



List of Covered Drugs or "Drug List"

2025 Formulary

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

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

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

For all other questions, please contact Member Services at **1-833-848-8730**, or for TTY users, **711**, Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays, or visit **www.anthem.com/ca**.

Note to members:

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

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

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

This document includes a Drug List (formulary) for your plan which is current as of 12/1/2025. For an updated Drug List (formulary), please review the Drug List (formulary) online at **www.anthem.com/ca**, or call Pharmacy Member Services. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back covers.

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

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

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

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What is the Anthem Medicare Preferred (PPO) with Senior Rx Plus Part D Formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered Part D drugs selected by us in consultation with a team of health care providers, which represents the prescription therapies believed to be necessary parts of a quality treatment program.

Your plan will generally cover the drugs listed in the formulary as long as you follow these basic rules:

- The drug is medically necessary.
- The prescription is filled at a network pharmacy, and other plan rules are followed.
- The drugs covered under your Anthem Medicare Preferred (PPO) with Senior Rx Plus coverage are listed in this document.

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

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

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

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

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

Can the Part D Formulary change?

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

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

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

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

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

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

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

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

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

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

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

This formulary is current as of 12/1/2025. To get updated information about the drugs covered by your plan, please refer to your formulary online at www.anthem.com/ca, or call Pharmacy Member Services. Our contact information appears on the front and back covers.

How do I use the Part D Formulary?

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

Medical Condition

The formulary begins on page 12. 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 12, 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 88. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

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

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

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

Are there any restrictions on my coverage?

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

These requirements and limits may include:

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 12. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online at www.anthem.com/ca the prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back covers.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

For more information

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

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

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

Your plan's Part D Formulary

The formulary that begins on page 12 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 88.

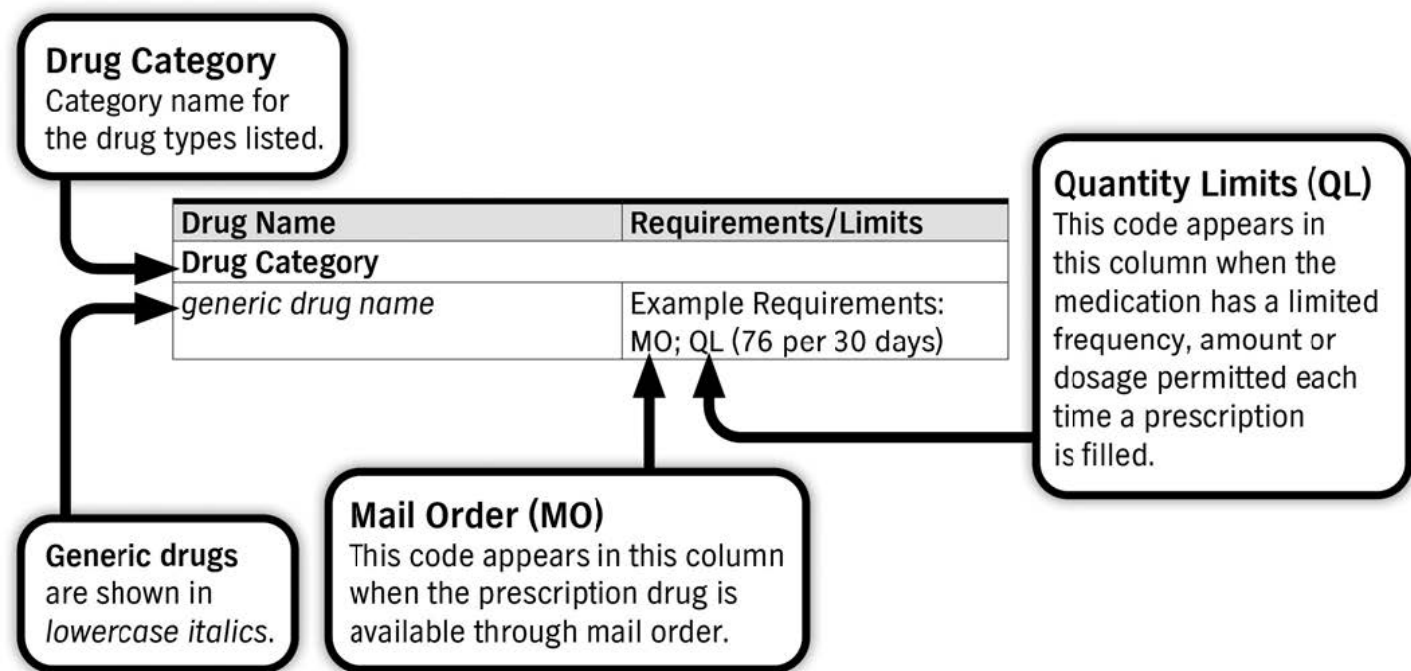
The **first column** of the chart lists the drug name. Brand name drugs are capitalized (e.g., HUMALOG) and generic drugs are listed in lowercase italics (e.g., *enalapril*).

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

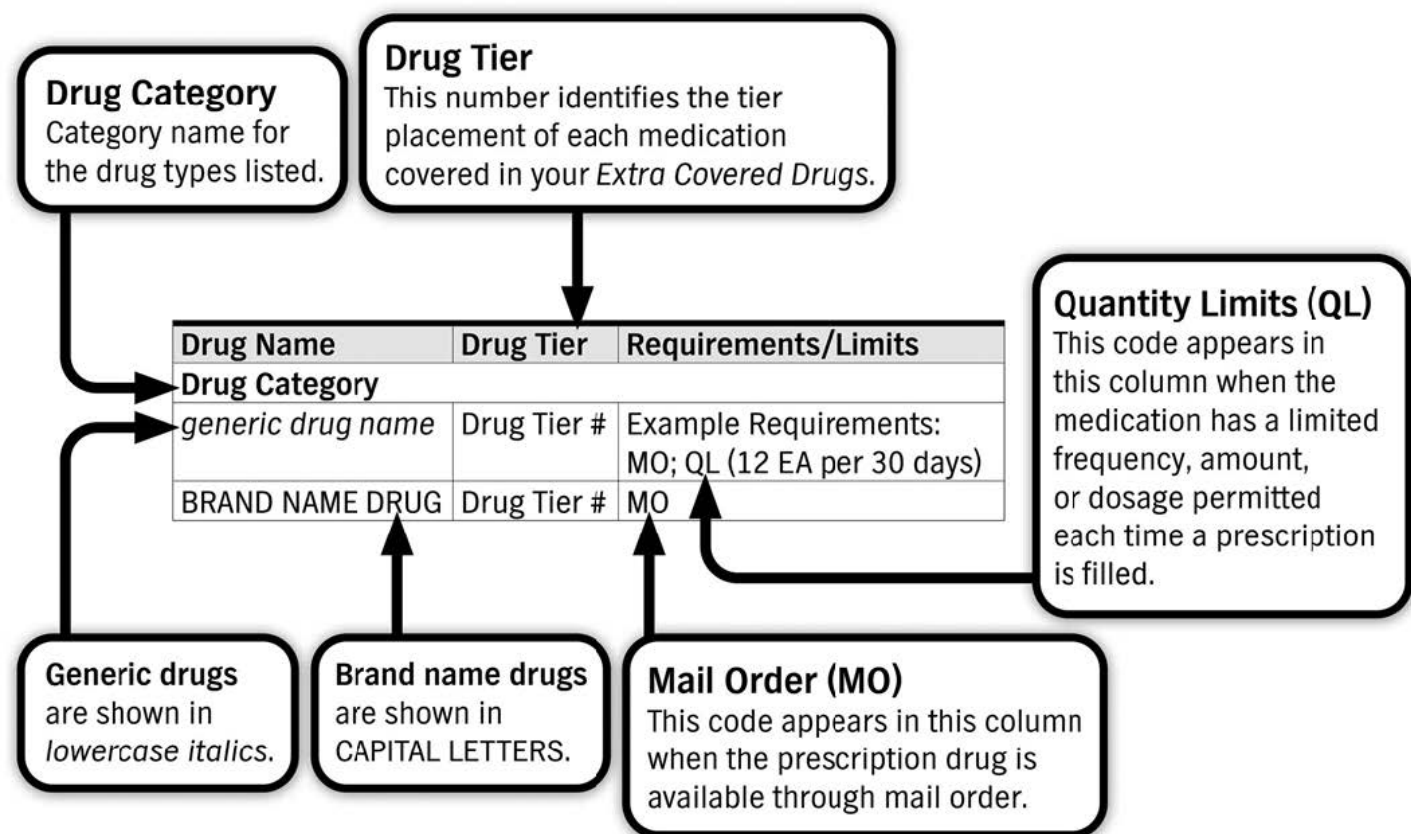
Tier Number	Tier Label
1	Generics
2	Preferred Drugs
3	Non-Preferred Drugs, including Specialty Drugs

The **third column** tells you if your plan has any special requirements for coverage of your drug. The formulary chart legend, located on page 12, contains the list of special requirements which can be applied to drugs in your plan. The legend also gives you a description of the restriction and the code used in the drug chart to tell you that the restriction applies to a specific drug.

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



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



Select Generics for 2025

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

Legend

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

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

Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
Cardiovascular Agents		fosinopril sodium oral tablet	10 mg, 20 mg, 40 mg
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	furosemide oral tablet	20 mg, 40 mg, 80 mg
atenolol oral tablet	100 mg, 25 mg, 50 mg	hydrochlorothiazide oral capsule	12.5 mg
atenolol-chlorthalidone oral tablet	100-25 mg, 50-25 mg	hydrochlorothiazide oral tablet	12.5 mg, 25 mg, 50 mg
atorvastatin calcium oral tablet	10 mg, 20 mg, 40 mg, 80 mg	irbesartan oral tablet	150 mg, 300 mg, 75 mg
	QL (30 per 30 days)		QL (30 per 30 days)
benazepril hcl oral tablet	10 mg, 20 mg, 40 mg, 5 mg	irbesartan-hydrochlorothiazide oral tablet	150-12.5 mg, 300-12.5 mg
benazepril-hydrochlorothiazide oral tablet	10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg		QL (30 per 30 days)
bisoprolol fumarate oral tablet	10 mg, 5 mg	lisinopril oral tablet	10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg
bisoprolol-hydrochlorothiazide oral tablet	10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	lisinopril-hydrochlorothiazide oral tablet	10-12.5 mg, 20-12.5 mg, 20-25 mg
carvedilol oral tablet	12.5 mg, 25 mg, 3.125 mg, 6.25 mg	losartan potassium oral tablet	100 mg
chlorthalidone oral tablet	25 mg, 50 mg		QL (30 per 30 days)
enalapril maleate oral tablet	10 mg, 2.5 mg, 20 mg, 5 mg	losartan potassium oral tablet	25 mg, 50 mg
enalapril-hydrochlorothiazide oral tablet	10-25 mg, 5-12.5 mg		QL (60 per 30 days)
		losartan potassium-hctz oral tablet	100-12.5 mg, 100-25 mg, 50-12.5 mg
			QL (30 per 30 days)
		lovastatin oral tablet	10 mg, 20 mg, 40 mg
			QL (60 per 30 days)
		metoprolol tartrate oral tablet	100 mg, 25 mg, 50 mg
		olmesartan medoxomil oral tablet	20 mg, 40 mg
			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	Requirements/ Limits
olmesartan medoxomil oral tablet 5 mg	QL (60 per 30 days)
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	QL (30 per 30 days)
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	QL (30 per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	QL (30 per 30 days)
trandolapril oral tablet 1 mg, 2 mg, 4 mg	
valsartan oral tablet 160 mg	QL (60 per 30 days)
valsartan oral tablet 320 mg	QL (30 per 30 days)
valsartan oral tablet 40 mg, 80 mg	QL (90 per 30 days)
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	QL (30 per 30 days)
Endocrine And Metabolic Disorder Agents	
alendronate sodium oral tablet 10 mg, 5 mg	QL (30 per 30 days)
alendronate sodium oral tablet 35 mg, 70 mg	QL (4 per 28 days)
glimepiride oral tablet 1 mg	QL (240 per 30 days)
glimepiride oral tablet 2 mg	QL (120 per 30 days)
glimepiride oral tablet 4 mg	QL (60 per 30 days)
glipizide er oral tablet extended release 24 hour 10 mg	QL (60 per 30 days)
glipizide er oral tablet extended release 24 hour 2.5 mg	QL (240 per 30 days)

