELURYNG	58	<i>entecavir</i>	69
EMCYT	16	ENTRESTO ORAL TABLET 24-26 MG	25
EMEND ORAL CAPSULE 80 MG	54	ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	25
EMEND ORAL SUSPENSION RECONSTITUTED	54	<i>enulose</i>	54
EMGALITY	33	ENVARUSUS XR	63
EMGALITY (300 MG DOSE)	33	EPCLUSA ORAL PACKET 150-37.5 MG	69
EMOQUETTE	58	EPCLUSA ORAL PACKET 200-50 MG	69
EMPLICITI	16	EPCLUSA ORAL TABLET 200-50 MG	69
EMSAM	33	EPCLUSA ORAL TABLET 400-100 MG	69
<i>emtricitabine</i>	68	EPIDIOLEX	33
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	68	EPIDUO	44
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	68	<i>epinastine hcl</i>	75
EMTRIVA ORAL CAPSULE	69	<i>epinephrine (anaphylaxis)</i>	77
EMTRIVA ORAL SOLUTION	69	<i>epinephrine injection solution 0.3 mg/0.3ml</i>	77
<i>enalapril maleate oral tablet</i>	25	<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	78
<i>enalapril-hydrochlorothiazide</i>	25	EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	78
ENBREL MINI	63	EPITOL	33
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	63	EPIVIR HBV ORAL SOLUTION	69
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	63	EPIVIR HBV ORAL TABLET	69
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	63	EPIVIR ORAL SOLUTION	69
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	63	EPIVIR ORAL TABLET 150 MG	69
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	63	EPIVIR ORAL TABLET 300 MG	69
ENDARI	21	<i>eplerenone</i>	25
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	12	EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	22
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	63	EPRONTIA	33
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	63	EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG	33

EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG	33	estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	58
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG	33	estradiol-norethindrone acet	58
ERBITUX	16	ESTRING	58
ergoloid mesylates oral	33	eszopiclone	33
ERGOMAR	33	ethambutol hcl oral	69
ergotamine-caffeine	33	ethosuximide oral	33
ERIVEDGE	16	ethynodiol diac-eth estradiol	58
ERLEADA	16	etodolac er	12
erlotinib hcl oral tablet 100 mg, 150 mg	16	etodolac oral	12
erlotinib hcl oral tablet 25 mg	16	etonogestrel-ethinyl estradiol	58
ERRIN	58	etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml	16
ertapenem sodium	69	etravirine oral tablet 100 mg	69
ery	44	etravirine oral tablet 200 mg	69
ERY-TAB	69	EUTHYROX	58
ERYGEL	44	EVAMIST	58
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	69	EVEKEO ORAL TABLET 10 MG	33
ERYTHROCIN STEARATE ORAL TABLET 250 MG ...	69	EVEKEO ORAL TABLET 5 MG	33
erythromycin base oral	69	everolimus oral tablet 0.25 mg	63
erythromycin ethylsuccinate oral	69	everolimus oral tablet 0.5 mg, 0.75 mg	63
erythromycin external gel	44	everolimus oral tablet 1 mg	63
erythromycin external solution	44	everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	16
erythromycin lactobionate	69	everolimus oral tablet soluble	16
erythromycin ophthalmic	75	EVOTAZ	69
erythromycin oral	69	EXELDERM	44
erythromycin stearate oral tablet 250 mg	69	exemestane	16
ESBRIET ORAL TABLET 267 MG	78	EXKIVITY	16
ESBRIET ORAL TABLET 801 MG	78	ezetimibe	25
escitalopram oxalate oral solution	33	ezetimibe-simvastatin	25
escitalopram oxalate oral tablet 10 mg	33	FABRAZYME	55
escitalopram oxalate oral tablet 20 mg	33	FALMINA	58
escitalopram oxalate oral tablet 5 mg	33	famciclovir oral tablet 125 mg, 250 mg	69
ESGIC ORAL CAPSULE	33	famciclovir oral tablet 500 mg	69
ESGIC ORAL TABLET	33	famotidine (pf)	54
esomeprazole magnesium oral capsule delayed release	54	famotidine intravenous solution 200 mg/20ml, 40 mg/4ml	54
esomeprazole sodium intravenous solution reconstituted 40 mg	54	famotidine oral suspension reconstituted	54
ESTARYLLA	58	famotidine oral tablet 20 mg, 40 mg	54
estazolam	33	famotidine premixed	54
ESTRACE ORAL	58	FANAPT ORAL TABLET 1 MG	33
estradiol oral	58	FANAPT ORAL TABLET 10 MG, 12 MG	33
estradiol transdermal gel	58	FANAPT ORAL TABLET 2 MG	33
estradiol transdermal patch twice weekly	58	FANAPT ORAL TABLET 4 MG	33
estradiol transdermal patch weekly	58	FANAPT ORAL TABLET 6 MG	33
estradiol vaginal	58	FANAPT ORAL TABLET 8 MG	33

FANAPT TITRATION PACK	33	<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	69
FARXIGA	49	<i>fluconazole oral</i>	69
FASENRA	78	<i>flucytosine oral</i>	69
FASENRA PEN	78	<i>fludrocortisone acetate oral</i>	58
<i>febuxostat</i>	12	<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	78
<i>felbamate</i>	33	<i>fluocinolone acetonide body</i>	44
FELDENE	12	<i>fluocinolone acetonide external</i>	44
<i>felodipine er</i>	25	<i>fluocinolone acetonide otic</i>	76
FEMRING	58	<i>fluocinolone acetonide scalp</i>	44
FEMYNOR	58	<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	49	<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>	33
FINACEA EXTERNAL GEL	44	<i>fluphenazine hcl injection</i>	33
<i>finasteride oral tablet 5 mg</i>	56	<i>fluphenazine hcl oral</i>	33
<i>fingolimod hcl</i>	33	<i>flurandrenolide</i>	45
FINTEPLA	33	<i>flurbiprofen oral tablet 100 mg</i>	12
FINZALA	58	<i>flurbiprofen sodium</i>	75
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	22	<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act</i>	78
FIRDAPSE	33	<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>	78
FIRMAGON (240 MG DOSE)	16	<i>fluticasone propionate external</i>	45
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	16	<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	78
FIRVANQ	69	<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	78
FLAC	76	<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	78
FLAGYL ORAL CAPSULE	69	<i>fluticasone propionate nasal</i>	78
FLAREX	75	<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act</i>	
<i>flavoxate hcl</i>	56		
<i>flecainide acetate</i>	25		

<i>act, 500-50 mcg/act</i>	78	FRUZAQLA ORAL CAPSULE 1 MG	16
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	78	FRUZAQLA ORAL CAPSULE 5 MG	16
<i>fluvastatin sodium</i>	25	FULPHILA	22
<i>fluvastatin sodium er</i>	25	<i>fulvestrant intramuscular solution prefilled syringe</i>	16
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg</i>	33	<i>furosemide injection</i>	25
<i>fluvoxamine maleate er oral capsule extended release 24 hour 150 mg</i>	33	<i>furosemide oral solution 10 mg/ml</i>	25
<i>fluvoxamine maleate oral tablet 100 mg</i>	34	<i>furosemide oral solution 8 mg/ml</i>	25
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	34	<i>furosemide oral tablet</i>	25
FML FORTE	75	FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	69
FOCALIN	34	FYAVOLV	58
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
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	22	FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	34
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	22	FYCOMPA ORAL TABLET 2 MG	34
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	22	<i>gabapentin oral capsule 100 mg</i>	34
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	22	<i>gabapentin oral capsule 300 mg</i>	34
<i>formoterol fumarate inhalation</i>	78	<i>gabapentin oral capsule 400 mg</i>	34
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	49	<i>gabapentin oral solution</i>	34
FORTESTA	58	<i>gabapentin oral tablet 600 mg</i>	34
FOSAMAX ORAL TABLET 70 MG	49	<i>gabapentin oral tablet 800 mg</i>	34
FOSAMAX PLUS D	49	GABITRIL ORAL TABLET 12 MG	34
<i>fosamprenavir calcium</i>	69	GABITRIL ORAL TABLET 16 MG, 2 MG, 4 MG	34
<i>fosfomycin tromethamine</i>	69	<i>galantamine hydrobromide er</i>	34
<i>fosinopril sodium</i>	25	<i>galantamine hydrobromide oral solution</i>	34
<i>fosinopril sodium-hctz</i>	25	<i>galantamine hydrobromide oral tablet</i>	34
FOTIVDA	16	GAMUNEX-C	63
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML	22	<i>ganciclovir sodium intravenous solution reconstituted</i>	69
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	22	GARDASIL 9	63
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	GASTROCROM	55
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	22	<i>gatifloxacin ophthalmic</i>	75
<i>frovatriptan succinate</i>	34	GATTEX	54
		GAUZE STERILE PADS 2	74
		GAVILYTE-C	54
		GAVILYTE-G	54
		GAVILYTE-N WITH FLAVOR PACK	54
		GAVRETO	16
		GAZYVA	16
		<i>gefitinib</i>	16
		<i>gemcitabine hcl intravenous solution 1 gm/10ml, 2 gm/20ml, 2 gm/52.6ml, 200 mg/2ml</i>	16
		<i>gemcitabine hcl intravenous solution 1 gm/26.3ml, 200 mg/5.26ml</i>	16
		<i>gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm</i>	16
		<i>gemcitabine hcl intravenous solution</i>	

reconstituted 200 mg	16	2.5 mg	50
gemfibrozil oral	25	glipizide xl oral tablet extended release 24 hour 5 mg	50
GEMTESA	56	glipizide-metformin hcl oral tablet 2.5-250 mg	50
generlac	54	glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg	50
GENGRAF ORAL CAPSULE 100 MG, 25 MG	63	GLUCAGEN HYPOKIT	50
GENGRAF ORAL SOLUTION	63	GLUCAGON EMERGENCY INJECTION KIT	50
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG	58	glyburide micronized oral tablet 1.5 mg	50
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	58	glyburide micronized oral tablet 3 mg	50
GENOTROPIN SUBCUTANEOUS CARTRIDGE	58	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 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%	69	glyburide oral tablet 2.5 mg	50
gentamicin in saline intravenous solution 2-0.9 mg/ml-%	69	glyburide oral tablet 5 mg	50
gentamicin sulfate external	45	glyburide-metformin oral tablet 1.25-250 mg ...	50
gentamicin sulfate injection	69	glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	50
gentamicin sulfate ophthalmic solution	75	glycopyrrolate injection solution	54
GENVOYA	69	glycopyrrolate oral tablet 1 mg, 2 mg	54
GILENYA ORAL CAPSULE 0.25 MG	34	GLYDO EXTERNAL PREFILLED SYRINGE	12
GILOTRIF	16	GLYNASE ORAL TABLET 3 MG	50
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	34	GLYXAMBI	50
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	34	granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml	54
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	34	granisetron hcl oral	54
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	34	GRANIX	22
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	16	griseofulvin microsize oral	69
glimepiride oral tablet 1 mg	49	griseofulvin ultramicrosize	69
glimepiride oral tablet 2 mg	49	guanfacine hcl er	34
glimepiride oral tablet 4 mg	49	guanfacine hcl oral	25
glipizide er oral tablet extended release 24 hour 10 mg	50	HAILEY 1.5/30	58
glipizide er oral tablet extended release 24 hour 2.5 mg	50	HAILEY 24 FE	58
glipizide er oral tablet extended release 24 hour 5 mg	50	HAILEY FE 1.5/30	58
glipizide oral tablet 10 mg	50	HAILEY FE 1/20	58
glipizide oral tablet 2.5 mg	50	halobetasol propionate external cream	45
glipizide oral tablet 5 mg	50	halobetasol propionate external ointment	45
glipizide xl oral tablet extended release 24 hour 10 mg	50	HALOETTE	58
glipizide xl oral tablet extended release 24 hour		HALOG EXTERNAL OINTMENT	45
		haloperidol decanoate intramuscular	34
		haloperidol lactate injection	34
		haloperidol lactate oral	34
		haloperidol oral	34
		HARVONI	69
		HAVRIX	63
		HEATHER	59
		heparin (porcine) in nacl intravenous solution 12500-0.45 ut/250ml-%, 25000-0.45 ut/250ml-%,	

