



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 September 1, 2023.

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**.

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 Blue Cross and Blue Shield. When it refers to “plan” or “your plan,” it means your Anthem Medicare Preferred (PPO) with Senior Rx Plus plan.

This document includes a list of the covered Part D drugs for your plan which is current as of 1/1/2024. For an updated formulary, please review the formulary online at **www.anthem.com**, 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**, 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**, or by calling the Pharmacy Member Services number listed on the front and back covers.

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

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

Can the Part D Formulary (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 1/1/2024. To get updated information about the drugs covered by your plan, please refer to your formulary online at www.anthem.com, or call Pharmacy Member Services. Our contact information appears on the front and back covers.

How do I use the Part D Formulary?

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

Medical Condition

The formulary begins on page 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** 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**, 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*).

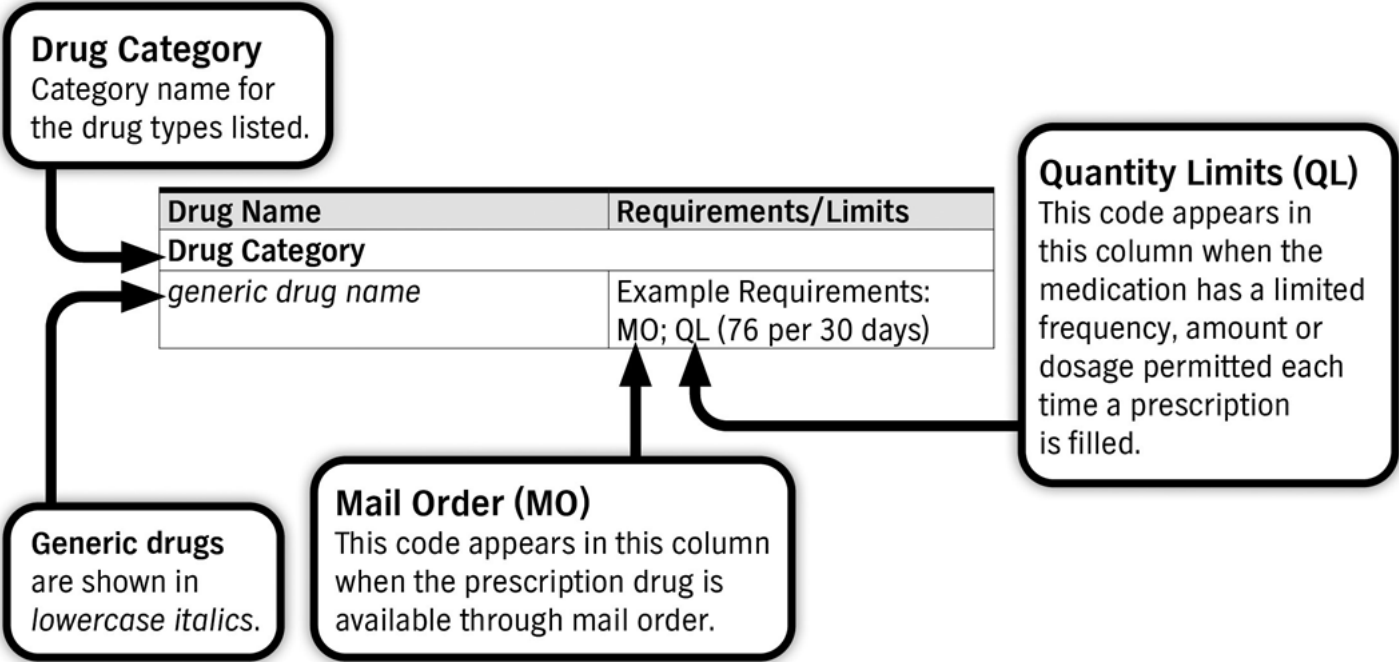
The **second column** of the chart identifies the tier placement of each medication covered in your formulary. Our drug plan groups drugs based upon cost with the lowest cost drugs in Tier 1. These are typically generic drugs. Some newer, more expensive generic drugs may be on a higher tier. To find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

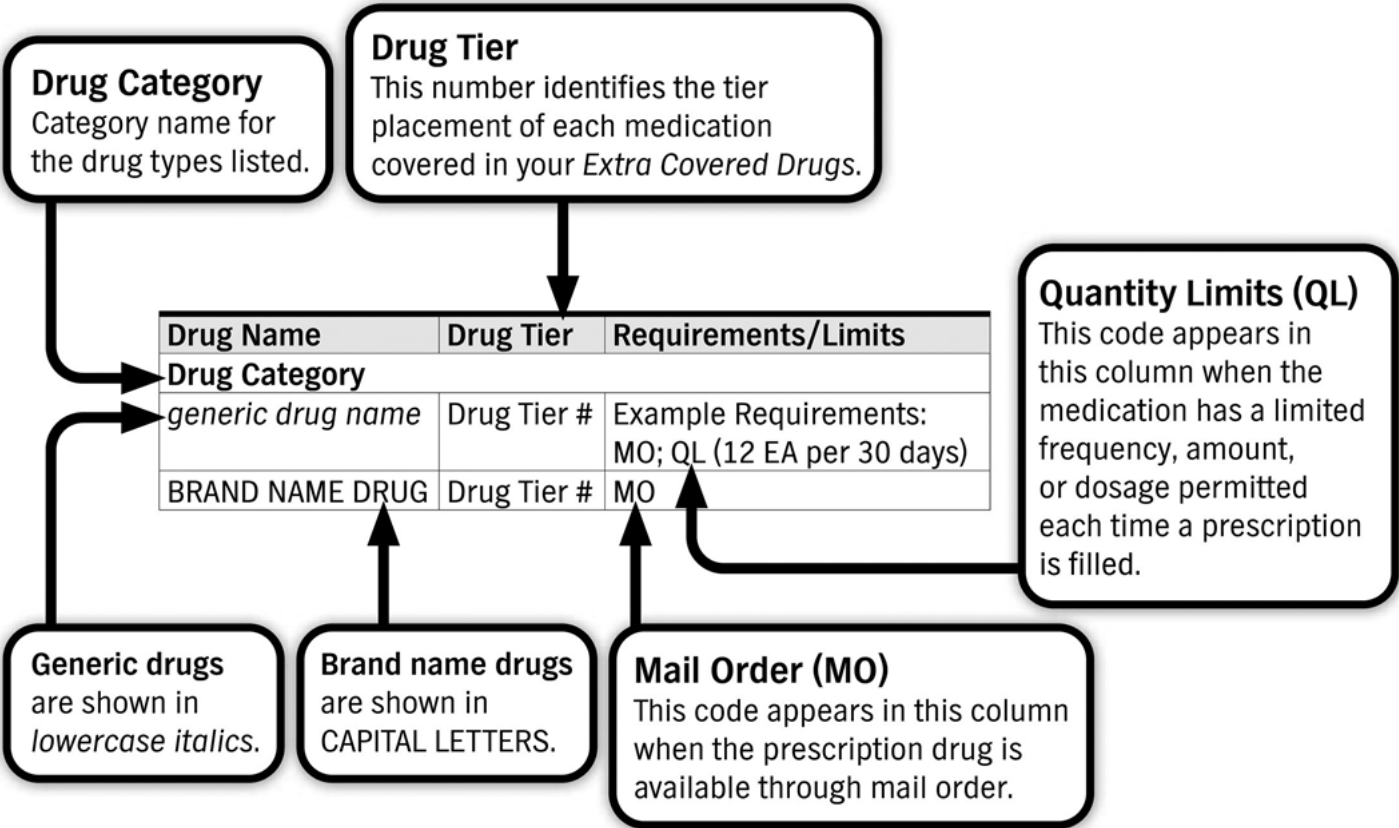
The benefits chart in your *Evidence of Coverage* will also tell you if the amount that you pay for covered drugs changes after the total drug cost paid by you and the plan reaches the initial coverage amount of \$5,030. Please check your benefits chart and *Evidence of Coverage* online at **www.anthem.com**, 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
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	QL (30 per 30 days)
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	QL (30 per 30 days)
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	
<i>valsartan oral tablet 160 mg</i>	QL (60 per 30 days)
<i>valsartan oral tablet 320 mg</i>	QL (30 per 30 days)
<i>valsartan oral tablet 40 mg, 80 mg</i>	QL (90 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)
Endocrine And Metabolic Disorder Agents	
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	QL (30 per 30 days)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	QL (4 per 28 days)
<i>glimepiride oral tablet 1 mg</i>	QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	QL (60 per 30 days)
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	QL (60 per 30 days)

Drug Name	Requirements /Limits
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	QL (240 per 30 days)
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	QL (120 per 30 days)
<i>glipizide oral tablet 10 mg</i>	QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	QL (240 per 30 days)
<i>glipizide xl oral tablet extended release 24 hour 10 mg</i>	QL (60 per 30 days)
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i>	QL (240 per 30 days)
<i>glipizide xl oral tablet extended release 24 hour 5 mg</i>	QL (120 per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	QL (240 per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	QL (120 per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	QL (120 per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	QL (60 per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	QL (60 per 30 days)
<i>metformin hcl oral tablet 500 mg</i>	QL (150 per 30 days)
<i>metformin hcl oral tablet 850 mg</i>	QL (90 per 30 days)
<i>pioglitazone hcl oral tablet 15 mg</i>	QL (90 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, 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 solution 1 mg/ml</i>	1	QL (240 per 30 days)
<i>butorphanol tartrate injection solution 2 mg/ml</i>	1	QL (120 per 30 days)
<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; QL (120 per 30 days)
<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	QL (180 per 30 days)
<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)

Drug Name	Drug Tier	Requirements /Limits
<i>etodolac er</i>	1	MO
<i>etodolac oral</i>	1	MO
<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</i>	1	QL (180 per 30 days)
<i>hydromorphone hcl injection solution 4 mg/ml</i>	1	QL (60 per 30 days)
<i>hydromorphone hcl oral liquid</i>	1	QL (720 per 30 days)
<i>hydromorphone hcl oral tablet</i>	1	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
hydromorphone hcl pf injection solution 1 mg/ml	2	QL (180 per 30 days)
hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml, 500 mg/50ml	1	QL (120 per 30 days)
hydromorphone hcl pf injection solution 4 mg/ml	2	QL (60 per 30 days)
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

Drug Name	Drug Tier	Requirements /Limits
mefenamic acid oral	1	MO
meloxicam oral tablet	1	MO
meperidine hcl injection solution 25 mg/ml, 50 mg/ml	3	PA; QL (120 per 30 days)
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	QL (180 per 30 days)
morphine sulfate (pf) injection solution 10 mg/ml, 4 mg/ml, 5 mg/ml	2	QL (180 per 30 days)
morphine sulfate (pf) injection solution 8 mg/ml	3	QL (180 per 30 days)
morphine sulfate (pf) intravenous solution 1 mg/ml, 2 mg/ml	2	QL (180 per 30 days)
morphine sulfate (pf) intravenous solution 10 mg/ml	1	QL (180 per 30 days)
morphine sulfate (pf) intravenous solution 8 mg/ml	3	QL (180 per 30 days)
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)

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Drug Name	Drug Tier	Requirements /Limits
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	1	PA; QL (90 per 30 days)
<i>morphine sulfate injection solution 2 mg/ml, 4 mg/ml</i>	2	QL (180 per 30 days)
<i>morphine sulfate intravenous solution 1 mg/ml, 10 mg/ml</i>	1	QL (180 per 30 days)
<i>morphine sulfate intravenous solution 4 mg/ml</i>	2	QL (180 per 30 days)
<i>morphine sulfate intravenous solution 50 mg/ml</i>	1	QL (60 per 30 days)
<i>morphine sulfate intravenous solution 8 mg/ml</i>	3	QL (180 per 30 days)
<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 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</i>	1	MO
<i>oxycodone hcl oral capsule</i>	1	QL (180 per 30 days)
<i>oxycodone hcl oral concentrate 10 mg/0.5ml, 100 mg/5ml</i>	1	QL (180 per 30 days)
<i>oxycodone hcl oral solution</i>	1	QL (900 per 30 days)
<i>oxycodone hcl oral tablet</i>	1	QL (180 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (180 per 30 days)
<i>pentazocine-naloxone hcl</i>	1	PA; QL (360 per 30 days)
PERCOCET ORAL TABLET 2.5-325 MG	3	QL (180 per 30 days)
<i>piroxicam oral</i>	1	MO
<i>probenecid oral</i>	1	MO
RELAFEN	1	MO
ROXICODONE ORAL TABLET 15 MG	3	QL (180 per 30 days)
<i>salsalate oral</i>	1	MO
<i>sulindac oral tablet 150 mg</i>	1	MO
<i>sulindac oral tablet 200 mg</i>	1	MO
<i>tolmetin sodium oral capsule</i>	1	MO
<i>tolmetin sodium oral tablet 600 mg</i>	1	MO
<i>tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	3	PA; QL (30 per 30 days)
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour</i>	1	PA; QL (30 per 30 days)
<i>tramadol hcl er</i>	1	PA; QL (30 per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	1	QL (240 per 30 days)
<i>tramadol-acetaminophen</i>	1	QL (40 per 5 days)
ULORIC ORAL TABLET 80 MG	3	ST; MO
ZYLOPRIM	3	MO
Antineoplastics		
<i>abiraterone acetate oral tablet 250 mg</i>	3	PA; QL (120 per 30 days); S
<i>abiraterone acetate oral tablet 500 mg</i>	3	PA; QL (60 per 30 days); S
ADRIAMYCIN INTRAVENOUS SOLUTION	3	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
<i>adriamycin intravenous solution reconstituted 10 mg</i>	1	B/D PA
ADRIAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	1	B/D PA
ALECENSA	3	PA; QL (240 per 30 days); LA; S
ALUNBRIG ORAL TABLET 180 MG	3	PA; QL (30 per 30 days); LA; S
ALUNBRIG ORAL TABLET 30 MG	3	PA; QL (180 per 30 days); LA; S
ALUNBRIG ORAL TABLET 90 MG	3	PA; QL (60 per 30 days); LA; S
ALUNBRIG ORAL TABLET THERAPY PACK	3	PA; QL (30 per 180 days); LA; S
<i>anastrozole oral</i>	1	QL (30 per 30 days); MO
AVASTIN	3	PA; LA; S
AYVAKIT	3	PA; QL (30 per 30 days); LA; S
<i>azacitidine</i>	3	PA; LA; S
BALVERSA ORAL TABLET 3 MG	3	PA; QL (90 per 30 days); LA; S
BALVERSA ORAL TABLET 4 MG	3	PA; QL (60 per 30 days); LA; S
BALVERSA ORAL TABLET 5 MG	3	PA; QL (30 per 30 days); LA; S
BAVENCIO	3	PA; LA; S
<i>bendamustine hcl intravenous solution</i>	3	B/D PA; S
BENDEKA	3	B/D PA; S
BESREMI	3	PA; LA; S
<i>bexarotene oral</i>	3	PA; QL (300 per 30 days); S
<i>bicalutamide</i>	1	QL (30 per 30 days)
<i>bleomycin sulfate</i>	1	B/D PA
<i>bortezomib injection solution reconstituted 1 mg, 3.5 mg</i>	3	PA; S
<i>bortezomib injection solution reconstituted 2.5 mg</i>	3	PA

Drug Name	Drug Tier	Requirements /Limits
<i>bortezomib intravenous solution reconstituted</i>	3	PA; S
BOSULIF ORAL TABLET 100 MG	3	PA; QL (120 per 30 days); S
BOSULIF ORAL TABLET 400 MG, 500 MG	3	PA; QL (30 per 30 days); S
BRAFTOVI ORAL CAPSULE 75 MG	3	PA; QL (180 per 30 days); LA; S
BRUKINSA	3	PA; QL (120 per 30 days); LA; S
CABOMETYX	3	PA; QL (30 per 30 days); LA; S
CALQUENCE	3	PA; QL (60 per 30 days); LA; S
CAPRELSA ORAL TABLET 100 MG	3	PA; QL (90 per 30 days); LA; S
CAPRELSA ORAL TABLET 300 MG	3	PA; QL (30 per 30 days); LA; S
<i>carboplatin intravenous solution</i>	1	B/D PA
<i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml</i>	1	B/D PA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	3	PA; QL (56 per 28 days); LA; S
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	3	PA; QL (112 per 28 days); LA; S
COMETRIQ (60 MG DAILY DOSE)	3	PA; QL (84 per 28 days); LA; S
COPIKTRA	3	PA; QL (60 per 30 days); LA; S
COTELLIC	3	PA; QL (90 per 30 days); LA; S
<i>cyclophosphamide intravenous</i>	3	S
<i>cyclophosphamide oral capsule</i>	2	B/D PA
CYRAMZA	3	PA; LA; S
DARZALEX	3	PA; LA; S
DARZALEX FASPRO	3	PA; S
DAURISMO ORAL TABLET 100 MG	3	PA; QL (30 per 30 days); LA; S

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Effective 1/1/2024

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

Drug Name	Drug Tier	Requirements /Limits
<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
IMBRUVICA ORAL CAPSULE 140 MG	3	PA; QL (90 per 30 days); LA; S

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Drug Name	Drug Tier	Requirements /Limits
IMBRUVICA ORAL CAPSULE 70 MG	3	PA; QL (30 per 30 days); LA; S
IMBRUVICA ORAL SUSPENSION	3	PA; QL (216 per 27 days); LA; S
IMBRUVICA ORAL TABLET 140 MG	3	PA; QL (90 per 30 days); LA; S
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG	3	PA; QL (30 per 30 days); LA; S
IMFINZI	3	PA; LA; S
INLYTA ORAL TABLET 1 MG	3	PA; QL (180 per 30 days); LA; S
INLYTA ORAL TABLET 5 MG	3	PA; QL (120 per 30 days); LA; S
INQOVI	3	PA; QL (5 per 28 days); LA; S
INREBIC	3	PA; QL (120 per 30 days); LA; S
<i>irinotecan hcl intravenous solution 100 mg/5ml</i>	3	
<i>irinotecan hcl intravenous solution 300 mg/15ml, 40 mg/2ml</i>	1	
<i>irinotecan hcl intravenous solution 500 mg/25ml</i>	1	B/D PA
JAKAFI	3	PA; QL (60 per 30 days); LA; S
JAYPIRCA ORAL TABLET 100 MG	3	PA; QL (60 per 30 days); S
JAYPIRCA ORAL TABLET 50 MG	3	PA; QL (30 per 30 days); S
JEVTANA	3	PA; S
KADCYLA	3	PA; S
KEYTRUDA INTRAVENOUS SOLUTION	3	PA; S
KISQALI (200 MG DOSE)	3	PA; QL (21 per 21 days); S
KISQALI (400 MG DOSE)	3	PA; QL (42 per 21 days); S
KISQALI (600 MG DOSE)	3	PA; QL (63 per 21 days); S
KISQALI FEMARA (200 MG DOSE)	3	PA; QL (49 per 28 days); S
KISQALI FEMARA (400 MG DOSE)	3	PA; QL (70 per 28 days); S

Drug Name	Drug Tier	Requirements /Limits
KISQALI FEMARA (600 MG DOSE)	3	PA; QL (91 per 28 days); S
KRAZATI	3	PA; QL (180 per 30 days); S
KYPROLIS	3	PA; LA; S
<i>lapatinib ditosylate</i>	3	PA; QL (180 per 30 days); S
<i>lenalidomide oral capsule 10 mg</i>	3	PA; QL (60 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
<i>lenalidomide oral capsule 5 mg</i>	3	PA; QL (150 per 30 days); LA; S
LENVIMA (10 MG DAILY DOSE)	3	PA; QL (30 per 30 days); LA; S
LENVIMA (12 MG DAILY DOSE)	3	PA; QL (90 per 30 days); LA; S
LENVIMA (14 MG DAILY DOSE)	3	PA; QL (60 per 30 days); LA; S
LENVIMA (18 MG DAILY DOSE)	3	PA; QL (90 per 30 days); LA; S
LENVIMA (20 MG DAILY DOSE)	3	PA; QL (60 per 30 days); LA; S
LENVIMA (24 MG DAILY DOSE)	3	PA; QL (90 per 30 days); LA; S
LENVIMA (4 MG DAILY DOSE)	3	PA; QL (30 per 30 days); LA; S
LENVIMA (8 MG DAILY DOSE)	3	PA; QL (60 per 30 days); LA; S
<i>letrozole oral</i>	1	QL (30 per 30 days); MO
<i>leucovorin calcium injection solution 100 mg/10ml</i>	1	
<i>leucovorin calcium injection solution reconstituted</i>	1	B/D PA
<i>leucovorin calcium oral</i>	1	
LEUKERAN	2	
<i>leuprolide acetate (3 month)</i>	3	PA
<i>leuprolide acetate injection</i>	1	PA
LONSURF	3	PA; S
LORBRENA ORAL TABLET 100 MG	3	PA; QL (30 per 30 days); LA; S

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
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 180 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
<i>mitomycin intravenous solution reconstituted 20 mg, 40 mg</i>	3	B/D PA; S

Drug Name	Drug Tier	Requirements /Limits
<i>mitomycin intravenous solution reconstituted 5 mg</i>	1	B/D PA
MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 5 MG	1	B/D PA
MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	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
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
<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

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
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
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
RUBRACA	3	PA; QL (120 per 30 days); LA; S

Drug Name	Drug Tier	Requirements /Limits
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
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

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
TECVAYLI	3	PA; S	<i>vincristine sulfate intravenous</i>	1	B/D PA
TEPMETKO	3	PA; QL (60 per 30 days); LA; S	<i>vinorelbine tartrate</i>	1	B/D PA
THALOMID ORAL CAPSULE 100 MG, 50 MG	3	PA; QL (30 per 30 days); S	VITRAKVI ORAL CAPSULE 100 MG	3	PA; QL (60 per 30 days); LA; S
THALOMID ORAL CAPSULE 150 MG, 200 MG	3	PA; QL (60 per 30 days); S	VITRAKVI ORAL CAPSULE 25 MG	3	PA; QL (180 per 30 days); LA; S
TIBSOVO	3	PA; QL (60 per 30 days); LA; S	VITRAKVI ORAL SOLUTION	3	PA; QL (300 per 30 days); LA; S
TICE BCG	2	B/D PA	VIZIMPRO	3	PA; QL (30 per 30 days); LA; S
TOPOSAR INTRAVENOUS SOLUTION 1 GM/50ML, 500 MG/25ML	1	B/D PA	VONJO	3	PA; QL (120 per 30 days); LA; S
<i>toremifene citrate</i>	3	QL (30 per 30 days)	VOTRIENT	3	PA; QL (120 per 30 days); LA; S
<i>tretinoin oral</i>	3	S	WELIREG	3	PA; QL (90 per 30 days); LA; S
TRODELVY	3	PA; S	XALKORI	3	PA; QL (120 per 30 days); LA; S
TRUSELTIQ (100MG DAILY DOSE)	3	PA; QL (21 per 28 days); LA; S	XOSPATA	3	PA; QL (90 per 30 days); LA; S
TRUSELTIQ (125MG DAILY DOSE)	3	PA; QL (42 per 28 days); LA; S	XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	3	PA; QL (8 per 28 days); LA; S
TRUSELTIQ (50MG DAILY DOSE)	3	PA; QL (42 per 28 days); LA; S	XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA; QL (4 per 28 days); LA; S
TRUSELTIQ (75MG DAILY DOSE)	3	PA; QL (63 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
TUKYSA	3	PA; QL (120 per 30 days); LA; S	XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	3	PA; QL (4 per 28 days); LA; S
TURALIO	3	PA; QL (120 per 30 days); LA; S	XPOVIO (60 MG TWICE WEEKLY)	3	PA; QL (24 per 28 days); LA; S
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	3	PA; S	XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA; QL (8 per 28 days); LA; S
VENCLEXTA ORAL TABLET 10 MG	2	PA; QL (60 per 30 days); LA	XPOVIO (80 MG TWICE WEEKLY)	3	PA; QL (32 per 28 days); LA; S
VENCLEXTA ORAL TABLET 100 MG	3	PA; QL (180 per 30 days); LA; S	XTANDI ORAL CAPSULE	3	PA; QL (120 per 30 days); LA; S
VENCLEXTA ORAL TABLET 50 MG	3	PA; QL (30 per 30 days); LA; S	XTANDI ORAL TABLET 40 MG	3	PA; QL (120 per 30 days); 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			

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
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
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

Drug Name	Drug Tier	Requirements /Limits
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 60 MCG/0.3ML	3	PA
<i>aspirin-dipyridamole er</i>	1	ST; QL (60 per 30 days); MO
BRILINTA	2	QL (60 per 30 days); MO
<i>cilostazol</i>	1	MO
CINRYZE	3	PA; LA; S
<i>clopidogrel bisulfate oral tablet 300 mg</i>	1	QL (1 per 30 days)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	QL (30 per 30 days); MO
<i>dabigatran etexilate mesylate</i>	3	QL (60 per 30 days); MO
<i>dipyridamole oral</i>	1	PA; MO
DROXIA	2	MO
ELIQUIS	2	QL (60 per 30 days); MO
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	2	QL (74 per 180 days)
ENDARI	3	LA; S
<i>enoxaparin sodium injection solution</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)

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

Drug Name	Drug Tier	Requirements /Limits
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
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
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