Drug Name	Requirements/ Limits
glipizide er oral tablet extended release 24 hour 5 mg	QL (120 per 30 days)
glipizide oral tablet 10 mg	QL (120 per 30 days)
glipizide oral tablet 5 mg	QL (240 per 30 days)
glipizide xl oral tablet extended release 24 hour 10 mg	QL (60 per 30 days)
glipizide xl oral tablet extended release 24 hour 2.5 mg	QL (240 per 30 days)
glipizide xl oral tablet extended release 24 hour 5 mg	QL (120 per 30 days)
glipizide-metformin hcl oral tablet 2.5-250 mg	QL (240 per 30 days)
glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg	QL (120 per 30 days)
metformin hcl er oral tablet extended release 24 hour 500 mg	QL (120 per 30 days)
metformin hcl er oral tablet extended release 24 hour 750 mg	QL (60 per 30 days)
metformin hcl oral tablet 1000 mg	QL (60 per 30 days)
metformin hcl oral tablet 500 mg	QL (150 per 30 days)
metformin hcl oral tablet 850 mg	QL (90 per 30 days)
pioglitazone hcl oral tablet 15 mg	QL (90 per 30 days)
pioglitazone hcl oral tablet 30 mg	QL (45 per 30 days)
pioglitazone hcl oral tablet 45 mg	QL (30 per 30 days)

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

Covered Medications by Therapeutic Category - Part D Eligible Drugs

Legend

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

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

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

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

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

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

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

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

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

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

Part D Eligible Drugs

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>butorphanol tartrate nasal</i>	1	QL (5 per 30 days); NEDS
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	1	QL (60 per 30 days); MO
<i>celecoxib oral capsule 400 mg</i>	1	QL (30 per 30 days); MO
<i>codeine sulfate oral tablet</i>	2	QL (180 per 30 days); NEDS
<i>colchicine oral</i>	1	
<i>colchicine-probenecid</i>	1	MO
<i>diclofenac potassium oral tablet 50 mg</i>	1	MO
<i>diclofenac sodium er</i>	1	MO
<i>diclofenac sodium external solution 1.5 %</i>	1	QL (300 per 30 days)
<i>diclofenac sodium oral</i>	1	MO
<i>diclofenac-misoprostol oral tablet delayed release</i>	1	MO
<i>diflunisal oral</i>	1	MO
<i>duramorph</i>	1	
<i>ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG</i>	1	QL (180 per 30 days); NEDS
<i>etodolac er</i>	1	MO
<i>etodolac oral</i>	1	MO
<i>febuxostat</i>	1	ST; MO
<i>fentanyl citrate buccal lozenge on a handle 1600 mcg, 200 mcg, 400 mcg, 800 mcg</i>	3	PA; QL (120 per 30 days); NEDS; S
<i>fentanyl citrate buccal tablet 400 mcg, 600 mcg, 800 mcg</i>	3	PA; QL (120 per 30 days); NEDS; S
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PA; QL (15 per 30 days); NEDS
<i>flurbiprofen oral tablet 100 mg</i>	1	MO

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	1	QL (180 per 30 days); NEDS
<i>morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	1	
<i>morphine sulfate (pf) injection solution 10 mg/ml, 4 mg/ml, 5 mg/ml</i>	2	
<i>morphine sulfate (pf) injection solution 8 mg/ml</i>	3	
<i>morphine sulfate (pf) intravenous solution 1 mg/ml, 2 mg/ml</i>	2	
<i>morphine sulfate (pf) intravenous solution 10 mg/ml</i>	1	
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	3	PA; QL (60 per 30 days); NEDS
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>	1	PA; QL (60 per 30 days); NEDS
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	1	PA; QL (90 per 30 days); NEDS
<i>morphine sulfate injection solution 2 mg/ml, 4 mg/ml</i>	2	
<i>morphine sulfate intravenous solution 10 mg/ml, 50 mg/ml</i>	1	
<i>morphine sulfate intravenous solution 2 mg/ml, 4 mg/ml</i>	2	
<i>morphine sulfate intravenous solution 8 mg/ml</i>	3	
<i>morphine sulfate oral solution</i>	1	QL (900 per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate oral tablet</i>	1	QL (180 per 30 days); NEDS
<i>nabumetone oral</i>	1	MO
<i>naproxen dr oral tablet delayed release 500 mg</i>	1	MO
<i>naproxen oral suspension</i>	1	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet delayed release</i>	1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>oxaprozin oral tablet</i>	1	MO
<i>oxycodone hcl oral capsule</i>	1	QL (180 per 30 days); NEDS
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	1	QL (180 per 30 days); NEDS
<i>oxycodone hcl oral solution</i>	1	QL (900 per 30 days); NEDS
<i>oxycodone hcl oral tablet</i>	1	QL (180 per 30 days); NEDS
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (180 per 30 days); NEDS
<i>pentazocine-naloxone hcl</i>	1	PA; QL (360 per 30 days); NEDS
<i>piroxicam oral</i>	1	MO
<i>probenecid oral</i>	1	MO
<i>salsalate oral</i>	1	MO
<i>sulindac oral tablet 150 mg</i>	1	MO
<i>sulindac oral tablet 200 mg</i>	1	MO
<i>tolmetin sodium oral capsule</i>	1	MO
<i>tolmetin sodium oral tablet 600 mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	3	PA; QL (30 per 30 days); NEDS
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour</i>	1	PA; QL (30 per 30 days); NEDS
<i>tramadol hcl er</i>	1	PA; QL (30 per 30 days); NEDS
<i>tramadol hcl oral tablet 50 mg</i>	1	QL (240 per 30 days); NEDS
<i>tramadol-acetaminophen</i>	1	QL (40 per 5 days); NEDS
Antineoplastics		
<i>abiraterone acetate oral tablet 250 mg</i>	3	PA; QL (120 per 30 days); S
<i>abiraterone acetate oral tablet 500 mg</i>	3	PA; QL (60 per 30 days); S
ABIRTEGA	2	PA; QL (120 per 30 days)
ADRIAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	1	B/D PA
AKEEGA	3	PA; QL (60 per 30 days); S
ALECENSA	3	PA; QL (240 per 30 days); LA; S
ALUNBRIG ORAL TABLET 180 MG	3	PA; QL (30 per 30 days); LA; S
ALUNBRIG ORAL TABLET 30 MG	3	PA; QL (180 per 30 days); LA; S
ALUNBRIG ORAL TABLET 90 MG	3	PA; QL (60 per 30 days); LA; S
ALUNBRIG ORAL TABLET THERAPY PACK	3	PA; QL (30 per 180 days); LA; S
<i>anastrozole oral</i>	1	QL (30 per 30 days); MO
AUGTYRO ORAL CAPSULE 160 MG	3	PA; QL (60 per 30 days); S

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Drug Name	Drug Tier	Requirements/ Limits
AUGTYRO ORAL CAPSULE 40 MG	3	PA; QL (240 per 30 days); S
AVASTIN	3	PA; LA; S
AVMAPKI FAKZYNJA CO-PACK	3	PA; QL (66 per 28 days); 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
BOSULIF ORAL CAPSULE 100 MG	3	PA; QL (180 per 30 days); LA; S
BOSULIF ORAL CAPSULE 50 MG	3	PA; QL (30 per 30 days); LA; S
BOSULIF ORAL TABLET 100 MG	3	PA; QL (180 per 30 days); S
BOSULIF ORAL TABLET 400 MG, 500 MG	3	PA; QL (30 per 30 days); S

Drug Name	Drug Tier	Requirements/ Limits
BRAFTOVI ORAL CAPSULE 75 MG	3	PA; QL (180 per 30 days); LA; S
BRUKINSA ORAL CAPSULE	3	PA; QL (120 per 30 days); LA; S
BRUKINSA ORAL TABLET	3	PA; QL (60 per 30 days); 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 solution 500 mg/2.5ml, 500 mg/ml</i>	3	S
<i>cyclophosphamide oral capsule</i>	2	B/D PA
CYRAMZA	3	PA; LA; S
DANZITEN	3	PA; QL (112 per 28 days); S
DARZALEX	3	PA; 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
DARZALEX FASPRO	3	PA; S
<i>dasatinib</i>	3	PA; QL (30 per 30 days); S
DAURISMO ORAL TABLET 100 MG	3	PA; QL (30 per 30 days); LA; S
DAURISMO ORAL TABLET 25 MG	3	PA; QL (60 per 30 days); LA; S
<i>decitabine</i>	3	S
<i>doxorubicin hcl intravenous solution</i>	3	B/D PA
<i>doxorubicin hcl intravenous solution reconstituted</i>	1	B/D PA
<i>doxorubicin hcl liposomal</i>	3	PA; S
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 7.5 MG	2	PA
ELIGARD SUBCUTANEOUS KIT 30 MG, 45 MG	3	PA
ELITEK	3	PA; S
EMPLICITI	3	PA; LA; S
ENHERTU	3	PA; S
ERBITUX	3	PA; S
ERIVEDGE	3	PA; QL (30 per 30 days); LA; S
ERLEADA ORAL TABLET 240 MG	3	PA; QL (30 per 30 days); LA; S
ERLEADA ORAL TABLET 60 MG	3	PA; QL (120 per 30 days); 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
EULEXIN	3	S
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	3	PA; S

Drug Name	Drug Tier	Requirements/ Limits
<i>everolimus oral tablet soluble</i>	3	PA; S
<i>exemestane</i>	1	QL (60 per 30 days); MO
FIRMAGON (240 MG DOSE)	3	PA; S
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	2	PA
<i>fluorouracil intravenous</i>	1	B/D PA
FOTIVDA	3	PA; QL (21 per 28 days); S
FRUZAQLA ORAL CAPSULE 1 MG	3	PA; QL (84 per 28 days); LA; S
FRUZAQLA ORAL CAPSULE 5 MG	3	PA; QL (21 per 28 days); LA; S
<i>fulvestrant intramuscular solution prefilled syringe</i>	3	
GAVRETO	3	PA; QL (120 per 30 days); LA; S
GAZYVA	3	PA; LA; S
<i>gefitinib</i>	3	PA; QL (60 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

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Drug Name	Drug Tier	Requirements/ Limits
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	3	PA
GLEOSTINE ORAL CAPSULE 100 MG	3	PA; S
GOMEKLI ORAL CAPSULE 1 MG	3	PA; QL (240 per 30 days); S
GOMEKLI ORAL CAPSULE 2 MG	3	PA; QL (120 per 30 days); S
GOMEKLI ORAL TABLET SOLUBLE	3	PA; QL (240 per 30 days); S
HERCEPTIN HYLECTA	3	B/D PA; S
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	3	B/D PA; S
HERNEXEOS	3	PA; QL (90 per 30 days); S
<i>hydroxyurea oral</i>	1	
IBRANCE	3	PA; QL (21 per 28 days); LA; S
IBTROZI	3	PA; QL (90 per 30 days); 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
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