25000-0.45 ut/500ml-%	22	PEN-INJECTOR KIT 80 MG/0.8ML	64
heparin sod (porcine) in d5w intravenous solution		HUMIRA-PS/UV/ADOL HS STARTER	64
100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ ml-%	22	HUMIRA-PSORIASIS/UEVEIT STARTER	64
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	22	HUMULIN 70/30	50
HEPLISAV-B INTRAMUSCULAR SOLUTION		HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	50
PREFILLED SYRINGE	63	HUMULIN N	50
HERCEPTIN HYLECTA	16	HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	50
HERCEPTIN INTRAVENOUS SOLUTION		HUMULIN R	50
RECONSTITUTED 150 MG	16	HUMULIN R U-500 (CONCENTRATED)	50
HIBERIX INJECTION	63	HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	50
HIDEX 6-DAY	59	hydralazine hcl injection	25
HIPREX	69	hydralazine hcl oral	25
HUMALOG INJECTION	50	HYDREA	16
HUMALOG JUNIOR KWIKPEN	50	hydrochlorothiazide oral	25
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION		hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/ 15ml	12
PEN-INJECTOR	50	hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	12
HUMALOG MIX 50/50	50	hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	12
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	50	hydrocortisone (perianal) external cream 1 %	45
HUMALOG MIX 75/25	50	hydrocortisone (perianal) external cream 2.5 %	45
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	50	hydrocortisone butyr lipo base	45
HUMALOG SUBCUTANEOUS SOLUTION		hydrocortisone butyrate external cream	45
CARTRIDGE	50	hydrocortisone butyrate external lotion	45
HUMATROPE INJECTION CARTRIDGE	59	hydrocortisone butyrate external ointment	45
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	63	hydrocortisone butyrate external solution	45
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	63	hydrocortisone external cream 1 %, 2.5 %	45
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	63	hydrocortisone external lotion 2.5 %	45
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	64	hydrocortisone external ointment 1 %, 2.5 %	45
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	64	hydrocortisone oral	54
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	64	hydrocortisone rectal enema	54
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	64	hydrocortisone valerate	45
HUMIRA PEN-PEDIATRIC UC START	64	hydrocortisone-acetic acid	76
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	64	hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml	12
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	64	hydromorphone hcl oral liquid	12
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS		hydromorphone hcl oral tablet	12
		hydromorphone hcl pf injection solution 1 mg/ml, 4 mg/ml	12
		hydromorphone hcl pf injection solution 10 mg/ ml, 50 mg/5ml, 500 mg/50ml	13

<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	69	IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	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>	50	INGREZZA ORAL CAPSULE 40 MG	34
<i>ibandronate sodium oral</i>	50	INGREZZA ORAL CAPSULE 60 MG, 80 MG	34
IBRANCE	16	INGREZZA ORAL CAPSULE THERAPY PACK	34
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 mg</i>	13	INPEN 100-BLUE-LILLY-HUMALOG	74
<i>icatibant acetate</i>	22	INPEN 100-BLUE-NOVOLOG-FIASP	74
ICLEVIA	59	INPEN 100-GREY-LILLY-HUMALOG	74
ICLUSIG	16	INPEN 100-GREY-NOVOLOG-FIASP	74
<i>icosapent ethyl</i>	25	INPEN 100-PINK-LILLY-HUMALOG	74
IDHIFA ORAL TABLET 100 MG	16	INPEN 100-PINK-NOVOLOG-FIASP	74
IDHIFA ORAL TABLET 50 MG	16	INQOVI	17
ILARIS SUBCUTANEOUS SOLUTION	64	INREBIC	17
ILEVRO	75	INSPRA	25
<i>imatinib mesylate oral tablet 100 mg</i>	16	<i>insulin lispro (1 unit dial)</i>	50
<i>imatinib mesylate oral tablet 400 mg</i>	16	<i>insulin lispro injection</i>	50
IMBRUVICA ORAL CAPSULE 140 MG	17	<i>insulin lispro junior kwikpen</i>	50
IMBRUVICA ORAL CAPSULE 70 MG	17	<i>insulin lispro prot & lispro</i>	50
IMBRUVICA ORAL SUSPENSION	17	INSULIN PEN NEEDLE	74
IMBRUVICA ORAL TABLET 140 MG	17	INSULIN SYRINGE	74
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG	17	INTELENCE ORAL TABLET 25 MG	69
IMFINZI	17	INTRALIPID INTRAVENOUS EMULSION 20 %	47
<i>imipenem-cilastatin</i>	69	INTRALIPID INTRAVENOUS EMULSION 30 %	47
<i>imipramine hcl oral</i>	34	INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT	64
<i>imipramine pamoate oral capsule 125 mg, 150 mg</i>	34	INTRON A INJECTION SOLUTION RECONSTITUTED 18000000 UNIT	64
<i>imiquimod external cream 5 %</i>	45	INTRON A INJECTION SOLUTION RECONSTITUTED 50000000 UNIT	64
IMITREX NASAL SOLUTION 5 MG/ACT	34	INTROVALE	59
IMITREX ORAL TABLET 25 MG	34	INTUNIV	34
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML	34	INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	35
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML	34	INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	35
IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML	64	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	35

INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	35	<i>isosorb dinitrate-hydralazine</i>	25
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	35	<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	25
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	35	<i>isosorbide dinitrate oral tablet 40 mg</i>	26
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	35	<i>isosorbide mononitrate</i>	26
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	35	<i>isosorbide mononitrate er</i>	26
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	35	<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 35 mg, 40 mg</i>	45
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	35	<i>isotretinoin oral capsule 25 mg</i>	45
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	35	<i>isradipine</i>	26
INVELTYS	75	<i>itraconazole oral capsule</i>	70
INVOKAMET	51	<i>ivermectin oral</i>	70
INVOKAMET XR	51	IXIARO	64
INVOKANA	51	JAIMIESS	59
IOPIDINE OPHTHALMIC SOLUTION 1 %	75	JAKAFI	17
IPOL	64	JALYN	56
<i>ipratropium bromide inhalation</i>	78	JANTOVEN	22
<i>ipratropium bromide nasal</i>	78	JANUMET	51
<i>ipratropium-albuterol</i>	78	JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	51
<i>irbesartan</i>	25	JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	51
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	25	JANUVIA ORAL TABLET 100 MG	51
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	25	JANUVIA ORAL TABLET 25 MG	51
<i>irinotecan hcl intravenous solution 100 mg/ 5ml</i>	17	JANUVIA ORAL TABLET 50 MG	51
<i>irinotecan hcl intravenous solution 300 mg/15ml, 40 mg/2ml</i>	17	JARDIANCE	51
<i>irinotecan hcl intravenous solution 500 mg/ 25ml</i>	17	JASMIEL	59
ISENTRESS HD	69	JAVYGTOR	55
ISENTRESS ORAL PACKET	70	JAYPIRCA ORAL TABLET 100 MG	17
ISENTRESS ORAL TABLET	70	JAYPIRCA ORAL TABLET 50 MG	17
ISENTRESS ORAL TABLET CHEWABLE 100 MG	70	JENCYCLA	59
ISENTRESS ORAL TABLET CHEWABLE 25 MG	70	JENTADUETO	51
ISIBLOOM	59	JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	51
ISOLYTE-P IN D5W	47	JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	51
ISOLYTE-S	47	JEVTANA	17
ISOLYTE-S PH 7.4	47	JINTELI	59
<i>isoniazid injection</i>	70	JOLESSA	59
<i>isoniazid oral syrup</i>	70	JULEBER	59
<i>isoniazid oral tablet</i>	70	JULUCA	70
ISORDIL TITRADOSE ORAL TABLET 5 MG	25	JUNEL 1.5/30	59
		JUNEL 1/20	59
		JUNEL FE 1.5/30	59
		JUNEL FE 1/20	59
		JUNEL FE 24	59
		JUST RIGHT 5000 DENTAL PASTE	45
		JYNNEOS	64

K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	47	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	45
<i>kcl (0.149%) in nacl intravenous solution 20-0.45 meq/l-%</i>	<i>48</i>	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>	<i>48</i>	KURVELO	59
<i>kcl-lactated ringers-d5w</i>	<i>48</i>	KYLEENA	59
<i>kedrab injection</i>	<i>64</i>	KYPROLIS	17
KELNOR 1/35	59	<i>labetalol hcl intravenous solution</i>	<i>26</i>
KELNOR 1/50	59	<i>labetalol hcl oral</i>	<i>26</i>
KENALOG EXTERNAL	45	<i>lacosamide intravenous</i>	<i>35</i>
KERENDIA	51	<i>lacosamide oral solution</i>	<i>35</i>
KESIMPTA	35	<i>lacosamide oral tablet</i>	<i>35</i>
<i>ketoconazole external cream</i>	<i>45</i>	<i>lactated ringers intravenous</i>	<i>48</i>
<i>ketoconazole external foam</i>	<i>45</i>	<i>lactated ringers irrigation</i>	<i>74</i>
<i>ketoconazole external shampoo 2 %</i>	<i>45</i>	<i>lactulose encephalopathy</i>	<i>54</i>
<i>ketoconazole oral</i>	<i>70</i>	<i>lactulose oral solution</i>	<i>54</i>
KETODAN EXTERNAL FOAM	45	LAGEVRIO	70
<i>ketoprofen er</i>	<i>13</i>	LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 25 MG, 50 MG	35
<i>ketoprofen oral capsule 50 mg</i>	<i>13</i>	LAMICTAL ODT ORAL TABLET DISPERSIBLE 200 MG	35
<i>ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml</i>	<i>13</i>	LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	35
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	<i>13</i>	LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG	35
<i>ketorolac tromethamine ophthalmic</i>	<i>75</i>	LAMICTAL XR ORAL KIT 50 & 100 & 200 MG	35
<i>ketorolac tromethamine oral</i>	<i>13</i>	<i>lamivudine oral solution</i>	<i>70</i>
KEYTRUDA INTRAVENOUS SOLUTION	17	<i>lamivudine oral tablet 100 mg</i>	<i>70</i>
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	64	<i>lamivudine oral tablet 150 mg</i>	<i>70</i>
KISQALI (200 MG DOSE)	17	<i>lamivudine oral tablet 300 mg</i>	<i>70</i>
KISQALI (400 MG DOSE)	17	<i>lamivudine-zidovudine</i>	<i>70</i>
KISQALI (600 MG DOSE)	17	<i>lamotrigine er</i>	<i>35</i>
KISQALI FEMARA (200 MG DOSE)	17	<i>lamotrigine oral tablet</i>	<i>35</i>
KISQALI FEMARA (400 MG DOSE)	17	<i>lamotrigine oral tablet chewable</i>	<i>35</i>
KISQALI FEMARA (600 MG DOSE)	17	<i>lamotrigine oral tablet dispersible</i>	<i>35</i>
KLARON	45	<i>lamotrigine starter kit-blue</i>	<i>35</i>
KLAYESTA	45	<i>lamotrigine starter kit-orange</i>	<i>35</i>
KLOR-CON 10	48	LANOXIN ORAL TABLET 125 MCG	26
KLOR-CON M10	48	LANOXIN ORAL TABLET 250 MCG	26
		<i>lanreotide acetate</i>	<i>59</i>
		<i>lansoprazole oral capsule delayed release 15 mg</i>	<i>54</i>
		<i>lansoprazole oral capsule delayed release 30 mg</i>	<i>54</i>