Drug Name	Drug Tier	Requirements /Limits
<i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/ 500ml-%, 40-5 unit/ml-%</i>	1	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1	B/D PA
<i>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
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

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
PROCRT 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
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

Drug Name	Drug Tier	Requirements /Limits
<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
<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

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
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG	3	MO
candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg	1	QL (60 per 30 days); MO
candesartan cilexetil oral tablet 32 mg	1	QL (30 per 30 days); MO
candesartan cilexetil-hctz oral tablet 16-12.5 mg	1	QL (60 per 30 days); MO
candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg	1	QL (30 per 30 days); MO
captopril oral	1	MO
captopril-hydrochlorothiazide	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
carvedilol	1	MO
carvedilol phosphate er	1	MO
CATAPRES-TTS-1	3	QL (4 per 28 days); MO
CATAPRES-TTS-3	3	QL (4 per 28 days); MO
chlorthalidone oral tablet 25 mg, 50 mg	1	MO
cholestyramine light	1	MO
cholestyramine oral	1	MO
clonidine	1	QL (4 per 28 days); MO
clonidine hcl oral	1	MO
colesevelam hcl	1	MO
COLESTID	3	MO
COLESTID FLAVORED	3	MO

Drug Name	Drug Tier	Requirements /Limits
colestipol hcl	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
digoxin oral solution	1	MO
digoxin oral tablet 125 mcg	1	QL (30 per 30 days); MO
digoxin oral tablet 250 mcg	1	PA; QL (60 per 30 days); MO
digoxin oral tablet 62.5 mcg	2	QL (30 per 30 days); MO
dilt-xr	1	MO
diltiazem hcl er beads	1	MO
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	MO
diltiazem hcl er oral capsule extended release 12 hour	1	MO
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	MO
diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	MO
diltiazem hcl intravenous solution	1	
diltiazem hcl intravenous solution reconstituted	2	
diltiazem hcl oral	1	MO
disopyramide phosphate oral	1	PA; MO
dofetilide	1	
doxazosin mesylate oral	1	MO

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>droxidopa oral capsule 100 mg</i>	3	PA; QL (90 per 30 days)
<i>droxidopa oral capsule 200 mg</i>	3	PA; QL (180 per 30 days)
<i>droxidopa oral capsule 300 mg</i>	3	PA; QL (180 per 30 days); S
EDARBI	3	QL (30 per 30 days); MO
EDARBYCLOR	3	QL (30 per 30 days); MO
<i>enalapril maleate oral tablet</i>	1	MO
<i>enalapril-hydrochlorothiazide</i>	1	MO
ENTRESTO ORAL TABLET 24-26 MG	2	QL (180 per 30 days); MO
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	2	QL (60 per 30 days); MO
<i>eplerenone</i>	1	MO
<i>ezetimibe</i>	1	MO
<i>ezetimibe-simvastatin</i>	1	QL (30 per 30 days); MO
<i>felodipine er</i>	1	MO
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	MO
<i>fenofibrate oral capsule 134 mg, 200 mg, 50 mg, 67 mg</i>	1	MO
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	1	MO
<i>fenofibrate oral tablet 40 mg</i>	3	MO
<i>fenofibric acid oral capsule delayed release</i>	1	MO
FENOGLIDE ORAL TABLET 40 MG	3	MO
<i>flecainide acetate</i>	1	MO
<i>fluvastatin sodium</i>	1	QL (60 per 30 days); MO
<i>fluvastatin sodium er</i>	1	QL (30 per 30 days); MO
<i>fosinopril sodium</i>	1	MO
<i>fosinopril sodium-hctz</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>furosemide injection</i>	1	
<i>furosemide oral solution 10 mg/ml</i>	1	MO
<i>furosemide oral solution 8 mg/ml</i>	1	MO
<i>furosemide oral tablet</i>	1	MO
<i>gemfibrozil oral</i>	1	MO
<i>guanfacine hcl oral</i>	1	PA; MO
<i>hydralazine hcl injection</i>	1	
<i>hydralazine hcl oral</i>	1	MO
<i>hydrochlorothiazide oral</i>	1	MO
<i>indapamide oral</i>	1	MO
INSPRA	3	MO
<i>irbesartan</i>	1	QL (30 per 30 days); MO
<i>irbesartan-hydrochlorothiazide</i>	1	QL (30 per 30 days); MO
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	MO
<i>isosorb dinitrate-hydralazine</i>	2	QL (180 per 30 days); MO
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	MO
<i>isosorbide dinitrate oral tablet 40 mg</i>	3	MO; S
<i>isosorbide mononitrate</i>	1	MO
<i>isosorbide mononitrate er</i>	1	MO
<i>isradipine</i>	1	MO
<i>labetalol hcl intravenous solution</i>	1	
<i>labetalol hcl oral</i>	1	MO
LANOXIN ORAL TABLET 125 MCG	3	QL (30 per 30 days); MO
LANOXIN ORAL TABLET 250 MCG	3	PA; QL (60 per 30 days); MO
LESCOL XL	3	QL (30 per 30 days); MO
LIPOFEN ORAL CAPSULE 150 MG	3	MO
LIPOFEN ORAL CAPSULE 50 MG	2	MO

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>lisinopril oral</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
LOPID	3	MO
<i>losartan potassium oral tablet 100 mg</i>	1	QL (30 per 30 days); MO
<i>losartan potassium oral tablet 25 mg, 50 mg</i>	1	QL (60 per 30 days); MO
<i>losartan potassium-hctz</i>	1	QL (30 per 30 days); MO
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	MO
LOTREL ORAL CAPSULE 10-40 MG	3	MO
<i>lovastatin oral</i>	1	QL (60 per 30 days); MO
MATZIM LA	1	MO
MAXZIDE	3	MO
MAXZIDE-25	3	MO
<i>metolazone</i>	1	MO
<i>metoprolol succinate er</i>	1	MO
<i>metoprolol tartrate intravenous solution 5 mg/ 5ml</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	1	MO
<i>metoprolol-hydrochlorothiazide</i>	1	MO
<i>metirosine</i>	3	S
<i>mexiletine hcl oral</i>	1	MO
<i>midodrine hcl</i>	1	
MINIPRESS	3	MO
<i>minoxidil oral</i>	1	MO
<i>moexipril hcl</i>	1	MO
MULTAQ	2	QL (60 per 30 days); MO
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	MO
<i>nebivolol hcl</i>	1	MO
<i>niacin (antihyperlipidemic)</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>niacin er (antihyperlipidemic)</i>	1	MO
NIACOR	1	
<i>nicardipine hcl intravenous</i>	1	
<i>nicardipine hcl oral</i>	1	MO
<i>nifedipine er</i>	1	MO
<i>nifedipine er osmotic release</i>	1	MO
<i>nifedipine oral</i>	1	PA; MO
<i>nimodipine oral</i>	1	
<i>nisoldipine er</i>	1	MO
NITRO-BID	2	MO
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	3	MO
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	3	MO; S
<i>nitroglycerin intravenous</i>	2	B/D PA
<i>nitroglycerin sublingual</i>	1	MO
<i>nitroglycerin transdermal patch 24 hour</i>	1	MO
<i>nitroglycerin translingual solution</i>	1	MO
NITROSTAT	3	MO
NORPACE	3	PA; MO
NORPACE CR	3	PA; MO
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	1	QL (30 per 30 days); MO
<i>olmesartan medoxomil oral tablet 5 mg</i>	1	QL (60 per 30 days); MO
<i>olmesartan medoxomil-hctz</i>	1	QL (30 per 30 days); MO
<i>olmesartan-amlodipine-hctz</i>	1	QL (30 per 30 days); MO
<i>omega-3-acid ethyl esters</i>	1	MO
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	1	MO
<i>perindopril erbumine</i>	1	MO
<i>phenoxybenzamine hcl oral</i>	3	S
<i>pindolol</i>	1	MO

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
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
<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

Drug Name	Drug Tier	Requirements /Limits
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg</i>	1	MO
<i>sotalol hcl oral tablet 80 mg</i>	1	MO
<i>spironolactone oral tablet 100 mg, 50 mg</i>	1	MO
<i>spironolactone oral tablet 25 mg</i>	1	MO
<i>spironolactone-hctz</i>	1	MO
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
TENORETIC 100	3	MO
TENORETIC 50	3	MO
TENORMIN ORAL TABLET 100 MG, 50 MG	3	MO
<i>terazosin hcl oral</i>	1	MO
TIADYL ER	1	MO
TIAZAC	3	MO
TIKOSYN	3	
<i>timolol maleate oral</i>	1	MO
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG	3	MO
<i>torseamide oral</i>	1	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil hcl er</i>	1	MO
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	MO

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>triamterene-hctz oral tablet</i>	1	MO
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG	3	QL (30 per 30 days); MO
TRILIPIX	3	MO
<i>valsartan oral tablet 160 mg</i>	1	QL (60 per 30 days); MO
<i>valsartan oral tablet 320 mg</i>	1	QL (30 per 30 days); MO
<i>valsartan oral tablet 40 mg, 80 mg</i>	1	QL (90 per 30 days); MO
<i>valsartan-hydrochlorothiazide</i>	1	QL (30 per 30 days); MO
VASCEPA	3	MO
VASERETIC	3	MO
VASOTEC ORAL TABLET 2.5 MG	3	MO
VECAMYL	3	MO
<i>verapamil hcl er oral capsule extended release 24 hour</i>	1	MO
<i>verapamil hcl er oral tablet extended release 120 mg</i>	1	MO
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	1	MO
<i>verapamil hcl intravenous</i>	1	
<i>verapamil hcl oral</i>	1	MO
VERELAN	3	MO
VERELAN PM	3	MO
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		

Drug Name	Drug Tier	Requirements /Limits
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	3	QL (2.4 per 56 days); S
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	3	QL (3.2 per 56 days); S
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	3	QL (1 per 28 days); MO; S
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3	QL (1 per 28 days); MO; S
<i>acamprosate calcium</i>	1	MO
ADDERALL ORAL TABLET 5 MG, 7.5 MG	3	PA; QL (90 per 30 days); MO
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA; QL (1 per 28 days); MO
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	2	PA; QL (2 per 28 days); MO
<i>almotriptan malate</i>	1	QL (9 per 30 days)
<i>alprazolam er</i>	1	QL (90 per 30 days)
ALPRAZOLAM INTENSOL	2	QL (300 per 30 days)
<i>alprazolam oral</i>	1	QL (90 per 30 days)
<i>alprazolam xr</i>	1	QL (90 per 30 days)
<i>amantadine hcl oral capsule</i>	1	MO
<i>amantadine hcl oral solution</i>	1	MO
<i>amantadine hcl oral tablet</i>	1	MO
<i>amitriptyline hcl oral</i>	1	MO
<i>amoxapine</i>	1	PA; MO
<i>amphetamine sulfate oral tablet 10 mg</i>	3	PA; QL (180 per 30 days); MO
<i>amphetamine sulfate oral tablet 5 mg</i>	3	PA; QL (90 per 30 days); MO

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>amphetamine-dextroamphetamine</i>	1	PA; QL (30 per 30 days); MO
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	1	PA; QL (90 per 30 days); MO
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	1	PA; QL (60 per 30 days); MO
<i>apomorphine hcl subcutaneous</i>	3	PA; QL (60 per 30 days); S
APTIOM	3	ST; MO; S
ARICEPT ORAL TABLET 23 MG	3	ST; QL (30 per 30 days); MO
ARICEPT ORAL TABLET 5 MG	3	QL (30 per 30 days); MO
<i>aripiprazole oral solution</i>	1	QL (900 per 30 days); MO
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	1	MO
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	1	QL (30 per 30 days); MO
<i>aripiprazole oral tablet dispersible 10 mg</i>	3	QL (90 per 30 days); MO
<i>aripiprazole oral tablet dispersible 15 mg</i>	3	QL (60 per 30 days); MO
ARISTADA INITIO	3	QL (4.8 per 365 days); S
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	3	QL (3.9 per 60 days); MO; S
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	3	QL (1.6 per 28 days); MO; S
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	3	QL (2.4 per 28 days); MO; S
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	3	QL (3.2 per 28 days); MO; S
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	1	PA; QL (30 per 30 days); MO
<i>armodafinil oral tablet 50 mg</i>	1	PA; QL (60 per 30 days); MO

Drug Name	Drug Tier	Requirements /Limits
<i>asenapine maleate sublingual tablet sublingual 10 mg</i>	3	QL (60 per 30 days); MO
<i>asenapine maleate sublingual tablet sublingual 2.5 mg</i>	1	QL (240 per 30 days); MO
<i>asenapine maleate sublingual tablet sublingual 5 mg</i>	1	QL (120 per 30 days); MO
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL (60 per 30 days); MO
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	1	QL (30 per 30 days); MO
AUBAGIO	3	PA; QL (30 per 30 days); LA; S
AUVELITY	3	PA; QL (60 per 30 days); MO; S
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	3	PA; QL (4 per 28 days); S
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	3	PA; QL (4 per 28 days); S
AZILECT ORAL TABLET 0.5 MG	3	MO; S
BAC	1	PA; QL (180 per 30 days)
<i>baclofen oral tablet 10 mg, 5 mg</i>	1	QL (90 per 30 days)
<i>baclofen oral tablet 20 mg</i>	1	QL (120 per 30 days)
BELSOMRA	3	QL (30 per 30 days)
<i>benztropine mesylate injection</i>	1	PA
<i>benztropine mesylate oral</i>	1	PA; MO
BETASERON SUBCUTANEOUS KIT	3	PA; QL (15 per 30 days); S
BOTOX	3	PA
BRIVIACT INTRAVENOUS	3	
BRIVIACT ORAL SOLUTION	3	QL (600 per 30 days); MO; S

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

Drug Name	Drug Tier	Requirements /Limits
BRIVIACT ORAL TABLET	3	QL (60 per 30 days); MO; S
<i>bromocriptine mesylate oral</i>	1	MO
<i>buprenorphine hcl injection</i>	1	QL (90 per 30 days)
<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 (360 per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	1	QL (180 per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	1	QL (90 per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	1	QL (360 per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	1	QL (90 per 30 days)
<i>bupropion hcl er (smoking det)</i>	1	QL (60 per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	1	QL (120 per 30 days); MO
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	1	QL (60 per 30 days); MO
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	1	QL (90 per 30 days); MO
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	1	QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements /Limits
<i>bupropion hcl oral tablet 100 mg</i>	1	QL (135 per 30 days); MO
<i>bupropion hcl oral tablet 75 mg</i>	1	QL (180 per 30 days); MO
<i>buspirone hcl oral</i>	1	
<i>butalbital-apap-cafeine oral capsule</i>	1	PA; QL (180 per 30 days)
<i>butalbital-apap-cafeine oral tablet 50-325-40 mg</i>	1	PA; QL (180 per 30 days)
<i>butalbital-aspirin-cafeine oral capsule</i>	1	PA; QL (180 per 30 days)
CAPLYTA	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
<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

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>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)
<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)

Drug Name	Drug Tier	Requirements /Limits
<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
<i>desvenlafaxine er</i>	3	QL (30 per 30 days); MO
<i>desvenlafaxine succinate er</i>	1	MO
<i>dexmethylphenidate hcl</i>	1	QL (60 per 30 days); MO
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	2	QL (30 per 30 days); MO
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i>	1	QL (60 per 30 days); MO
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	1	QL (120 per 30 days); MO

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Drug Name	Drug Tier	Requirements /Limits
<i>dextroamphetamine sulfate oral solution</i>	1	QL (1920 per 30 days); MO
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	1	QL (180 per 30 days); MO
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	1	QL (90 per 30 days); MO
DIACOMIT ORAL CAPSULE 250 MG	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	
DIASTAT PEDIATRIC	3	
<i>diazepam injection solution 5 mg/ml</i>	1	
DIAZEPAM INTENSOL	1	QL (240 per 30 days)
<i>diazepam oral concentrate</i>	1	QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	1	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg</i>	1	QL (120 per 30 days)
<i>diazepam oral tablet 2 mg</i>	1	QL (600 per 30 days)
<i>diazepam oral tablet 5 mg</i>	1	QL (240 per 30 days)
<i>diazepam rectal</i>	1	
<i>dihydroergotamine mesylate injection</i>	3	PA; S
<i>dihydroergotamine mesylate nasal</i>	3	QL (8 per 28 days); S
DILANTIN	3	MO
DILANTIN INFATABS	3	MO
<i>disulfiram oral</i>	1	MO
<i>divalproex sodium er oral tablet extended release 24 hour</i>	1	MO

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

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

Drug Name	Drug Tier	Requirements /Limits
EPIDIOLEX	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-cafeine</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
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

Drug Name	Drug Tier	Requirements /Limits
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
<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

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

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
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	GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	3	PA; QL (30 per 30 days); S
<i>frovatriptan succinate</i>	1	QL (12 per 30 days)	GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	3	PA; QL (12 per 28 days); S
FYCOMPA ORAL SUSPENSION	3	QL (720 per 30 days); MO; S	<i>guanfacine hcl er</i>	1	PA; QL (30 per 30 days); MO
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	3	QL (30 per 30 days); MO; S	<i>haloperidol decanoate intramuscular</i>	1	
FYCOMPA ORAL TABLET 2 MG	3	QL (30 per 30 days); MO	<i>haloperidol lactate injection</i>	1	
<i>gabapentin oral capsule 100 mg</i>	1	QL (1080 per 30 days); MO	<i>haloperidol lactate oral</i>	1	MO
<i>gabapentin oral capsule 300 mg</i>	1	QL (360 per 30 days); MO	<i>haloperidol oral</i>	1	MO
<i>gabapentin oral capsule 400 mg</i>	1	QL (270 per 30 days); MO	<i>imipramine hcl oral</i>	1	PA; MO
<i>gabapentin oral solution</i>	1	QL (2160 per 30 days); MO	<i>imipramine pamoate oral capsule 125 mg, 150 mg</i>	1	PA; MO
<i>gabapentin oral tablet 600 mg</i>	1	QL (180 per 30 days); MO	IMITREX NASAL SOLUTION 5 MG/ACT	3	
<i>gabapentin oral tablet 800 mg</i>	1	QL (120 per 30 days); MO	IMITREX ORAL TABLET 25 MG	3	QL (9 per 30 days)
GABITRIL ORAL TABLET 12 MG	3	MO; S	IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML	3	QL (6 per 30 days)
GABITRIL ORAL TABLET 16 MG, 2 MG, 4 MG	3	MO	IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML	3	QL (6 per 30 days)
<i>galantamine hydrobromide er</i>	1	QL (30 per 30 days); MO	INGREZZA ORAL CAPSULE 40 MG	3	PA; QL (60 per 30 days); S
<i>galantamine hydrobromide oral solution</i>	1	QL (200 per 30 days); MO	INGREZZA ORAL CAPSULE 60 MG, 80 MG	3	PA; QL (30 per 30 days); S
<i>galantamine hydrobromide oral tablet</i>	1	QL (60 per 30 days); MO	INGREZZA ORAL CAPSULE THERAPY PACK	3	PA; QL (56 per 365 days); S
GILENYA ORAL CAPSULE 0.25 MG	3	PA; QL (30 per 30 days); S	INTUNIV	3	PA; QL (30 per 30 days); MO
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	3	PA; QL (30 per 30 days); S	INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	3	QL (3.5 per 180 days); S
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	3	PA; QL (12 per 28 days); S	INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	3	QL (5 per 180 days); S

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

Drug Name	Drug Tier	Requirements /Limits
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	3	QL (0.75 per 28 days); S
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	3	QL (1 per 28 days); S
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	3	QL (1.5 per 28 days); S
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	3	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	3	QL (0.5 per 28 days); S
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	3	QL (0.88 per 84 days); S
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	3	QL (1.32 per 84 days); S
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	3	QL (1.75 per 84 days); S
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	3	QL (2.63 per 84 days); S
KESIMPTA	3	PA; QL (1.2 per 30 days); S
<i>lacosamide intravenous</i>	3	QL (1200 per 30 days); S
<i>lacosamide oral solution</i>	3	QL (1200 per 30 days); MO
<i>lacosamide oral tablet</i>	3	QL (60 per 30 days); MO

Drug Name	Drug Tier	Requirements /Limits
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 25 MG, 50 MG	3	MO
LAMICTAL ODT ORAL TABLET DISPERSIBLE 200 MG	3	MO; S
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	3	MO
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG	3	
LAMICTAL XR ORAL KIT 50 & 100 & 200 MG	3	S
<i>lamotrigine er</i>	3	MO
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet chewable</i>	1	MO
<i>lamotrigine oral tablet dispersible</i>	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 carbonate er</i>	1	MO
<i>lithium carbonate oral capsule 150 mg, 300 mg</i>	1	MO
<i>lithium carbonate oral capsule 600 mg</i>	1	MO
<i>lithium carbonate oral tablet</i>	1	MO
<i>lorazepam injection</i>	1	
LORAZEPAM INTENSOL	1	QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	1	QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
lorazepam oral tablet 2 mg	1	QL (150 per 30 days)
loxapine succinate oral	1	MO
lurasidone hcl oral tablet 120 mg	3	QL (30 per 30 days); MO; S
lurasidone hcl oral tablet 20 mg, 40 mg, 60 mg	3	QL (30 per 30 days); MO
lurasidone hcl oral tablet 80 mg	3	QL (60 per 30 days); MO
LYBALVI	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
memantine hcl er	1	PA; QL (30 per 30 days); MO
memantine hcl oral solution 2 mg/ml	1	PA; QL (300 per 30 days); MO
memantine hcl oral tablet 10 mg	1	PA; QL (60 per 30 days); MO
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	1	PA; QL (60 per 30 days)
memantine hcl oral tablet 5 mg	1	PA; QL (90 per 30 days); MO
meprobamate	1	PA
methocarbamol oral tablet 500 mg, 750 mg	1	
methsuximide	3	MO
METHYLIN ORAL SOLUTION 10 MG/5ML	3	PA; QL (900 per 30 days); MO
METHYLIN ORAL SOLUTION 5 MG/5ML	3	PA; QL (1800 per 30 days); MO
methylphenidate hcl er (cd)	1	PA; QL (30 per 30 days); MO
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 60 mg	1	PA; QL (30 per 30 days); MO
methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg	1	PA; QL (60 per 30 days); MO

Drug Name	Drug Tier	Requirements /Limits
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 45 mg, 54 mg, 63 mg	1	PA; QL (30 per 30 days); MO
methylphenidate hcl er (osm) oral tablet extended release 36 mg	1	PA; QL (60 per 30 days); MO
methylphenidate hcl er oral tablet extended release	1	PA; QL (90 per 30 days); MO
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg	1	PA; QL (30 per 30 days); MO
methylphenidate hcl er oral tablet extended release 24 hour 36 mg	1	PA; QL (60 per 30 days); MO
methylphenidate hcl oral solution 10 mg/5ml	1	PA; QL (900 per 30 days); MO
methylphenidate hcl oral solution 5 mg/5ml	1	PA; QL (1800 per 30 days); MO
methylphenidate hcl oral tablet	1	PA; QL (90 per 30 days); MO
midazolam hcl oral	1	
MIGERGOT	3	S
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1.5 MG, 3 MG, 3.75 MG	3	MO
mirtazapine oral tablet 15 mg, 30 mg, 7.5 mg	1	MO
mirtazapine oral tablet 45 mg	1	QL (30 per 30 days); MO
mirtazapine oral tablet dispersible	1	QL (30 per 30 days); MO
modafinil oral tablet 100 mg	1	PA; QL (30 per 30 days); MO
modafinil oral tablet 200 mg	1	PA; QL (60 per 30 days); MO
molindone hcl	1	MO
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1	
naloxone hcl injection solution cartridge	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>naloxone hcl injection solution prefilled syringe</i>	1	
<i>naloxone hcl nasal</i>	2	
<i>naltrexone hcl oral</i>	1	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	3	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	MO
<i>naratriptan hcl</i>	1	QL (9 per 30 days)
NARCAN	2	
NAYZILAM	3	
<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
<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

Drug Name	Drug Tier	Requirements /Limits
<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
<i>paroxetine hcl oral tablet 30 mg</i>	1	QL (60 per 30 days); MO
<i>paroxetine hcl oral tablet 40 mg</i>	1	QL (45 per 30 days); MO

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
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	RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	1	PA; QL (30 per 30 days); MO
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	MO	RELPAK	3	QL (9 per 30 days)
<i>pregabalin oral capsule 200 mg</i>	1	QL (90 per 30 days); MO			

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Drug Name	Drug Tier	Requirements /Limits
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
<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

Drug Name	Drug Tier	Requirements /Limits
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
RUZURGI	3	PA; QL (300 per 30 days); 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
<i>sertraline hcl oral tablet 25 mg</i>	1	QL (240 per 30 days); MO

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Drug Name	Drug Tier	Requirements /Limits
<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
<i>tasimelteon</i>	3	PA; QL (30 per 30 days); S
TECFIDERA ORAL	3	PA; LA; S