Drug Name	Drug Tier	Requirements/ Limits
IMBRUVICA ORAL TABLET 280 MG, 420 MG	3	PA; QL (30 per 30 days); LA; S
IMFINZI	3	PA; LA; S
<i>imkeldi</i>	3	PA; QL (280 per 28 days); 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
ITOVEBI ORAL TABLET 3 MG	3	PA; QL (56 per 28 days); S
ITOVEBI ORAL TABLET 9 MG	3	PA; QL (28 per 28 days); S
IWILFIN	3	PA; QL (240 per 30 days); S
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 28 days); S

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

Drug Name	Drug Tier	Requirements/ Limits
KISQALI (400 MG DOSE)	3	PA; QL (42 per 28 days); S
KISQALI (600 MG DOSE)	3	PA; QL (63 per 28 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
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
LAZCLUZE ORAL TABLET 240 MG	3	PA; QL (30 per 30 days); S
LAZCLUZE ORAL TABLET 80 MG	3	PA; QL (60 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

Drug Name	Drug Tier	Requirements/ Limits
LENVIMA (8 MG DAILY DOSE)	3	PA; QL (60 per 30 days); LA; S
<i>letrozole oral</i>	1	QL (30 per 30 days); MO
<i>leucovorin calcium injection solution 100 mg/10ml</i>	1	
<i>leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 500 mg</i>	1	B/D PA
<i>leucovorin calcium oral</i>	1	
LEUKERAN	3	S
<i>leuprolide acetate (3 month)</i>	3	PA
<i>leuprolide acetate injection</i>	1	PA
LONSURF	3	PA; S
LORBRENA ORAL TABLET 100 MG	3	PA; QL (30 per 30 days); LA; S
LORBRENA ORAL TABLET 25 MG	3	PA; QL (90 per 30 days); LA; S
LUMAKRAS ORAL TABLET 120 MG	3	PA; QL (240 per 30 days); LA; S
LUMAKRAS ORAL TABLET 240 MG	3	PA; QL (120 per 30 days); S
LUMAKRAS ORAL TABLET 320 MG	3	PA; QL (90 per 30 days); S
LUPRON DEPOT (1-MONTH)	3	PA; QL (1 per 28 days); S
LUPRON DEPOT (3-MONTH)	3	PA; QL (1 per 84 days); S
LUPRON DEPOT (4-MONTH)	3	PA; QL (1 per 112 days); S
LUPRON DEPOT (6-MONTH)	3	PA; QL (1 per 168 days); S
LYNPARZA ORAL TABLET	3	PA; QL (120 per 30 days); LA; S
LYSODREN	3	S

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Drug Name	Drug Tier	Requirements/ Limits
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>mercaptopurine oral suspension</i>	3	PA; S
<i>mercaptopurine oral tablet</i>	1	
<i>mesna intravenous</i>	1	
<i>mesna oral</i>	3	S
<i>mitomycin intravenous solution reconstituted 5 mg</i>	1	B/D PA
MODEYSO	3	PA; QL (20 per 28 days); S
MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	3	B/D PA; S
MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 5 MG	1	B/D PA
NERLYNX	3	PA; QL (180 per 30 days); LA; S

Drug Name	Drug Tier	Requirements/ Limits
<i>nilotinib hcl</i>	3	PA; QL (112 per 28 days); S
<i>nilutamide</i>	3	QL (30 per 30 days); S
NINLARO	3	PA; QL (3 per 28 days); S
NUBEQA	3	PA; QL (120 per 30 days); LA; S
ODOMZO	3	PA; QL (30 per 30 days); LA; S
OGSIVEO ORAL TABLET 100 MG, 150 MG	3	PA; QL (60 per 30 days); S
OGSIVEO ORAL TABLET 50 MG	3	PA; QL (180 per 30 days); S
OJEMDA ORAL SUSPENSION RECONSTITUTED	3	PA; QL (96 per 28 days); S
OJEMDA ORAL TABLET	3	PA; QL (24 per 28 days); S
OJJAARA	3	PA; QL (30 per 30 days); LA; S
ONUREG	3	PA; QL (14 per 28 days); LA; S
OPDIVO	3	PA; LA; S
ORGOVYX	3	PA; QL (30 per 28 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</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

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Drug Name	Drug Tier	Requirements/ Limits
<i>pazopanib hcl</i>	3	PA; QL (120 per 30 days); S
PEMAZYRE	3	PA; QL (30 per 30 days); LA; S
PERJETA	3	PA; S
PHESGO	3	PA; S
PHYRAGO	3	PA; QL (30 per 30 days); 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
RETEVMO ORAL TABLET 120 MG, 160 MG	3	PA; QL (60 per 30 days); S
RETEVMO ORAL TABLET 40 MG	3	PA; QL (180 per 30 days); S
RETEVMO ORAL TABLET 80 MG	3	PA; QL (120 per 30 days); S
REVUFORJ ORAL TABLET 110 MG	3	PA; QL (120 per 30 days); S
REVUFORJ ORAL TABLET 160 MG	3	PA; QL (60 per 30 days); S
REVUFORJ ORAL TABLET 25 MG	3	PA; QL (180 per 30 days); S
REZLIDHIA	3	PA; QL (60 per 30 days); LA; S
RIABNI	3	B/D PA; S

Drug Name	Drug Tier	Requirements/ Limits
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
ROMVIMZA	3	PA; QL (8 per 28 days); S
ROZLYTREK ORAL CAPSULE 100 MG	3	PA; QL (150 per 30 days); LA; S
ROZLYTREK ORAL CAPSULE 200 MG	3	PA; QL (90 per 30 days); LA; S
ROZLYTREK ORAL PACKET	3	PA; QL (360 per 30 days); LA; S
RUBRACA	3	PA; QL (120 per 30 days); LA; S
RYBREVAANT	3	PA; S
RYDAPT	3	PA; QL (240 per 30 days); S
RYLAZE	3	PA; S
SARCLISA	3	PA; S
SCEMBLIX ORAL TABLET 100 MG	3	PA; QL (120 per 30 days); S
SCEMBLIX ORAL TABLET 20 MG	3	PA; QL (60 per 30 days); S
SCEMBLIX ORAL TABLET 40 MG	3	PA; QL (300 per 30 days); S
SOLTAMOX	3	MO; S
<i>sorafenib tosylate</i>	3	PA; QL (120 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
TABLOID	3	
TABRECTA	3	PA; QL (120 per 30 days); S
TAFINLAR ORAL CAPSULE	3	PA; QL (120 per 30 days); LA; S

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

Drug Name	Drug Tier	Requirements/ Limits
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, 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	3	PA; LA; S
TECENTRIQ HYBREZA	3	PA; S
TECVAYLI	3	PA; S
TEPMETKO	3	PA; QL (60 per 30 days); LA; S
THALOMID ORAL CAPSULE 100 MG, 50 MG	3	PA; QL (30 per 30 days); S
THALOMID ORAL CAPSULE 150 MG, 200 MG	3	PA; QL (60 per 30 days); S
TIBSOVO	3	PA; QL (60 per 30 days); LA; S
TICE BCG	2	
<i>toremifene citrate</i>	3	QL (30 per 30 days)
<i>tretinoin oral</i>	3	S
TRODELVY	3	PA; S
TRUQAP	3	PA; QL (64 per 28 days); S
TUKYSA	3	PA; QL (120 per 30 days); LA; S
TURALIO ORAL CAPSULE 125 MG	3	PA; QL (120 per 30 days); LA; S
VANFLYTA	3	PA; QL (56 per 28 days); S

Drug Name	Drug Tier	Requirements/ Limits
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	3	PA; S
VENCLEXTA ORAL TABLET 10 MG	2	PA; QL (60 per 30 days); LA
VENCLEXTA ORAL TABLET 100 MG	3	PA; QL (180 per 30 days); LA; S
VENCLEXTA ORAL TABLET 50 MG	3	PA; QL (30 per 30 days); LA; S
VENCLEXTA STARTING PACK	3	PA; LA; S
VERZENIO	3	PA; QL (56 per 28 days); LA; S
<i>vinblastine sulfate intravenous solution</i>	1	B/D PA
<i>vincristine sulfate intravenous</i>	1	B/D PA
<i>vinorelbine tartrate</i>	1	B/D PA
VITRAKVI ORAL CAPSULE 100 MG	3	PA; QL (60 per 30 days); LA; S
VITRAKVI ORAL CAPSULE 25 MG	3	PA; QL (180 per 30 days); LA; S
VITRAKVI ORAL SOLUTION	3	PA; QL (300 per 30 days); LA; S
VIZIMPRO	3	PA; QL (30 per 30 days); LA; S
VONJO	3	PA; QL (120 per 30 days); LA; S
VORANIGO ORAL TABLET 10 MG	3	PA; QL (60 per 30 days); S
VORANIGO ORAL TABLET 40 MG	3	PA; QL (30 per 30 days); S
WELIREG	3	PA; QL (90 per 30 days); LA; S
XALKORI ORAL CAPSULE	3	PA; QL (120 per 30 days); LA; S
XALKORI ORAL CAPSULE SPRINKLE 150 MG	3	PA; QL (180 per 30 days); LA; S
XALKORI ORAL CAPSULE SPRINKLE 20 MG	3	PA; QL (240 per 30 days); LA; S

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

Drug Name	Drug Tier	Requirements/ Limits
XALKORI ORAL CAPSULE SPRINKLE 50 MG	3	PA; QL (120 per 30 days); LA; S
XOSPATA	3	PA; QL (90 per 30 days); LA; S
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	3	PA; QL (8 per 28 days); LA; S
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	3	PA; QL (16 per 28 days); S
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA; QL (4 per 28 days); LA; S
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA; QL (8 per 28 days); LA; S
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	3	PA; QL (4 per 28 days); LA; S
XPOVIO (60 MG TWICE WEEKLY)	3	PA; QL (24 per 28 days); LA; S
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA; QL (8 per 28 days); LA; S
XPOVIO (80 MG TWICE WEEKLY)	3	PA; QL (32 per 28 days); LA; S
XTANDI ORAL CAPSULE	3	PA; QL (120 per 30 days); LA; S
XTANDI ORAL TABLET 40 MG	3	PA; QL (120 per 30 days); S
XTANDI ORAL TABLET 80 MG	3	PA; QL (60 per 30 days); S
YERVOY	3	PA; S
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

Drug Name	Drug Tier	Requirements/ Limits
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, 40 MCG/ML	3	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 60 MCG/ML	2	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML	2	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	3	PA; S
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 60 MCG/0.3ML	3	PA
<i>aspirin-dipyridamole er</i>	1	ST; QL (60 per 30 days); MO
BRILINTA	2	QL (60 per 30 days); MO
<i>cilostazol</i>	1	MO
CINRYZE	3	PA; LA; S
<i>clopidogrel bisulfate oral tablet 300 mg</i>	1	QL (1 per 30 days)

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>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 DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	2	QL (74 per 180 days)
ELIQUIS ORAL TABLET 2.5 MG	2	QL (60 per 30 days); MO
ELIQUIS ORAL TABLET 5 MG	2	QL (74 per 30 days); MO
<i>eltrombopag olamine oral packet 12.5 mg</i>	3	PA; QL (360 per 30 days); S
<i>eltrombopag olamine oral packet 25 mg</i>	3	PA; QL (180 per 30 days); S
<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg</i>	3	PA; QL (30 per 30 days); S
<i>eltrombopag olamine oral tablet 50 mg</i>	3	PA; QL (90 per 30 days); S
<i>eltrombopag olamine oral tablet 75 mg</i>	3	PA; QL (60 per 30 days); S
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	1	QL (168 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	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</i>	1	QL (22.4 per 28 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>prefilled syringe 40 mg/0.4ml</i>		
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	1	QL (33.6 per 28 days)
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
<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	