<i>lanthanum carbonate</i>	51	LEVEMIR FLEXTOUCH	51
LANTUS	51	<i>levetiracetam er oral tablet extended release 24</i>	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION		<i>hour 500 mg</i>	35
PEN-INJECTOR	51	<i>levetiracetam er oral tablet extended release 24</i>	
<i>lapatinib ditosylate</i>	17	<i>hour 750 mg</i>	35
LARIN 1.5/30	59	<i>levetiracetam intravenous</i>	35
LARIN 1/20	59	<i>levetiracetam oral</i>	35
LARIN 24 FE	59	LEVO-T	59
LARIN FE 1.5/30	59	<i>levobunolol hcl ophthalmic solution 0.5 %</i>	75
LARIN FE 1/20	59	<i>levocarnitine oral solution</i>	48
<i>latanoprost ophthalmic</i>	75	<i>levocarnitine oral tablet</i>	48
LAYOLIS FE	59	<i>levocarnitine sf</i>	48
<i>ledipasvir-sofosbuvir</i>	70	<i>levocetirizine dihydrochloride oral solution</i>	78
LEENA	59	<i>levocetirizine dihydrochloride oral tablet</i>	78
<i>leflunomide oral</i>	64	<i>levofloxacin in d5w</i>	70
<i>lenalidomide oral capsule 10 mg</i>	17	<i>levofloxacin intravenous</i>	70
<i>lenalidomide oral capsule 15 mg, 2.5 mg, 20 mg, 25</i>		<i>levofloxacin ophthalmic</i>	75
<i>mg</i>	17	<i>levofloxacin oral solution</i>	70
<i>lenalidomide oral capsule 5 mg</i>	17	<i>levofloxacin oral tablet</i>	70
LENVIMA (10 MG DAILY DOSE)	17	LEVONEST	59
LENVIMA (12 MG DAILY DOSE)	17	<i>levonorg-eth estrad triphasic oral tablet</i>	
LENVIMA (14 MG DAILY DOSE)	17	<i>50-30/75-40/ 125-30 mcg</i>	59
LENVIMA (18 MG DAILY DOSE)	17	<i>levonorgest-eth est & eth est</i>	59
LENVIMA (20 MG DAILY DOSE)	17	<i>levonorgest-eth estrad 91-day</i>	59
LENVIMA (24 MG DAILY DOSE)	17	<i>levonorgestrel-ethinyl estrad</i>	59
LENVIMA (4 MG DAILY DOSE)	17	LEVORA 0.15/30 (28)	59
LENVIMA (8 MG DAILY DOSE)	17	<i>levothyroxine sodium oral tablet</i>	59
LESCOL XL	26	LEVOXYL	59
LESSINA	59	LEXIVA ORAL SUSPENSION	70
<i>letrozole oral</i>	17	<i>lidocaine external ointment 5 %</i>	13
<i>leucovorin calcium injection solution 100 mg/</i>		<i>lidocaine external patch 5 %</i>	13
<i>10ml</i>	17	<i>lidocaine hcl (pf) injection solution 1 %, 1.5 %</i>	13
<i>leucovorin calcium injection solution</i>		<i>lidocaine hcl external solution</i>	13
<i>reconstituted</i>	17	<i>lidocaine hcl injection solution 0.5 %, 1 %, 2 %</i>	13
<i>leucovorin calcium oral</i>	17	<i>lidocaine hcl mouth/throat</i>	13
LEUKERAN	17	<i>lidocaine hcl urethral/mucosal</i>	13
LEUKINE INJECTION SOLUTION		<i>lidocaine viscous hcl</i>	13
RECONSTITUTED	22	<i>lidocaine-prilocaine external cream</i>	13
<i>leuprolide acetate (3 month)</i>	17	LILETTA (52 MG) INTRAUTERINE INTRAUTERINE	
<i>leuprolide acetate injection</i>	17	DEVICE 20.1 MCG/DAY	59
<i>levabuterol hcl inhalation nebulization solution</i>		LINCOCIN	70
<i>0.31 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	78	<i>lincomycin hcl injection</i>	70
<i>levabuterol hcl inhalation nebulization solution</i>		<i>lindane external shampoo</i>	45
<i>0.63 mg/3ml</i>	78	<i>linezolid in sodium chloride</i>	70
<i>levabuterol tartrate</i>	78	<i>linezolid intravenous solution 600 mg/</i>	
LEVEMIR	51	<i>300ml</i>	70
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION		<i>linezolid oral suspension reconstituted</i>	70
PEN-INJECTOR	51	<i>linezolid oral tablet</i>	70

LINZESS	54	<i>loxapine succinate oral</i>	36
<i>liothyronine sodium intravenous</i>	59	<i>lubiprostone</i>	54
<i>liothyronine sodium oral</i>	59	<i>luliconazole</i>	45
LIPOFEN ORAL CAPSULE 150 MG	26	LUMAKRAS ORAL TABLET 120 MG	18
LIPOFEN ORAL CAPSULE 50 MG	26	LUMAKRAS ORAL TABLET 320 MG	18
<i>lisinopril oral</i>	26	LUMIGAN OPHTHALMIC SOLUTION 0.01 %	75
<i>lisinopril-hydrochlorothiazide</i>	26	LUMIZYME	55
<i>lithium</i>	35	LUPRON DEPOT (1-MONTH)	18
<i>lithium carbonate er</i>	35	LUPRON DEPOT (3-MONTH)	18
<i>lithium carbonate oral capsule 150 mg, 300</i> <i>mg</i>	35	LUPRON DEPOT (4-MONTH)	18
<i>lithium carbonate oral capsule 600 mg</i>	35	LUPRON DEPOT (6-MONTH)	18
<i>lithium carbonate oral tablet</i>	35	LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	59
LO-ZUMANDIMINE	59	<i>lurasidone hcl oral tablet 120 mg</i>	36
LOCOID EXTERNAL LOTION	45	<i>lurasidone hcl oral tablet 20 mg, 40 mg, 60</i> <i>mg</i>	36
LOCOID LIPOCREAM	45	<i>lurasidone hcl oral tablet 80 mg</i>	36
LOESTRIN 1.5/30 (21)	59	LUTERA	59
LOESTRIN FE 1.5/30	59	LUZU	45
LOESTRIN FE 1/20	59	LYBALVI	36
LOJAIMIESS	59	LYLEQ	59
LOKELMA	51	LYNPARZA ORAL TABLET	18
LONSURF	17	LYSODREN	18
<i>loperamide hcl oral capsule</i>	54	LYTGOBI (12 MG DAILY DOSE)	18
LOPID	26	LYTGOBI (16 MG DAILY DOSE)	18
<i>lopinavir-ritonavir oral solution</i>	70	LYTGOBI (20 MG DAILY DOSE)	18
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	70	LYUMJEV	51
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	70	LYUMJEV KWIKPEN	51
<i>lorazepam injection</i>	36	LYZA	59
LORAZEPAM INTENSOL	36	M-M-R II INJECTION	64
<i>lorazepam oral concentrate</i>	36	MACRODANTIN	70
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	36	<i>mafenide acetate external</i>	45
<i>lorazepam oral tablet 2 mg</i>	36	<i>magnesium sulfate injection solution 50 %, 50 %</i> <i>(10ml syringe)</i>	48
LORBRENA ORAL TABLET 100 MG	18	<i>magnesium sulfate intravenous solution 2 gm/</i> <i>50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40</i> <i>gm/1000ml</i>	48
LORBRENA ORAL TABLET 25 MG	18	MALARONE	70
LORYNA	59	<i>malathion external</i>	45
<i>losartan potassium oral tablet 100 mg</i>	26	<i>mannitol intravenous solution 20 %, 25 %</i>	74
<i>losartan potassium oral tablet 25 mg, 50</i> <i>mg</i>	26	<i>maraviroc</i>	70
<i>losartan potassium-hctz</i>	26	<i>marlissa</i>	59
LOSEASONIQUE	59	MARPLAN	36
LOTEMAX OPHTHALMIC OINTMENT	75	MATULANE	18
LOTEMAX SM	75	MATZIM LA	26
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	26	MAVYRET ORAL PACKET	70
<i>loteprednol etabonate</i>	75	MAVYRET ORAL TABLET	70
LOTREL ORAL CAPSULE 10-40 MG	26	MAXIDEX	75
<i>lovastatin oral</i>	26		
LOW-OGESTREL	59		

MAXZIDE	26	mg	
MAXZIDE-25	26		54
MAYZENT ORAL TABLET 0.25 MG	36	mesalamine rectal	54
MAYZENT ORAL TABLET 1 MG, 2 MG	36	mesalamine-cleanser	54
MAYZENT STARTER PACK	36	mesna	18
meclizine hcl oral tablet 12.5 mg, 25 mg	54	MESNEX ORAL	18
meclofenamate sodium oral	13	metformin hcl er oral tablet extended release 24 hour 500 mg	51
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	59	metformin hcl er oral tablet extended release 24 hour 750 mg	51
MEDROL ORAL TABLET 2 MG	59	metformin hcl oral tablet 1000 mg	51
medroxyprogesterone acetate intramuscular	60	metformin hcl oral tablet 500 mg	51
medroxyprogesterone acetate oral	60	metformin hcl oral tablet 850 mg	51
mefenamic acid oral	13	METHADONE HCL INTENSOL	13
mefloquine hcl	70	methadone hcl oral concentrate	13
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	18	methadone hcl oral solution	13
megestrol acetate oral tablet	18	methadone hcl oral tablet	13
MEKINIST ORAL SOLUTION RECONSTITUTED	18	METHADOSE SUGAR-FREE	13
MEKINIST ORAL TABLET 0.5 MG	18	methazolamide oral	75
MEKINIST ORAL TABLET 2 MG	18	methenamine hippurate	70
MEKTOVI	18	methenamine mandelate oral	70
meloxicam oral tablet	13	METHERGINE ORAL	74
melphalan	18	methimazole oral	60
memantine hcl er	36	methocarbamol oral tablet 500 mg, 750 mg	36
memantine hcl oral solution 2 mg/ml	36	methotrexate oral	64
memantine hcl oral tablet 10 mg	36	methotrexate sodium (pf) injection solution 1 gm/ 40ml, 250 mg/10ml, 50 mg/2ml	64
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	36	methotrexate sodium injection solution 1000 mg/ 40ml, 250 mg/10ml, 50 mg/2ml	64
memantine hcl oral tablet 5 mg	36	methotrexate sodium injection solution reconstituted	64
MENACTRA INTRAMUSCULAR SOLUTION	64	methotrexate sodium oral	64
MENEST	60	methoxsalen rapid	45
MENQUADFI INTRAMUSCULAR SOLUTION	64	methscopolamine bromide oral	54
MENVEO	64	methsuximide	36
meperidine hcl injection solution 25 mg/ml, 50 mg/ml	13	methylergonovine maleate oral	74
meprobamate	36	METHYLIN ORAL SOLUTION 10 MG/5ML	36
mercaptapurine oral	18	METHYLIN ORAL SOLUTION 5 MG/5ML	36
meropenem intravenous solution reconstituted 1 gm, 500 mg	70	methylphenidate hcl er (cd)	36
mesalamine er oral capsule extended release	54	methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 60 mg	36
mesalamine er oral capsule extended release 24 hour	54	methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg	36
mesalamine oral capsule delayed release	54	methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 45 mg, 54 mg, 63 mg	36
mesalamine oral tablet delayed release 1.2 gm	54	methylphenidate hcl er (osm) oral tablet	
mesalamine oral tablet delayed release 800			