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

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>trihexyphenidyl hcl oral tablet</i>	1	MO	<i>varenicline tartrate (starter)</i>	3	PA
TRILEPTAL ORAL SUSPENSION	3	MO	<i>varenicline tartrate oral tablet 0.5 mg</i>	3	PA; QL (60 per 30 days)
TRILEPTAL ORAL TABLET 150 MG, 300 MG	3	MO	<i>varenicline tartrate oral tablet 1 mg</i>	3	PA; QL (56 per 28 days)
<i>trimipramine maleate oral</i>	1	MO	<i>varenicline tartrate oral tablet therapy pack</i>	3	PA
TRINTELLIX	3	QL (30 per 30 days); MO	<i>venlafaxine besylate er</i>	3	QL (60 per 30 days); MO
TYSABRI	3	PA; LA; S	<i>venlafaxine hcl</i>	1	QL (90 per 30 days); MO
UBRELVY ORAL TABLET 100 MG	3	PA; QL (16 per 30 days); S	<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	1	QL (30 per 30 days); MO
UBRELVY ORAL TABLET 50 MG	3	PA; QL (20 per 30 days); S	<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg</i>	1	QL (180 per 30 days); MO
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	3	QL (0.28 per 30 days); S	<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	1	QL (90 per 30 days); MO
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	3	QL (0.35 per 30 days); S	<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>	1	QL (30 per 30 days); MO
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	3	QL (0.42 per 60 days); S	VERSACLOZ	3	QL (600 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	3	QL (0.56 per 60 days); S	<i>vigabatrin</i>	3	PA; QL (180 per 30 days); LA; S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	3	QL (0.7 per 60 days); S	VIGADRONE ORAL PACKET	3	PA; QL (180 per 30 days); LA; S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	3	QL (0.14 per 30 days); S	VIGADRONE ORAL TABLET	3	PA; QL (180 per 30 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	3	QL (0.21 per 30 days); S	VIIBRYD ORAL TABLET	3	ST; QL (30 per 30 days); MO
<i>valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml</i>	1		VIIBRYD STARTER PACK	3	ST
<i>valproic acid oral capsule</i>	1	MO	<i>vilazodone hcl</i>	3	ST; QL (30 per 30 days); MO
<i>valproic acid oral solution</i>	1	MO	VIMPAT ORAL TABLET 50 MG	3	MO
VALTOCO 10 MG DOSE	3		VRAYLAR ORAL CAPSULE	3	QL (30 per 30 days); MO; S
VALTOCO 15 MG DOSE	3		VRAYLAR ORAL CAPSULE THERAPY PACK	3	
VALTOCO 20 MG DOSE	3		VUMERITY	3	PA; QL (120 per 30 days); LA; S
VALTOCO 5 MG DOSE	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
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 X200 MG, 14 X 50 MG & 14 X100 MG	3	QL (56 per 365 days); S
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT	2	PA
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT	3	PA
XYREM	3	PA; QL (540 per 30 days); LA; S
<i>zaleplon oral capsule 10 mg</i>	1	QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	1	QL (30 per 30 days)
ZANAFLEX	3	
ZARONTIN	3	MO
ZEBUTAL ORAL CAPSULE 50-325-40 MG	1	PA; QL (180 per 30 days)
<i>ziprasidone hcl oral capsule 20 mg</i>	1	QL (240 per 30 days); MO

Drug Name	Drug Tier	Requirements /Limits
<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
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	
<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	

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>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)
AVITA EXTERNAL CREAM	1	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)
<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	

Drug Name	Drug Tier	Requirements /Limits
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)
<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)

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Effective 1/1/2024

Drug Name	Drug Tier	Requirements /Limits
<i>clocortolone pivalate</i>	1	
CLODAN 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	
<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)

Drug Name	Drug Tier	Requirements /Limits
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)
<i>fluocinonide emulsified base</i>	1	QL (240 per 30 days)
<i>fluocinonide external cream 0.05 %</i>	1	QL (240 per 30 days)
<i>fluocinonide external cream 0.1 %</i>	1	QL (120 per 30 days)
<i>fluocinonide external gel</i>	1	QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
fluocinonide external ointment	1	QL (240 per 30 days)
fluocinonide external solution	1	QL (240 per 30 days)
fluorouracil external cream 5 %	1	
fluorouracil external solution	1	
flurandrenolide	3	
fluticasone propionate external	1	
gentamicin sulfate external	1	QL (30 per 30 days)
halobetasol propionate external cream	1	
halobetasol propionate external ointment	1	
HALOG EXTERNAL OINTMENT	3	
hydrocortisone (perianal) external cream 1 %	1	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone butyr lipo base	1	
hydrocortisone butyrate external cream	1	
hydrocortisone butyrate external lotion	3	
hydrocortisone butyrate external ointment	1	
hydrocortisone butyrate external solution	1	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone valerate	1	
imiquimod external cream 5 %	1	

Drug Name	Drug Tier	Requirements /Limits
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 35 mg, 40 mg	1	
isotretinoin oral capsule 25 mg	3	S
JUST RIGHT 5000	1	MO
KENALOG EXTERNAL	3	
ketoconazole external cream	1	QL (120 per 30 days)
ketoconazole external foam	3	QL (100 per 30 days)
ketoconazole external shampoo 2 %	1	QL (120 per 30 days)
KETODAN EXTERNAL FOAM	3	QL (100 per 30 days)
KLARON	3	
lindane external shampoo	1	
LOCOID EXTERNAL LOTION	3	
LOCOID LIPOCREAM	3	
luliconazole	3	
LUXIQ	3	
LUZU	3	
mafenide acetate external	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)
mupirocin external	1	QL (120 per 30 days)
MYORISAN	1	
naftifine hcl external cream	1	
naftifine hcl external gel 1 %	1	
NATROBA	3	
NYAMYC	1	
nystatin external	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>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</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	
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)

Drug Name	Drug Tier	Requirements /Limits
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
TOPICORT EXTERNAL CREAM	3	QL (100 per 30 days)
TOPICORT EXTERNAL GEL	3	
TOPICORT EXTERNAL OINTMENT	3	
TOPICORT SPRAY	3	

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Drug Name	Drug Tier	Requirements /Limits
<i>tretinoin external cream</i>	1	PA; QL (45 per 30 days)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	1	PA; QL (45 per 30 days)
<i>tretinoin external gel 0.05 %</i>	3	PA; QL (45 per 30 days)
<i>tretinoin microsphere</i>	3	PA; QL (50 per 30 days)
<i>tretinoin microsphere pump external gel 0.04 %, 0.1 %</i>	3	PA; QL (50 per 30 days)
<i>triamcinolone acetonide external aerosol solution</i>	1	
<i>triamcinolone acetonide external cream</i>	1	QL (454 per 30 days)
<i>triamcinolone acetonide external lotion</i>	1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide mouth/throat</i>	1	
TRIDERM EXTERNAL CREAM	1	QL (454 per 30 days)
VALCHLOR	3	PA; LA; S
VECTICAL	3	QL (800 per 28 days)
ZENATANE	1	
ZIANA	3	PA
Electrolytes / Minerals / Metals / Vitamins		
<i>carglumic acid oral tablet soluble</i>	3	PA; LA; S
CARNITOR ORAL	3	B/D PA; MO
CARNITOR SF	3	B/D PA; MO
CLINIMIX E/DEXTROSE (2.75/5)	2	B/D PA
CLINIMIX E/DEXTROSE (4.25/10)	2	B/D PA
CLINIMIX E/DEXTROSE (4.25/5)	2	B/D PA
CLINIMIX E/DEXTROSE (5/15)	2	B/D PA
CLINIMIX E/DEXTROSE (5/20)	2	B/D PA
<i>clinimix e/dextrose (8/10)</i>	2	B/D PA

Drug Name	Drug Tier	Requirements /Limits
<i>clinimix e/dextrose (8/14)</i>	2	B/D PA
CLINIMIX/DEXTROSE (4.25/10)	2	B/D PA
CLINIMIX/DEXTROSE (4.25/5)	2	B/D PA
CLINIMIX/DEXTROSE (5/15)	2	B/D PA
CLINIMIX/DEXTROSE (5/20)	2	B/D PA
<i>clinimix/dextrose (6/5)</i>	2	B/D PA
<i>clinimix/dextrose (8/10)</i>	2	B/D PA
<i>clinimix/dextrose (8/14)</i>	2	B/D PA
CLINISOL SF	3	B/D PA
CLINOLIPID	1	B/D PA
<i>dextrose 5%/electrolyte #48</i>	2	
<i>dextrose in lactated ringers</i>	1	
<i>dextrose intravenous solution 10 %, 5 %, 50 %, 70 %</i>	1	
<i>dextrose intravenous solution 250 mg/ml</i>	2	
<i>dextrose-nacl intravenous solution 10-0.2 %</i>	2	
<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	
<i>dextrose-sodium chloride</i>	1	
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	1	MO
INTRALIPID INTRAVENOUS EMULSION 20 %	3	B/D PA
INTRALIPID INTRAVENOUS EMULSION 30 %	2	B/D PA
ISOLYTE-P IN D5W	2	
ISOLYTE-S	2	
ISOLYTE-S PH 7.4	2	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<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	
<i>potassium chloride crys er</i>	1	MO
<i>potassium chloride er</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<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
<i>sodium fluoride oral tablet chewable</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
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	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
AMARYL ORAL TABLET 4 MG	3	QL (60 per 30 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.

Effective 1/1/2024

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>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	1	QL (240 per 30 days); MO
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	1	QL (120 per 30 days); MO
<i>glipizide oral tablet 10 mg</i>	1	QL (120 per 30 days); MO
<i>glipizide oral tablet 5 mg</i>	1	QL (240 per 30 days); MO
<i>glipizide xl oral tablet extended release 24 hour 10 mg</i>	1	QL (60 per 30 days); MO
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i>	1	QL (240 per 30 days); MO
<i>glipizide xl oral tablet extended release 24 hour 5 mg</i>	1	QL (120 per 30 days); MO
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	1	QL (240 per 30 days); MO
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 per 30 days); MO
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY INJECTION KIT	2	
<i>glyburide micronized oral tablet 1.5 mg</i>	1	QL (240 per 30 days); MO
<i>glyburide micronized oral tablet 3 mg</i>	1	QL (120 per 30 days); MO
<i>glyburide micronized oral tablet 6 mg</i>	1	QL (60 per 30 days); MO
<i>glyburide oral tablet 1.25 mg</i>	1	QL (480 per 30 days); MO
<i>glyburide oral tablet 2.5 mg</i>	1	QL (240 per 30 days); MO
<i>glyburide oral tablet 5 mg</i>	1	QL (120 per 30 days); MO
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	1	QL (240 per 30 days); MO

Drug Name	Drug Tier	Requirements /Limits
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 per 30 days); MO
GLYNASE ORAL TABLET 1.5 MG	3	QL (240 per 30 days); MO
GLYNASE ORAL TABLET 3 MG	3	QL (120 per 30 days); MO
GLYNASE ORAL TABLET 6 MG	3	QL (60 per 30 days); MO
GLYXAMBI	2	QL (30 per 30 days); MO
HUMALOG INJECTION	2	MO
HUMALOG JUNIOR KWIKPEN	2	MO
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	MO
HUMALOG MIX 50/50	2	MO
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	MO
HUMALOG MIX 75/25	2	MO
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	MO
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	2	MO
HUMULIN 70/30	2	MO
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	MO
HUMULIN N	2	MO
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	MO
HUMULIN R	2	MO
HUMULIN R U-500 (CONCENTRATED)	3	PA; MO; S
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; MO; S
<i>ibandronate sodium intravenous</i>	1	B/D PA
<i>ibandronate sodium oral</i>	1	QL (1 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>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
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

Drug Name	Drug Tier	Requirements /Limits
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	MO
LEVEMIR FLEXTOUCH	2	MO
LOKELMA	2	MO
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>miglitol</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

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
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
<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

Drug Name	Drug Tier	Requirements /Limits
ROCALtrol ORAL CAPSULE 0.5 MCG	3	B/D PA; MO
ROCALtrol ORAL SOLUTION	3	B/D PA; MO
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 (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

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Drug Name	Drug Tier	Requirements /Limits
TOUJEO MAX SOLOSTAR	2	MO
TOUJEO SOLOSTAR	2	MO
TRADJENTA	2	QL (30 per 30 days); MO
TRESIBA	2	QL (30 per 30 days); MO
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	QL (30 per 30 days); MO
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	2	QL (18 per 30 days); MO
<i>trientine hcl</i>	3	S
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	2	QL (30 per 30 days); MO
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	2	QL (60 per 30 days); MO
TRULICITY	2	PA; QL (2 per 28 days); MO
TYMLOS	3	PA; QL (1.56 per 28 days); S
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

Drug Name	Drug Tier	Requirements /Limits
<i>zoledronic acid intravenous solution</i>	1	PA
Gastrointestinal Agents		
<i>alosetron hcl oral tablet 0.5 mg</i>	3	PA; QL (60 per 30 days); MO
<i>alosetron hcl oral tablet 1 mg</i>	3	PA; QL (60 per 30 days); MO; S
<i>aprepitant oral</i>	1	B/D PA; QL (15 per 30 days)
<i>aprepitant oral capsule 125 mg</i>	1	B/D PA; QL (5 per 30 days)
<i>aprepitant oral capsule 40 mg</i>	1	B/D PA; QL (1 per 28 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	1	B/D PA; QL (15 per 30 days)
<i>aprepitant oral capsule 80 mg</i>	1	B/D PA; QL (10 per 30 days)
<i>balsalazide disodium</i>	1	
<i>budesonide er oral tablet extended release 24 hour</i>	3	PA; S
<i>budesonide oral</i>	1	
<i>cimetidine hcl oral</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	

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 liquid	1	
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	

Drug Name	Drug Tier	Requirements /Limits
hyoscyamine sulfate oral tablet	1	MO
hyoscyamine sulfate oral tablet dispersible	1	MO
hyoscyamine sulfate sublingual	1	MO
lactulose encephalopathy	1	MO
lactulose oral solution	1	MO
lansoprazole oral capsule delayed release 15 mg	1	MO
lansoprazole oral capsule delayed release 30 mg	1	QL (30 per 30 days); MO
LINZESS	2	QL (30 per 30 days); MO
loperamide hcl oral capsule	1	
lubiprostone	1	QL (60 per 30 days); MO
meclizine hcl oral tablet 12.5 mg, 25 mg	1	
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)

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
MOVIPREP	3	
<i>na sulfate-k sulfate-mg sulf</i>	2	
<i>nizatidine oral capsule</i>	1	MO
<i>omeprazole oral capsule delayed release</i>	1	MO
<i>ondansetron</i>	1	B/D PA; QL (90 per 30 days)
<i>ondansetron hcl injection</i>	1	
<i>ondansetron hcl oral solution</i>	1	B/D PA; QL (450 per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B/D PA; QL (90 per 30 days)
<i>opium</i>	1	
<i>pantoprazole sodium intravenous</i>	1	
<i>pantoprazole sodium oral tablet delayed release</i>	1	MO
<i>peg 3350-kcl-na bicarb-nacl</i>	1	
<i>peg-3350/electrolytes</i>	1	
<i>peg-3350/electrolytes/ ascorbat</i>	1	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	1	
PLENVU	3	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>	1	
<i>prochlorperazine maleate oral</i>	1	MO
<i>promethazine hcl injection</i>	1	
<i>promethazine hcl oral</i>	1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	PA
PROMETHEGAN	1	PA
<i>rabeprazole sodium oral tablet delayed release</i>	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

Drug Name	Drug Tier	Requirements /Limits
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	3	PA; QL (12 per 30 days); S
ROWASA RECTAL	3	
SANCUSO	3	PA; QL (4 per 28 days); S
<i>scopolamine</i>	1	QL (10 per 28 days)
<i>sucralfate oral</i>	1	MO
<i>sulfasalazine oral</i>	1	MO
SUPREP BOWEL PREP KIT	2	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR	2	QL (10 per 28 days)
<i>trimethobenzamide hcl oral</i>	1	
URSO 250	3	MO
<i>ursodiol oral capsule 300 mg</i>	1	MO
<i>ursodiol oral tablet</i>	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		
<i>betaine</i>	3	LA; S
BUPHENYL ORAL POWDER 3 GM/TSP	3	PA; LA
CREON	2	MO
<i>cromolyn sodium oral</i>	1	MO
CYSTAGON	2	LA
FABRAZYME	3	PA; LA; S
GASTROCROM	3	MO
JAVYGTOR	3	PA; S
LUMIZYME	3	PA; LA; S
<i>miglustat</i>	3	PA; LA; S
NAGLAZYME	3	PA; LA; S
<i>nitisinone</i>	3	PA; S
PROLASTIN-C	3	PA; LA; S
RAVICTI	3	PA; QL (525 per 30 days); LA; S

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>sapropterin dihydrochloride oral packet</i>	3	PA; S
<i>sapropterin dihydrochloride oral tablet</i>	3	PA; S
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	3	PA; S
<i>sodium phenylbutyrate oral tablet</i>	3	PA; S
VIOKACE ORAL TABLET 10440-39150 UNIT	3	MO
VIOKACE ORAL TABLET 20880-78300 UNIT	3	MO; S
VPRIV	3	PA; S
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
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG	3	ST; QL (30 per 30 days); MO
<i>dutasteride oral</i>	1	QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements /Limits
<i>dutasteride-tamsulosin hcl</i>	1	QL (30 per 30 days); MO
ELMIRON	3	
<i>fesoterodine fumarate er</i>	2	QL (30 per 30 days); MO
<i>finasteride oral tablet 5 mg</i>	1	MO
<i>flavoxate hcl</i>	1	MO
GEMTESA	3	QL (30 per 30 days); MO
JALYN	3	QL (30 per 30 days); MO
<i>metronidazole vaginal</i>	1	
<i>miconazole 3 vaginal suppository</i>	1	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	3	QL (300 per 30 days); MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	QL (30 per 30 days); MO
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	1	QL (60 per 30 days); MO
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	1	QL (30 per 30 days); MO
<i>oxybutynin chloride oral syrup</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	

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

Drug Name	Drug Tier	Requirements /Limits
AYUNA	1	MO
AZURETTE	1	MO
BALZIVA	1	MO
BEYAZ	3	MO
BIJUVA	2	PA; MO
BLISOVI 24 FE	1	MO
BLISOVI FE 1.5/30	1	MO
BLISOVI FE 1/20	1	MO
<i>briellyn</i>	1	MO
<i>cabergoline</i>	1	
CAMILA	1	MO
CAMRESE	1	MO
CAMRESE LO	1	MO
CHARLOTTE 24 FE	1	MO
CHATEAL EQ	1	MO
CLIMARA PRO	2	PA; QL (4 per 28 days); MO
COMBIPATCH	2	PA; QL (8 per 28 days); MO
CRINONE	3	PA
CRYSELLE-28	1	MO
CYRED EQ	1	MO
<i>danazol oral</i>	1	
DASETTA 1/35	1	MO
DASETTA 7/7/7	1	MO
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

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

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Drug Name	Drug Tier	Requirements /Limits
<i>desmopressin acetate injection</i>	1	
<i>desmopressin acetate oral</i>	1	MO
<i>desmopressin acetate pf</i>	1	
<i>desmopressin acetate spray</i>	1	MO
<i>desogestrel-ethinyl estradiol</i>	1	MO
DEXAMETHASONE INTENSOL	2	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>dexamethasone oral tablet 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone oral tablet therapy pack</i>	1	
<i>dexamethasone sod phosphate pf injection solution</i>	1	
<i>dexamethasone sodium phosphate injection</i>	1	
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
ENPRESSE-28	1	MO
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	1	MO
ERRIN	1	MO
ESTARYLLA	1	MO

Drug Name	Drug Tier	Requirements /Limits
ESTRACE ORAL	3	MO
<i>estradiol oral</i>	1	MO
<i>estradiol transdermal gel</i>	2	PA; MO
<i>estradiol transdermal patch twice weekly</i>	1	PA; QL (8 per 28 days); MO
<i>estradiol transdermal patch weekly</i>	1	PA; QL (4 per 28 days); MO
<i>estradiol vaginal</i>	1	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet</i>	1	PA; MO
ESTRING	3	QL (1 per 90 days); MO
<i>ethynodiol diac-eth estradiol</i>	1	MO
<i>etonogestrel-ethinyl estradiol</i>	1	MO
EUTHYROX	1	MO
EVAMIST	2	PA; MO
FALMINA	1	MO
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
GENERESS FE	3	MO
GENOTROPIN MINIUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG	3	PA
GENOTROPIN MINIUICK SUBCUTANEOUS PREFILLED SYRINGE 0.4 MG, 0.6 MG, 0.8 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	3	PA; S
GENOTROPIN MINIUICK SUBCUTANEOUS PREFILLED SYRINGE 1 MG	3	PA; 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
GENOTROPIN SUBCUTANEOUS CARTRIDGE	3	PA; S
HAILEY 1.5/30	1	MO
HAILEY 24 FE	1	MO
HAILEY FE 1.5/30	1	MO
HAILEY FE 1/20	1	MO
HALOETTE	1	MO
HEATHER	1	MO
HIDEX 6-DAY	1	
HUMATROPE INJECTION CARTRIDGE	3	PA; S
ICLEVIA	1	MO
IMVEXXY MAINTENANCE PACK	2	QL (18 per 28 days); MO
IMVEXXY STARTER PACK	2	QL (18 per 28 days); MO
INCASSIA	1	MO
INCRELEX	3	PA; LA; S
INTROVALE	1	MO
ISIBLOOM	1	MO
JAIMIESS	1	MO
JASMIEL	1	MO
JENCYCLA	1	MO
JINTELI	1	PA; MO
JOLESSA	1	MO
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	
lanreotide acetate	3	PA; S

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

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Drug Name	Drug Tier	Requirements /Limits
LUTERA	1	MO
LYLEQ	1	MO
LYZA	1	MO
<i>marlissa</i>	1	MO
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
<i>medroxyprogesterone acetate intramuscular</i>	1	
<i>medroxyprogesterone acetate oral</i>	1	MO
MENEST	3	PA; MO
<i>methimazole oral</i>	1	MO
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	1	
<i>methylprednisolone oral</i>	1	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg</i>	1	
MIBELAS 24 FE	1	MO
MICROGESTIN 1.5/30	1	MO
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

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

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
octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml	3	PA
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml	1	PA
octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml	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
oxandrolone oral tablet 10 mg	1	PA; QL (60 per 30 days)
oxandrolone oral tablet 2.5 mg	1	PA; QL (240 per 30 days)
PARAGARD INTRAUTERINE COPPER	2	
PHILITH	1	MO
PIMTREA	1	MO
PIRMELLA 1/35	1	MO
PIRMELLA 7/7/7	1	MO
PORTIA-28	1	MO
prednicarbate external ointment	1	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1	
prednisolone sodium phosphate oral tablet dispersible	1	
PREDNISONE INTENSOL	2	
prednisone oral solution	1	

Drug Name	Drug Tier	Requirements /Limits
prednisone oral tablet 1 mg	1	
prednisone oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	
prednisone oral tablet therapy pack 10 mg (21), 5 mg (21)	1	
prednisone oral tablet therapy pack 10 mg (48), 5 mg (48)	1	
PREMARIN ORAL	2	PA; MO
PREMARIN VAGINAL	2	MO
PREMPHASE	2	PA; MO
PREMPRO	2	PA; MO
progesterone oral	1	MO
PROMETRIUM ORAL CAPSULE 200 MG	3	MO
propylthiouracil oral	1	MO
PROVERA ORAL TABLET 10 MG, 2.5 MG	3	MO
QUARTETTE	3	MO
raloxifene hcl	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

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Drug Name	Drug Tier	Requirements /Limits
SPRINTEC 28	1	MO
SRONYX	1	MO
SYEDA	1	MO
SYNAREL	3	PA; S
SYNTHROID	2	MO
TAPERDEX 6-DAY	1	
TARINA 24 FE	1	MO
TARINA FE 1/20 EQ	1	MO
testosterone cypionate intramuscular solution 100 mg/ml, 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

Drug Name	Drug Tier	Requirements /Limits
TRI-LEGEST FE	1	MO
TRI-LINYAH	1	MO
TRI-LO-ESTARYLLA	1	MO
TRI-LO-MARZIA	1	MO
TRI-LO-MILI	1	MO
TRI-LO-SPRINTEC	1	MO
TRI-MILI	1	MO
TRI-NYMYO	1	MO
TRI-SPRINTEC	1	MO
TRI-VYLIBRA	1	MO
TRI-VYLIBRA LO	1	MO
triamcinolone acetonide injection suspension 40 mg/ml	1	
TRIVORA (28)	1	MO
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

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
Immunological Agents		
ABRYVO	2	
ACTHIB	2	
ACTIMMUNE	3	PA; LA; S
ADACEL	2	
ARAVA ORAL TABLET 10 MG	3	QL (30 per 30 days); MO; S
ARCALYST	3	PA; S
AREXVY	2	
azathioprine oral tablet 50 mg	1	B/D PA
bcg vaccine injection solution reconstituted	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
cyclosporine intravenous	1	B/D PA
cyclosporine modified	1	B/D PA
cyclosporine oral capsule	1	B/D PA
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	2	
diphtheria-tetanus toxoids dt	2	
ENBREL MINI	3	PA; QL (8 per 28 days); S