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
FULPHILA	3	PA; QL (1.2 per 28 days); S
GRANIX	3	PA; S
<i>heparin (porcine) in nacl intravenous solution 12500-0.45 ut/250ml-%, 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%</i>	2	B/D PA
<i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%</i>	1	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1	B/D PA
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml</i>	1	B/D PA
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	3	PA; S
<i>jantoven</i>	1	MO
<i>l-glutamine oral packet</i>	3	PA; S
LEUKINE INJECTION SOLUTION RECONSTITUTED	3	PA; S
NEULASTA ONPRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	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, 480 MCG/1.6ML	3	PA; S
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	3	PA; S

Drug Name	Drug Tier	Requirements/ Limits
NIVESTYM INJECTION SOLUTION	3	PA; S
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	3	PA
<i>pentoxifylline er</i>	1	MO
<i>plerixafor</i>	3	PA
<i>prasugrel hcl</i>	1	QL (30 per 30 days); MO
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	3	PA; S
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>ticagrelor</i>	2	QL (60 per 30 days); MO
<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

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Drug Name	Drug Tier	Requirements/ Limits
XARELTO ORAL TABLET 10 MG, 20 MG	2	QL (30 per 30 days); MO
XARELTO ORAL TABLET 15 MG, 2.5 MG	2	QL (60 per 30 days); MO
XARELTO STARTER PACK	2	
ZARXIO	3	PA; S
ZIEXTENZO	3	PA; QL (1.2 per 28 days); S
Cardiovascular Agents		
acebutolol hcl oral	1	MO
acetazolamide oral	1	MO
aliskiren fumarate	1	MO
amiloride hcl oral	1	MO
amiloride-hydrochlorothiazide	1	MO
amiodarone hcl intravenous	1	B/D PA
amiodarone hcl oral	1	MO
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg	1	QL (30 per 30 days); MO
amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-10 mg, 5-20 mg	1	QL (60 per 30 days); MO
amlodipine besylate oral	1	MO
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg	1	QL (30 per 30 days); MO
amlodipine besylate-valsartan oral tablet 5-160 mg	1	QL (60 per 30 days); MO
amlodipine-atorvastatin	1	QL (30 per 30 days); MO
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-40 mg	1	QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
amlodipine-olmesartan oral tablet 5-20 mg	1	QL (60 per 30 days); MO
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg	1	QL (30 per 30 days); MO
amlodipine-valsartan-hctz oral tablet 5-160-12.5 mg	1	QL (60 per 30 days); MO
atenolol oral	1	MO
atenolol-chlorthalidone	1	MO
atorvastatin calcium oral	1	QL (30 per 30 days); MO
benazepril hcl oral	1	MO
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 5-6.25 mg	1	QL (60 per 30 days); MO
benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	1	QL (30 per 30 days); MO
betaxolol hcl oral	1	MO
bisoprolol fumarate oral	1	MO
bisoprolol-hydrochlorothiazide	1	MO
bumetanide injection	1	
bumetanide oral	1	MO
candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg	1	QL (60 per 30 days); MO
candesartan cilexetil oral tablet 32 mg	1	QL (30 per 30 days); MO
candesartan cilexetil-hctz oral tablet 16-12.5 mg	1	QL (60 per 30 days); MO
candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg	1	QL (30 per 30 days); MO
captopril oral tablet 100 mg	1	QL (120 per 30 days); MO

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>captopril oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	QL (180 per 30 days); MO
<i>captopril-hydrochlorothiazide</i>	1	QL (60 per 30 days); MO
<i>CARTIA XT</i>	1	MO
<i>carvedilol</i>	1	MO
<i>carvedilol phosphate er</i>	1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>cholestyramine light</i>	1	MO
<i>cholestyramine oral</i>	1	MO
<i>clonidine hcl oral</i>	1	MO
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr</i>	1	QL (12 per 28 days); MO
<i>clonidine transdermal patch weekly 0.3 mg/24hr</i>	1	QL (4 per 28 days); MO
<i>colesevelam hcl</i>	1	MO
<i>colestipol hcl</i>	1	MO
<i>CORLANOR ORAL SOLUTION</i>	3	PA; QL (560 per 28 days); MO
<i>digox oral tablet 125 mcg</i>	1	QL (30 per 30 days); MO
<i>digox oral tablet 250 mcg</i>	1	QL (60 per 30 days); MO
<i>digoxin oral solution</i>	1	MO
<i>digoxin oral tablet 125 mcg</i>	1	QL (30 per 30 days); MO
<i>digoxin oral tablet 250 mcg</i>	1	QL (60 per 30 days); MO
<i>digoxin oral tablet 62.5 mcg</i>	2	QL (30 per 30 days); MO
<i>dilt-xr</i>	1	MO
<i>diltiazem hcl er beads</i>	1	MO
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	1	MO
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	MO
<i>diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	MO
<i>diltiazem hcl intravenous solution</i>	1	
<i>diltiazem hcl intravenous solution reconstituted</i>	2	
<i>diltiazem hcl oral tablet</i>	1	MO
<i>disopyramide phosphate oral</i>	1	PA; MO
<i>dofetilide</i>	1	
<i>doxazosin mesylate oral</i>	1	MO
<i>droxidopa oral capsule 100 mg</i>	3	PA; QL (90 per 30 days)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	3	PA; QL (180 per 30 days); S
<i>enalapril maleate oral tablet</i>	1	MO
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	1	QL (60 per 30 days); MO
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	QL (120 per 30 days); MO
<i>ENTRESTO ORAL CAPSULE SPRINKLE</i>	2	QL (240 per 30 days); MO
<i>ENTRESTO ORAL TABLET 24-26 MG</i>	2	QL (180 per 30 days); MO
<i>ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG</i>	2	QL (60 per 30 days); MO
<i>epplerenone</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
ezetimibe	1	QL (30 per 30 days); MO
ezetimibe-simvastatin	1	PA; QL (30 per 30 days); MO
felodipine er	1	MO
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	MO
fenofibrate oral capsule 134 mg, 200 mg, 50 mg, 67 mg	1	MO
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	MO
fenofibrate oral tablet 40 mg	3	MO
fenofibric acid oral capsule delayed release	1	MO
flecainide acetate	1	MO
fluvastatin sodium	1	QL (60 per 30 days); MO
fluvastatin sodium er	1	QL (30 per 30 days); MO
fosinopril sodium	1	MO
fosinopril sodium-hctz oral tablet 10-12.5 mg	1	QL (60 per 30 days); MO
fosinopril sodium-hctz oral tablet 20-12.5 mg	1	QL (120 per 30 days); MO
furosemide injection	1	
furosemide oral solution 10 mg/ml	1	MO
furosemide oral solution 8 mg/ml	1	MO
furosemide oral tablet	1	MO
gemfibrozil oral	1	MO
guanfacine hcl oral	1	PA; MO
hydralazine hcl injection	1	
hydralazine hcl oral	1	MO

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>losartan potassium oral tablet 25 mg, 50 mg</i>	1	QL (60 per 30 days); MO
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg</i>	1	QL (30 per 30 days); MO
<i>losartan potassium-hctz oral tablet 50-12.5 mg</i>	1	QL (60 per 30 days); MO
<i>lovastatin oral</i>	1	QL (60 per 30 days); MO
MATZIM LA	1	MO
<i>methyldopa oral</i>	1	PA
<i>metolazone</i>	1	MO
<i>metoprolol succinate er</i>	1	MO
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	1	MO
<i>metoprolol-hydrochlorothiazide</i>	1	MO
<i>metyrosine</i>	3	S
<i>mexiletine hcl oral</i>	1	MO
<i>midodrine hcl</i>	1	
<i>minoxidil oral</i>	1	MO
<i>moexipril hcl</i>	1	MO
MULTAQ	2	QL (60 per 30 days); MO
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	MO
<i>nebivolol hcl</i>	1	MO
NEXLETOL	2	PA; QL (30 per 30 days); MO
NEXLIZET	2	PA; QL (30 per 30 days); MO
<i>niacin (antihyperlipidemic)</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>niacin er (antihyperlipidemic)</i>	1	MO
<i>niacor</i>	1	
<i>nicardipine hcl intravenous</i>	1	
<i>nicardipine hcl oral</i>	1	MO
<i>nifedipine er</i>	1	MO
<i>nifedipine er osmotic release</i>	1	MO
<i>nifedipine oral</i>	1	PA; MO
<i>nimodipine oral capsule</i>	1	
<i>nisoldipine er</i>	1	MO
NITRO-BID	2	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
NORPACE CR	3	PA; MO
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	1	QL (30 per 30 days); MO
<i>olmesartan medoxomil oral tablet 5 mg</i>	1	QL (60 per 30 days); MO
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg</i>	1	QL (60 per 30 days); MO
<i>olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg</i>	1	QL (30 per 30 days); MO
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg</i>	1	QL (60 per 30 days); MO

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
olmesartan-amlodipine-hctz oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1	QL (30 per 30 days); MO
omega-3-acid ethyl esters	1	MO
pacerone oral tablet 100 mg, 200 mg, 400 mg	1	MO
perindopril erbumine	1	MO
phenoxybenzamine hcl oral	3	S
pindolol	1	MO
pitavastatin calcium	3	QL (30 per 30 days); MO
pravastatin sodium	1	QL (30 per 30 days); MO
prazosin hcl oral	1	MO
prevalite	1	MO
propafenone hcl	1	MO
propafenone hcl er	3	MO
propranolol hcl er	1	MO
propranolol hcl intravenous	1	
propranolol hcl oral solution	1	MO
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	MO
propranolol hcl oral tablet 60 mg	1	MO
quinapril hcl	1	MO
quinapril-hydrochlorothiazide	1	QL (60 per 30 days); MO
quinidine sulfate oral	1	MO
ramipril	1	MO
ranolazine er	1	PA; QL (60 per 30 days); MO
REPATHA	2	PA; QL (3 per 28 days)

Drug Name	Drug Tier	Requirements/ Limits
REPATHA PUSHTRONEX SYSTEM	2	PA; QL (3.5 per 28 days)
REPATHA SURECLICK	2	PA; QL (3 per 28 days)
rosuvastatin calcium oral	1	QL (30 per 30 days); MO
sacubitril-valsartan oral tablet 24-26 mg	1	QL (180 per 30 days); MO
sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg	1	QL (60 per 30 days); MO
simvastatin oral tablet	1	QL (30 per 30 days); MO
sotalol hcl (af) oral tablet 120 mg, 160 mg	1	MO
sotalol hcl (af) oral tablet 80 mg	1	MO
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg	1	MO
sotalol hcl oral tablet 80 mg	1	MO
spironolactone oral tablet 100 mg, 50 mg	1	MO
spironolactone oral tablet 25 mg	1	MO
spironolactone-hctz	1	MO
telmisartan oral tablet 20 mg, 40 mg	1	QL (30 per 30 days); MO
telmisartan oral tablet 80 mg	1	QL (60 per 30 days); MO
telmisartan-amlodipine	1	QL (30 per 30 days); MO
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg	1	QL (60 per 30 days); MO
telmisartan-hctz oral tablet 80-25 mg	1	QL (30 per 30 days); MO
terazosin hcl oral	1	MO
TIADYL ER	1	MO
timolol maleate 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>torsemide oral</i>	1	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil hcl er</i>	1	QL (30 per 30 days); MO
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hctz oral tablet</i>	1	MO
<i>valsartan oral tablet 160 mg</i>	1	QL (60 per 30 days); MO
<i>valsartan oral tablet 320 mg</i>	1	QL (30 per 30 days); MO
<i>valsartan oral tablet 40 mg, 80 mg</i>	1	QL (90 per 30 days); MO
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg</i>	1	QL (60 per 30 days); MO
<i>valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg</i>	1	QL (30 per 30 days); MO
VASCEPA	2	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
VERQUVO	3	PA; MO
Central Nervous System Agents		
ABILIFY ASIMTUFII INTRAMUSCULAR	3	QL (2.4 per 56 days); S