extended release 36 mg	36	midazolam hcl oral	36
methylphenidate hcl er oral tablet extended release	36	midodrine hcl	26
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg	36	MIGERGOT	36
methylphenidate hcl er oral tablet extended release 24 hour 36 mg	36	miglitol	51
methylphenidate hcl oral solution 10 mg/ 5ml	36	miglustat	55
methylphenidate hcl oral solution 5 mg/5ml	36	MILI	60
methylphenidate hcl oral tablet	36	MILLIPRED ORAL TABLET	60
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	60	MIMVEY	60
methylprednisolone oral	60	MINASTRIN 24 FE	60
methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg	60	MINIPRESS	26
metoclopramide hcl injection	54	minocycline hcl oral	70
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	54	minoxidil oral	26
metoclopramide hcl oral tablet	54	MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 3 MG, 3.75 MG	36
metolazone	26	MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	60
metoprolol succinate er	26	mirtazapine oral tablet 15 mg, 30 mg, 7.5 mg ...	36
metoprolol tartrate intravenous solution 5 mg/ 5ml	26	mirtazapine oral tablet 45 mg	36
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	26	mirtazapine oral tablet dispersible	36
metoprolol tartrate oral tablet 37.5 mg, 75 mg	26	misoprostol oral	54
metoprolol-hydrochlorothiazide	26	MITIGARE	13
METROCREAM	45	mitomycin intravenous solution reconstituted 20 mg, 40 mg	18
METROGEL EXTERNAL GEL	45	mitomycin intravenous solution reconstituted 5 mg	18
METROLOTION	45	modafinil oral tablet 100 mg	36
metronidazole external	45	modafinil oral tablet 200 mg	36
metronidazole intravenous solution 500 mg/ 100ml	70	moexipril hcl	26
metronidazole oral	70	molindone hcl	37
metronidazole vaginal	56	mometasone furoate external	45
metyrosine	26	mometasone furoate nasal	78
mexiletine hcl oral	26	MONDOXYNE NL ORAL CAPSULE 100 MG	70
MIBELAS 24 FE	60	MONO-LINYAH	60
micafungin sodium	70	montelukast sodium oral	78
miconazole 3 vaginal suppository	56	morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	13
MICROGESTIN 1.5/30	60	morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml	13
MICROGESTIN 1/20	60	morphine sulfate (pf) injection solution 10 mg/ml, 4 mg/ml, 5 mg/ml	13
MICROGESTIN 24 FE	60	morphine sulfate (pf) injection solution 8 mg/ ml	13
MICROGESTIN FE 1.5/30	60	morphine sulfate (pf) intravenous solution 1 mg/ ml, 2 mg/ml	13
MICROGESTIN FE 1/20	60	morphine sulfate (pf) intravenous solution 10 mg/ ml	13
		morphine sulfate (pf) intravenous solution 8 mg/ ml	13

<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	13	MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	56
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>	13	MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	56
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	13	<i>na sulfate-k sulfate-mg sulf</i>	54
<i>morphine sulfate injection solution 2 mg/ml, 4 mg/ml, 50 mg/ml</i>	14	<i>nabumetone oral</i>	14
<i>morphine sulfate intravenous solution 10 mg/ml, 50 mg/ml</i>	14	<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	26
<i>morphine sulfate intravenous solution 4 mg/ml</i>	14	<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	70
<i>morphine sulfate intravenous solution 8 mg/ml</i>	14	<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	71
<i>morphine sulfate oral solution</i>	14	<i>naftifine hcl external cream</i>	46
<i>morphine sulfate oral tablet</i>	14	NAGLAZYME	55
MOUNJARO SUBCUTANEOUS SOLUTION		NALFON ORAL TABLET	14
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	<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	37
MOUNJARO SUBCUTANEOUS SOLUTION		<i>naloxone hcl injection solution cartridge</i>	37
PEN-INJECTOR 2.5 MG/0.5ML	51	<i>naloxone hcl injection solution prefilled syringe</i>	37
MOVANTIK	54	<i>naloxone hcl nasal</i>	37
MOVIPREP	54	<i>naltrexone hcl oral</i>	37
<i>moxifloxacin hcl (2x day)</i>	75	NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	37
<i>moxifloxacin hcl in nacl</i>	70	NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	37
<i>moxifloxacin hcl ophthalmic solution</i>	75	<i>naproxen dr oral tablet delayed release 500 mg</i>	14
<i>moxifloxacin hcl oral</i>	70	<i>naproxen oral suspension</i>	14
MOZOBIL	22	<i>naproxen oral tablet</i>	14
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG	14	<i>naproxen oral tablet delayed release</i>	14
MULTAQ	26	<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	14
<i>multiple electro type 1 ph 5.5</i>	48	<i>naratriptan hcl</i>	37
<i>multiple electro type 1 ph 7.4</i>	48	NARCAN	37
<i>mupirocin calcium</i>	45	NATACYN	75
<i>mupirocin external</i>	46	<i>nateglinide oral tablet 120 mg</i>	51
MUTAMYCIN INTRAVENOUS SOLUTION		<i>nateglinide oral tablet 60 mg</i>	51
RECONSTITUTED 20 MG, 5 MG	18	NATPARA	51
MUTAMYCIN INTRAVENOUS SOLUTION		NATROBA	46
RECONSTITUTED 40 MG	18	NAYZILAM	37
MYAMBUTOL ORAL TABLET 400 MG	70	<i>nebivolol hcl</i>	26
<i>mycophenolate mofetil oral capsule</i>	64	NEBUPENT	71
<i>mycophenolate mofetil oral suspension reconstituted</i>	64	NECON 0.5/35 (28)	60
<i>mycophenolate mofetil oral tablet</i>	64	<i>nefazodone hcl</i>	37
<i>mycophenolate sodium</i>	64	NEO-POLYCIN	75
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG	65	NEO-POLYCIN HC	75
MYORISAN	46	<i>neomycin sulfate oral</i>	71
		<i>neomycin-bacitracin zn-polymyx</i>	76

<i>neomycin-polymyxin b gu</i>	74	<i>nitrofurantoin oral suspension 25 mg/5ml</i>	71
<i>neomycin-polymyxin-dexameth</i>	76	<i>nitroglycerin intravenous</i>	26
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	76	<i>nitroglycerin sublingual</i>	26
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	76	<i>nitroglycerin transdermal patch 24 hour</i>	26
<i>neomycin-polymyxin-hc otic</i>	76	<i>nitroglycerin translingual solution</i>	27
NERLYNX	18	NITROSTAT	27
NEULASTA ONPRO	22	NIVESTYM INJECTION SOLUTION 300 MCG/ML ...	23
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	22	NIVESTYM INJECTION SOLUTION 480 MCG/1.6ML	23
NEUPOGEN INJECTION SOLUTION 300 MCG/ML	22	NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	23
NEUPOGEN INJECTION SOLUTION 480 MCG/1.6ML	22	<i>nizatidine oral capsule</i>	55
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	22	NORA-BE	60
NEUPRO	37	NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	60
NEURONTIN ORAL SOLUTION	37	<i>norelgestromin-eth estradiol</i>	60
NEVANAC	76	<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	60
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	71	<i>norethin ace-eth estrad-fe oral tablet chewable</i>	60
<i>nevirapine oral suspension</i>	71	<i>norethin-eth estradiol-fe</i>	60
<i>nevirapine oral tablet</i>	71	<i>norethindron-ethinyl estrad-fe</i>	60
<i>niacin (antihyperlipidemic)</i>	26	<i>norethindrone acet-ethinyl est oral tablet</i>	60
<i>niacin er (antihyperlipidemic)</i>	26	<i>norethindrone acetate oral</i>	60
NIACOR	26	<i>norethindrone oral</i>	60
<i>nicardipine hcl intravenous</i>	26	<i>norethindrone-eth estradiol</i>	60
<i>nicardipine hcl oral</i>	26	<i>norgestim-eth estrad triphasic</i>	60
NICOTROL	37	<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	60
NICOTROL NS	37	NORLYDA	60
<i>nifedipine er</i>	26	NORLYROC	60
<i>nifedipine er osmotic release</i>	26	NORPACE	27
<i>nifedipine oral</i>	26	NORPACE CR	27
NIKKI	60	NORPRAMIN ORAL TABLET 10 MG, 25 MG	37
<i>nilutamide</i>	18	NORTREL 0.5/35 (28)	60
<i>nimodipine oral</i>	26	NORTREL 1/35 (21)	60
NINLARO	18	NORTREL 1/35 (28)	60
<i>nisoldipine er</i>	26	NORTREL 7/7/7	60
<i>nitazoxanide oral</i>	71	<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	37
<i>nitisinone</i>	55	<i>nortriptyline hcl oral capsule 50 mg, 75 mg</i>	37
NITRO-BID	26	<i>nortriptyline hcl oral solution</i>	37
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	26	NORVIR ORAL PACKET	71
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	26	NOVOPEN ECHO	74
<i>nitrofurantoin macrocrystal oral</i>	71	NOXAFIL ORAL SUSPENSION	71
<i>nitrofurantoin monohyd macro</i>	71	NP THYROID	60
		NUBEQA	18
		NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	78

NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	78	<i>olanzapine intramuscular</i>	37
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	78	<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i>	37
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	78	<i>olanzapine oral tablet 20 mg</i>	37
NUEDEXTA	37	<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 5 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, 12-50 mg, 6-50 mg</i>	37
NUPLAZID ORAL TABLET 10 MG	37	<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i>	37
NURTEC	37	<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	27
NUTRILIPID	48	<i>olmesartan medoxomil oral tablet 5 mg</i>	27
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	60	<i>olmesartan medoxomil-hctz</i>	27
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	60	<i>olmesartan-amlodipine-hctz</i>	27
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	60	<i>olopatadine hcl nasal</i>	78
NUVARING	60	<i>olopatadine hcl ophthalmic</i>	76
NYAMYC	46	<i>omega-3-acid ethyl esters</i>	27
NYLIA 1/35	60	<i>omeprazole oral capsule delayed release</i>	55
NYLIA 7/7/7	60	OMNARIS	79
<i>nystatin external</i>	46	OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	61
<i>nystatin mouth/throat</i>	46	OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	61
<i>nystatin oral tablet</i>	71	<i>ondansetron</i>	55
<i>nystatin-triamcinolone</i>	46	<i>ondansetron hcl injection</i>	55
NYSTOP	46	<i>ondansetron hcl oral solution</i>	55
OCELLA	60	<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	55
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML, 2.5 GM/50ML, 25 GM/500ML, 30 GM/300ML, 5 GM/100ML	65	ONUREG	18
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	60	OPDIVO	18
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	60	<i>opium</i>	55
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml</i>	60	OPSUMIT	79
<i>octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml</i>	61	ORALONE	46
OCUFLOX	76	ORAPRED ODT	61
ODEFSEY	71	ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	79
ODOMZO	18	ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	79
OFEV	78	ORGOVYX	18
<i>ofloxacin ophthalmic</i>	76	ORKAMBI ORAL TABLET	79
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	71	<i>orphenadrine citrate er</i>	37
<i>ofloxacin otic</i>	76	ORSERDU ORAL TABLET 345 MG	18
OGSIVEO	18	ORSERDU ORAL TABLET 86 MG	18
OJJAARA	18	ORSYTHIA	61
		<i>oseltamivir phosphate oral capsule 30 mg</i>	71
		<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	71

oseltamivir phosphate oral suspension	16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml	19
reconstituted		71
OSPHENA		61
OTEZLA ORAL TABLET		65
OTEZLA ORAL TABLET THERAPY PACK		65
OVIDE		46
oxacillin sodium in dextrose intravenous solution		
1 gm/50ml		71
oxacillin sodium in dextrose intravenous solution		
2 gm/50ml		71
oxacillin sodium injection solution reconstituted		
1 gm, 2 gm		71
oxacillin sodium intravenous		71
oxaliplatin intravenous solution		18
oxaliplatin intravenous solution reconstituted		
100 mg		18
oxaliplatin intravenous solution reconstituted		
50 mg		18
oxandrolone oral tablet		
10 mg		61
oxandrolone oral tablet		
2.5 mg		61
oxaprozin oral tablet		14
oxazepam		37
oxcarbazepine		37
oxiconazole nitrate		46
OXISTAT EXTERNAL LOTION		46
oxybutynin chloride er oral tablet extended		
release 24 hour		
10 mg, 15 mg		56
oxybutynin chloride er oral tablet extended		
release 24 hour		
5 mg		56
oxybutynin chloride oral solution		56
oxybutynin chloride oral tablet		
2.5 mg		56
oxybutynin chloride oral tablet		
5 mg		56
oxycodone hcl oral capsule		14
oxycodone hcl oral concentrate		
100 mg/5ml		14
oxycodone hcl oral solution		14
oxycodone hcl oral tablet		14
oxycodone-acetaminophen oral tablet		
10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg		14
OXYTROL		56
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS		
SOLUTION PEN-INJECTOR		
2 MG/1.5ML		51
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS		
SOLUTION PEN-INJECTOR		
2 MG/3ML		51
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION		
PEN-INJECTOR		
4 MG/3ML		51
OZEMPIC (2 MG/DOSE)		51
PACERONE ORAL TABLET		
100 MG, 200 MG, 400 MG		27
paclitaxel intravenous concentrate		
100 mg/		
16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml		19
paclitaxel protein-bound part		19
paliperidone er oral tablet extended release		
24 hour		
1.5 mg, 3 mg		37
paliperidone er oral tablet extended release		
24 hour		
6 mg		37
paliperidone er oral tablet extended release		
24 hour		
9 mg		37
pamidronate disodium intravenous solution		
30 mg/10ml, 90 mg/10ml		52
pamidronate disodium intravenous solution		
6 mg/ml		52
PANDEL		46
PANRETIN		46
pantoprazole sodium intravenous		55
pantoprazole sodium oral tablet delayed		
release		55
PARAPLATIN INTRAVENOUS SOLUTION		
1000 MG/100ML		19
paricalcitol oral		52
PARLODEL		37
paromomycin sulfate oral		71
paroxetine hcl er oral tablet extended release		
24 hour		
12.5 mg		37
paroxetine hcl er oral tablet extended release		
24 hour		
25 mg, 37.5 mg		37
paroxetine hcl oral suspension		37
paroxetine hcl oral tablet		
10 mg		37
paroxetine hcl oral tablet		
20 mg		37
paroxetine hcl oral tablet		
30 mg		38
paroxetine hcl oral tablet		
40 mg		38
PAXIL ORAL SUSPENSION		38
PAXIL ORAL TABLET		
10 MG		38
PAXLOVID (150/100)		71
PAXLOVID (300/100)		71
pazopanib hcl		19
PEDIARIX INTRAMUSCULAR SUSPENSION		
PREFILLED SYRINGE		65
PEDVAX HIB INTRAMUSCULAR SUSPENSION		65
peg 3350-kcl-na bicarb-nacl		55
peg-3350/electrolytes		55
peg-3350/electrolytes/ascorbat		55
peg-kcl-nacl-nasulf-na asc-c		55
PEGASYS SUBCUTANEOUS SOLUTION		
180 MCG/ML		65
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED		
SYRINGE		65
PEMAZYRE		19

<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>	56	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 procaine</i>	71	<i>pioglitazone hcl oral tablet 30 mg</i>	52
<i>penicillin g sodium</i>	71	<i>pioglitazone hcl oral tablet 45 mg</i>	52
<i>penicillin v potassium</i>	71	<i>pioglitazone hcl-glimepiride</i>	52
PENTACEL	65	<i>pioglitazone hcl-metformin hcl</i>	52
PENTAM	71	<i>piperacillin sod-tazobactam</i>	71
<i>pentamidine isethionate inhalation</i>	71	PIQRAY (200 MG DAILY DOSE)	19
<i>pentamidine isethionate injection</i>	71	PIQRAY (250 MG DAILY DOSE)	19
<i>pentazocine-naloxone hcl</i>	14	PIQRAY (300 MG DAILY DOSE)	19
<i>pentoxifylline er</i>	23	<i>pirfenidone oral tablet 267 mg</i>	79
PERCOCET ORAL TABLET 2.5-325 MG	14	<i>pirfenidone oral tablet 534 mg, 801 mg</i>	79
PERFOROMIST	79	PIRMELLA 1/35	61
<i>perindopril erbumine</i>	27	PIRMELLA 7/7/7	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>phenelzine sulfate oral</i>	38	<i>polymyxin b-trimethoprim</i>	76
<i>phenobarbital oral elixir</i>	38	POMALYST	19
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg, 64.8 mg, 97.2 mg</i>	38	PORTIA-28	61
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg</i>	38	<i>posaconazole oral</i>	71
<i>phenoxybenzamine hcl oral</i>	27	<i>potassium chloride crys er</i>	48
PHENYTEK	38	<i>potassium chloride er</i>	48
PHENYTOIN INFATABS	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>phenytoin oral</i>	38	<i>potassium chloride intravenous solution 10 meq/100ml, 20 meq/100ml, 40 meq/100ml</i>	48
<i>phenytoin sodium extended</i>	38	<i>potassium chloride intravenous solution 10 meq/50ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/50ml</i>	48
PHESGO	19	<i>potassium chloride oral packet</i>	48
PHILITH	61	<i>potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	48
PHOSPHOLINE IODIDE	76		
PHYSIOLYTE	74		

<i>potassium citrate er</i>	56	<i>prenatal oral tablet 27-1 mg</i>	48
<i>potassium cl in dextrose 5% intravenous solution</i> 10 meq/l, 20 meq/l	48	<i>prenatal vit w/ ferrous fumarate-l methylfolate-</i> <i>folic acid</i>	48
POTELIGEO	19	PRENATAL VIT W/ IRON CARBONYL-FOLIC ACID	48
PRADAXA ORAL CAPSULE	23	PREVALITE	27
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	27	PREVIDENT	46
<i>pramipexole dihydrochloride</i>	38	PREVIDENT 5000 BOOSTER PLUS	46
<i>pramipexole dihydrochloride er</i>	38	PREVIDENT 5000 DRY MOUTH DENTAL GEL	46
<i>prasugrel hcl</i>	23	PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL	46
<i>pravastatin sodium</i>	27	PREVIDENT 5000 ORTHO DEFENSE	46
<i>praziquantel oral</i>	71	PREVIDENT 5000 PLUS	46
<i>prazosin hcl oral</i>	27	PREVIDENT 5000 SENSITIVE DENTAL GEL	46
PRED MILD	76	PREVYMIS ORAL	71
<i>prednicarbate external ointment</i>	61	PREZCOBIX	71
<i>prednisolone acetate ophthalmic</i>	76	PREZISTA ORAL SUSPENSION	71
<i>prednisolone oral solution</i>	61	PREZISTA ORAL TABLET 150 MG	71
<i>prednisolone sodium phosphate</i> <i>ophthalmic</i>	76	PREZISTA ORAL TABLET 75 MG	71
<i>prednisolone sodium phosphate oral solution 10</i> <i>mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7</i> <i>(5 base) mg/5ml</i>	61	PRIFTIN	71
<i>prednisolone sodium phosphate oral tablet</i> <i>dispersible</i>	61	<i>primaquine phosphate oral tablet 26.3 (15 base)</i> <i>mg</i>	71
PREDNISON INTENSOL	61	PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG	71
<i>prednisone oral solution</i>	61	<i>primidone oral</i>	38
<i>prednisone oral tablet 1 mg</i>	61	PRIORIX	65
<i>prednisone oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg,</i> <i>50 mg</i>	61	PROAIR RESPICLICK	79
<i>prednisone oral tablet therapy pack 10 mg (21), 5</i> <i>mg (21)</i>	61	<i>probenecid oral</i>	14
<i>prednisone oral tablet therapy pack 10 mg (48), 5</i> <i>mg (48)</i>	61	<i>prochlorperazine</i>	55
<i>pregabalin er oral tablet extended release 24</i> <i>hour 165 mg, 82.5 mg</i>	38	<i>prochlorperazine edisylate injection solution 10</i> <i>mg/2ml</i>	55
<i>pregabalin er oral tablet extended release 24</i> <i>hour 330 mg</i>	38	<i>prochlorperazine maleate oral</i>	55
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg,</i> <i>50 mg, 75 mg</i>	38	PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 20000 UNIT/ML, 40000 UNIT/ML	23
<i>pregabalin oral capsule 200 mg</i>	38	PROCRIT INJECTION SOLUTION 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	23
<i>pregabalin oral capsule 225 mg, 300 mg</i>	38	PROCTO-MED HC EXTERNAL	46
<i>pregabalin oral solution</i>	38	PROCTOSOL HC EXTERNAL	46
PREHEVBRIO	65	PROCTOZONE-HC EXTERNAL	46
PREMARIN ORAL	61	<i>progesterone oral</i>	61
PREMARIN VAGINAL	61	PROGRAF INTRAVENOUS	65
PREMASOL INTRAVENOUS SOLUTION 10 %	48	PROGRAF ORAL CAPSULE 5 MG	65
PREMPHASE	61	PROGRAF ORAL PACKET	65
PREMPRO	61	PROLASTIN-C	55
		PROLENSA	76
		PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	52
		PROMACTA ORAL PACKET 12.5 MG	23