Drug Name	Drug Tier	Requirements /Limits
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	3	PA; QL (4 per 28 days); S
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	3	PA; QL (4.08 per 28 days); S
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	3	PA; QL (8 per 28 days); S
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; QL (8 per 28 days); S
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (8 per 28 days); S
ENGRIX-B INJECTION SUSPENSION 20 MCG/ML	2	B/D PA
ENGRIX-B INJECTION SUSPENSION PREFILLED SYRINGE	2	B/D PA
ENVARSUS XR	3	B/D PA
everolimus oral tablet 0.25 mg	1	B/D PA
everolimus oral tablet 0.5 mg, 0.75 mg	3	B/D PA
everolimus oral tablet 1 mg	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 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

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 PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	3	PA; QL (4 per 28 days); S
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	3	PA; QL (2 per 28 days); S
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	3	PA; QL (12 per 365 days); S
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	3	PA; QL (6 per 365 days); S
HUMIRA PEN-PEDIATRIC UC START	3	PA; QL (8 per 365 days); S
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	3	PA; QL (8 per 365 days); S
HUMIRA PEN-PSOR/UEIT STARTER	3	PA; QL (6 per 365 days); S
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	3	PA; QL (2 per 28 days); S
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	3	PA; QL (4 per 28 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
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT	2	B/D PA

Drug Name	Drug Tier	Requirements /Limits
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 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
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG	3	B/D PA
NULOJIX	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
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
PENTACEL	2	
<i>prehevbrio</i>	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	
ROTATEQ ORAL SOLUTION	2	
SANDIMMUNE ORAL SOLUTION	3	B/D PA

Drug Name	Drug Tier	Requirements /Limits
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	
VARIZIG INTRAMUSCULAR SOLUTION	2	
XATMEP	3	ST
YF-VAX	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
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	
<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	
<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	

Drug Name	Drug Tier	Requirements /Limits
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	
BARACLUDE 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
<i>cabenuva intramuscular suspension extended release 400 & 600 mg/2ml</i>	3	QL (4 per 28 days); S
<i>cabenuva intramuscular suspension extended release 600 & 900 mg/3ml</i>	3	QL (6 per 28 days); S
<i>cefaclor</i>	1	
<i>cefaclor er</i>	2	
<i>cefadroxil</i>	1	

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 500 mg	1		ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	1	
cefazolin sodium injection solution reconstituted 100 gm, 300 gm	2		ceftriaxone sodium injection solution reconstituted 100 gm	2	
cefazolin sodium intravenous solution reconstituted 1 gm	1		ceftriaxone sodium intravenous	1	
cefazolin sodium intravenous solution reconstituted 2 gm, 3 gm	2		ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)	2	
cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%	2		cefuroxime axetil oral tablet 250 mg	1	
cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml)	2		cefuroxime axetil oral tablet 500 mg	1	
cefdinir	1		cefuroxime sodium injection solution reconstituted 750 mg	1	
cefepime hcl injection solution reconstituted 1 gm	1		cefuroxime sodium intravenous solution reconstituted 1.5 gm	1	
cefepime hcl intravenous solution	2		cephalexin oral capsule 250 mg, 500 mg	1	
cefepime hcl intravenous solution reconstituted 100 gm	2		cephalexin oral capsule 750 mg	1	
cefepime hcl intravenous solution reconstituted 2 gm	1		cephalexin oral suspension reconstituted 125 mg/5ml	1	
cefixime	1		cephalexin oral suspension reconstituted 250 mg/5ml	1	
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	1		cephalexin oral tablet	1	
cefoxitin sodium intravenous	1		chloroquine phosphate oral	1	MO
cefpodoxime proxetil	1		cidofovir intravenous	1	B/D PA
cefprozil	1		CIMDUO	3	QL (30 per 30 days); S
ceftazidime injection solution reconstituted 1 gm, 6 gm	1		CIPRO ORAL SUSPENSION RECONSTITUTED	3	
ceftazidime intravenous	1		ciprofloxacin hcl oral tablet 100 mg, 750 mg	1	
ceftriaxone sodium in dextrose	1		ciprofloxacin hcl oral tablet 250 mg, 500 mg	1	
			ciprofloxacin in d5w	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>clarithromycin er</i>	1	
<i>clarithromycin oral</i>	1	
CLEOCIN ORAL CAPSULE 300 MG, 75 MG	3	
CLEOCIN ORAL SOLUTION RECONSTITUTED	3	
CLEOCIN PHOSPHATE INJECTION SOLUTION 900 MG/6ML	3	
<i>clindamycin hcl oral</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<i>clindamycin phosphate in d5w</i>	1	
<i>clindamycin phosphate injection solution 300 mg/ 2ml, 600 mg/4ml, 9 gm/ 60ml, 9000 mg/60ml</i>	1	
<i>clindamycin phosphate injection solution 900 mg/ 6ml</i>	3	
COARTEM	3	
<i>colistimethate sodium (cba)</i>	1	
COMPLERA	3	QL (30 per 30 days); S
<i>dapsone oral</i>	1	MO
<i>daptomycin intravenous solution reconstituted 500 mg</i>	3	S
<i>darunavir</i>	3	QL (60 per 30 days); S
DELSTRIGO	3	QL (30 per 30 days); S
<i>demeclocycline hcl oral</i>	1	
DESCOVY	3	QL (30 per 30 days); S
<i>dicloxacillin sodium</i>	1	
DIFICID	3	PA; S
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	3	
DIFLUCAN ORAL TABLET 100 MG, 50 MG	3	

Drug Name	Drug Tier	Requirements /Limits
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)
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

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Effective 1/1/2024

Drug Name	Drug Tier	Requirements /Limits
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
<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	

Drug Name	Drug Tier	Requirements /Limits
<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
ISENTRESS ORAL PACKET	3	QL (180 per 30 days); S
ISENTRESS ORAL TABLET	3	QL (120 per 30 days); S
ISENTRESS ORAL TABLET CHEWABLE 100 MG	3	QL (180 per 30 days)

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
ISENRESS ORAL TABLET CHEWABLE 25 MG	2	QL (720 per 30 days)
<i>isoniazid injection</i>	1	
<i>isoniazid oral syrup</i>	1	MO
<i>isoniazid oral tablet</i>	1	MO
<i>itraconazole oral capsule</i>	1	PA
<i>ivermectin oral</i>	1	PA
JULUCA	3	QL (30 per 30 days); S
KALETRA ORAL TABLET 100-25 MG	3	QL (300 per 30 days)
<i>ketoconazole oral</i>	1	
<i>lamivudine oral solution</i>	1	QL (960 per 30 days)
<i>lamivudine oral tablet 100 mg</i>	1	
<i>lamivudine oral tablet 150 mg</i>	1	QL (60 per 30 days)
<i>lamivudine oral tablet 300 mg</i>	1	QL (30 per 30 days)
<i>lamivudine-zidovudine</i>	1	QL (60 per 30 days)
<i>ledipasvir-sofosbuvir</i>	3	PA; QL (28 per 28 days); S
<i>levofloxacin in d5w</i>	1	
<i>levofloxacin intravenous</i>	1	
<i>levofloxacin oral solution</i>	1	
<i>levofloxacin oral tablet</i>	1	
LEXIVA ORAL SUSPENSION	3	QL (1800 per 30 days)
LINCOCIN	3	
<i>lincomycin hcl injection</i>	1	
<i>linezolid in sodium chloride</i>	3	
<i>linezolid intravenous solution 600 mg/300ml</i>	1	
<i>linezolid oral suspension reconstituted</i>	3	PA; QL (1800 per 30 days); S
<i>linezolid oral tablet</i>	3	PA; QL (56 per 28 days)
<i>lopinavir-ritonavir oral solution</i>	1	QL (480 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	3	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	3	QL (120 per 30 days)
MACRODANTIN	3	
MALARONE	3	
<i>maraviroc</i>	3	QL (120 per 30 days); S
MAVYRET ORAL PACKET	3	PA; QL (180 per 30 days); S
MAVYRET ORAL TABLET	3	PA; QL (90 per 30 days); S
<i>mefloquine hcl</i>	1	MO
<i>meropenem</i>	1	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate oral</i>	1	
<i>metronidazole intravenous solution 500 mg/100ml</i>	1	
<i>metronidazole oral</i>	1	
<i>micafungin sodium</i>	3	S
<i>minocycline hcl oral</i>	1	
MONDOXYNE NL ORAL CAPSULE 100 MG	1	
<i>moxifloxacin hcl in nacl</i>	1	
<i>moxifloxacin hcl oral</i>	1	
MYAMBUTOL ORAL TABLET 400 MG	3	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	3	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	3	S
NEBUPENT	3	B/D PA
<i>neomycin sulfate oral</i>	1	
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	1	QL (90 per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	1	QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<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	
<i>oxacillin sodium intravenous</i>	3	
<i>paromomycin sulfate oral</i>	1	
<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	

Drug Name	Drug Tier	Requirements /Limits
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	
<i>pyrazinamide oral</i>	1	
<i>pyrimethamine oral</i>	3	S
QUALAQUIN	3	PA
<i>quinine sulfate oral</i>	1	PA
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	2	QL (60 per 180 days)
RETROVIR INTRAVENOUS	2	
RETROVIR ORAL CAPSULE	3	QL (180 per 30 days)
RETROVIR ORAL SYRUP	3	QL (1920 per 30 days)

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
REYATAZ ORAL PACKET	3	QL (240 per 30 days)	SUNLENCA SUBCUTANEOUS	3	QL (3 per 168 days); MO; S
<i>ribavirin oral capsule</i>	1		SUPRAX ORAL CAPSULE	3	
<i>ribavirin oral tablet 200 mg</i>	1		SUPRAX ORAL SUSPENSION RECONSTITUTED	3	
<i>rifabutin</i>	1		SUPRAX ORAL TABLET CHEWABLE	3	
<i>rifampin intravenous</i>	3		SUSTIVA ORAL CAPSULE 200 MG	3	QL (120 per 30 days); S
<i>rifampin oral</i>	1		SUSTIVA ORAL CAPSULE 50 MG	3	QL (360 per 30 days)
<i>rimantadine hcl</i>	1		SYMTUZA	3	QL (30 per 30 days); S
<i>ritonavir</i>	1	QL (360 per 30 days)	TAMIFLU ORAL CAPSULE 30 MG	3	QL (168 per 365 days)
RUKOBIA	3	QL (60 per 30 days); MO; S	TAMIFLU ORAL CAPSULE 45 MG	3	QL (84 per 365 days)
SELZENTRY ORAL SOLUTION	2	QL (1840 per 30 days)	TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	3	QL (1080 per 365 days)
SELZENTRY ORAL TABLET 25 MG	2	QL (240 per 30 days)	TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	1	
SELZENTRY ORAL TABLET 75 MG	3	QL (60 per 30 days); S	TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM	1	
SIRTURO	3	PA; LA; S	TEFLARO	3	S
<i>sofosbuvir-velpatasvir</i>	3	PA; QL (30 per 30 days); S	<i>tenofovir disoproxil fumarate</i>	1	QL (30 per 30 days)
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 55 MG, 65 MG	3		<i>terbinafine hcl oral</i>	1	
<i>stavudine oral capsule 15 mg, 20 mg</i>	1	QL (120 per 30 days)	<i>tetracycline hcl oral</i>	1	
<i>stavudine oral capsule 30 mg, 40 mg</i>	1	QL (60 per 30 days)	<i>tigecycline</i>	3	S
<i>streptomycin sulfate intramuscular</i>	3	S	<i>tinidazole oral</i>	1	
STRIBILD	3	QL (30 per 30 days); S	TIVICAY ORAL TABLET 10 MG	3	QL (120 per 30 days)
STROMEKTOL	3	PA	TIVICAY ORAL TABLET 25 MG, 50 MG	3	QL (60 per 30 days); S
<i>sulfadiazine oral</i>	3	S	TIVICAY PD	3	QL (360 per 30 days); S
<i>sulfamethoxazole-trimethoprim intravenous</i>	1		<i>tobramycin sulfate injection</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1		TRECATOR	3	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1		<i>trifluridine ophthalmic</i>	1	
SUNLENCA ORAL	2	LA	<i>trimethoprim oral</i>	1	

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
TRIUMEQ	3	QL (30 per 30 days); S	<i>vancomycin hcl oral capsule 125 mg</i>	1	PA; QL (240 per 30 days)
TRIUMEQ PD	3	QL (180 per 30 days); S	<i>vancomycin hcl oral capsule 250 mg</i>	3	PA; QL (240 per 30 days)
TRIZIVIR	3	QL (60 per 30 days); S	VEMLIDY	3	PA; QL (30 per 30 days); S
TROGARZO	3	PA; QL (23.94 per 28 days); LA; S	VFEND ORAL TABLET 50 MG	3	PA; QL (120 per 30 days)
TYBOST	2	QL (30 per 30 days)	VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG	3	PA; S
UNASYN INJECTION SOLUTION RECONSTITUTED 3 (2-1) GM	3		VIBRAMYCIN ORAL CAPSULE	3	
UNASYN INTRAVENOUS SOLUTION RECONSTITUTED 15 (10-5) GM	3		VIRACEPT ORAL TABLET 250 MG	3	QL (300 per 30 days); S
<i>valacyclovir hcl oral tablet 1 gm</i>	1	QL (90 per 30 days)	VIRACEPT ORAL TABLET 625 MG	3	QL (120 per 30 days); S
<i>valacyclovir hcl oral tablet 500 mg</i>	1	QL (60 per 30 days)	VIREAD ORAL POWDER	3	QL (240 per 30 days); S
<i>valganciclovir hcl oral solution reconstituted</i>	3		VIREAD ORAL TABLET 150 MG, 250 MG	3	QL (30 per 30 days); S
<i>valganciclovir hcl oral tablet</i>	2		VIREAD ORAL TABLET 200 MG	3	QL (30 per 30 days)
<i>vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%</i>	2		<i>voriconazole intravenous</i>	3	PA
<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>voriconazole oral suspension reconstituted</i>	3	PA; QL (300 per 30 days); S
<i>vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml</i>	2		<i>voriconazole oral tablet 200 mg</i>	3	PA; QL (60 per 30 days)
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 5 gm, 500 mg</i>	1		<i>voriconazole oral tablet 50 mg</i>	1	PA; QL (120 per 30 days)
<i>vancomycin hcl intravenous solution reconstituted 1.25 gm, 1.5 gm, 750 mg</i>	2		VOSEVI	3	PA; QL (30 per 30 days); S
			XIFAXAN ORAL TABLET 550 MG	3	PA; QL (84 per 28 days); MO; S
			XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	
			XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	
			ZIAGEN ORAL SOLUTION	3	QL (960 per 30 days)
			ZIAGEN ORAL TABLET	3	QL (60 per 30 days)

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>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	
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	

Drug Name	Drug Tier	Requirements /Limits
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	
ALOCIL	3	
ALOMIDE	3	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	MO
ALREX	3	
<i>apraclonidine hcl</i>	1	
<i>atropine sulfate ophthalmic ointment</i>	2	MO
<i>atropine sulfate ophthalmic solution 1 %</i>	2	MO
<i>azelastine hcl ophthalmic</i>	1	
<i>bacitra-neomycin-polymyxin-hc</i>	1	
<i>bacitracin ophthalmic</i>	1	

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>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>bepotastine besilate</i>	1	
<i>betaxolol hcl ophthalmic</i>	1	MO
BETOPTIC-S	3	MO
<i>bimatoprost ophthalmic</i>	1	MO
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	1	MO
<i>brinzolamide</i>	2	MO
<i>bromfenac sodium (once-daily)</i>	1	
<i>carteolol hcl</i>	1	MO
<i>ciprofloxacin hcl ophthalmic</i>	1	
COMBIGAN	2	MO
<i>cromolyn sodium ophthalmic</i>	1	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	1	MO
<i>cyclosporine ophthalmic</i>	2	QL (60 per 30 days); MO
CYSTARAN	3	LA; S
<i>dexamethasone sodium phosphate ophthalmic</i>	1	
<i>diclofenac sodium ophthalmic</i>	1	
<i>difluprednate</i>	2	
<i>dorzolamide hcl ophthalmic</i>	1	MO
<i>dorzolamide hcl-timolol mal</i>	1	MO
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	1	MO
DUREZOL	2	
<i>epinastine hcl</i>	1	
<i>erythromycin ophthalmic</i>	1	QL (3.5 per 30 days)
FLAREX	3	
<i>fluorometholone ophthalmic</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>flurbiprofen sodium</i>	1	
FML FORTE	3	
<i>gatifloxacin ophthalmic</i>	1	
GENTAK OPHTHALMIC OINTMENT	1	
<i>gentamicin sulfate ophthalmic solution</i>	1	
ILEVRO	3	
INVELTYS	3	
IOPIDINE OPHTHALMIC SOLUTION 1 %	3	
ISOPTO ATROPINE	2	MO
<i>ketorolac tromethamine ophthalmic</i>	1	
<i>latanoprost ophthalmic</i>	1	MO
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	MO
<i>levofloxacin ophthalmic</i>	1	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX SM	3	
<i>loteprednol etabonate</i>	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	2	MO
MAXIDEX	3	
<i>methazolamide oral</i>	1	MO
<i>moxifloxacin hcl (2x day)</i>	3	
<i>moxifloxacin hcl ophthalmic solution</i>	2	
NATACYN	3	
NEO-POLYCIN	1	
NEO-POLYCIN HC	1	
<i>neomycin-bacitracin zn-polymyx</i>	1	
<i>neomycin-polymyxin-dexameth</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	1	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	1	

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
NEVANAC	2	
OCUFLOX	3	
<i>ofloxacin ophthalmic</i>	1	
<i>olopatadine hcl ophthalmic</i>	1	
PHOSPHOLINE IODIDE	3	MO
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	MO
POLYCIN	1	
<i>polymyxin b-trimethoprim</i>	1	
POLYTRIM	3	
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
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

Drug Name	Drug Tier	Requirements /Limits
<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 acetonide otic</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<i>neomycin-polymyxin-hc otic</i>	1	
<i>ofloxacin otic</i>	1	
Respiratory Tract/Pulmonary Agents		
ACCOLATE	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

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

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Drug Name	Drug Tier	Requirements /Limits
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>ambrisentan</i>	3	PA; QL (30 per 30 days); LA; S
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	2	QL (60 per 30 days); MO
<i>arformoterol tartrate</i>	3	B/D PA; QL (120 per 30 days); MO
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
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	2	QL (60 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

Drug Name	Drug Tier	Requirements /Limits
<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	
<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

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
FASENRA PEN	3	PA; QL (1 per 28 days); S	levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml	1	B/D PA; QL (540 per 30 days); MO
flunisolide nasal solution 25 mcg/act (0.025%)	1	QL (75 per 30 days)	levalbuterol tartrate	1	ST; QL (45 per 30 days); MO
fluticasone propionate hfa inhalation aerosol 110 mcg/act	2	QL (12 per 30 days); MO	levocetirizine dihydrochloride oral solution	1	QL (300 per 30 days)
fluticasone propionate hfa inhalation aerosol 220 mcg/act	2	QL (24 per 30 days); MO	levocetirizine dihydrochloride oral tablet	1	QL (30 per 30 days)
fluticasone propionate hfa inhalation aerosol 44 mcg/act	2	QL (11 per 30 days); MO	mometasone furoate nasal	1	
fluticasone propionate nasal	1	QL (16 per 30 days)	montelukast sodium oral	1	MO
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL (60 per 30 days); MO	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (3 per 28 days); LA; S
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	1	QL (1 per 30 days); MO	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA; QL (3 per 28 days); LA; S
formoterol fumarate inhalation	3	B/D PA; QL (120 per 30 days); MO	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	PA; QL (0.4 per 28 days); LA; S
hydroxyzine hcl intramuscular	1		NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; QL (3 per 28 days); LA; S
hydroxyzine hcl oral syrup	1		OFEV	3	PA; QL (60 per 30 days); S
hydroxyzine hcl oral tablet	1		olopatadine hcl nasal	1	QL (31 per 30 days)
hydroxyzine pamoate oral	1		OMNARIS	3	ST; QL (13 per 30 days)
ipratropium bromide inhalation	1	B/D PA; MO	OPSUMIT	3	PA; QL (30 per 30 days); LA; S
ipratropium bromide nasal	1	QL (30 per 30 days); MO	ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	2	PA; LA
ipratropium-albuterol	1	B/D PA; QL (540 per 30 days); MO	ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	3	PA; LA; S
KALYDECO ORAL TABLET	3	PA; QL (60 per 30 days); S	ORKAMBI ORAL TABLET	3	PA; QL (120 per 30 days); S
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1	B/D PA; QL (270 per 30 days); MO	PATANASE	3	QL (31 per 30 days)
			PERFOROMIST	3	B/D PA; QL (120 per 30 days); MO
			pirfenidone oral tablet 267 mg	3	PA; QL (270 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
<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
<i>sildenafil citrate intravenous</i>	3	PA; QL (1125 per 30 days); S
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA; QL (90 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

Drug Name	Drug Tier	Requirements /Limits
<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
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 TABLET	3	PA; QL (60 per 30 days); LA; S
UPTRAVI ORAL TABLET THERAPY PACK	3	PA; LA; S
VENTAVIS	3	PA; QL (270 per 30 days); S
VENTOLIN HFA	3	ST; MO
VISTARIL ORAL CAPSULE 50 MG	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
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

Drug Name	Drug Tier	Requirements /Limits
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.

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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	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>	42
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	28	<i>acyclovir external ointment</i>	42
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	63
ABRYSVO	63	<i>adapalene external cream</i>	42
<i>acamprosate calcium</i>	28	<i>adapalene external gel</i>	42
<i>acarbose oral</i>	49	ADDERALL ORAL TABLET 5 MG, 7.5 MG	28
ACCOLATE	76	<i>adefovir dipivoxil</i>	66
ACCUPRIL	23	ADEMPAS	76
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG	23	ADRENALIN INJECTION SOLUTION 1 MG/ML	76
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>	15
<i>acetaminophen-codeine oral solution</i>	11	ADRIAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	15
<i>acetaminophen-codeine oral tablet</i>	11	ADVAIR HFA	76
<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	76
<i>acetylcysteine inhalation</i>	76	AIRDUO RESPICLICK 232/14	77
<i>acetylcysteine intravenous</i>	74	AIRDUO RESPICLICK 55/14	77
<i>acitretin</i>	42	<i>ak-poly-bac</i>	74
ACTHAR	57	<i>ala-cort external cream</i>	43
ACTHIB	63	<i>albendazole oral</i>	66
ACTIMMUNE	63	<i>albuterol sulfate hfa</i>	77
ACTIVELLA ORAL TABLET 1-0.5 MG	57	<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/ 3ml</i>	77
ACTONEL ORAL TABLET 150 MG	49	<i>albuterol sulfate inhalation nebulization solution</i>	

(5 mg/ml) 0.5%, 2.5 mg/0.5ml	77	amiloride-hydrochlorothiazide	23
albuterol sulfate oral syrup	77	amiodarone hcl intravenous	23
albuterol sulfate oral tablet	77	amiodarone hcl oral	23
alclometasone dipropionate	43	amitriptyline hcl oral	28
ALCOHOL SWABS	74	amlodipine besy-benazepril hcl	23
ALDACTAZIDE	23	amlodipine besylate oral	23
ALECENSA	15	amlodipine besylate-valsartan	23
alendronate sodium oral solution	49	amlodipine-atorvastatin	23
alendronate sodium oral tablet 10 mg	49	amlodipine-olmesartan	23
alendronate sodium oral tablet 35 mg, 70 mg	49	amlodipine-valsartan-hctz	23
alfuzosin hcl er	56	ammonium lactate external	43
aliskiren fumarate	23	AMNESTEEM	43
allopurinol oral tablet 100 mg, 300 mg	11	amoxapine	28
almotriptan malate	28	amoxicillin oral capsule	66
ALOCRIIL	74	amoxicillin oral suspension reconstituted	66
ALOMIDE	74	amoxicillin oral tablet	66
alosetron hcl oral tablet 0.5 mg	53	amoxicillin oral tablet chewable 125 mg, 250 mg	66
alosetron hcl oral tablet 1 mg	53	amoxicillin-pot clavulanate er	66
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	74	amoxicillin-pot clavulanate oral	66
alprazolam er	28	amphetamine sulfate oral tablet 10 mg	28
ALPRAZOLAM INTENSOL	28	amphetamine sulfate oral tablet 5 mg	28
alprazolam oral	28	amphetamine-dextroamphet er	29
alprazolam xr	28	amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	29
ALREX	74	amphetamine-dextroamphetamine oral tablet 30 mg	29
ALTAVERA	57	amphotericin b intravenous	66
ALUNBRIG ORAL TABLET 180 MG	15	amphotericin b liposome	66
ALUNBRIG ORAL TABLET 30 MG	15	ampicillin oral capsule 500 mg	66
ALUNBRIG ORAL TABLET 90 MG	15	ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg	66
ALUNBRIG ORAL TABLET THERAPY PACK	15	ampicillin sodium intravenous	66
alyacen 1/35	57	ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	66
alyacen 7/7/7	57	ampicillin-sulbactam sodium intravenous	66
ALYQ	77	anagrelide hcl	21
AMABELZ	57	anastrozole oral	15
amantadine hcl oral capsule	28	ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	77
amantadine hcl oral solution	28	ANUSOL-HC EXTERNAL	43
amantadine hcl oral tablet	28	apomorphine hcl subcutaneous	29
AMARYL ORAL TABLET 4 MG	49	apraclonidine hcl	74
ambrisentan	77	aprepitant oral	53
amcinonide external cream	43	aprepitant oral capsule 125 mg	53
amcinonide external lotion	43	aprepitant oral capsule 40 mg	53
amcinonide external ointment	43	aprepitant oral capsule 80 & 125 mg	53
AMETHIA	57	aprepitant oral capsule 80 mg	53
AMETHYST	57		
amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml	66		
amiloride hcl oral	23		