Drug Name	Drug Tier	Requirements/ Limits
PREFILLED SYRINGE 720 MG/2.4ML		
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
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 (120 per 30 days)
<i>alprazolam xr</i>	1	QL (90 per 30 days)
<i>amantadine hcl oral capsule</i>	1	MO
<i>amantadine hcl oral solution</i>	1	MO
<i>amantadine hcl oral tablet</i>	1	MO
<i>amitriptyline hcl oral</i>	1	MO
<i>amoxapine</i>	1	PA; MO

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Drug Name	Drug Tier	Requirements/ Limits
<i>amphetamine sulfate oral tablet 10 mg</i>	3	PA; QL (180 per 30 days); MO
<i>amphetamine sulfate oral tablet 5 mg</i>	3	PA; QL (90 per 30 days); MO
<i>amphetamine-dextroamphetamine</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	MO; S
<i>aripiprazole oral solution</i>	1	QL (900 per 30 days); MO
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	1	MO
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	1	QL (30 per 30 days); MO
<i>aripiprazole oral tablet dispersible 10 mg</i>	3	QL (90 per 30 days); MO
<i>aripiprazole oral tablet dispersible 15 mg</i>	3	QL (60 per 30 days); MO
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

Drug Name	Drug Tier	Requirements/ Limits
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	3	QL (3.2 per 28 days); MO; S
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	1	PA; QL (30 per 30 days); MO
<i>armodafinil oral tablet 50 mg</i>	1	PA; QL (60 per 30 days); MO
<i>asenapine maleate sublingual tablet sublingual 10 mg</i>	3	QL (60 per 30 days); MO
<i>asenapine maleate sublingual tablet sublingual 2.5 mg</i>	1	QL (240 per 30 days); MO
<i>asenapine maleate sublingual tablet sublingual 5 mg</i>	1	QL (120 per 30 days); MO
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL (60 per 30 days); MO
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	1	QL (30 per 30 days); MO
AUSTEDO	3	PA; QL (120 per 30 days); S
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 6 MG	3	PA; QL (60 per 30 days); S
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG	3	PA; QL (30 per 30 days); S
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	3	PA; 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

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

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

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Drug Name	Drug Tier	Requirements/ Limits
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	1	MO
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1	MO
carisoprodol oral tablet 350 mg	1	
chlordiazepoxide hcl	1	QL (120 per 30 days)
chlordiazepoxide-amitriptyline	1	PA; MO
chlorpromazine hcl injection	2	
chlorpromazine hcl oral concentrate	3	MO
chlorpromazine hcl oral tablet	1	MO
chlorzoxazone oral tablet 500 mg	1	PA
citalopram hydrobromide oral solution	1	QL (600 per 30 days); MO
citalopram hydrobromide oral tablet 10 mg	1	QL (120 per 30 days); MO
citalopram hydrobromide oral tablet 20 mg	1	QL (60 per 30 days); MO
citalopram hydrobromide oral tablet 40 mg	1	QL (30 per 30 days); MO
clobazam oral suspension 2.5 mg/ml	1	PA; QL (480 per 30 days); MO
clobazam oral tablet 10 mg	1	PA; QL (120 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
clobazam oral tablet 20 mg	1	PA; QL (60 per 30 days); MO
clomipramine hcl oral	1	PA; MO
clonazepam oral tablet 0.5 mg	1	QL (1200 per 30 days)
clonazepam oral tablet 1 mg	1	QL (600 per 30 days)
clonazepam oral tablet 2 mg	1	QL (300 per 30 days)
clonazepam oral tablet dispersible 0.125 mg	1	QL (4800 per 30 days)
clonazepam oral tablet dispersible 0.25 mg	1	QL (2400 per 30 days)
clonazepam oral tablet dispersible 0.5 mg	1	QL (1200 per 30 days)
clonazepam oral tablet dispersible 1 mg	1	QL (600 per 30 days)
clonazepam oral tablet dispersible 2 mg	1	QL (300 per 30 days)
clonidine hcl er oral tablet extended release 12 hour	1	QL (120 per 30 days); MO
clorazepate dipotassium	1	
clozapine oral tablet 100 mg	1	QL (270 per 30 days)
clozapine oral tablet 200 mg	1	QL (120 per 30 days)
clozapine oral tablet 25 mg	1	QL (1080 per 30 days)
clozapine oral tablet 50 mg	1	QL (540 per 30 days)
clozapine oral tablet dispersible 100 mg	1	QL (270 per 30 days)
clozapine oral tablet dispersible 12.5 mg	1	QL (2160 per 30 days)
clozapine oral tablet dispersible 150 mg	1	QL (180 per 30 days)
clozapine oral tablet dispersible 200 mg	3	QL (120 per 30 days); S

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Drug Name	Drug Tier	Requirements/ Limits
<i>clozapine oral tablet dispersible 25 mg</i>	1	QL (1080 per 30 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG	3	PA; QL (60 per 30 days); MO; S
COBENFY ORAL CAPSULE 50-20 MG	3	PA; QL (60 per 30 days)
COBENFY STARTER PACK	3	PA; S
<i>cyclobenzaprine hcl oral</i>	1	PA
<i>dalfampridine er</i>	2	PA; QL (60 per 30 days)
<i>dantrolene sodium oral</i>	1	
<i>desipramine hcl oral</i>	1	PA; MO
<i>desvenlafaxine er</i>	3	QL (30 per 30 days); MO
<i>desvenlafaxine succinate er</i>	1	MO
<i>dexmethylphenidate hcl</i>	1	QL (60 per 30 days); MO
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	2	QL (30 per 30 days); MO
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i>	1	QL (60 per 30 days); MO
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	1	QL (120 per 30 days); MO
<i>dextroamphetamine sulfate oral solution</i>	1	QL (1920 per 30 days); MO
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	1	QL (180 per 30 days); MO
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	1	QL (90 per 30 days); MO
DIACOMIT ORAL CAPSULE 250 MG	3	PA; QL (360 per 30 days); LA; S
DIACOMIT ORAL CAPSULE 500 MG	3	PA; QL (180 per 30 days); LA; S

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

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>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

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

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Drug Name	Drug Tier	Requirements/ Limits
FANAPT ORAL TABLET 6 MG	3	PA; QL (120 per 30 days); MO; S
FANAPT ORAL TABLET 8 MG	3	PA; QL (90 per 30 days); MO; S
FANAPT TITRATION PACK	3	PA
FANAPT TITRATION PACK A	3	PA
FANAPT TITRATION PACK B ORAL TABLET	3	PA
FANAPT TITRATION PACK C ORAL TABLET	3	PA
<i>felbamate oral suspension</i>	3	MO; S
<i>felbamate oral tablet</i>	1	MO
FETZIMA	3	PA; QL (30 per 30 days); MO
FETZIMA TITRATION	3	PA
<i> fingolimod hcl</i>	3	PA; QL (30 per 30 days)
FINTEPLA	3	PA; LA; S
FIRDAPSE	3	PA; QL (300 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

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	3	PA; QL (30 per 30 days); S
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	3	PA; QL (12 per 28 days); S
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	3	PA; QL (30 per 30 days); S
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	3	PA; QL (12 per 28 days); S
<i>guanfacine hcl er</i>	1	QL (30 per 30 days); MO
<i>haloperidol decanoate intramuscular</i>	1	
<i>haloperidol lactate injection</i>	1	
<i>haloperidol lactate oral</i>	1	MO
<i>haloperidol oral</i>	1	MO
<i>imipramine hcl oral</i>	1	PA; MO
<i>imipramine pamoate oral capsule 125 mg, 150 mg</i>	1	PA; MO
INGREZZA ORAL CAPSULE 40 MG	3	PA; QL (60 per 30 days); S
INGREZZA ORAL CAPSULE 60 MG, 80 MG	3	PA; QL (30 per 30 days); S
INGREZZA ORAL CAPSULE SPRINKLE 40 MG	3	PA; QL (60 per 30 days); S
INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG	3	PA; QL (30 per 30 days); S
INGREZZA ORAL CAPSULE THERAPY PACK	3	PA; QL (56 per 365 days); S
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	3	QL (3.5 per 180 days); S

Drug Name	Drug Tier	Requirements/ Limits
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	3	QL (5 per 180 days); S
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	S

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Drug Name	Drug Tier	Requirements/ Limits
<i>lacosamide oral solution</i>	3	QL (1200 per 30 days); MO
<i>lacosamide oral tablet</i>	3	QL (60 per 30 days); MO
<i>lamotrigine er</i>	3	MO
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet chewable</i>	1	MO
<i>lamotrigine oral tablet dispersible</i>	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 solution</i>	1	MO
<i>levetiracetam oral tablet</i>	1	MO
LIBERVANT	3	QL (10 per 30 days)
<i>lithium</i>	2	MO
<i>lithium carbonate er</i>	1	MO
<i>lithium carbonate oral capsule 150 mg, 300 mg</i>	1	MO
<i>lithium carbonate oral capsule 600 mg</i>	1	MO
<i>lithium carbonate oral tablet</i>	1	MO
<i>lorazepam injection</i>	1	
LORAZEPAM INTENSOL	1	QL (150 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>lorazepam oral concentrate</i>	1	QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg</i>	1	QL (120 per 30 days)
<i>lorazepam oral tablet 1 mg</i>	1	QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	QL (150 per 30 days)
<i>loxapine succinate oral</i>	1	MO
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	3	QL (30 per 30 days); MO
<i>lurasidone hcl oral tablet 80 mg</i>	3	QL (60 per 30 days); MO
LYBALVI	3	PA; 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 ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	PA; LA; S
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	3	PA; LA
<i>memantine hcl er</i>	1	PA; QL (30 per 30 days); MO
<i>memantine hcl oral solution 2 mg/ml</i>	1	PA; QL (300 per 30 days); MO
<i>memantine hcl oral tablet 10 mg</i>	1	PA; QL (60 per 30 days); MO
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	1	PA; QL (60 per 30 days)
<i>memantine hcl oral tablet 5 mg</i>	1	PA; QL (90 per 30 days); MO
<i>meprobamate</i>	1	PA

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Drug Name	Drug Tier	Requirements/ Limits
methocarbamol oral tablet 500 mg, 750 mg	1	
methsuximide	3	MO
methylphenidate hcl er (cd)	1	PA; QL (30 per 30 days); MO
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 60 mg	1	PA; QL (30 per 30 days); MO
methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg	1	PA; QL (60 per 30 days); MO
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 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