PROMACTA ORAL PACKET 25 MG	23	<i>release 24 hour 300 mg, 400 mg, 50 mg</i>	38
PROMACTA ORAL TABLET 12.5 MG, 25 MG	23	<i>quetiapine fumarate oral tablet 100 mg</i>	38
PROMACTA ORAL TABLET 50 MG	23	<i>quetiapine fumarate oral tablet 150 mg</i>	38
PROMACTA ORAL TABLET 75 MG	23	<i>quetiapine fumarate oral tablet 200 mg</i>	38
<i>promethazine hcl injection</i>	55	<i>quetiapine fumarate oral tablet 25 mg</i>	38
<i>promethazine hcl oral</i>	55	<i>quetiapine fumarate oral tablet 300 mg</i>	38
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	55	<i>quetiapine fumarate oral tablet 400 mg</i>	38
PROMETHEGAN	55	<i>quetiapine fumarate oral tablet 50 mg</i>	38
PROMETRIUM ORAL CAPSULE 200 MG	61	<i>quinapril hcl</i>	27
<i>propafenone hcl</i>	27	<i>quinapril-hydrochlorothiazide</i>	27
<i>propafenone hcl er</i>	27	<i>quinidine sulfate oral</i>	27
<i>proparacaine hcl ophthalmic</i>	76	<i>quinine sulfate oral</i>	72
<i>propranolol hcl er</i>	27	QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	79
<i>propranolol hcl intravenous</i>	27	QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	79
<i>propranolol hcl oral solution</i>	27	RABAVERT	65
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	27	<i>rabeprazole sodium oral tablet delayed release</i>	55
<i>propranolol hcl oral tablet 60 mg</i>	27	<i>raloxifene hcl</i>	61
<i>propylthiouracil oral</i>	61	<i>ramelteon</i>	38
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	65	<i>ramipril</i>	27
PROSOL	48	<i>ranolazine er</i>	27
PROTOPIC	46	<i>rasagiline mesylate oral</i>	38
<i>protriptyline hcl</i>	38	RAVICTI	55
PROVERA ORAL TABLET 10 MG, 2.5 MG	61	RECLIPSEN	61
PULMICORT FLEXHALER	79	RECOMBIVAX HB	65
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML	79	RECTIV	46
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	79	REGLAN ORAL	55
PURIXAN	19	REGONOL INTRAVENOUS	38
<i>pyrazinamide oral</i>	72	RELAFEN	14
<i>pyridostigmine bromide er</i>	38	RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	72
<i>pyridostigmine bromide oral solution</i>	38	RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	39
<i>pyridostigmine bromide oral tablet</i>	38	RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	55
<i>pyrimethamine oral</i>	72	RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (0.6ML SYRINGE)	55
QINLOCK	19	RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	55
QUADRACEL	65	RELPAK	39
QUALAQUIN	72	REMERON SOLTAB	39
QUARTETTE	61	REMICADE	65
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 25 MG, 50 MG	38	REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML	79
QUESTRAN	27	<i>repaglinide oral tablet 0.5 mg</i>	52
QUESTRAN LIGHT ORAL POWDER	27	<i>repaglinide oral tablet 1 mg</i>	52
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	38		
<i>quetiapine fumarate er oral tablet extended</i>			

<i>repaglinide oral tablet 2 mg</i>	52	<i>risperidone oral tablet 0.5 mg</i>	39
REPATHA	27	<i>risperidone oral tablet 1 mg</i>	39
REPATHA PUSHTRONEX SYSTEM	27	<i>risperidone oral tablet 2 mg</i>	39
REPATHA SURECLICK	27	<i>risperidone oral tablet 3 mg, 4 mg</i>	39
RESTASIS	76	<i>risperidone oral tablet dispersible 0.25 mg</i>	39
RESTASIS MULTIDOSE OPHTHALMIC EMULSION		<i>risperidone oral tablet dispersible 0.5 mg</i>	39
0.05 %	76	<i>risperidone oral tablet dispersible 1 mg</i>	39
RETEVMO ORAL CAPSULE 40 MG	19	<i>risperidone oral tablet dispersible 2 mg</i>	39
RETEVMO ORAL CAPSULE 80 MG	19	<i>risperidone oral tablet dispersible 3 mg</i>	39
RETIN-A EXTERNAL GEL 0.01 %	46	<i>risperidone oral tablet dispersible 4 mg</i>	39
RETIN-A MICRO EXTERNAL GEL 0.04 %	46	RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24	
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %	46	HOUR 30 MG	39
RETROVIR INTRAVENOUS	72	RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24	
RETROVIR ORAL CAPSULE	72	HOUR 40 MG	39
RETROVIR ORAL SYRUP	72	<i>ritonavir</i>	72
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2		RITUXAN HYCELA	19
MG	39	RITUXAN INTRAVENOUS SOLUTION	19
REXULTI ORAL TABLET 3 MG, 4 MG	39	<i>rivastigmine</i>	39
REYATAZ ORAL PACKET	72	<i>rivastigmine tartrate</i>	39
REZLIDHIA	19	RIVELSA	61
REZUROCK	65	<i>rizatriptan benzoate</i>	39
RHOPRESSA	76	ROCALTROL ORAL CAPSULE 0.5 MCG	52
RIABNI	19	ROCALTROL ORAL SOLUTION	52
<i>ribavirin oral capsule</i>	72	ROCKLATAN	76
<i>ribavirin oral tablet 200 mg</i>	72	<i>roflumilast</i>	79
RIDAURA	65	<i>romidepsin intravenous solution</i>	
<i>rifabutin</i>	72	<i>reconstituted</i>	19
<i>rifampin intravenous</i>	72	<i>ropinirole hcl</i>	39
<i>rifampin oral</i>	72	<i>ropinirole hcl er</i>	39
<i>riluzole</i>	39	<i>rosuvastatin calcium</i>	27
<i>rimantadine hcl</i>	72	ROTARIX	65
<i>ringers</i>	48	ROTATEQ ORAL SOLUTION	65
<i>ringers irrigation</i>	74	ROWASA RECTAL	55
RINVOQ	65	ROWEEPRA ORAL TABLET 500 MG	39
<i>risedronate sodium oral tablet 150 mg</i>	52	ROXICODONE ORAL TABLET 15 MG	14
<i>risedronate sodium oral tablet 30 mg</i>	52	ROZLYTREK ORAL CAPSULE 100 MG	19
<i>risedronate sodium oral tablet 35 mg</i>	52	ROZLYTREK ORAL CAPSULE 200 MG	19
<i>risedronate sodium oral tablet 35 mg (12 pack), 35</i>		ROZLYTREK ORAL PACKET	19
<i>mg (4 pack)</i>	52	RUBRACA	19
<i>risedronate sodium oral tablet 5 mg</i>	52	<i>rufinamide oral suspension</i>	39
<i>risedronate sodium oral tablet delayed</i>		<i>rufinamide oral tablet 200 mg</i>	39
<i>release</i>	52	<i>rufinamide oral tablet 400 mg</i>	39
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION		RUKOBIA	72
RECONSTITUTED ER 12.5 MG, 25 MG	39	RYBELSUS ORAL TABLET 14 MG, 7 MG	52
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION		RYBELSUS ORAL TABLET 3 MG	52
RECONSTITUTED ER 37.5 MG, 50 MG	39	RYBREVANT	19
<i>risperidone oral solution</i>	39	RYDAPT	19
<i>risperidone oral tablet 0.25 mg</i>	39		

RYLAZE	19	<i>sevelamer hcl oral tablet 800 mg</i>	52
RYTARY	39	<i>sf</i>	46
SAFYRAL	61	<i>sf 5000 plus</i>	46
SAIZEN	61	SHAROBEL	61
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	23	SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	65
SALAGEN	46	SIGNIFOR	61
<i>salsalate oral</i>	14	<i>sildenafil citrate intravenous</i>	79
SANCUSO	55	<i>sildenafil citrate oral tablet 20 mg</i>	79
SANDIMMUNE ORAL SOLUTION	65	<i>silodosin</i>	56
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML	61	<i>silver sulfadiazine external</i>	46
SANDOSTATIN INJECTION SOLUTION 50 MCG/ML	61	SIMBRINZA	76
SANDOSTATIN LAR DEPOT	61	SIMLIYA	61
SANTYL	46	SIMPESSE	61
<i>sapropterin dihydrochloride oral packet</i>	55	<i>simvastatin oral tablet</i>	27
<i>sapropterin dihydrochloride oral tablet</i>	56	SINEMET ORAL TABLET 10-100 MG, 25-100 MG	40
SARCLISA	19	SINGULAIR ORAL PACKET	79
SAVELLA	39	SINGULAIR ORAL TABLET CHEWABLE	79
SAVELLA TITRATION PACK	39	<i>sirolimus oral solution</i>	65
SCSEMBLIX ORAL TABLET 20 MG	19	<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	65
SCSEMBLIX ORAL TABLET 40 MG	19	<i>sirolimus oral tablet 2 mg</i>	65
<i>scopolamine</i>	55	SIRTURO	72
SEASONIQUE	61	SKYLA	61
SECUADO	39	SKYRIZI INTRAVENOUS	65
<i>selegiline hcl oral</i>	39	SKYRIZI PEN	65
<i>selenium sulfide external lotion</i>	46	SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	65
SELZENTRY ORAL SOLUTION	72	SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	65
SELZENTRY ORAL TABLET 25 MG	72	SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	65
SELZENTRY ORAL TABLET 75 MG	72	<i>sodium bicarbonate intravenous solution 4.2 %, 7.5 %, 8.4 %</i>	48
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	79	<i>sodium chloride (pf)</i>	48
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	39	<i>sodium chloride injection solution 2.5 meq/ ml</i>	48
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG	39	<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 4 meq/ml, 5 %</i>	48
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG	39	<i>sodium chloride irrigation solution 0.9 %</i>	74
<i>sertraline hcl oral concentrate</i>	39	<i>sodium fluoride 5000 plus</i>	46
<i>sertraline hcl oral tablet 100 mg</i>	39	<i>sodium fluoride 5000 ppm dental cream</i>	46
<i>sertraline hcl oral tablet 25 mg</i>	40	<i>sodium fluoride 5000 ppm dental gel</i>	46
<i>sertraline hcl oral tablet 50 mg</i>	40	<i>sodium fluoride dental cream</i>	46
SETLAKIN	61	<i>sodium fluoride dental gel 1.1 %</i>	46
<i>sevelamer carbonate oral packet 0.8 gm</i>	52	<i>sodium fluoride mouth/throat</i>	46
<i>sevelamer carbonate oral packet 2.4 gm</i>	52	<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	48
<i>sevelamer carbonate oral tablet</i>	52	<i>sodium fluoride oral tablet chewable</i>	49
<i>sevelamer hcl oral tablet 400 mg</i>	52	<i>sodium phenylbutyrate oral powder 3</i>	