APRI	57	2.5 mg	29
APTOM	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>	74
AREXVY	63	<i>atropine sulfate ophthalmic solution 1 %</i>	74
<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	AUROVELA 1.5/30	57
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5</i>		AUROVELA 1/20	57
<i>mg</i>	29	AUROVELA 24 FE	57
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	29	AUROVELA FE 1.5/30	57
<i>aripiprazole oral tablet dispersible 10 mg</i>	29	AUROVELA FE 1/20	57
<i>aripiprazole oral tablet dispersible 15 mg</i>	29	AURYXIA	49
ARISTADA INITIO	29	AUTOPEN	74
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE		AUVELITY	29
1064 MG/3.9ML	29	AVALIDE ORAL TABLET 150-12.5 MG	23
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE		AVALIDE ORAL TABLET 300-12.5 MG	23
441 MG/1.6ML	29	AVASTIN	15
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE		AVIANE	57
662 MG/2.4ML	29	AVITA EXTERNAL CREAM	43
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
ARNUITY ELLIPTA	77	AYVAKIT	15
ASCOMP-CODEINE	11	<i>azacitidine</i>	15
<i>asenapine maleate sublingual tablet sublingual</i>		<i>azathioprine oral tablet 50 mg</i>	63
10 mg	29	<i>azelaic acid external</i>	43
<i>asenapine maleate sublingual tablet sublingual</i>			

<i>azelastine hcl nasal</i>	77	<i>betamethasone valerate external</i>	43
<i>azelastine hcl ophthalmic</i>	74	BETAPACE AF ORAL TABLET 120 MG, 80 MG	23
<i>azelastine-fluticasone</i>	77	BETASERON SUBCUTANEOUS KIT	29
AZILECT ORAL TABLET 0.5 MG	29	<i>betaxolol hcl ophthalmic</i>	75
<i>azithromycin intravenous</i>	66	<i>betaxolol hcl oral</i>	23
<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	29	BICILLIN C-R 900/300	66
<i>bacitra-neomycin-polymyxin-hc</i>	74	BICILLIN L-A INTRAMUSCULAR SUSPENSION	
<i>bacitracin ophthalmic</i>	74	PREFILLED SYRINGE	66
<i>bacitracin-polymyxin b ophthalmic ointment</i>		BIDIL	23
<i>500-10000 unit/gm</i>	75	BIJUVA	57
<i>baclofen oral tablet 10 mg, 5 mg</i>	29	BIKTARVY ORAL TABLET 30-120-15 MG	66
<i>baclofen oral tablet 20 mg</i>	29	BIKTARVY ORAL TABLET 50-200-25 MG	66
BACTRIM	66	<i>bimatoprost ophthalmic</i>	75
BACTRIM DS	66	<i>bisoprolol fumarate oral</i>	23
<i>balsalazide disodium</i>	53	<i>bisoprolol-hydrochlorothiazide</i>	23
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
BARACLUDE 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	29	<i>3.5 mg</i>	15
<i>benazepril hcl oral</i>	23	<i>bortezomib injection solution reconstituted 2.5</i>	
<i>benazepril-hydrochlorothiazide</i>	23	<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>	29	BOTOX	29
<i>benztropine mesylate oral</i>	29	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	77
<i>betamethasone dipropionate aug</i>	43	BREZTRI AEROSPHERE	77
<i>betamethasone dipropionate external</i>	43	<i>briellyn</i>	57
		BRILINTA	21

<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	75	<i>24 hour 150 mg</i>	30
<i>brinzolamide</i>	75	<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	30
<i>BRIVIACT INTRAVENOUS</i>	29	<i>bupropion hcl oral tablet 100 mg</i>	30
<i>BRIVIACT ORAL SOLUTION</i>	29	<i>bupropion hcl oral tablet 75 mg</i>	30
<i>BRIVIACT ORAL TABLET</i>	30	<i>buspirone 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
<i>BRONCHITOL</i>	77	<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	30
<i>BRUKINSA</i>	15	<i>butalbital-asa-caff-codeine</i>	12
<i>budesonide er oral tablet extended release 24 hour</i>	53	<i>butalbital-aspirin-caffeine oral capsule</i>	30
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	77	<i>butorphanol tartrate injection solution 1 mg/ml</i>	12
<i>budesonide inhalation suspension 1 mg/2ml</i>	77	<i>butorphanol tartrate injection solution 2 mg/ml</i>	12
<i>budesonide oral</i>	53	<i>butorphanol tartrate nasal</i>	12
<i>budesonide-formoterol fumarate</i>	77	<i>BUTRANS TRANSDERMAL PATCH WEEKLY 5 MCG/HR, 7.5 MCG/HR</i>	12
<i>bumetanide injection</i>	23	<i>BYDUREON BCISE</i>	49
<i>bumetanide oral</i>	23	<i>BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</i>	49
<i>BUPHENYL ORAL POWDER 3 GM/TSP</i>	55	<i>BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</i>	49
<i>buprenorphine hcl injection</i>	30	<i>BYSTOLIC</i>	23
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	30	<i>cabenuva intramuscular suspension extended release 400 & 600 mg/2ml</i>	66
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	30	<i>cabenuva intramuscular suspension extended release 600 & 900 mg/3ml</i>	66
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	30	<i>cabergoline</i>	57
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	30	<i>CABOMETYX</i>	15
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	30	<i>CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-40 MG, 5-80 MG</i>	23
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	30	<i>CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG</i>	24
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	30	<i>calcipotriene external cream</i>	43
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	30	<i>calcipotriene external ointment</i>	43
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr</i>	11	<i>calcipotriene external solution</i>	43
<i>buprenorphine transdermal patch weekly 20 mcg/hr</i>	11	<i>calcipotriene-betameth diprop external ointment</i>	43
<i>buprenorphine transdermal patch weekly 5 mcg/hr, 7.5 mcg/hr</i>	11	<i>calcitonin (salmon) injection</i>	49
<i>bupropion hcl er (smoking det)</i>	30	<i>calcitonin (salmon) nasal</i>	49
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	30	<i>CALCITRENE</i>	43
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	30	<i>calcitriol external</i>	43
<i>bupropion hcl er (xl) oral tablet extended release</i>		<i>calcitriol intravenous solution 1 mcg/ml</i>	49
		<i>calcitriol oral</i>	49
		<i>calcium acetate (phos binder)</i>	49
		<i>calcium acetate oral tablet 667 mg</i>	49

CALQUENCE	15	CATAPRES-TTS-3	24
CAMILA	57	CAYSTON	77
CAMRESE	57	cefaclor	66
CAMRESE LO	57	cefaclor er	66
candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg	24	cefadroxil	66
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	30	cefuroxime sodium intravenous solution	
CARNITOR ORAL	47		
CARNITOR SF	47		
carteolol hcl	75		
CARTIA XT	24		
carvedilol	24		
carvedilol phosphate er	24		
CATAPRES-TTS-1	24		

reconstituted 1.5 gm	67	ciprofloxacin hcl oral tablet 100 mg, 750 mg	67
celecoxib oral	12	ciprofloxacin hcl oral tablet 250 mg, 500 mg	67
cephalexin oral capsule 250 mg, 500 mg	67	ciprofloxacin hcl otic	76
cephalexin oral capsule 750 mg	67	ciprofloxacin in d5w	67
cephalexin oral suspension reconstituted 125 mg/ 5ml	67	ciprofloxacin-dexamethasone	76
cephalexin oral suspension reconstituted 250 mg/ 5ml	67	cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml	15
cephalexin oral tablet	67	citalopram hydrobromide oral solution	30
CEQUR SIMPLICITY 2U	74	citalopram hydrobromide oral tablet 10 mg	31
CEQUR SIMPLICITY INSERTER	74	citalopram hydrobromide oral tablet 20 mg	31
cetirizine hcl oral solution 1 mg/ml	77	citalopram hydrobromide oral tablet 40 mg	31
CETRAXAL	76	CLARAVIS	43
cevimeline hcl	43	clarithromycin er	68
CHARLOTTE 24 FE	57	clarithromycin oral	68
CHATEAL EQ	57	clemastine fumarate oral tablet 2.68 mg	77
CHEMET	49	CLENPIQ	53
chlordiazepoxide hcl	30	CLEOCIN ORAL CAPSULE 300 MG, 75 MG	68
chlordiazepoxide-amitriptyline	30	CLEOCIN ORAL SOLUTION RECONSTITUTED	68
chlorhexidine gluconate mouth/throat	43	CLEOCIN PHOSPHATE INJECTION SOLUTION 900 MG/6ML	68
chloroquine phosphate oral	67	CLEOCIN VAGINAL	56
chlorpromazine hcl injection	30	CLEOCIN-T EXTERNAL LOTION	43
chlorpromazine hcl oral concentrate	30	CLIMARA PRO	57
chlorpromazine hcl oral tablet	30	CLINDACIN	43
chlorthalidone oral tablet 25 mg, 50 mg	24	clindamycin hcl oral	68
chlorzoxazone oral tablet 500 mg	30	clindamycin palmitate hcl	68
cholestyramine light	24	clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	43
cholestyramine oral	24	clindamycin phosphate external gel	43
CICLODAN EXTERNAL SOLUTION	43	clindamycin phosphate external lotion	43
ciclopirox external	43	clindamycin phosphate external solution	43
ciclopirox olamine external cream	43	clindamycin phosphate external swab	43
ciclopirox olamine external suspension	43	clindamycin phosphate in d5w	68
cidofovir intravenous	67	clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 9 gm/60ml, 9000 mg/ 60ml	68
cilostazol	21	clindamycin phosphate injection solution 900 mg/6ml	68
CIMDUO	67	clindamycin phosphate vaginal	56
cimetidine hcl oral	53	clindamycin-tretinoin	43
cimetidine oral tablet 200 mg	53	CLINIMIX E/DEXTROSE (2.75/5)	47
cimetidine oral tablet 300 mg, 400 mg, 800 mg	53	CLINIMIX E/DEXTROSE (4.25/10)	47
cinacalcet hcl oral tablet 30 mg	49	CLINIMIX E/DEXTROSE (4.25/5)	47
cinacalcet hcl oral tablet 60 mg	49	CLINIMIX E/DEXTROSE (5/15)	47
cinacalcet hcl oral tablet 90 mg	49	CLINIMIX E/DEXTROSE (5/20)	47
CINRYZE	21	clinimix e/dextrose (8/10)	47
CIPRO HC	76	clinimix e/dextrose (8/14)	47
CIPRO ORAL SUSPENSION RECONSTITUTED	67	CLINIMIX/DEXTROSE (4.25/10)	47
CIPRODEX	76		
ciprofloxacin hcl ophthalmic	75		

CLINIMIX/DEXTROSE (4.25/5)	47	clozapine oral tablet 100 mg	31
CLINIMIX/DEXTROSE (5/15)	47	clozapine oral tablet 200 mg	31
CLINIMIX/DEXTROSE (5/20)	47	clozapine oral tablet 25 mg	31
clinimix/dextrose (6/5)	47	clozapine oral tablet 50 mg	31
clinimix/dextrose (8/10)	47	clozapine oral tablet dispersible 100 mg	31
clinimix/dextrose (8/14)	47	clozapine oral tablet dispersible 12.5 mg	31
CLINISOL SF	47	clozapine oral tablet dispersible 150 mg	31
CLINOLIPID	47	clozapine oral tablet dispersible 200 mg	31
clobazam oral suspension	31	clozapine oral tablet dispersible 25 mg	31
clobazam oral tablet 10 mg	31	COARTEM	68
clobazam oral tablet 20 mg	31	codeine sulfate oral tablet	12
clobetasol prop emollient base	43	colchicine oral	12
clobetasol propionate e	43	colchicine-probenecid	12
clobetasol propionate emulsion	43	colesevelam hcl	24
clobetasol propionate external cream	43	COLESTID	24
clobetasol propionate external foam	43	COLESTID FLAVORED	24
clobetasol propionate external gel	43	colestipol hcl	24
clobetasol propionate external lotion	43	colistimethate sodium (cba)	68
clobetasol propionate external ointment	43	COMBIGAN	75
clobetasol propionate external shampoo	43	COMBIPATCH.....	57
clobetasol propionate external solution	43	COMBIVENT RESPIMAT	77
clocortolone pivalate	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
clomipramine hcl oral	31	COMPLERA	68
clonazepam oral tablet 0.5 mg	31	COMPRO	53
clonazepam oral tablet 1 mg	31	COMTAN	31
clonazepam oral tablet 2 mg	31	CONCERTA ORAL TABLET EXTENDED RELEASE 27 MG	31
clonazepam oral tablet dispersible 0.125 mg ...	31	constulose	53
clonazepam oral tablet dispersible 0.25 mg ...	31	CONZIP	12
clonazepam oral tablet dispersible 0.5 mg	31	COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	31
clonazepam oral tablet dispersible 1 mg	31	COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	31
clonazepam oral tablet dispersible 2 mg	31	COPIKTRA	15
clonidine	24	CORDRAN EXTERNAL CREAM 0.05 %	44
clonidine hcl er oral tablet extended release 12 hour	31	CORDRAN EXTERNAL LOTION	44
clonidine hcl oral	24	CORGARD ORAL TABLET 20 MG, 40 MG	24
clopidogrel bisulfate oral tablet 300 mg	21	CORLANOR ORAL SOLUTION	24
clopidogrel bisulfate oral tablet 75 mg	21	CORLANOR ORAL TABLET	24
clorazepate dipotassium	31	CORTEF ORAL TABLET 20 MG	53
clotrimazole external cream	44	CORTIFOAM EXTERNAL	53
clotrimazole external solution	44	CORTISPORIN-TC	76
clotrimazole mouth/throat troche	44	COSENTYX (300 MG DOSE)	63
clotrimazole-betamethasone external cream	44	COSENTYX SENSOREADY (300 MG)	63
clotrimazole-betamethasone external lotion	44		

COSENTYX SENSOREADY PEN	63	DAURISMO ORAL TABLET 25 MG	16
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED		DAYPRO	12
SYRINGE 150 MG/ML	63	DAYSEE	57
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED		DDAVP ORAL	57
SYRINGE 75 MG/0.5ML	63	DEBLITANE	57
COTELLIC	15	<i>decitabine</i>	16
CREON	55	<i>deferasirox oral tablet soluble 125 mg</i>	49
CRINONE	57	<i>deferasirox oral tablet soluble 250 mg, 500</i>	
<i>cromolyn sodium inhalation</i>	77	<i>mg</i>	49
<i>cromolyn sodium ophthalmic</i>	75	<i>deferiprone oral tablet 1000 mg</i>	49
<i>cromolyn sodium oral</i>	55	<i>deferiprone oral tablet 500 mg</i>	49
CROTAN	44	DELSTRIGO	68
CRYSELLE-28	57	DELYLA	57
<i>cyclobenzaprine hcl oral</i>	31	<i>demeclocycline hcl oral</i>	68
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	75	DEMEROL INJECTION SOLUTION 25 MG/ML, 50	
<i>cyclophosphamide intravenous</i>	15	MG/ML	12
<i>cyclophosphamide oral capsule</i>	15	DENTA 5000 PLUS	44
CYCLOSET	49	DENTAGEL	44
<i>cyclosporine intravenous</i>	63	DEPAKOTE	31
<i>cyclosporine modified</i>	63	DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED	
<i>cyclosporine ophthalmic</i>	75	RELEASE SPRINKLE	31
<i>cyclosporine oral capsule</i>	63	DEPO-ESTRADIOL	57
<i>cyproheptadine hcl oral syrup</i>	77	DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150	
<i>cyproheptadine hcl oral tablet</i>	77	MG/ML	57
CYRAMZA	15	DEPO-SUBQ PROVERA 104 SUBCUTANEOUS	
CYRED EQ	57	SUSPENSION PREFILLED SYRINGE	57
CYSTAGON	55	DEPO-TESTOSTERONE INTRAMUSCULAR	
CYSTARAN	75	SOLUTION	57
CYTOTEC	53	DESCOVY	68
<i>dabigatran etexilate mesylate</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>	58
<i>dantrolene sodium oral</i>	31	<i>desmopressin acetate oral</i>	58
<i>dapsone external</i>	44	<i>desmopressin acetate pf</i>	58
<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
500 mg	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>	31
DAURISMO ORAL TABLET 100 MG	15	<i>desvenlafaxine succinate er</i>	31
		DETROL LA ORAL CAPSULE EXTENDED RELEASE 24	

HOOR 2 MG	56	diazepam oral solution 5 mg/5ml	32
DETROL ORAL TABLET 1 MG	56	diazepam oral tablet 10 mg	32
DEXAMETHASONE INTENSOL	58	diazepam oral tablet 2 mg	32
dexamethasone oral elixir	58	diazepam oral tablet 5 mg	32
dexamethasone oral solution	58	diazepam rectal	32
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	58	diazoxide oral	49
dexamethasone oral tablet 2 mg, 4 mg, 6 mg	58	DICLEGIS	53
dexamethasone oral tablet therapy pack	58	diclofenac potassium oral tablet 50 mg	12
dexamethasone sod phosphate pf injection solution	58	diclofenac sodium er	12
dexamethasone sodium phosphate injection	58	diclofenac sodium external gel 1 %	12
dexamethasone sodium phosphate ophthalmic	75	diclofenac sodium external gel 3 %	44
dexlansoprazole	53	diclofenac sodium external solution 1.5 %	12
dexmethylphenidate hcl	31	diclofenac sodium ophthalmic	75
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	31	diclofenac sodium oral	12
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg	31	diclofenac-misoprostol oral tablet delayed release	12
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	31	dicloxacillin sodium	68
dextroamphetamine sulfate oral solution	32	dicyclomine hcl oral capsule	53
dextroamphetamine sulfate oral tablet 10 mg	32	dicyclomine hcl oral solution	53
dextroamphetamine sulfate oral tablet 5 mg	32	dicyclomine hcl oral tablet	53
dextrose 5%/electrolyte #48	47	DIFFERIN EXTERNAL CREAM	44
dextrose in lactated ringers	47	DIFFERIN EXTERNAL GEL 0.3 %	44
dextrose intravenous solution 10 %, 5 %, 50 %, 70 %	47	DIFICID	68
dextrose intravenous solution 250 mg/ml	47	diflorasone diacetate external	44
dextrose-nacl intravenous solution 10-0.2 %	47	DIFLUCAN ORAL SUSPENSION RECONSTITUTED	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	DIFLUCAN ORAL TABLET 100 MG, 50 MG	68
dextrose-sodium chloride	47	diflunisal oral	12
DIACOMIT ORAL CAPSULE 250 MG	32	difluprednate	75
DIACOMIT ORAL CAPSULE 500 MG	32	DIGOX ORAL TABLET 125 MCG	24
DIACOMIT ORAL PACKET 250 MG	32	DIGOX ORAL TABLET 250 MCG	24
DIACOMIT ORAL PACKET 500 MG	32	digoxin oral solution	24
DIASTAT ACUDIAL	32	digoxin oral tablet 125 mcg	24
DIASTAT PEDIATRIC	32	digoxin oral tablet 250 mcg	24
diazepam injection solution 5 mg/ml	32	digoxin oral tablet 62.5 mcg	24
DIAZEPAM INTENSOL	32	dihydroergotamine mesylate injection	32
diazepam oral concentrate	32	dihydroergotamine mesylate nasal	32
		DILANTIN	32
		DILANTIN INFATABS	32
		DILAUDID ORAL LIQUID	12
		DILAUDID ORAL TABLET 2 MG, 4 MG	12
		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

<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	24	<i>DOXY 100</i>	68
<i>diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	24	<i>doxycycline</i>	68
<i>diltiazem hcl intravenous solution</i>	24	<i>doxycycline hyclate intravenous</i>	68
<i>diltiazem hcl intravenous solution reconstituted</i>	24	<i>doxycycline hyclate oral capsule</i>	68
<i>diltiazem hcl oral</i>	24	<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	68
<i>diphenhydramine hcl injection</i>	77	<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	68
<i>diphenoxylate-atropine oral liquid</i>	54	<i>doxycycline monohydrate oral suspension reconstituted</i>	68
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	54	<i>doxycycline monohydrate oral tablet</i>	68
<i>diphtheria-tetanus toxoids dt</i>	63	<i>DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG</i>	32
<i>DIPROLENE EXTERNAL OINTMENT</i>	44	<i>DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG</i>	32
<i>dipyridamole oral</i>	21	<i>dronabinol</i>	54
<i>disopyramide phosphate oral</i>	24	<i>drospiren-eth estrad-levomefol</i>	58
<i>disulfiram oral</i>	32	<i>drospirenone-ethinyl estradiol</i>	58
<i>DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG</i>	56	<i>DROXIA</i>	21
<i>divalproex sodium er oral tablet extended release 24 hour</i>	32	<i>droxidopa oral capsule 100 mg</i>	25
<i>divalproex sodium oral capsule delayed release sprinkle</i>	32	<i>droxidopa oral capsule 200 mg</i>	25
<i>divalproex sodium oral tablet delayed release</i>	32	<i>droxidopa oral capsule 300 mg</i>	25
<i>DIVIGEL</i>	58	<i>DUAVEE</i>	58
<i>dofetilide</i>	24	<i>DUETACT</i>	49
<i>DOLISHALE</i>	58	<i>DULERA</i>	77
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	32	<i>duloxetine hcl oral capsule delayed release particles 20 mg</i>	32
<i>donepezil hcl oral tablet 23 mg</i>	32	<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	32
<i>donepezil hcl oral tablet dispersible</i>	32	<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	32
<i>dorzolamide hcl ophthalmic</i>	75	<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>	32
<i>dorzolamide hcl-timolol mal</i>	75	<i>DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML</i>	44
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	75	<i>DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML</i>	44
<i>DOTTI</i>	58	<i>DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML</i>	44
<i>DOVATO</i>	68	<i>DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML</i>	44
<i>doxazosin mesylate oral</i>	24	<i>DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML</i>	44
<i>doxepin hcl oral capsule</i>	32	<i>duramorph</i>	12
<i>doxepin hcl oral concentrate</i>	32	<i>DUREZOL</i>	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	<i>DYSPORT</i>	32
<i>doxorubicin hcl intravenous solution</i>	16	<i>E.E.S. 400 ORAL TABLET</i>	68
<i>doxorubicin hcl intravenous solution reconstituted</i>	16		
<i>doxorubicin hcl liposomal</i>	16		

<i>ec-naproxen</i>	12	ENBREL SUBCUTANEOUS SOLUTION	
<i>econazole nitrate external</i>	44	RECONSTITUTED	63
EDARBI	25	ENBREL SURECLICK SUBCUTANEOUS SOLUTION	
EDARBYCLOR	25	AUTO-INJECTOR	63
EDURANT	68	ENDARI	21
<i>efavirenz oral capsule 200 mg</i>	68	ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG,	
<i>efavirenz oral capsule 50 mg</i>	68	5-325 MG, 7.5-325 MG	12
<i>efavirenz oral tablet</i>	68	ENERGIX-B INJECTION SUSPENSION 20	
<i>efavirenz-emtricitab-tenofo df</i>	68	MCG/ML	63
<i>efavirenz-lamivudine-tenofovir</i>	68	ENERGIX-B INJECTION SUSPENSION PREFILLED	
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ ...	47	SYRINGE	63
EGRIFTA SV	58	ENHERTU	16
<i>eletriptan hydrobromide</i>	32	<i>enoxaparin sodium injection solution</i>	21
ELIDEL	44	<i>enoxaparin sodium injection solution prefilled</i>	
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 7.5 MG	16	<i>syringe 100 mg/ml, 150 mg/ml</i>	21
ELIGARD SUBCUTANEOUS KIT 30 MG, 45 MG	16	<i>enoxaparin sodium injection solution prefilled</i>	
ELINEST	58	<i>syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	21
ELIQUIS	21	<i>enoxaparin sodium injection solution prefilled</i>	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET		<i>syringe 30 mg/0.3ml</i>	21
THERAPY PACK	21	<i>enoxaparin sodium injection solution prefilled</i>	
ELITEK	16	<i>syringe 40 mg/0.4ml</i>	21
ELIXOPHYLLIN	77	<i>enoxaparin sodium injection solution prefilled</i>	
ELMIRON	56	<i>syringe 60 mg/0.6ml</i>	21
ELURYNG	58	ENPRESSE-28	58
EMCYT	16	ENSKYCE ORAL TABLET 0.15-30 MG-MCG	58
EMEND ORAL CAPSULE 80 MG	54	<i>entacapone</i>	32
EMEND ORAL SUSPENSION RECONSTITUTED	54	<i>entecavir</i>	68
EMGALITY	32	ENTRESTO ORAL TABLET 24-26 MG	25
EMGALITY (300 MG DOSE)	32	ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	25
EMOQUETTE	58	<i>enulose</i>	54
EMPLICITI	16	ENVARUSUS XR	63
EMSAM	32	EPCLUSA ORAL PACKET 150-37.5 MG	68
<i>emtricitabine</i>	68	EPCLUSA ORAL PACKET 200-50 MG	69
<i>emtricitabine-tenofovir df oral tablet 100-150 mg,</i>		EPCLUSA ORAL TABLET 200-50 MG	69
<i>133-200 mg, 167-250 mg</i>	68	EPCLUSA ORAL TABLET 400-100 MG	69
<i>emtricitabine-tenofovir df oral tablet 200-300</i>		EPIDIOLEX	33
<i>mg</i>	68	EPIDUO	44
EMTRIVA ORAL CAPSULE	68	<i>epinastine hcl</i>	75
EMTRIVA ORAL SOLUTION	68	<i>epinephrine (anaphylaxis)</i>	77
<i>enalapril maleate oral tablet</i>	25	<i>epinephrine injection solution 0.3 mg/0.3ml</i>	77
<i>enalapril-hydrochlorothiazide</i>	25	<i>epinephrine injection solution auto-injector 0.15</i>	
ENBREL MINI	63	<i>mg/0.3ml, 0.3 mg/0.3ml</i>	77
ENBREL SUBCUTANEOUS SOLUTION 25		EPIPEN JR 2-PAK INJECTION SOLUTION	
MG/0.5ML	63	AUTO-INJECTOR	77
ENBREL SUBCUTANEOUS SOLUTION PREFILLED		EPITOL	33
SYRINGE 25 MG/0.5ML	63	EPIVIR HBV ORAL SOLUTION	69
ENBREL SUBCUTANEOUS SOLUTION PREFILLED		EPIVIR HBV ORAL TABLET	69
SYRINGE 50 MG/ML	63	EPIVIR ORAL SOLUTION	69