Drug Name	Drug Tier	Requirements/ Limits
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	
naloxone hcl injection solution prefilled syringe	1	
naloxone hcl nasal	2	
naltrexone hcl oral	1	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	3	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	MO
naratriptan hcl	1	QL (9 per 30 days)
NARCAN	2	
NAYZILAM	3	PA
nefazodone hcl	1	MO
NICOTROL	3	
NICOTROL NS	3	QL (120 per 30 days)
nortriptyline hcl oral capsule 10 mg, 25 mg	1	MO
nortriptyline hcl oral capsule 50 mg, 75 mg	1	MO

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Drug Name	Drug Tier	Requirements/ Limits
<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	2	PA; QL (16 per 30 days)
<i>olanzapine intramuscular</i>	1	QL (90 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	MO
<i>olanzapine oral tablet 20 mg</i>	1	QL (30 per 30 days); MO
<i>olanzapine oral tablet dispersible 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
OPIPZA ORAL FILM 10 MG, 5 MG	3	PA; QL (90 per 30 days); MO; S
OPIPZA ORAL FILM 2 MG	3	PA; QL (30 per 30 days); MO; S
<i>orphenadrine citrate er</i>	1	
oxazepam	1	QL (120 per 30 days)
oxcarbazepine	1	MO
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg</i>	1	QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	1	QL (60 per 30 days); MO
<i>paliperidone er oral tablet extended release 24 hour 9 mg</i>	3	QL (30 per 30 days); MO
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</i>	1	QL (30 per 30 days); MO
<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg</i>	1	QL (60 per 30 days); MO
<i>paroxetine hcl oral suspension</i>	3	QL (900 per 30 days); MO
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	1	QL (45 per 30 days); MO
<i>paroxetine hcl oral tablet 20 mg</i>	1	QL (30 per 30 days); MO
<i>paroxetine hcl oral tablet 30 mg</i>	1	QL (60 per 30 days); MO
<i>perampanel</i>	3	PA; QL (30 per 30 days); MO
<i>perphenazine oral</i>	1	MO
<i>perphenazine-amitriptyline</i>	1	PA; MO
PERSERIS	3	QL (1 per 28 days); MO; S
<i>phenelzine sulfate oral</i>	1	MO
<i>phenobarbital oral elixir</i>	1	PA; QL (3000 per 30 days); MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	PA; QL (120 per 30 days); MO
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg</i>	2	PA; QL (210 per 30 days); MO
PHENYTEK	3	MO
PHENYTOIN INFATABS	1	MO
<i>phenytoin oral</i>	1	MO

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

Drug Name	Drug Tier	Requirements/ Limits
<i>phenytoin sodium extended</i>	1	MO
<i>pimozide</i>	1	MO
<i>pramipexole dihydrochloride</i>	1	MO
<i>pramipexole dihydrochloride er</i>	3	MO
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg</i>	3	PA; QL (30 per 30 days); MO
<i>pregabalin er oral tablet extended release 24 hour 330 mg</i>	3	PA; QL (60 per 30 days); MO
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>pregabalin oral capsule 200 mg</i>	1	QL (90 per 30 days); MO
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	QL (60 per 30 days); MO
<i>pregabalin oral solution</i>	1	QL (900 per 30 days); MO
<i>primidone oral</i>	1	MO
<i>protriptyline hcl</i>	1	PA; MO
<i>pyridostigmine bromide oral solution</i>	3	
<i>pyridostigmine bromide oral tablet</i>	1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	1	QL (30 per 30 days); MO
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	1	QL (60 per 30 days); MO
<i>quetiapine fumarate oral tablet 100 mg</i>	1	QL (240 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
<i>quetiapine fumarate oral tablet 150 mg</i>	1	QL (150 per 30 days); MO
<i>quetiapine fumarate oral tablet 200 mg</i>	1	QL (120 per 30 days); MO
<i>quetiapine fumarate oral tablet 25 mg</i>	1	QL (960 per 30 days); MO
<i>quetiapine fumarate oral tablet 300 mg</i>	1	QL (80 per 30 days); MO
<i>quetiapine fumarate oral tablet 400 mg</i>	1	QL (60 per 30 days); MO
<i>quetiapine fumarate oral tablet 50 mg</i>	1	QL (480 per 30 days); MO
QULIPTA	2	PA; QL (30 per 30 days); MO
RALDESY	3	MO; S
<i>ramelteon</i>	1	QL (30 per 30 days)
<i>rasagiline mesylate oral</i>	1	MO
REGONOL INTRAVENOUS	2	
RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	1	PA; QL (30 per 30 days); MO
REXULTI	3	QL (30 per 30 days); MO; S
<i>riluzole</i>	1	
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg</i>	3	QL (2 per 28 days)
<i>risperidone microspheres er intramuscular suspension reconstituted er 50 mg</i>	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

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Drug Name	Drug Tier	Requirements/ Limits
<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
<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
RYKINDO	3	QL (2 per 28 days); S
RYTARY	3	ST; MO

Drug Name	Drug Tier	Requirements/ Limits
SAVELLA	3	PA; QL (60 per 30 days); MO
SAVELLA TITRATION PACK	3	PA
SECUADO	3	QL (30 per 30 days); MO; S
<i>selegiline hcl oral</i>	1	MO
<i>sertraline hcl oral concentrate</i>	1	QL (300 per 30 days); MO
<i>sertraline hcl oral tablet 100 mg</i>	1	QL (60 per 30 days); MO
<i>sertraline hcl oral tablet 25 mg</i>	1	QL (240 per 30 days); MO
<i>sertraline hcl oral tablet 50 mg</i>	1	QL (120 per 30 days); MO
<i>sodium oxybate</i>	3	PA; QL (540 per 30 days); LA; S
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	PA; QL (60 per 30 days); MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	3	PA; QL (120 per 30 days); MO
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)

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
SUNOSI	3	PA; QL (30 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; S
<i>tasimelteon</i>	3	PA; QL (30 per 30 days); S
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	QL (30 per 30 days)
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	3	QL (30 per 30 days)
<i>teriflunomide</i>	3	PA; QL (30 per 30 days); S
<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 capsule sprinkle</i>	1	MO
<i>topiramate oral solution</i>	3	MO
<i>topiramate oral tablet</i>	1	MO
<i>tranylcypromine sulfate</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1	MO
<i>trazodone hcl oral tablet 300 mg</i>	1	MO
<i>triazolam oral tablet 0.25 mg</i>	1	QL (30 per 30 days)
<i>trifluoperazine hcl oral</i>	1	MO
<i>trihexyphenidyl hcl oral solution</i>	1	PA; MO
<i>trihexyphenidyl hcl oral tablet</i>	1	MO
<i>trimipramine maleate oral</i>	1	MO
TRINTELLIX	3	QL (30 per 30 days); MO
UBRELVY ORAL TABLET 100 MG	2	PA; QL (16 per 30 days)
UBRELVY ORAL TABLET 50 MG	2	PA; QL (20 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	3	QL (0.28 per 28 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	3	QL (0.35 per 28 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	3	QL (0.42 per 56 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	3	QL (0.56 per 56 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	3	QL (0.7 per 56 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	3	QL (0.14 per 28 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	3	QL (0.21 per 28 days); S

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Drug Name	Drug Tier	Requirements/ Limits
<i>valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml</i>	1	
<i>valproic acid oral capsule</i>	1	MO
<i>valproic acid oral solution</i>	1	MO
VALTOCO 10 MG DOSE	3	
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	3	
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	3	
VALTOCO 5 MG DOSE	3	
<i>varenicline tartrate (starter)</i>	3	PA
<i>varenicline tartrate oral tablet 0.5 mg</i>	3	PA; QL (60 per 30 days)
<i>varenicline tartrate oral tablet 1 mg, 1 mg (56 pack)</i>	3	PA; QL (56 per 28 days)
<i>varenicline tartrate(continue)</i>	3	PA; QL (56 per 28 days)
<i>venlafaxine besylate er</i>	3	QL (60 per 30 days); MO
<i>venlafaxine hcl</i>	1	QL (90 per 30 days); MO
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	1	QL (30 per 30 days); MO
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg</i>	1	QL (180 per 30 days); MO
<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	1	QL (90 per 30 days); MO
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>	1	QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
VERSACLOZ	3	QL (600 per 30 days)
<i>vigabatrin oral packet</i>	3	PA; QL (150 per 25 days); LA; S
<i>vigabatrin oral tablet</i>	3	PA; QL (180 per 30 days); LA; S
VIGADRONE ORAL PACKET	3	PA; QL (150 per 25 days); LA; S
VIGADRONE ORAL TABLET	3	PA; QL (180 per 30 days); S
VIGPODER	3	PA; QL (150 per 25 days); S
VIIBRYD ORAL TABLET	3	ST; QL (30 per 30 days); MO
<i>vilazodone hcl</i>	3	QL (30 per 30 days); MO
VRAYLAR ORAL CAPSULE	3	QL (30 per 30 days); MO; S
VUMERITY	3	PA; QL (120 per 30 days); LA; S
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	3	PA; QL (56 per 28 days); MO; S
XCOPRI (350 MG DAILY DOSE)	3	PA; QL (56 per 28 days); MO; S
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	3	PA; QL (30 per 30 days); MO; S
XCOPRI ORAL TABLET 150 MG, 200 MG	3	PA; QL (60 per 30 days); MO; S
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	3	PA; QL (56 per 365 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG	3	PA; QL (56 per 365 days); S
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT	2	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
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT	3	PA
<i>zaleplon oral capsule 10 mg</i>	1	QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	1	QL (30 per 30 days)
<i>ziprasidone hcl oral capsule 20 mg</i>	1	QL (240 per 30 days); MO
<i>ziprasidone hcl oral capsule 40 mg</i>	1	QL (120 per 30 days); MO
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	1	QL (60 per 30 days); MO
<i>ziprasidone mesylate</i>	3	QL (6 per 3 days)
<i>zolmitriptan nasal solution 2.5 mg</i>	1	
<i>zolmitriptan oral</i>	1	QL (9 per 30 days)
<i>zolpidem tartrate er</i>	1	QL (30 per 30 days)
<i>zolpidem tartrate oral tablet</i>	1	QL (30 per 30 days)
ZONISADE	3	PA; MO
<i>zonisamide oral</i>	1	MO
ZTALMY	3	QL (1100 per 30 days); S
ZURZUVAE	3	S
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		