gm/tsp	56	<i>streptomycin sulfate intramuscular</i>	72
sodium phenylbutyrate oral tablet	56	STRIBILD	72
sodium polystyrene sulfonate oral powder	52	STROMECTOL	72
sofosbuvir-velpatasvir	72	SUBOXONE SUBLINGUAL FILM 12-3 MG	40
solifenacin succinate	56	SUBVENITE	40
SOLIQUA	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>	46
SOMATULINE DEPOT	61	<i>sulfacetamide sodium ophthalmic</i>	76
SOMAVERT	61	<i>sulfacetamide-prednisolone ophthalmic solution</i>	76
sorafenib tosylate	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
sotalol hcl (af) oral tablet 120 mg, 160 mg	27	<i>sulfamethoxazole-trimethoprim oral tablet</i>	72
sotalol hcl (af) oral tablet 80 mg	27	SULFAMYLON EXTERNAL CREAM	46
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg	27	<i>sulfasalazine oral</i>	55
sotalol hcl oral tablet 80 mg	27	<i>sulindac oral tablet 150 mg</i>	14
<i>spinosad</i>	46	<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 mg/0.5ml</i>	40
<i>spironolactone-hctz</i>	27	<i>sumatriptan succinate subcutaneous solution auto-injector</i>	40
SPRAVATO (56 MG DOSE)	40	<i>sunitinib malate</i>	19
SPRAVATO (84 MG DOSE)	40	SUNLENCA ORAL	72
SPRINTEC 28	61	SUNLENCA SUBCUTANEOUS	72
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG	40	SUNOSI	40
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	40	SUPRAX ORAL SUSPENSION RECONSTITUTED 200 MG/5ML, 500 MG/5ML	72
SPRYCEL	19	SUPRAX ORAL TABLET CHEWABLE	72
SPS	52	SUPREP BOWEL PREP KIT	55
SRONYX	61	SYEDA	61
SSD	46	SYMBICORT	79
STELARA INTRAVENOUS	65	SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	40
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	65	SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	52
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	65	SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	52
<i>sterile water for irrigation</i>	74	SYMPAZAN ORAL FILM 10 MG, 20 MG	40
STIOLTO RESPIMAT	79	SYMPAZAN ORAL FILM 5 MG	40
STIVARGA	19	SYMTUZA	72
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	40		
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	40		

SYNAGIS	74	TECENTRIQ INTRAVENOUS SOLUTION 840	
SYNAREL	61	MG/14ML	20
SYNJARDY	52	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	52	TECFIDERA ORAL CAPSULE DELAYED RELEASE 240	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24		MG	40
HOUR 25-1000 MG	52	TECFIDERA ORAL CAPSULE DELAYED RELEASE	
SYNRIBO	19	THERAPY PACK	40
SYNTHROID	61	TECVAYLI	20
TABLOID	19	TEFLARO	72
TABRECTA	19	TEGRETOL ORAL SUSPENSION	40
<i>tacrolimus external ointment</i>	46	TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12	
<i>tacrolimus oral</i>	65	HOUR 400 MG	40
<i>tadalafil (pah)</i>	79	TEKTURNA	27
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	56	<i>telmisartan oral tablet 20 mg, 40 mg</i>	27
TAFINLAR ORAL CAPSULE	19	<i>telmisartan oral tablet 80 mg</i>	27
TAFINLAR ORAL TABLET SOLUBLE	19	<i>telmisartan-amlodipine</i>	27
<i>tafluprost (pf)</i>	76	<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-25</i>	
TAGRISSO	19	<i>mg</i>	27
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	19	<i>telmisartan-hctz oral tablet 80-12.5 mg</i>	27
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	65
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
MG/ML	72	TENORMIN ORAL TABLET 100 MG, 50 MG	28
<i>tamoxifen citrate oral</i>	20	TEPMETKO	20
<i>tamsulosin hcl</i>	56	<i>terazosin hcl oral</i>	28
TAPERDEX 6-DAY	61	<i>terbinafine hcl oral</i>	72
TARINA 24 FE	62	<i>terbutaline sulfate injection</i>	79
TARINA FE 1/20 EQ	62	<i>terbutaline sulfate oral</i>	79
TASIGNA	20	<i>terconazole</i>	56
<i>tasimelteon</i>	40	<i>teriparatide</i>	52
<i>tazarotene external cream</i>	46	<i>teriparatide (recombinant)</i>	52
<i>tazarotene external gel</i>	46	<i>testosterone cypionate intramuscular solution</i>	
TAZICEF INJECTION SOLUTION RECONSTITUTED 1		100 mg/ml, 200 mg/ml	62
GM	72	<i>testosterone cypionate intramuscular solution</i>	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED		200 mg/ml (1 ml)	62
2 GM, 6 GM	72	<i>testosterone enanthate intramuscular</i>	
TAZORAC EXTERNAL CREAM 0.1 %	46	<i>solution</i>	62
TAZORAC EXTERNAL GEL 0.05 %	46	<i>testosterone transdermal gel 1.62 %, 20.25 mg/act</i>	
TAZTIA XT	27	(1.62%), 40.5 mg/2.5gm (1.62%)	62
TAZVERIK	20	<i>testosterone transdermal gel 10 mg/act</i>	
TDVAX	65	(2%)	62
TECENTRIQ INTRAVENOUS SOLUTION 1200		<i>testosterone transdermal gel 12.5 mg/act (1%), 25</i>	
MG/20ML	20	<i>mg/2.5gm (1%), 50 mg/5gm (1%)</i>	62

testosterone transdermal gel 20.25 mg/1.25gm (1.62%)	62	TIVICAY PD	72
testosterone transdermal solution	62	tizanidine hcl oral tablet	40
tetrabenazine oral tablet 12.5 mg	40	TOBRADEX OPHTHALMIC OINTMENT	76
tetrabenazine oral tablet 25 mg	40	TOBRADEX ST	76
tetracycline hcl oral capsule	72	tobramycin inhalation nebulization solution 300 mg/5ml	79
THALOMID ORAL CAPSULE 100 MG, 50 MG	20	tobramycin ophthalmic	76
THALOMID ORAL CAPSULE 150 MG, 200 MG	20	tobramycin sulfate injection	73
THEO-24	79	tobramycin-dexamethasone	76
theophylline	79	tolcapone	40
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	79	tolmetin sodium oral capsule	14
theophylline er oral tablet extended release 24 hour	79	tolmetin sodium oral tablet 600 mg	14
thioridazine hcl oral	40	tolterodine tartrate	56
thiothixene oral	40	tolterodine tartrate er	56
TIADYLT ER	28	tolvaptan oral tablet 15 mg	52
tiagabine hcl	40	tolvaptan oral tablet 30 mg	52
TIAZAC	28	TOPICORT EXTERNAL CREAM	47
TIBSOVO	20	TOPICORT EXTERNAL GEL	47
TICE BCG	20	TOPICORT EXTERNAL OINTMENT	47
TICOVAC	65	TOPICORT SPRAY	47
tigecycline	72	topiramate er oral capsule er 24 hour sprinkle 100 mg, 25 mg, 50 mg	40
TIKOSYN	28	topiramate er oral capsule extended release 24 hour 100 mg	40
TILIA FE	62	topiramate er oral capsule extended release 24 hour 25 mg, 50 mg	40
timolol maleate (once-daily)	76	topiramate oral	40
TIMOLOL MALEATE OCUDOSE	76	TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG	28
timolol maleate ophthalmic gel forming solution	76	toremifene citrate	20
timolol maleate ophthalmic solution 0.25 %	76	torseamide oral	28
timolol maleate ophthalmic solution 0.5 %	76	TOUJEO MAX SOLOSTAR	52
timolol maleate oral	28	TOUJEO SOLOSTAR	52
timolol maleate pf ophthalmic solution 0.5 %	76	TOVIAZ	57
TIMOPTIC OCUDOSE	76	TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	49
TIMOPTIC-XE	76	TRACLEER ORAL TABLET SOLUBLE	79
tinidazole oral	72	TRADJENTA	53
tiopronin oral	56	tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	14
TIROSINT ORAL CAPSULE 137 MCG, 175 MCG, 200 MCG, 37.5 MCG, 44 MCG, 62.5 MCG	62	tramadol hcl (er biphasic) oral tablet extended release 24 hour	14
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	tramadol hcl er	14
TIS-U-SOL	74	tramadol hcl oral tablet 50 mg	14
TIVICAY ORAL TABLET 10 MG	72	tramadol-acetaminophen	14
TIVICAY ORAL TABLET 25 MG, 50 MG	72	trandolapril	28
		trandolapril-verapamil hcl er	28
		tranexamic acid intravenous solution 1000 mg/	

10ml	23	<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	62
<i>tranexamic acid oral</i>	23	<i>triamcinolone acetonide mouth/throat</i>	47
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR	55	<i>triamterene-hctz oral capsule 37.5-25 mg</i>	28
<i>tranylcypromine sulfat</i> e	40	<i>triamterene-hctz oral tablet</i>	28
TRAVASOL	49	<i>triazolam oral tablet 0.25 mg</i>	41
<i>travoprost (bak free)</i>	76	TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG	28
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	40	TRIDERM EXTERNAL CREAM	47
<i>trazodone hcl oral tablet 300 mg</i>	40	<i>trientine hcl</i>	53
TRECTOR	73	<i>trifluoperazine hcl oral</i>	41
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	79	<i>trifluridine ophthalmic</i>	73
<i>treprostinil</i>	79	<i>trihexyphenidyl hcl oral solution</i>	41
TRESIBA	53	<i>trihexyphenidyl hcl oral tablet</i>	41
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	53	TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	53
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	53	TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	53
<i>tretinoin external cream</i>	47	TRIKAFTA ORAL TABLET THERAPY PACK	79
<i>tretinoin external gel 0.01 %, 0.025 %</i>	47	TRIKAFTA ORAL THERAPY PACK	79
<i>tretinoin external gel 0.05 %</i>	47	TRILEPTAL ORAL SUSPENSION	41
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	47	TRILEPTAL ORAL TABLET 150 MG, 300 MG	41
<i>tretinoin microsphere pump external gel 0.04 %, 0.1 %</i>	47	TRILIPIX	28
<i>tretinoin oral</i>	20	<i>trimethobenzamide hcl oral</i>	55
TREXALL	65	<i>trimethoprim oral</i>	73
TRI FEMYNOR	62	<i>trimipramine maleate oral</i>	41
TRI-ESTARYLLA	62	TRINTELLIX	41
TRI-LEGEST FE	62	TRIUMEQ	73
TRI-LINYAH	62	TRIUMEQ PD	73
TRI-LO-ESTARYLLA	62	TRIVORA (28)	62
TRI-LO-MARZIA	62	TRIZIVIR	73
TRI-LO-MILI	62	TRODELVY	20
TRI-LO-SPRINTEC	62	TROGARZO	73
TRI-MILI	62	TROPHAMINE INTRAVENOUS SOLUTION 10 %	49
TRI-NYMYO	62	<i>trospium chloride</i>	57
TRI-SPRINTEC	62	<i>trospium chloride er</i>	57
TRI-VYLIBRA	62	TRULICITY	53
TRI-VYLIBRA LO	62	TRUMENBA	65
<i>triamcinolone acetonide external aerosol solution</i>	47	TRUQAP	20
<i>triamcinolone acetonide external cream</i>	47	TRUSELTIQ (100MG DAILY DOSE)	20
<i>triamcinolone acetonide external lotion</i>	47	TRUSELTIQ (125MG DAILY DOSE)	20
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	47	TRUSELTIQ (50MG DAILY DOSE)	20
		TRUSELTIQ (75MG DAILY DOSE)	20
		TUDORZA PRESSAIR	79
		TUKYSA	20
		TURALIO ORAL CAPSULE 125 MG	20
		TURQOZ	62

TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	65	<i>valganciclovir hcl oral tablet</i>	73
TYBLUME ORAL TABLET CHEWABLE	62	<i>valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml</i>	41
TYBOST	73	<i>valproic acid oral capsule</i>	41
TYDEMY	62	<i>valproic acid oral solution</i>	41
TYMLOS	53	<i>valsartan oral tablet 160 mg</i>	28
TYPHIM VI	65	<i>valsartan oral tablet 320 mg</i>	28
TYSABRI	41	<i>valsartan oral tablet 40 mg, 80 mg</i>	28
TYVASO	80	<i>valsartan-hydrochlorothiazide</i>	28
TYVASO REFILL	80	VALTOCO 10 MG DOSE	41
TYVASO STARTER	80	VALTOCO 15 MG DOSE	41
UBRELVY ORAL TABLET 100 MG	41	VALTOCO 20 MG DOSE	41
UBRELVY ORAL TABLET 50 MG	41	VALTOCO 5 MG DOSE	41
UDENYCA	23	<i>vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%</i>	73
ULORIC ORAL TABLET 80 MG	14	<i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%</i>	73
UNASYN INJECTION SOLUTION RECONSTITUTED 3 (2-1) GM	73	<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
UNASYN INTRAVENOUS SOLUTION RECONSTITUTED 15 (10-5) GM	73	<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 5 gm, 500 mg</i>	73
UNITHROID	62	<i>vancomycin hcl intravenous solution reconstituted 1.25 gm, 1.5 gm, 750 mg</i>	73
UPTRAVI ORAL	80	<i>vancomycin hcl oral capsule 125 mg</i>	73
UPTRAVI TITRATION	80	<i>vancomycin hcl oral capsule 250 mg</i>	73
UROCIT-K 10	57	<i>vancomycin hcl oral solution reconstituted 25 mg/ml</i>	73
UROCIT-K 15	57	VANDAZOLE	57
UROCIT-K 5	57	VANFLYTA	20
URSO 250	55	VAQTA	65
<i>ursodiol oral capsule 300 mg</i>	55	<i>varenicline tartrate (starter)</i>	41
<i>ursodiol oral tablet</i>	55	<i>varenicline tartrate oral tablet 0.5 mg</i>	41
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	41	<i>varenicline tartrate oral tablet 1 mg</i>	41
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	41	<i>varenicline tartrate oral tablet therapy pack</i>	41
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	41	VARIVAX	65
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	41	VARIZIG INTRAMUSCULAR SOLUTION	66
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	41	VASCEPA	28
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	41	VASERETIC	28
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	41	VASOTEC ORAL TABLET 2.5 MG	28
VAGIFEM VAGINAL TABLET 10 MCG	62	VECAMEYL	28
<i>valacyclovir hcl oral tablet 1 gm</i>	73	VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	20
<i>valacyclovir hcl oral tablet 500 mg</i>	73	VECTICAL	47
VALCHLOR	47		
<i>valganciclovir hcl oral solution reconstituted</i>	73		

VELIVET	62	<i>vinblastine sulfate intravenous solution</i>	20
VELPHORO	53	<i>vincristine sulfate intravenous</i>	20
VELTASSA	53	<i>vinorelbine tartrate</i>	20
VEMLIDY	73	VIOKACE ORAL TABLET 10440-39150 UNIT	56
VENCLEXTA ORAL TABLET 10 MG	20	VIOKACE ORAL TABLET 20880-78300 UNIT	56
VENCLEXTA ORAL TABLET 100 MG	20	<i>viorele</i>	62
VENCLEXTA ORAL TABLET 50 MG	20	VIRACEPT ORAL TABLET 250 MG	73
VENCLEXTA STARTING PACK	20	VIRACEPT ORAL TABLET 625 MG	73
<i>venlafaxine besylate er</i>	41	VIREAD ORAL POWDER	73
<i>venlafaxine hcl</i>	41	VIREAD ORAL TABLET 150 MG, 250 MG	73
<i>venlafaxine hcl er oral capsule extended release</i> <i>24 hour 150 mg</i>	41	VIREAD ORAL TABLET 200 MG	73
<i>venlafaxine hcl er oral capsule extended release</i> <i>24 hour 37.5 mg</i>	41	VISTARIL ORAL CAPSULE 50 MG	80
<i>venlafaxine hcl er oral capsule extended release</i> <i>24 hour 75 mg</i>	41	VITRAKVI ORAL CAPSULE 100 MG	20
<i>venlafaxine hcl er oral tablet extended release</i> <i>24 hour 225 mg</i>	41	VITRAKVI ORAL CAPSULE 25 MG	20
VENTAVIS	80	VITRAKVI ORAL SOLUTION	20
VENTOLIN HFA	80	VIZIMPRO	20
<i>verapamil hcl er oral capsule extended release</i> <i>24 hour</i>	28	VOGELXO PUMP	62
<i>verapamil hcl er oral tablet extended release</i> <i>120 mg</i>	28	VOLNEA	62
<i>verapamil hcl er oral tablet extended release</i> <i>180 mg, 240 mg</i>	28	VONJO	20
<i>verapamil hcl intravenous</i>	28	<i>voriconazole intravenous</i>	73
<i>verapamil hcl oral</i>	28	<i>voriconazole oral suspension reconstituted</i>	73
VERELAN	28	<i>voriconazole oral tablet 200 mg</i>	73
VERELAN PM	28	<i>voriconazole oral tablet 50 mg</i>	73
VERQUVO	28	VOSEVI	73
VERSACLOZ	41	VPRIV	56
VERZENIO	20	VRAYLAR ORAL CAPSULE	42
VESICARE	57	VRAYLAR ORAL CAPSULE THERAPY PACK	42
VFEND ORAL TABLET 50 MG	73	VUMERITY	42
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG	73	VYFEMLA	62
VIBRAMYCIN ORAL CAPSULE	73	VYLIBRA	62
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	53	VYTORIN ORAL TABLET 10-80 MG	28
VIENVA	62	VYZULTA	76
<i>vigabatrin</i>	41	WAKIX	42
VIGADRONE ORAL PACKET	41	<i>warfarin sodium oral</i>	23
VIGADRONE ORAL TABLET	41	WELCHOL ORAL PACKET	28
VIGPODER	41	WELIREG	20
VIIBRYD ORAL TABLET	41	WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG	42
<i>vilazodone hcl</i>	41	WERA	62
VIMPAT ORAL TABLET 50 MG	42	WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	80
		WYMZYA FE	62
		XALKORI ORAL CAPSULE	20
		XALKORI ORAL CAPSULE SPRINKLE 150 MG	20
		XALKORI ORAL CAPSULE SPRINKLE 20 MG	20
		XALKORI ORAL CAPSULE SPRINKLE 50 MG	20

XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 3 MG	42	THERAPY PACK 60 MG	21
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2 MG	42	XPOVIO (60 MG TWICE WEEKLY)	21
XARELTO ORAL SUSPENSION RECONSTITUTED	23	XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	21
XARELTO ORAL TABLET 10 MG, 20 MG	23	XPOVIO (80 MG TWICE WEEKLY)	21
XARELTO ORAL TABLET 15 MG, 2.5 MG	23	XTANDI ORAL CAPSULE	21
XARELTO STARTER PACK	23	XTANDI ORAL TABLET 40 MG	21
XATMEP	66	XTANDI ORAL TABLET 80 MG	21
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	42	XULANE	62
XCOPRI (350 MG DAILY DOSE)	42	XYREM	42
XCOPRI ORAL TABLET 100 MG, 50 MG	42	YARGESA	56
XCOPRI ORAL TABLET 150 MG, 200 MG	42	YASMIN 28	62
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	42	YAZ	62
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	42	YERVOY	21
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT	42	YF-VAX	66
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT	42	YONSA	21
XERMELO	55	YUVAFEM	62
XGEVA	53	ZAFEMY	62
XIFAXAN ORAL TABLET 550 MG	73	<i>zafirlukast</i>	80
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	53	<i>zaleplon oral capsule 10 mg</i>	42
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	53	<i>zaleplon oral capsule 5 mg</i>	42
XIIDRA	76	ZANAFLEX	42
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	74	ZARONTIN	42
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	74	ZARXIO	23
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	80	ZEGERID ORAL CAPSULE 20-1100 MG	55
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	80	ZEJULA ORAL CAPSULE	21
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	80	ZEJULA ORAL TABLET 100 MG	21
XOSPATA	20	ZEJULA ORAL TABLET 200 MG, 300 MG	21
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	20	ZELBORAF	21
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	21	ZEMPLAR ORAL CAPSULE 1 MCG	53
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	21	ZENATANE	47
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	21	ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 3000-10000 UNIT, 5000-24000 UNIT	56
		ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 25000-79000 UNIT, 40000-126000 UNIT	56
		ZEPZELCA	21
		ZESTORETIC	28
		ZESTRIL ORAL TABLET 2.5 MG	28
		ZETONNA	80
		ZIAC	28
		ZIAGEN ORAL SOLUTION	74
		ZIAGEN ORAL TABLET	74
		ZIANA	47
		<i>zidovudine oral capsule</i>	74
		<i>zidovudine oral syrup</i>	74

<i>zidovudine oral tablet</i>	74	ZOMIG NASAL	42
ZIEXTENZO	23	ZOMIG ORAL TABLET 2.5 MG	42
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	76	ZONISADE	42
<i>ziprasidone hcl oral capsule 20 mg</i>	42	<i>zonisamide oral</i>	42
<i>ziprasidone hcl oral capsule 40 mg</i>	42	ZORBTIVE	62
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	42	ZOVIA 1/35 (28)	62
<i>ziprasidone mesylate</i>	42	ZTALMY	42
ZIRGAN	74	ZUMANDIMINE	62
ZITHROMAX INTRAVENOUS	74	ZURZUVAE	42
ZITHROMAX ORAL PACKET	74	ZYDELIG	21
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	74	ZYKADIA ORAL TABLET	21
ZITHROMAX ORAL TABLET 500 MG	74	ZYLET	76
ZOCOR ORAL TABLET 10 MG	28	ZYPREXA INTRAMUSCULAR	42
<i>zoledronic acid intravenous concentrate</i>	53	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	42
<i>zoledronic acid intravenous solution</i>	53	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	42
ZOLINZA	21	ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML	74
<i>zolmitriptan nasal solution 2.5 mg</i>	42	ZYVOX INTRAVENOUS SOLUTION 600 MG/300ML	74
<i>zolmitriptan oral</i>	42		
ZOLOFT ORAL CONCENTRATE	42		
<i>zolpidem tartrate er</i>	42		
<i>zolpidem tartrate oral tablet</i>	42		

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 إلى اللغة الإنجليزية أو العكس. للحصول على مزيد من المعلومات، يرجى الاتصال برقم الهاتف المذكور على بطاقة اشتراكك (TTY: 711). هذه الخدمة 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 February 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**.