EPIVIR ORAL TABLET 150 MG	69	reconstituted 40 mg	54
EPIVIR ORAL TABLET 300 MG	69	ESTARYLLA	58
<i>eplerenone</i>	25	<i>estazolam</i>	33
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	22	ESTRACE ORAL	58
EPRONTIA	33	<i>estradiol oral</i>	58
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG	33	<i>estradiol transdermal gel</i>	58
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG	33	<i>estradiol transdermal patch twice weekly</i>	58
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG	33	<i>estradiol transdermal patch weekly</i>	58
ERBITUX	16	<i>estradiol vaginal</i>	58
<i>ergoloid mesylates oral</i>	33	<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	58
ERGOMAR	33	<i>estradiol-norethindrone acet</i>	58
<i>ergotamine-caffeine</i>	33	ESTRING	58
ERIVEDGE	16	<i>eszopiclone</i>	33
ERLEADA	16	<i>ethambutol hcl oral</i>	69
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	16	<i>ethosuximide oral</i>	33
<i>erlotinib hcl oral tablet 25 mg</i>	16	<i>ethynodiol diac-eth estradiol</i>	58
ERRIN	58	<i>etodolac er</i>	12
<i>ertapenem sodium</i>	69	<i>etodolac oral</i>	12
<i>ery</i>	44	<i>etonogestrel-ethinyl estradiol</i>	58
ERY-TAB	69	<i>etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i>	16
ERYGEL	44	<i>etravirine oral tablet 100 mg</i>	69
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	69	<i>etravirine oral tablet 200 mg</i>	69
ERYTHROCIN STEARATE ORAL TABLET 250 MG ...	69	EUTHYROX	58
<i>erythromycin base oral</i>	69	EVAMIST	58
<i>erythromycin ethylsuccinate oral</i>	69	EVEKEO ORAL TABLET 10 MG	33
<i>erythromycin external gel</i>	44	EVEKEO ORAL TABLET 5 MG	33
<i>erythromycin external solution</i>	44	<i>everolimus oral tablet 0.25 mg</i>	63
<i>erythromycin lactobionate</i>	69	<i>everolimus oral tablet 0.5 mg, 0.75 mg</i>	63
<i>erythromycin ophthalmic</i>	75	<i>everolimus oral tablet 1 mg</i>	63
<i>erythromycin oral</i>	69	<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	16
<i>erythromycin stearate oral tablet 250 mg</i>	69	<i>everolimus oral tablet soluble</i>	16
ESBRIET ORAL TABLET 267 MG	77	EVOTAZ	69
ESBRIET ORAL TABLET 801 MG	77	EXELDERM	44
<i>escitalopram oxalate oral solution</i>	33	<i>exemestane</i>	16
<i>escitalopram oxalate oral tablet 10 mg</i>	33	EXKIVITY	16
<i>escitalopram oxalate oral tablet 20 mg</i>	33	<i>ezetimibe</i>	25
<i>escitalopram oxalate oral tablet 5 mg</i>	33	<i>ezetimibe-simvastatin</i>	25
ESGIC ORAL CAPSULE	33	FABRAZYME	55
ESGIC ORAL TABLET	33	FALMINA	58
<i>esomeprazole magnesium oral capsule delayed release</i>	54	<i>famciclovir oral tablet 125 mg, 250 mg</i>	69
<i>esomeprazole sodium intravenous solution</i>		<i>famciclovir oral tablet 500 mg</i>	69
		<i>famotidine (pf)</i>	54
		<i>famotidine intravenous solution 200 mg/20ml, 40 mg/4ml</i>	54

<i>famotidine oral suspension reconstituted</i>	54	FIRMAGON (240 MG DOSE)	16
<i>famotidine oral tablet 20 mg, 40 mg</i>	54	FIRMAGON SUBCUTANEOUS SOLUTION	
<i>famotidine premixed</i>	54	RECONSTITUTED 80 MG	16
FANAPT ORAL TABLET 1 MG	33	FIRVANQ	69
FANAPT ORAL TABLET 10 MG, 12 MG	33	FLAC	76
FANAPT ORAL TABLET 2 MG	33	FLAGYL ORAL CAPSULE	69
FANAPT ORAL TABLET 4 MG	33	FLAREX	75
FANAPT ORAL TABLET 6 MG	33	<i>flavoxate hcl</i>	56
FANAPT ORAL TABLET 8 MG	33	<i>flecainide acetate</i>	25
FANAPT TITRATION PACK	33	<i>fluconazole in sodium chloride intravenous</i>	
FARXIGA	49	<i>solution 200-0.9 mg/100ml-%, 400-0.9 mg/</i>	
FASENRA	77	200ml-%	69
FASENRA PEN	78	<i>fluconazole oral</i>	69
<i>febuxostat</i>	12	<i>flucytosine oral</i>	69
<i>felbamate</i>	33	<i>fludrocortisone acetate oral</i>	58
FELDENE	12	<i>flunisolide nasal solution 25 mcg/act</i>	
<i>felodipine er</i>	25	(0.025%)	78
FEMRING	58	<i>fluocinolone acetonide body</i>	44
FEMYNOR	58	<i>fluocinolone acetonide external</i>	44
<i>fenofibrate micronized oral capsule 130 mg, 134</i>		<i>fluocinolone acetonide otic</i>	76
<i>mg, 200 mg, 43 mg, 67 mg</i>	25	<i>fluocinolone acetonide scalp</i>	44
<i>fenofibrate oral capsule 134 mg, 200 mg, 50 mg,</i>		<i>fluocinonide emulsified base</i>	44
<i>67 mg</i>	25	<i>fluocinonide external cream 0.05 %</i>	44
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54</i>		<i>fluocinonide external cream 0.1 %</i>	44
<i>mg</i>	25	<i>fluocinonide external gel</i>	44
<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</i>		<i>fluorouracil external solution</i>	45
<i>mcg, 1600 mcg, 600 mcg, 800 mcg</i>	12	<i>fluorouracil intravenous</i>	16
<i>fentanyl citrate buccal lozenge on a handle 200</i>		<i>fluoxetine hcl oral capsule 10 mg</i>	33
<i>mcg, 400 mcg</i>	12	<i>fluoxetine hcl oral capsule 20 mg</i>	33
<i>fentanyl citrate buccal tablet</i>	12	<i>fluoxetine hcl oral capsule 40 mg</i>	33
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12</i>		<i>fluoxetine hcl oral capsule delayed release</i>	33
<i>mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	12	<i>fluoxetine hcl oral solution</i>	33
FERRIPROX ORAL SOLUTION	49	<i>fluphenazine decanoate injection</i>	33
<i>fesoterodine fumarate er</i>	56	<i>fluphenazine hcl injection</i>	33
FETZIMA	33	<i>fluphenazine hcl oral</i>	33
FETZIMA TITRATION	33	<i>flurandrenolide</i>	45
FINACEA EXTERNAL GEL	44	<i>flurbiprofen oral tablet 100 mg</i>	12
<i>finasteride oral tablet 5 mg</i>	56	<i>flurbiprofen sodium</i>	75
<i>fingolimod hcl</i>	33	<i>fluticasone propionate external</i>	45
FINTEPLA	33	<i>fluticasone propionate hfa inhalation aerosol 110</i>	
FINZALA	58	<i>mcg/act</i>	78
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED		<i>fluticasone propionate hfa inhalation aerosol 220</i>	
SYRINGE	22	<i>mcg/act</i>	78
FIRDAPSE	33	<i>fluticasone propionate hfa inhalation aerosol 44</i>	

<i>mcg/act</i>	78
<i>fluticasone propionate nasal</i>	78
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	78
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	78
<i>fluvastatin sodium</i>	25
<i>fluvastatin sodium er</i>	25
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg</i>	33
<i>fluvoxamine maleate er oral capsule extended release 24 hour 150 mg</i>	33
<i>fluvoxamine maleate oral tablet 100 mg</i>	33
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	33
FML FORTE	75
FOCALIN	33
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	34
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	22
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	22
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	22
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	22
<i>formoterol fumarate inhalation</i>	78
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	49
FORTESTA	58
FOSAMAX ORAL TABLET 70 MG	49
FOSAMAX PLUS D	49
<i>fosamprenavir calcium</i>	69
<i>fosfomycin tromethamine</i>	69
<i>fosinopril sodium</i>	25
<i>fosinopril sodium-hctz</i>	25
FOTIVDA	16
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML	22
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	22
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

FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	22
<i>frovatriptan succinate</i>	34
FULPHILA	22
<i>fulvestrant intramuscular solution prefilled syringe</i>	16
<i>furosemide injection</i>	25
<i>furosemide oral solution 10 mg/ml</i>	25
<i>furosemide oral solution 8 mg/ml</i>	25
<i>furosemide oral tablet</i>	25
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	69
FYAVOLV	58
FYCOMPA ORAL SUSPENSION	34
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	34
FYCOMPA ORAL TABLET 2 MG	34
<i>gabapentin oral capsule 100 mg</i>	34
<i>gabapentin oral capsule 300 mg</i>	34
<i>gabapentin oral capsule 400 mg</i>	34
<i>gabapentin oral solution</i>	34
<i>gabapentin oral tablet 600 mg</i>	34
<i>gabapentin oral tablet 800 mg</i>	34
GABITRIL ORAL TABLET 12 MG	34
GABITRIL ORAL TABLET 16 MG, 2 MG, 4 MG	34
<i>galantamine hydrobromide er</i>	34
<i>galantamine hydrobromide oral solution</i>	34
<i>galantamine hydrobromide oral tablet</i>	34
GAMUNEX-C	63
<i>ganciclovir sodium intravenous solution reconstituted</i>	69
GARDASIL 9	63
GASTROCROM	55
<i>gatifloxacin ophthalmic</i>	75
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</i>	

<i>reconstituted 1 gm, 2 gm</i>	16	<i>glipizide oral tablet 5 mg</i>	50
<i>gemcitabine hcl intravenous solution</i>		<i>glipizide xl oral tablet extended release 24 hour</i>	
<i>reconstituted 200 mg</i>	16	<i>10 mg</i>	50
<i>gemfibrozil oral</i>	25	<i>glipizide xl oral tablet extended release 24 hour</i>	
GEMTESA	56	<i>2.5 mg</i>	50
GENERESS FE	58	<i>glipizide xl oral tablet extended release 24 hour 5</i>	
<i>generlac</i>	54	<i>mg</i>	50
GENGRAF ORAL CAPSULE 100 MG, 25 MG	63	<i>glipizide-metformin hcl oral tablet 2.5-250</i>	
GENGRAF ORAL SOLUTION	63	<i>mg</i>	50
GENOTROPIN MINIQUICK SUBCUTANEOUS		<i>glipizide-metformin hcl oral tablet 2.5-500 mg,</i>	
PREFILLED SYRINGE 0.2 MG	58	<i>5-500 mg</i>	50
GENOTROPIN MINIQUICK SUBCUTANEOUS		GLUCAGEN HYPOKIT	50
PREFILLED SYRINGE 0.4 MG, 0.6 MG, 0.8 MG, 1.2		GLUCAGON EMERGENCY INJECTION KIT	50
MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	58	<i>glyburide micronized oral tablet 1.5 mg</i>	50
GENOTROPIN MINIQUICK SUBCUTANEOUS		<i>glyburide micronized oral tablet 3 mg</i>	50
PREFILLED SYRINGE 1 MG	58	<i>glyburide micronized oral tablet 6 mg</i>	50
GENOTROPIN SUBCUTANEOUS CARTRIDGE	59	<i>glyburide oral tablet 1.25 mg</i>	50
GENTAK OPHTHALMIC OINTMENT	75	<i>glyburide oral tablet 2.5 mg</i>	50
<i>gentamicin in saline intravenous solution 0.8-0.9</i>		<i>glyburide oral tablet 5 mg</i>	50
<i>mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9</i>		<i>glyburide-metformin oral tablet 1.25-250 mg</i> ...	50
<i>mg/ml-%</i>	69	<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500</i>	
<i>gentamicin in saline intravenous solution 2-0.9</i>		<i>mg</i>	50
<i>mg/ml-%</i>	69	<i>glycopyrrolate injection solution</i>	54
<i>gentamicin sulfate external</i>	45	<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	54
<i>gentamicin sulfate injection</i>	69	GLYDO EXTERNAL PREFILLED SYRINGE	12
<i>gentamicin sulfate ophthalmic solution</i>	75	GLYNASE ORAL TABLET 1.5 MG	50
GENVOYA	69	GLYNASE ORAL TABLET 3 MG	50
GILENYA ORAL CAPSULE 0.25 MG	34	GLYNASE ORAL TABLET 6 MG	50
GILOTRIF	16	GLYXAMBI	50
<i>glatiramer acetate subcutaneous solution</i>		<i>granisetron hcl intravenous solution 1 mg/ml, 4</i>	
<i>prefilled syringe 20 mg/ml</i>	34	<i>mg/4ml</i>	54
<i>glatiramer acetate subcutaneous solution</i>		<i>granisetron hcl oral</i>	54
<i>prefilled syringe 40 mg/ml</i>	34	GRANIX	22
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED		<i>griseofulvin microsize oral</i>	69
SYRINGE 20 MG/ML	34	<i>griseofulvin ultramicrosize</i>	69
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED		<i>guanfacine hcl er</i>	34
SYRINGE 40 MG/ML	34	<i>guanfacine hcl oral</i>	25
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40		HAILEY 1.5/30	59
MG	16	HAILEY 24 FE	59
<i>glimepiride oral tablet 1 mg</i>	49	HAILEY FE 1.5/30	59
<i>glimepiride oral tablet 2 mg</i>	49	HAILEY FE 1/20	59
<i>glimepiride oral tablet 4 mg</i>	49	<i>halobetasol propionate external cream</i>	45
<i>glipizide er oral tablet extended release 24 hour</i>		<i>halobetasol propionate external ointment</i>	45
<i>10 mg</i>	50	HALOETTE	59
<i>glipizide er oral tablet extended release 24 hour</i>		HALOG EXTERNAL OINTMENT	45
<i>2.5 mg</i>	50	<i>haloperidol decanoate intramuscular</i>	34
<i>glipizide er oral tablet extended release 24 hour 5</i>		<i>haloperidol lactate injection</i>	34
<i>mg</i>	50	<i>haloperidol lactate oral</i>	34
<i>glipizide oral tablet 10 mg</i>	50		

<i>haloperidol oral</i>	34	SUBCUTANEOUS PEN-INJECTOR KIT 40	
HARVONI	69	MG/0.8ML	64
HAVRIX	63	HUMIRA PEN-PSOR/UEIT STARTER	64
HEATHER	59	HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	
<i>heparin (porcine) in nacl intravenous solution</i>		10 MG/0.1ML, 20 MG/0.2ML	64
12500-0.45 ut/250ml-%, 25000-0.45 ut/250ml-%,		HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	
25000-0.45 ut/500ml-%	22	40 MG/0.4ML, 40 MG/0.8ML	64
<i>heparin sod (porcine) in d5w intravenous solution</i>		HUMULIN 70/30	50
100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/		HUMULIN 70/30 KWIKPEN SUBCUTANEOUS	
ml-%	22	SUSPENSION PEN-INJECTOR	50
<i>heparin sodium (porcine) injection solution 1000</i>		HUMULIN N	50
unit/ml, 10000 unit/ml, 20000 unit/ml, 5000		HUMULIN N KWIKPEN SUBCUTANEOUS	
unit/ml	22	SUSPENSION PEN-INJECTOR	50
HEPLISAV-B INTRAMUSCULAR SOLUTION		HUMULIN R	50
PREFILLED SYRINGE	63	HUMULIN R U-500 (CONCENTRATED)	50
HERCEPTIN HYLECTA	16	HUMULIN R U-500 KWIKPEN SUBCUTANEOUS	
HERCEPTIN INTRAVENOUS SOLUTION		SOLUTION PEN-INJECTOR	50
RECONSTITUTED 150 MG	16	<i>hydralazine hcl injection</i>	25
HIBERIX INJECTION	63	<i>hydralazine hcl oral</i>	25
HIDEX 6-DAY	59	HYDREA	16
HIPREX	69	<i>hydrochlorothiazide oral</i>	25
HUMALOG INJECTION	50	<i>hydrocodone-acetaminophen oral solution</i>	
HUMALOG JUNIOR KWIKPEN	50	2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION		15ml	12
PEN-INJECTOR	50	<i>hydrocodone-acetaminophen oral tablet 10-300</i>	
HUMALOG MIX 50/50	50	mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg,	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS		7.5-325 mg	12
SUSPENSION PEN-INJECTOR	50	<i>hydrocodone-ibuprofen oral tablet 10-200 mg,</i>	
HUMALOG MIX 75/25	50	5-200 mg, 7.5-200 mg	12
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS		<i>hydrocortisone (perianal) external cream 1</i>	
SUSPENSION PEN-INJECTOR	50	%	45
HUMALOG SUBCUTANEOUS SOLUTION		<i>hydrocortisone (perianal) external cream 2.5</i>	
CARTRIDGE	50	%	45
HUMATROPE INJECTION CARTRIDGE	59	<i>hydrocortisone butyr lipo base</i>	45
HUMIRA PEDIATRIC CROHNS START		<i>hydrocortisone butyrate external cream</i>	45
SUBCUTANEOUS PREFILLED SYRINGE KIT 80		<i>hydrocortisone butyrate external lotion</i>	45
MG/0.8ML	63	<i>hydrocortisone butyrate external ointment</i>	45
HUMIRA PEDIATRIC CROHNS START		<i>hydrocortisone butyrate external solution</i>	45
SUBCUTANEOUS PREFILLED SYRINGE KIT 80		<i>hydrocortisone external cream 1 %, 2.5 %</i>	45
MG/0.8ML & 40MG/0.4ML	63	<i>hydrocortisone external lotion 2.5 %</i>	45
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40		<i>hydrocortisone external ointment 1 %, 2.5 %</i>	45
MG/0.4ML, 40 MG/0.8ML	64	<i>hydrocortisone oral</i>	54
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 80		<i>hydrocortisone rectal enema</i>	54
MG/0.8ML	64	<i>hydrocortisone valerate</i>	45
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS		<i>hydrocortisone-acetic acid</i>	76
PEN-INJECTOR KIT 40 MG/0.8ML	64	<i>hydromorphone hcl injection solution 1 mg/ml, 2</i>	
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS		mg/ml	12
PEN-INJECTOR KIT 80 MG/0.8ML	64	<i>hydromorphone hcl injection solution 4 mg/</i>	
HUMIRA PEN-PEDIATRIC UC START	64	ml	12
HUMIRA PEN-PS/UV/ADOL HS START			

<i>hydromorphone hcl oral liquid</i>	12	IMITREX ORAL TABLET 25 MG	34
<i>hydromorphone hcl oral tablet</i>	12	IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML	34
<i>hydromorphone hcl pf injection solution 1 mg/ ml</i>	13	IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML	34
<i>hydromorphone hcl pf injection solution 10 mg/ ml, 50 mg/5ml, 500 mg/50ml</i>	13	IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML	64
<i>hydromorphone hcl pf injection solution 4 mg/ ml</i>	13	IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	64
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	69	IMVEXXY MAINTENANCE PACK	59
<i>hydroxyurea oral</i>	16	IMVEXXY STARTER PACK	59
<i>hydroxyzine hcl intramuscular</i>	78	INCASSIA	59
<i>hydroxyzine hcl oral syrup</i>	78	INCRELEX	59
<i>hydroxyzine hcl oral tablet</i>	78	<i>indapamide oral</i>	25
<i>hydroxyzine pamoate oral</i>	78	<i>indomethacin er</i>	13
<i>hyoscyamine sulfate oral tablet</i>	54	<i>indomethacin oral capsule 25 mg, 50 mg</i>	13
<i>hyoscyamine sulfate oral tablet dispersible</i>	54	INFANRIX	64
<i>hyoscyamine sulfate sublingual</i>	54	<i>infliximab</i>	64
HYPERRAB	64	INGREZZA ORAL CAPSULE 40 MG	34
<i>ibandronate sodium intravenous</i>	50	INGREZZA ORAL CAPSULE 60 MG, 80 MG	34
<i>ibandronate sodium oral</i>	50	INGREZZA ORAL CAPSULE THERAPY PACK	34
IBRANCE	16	INLYTA ORAL TABLET 1 MG	17
IBU	13	INLYTA ORAL TABLET 5 MG	17
<i>ibuprofen oral suspension</i>	13	INPEN 100-BLUE-LILLY-HUMALOG	74
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	13	INPEN 100-BLUE-NOVOLOG-FIASP	74
<i>icatibant acetate</i>	22	INPEN 100-GREY-LILLY-HUMALOG	74
ICLEVIA	59	INPEN 100-GREY-NOVOLOG-FIASP	74
ICLUSIG	16	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>	51
<i>imatinib mesylate oral tablet 400 mg</i>	16	<i>insulin lispro injection</i>	51
IMBRUVICA ORAL CAPSULE 140 MG	16	<i>insulin lispro junior kwikpen</i>	51
IMBRUVICA ORAL CAPSULE 70 MG	17	<i>insulin lispro prot & lispro</i>	51
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

INTUNIV	34	<i>isoniazid injection</i>	70
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	34	<i>isoniazid oral syrup</i>	70
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	34	<i>isoniazid oral tablet</i>	70
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	35	ISOPTO ATROPINE	75
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	35	ISORDIL TITRADOSE ORAL TABLET 5 MG	25
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	35	<i>isosorb dinitrate-hydralazine</i>	25
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	35	<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	25
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	35	<i>isosorbide dinitrate oral tablet 40 mg</i>	25
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	35	<i>isosorbide mononitrate</i>	25
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	35	<i>isosorbide mononitrate er</i>	25
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	35	<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 35 mg, 40 mg</i>	45
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	35	<i>isotretinoin oral capsule 25 mg</i>	45
INVELTYS	75	<i>isradipine</i>	25
INVOKAMET	51	<i>itraconazole oral capsule</i>	70
INVOKAMET XR	51	<i>ivermectin oral</i>	70
INVOKANA	51	IXIARO	64
IOPIDINE OPHTHALMIC SOLUTION 1 %	75	JAIMESS	59
IPOL	64	JAKAFI	17
<i>ipratropium bromide inhalation</i>	78	JALYN	56
<i>ipratropium bromide nasal</i>	78	JANTOVEN	22
<i>ipratropium-albuterol</i>	78	JANUMET	51
<i>irbesartan</i>	25	JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	51
<i>irbesartan-hydrochlorothiazide</i>	25	JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	51
<i>irinotecan hcl intravenous solution 100 mg/ 5ml</i>	17	JANUVIA ORAL TABLET 100 MG	51
<i>irinotecan hcl intravenous solution 300 mg/15ml, 40 mg/2ml</i>	17	JANUVIA ORAL TABLET 25 MG	51
<i>irinotecan hcl intravenous solution 500 mg/ 25ml</i>	17	JANUVIA ORAL TABLET 50 MG	51
ISENTRESS HD	69	JARDIANCE	51
ISENTRESS ORAL PACKET	69	JASMIEL	59
ISENTRESS ORAL TABLET	69	JAVYGTOR	55
ISENTRESS ORAL TABLET CHEWABLE 100 MG	69	JAYPIRCA ORAL TABLET 100 MG	17
ISENTRESS ORAL TABLET CHEWABLE 25 MG	70	JAYPIRCA ORAL TABLET 50 MG	17
ISIBLOOM	59	JENCYCLA	59
ISOLYTE-P IN D5W	47	JENTADUETO	51
ISOLYTE-S	47	JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	51
ISOLYTE-S PH 7.4	47	JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	51
		JEVTANA	17
		JINTELI	59
		JOLESSA	59
		JULEBER	59
		JULUCA	70
		JUNEL 1.5/30	59
		JUNEL 1/20	59