Drug Name	Drug Tier	Requirements/ Limits
ACCUTANE ORAL CAPSULE 20 MG, 30 MG, 40 MG	1	
<i>acitretin</i>	3	PA
<i>acyclovir external cream</i>	1	QL (5 per 30 days)
<i>acyclovir external ointment</i>	1	PA; QL (30 per 30 days)
<i>adapalene external cream</i>	1	PA
<i>adapalene external gel</i>	1	PA
<i>ala-cort external cream</i>	1	
<i>alclometasone dipropionate</i>	1	
<i>amcinonide external cream</i>	1	
<i>amcinonide external ointment</i>	2	
<i>ammonium lactate external</i>	1	
AMNESTEEM	1	
<i>azelaic acid external</i>	1	
<i>benzoyl peroxide- erythromycin</i>	1	
<i>betamethasone dipropionate aug</i>	1	
<i>betamethasone dipropionate external</i>	1	
<i>betamethasone valerate external</i>	1	
<i>bexarotene external</i>	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)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>clobetasol propionate external cream 0.05 %</i>	1	QL (120 per 30 days)
<i>clobetasol propionate external foam</i>	1	QL (100 per 30 days)
<i>clobetasol propionate external gel</i>	1	QL (60 per 30 days)
<i>clobetasol propionate external lotion</i>	1	
<i>clobetasol propionate external ointment</i>	1	QL (120 per 30 days)
<i>clobetasol propionate external shampoo</i>	1	
<i>clobetasol propionate external solution</i>	1	QL (50 per 30 days)
<i>clocortolone pivalate</i>	1	
CLODAN EXTERNAL SHAMPOO	1	
<i>clotrimazole external cream</i>	1	
<i>clotrimazole external solution</i>	1	
<i>clotrimazole mouth/throat troche</i>	1	QL (150 per 30 days)
<i>clotrimazole-betamethasone</i>	1	QL (120 per 30 days)
CROTAN	3	
<i>dapsone external</i>	3	
DENTA 5000 PLUS	1	MO
DENTAGEL	1	MO
<i>desonide external cream</i>	1	
<i>desonide external lotion</i>	1	
<i>desonide external ointment</i>	1	
<i>desoximetasone external cream</i>	1	QL (100 per 30 days)
<i>desoximetasone external gel</i>	1	
<i>desoximetasone external liquid</i>	3	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>desoximetasone external ointment</i>	1	
<i>diclofenac sodium external gel 3 %</i>	1	PA; QL (100 per 30 days)
<i>diflorasone diacetate external</i>	1	QL (60 per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	3	PA; QL (4.56 per 28 days); S
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	3	PA; QL (8 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 cream</i>	1	QL (90 per 30 days)
<i>ery</i>	1	
<i>erythromycin external gel</i>	1	
<i>erythromycin external solution</i>	1	
<i>fluocinolone acetonide body</i>	1	QL (120 per 30 days)
<i>fluocinolone acetonide external</i>	1	QL (120 per 30 days)
<i>fluocinolone acetonide scalp</i>	1	QL (120 per 30 days)
<i>fluocinonide emulsified base</i>	1	QL (240 per 30 days)
<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)

Drug Name	Drug Tier	Requirements/ Limits
<i>fluocinonide external gel</i>	1	QL (240 per 30 days)
<i>fluocinonide external ointment</i>	1	QL (240 per 30 days)
<i>fluocinonide external solution</i>	1	QL (240 per 30 days)
<i>fluorouracil external cream 5 %</i>	1	QL (40 per 28 days)
<i>fluorouracil external solution</i>	1	QL (10 per 28 days)
<i>flurandrenolide external lotion</i>	3	
<i>fluticasone propionate external</i>	1	
<i>fraiche 5000 dental</i>	1	MO
<i>gentamicin sulfate external</i>	1	QL (30 per 30 days)
<i>halobetasol propionate external cream</i>	1	
<i>halobetasol propionate external ointment</i>	1	
<i>hydrocortisone (perianal) external cream 1 %</i>	1	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	1	
<i>hydrocortisone butyr lipo base</i>	3	S
<i>hydrocortisone butyrate external cream</i>	1	
<i>hydrocortisone butyrate external lotion</i>	3	
<i>hydrocortisone butyrate external ointment</i>	1	
<i>hydrocortisone butyrate external solution</i>	1	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone valerate	1	
imiquimod external cream 5 %	1	QL (24 per 28 days)
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 35 mg, 40 mg	1	
isotretinoin oral capsule 25 mg	3	S
JUST RIGHT 5000 DENTAL PASTE	1	MO
ketoconazole external cream	1	QL (120 per 30 days)
ketoconazole external foam	3	QL (100 per 30 days)
ketoconazole external shampoo 2 %	1	QL (120 per 30 days)
KETODAN EXTERNAL FOAM	3	QL (100 per 30 days)
KLAYESTA	1	
KOURZEQ	1	
luliconazole	3	
malathion external	1	
methoxsalen rapid	3	S
metronidazole external	1	
mometasone furoate external	1	
mupirocin calcium	1	QL (30 per 30 days)
mupirocin external	1	QL (120 per 30 days)
naftifine hcl external cream	1	
nitroglycerin rectal	3	QL (30 per 30 days)
NYAMYC	1	

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

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
PROCTOZONE-HC EXTERNAL	1	
RECTIV	3	QL (30 per 30 days)
SANTYL	3	QL (30 per 30 days)
selenium sulfide external lotion	1	
sf	1	MO
sf 5000 plus	1	MO
silver sulfadiazine external	1	
sodium fluoride 5000 plus	1	MO
sodium fluoride 5000 ppm dental cream	1	MO
sodium fluoride 5000 ppm dental gel	1	MO
sodium fluoride dental cream	1	MO
sodium fluoride dental gel 1.1 %	1	MO
sodium fluoride mouth/throat	1	MO
spinosad	3	
SSD (SILVER SULFADIAZINE)	1	
sulfacetamide sodium (acne)	1	
SULFAMYLON EXTERNAL CREAM	3	
tacrolimus external ointment	1	PA; QL (100 per 30 days)
tazarotene external cream 0.1 %	1	PA
tazarotene external gel	3	PA
tretinoin external cream	1	PA; QL (45 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
tretinoin external gel 0.01 %, 0.025 %	1	PA; QL (45 per 30 days)
tretinoin external gel 0.05 %	3	PA; QL (45 per 30 days)
tretinoin microsphere external gel 0.04 %, 0.1 %	3	PA; QL (50 per 30 days)
tretinoin microsphere pump external gel 0.04 %, 0.1 %	3	PA; QL (50 per 30 days)
triamcinolone acetonide external aerosol solution	1	
triamcinolone acetonide external cream	1	QL (454 per 30 days)
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide mouth/throat	1	
TRIDERM EXTERNAL CREAM	1	QL (454 per 30 days)
VALCHLOR	3	PA; LA; S
ZENATANE	1	
Electrolytes / Minerals / Metals / Vitamins		
carglumic acid oral tablet soluble	3	PA; LA; S
CLINIMIX E/DEXTROSE (2.75/5)	2	B/D PA
CLINIMIX E/DEXTROSE (4.25/10)	2	B/D PA
CLINIMIX E/DEXTROSE (4.25/5)	2	B/D PA
CLINIMIX E/DEXTROSE (5/15)	2	B/D PA
CLINIMIX E/DEXTROSE (5/20)	2	B/D PA
clinimix e/dextrose (8/10)	2	B/D PA
clinimix e/dextrose (8/14)	2	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
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>clanimix/dextrose (6/5)</i>	2	B/D PA
<i>clanimix/dextrose (8/10)</i>	2	B/D PA
<i>clanimix/dextrose (8/14)</i>	2	B/D PA
CLINISOL SF	3	B/D PA
CLINOLIPID	1	B/D PA
<i>dextrose 5%/electrolyte #48</i>	2	
<i>dextrose in lactated ringers</i>	1	
<i>dextrose intravenous solution 10 %, 5 %, 50 %, 70 %</i>	1	
<i>dextrose intravenous solution 250 mg/ml</i>	2	
<i>dextrose-sodium chloride intravenous solution 10-0.2 %</i>	2	
<i>dextrose-sodium chloride intravenous solution 10-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.3 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i>	1	
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	1	MO
<i>glucose (dextrose) intravenous solution 50 %</i>	1	
INTRALIPID INTRAVENOUS EMULSION 20 %	3	B/D PA
INTRALIPID INTRAVENOUS EMULSION 30 %	2	B/D PA

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

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
multiple electro type 1 ph 7.4	2	
NUTRILIPID	3	B/D PA
PLENAMINE	3	B/D PA
pnv-dha	3	
potassium chloride crys er	1	MO
potassium chloride er	1	MO
potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%	1	
potassium chloride intravenous solution 10 meq/100ml, 20 meq/ 100ml, 40 meq/100ml	3	
potassium chloride intravenous solution 10 meq/50ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/ 50ml	1	
potassium chloride oral packet	3	MO
potassium chloride oral solution 10 %, 20 meq/ 15ml (10%), 40 meq/15ml (20%)	1	MO
potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l	1	
PREMASOL INTRAVENOUS SOLUTION 10 %	2	B/D PA
prenatal oral tablet 27-1 mg	3	
prenatal vit w/ ferrous fumarate-l methylfolate- folic acid	3	
PRENATAL VIT W/ IRON CARBONYL-FOLIC ACID	3	
PROSOL	2	B/D PA

Drug Name	Drug Tier	Requirements/ Limits
ringers	1	
sodium bicarbonate intravenous solution 4.2 %, 7.5 %, 8.4 %	1	
sodium chloride (pf)	1	
sodium chloride injection solution 2.5 meq/ml	1	
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 4 meq/ml, 5 %	1	
sodium fluoride oral tablet 2.2 (1 f) mg	1	MO
sodium fluoride oral tablet chewable	1	MO
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	3	
TRAVASOL	2	B/D PA
TROPHAMINE INTRAVENOUS SOLUTION 10 %	2	B/D PA
Endocrine And Metabolic Disorder Agents		
acarbose oral	1	QL (90 per 30 days); MO
alendronate sodium oral solution	1	QL (300 per 28 days); MO
alendronate sodium oral tablet 10 mg	1	QL (30 per 30 days); MO
alendronate sodium oral tablet 35 mg, 70 mg	1	QL (4 per 28 days); MO
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL (2.4 per 30 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL (1.2 per 30 days)
calcitonin (salmon) injection	3	B/D PA; S

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

Drug Name	Drug Tier	Requirements/ Limits
<i>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
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 90 mg</i>	2	PA
<i>deferasirox oral tablet soluble 125 mg</i>	3	PA
<i>deferasirox oral tablet soluble 250 mg, 500 mg</i>	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
<i>doxercalciferol intravenous</i>	1	B/D PA
<i>doxercalciferol oral</i>	3	B/D PA; MO
FARXIGA	2	QL (30 per 30 days); MO
FERRIPROX ORAL SOLUTION	3	PA; LA; S
FOSAMAX PLUS D	3	QL (4 per 28 days); MO
<i>glimepiride oral tablet 1 mg</i>	1	QL (240 per 30 days); MO
<i>glimepiride oral tablet 2 mg</i>	1	QL (120 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
<i>glimepiride oral tablet 4 mg</i>	1	QL (60 per 30 days); MO
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	1	QL (60 per 30 days); MO
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	1	QL (240 per 30 days); MO
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	1	QL (120 per 30 days); MO
<i>glipizide oral tablet 10 mg</i>	1	QL (120 per 30 days); MO
<i>glipizide oral tablet 2.5 mg</i>	1	MO
<i>glipizide oral tablet 5 mg</i>	1	QL (240 per 30 days); MO
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	1	QL (240 per 30 days); MO
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 per 30 days); MO
<i>glucagon emergency injection solution reconstituted 1 mg</i>	2	
<i>glyburide micronized oral tablet 1.5 mg</i>	1	QL (240 per 30 days); MO
<i>glyburide micronized oral tablet 3 mg</i>	1	QL (120 per 30 days); MO
<i>glyburide micronized oral tablet 6 mg</i>	1	QL (60 per 30 days); MO
<i>glyburide oral tablet 1.25 mg</i>	1	QL (480 per 30 days); MO
<i>glyburide oral tablet 2.5 mg</i>	1	QL (240 per 30 days); MO
<i>glyburide oral tablet 5 mg</i>	1	QL (120 per 30 days); MO
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	1	QL (240 per 30 days); MO

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>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 per 30 days); MO
GLYXAMBI	2	QL (30 per 30 days); MO
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE KIT	2	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	2	
HUMALOG INJECTION	2	MO
HUMALOG JUNIOR KWIKPEN	2	MO
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	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