JUNEL FE 1.5/30	59	KLOR-CON 10	48
JUNEL FE 1/20	59	KLOR-CON M10	48
JUNEL FE 24	59	KLOR-CON M15	48
JUST RIGHT 5000	45	KLOR-CON M20	48
JYNNEOS	64	KLOR-CON ORAL TABLET EXTENDED RELEASE	48
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	47	KLOR-CON/EF	48
KADCYLA	17	KORLYM	59
KAITLIB FE	59	KOSELUGO	74
KALETRA ORAL TABLET 100-25 MG	70	KRAZATI	17
KALLIGA	59	KURVELO	59
KALYDECO ORAL TABLET	78	KYLEENA	59
KARIVA	59	KYPROLIS	17
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.225 meq/ l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	48	<i>labetalol hcl intravenous solution</i>	25
<i>kcl-lactated ringers-d5w</i>	48	<i>labetalol hcl oral</i>	25
<i>kedrab injection</i>	64	<i>lacosamide intravenous</i>	35
KELNOR 1/35	59	<i>lacosamide oral solution</i>	35
KELNOR 1/50	59	<i>lacosamide oral tablet</i>	35
KENALOG EXTERNAL	45	<i>lactated ringers intravenous</i>	48
KERENDIA	51	<i>lactated ringers irrigation</i>	74
KESIMPTA	35	<i>lactulose encephalopathy</i>	54
<i>ketoconazole external cream</i>	45	<i>lactulose oral solution</i>	54
<i>ketoconazole external foam</i>	45	LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 25 MG, 50 MG	35
<i>ketoconazole external shampoo 2 %</i>	45	LAMICTAL ODT ORAL TABLET DISPERSIBLE 200 MG	35
<i>ketoconazole oral</i>	70	LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	35
KETODAN EXTERNAL FOAM	45	LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG	35
<i>ketoprofen er</i>	13	LAMICTAL XR ORAL KIT 50 & 100 & 200 MG	35
<i>ketoprofen oral capsule 50 mg</i>	13	<i>lamivudine oral solution</i>	70
<i>ketorolac tromethamine injection solution 15 mg/ ml, 30 mg/ml</i>	13	<i>lamivudine oral tablet 100 mg</i>	70
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	13	<i>lamivudine oral tablet 150 mg</i>	70
<i>ketorolac tromethamine ophthalmic</i>	75	<i>lamivudine oral tablet 300 mg</i>	70
<i>ketorolac tromethamine oral</i>	13	<i>lamivudine-zidovudine</i>	70
KEYTRUDA INTRAVENOUS SOLUTION	17	<i>lamotrigine er</i>	35
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	64	<i>lamotrigine oral tablet</i>	35
KISQALI (200 MG DOSE)	17	<i>lamotrigine oral tablet chewable</i>	35
KISQALI (400 MG DOSE)	17	<i>lamotrigine oral tablet dispersible</i>	35
KISQALI (600 MG DOSE)	17	<i>lamotrigine starter kit-blue</i>	35
KISQALI FEMARA (200 MG DOSE)	17	<i>lamotrigine starter kit-orange</i>	35
KISQALI FEMARA (400 MG DOSE)	17	LANOXIN ORAL TABLET 125 MCG	25
KISQALI FEMARA (600 MG DOSE)	17	LANOXIN ORAL TABLET 250 MCG	25
KLARON	45	<i>lanreotide acetate</i>	59
		<i>lansoprazole oral capsule delayed release 15 mg</i>	54
		<i>lansoprazole oral capsule delayed release 30 mg</i>	54

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

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

MAXIDEX	75	mg	
MAXZIDE	26		54
MAXZIDE-25	26	mesalamine rectal	54
MAYZENT ORAL TABLET 0.25 MG	36	mesalamine-cleanser	54
MAYZENT ORAL TABLET 1 MG, 2 MG	36	mesna	18
MAYZENT STARTER PACK	36	MESNEX ORAL	18
meclizine hcl oral tablet 12.5 mg, 25 mg	54	metformin hcl er oral tablet extended release 24 hour 500 mg	51
meclofenamate sodium oral	13	metformin hcl er oral tablet extended release 24 hour 750 mg	51
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	60	metformin hcl oral tablet 1000 mg	51
MEDROL ORAL TABLET 2 MG	60	metformin hcl oral tablet 500 mg	51
medroxyprogesterone acetate intramuscular	60	metformin hcl oral tablet 850 mg	51
medroxyprogesterone acetate oral	60	METHADONE HCL INTENSOL	13
mefenamic acid oral	13	methadone hcl oral concentrate	13
mefloquine hcl	70	methadone hcl oral solution	13
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	18	methadone hcl oral tablet	13
megestrol acetate oral tablet	18	METHADOSE SUGAR-FREE	13
MEKINIST ORAL SOLUTION RECONSTITUTED	18	methazolamide oral	75
MEKINIST ORAL TABLET 0.5 MG	18	methenamine hippurate	70
MEKINIST ORAL TABLET 2 MG	18	methenamine mandelate oral	70
MEKTOVI	18	METHERGINE ORAL	74
meloxicam oral tablet	13	methimazole oral	60
melphalan	18	methocarbamol oral tablet 500 mg, 750 mg	36
memantine hcl er	36	methotrexate oral	64
memantine hcl oral solution 2 mg/ml	36	methotrexate sodium (pf) injection solution 1 gm/ 40ml, 250 mg/10ml, 50 mg/2ml	64
memantine hcl oral tablet 10 mg	36	methotrexate sodium injection solution 250 mg/ 10ml, 50 mg/2ml	64
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	36	methotrexate sodium injection solution reconstituted	64
memantine hcl oral tablet 5 mg	36	methotrexate sodium oral	64
MENACTRA INTRAMUSCULAR SOLUTION	64	methoxsalen rapid	45
MENEST	60	methscopolamine bromide oral	54
MENQUADFI INTRAMUSCULAR SOLUTION	64	methsuximide	36
MENVEO	64	methylergonovine maleate oral	74
meperidine hcl injection solution 25 mg/ml, 50 mg/ml	13	METHYLIN ORAL SOLUTION 10 MG/5ML	36
meprobamate	36	METHYLIN ORAL SOLUTION 5 MG/5ML	36
mercaptopurine oral	18	methylphenidate hcl er (cd)	36
meropenem	70	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	54	methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg	36
mesalamine er oral capsule extended release 24 hour	54	methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 45 mg, 54 mg, 63 mg	36
mesalamine oral capsule delayed release	54	methylphenidate hcl er (osm) oral tablet	
mesalamine oral tablet delayed release 1.2 gm	54		
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, 1.5 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	36
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	M- G	64
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>	13	MYORISAN	45
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	14	MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	56
<i>morphine sulfate injection solution 2 mg/ml, 4 mg/ml</i>	14	MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	56
<i>morphine sulfate intravenous solution 1 mg/ml, 10 mg/ml</i>	14	<i>na sulfate-k sulfate-mg sulf</i>	55
<i>morphine sulfate intravenous solution 4 mg/ml</i>	14	<i>nabumetone oral</i>	14
<i>morphine sulfate intravenous solution 50 mg/ml</i>	14	<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	26
<i>morphine sulfate intravenous solution 8 mg/ml</i>	14	<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	70
<i>morphine sulfate oral solution</i>	14	<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	70
<i>morphine sulfate oral tablet</i>	14	<i>naftifine hcl external cream</i>	45
MOUNJARO SUBCUTANEOUS SOLUTION		<i>naftifine hcl external gel 1 %</i>	45
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	NAGLAZYME	55
MOUNJARO SUBCUTANEOUS SOLUTION		NALFON ORAL TABLET	14
PEN-INJECTOR 2.5 MG/0.5ML	51	<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	36
MOVANTIK	54	<i>naloxone hcl injection solution cartridge</i>	36
MOVIPREP	55	<i>naloxone hcl injection solution prefilled syringe</i>	37
<i>moxifloxacin hcl (2x day)</i>	75	<i>naloxone hcl nasal</i>	37
<i>moxifloxacin hcl in nacl</i>	70	<i>naltrexone hcl oral</i>	37
<i>moxifloxacin hcl ophthalmic solution</i>	75	NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	37
<i>moxifloxacin hcl oral</i>	70	NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	37
MOZOBIL	22	<i>naproxen oral suspension</i>	14
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG	14	<i>naproxen oral tablet</i>	14
MULTAQ	26	<i>naproxen oral tablet delayed release</i>	14
<i>multiple electro type 1 ph 5.5</i>	48	<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	14
<i>multiple electro type 1 ph 7.4</i>	48	<i>naratriptan hcl</i>	37
<i>mupirocin calcium</i>	45	NARCAN	37
<i>mupirocin external</i>	45	NATACYN	75
MUTAMYCIN INTRAVENOUS SOLUTION		<i>nateglinide oral tablet 120 mg</i>	51
RECONSTITUTED 20 MG, 5 MG	18	<i>nateglinide oral tablet 60 mg</i>	51
MUTAMYCIN INTRAVENOUS SOLUTION		NATPARA	51
RECONSTITUTED 40 MG	18	NATROBA	45
MYAMBUTOL ORAL TABLET 400 MG	70	NAYZILAM	37
<i>mycophenolate mofetil oral capsule</i>	64	<i>nebivolol hcl</i>	26
<i>mycophenolate mofetil oral suspension reconstituted</i>	64	NEBUPENT	70
<i>mycophenolate mofetil oral tablet</i>	64	NECON 0.5/35 (28)	60
<i>mycophenolate sodium</i>	64	<i>nefazodone hcl</i>	37
MYFORTIC ORAL TABLET DELAYED RELEASE 180		NEO-POLYCIN	75
		NEO-POLYCIN HC	75

<i>neomycin sulfate oral</i>	70	NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3	
<i>neomycin-bacitracin zn-polymyx</i>	75	MG/HR, 0.8 MG/HR	26
<i>neomycin-polymyxin b gu</i>	74	<i>nitrofurantoin macrocrystal oral</i>	71
<i>neomycin-polymyxin-dexameth</i>	75	<i>nitrofurantoin monohyd macro</i>	71
<i>neomycin-polymyxin-gramicidin ophthalmic</i>		<i>nitrofurantoin oral suspension 25 mg/5ml</i>	71
<i>solution 1.75-10000-025</i>	75	<i>nitroglycerin intravenous</i>	26
<i>neomycin-polymyxin-hc ophthalmic suspension</i>		<i>nitroglycerin sublingual</i>	26
<i>3.5-10000-1</i>	75	<i>nitroglycerin transdermal patch 24 hour</i>	26
<i>neomycin-polymyxin-hc otic</i>	76	<i>nitroglycerin translingual solution</i>	26
NERLYNX	18	NITROSTAT	26
NEULASTA ONPRO	22	NIVESTYM INJECTION SOLUTION 300 MCG/ML ...	22
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED		NIVESTYM INJECTION SOLUTION 480	
SYRINGE	22	MCG/1.6ML	22
NEUPOGEN INJECTION SOLUTION 300		NIVESTYM INJECTION SOLUTION PREFILLED	
MCG/ML	22	SYRINGE	22
NEUPOGEN INJECTION SOLUTION 480		<i>nizatidine oral capsule</i>	55
MCG/1.6ML	22	NORA-BE	60
NEUPOGEN INJECTION SOLUTION PREFILLED		NORDITROPIN FLEXPOR SUBCUTANEOUS	
SYRINGE	22	SOLUTION PEN-INJECTOR	60
NEUPRO	37	<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-</i>	
NEURONTIN ORAL SOLUTION	37	<i>mcg, 1.5-30 mg-mcg</i>	60
NEVANAC	76	<i>norethin ace-eth estrad-fe oral tablet</i>	
<i>nevirapine er oral tablet extended release 24</i>		<i>chewable</i>	60
<i>hour 100 mg</i>	70	<i>norethin-eth estradiol-fe</i>	60
<i>nevirapine er oral tablet extended release 24</i>		<i>norethindron-ethinyl estrad-fe</i>	60
<i>hour 400 mg</i>	70	<i>norethindrone acet-ethinyl est oral tablet</i>	60
<i>nevirapine oral suspension</i>	71	<i>norethindrone acetate oral</i>	60
<i>nevirapine oral tablet</i>	71	<i>norethindrone oral</i>	60
<i>niacin (antihyperlipidemic)</i>	26	<i>norethindrone-eth estradiol</i>	60
<i>niacin er (antihyperlipidemic)</i>	26	<i>norgestim-eth estrad triphasic</i>	60
NIACOR	26	<i>norgestimate-eth estradiol oral tablet 0.25-35</i>	
<i>nicardipine hcl intravenous</i>	26	<i>mg-mcg</i>	60
<i>nicardipine hcl oral</i>	26	NORLYDA	60
NICOTROL	37	NORLYROC	60
NICOTROL NS	37	NORPACE	26
<i>nifedipine er</i>	26	NORPACE CR	26
<i>nifedipine er osmotic release</i>	26	NORPRAMIN ORAL TABLET 10 MG, 25 MG	37
<i>nifedipine oral</i>	26	NORTREL 0.5/35 (28)	60
NIKKI	60	NORTREL 1/35 (21)	60
<i>nilutamide</i>	18	NORTREL 1/35 (28)	60
<i>nimodipine oral</i>	26	NORTREL 7/7/7	60
NINLARO	18	<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	37
<i>nisoldipine er</i>	26	<i>nortriptyline hcl oral capsule 50 mg, 75 mg</i>	37
<i>nitazoxanide oral</i>	71	<i>nortriptyline hcl oral solution</i>	37
<i>nitisinone</i>	55	NORVIR ORAL PACKET	71
NITRO-BID	26	NOVOPEN ECHO	74
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1		NOXAFIL ORAL SUSPENSION	71
MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	26	NP THYROID	60

NUBEQA	18	olanzapine intramuscular	37
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	78	olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg	37
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	78	olanzapine oral tablet 20 mg	37
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	78	olanzapine oral tablet dispersible 10 mg, 15 mg, 5 mg	37
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	78	olanzapine oral tablet dispersible 20 mg	37
NUDEXTA	37	olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg	37
NULOJIX	64	olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg	37
NUPLAZID ORAL CAPSULE	37	olmesartan medoxomil oral tablet 20 mg, 40 mg	26
NUPLAZID ORAL TABLET 10 MG	37	olmesartan medoxomil oral tablet 5 mg	26
NURTEC	37	olmesartan medoxomil-hctz	26
NUTRILIPID	48	olmesartan-amlodipine-hctz	26
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	60	olopatadine hcl nasal	78
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	60	olopatadine hcl ophthalmic	76
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	60	omega-3-acid ethyl esters	26
NUVARING	60	omeprazole oral capsule delayed release	55
NYAMYC	45	OMNARIS	78
NYLIA 1/35	60	OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	61
NYLIA 7/7/7	60	OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	61
nystatin external	45	ondansetron	55
nystatin mouth/throat	46	ondansetron hcl injection	55
nystatin oral tablet	71	ondansetron hcl oral solution	55
nystatin-triamcinolone	46	ondansetron hcl oral tablet 4 mg, 8 mg	55
NYSTOP	46	ONUREG	18
OCELLA	60	OPDIVO	18
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML, 2.5 GM/50ML, 25 GM/500ML, 30 GM/300ML, 5 GM/100ML	65	opium	55
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	60	OPSUMIT	78
octreotide acetate injection solution 1000 mcg/ ml, 500 mcg/ml	61	ORALONE	46
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml	61	ORAPRED ODT	61
octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml	61	ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	78
OCUFLOX	76	ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	78
ODEFSEY	71	ORGOVYX	18
ODOMZO	18	ORKAMBI ORAL TABLET	78
OFEV	78	orphenadrine citrate er	37
ofloxacin ophthalmic	76	ORSERDU ORAL TABLET 345 MG	18
ofloxacin oral tablet 300 mg, 400 mg	71	ORSERDU ORAL TABLET 86 MG	18
ofloxacin otic	76	ORSYTHIA	61
		oseltamivir phosphate oral capsule 30 mg	71
		oseltamivir phosphate oral capsule 45 mg, 75 mg	71

oseltamivir phosphate oral suspension reconstituted	71	paclitaxel intravenous concentrate 100 mg/ 16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/ 50ml	18
OSPHENA	61	paclitaxel protein-bound part	18
OTEZLA ORAL TABLET	65	paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg	37
OTEZLA ORAL TABLET THERAPY PACK	65	paliperidone er oral tablet extended release 24 hour 6 mg	37
OVIDE	46	paliperidone er oral tablet extended release 24 hour 9 mg	37
oxacillin sodium in dextrose intravenous solution 1 gm/50ml	71	pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml	52
oxacillin sodium in dextrose intravenous solution 2 gm/50ml	71	pamidronate disodium intravenous solution 6 mg/ml	52
oxacillin sodium injection solution reconstituted 1 gm, 2 gm	71	PANDEL	46
oxacillin sodium intravenous	71	PANRETIN	46
oxaliplatin intravenous solution	18	pantoprazole sodium intravenous	55
oxaliplatin intravenous solution reconstituted 100 mg	18	pantoprazole sodium oral tablet delayed release	55
oxaliplatin intravenous solution reconstituted 50 mg	18	PARAGARD INTRAUTERINE COPPER	61
oxandrolone oral tablet 10 mg	61	PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/100ML	18
oxandrolone oral tablet 2.5 mg	61	paricalcitol oral	52
oxaprozin	14	PARLODEL	37
oxazepam	37	paromomycin sulfate oral	71
oxcarbazepine	37	paroxetine hcl er oral tablet extended release 24 hour 12.5 mg	37
oxiconazole nitrate	46	paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg	37
OXISTAT EXTERNAL LOTION	46	paroxetine hcl oral suspension	37
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg	56	paroxetine hcl oral tablet 10 mg	37
oxybutynin chloride er oral tablet extended release 24 hour 5 mg	56	paroxetine hcl oral tablet 20 mg	37
oxybutynin chloride oral syrup	56	paroxetine hcl oral tablet 30 mg	37
oxybutynin chloride oral tablet 2.5 mg	56	paroxetine hcl oral tablet 40 mg	37
oxybutynin chloride oral tablet 5 mg	56	PATANASE	78
oxycodone hcl oral capsule	14	PAXIL ORAL SUSPENSION	38
oxycodone hcl oral concentrate 10 mg/0.5ml, 100 mg/5ml	14	PAXIL ORAL TABLET 10 MG	38
oxycodone hcl oral solution	14	PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	65
oxycodone hcl oral tablet	14	PEDVAX HIB INTRAMUSCULAR SUSPENSION	65
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	14	peg 3350-kcl-na bicarb-nacl	55
OXYTROL	56	peg-3350/electrolytes	55
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	51	peg-3350/electrolytes/ascorbat	55
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	51	peg-kcl-nacl-nasulf-na asc-c	55
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	52	PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	65
OZEMPIC (2 MG/DOSE)	52	PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	65
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	26	PEMAZYRE	19

<i>pemetrexed disodium intravenous solution reconstituted 100 mg</i>	19	<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	76
<i>pemetrexed disodium intravenous solution reconstituted 1000 mg, 750 mg</i>	19	<i>pilocarpine hcl oral</i>	46
<i>pemetrexed disodium intravenous solution reconstituted 500 mg</i>	19	<i>pimecrolimus</i>	46
<i>penciclovir</i>	46	<i>pimozide</i>	38
<i>penicillamine oral tablet</i>	56	<i>PIMTREA</i>	61
<i>penicillin g pot in dextrose</i>	71	<i>pindolol</i>	26
<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
<i>PENTACEL</i>	65	<i>pioglitazone hcl-metformin hcl</i>	52
<i>PENTAM</i>	71	<i>piperacillin sod-tazobactam</i>	71
<i>pentamidine isethionate inhalation</i>	71	<i>PIQRAY (200 MG DAILY DOSE)</i>	19
<i>pentamidine isethionate injection</i>	71	<i>PIQRAY (250 MG DAILY DOSE)</i>	19
<i>pentazocine-naloxone hcl</i>	14	<i>PIQRAY (300 MG DAILY DOSE)</i>	19
<i>pentoxifylline er</i>	22	<i>pirfenidone oral tablet 267 mg</i>	78
<i>PERCOCET ORAL TABLET 2.5-325 MG</i>	14	<i>pirfenidone oral tablet 534 mg, 801 mg</i>	79
<i>PERFOROMIST</i>	78	<i>PIRMELLA 1/35</i>	61
<i>perindopril erbumine</i>	26	<i>PIRMELLA 7/7/7</i>	61
<i>PERIOGARD</i>	46	<i>piroxicam oral</i>	14
<i>PERJETA</i>	19	<i>PLASMA-LYTE 148</i>	48
<i>permethrin external cream</i>	46	<i>PLASMA-LYTE A</i>	48
<i>perphenazine oral</i>	38	<i>PLENAMINE</i>	48
<i>perphenazine-amitriptyline</i>	38	<i>PLENVU</i>	55
<i>PERSERIS</i>	38	<i>plerixafor</i>	22
<i>PEXEVA ORAL TABLET 10 MG, 40 MG</i>	38	<i>pnv-dha</i>	48
<i>PEXEVA ORAL TABLET 20 MG</i>	38	<i>podofilox external</i>	46
<i>PEXEVA ORAL TABLET 30 MG</i>	38	<i>POLYCIN</i>	76
<i>PFIZERPEN</i>	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	<i>POLYTRIM</i>	76
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg, 64.8 mg, 97.2 mg</i>	38	<i>POMALYST</i>	19
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg</i>	38	<i>PORTIA-28</i>	61
<i>phenoxybenzamine hcl oral</i>	26	<i>posaconazole oral</i>	71
<i>PHENYTEK</i>	38	<i>potassium chloride crys er</i>	48
<i>PHENYTOIN INFATABS</i>	38	<i>potassium chloride er</i>	48
<i>phenytoin oral</i>	38	<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	48
<i>phenytoin sodium extended</i>	38	<i>potassium chloride intravenous solution 10 meq/100ml, 20 meq/100ml, 40 meq/100ml</i>	48
<i>PHESGO</i>	19	<i>potassium chloride intravenous solution 10 meq/50ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/50ml</i>	48
<i>PHILITH</i>	61	<i>potassium chloride oral packet</i>	48
<i>PHOSPHOLINE IODIDE</i>	76	<i>potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	48
<i>PHYSIOLYTE</i>	74		
<i>PIFELTRO</i>	71		

<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- folic acid</i>	48
POTELIGEO	19	PRENATAL VIT W/ IRON CARBONYL-FOLIC ACID	48
PRADAXA ORAL CAPSULE	22	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>	22	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	22
<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
<i>prehevbrio</i>	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	release 24 hour 300 mg, 400 mg, 50 mg	38
PROMACTA ORAL TABLET 12.5 MG, 25 MG	23	quetiapine fumarate oral tablet 100 mg	38
PROMACTA ORAL TABLET 50 MG	23	quetiapine fumarate oral tablet 150 mg	38
PROMACTA ORAL TABLET 75 MG	23	quetiapine fumarate oral tablet 200 mg	38
promethazine hcl injection	55	quetiapine fumarate oral tablet 25 mg	38
promethazine hcl oral	55	quetiapine fumarate oral tablet 300 mg	38
promethazine hcl rectal suppository 12.5 mg, 25 mg	55	quetiapine fumarate oral tablet 400 mg	38
PROMETHEGAN	55	quetiapine fumarate oral tablet 50 mg	38
PROMETRIUM ORAL CAPSULE 200 MG	61	quinapril hcl	27
propafenone hcl	27	quinapril-hydrochlorothiazide	27
propafenone hcl er	27	quinidine sulfate oral	27
proparacaine hcl ophthalmic	76	quinine sulfate oral	71
propranolol hcl er	27	QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	79
propranolol hcl intravenous	27	QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	79
propranolol hcl oral solution	27	RABAVERT	65
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg	27	rabeprazole sodium oral tablet delayed release	55
propranolol hcl oral tablet 60 mg	27	raloxifene hcl	61
propylthiouracil oral	61	ramelteon	38
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	65	ramipril	27
PROSOL	48	ranolazine er	27
PROTOPIC	46	rasagiline mesylate oral	38
protriptyline hcl	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
pyrazinamide oral	71	RELAFEN	14
pyridostigmine bromide er	38	RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	71
pyridostigmine bromide oral solution	38	RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	38
pyridostigmine bromide oral tablet	38	RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	55
pyrimethamine oral	71	RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (0.6ML SYRINGE)	55
QINLOCK	19	RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	55
QUADRACEL	65	RELPAK	38
QUALAQUIN	71	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	repaglinide oral tablet 0.5 mg	52
QUESTRAN LIGHT ORAL POWDER	27	repaglinide oral tablet 1 mg	52
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	38		
quetiapine fumarate er oral tablet extended			

<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	71	RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24	
RETROVIR ORAL CAPSULE	71	HOUR 40 MG	39
RETROVIR ORAL SYRUP	71	<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>		RUBRACA	19
<i>mg (4 pack)</i>	52	<i>rufinamide oral suspension</i>	39
<i>risedronate sodium oral tablet 5 mg</i>	52	<i>rufinamide oral tablet 200 mg</i>	39
<i>risedronate sodium oral tablet delayed</i>		<i>rufinamide oral tablet 400 mg</i>	39
<i>release</i>	52	RUKOBIA	72
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION		RUZURGI	39
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	sevelamer hcl oral tablet 800 mg	52
RYTARY	39	sf	46
SAFYRAL	61	sf 5000 plus	46
SAIZEN	61	SHAROBEL	61
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	23	SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	65
SALAGEN	46	SIGNIFOR	61
salsalate oral	14	sildenafil citrate intravenous	79
SANCUSO	55	sildenafil citrate oral tablet 20 mg	79
SANDIMMUNE ORAL SOLUTION	65	silodosin	56
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML	61	silver sulfadiazine external	46
SANDOSTATIN INJECTION SOLUTION 50 MCG/ML	61	SIMBRINZA	76
SANDOSTATIN LAR DEPOT	61	SIMLIYA	61
SANTYL	46	SIMPESSE	61
sapropterin dihydrochloride oral packet	56	simvastatin oral tablet	27
sapropterin dihydrochloride oral tablet	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	sirolimus oral solution	65
SCSEMBLIX ORAL TABLET 20 MG	19	sirolimus oral tablet 0.5 mg, 1 mg	65
SCSEMBLIX ORAL TABLET 40 MG	19	sirolimus oral tablet 2 mg	65
scopolamine	55	SIRTURO	72
SEASONIQUE	61	SKYLA	61
SECUADO	39	SKYRIZI INTRAVENOUS	65
selegiline hcl oral	39	SKYRIZI PEN	65
selenium sulfide external lotion	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	sodium bicarbonate intravenous solution 4.2 %, 7.5 %, 8.4 %	48
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	79	sodium chloride (pf)	48
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	39	sodium chloride injection solution 2.5 meq/ ml	48
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG	39	sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 4 meq/ml, 5 %	48
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG	39	sodium chloride irrigation solution 0.9 %	74
sertraline hcl oral concentrate	39	sodium fluoride 5000 plus	46
sertraline hcl oral tablet 100 mg	39	sodium fluoride 5000 ppm dental cream	46
sertraline hcl oral tablet 25 mg	39	sodium fluoride 5000 ppm dental gel	46
sertraline hcl oral tablet 50 mg	40	sodium fluoride dental cream	46
SETLAKIN	61	sodium fluoride dental gel 1.1 %	46
sevelamer carbonate oral packet 0.8 gm	52	sodium fluoride mouth/throat	46
sevelamer carbonate oral packet 2.4 gm	52	sodium fluoride oral tablet 2.2 (1 f) mg	48
sevelamer carbonate oral tablet	52	sodium fluoride oral tablet chewable	48
sevelamer hcl oral tablet 400 mg	52	sodium phenylbutyrate oral powder 3	

<i>gm/tsp</i>	56	STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80	
<i>sodium phenylbutyrate oral tablet</i>	56	MG	40
<i>sodium polystyrene sulfonate oral powder</i>	52	<i>streptomycin sulfate intramuscular</i>	72
<i>sofosbuvir-velpatasvir</i>	72	STRIBILD	72
<i>solifenacin succinate</i>	56	STROMECTOL	72
SOLQUA	52	SUBOXONE SUBLINGUAL FILM 12-3 MG	40
SOLODYN ORAL TABLET EXTENDED RELEASE 24		SUBVENITE	40
HOUR 55 MG, 65 MG	72	<i>sucralfate oral</i>	55
SOLTAMOX	19	SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR	
SOMATULINE DEPOT	61	34 MG	27
SOMAVERT	61	<i>sulfacetamide sodium (acne)</i>	46
<i>sorafenib tosylate</i>	19	<i>sulfacetamide sodium ophthalmic</i>	76
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG ...	27	<i>sulfacetamide-prednisolone ophthalmic</i>	
SORINE ORAL TABLET 80 MG	27	<i>solution</i>	76
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg</i>	27	<i>sulfadiazine oral</i>	72
<i>sotalol hcl (af) oral tablet 80 mg</i>	27	<i>sulfamethoxazole-trimethoprim</i>	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240</i>		<i>intravenous</i>	72
<i>mg</i>	27	<i>sulfamethoxazole-trimethoprim oral suspension</i>	
<i>sotalol hcl oral tablet 80 mg</i>	27	200-40 mg/5ml	72
<i>spinosad</i>	46	<i>sulfamethoxazole-trimethoprim oral tablet</i>	72
SPIRIVA HANDIHALER	79	SULFAMYLON EXTERNAL CREAM	46
SPIRIVA RESPIMAT	79	<i>sulfasalazine oral</i>	55
<i>spironolactone oral tablet 100 mg, 50 mg</i>	27	<i>sulindac oral tablet 150 mg</i>	14
<i>spironolactone oral tablet 25 mg</i>	27	<i>sulindac oral tablet 200 mg</i>	14
<i>spironolactone-hctz</i>	27	<i>sumatriptan nasal</i>	40
SPRAVATO (56 MG DOSE)	40	<i>sumatriptan succinate oral</i>	40
SPRAVATO (84 MG DOSE)	40	<i>sumatriptan succinate refill subcutaneous</i>	
SPRINTEC 28	62	<i>solution cartridge</i>	40
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE		<i>sumatriptan succinate subcutaneous solution 6</i>	
1000 MG, 250 MG, 500 MG	40	<i>mg/0.5ml</i>	40
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE		<i>sumatriptan succinate subcutaneous solution</i>	
750 MG	40	<i>auto-injector</i>	40
SPRYCEL	19	<i>sunitinib malate</i>	19
SPS	52	SUNLENCA ORAL	72
SRONYX	62	SUNLENCA SUBCUTANEOUS	72
SSD	46	SUNOSI	40
<i>stavudine oral capsule 15 mg, 20 mg</i>	72	SUPRAX ORAL CAPSULE	72
<i>stavudine oral capsule 30 mg, 40 mg</i>	72	SUPRAX ORAL SUSPENSION RECONSTITUTED	72
STELARA INTRAVENOUS	65	SUPRAX ORAL TABLET CHEWABLE	72
STELARA SUBCUTANEOUS SOLUTION 45		SUPREP BOWEL PREP KIT	55
MG/0.5ML	65	SUSTIVA ORAL CAPSULE 200 MG	72
STELARA SUBCUTANEOUS SOLUTION PREFILLED		SUSTIVA ORAL CAPSULE 50 MG	72
SYRINGE	65	SYEDA	62
<i>sterile water for irrigation</i>	74	SYMBICORT	79
STIOLTO RESPIMAT	79	SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	40
STIVARGA	19	SYMLINPEN 120 SUBCUTANEOUS SOLUTION	
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40		PEN-INJECTOR	52
MG	40	SYMLINPEN 60 SUBCUTANEOUS SOLUTION	

PEN-INJECTOR	52	TAZVERIK	19
SYMPAZAN ORAL FILM 10 MG, 20 MG	40	TDVAX	65
SYMPAZAN ORAL FILM 5 MG	40	TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML	19
SYMTUZA	72	TECENTRIQ INTRAVENOUS SOLUTION 840 MG/14ML	19
SYNAGIS	74	TECFIDERA ORAL	40
SYNAREL	62	TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG	40
SYNJARDY	52	TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG	40
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	52	TECVAYLI	20
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	52	TEFLARO	72
SYNRIBO	19	TEGRETOL ORAL SUSPENSION	40
SYNTHROID	62	TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 400 MG	40
TABLOID	19	TEKTRUNA	27
TABRECTA	19	<i>telmisartan oral tablet 20 mg, 40 mg</i>	27
<i>tacrolimus external ointment</i>	46	<i>telmisartan oral tablet 80 mg</i>	27
<i>tacrolimus oral</i>	65	<i>telmisartan-amlodipine</i>	27
<i>tadalafil (pah)</i>	79	<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg</i>	27
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	56	<i>telmisartan-hctz oral tablet 80-12.5 mg</i>	27
TAFINLAR ORAL CAPSULE	19	<i>temazepam oral capsule 15 mg, 30 mg</i>	40
TAFINLAR ORAL TABLET SOLUBLE	19	<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	40
<i>tafluprost (pf)</i>	76	TENIVAC	65
TAGRISSO	19	<i>tenofovir disoproxil fumarate</i>	72
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	19	TENORETIC 100	27
TALZENNA ORAL CAPSULE 0.25 MG	19	TENORETIC 50	27
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG, 1 MG	19	TENORMIN ORAL TABLET 100 MG, 50 MG	27
TAMIFLU ORAL CAPSULE 30 MG	72	TEPMETKO	20
TAMIFLU ORAL CAPSULE 45 MG	72	<i>terazosin hcl oral</i>	27
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	72	<i>terbinafine hcl oral</i>	72
<i>tamoxifen citrate oral</i>	19	<i>terbutaline sulfate injection</i>	79
<i>tamsulosin hcl</i>	56	<i>terbutaline sulfate oral</i>	79
TAPERDEX 6-DAY	62	<i>terconazole</i>	56
TARINA 24 FE	62	<i>teriparatide (recombinant)</i>	52
TARINA FE 1/20 EQ	62	<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	62
TASIGNA	19	<i>testosterone cypionate intramuscular solution 200 mg/ml (1 ml)</i>	62
<i>tasimelteon</i>	40	<i>testosterone enanthate intramuscular solution</i>	62
<i>tazarotene external cream</i>	46	<i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i>	62
<i>tazarotene external gel</i>	46	<i>testosterone transdermal gel 10 mg/act (2%)</i>	62
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	72	<i>testosterone transdermal gel 12.5 mg/act (1%), 25</i>	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM	72		
TAZORAC EXTERNAL CREAM 0.1 %	46		
TAZORAC EXTERNAL GEL 0.05 %	46		
TAZTIA XT	27		

mg/2.5gm (1%), 50 mg/5gm (1%)	62	TIVICAY ORAL TABLET 25 MG, 50 MG	72
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	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	72
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	57
thiothixene oral	40	tolterodine tartrate er	57
TIADYL ER	27	tolvaptan oral tablet 15 mg	52
tiagabine hcl	40	tolvaptan oral tablet 30 mg	52
TIAZAC	27	TOPICORT EXTERNAL CREAM	46
TIBSOVO	20	TOPICORT EXTERNAL GEL	46
TICE BCG	20	TOPICORT EXTERNAL OINTMENT	46
TICOVAC	65	TOPICORT SPRAY	46
tigecycline	72	topiramate er oral capsule er 24 hour sprinkle 100 mg, 25 mg, 50 mg	40
TIKOSYN	27	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	TOPOSAR INTRAVENOUS SOLUTION 1 GM/50ML, 500 MG/25ML	20
timolol maleate ophthalmic gel forming solution	76	TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG	27
timolol maleate ophthalmic solution 0.25 %	76	toremifene citrate	20
timolol maleate ophthalmic solution 0.5 %	76	torsemide oral	27
timolol maleate oral	27	TOUJEO MAX SOLOSTAR	53
timolol maleate pf ophthalmic solution 0.5 %	76	TOUJEO SOLOSTAR	53
TIMOPTIC OCUDOSE	76	TOVIAZ	57
TIMOPTIC-XE	76	TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	49
tinidazole oral	72	TRACLEER ORAL TABLET SOLUBLE	79
tiopronin oral	57	TRADJENTA	53
TIROSINT ORAL CAPSULE 137 MCG, 175 MCG, 200 MCG, 37.5 MCG, 44 MCG, 62.5 MCG	62	tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	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 biphasic) oral tablet extended release 24 hour	14
TIS-U-SOL	74	tramadol hcl er	14
TIVICAY ORAL TABLET 10 MG	72	tramadol hcl oral tablet 50 mg	14
		tramadol-acetaminophen	14

<i>trandolapril</i>	27	<i>triamcinolone acetonide external ointment 0.025</i>	
<i>trandolapril-verapamil hcl er</i>	27	<i>% , 0.1 % , 0.5 %</i>	47
<i>tranexamic acid intravenous solution 1000 mg/</i>		<i>triamcinolone acetonide injection suspension 40</i>	
<i>10ml</i>	23	<i>mg/ml</i>	62
<i>tranexamic acid oral</i>	23	<i>triamcinolone acetonide mouth/throat</i>	47
TRANSDERM-SCOP TRANSDERMAL PATCH 72		<i>triamterene-hctz oral capsule 37.5-25 mg</i>	27
HOUR	55	<i>triamterene-hctz oral tablet</i>	28
<i>tranylcypromine sulfate</i>	40	<i>triazolam oral tablet 0.25 mg</i>	40
TRAVASOL	49	TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5	
<i>travoprost (bak free)</i>	76	MG, 40-10-25 MG	28
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50</i>		TRIDERM EXTERNAL CREAM	47
<i>mg</i>	40	<i>trientine hcl</i>	53
<i>trazodone hcl oral tablet 300 mg</i>	40	<i>trifluoperazine hcl oral</i>	40
TRECATOR	72	<i>trifluridine ophthalmic</i>	72
TRELEGY ELLIPTA INHALATION AEROSOL POWDER		<i>trihexyphenidyl hcl oral solution</i>	40
BREATH ACTIVATED 100-62.5-25 MCG/ACT,		<i>trihexyphenidyl hcl oral tablet</i>	41
200-62.5-25 MCG/ACT	79	TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24	
<i>treprostinil</i>	79	HOUR 10-5-1000 MG, 25-5-1000 MG	53
TRESIBA	53	TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION		HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	53
PEN-INJECTOR 100 UNIT/ML	53	TRIKAFTA ORAL TABLET THERAPY PACK	79
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION		TRIKAFTA ORAL THERAPY PACK	79
PEN-INJECTOR 200 UNIT/ML	53	TRILEPTAL ORAL SUSPENSION	41
<i>tretinoin external cream</i>	47	TRILEPTAL ORAL TABLET 150 MG, 300 MG	41
<i>tretinoin external gel 0.01 % , 0.025 %</i>	47	TRILIPIX	28
<i>tretinoin external gel 0.05 %</i>	47	<i>trimethobenzamide hcl oral</i>	55
<i>tretinoin microsphere</i>	47	<i>trimethoprim oral</i>	72
<i>tretinoin microsphere pump external gel 0.04 % ,</i>		<i>trimipramine maleate oral</i>	41
<i>0.1 %</i>	47	TRINTELLIX	41
<i>tretinoin oral</i>	20	TRIUMEQ	73
TREXALL	65	TRIUMEQ PD	73
TRI FEMYNOR	62	TRIVORA (28)	62
TRI-ESTARYLLA	62	TRIZIVIR	73
TRI-LEGEST FE	62	TRODELVY	20
TRI-LINYAH	62	TROGARZO	73
TRI-LO-ESTARYLLA	62	TROPHAMINE INTRAVENOUS SOLUTION 10 %	49
TRI-LO-MARZIA	62	<i>tropium chloride</i>	57
TRI-LO-MILI	62	<i>tropium chloride er</i>	57
TRI-LO-SPRINTEC	62	TRULICITY	53
TRI-MILI	62	TRUMENBA	65
TRI-NYMYO	62	TRUSELTIQ (100MG DAILY DOSE)	20
TRI-SPRINTEC	62	TRUSELTIQ (125MG DAILY DOSE)	20
TRI-VYLIBRA	62	TRUSELTIQ (50MG DAILY DOSE)	20
TRI-VYLIBRA LO	62	TRUSELTIQ (75MG DAILY DOSE)	20
<i>triamcinolone acetonide external aerosol</i>		TUDORZA PRESSAIR	79
<i>solution</i>	47	TUKYSA	20
<i>triamcinolone acetonide external cream</i>	47	TURALIO	20
<i>triamcinolone acetonide external lotion</i>	47	TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED	

SYRINGE	65	<i>valproate sodium intravenous solution 100 mg/</i>	
TYBLUME ORAL TABLET CHEWABLE	62	<i>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	79	<i>valsartan-hydrochlorothiazide</i>	28
TYVASO REFILL	79	VALTOCO 10 MG DOSE	41
TYVASO STARTER	79	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</i>	
ULORIC ORAL TABLET 80 MG	14	<i>1-5 gm/200ml-%, 500-5 mg/100ml-%, 750-5 mg/</i>	
UNASYN INJECTION SOLUTION RECONSTITUTED 3		<i>150ml-%</i>	73
(2-1) GM	73	<i>vancomycin hcl in nacl intravenous solution 1-0.9</i>	
UNASYN INTRAVENOUS SOLUTION RECONSTITUTED		<i>gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/</i>	
15 (10-5) GM	73	<i>150ml-%</i>	73
UNITHROID	62	<i>vancomycin hcl intravenous solution 1000 mg/</i>	
UPTRAVI ORAL TABLET	79	<i>200ml, 1250 mg/250ml, 1500 mg/300ml, 1750</i>	
UPTRAVI ORAL TABLET THERAPY PACK	79	<i>mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750</i>	
UROCIT-K 10	57	<i>mg/150ml</i>	73
UROCIT-K 15	57	<i>vancomycin hcl intravenous solution</i>	
UROCIT-K 5	57	<i>reconstituted 1 gm, 10 gm, 100 gm, 5 gm, 500</i>	
URSO 250	55	<i>mg</i>	73
<i>ursodiol oral capsule 300 mg</i>	55	<i>vancomycin hcl intravenous solution</i>	
<i>ursodiol oral tablet</i>	55	<i>reconstituted 1.25 gm, 1.5 gm, 750 mg</i>	73
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED		<i>vancomycin hcl oral capsule 125 mg</i>	73
SYRINGE 100 MG/0.28ML	41	<i>vancomycin hcl oral capsule 250 mg</i>	73
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED		VANDAZOLE	57
SYRINGE 125 MG/0.35ML	41	VAQTA	65
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED		<i>varenicline tartrate (starter)</i>	41
SYRINGE 150 MG/0.42ML	41	<i>varenicline tartrate oral tablet 0.5 mg</i>	41
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED		<i>varenicline tartrate oral tablet 1 mg</i>	41
SYRINGE 200 MG/0.56ML	41	<i>varenicline tartrate oral tablet therapy</i>	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED		<i>pack</i>	41
SYRINGE 250 MG/0.7ML	41	VARIVAX	65
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED		VARIZIG INTRAMUSCULAR SOLUTION	65
SYRINGE 50 MG/0.14ML	41	VASCEPA	28
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED		VASERETIC	28
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,	
<i>valacyclovir hcl oral tablet 500 mg</i>	73	<i>400 MG/20ML</i>	20
VALCHLOR	47	VECTICAL	47
<i>valganciclovir hcl oral solution</i>		VELIVET	62
<i>reconstituted</i>	73	VELPHORO	53
<i>valganciclovir hcl oral tablet</i>	73	VELTASSA	53
		VEMLIDY	73

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> 24 hour 150 mg	41	VIREAD ORAL TABLET 200 MG	73
<i>venlafaxine hcl er oral capsule extended release</i> 24 hour 37.5 mg	41	VISTARIL ORAL CAPSULE 50 MG	79
<i>venlafaxine hcl er oral capsule extended release</i> 24 hour 75 mg	41	VITRAKVI ORAL CAPSULE 100 MG	20
<i>venlafaxine hcl er oral tablet extended release</i> 24 hour 225 mg	41	VITRAKVI ORAL CAPSULE 25 MG	20
VENTAVIS	79	VITRAKVI ORAL SOLUTION	20
VENTOLIN HFA	79	VIZIMPRO	20
<i>verapamil hcl er oral capsule extended release</i> 24 hour	28	VOGELXO PUMP	62
<i>verapamil hcl er oral tablet extended release</i> 120 mg	28	VOLNEA	62
<i>verapamil hcl er oral tablet extended release</i> 180 mg, 240 mg	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	VOTRIENT	20
VERZENIO	20	VPRIV	56
VESICARE	57	VRAYLAR ORAL CAPSULE	41
VFEND ORAL TABLET 50 MG	73	VRAYLAR ORAL CAPSULE THERAPY PACK	41
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG	73	VUMERITY	41
VIBRAMYCIN ORAL CAPSULE	73	VYFEMLA	62
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	53	VYLIBRA	62
VIENVA	62	VYTORIN ORAL TABLET 10-80 MG	28
<i>vigabatrin</i>	41	VYZULTA	76
VIGADRUNE ORAL PACKET	41	WAKIX	42
VIGADRUNE ORAL TABLET	41	<i>warfarin sodium oral</i>	23
VIIBRYD ORAL TABLET	41	WELCHOL ORAL PACKET	28
VIIBRYD STARTER PACK	41	WELIREG	20
<i>vilazodone hcl</i>	41	WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG	42
VIMPAT ORAL TABLET 50 MG	41	WERA	62
<i>vinblastine sulfate intravenous solution</i>	20	WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	80
<i>vincristine sulfate intravenous</i>	20	WYMZYA FE	62
<i>vinorelbine tartrate</i>	20	XALKORI	20
VIOKACE ORAL TABLET 10440-39150 UNIT	56	XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 3 MG	42
		XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2 MG	42
		XARELTO ORAL SUSPENSION RECONSTITUTED	23
		XARELTO ORAL TABLET 10 MG, 20 MG	23

XARELTO ORAL TABLET 15 MG, 2.5 MG	23	XTANDI ORAL TABLET 80 MG	21
XARELTO STARTER PACK	23	XULANE	62
XATMEP	65	XYREM	42
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	42	YASMIN 28	62
XCOPRI (350 MG DAILY DOSE)	42	YAZ	62
XCOPRI ORAL TABLET 100 MG, 50 MG	42	YERVOY	21
XCOPRI ORAL TABLET 150 MG, 200 MG	42	YF-VAX	65
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	42	YONSA	21
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	42	YUVAFEM	62
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT	42	ZAFEMY	62
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT	42	<i>zafirlukast</i>	80
XERMELO	55	<i>zaleplon oral capsule 10 mg</i>	42
XGEVA	53	<i>zaleplon oral capsule 5 mg</i>	42
XIFAXAN ORAL TABLET 550 MG	73	ZANAFLEX	42
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	53	ZARONTIN	42
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	53	ZARXIO	23
XIIDRA	76	ZEBUTAL ORAL CAPSULE 50-325-40 MG	42
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	73	ZEGERID ORAL CAPSULE 20-1100 MG	55
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	73	ZEJULA ORAL CAPSULE	21
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	80	ZEJULA ORAL TABLET 100 MG	21
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	80	ZEJULA ORAL TABLET 200 MG, 300 MG	21
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	80	ZELBORAF	21
XOSPATA	20	ZEMPLAR ORAL CAPSULE 1 MCG	53
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	20	ZENATANE	47
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	20	ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 3000-10000 UNIT, 5000-24000 UNIT	56
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	20	ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 25000-79000 UNIT, 40000-126000 UNIT	56
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	20	ZEPZELCA	21
XPOVIO (60 MG TWICE WEEKLY)	20	ZESTORETIC	28
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	20	ZESTRIL ORAL TABLET 2.5 MG	28
XPOVIO (80 MG TWICE WEEKLY)	20	ZETONNA	80
XTANDI ORAL CAPSULE	20	ZIAC	28
XTANDI ORAL TABLET 40 MG	20	ZIAGEN ORAL SOLUTION	73
		ZIAGEN ORAL TABLET	73
		ZIANA	47
		<i>zidovudine oral capsule</i>	74
		<i>zidovudine oral syrup</i>	74
		<i>zidovudine oral tablet</i>	74
		ZIEXTENZO	23
		ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	76
		<i>ziprasidone hcl oral capsule 20 mg</i>	42
		<i>ziprasidone hcl oral capsule 40 mg</i>	42
		<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	42
		<i>ziprasidone mesylate</i>	42

ZIRGAN	74	<i>zonisamide oral</i>	42
ZITHROMAX INTRAVENOUS	74	ZORBTIVE	62
ZITHROMAX ORAL PACKET	74	ZOVIA 1/35 (28)	62
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	74	ZTALMY	42
ZITHROMAX ORAL TABLET 500 MG	74	ZUMANDIMINE	62
ZOCOR ORAL TABLET 10 MG	28	ZYDELIG	21
<i>zoledronic acid intravenous concentrate</i>	53	ZYKADIA ORAL TABLET	21
<i>zoledronic acid intravenous solution</i>	53	ZYLET	76
ZOLINZA	21	ZYLOPRIM	14
<i>zolmitriptan nasal solution 2.5 mg</i>	42	ZYPREXA INTRAMUSCULAR	42
<i>zolmitriptan oral</i>	42	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	42
ZOLOFT ORAL CONCENTRATE	42	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	42
<i>zolpidem tartrate er</i>	42	ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML	74
<i>zolpidem tartrate oral tablet</i>	42	ZYVOX INTRAVENOUS SOLUTION 600 MG/300ML	74
ZOMIG NASAL	42		
ZOMIG ORAL TABLET 2.5 MG	42		
ZONISADE	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 pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa numero ng telepono na nakalista sa iyong membership card ng plano (TTY: **711**). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

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

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

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

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

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

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على رقم الهاتف المدرج في بطاقة العضوية التابعة لخطتك (TTY: **711**). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें आपके प्लान सदस्यता कार्ड पर दिए गए नंबर पर (TTY: **711**) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

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

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

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

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

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

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This formulary was updated on September 1, 2023.

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**.