Drug Name	Drug Tier	Requirements/ Limits
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
<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	2	QL (30 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	2	QL (60 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/ Limits
RELEASE 24 HOUR 2.5-1000 MG		
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	2	QL (30 per 30 days); MO
KERENDIA	2	QL (30 per 30 days); MO
KIONEX COMBINATION	1	
LANTUS	2	QL (30 per 30 days); MO
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL (30 per 30 days); MO
<i>liraglutide</i>	1	PA; QL (9 per 30 days)
LOKELMA ORAL PACKET 10 GM	2	QL (34 per 30 days); MO
LOKELMA ORAL PACKET 5 GM	2	QL (90 per 30 days); 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 AUTO-INJECTOR	2	PA; QL (2 per 28 days)

Drug Name	Drug Tier	Requirements/ Limits
<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
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	2	PA; QL (3 per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	2	PA; QL (3 per 28 days)
OZEMPIC (2 MG/DOSE)	2	PA; QL (3 per 28 days)
<i>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

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>risedronate sodium oral tablet 150 mg</i>	1	QL (1 per 28 days); MO
<i>risedronate sodium oral tablet 30 mg</i>	1	QL (30 per 30 days)
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	QL (4 per 28 days); MO
<i>risedronate sodium oral tablet 5 mg</i>	1	QL (30 per 30 days); MO
<i>risedronate sodium oral tablet delayed release</i>	1	QL (4 per 28 days); MO
RYBELSUS (FORMULATION R2) ORAL TABLET 1.5 MG	2	PA; QL (60 per 365 days)
RYBELSUS (FORMULATION R2) ORAL TABLET 4 MG, 9 MG	2	PA; QL (30 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 7 MG	2	PA; QL (30 per 30 days)
RYBELSUS ORAL TABLET 3 MG	2	PA; QL (60 per 365 days)
<i>sodium polystyrene sulfonate oral powder</i>	1	
SOLIQUA	2	QL (15 per 25 days); MO
SPS (SODIUM POLYSTYRENE SULF)	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	2	QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
RELEASE 24 HOUR 25-1000 MG		
<i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml</i>	3	PA; QL (3 per 28 days); S
<i>tolvaptan (hyponatremia) oral tablet 15 mg</i>	3	PA; QL (30 per 30 days); S
<i>tolvaptan (hyponatremia) oral tablet 30 mg</i>	3	PA; QL (60 per 30 days); S
<i>tolvaptan oral tablet</i>	3	PA; QL (120 per 30 days); S
TOUJEO MAX SOLOSTAR	2	QL (12 per 30 days); MO
TOUJEO SOLOSTAR	2	QL (13.5 per 30 days); MO
TRADJENTA	2	QL (30 per 30 days); MO
TRESIBA	2	QL (30 per 30 days); MO
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	QL (30 per 30 days); MO
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	2	QL (18 per 30 days); MO
<i>trientine hcl</i>	3	PA; S
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	2	QL (30 per 30 days); MO
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	2	QL (60 per 30 days); MO
TRULICITY SUBCUTANEOUS	2	PA; QL (2 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
SOLUTION AUTO-INJECTOR		
TYMLOS	3	PA; QL (1.56 per 28 days); S
VELTASSA ORAL PACKET 1 GM	3	QL (240 per 30 days); MO; S
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	3	QL (30 per 30 days); MO; S
VELTASSA ORAL PACKET 8.4 GM	3	QL (90 per 30 days); MO; S
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL (9 per 30 days)
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
zoledronic acid intravenous concentrate	1	PA
zoledronic acid intravenous solution	1	PA
Gastrointestinal Agents		
alosetron hcl oral tablet 0.5 mg	3	PA; QL (60 per 30 days); MO
alosetron hcl oral tablet 1 mg	3	PA; QL (60 per 30 days); MO; S
aprepitant oral capsule 125 mg	3	B/D PA; QL (5 per 30 days); S
aprepitant oral capsule 40 mg	1	B/D PA; QL (1 per 28 days)
aprepitant oral capsule 80 & 125 mg	1	B/D PA; QL (15 per 30 days)
aprepitant oral capsule 80 mg	1	B/D PA; QL (10 per 30 days)
balsalazide disodium	1	

Drug Name	Drug Tier	Requirements/ Limits
budesonide er oral tablet extended release 24 hour	3	PA
budesonide oral	1	
cimetidine hcl oral solution 300 mg/5ml	1	MO
cimetidine oral tablet 200 mg	1	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	1	MO
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML	3	
COMPRO	1	
constulose	1	MO
CORTIFOAM EXTERNAL	3	
dexlansoprazole	3	ST; QL (30 per 30 days); MO
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral solution 10 mg/5ml	1	
dicyclomine hcl oral tablet 20 mg	1	
diphenoxylate-atropine oral liquid	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
dronabinol	1	B/D PA; QL (120 per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED	3	B/D PA; QL (15 per 30 days)
enulose	1	MO
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	1	ST; QL (30 per 30 days); MO

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
esomeprazole sodium intravenous solution reconstituted 40 mg	1	
famotidine (pf)	1	
famotidine intravenous solution 200 mg/20ml, 40 mg/4ml	1	
famotidine oral suspension reconstituted	1	MO
famotidine oral tablet 20 mg, 40 mg	1	MO
famotidine premixed	1	
GATTEX	3	PA; LA; S
GAVILYTE-C	1	
GAVILYTE-G	1	
GAVILYTE-N WITH FLAVOR PACK	1	
generlac	1	MO
glycopyrrolate injection solution	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml	1	
granisetron hcl oral	1	B/D PA; QL (30 per 30 days)
hydrocortisone oral	1	
hydrocortisone rectal enema	1	
hyoscyamine sulfate oral tablet	1	MO
hyoscyamine sulfate oral tablet dispersible	1	MO
hyoscyamine sulfate sublingual	1	MO
lactulose encephalopathy oral solution 10 gm/15ml	1	MO

Drug Name	Drug Tier	Requirements/ Limits
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

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
MOVANTIK	2	QL (30 per 30 days)
na sulfate-k sulfate-mg sulf	2	
nizatidine oral capsule	1	MO
omeprazole oral capsule delayed release	1	MO
ondansetron hcl +rfid	1	
ondansetron hcl injection	1	
ondansetron hcl oral solution	1	B/D PA; QL (450 per 30 days)
ondansetron hcl oral tablet 4 mg, 8 mg	1	B/D PA; QL (90 per 30 days)
ondansetron oral tablet dispersible 16 mg	1	B/D PA; QL (30 per 30 days)
ondansetron oral tablet dispersible 4 mg, 8 mg	1	B/D PA; QL (90 per 30 days)
opium	1	
pantoprazole sodium intravenous	1	
pantoprazole sodium oral tablet delayed release	1	MO
peg 3350-kcl-na bicarb-nacl	1	
peg-3350/electrolytes	1	
peg-3350/electrolytes/ascorbic acid	1	
peg-kcl-nacl-nasulf-na asc-c	1	
PLENVU	3	
prochlorperazine	1	
prochlorperazine edisylate injection solution 10 mg/2ml	1	
prochlorperazine maleate oral	1	MO

Drug Name	Drug Tier	Requirements/ Limits
promethazine hcl injection	1	
promethazine hcl oral solution	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	PA
PROMETHEGAN	1	PA
rabeprazole sodium oral tablet delayed release	1	QL (30 per 30 days); MO
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE)	3	PA; QL (18 per 30 days); S
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML	3	PA; QL (18 per 30 days); S
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 8 MG/0.4ML	3	PA; QL (12 per 30 days); S
SANCUSO	3	PA; QL (4 per 28 days); S
scopolamine	1	QL (10 per 28 days)
sucrafate oral	1	MO
sulfasalazine oral	1	MO
SUPREP BOWEL PREP KIT	2	
trimethobenzamide hcl oral	1	
ursodiol oral capsule 300 mg	1	MO
ursodiol oral tablet	1	MO
VOWST	3	PA; S
XERMELO	3	PA; QL (90 per 30 days); LA; S

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Drug Name	Drug Tier	Requirements/ Limits
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
<i>betaine</i>	3	LA; S
CREON	2	MO
<i>cromolyn sodium oral</i>	1	MO
CYSTAGON	2	PA; LA
FABRAZYME	3	PA; LA; S
<i>glycerol phenylbutyrate</i>	3	PA; QL (525 per 30 days); S
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 INTRAVENOUS SOLUTION	3	PA; LA; S
RAVICTI	3	PA; QL (525 per 30 days); LA; S
<i>sapropterin dihydrochloride oral packet</i>	3	PA; S
<i>sapropterin dihydrochloride oral tablet</i>	3	PA; S
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	3	PA; S
<i>sodium phenylbutyrate oral tablet</i>	3	PA; S
VPRIV	3	PA; S
YARGESA	3	PA; S
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 3000- 10000 UNIT, 5000-24000 UNIT	3	MO
ZENPEP ORAL CAPSULE DELAYED RELEASE	3	MO; S

Drug Name	Drug Tier	Requirements/ Limits
PARTICLES 25000-79000 UNIT, 40000-126000 UNIT, 60000-189600 UNIT		
Genitourinary Agents		
<i>alfuzosin hcl er</i>	1	MO
<i>bethanechol chloride oral</i>	1	
CARDURA XL	3	MO
CLEOCIN VAGINAL SUPPOSITORY	3	
<i>clindamycin phosphate vaginal</i>	1	
<i>darifenacin hydrobromide er</i>	1	QL (30 per 30 days); MO
<i>dutasteride oral</i>	1	QL (30 per 30 days); MO
<i>dutasteride-tamsulosin hcl</i>	1	QL (30 per 30 days); MO
ELMIRON	3	S
<i>fesoterodine fumarate er</i>	2	QL (30 per 30 days); MO
<i>finasteride oral tablet 5 mg</i>	1	MO
<i>flavoxate hcl</i>	1	MO
GEMTESA	3	QL (30 per 30 days); MO
<i>metronidazole vaginal</i>	1	
<i>miconazole 3 vaginal suppository</i>	1	
<i>mirabegron er</i>	3	QL (30 per 30 days); MO
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</i>	1	QL (60 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/ Limits
release 24 hour 10 mg, 15 mg		
oxybutynin chloride er oral tablet extended release 24 hour 5 mg	1	QL (30 per 30 days); MO
oxybutynin chloride oral solution	1	QL (600 per 30 days); MO
oxybutynin chloride oral tablet 2.5 mg	1	QL (90 per 30 days); MO
oxybutynin chloride oral tablet 5 mg	1	QL (120 per 30 days); MO
OXYTROL	3	ST; QL (8 per 28 days); MO
penicillamine oral tablet	3	S
potassium citrate er	1	
silodosin	1	MO
solifenacin succinate	1	QL (30 per 30 days); MO
tadalafil oral tablet 2.5 mg, 5 mg	1	PA; QL (30 per 30 days); MO
tamsulosin hcl	1	MO
terconazole	1	
tiopronin oral tablet	3	PA; S
tolterodine tartrate	1	QL (60 per 30 days); MO
tolterodine tartrate er	1	QL (30 per 30 days); MO
trospium chloride	1	QL (60 per 30 days); MO
trospium chloride er	1	QL (30 per 30 days); MO
VANDAZOLE	1	
Hormonal Agents		
ABIGALE	1	PA; MO
ABIGALE LO	1	PA; MO
ACTHAR	3	PA; LA; S

Drug Name	Drug Tier	Requirements/ Limits
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR	3	PA; S
AFIRMELLE	1	MO
ALTAVERA	1	MO
alyacen 1/35	1	MO
alyacen 7/7/7	1	MO
AMETHIA	1	MO
AMETHYST	1	MO
APRI	1	MO
ARANELLE	1	MO
ARMOUR THYROID	2	PA; MO
ASHLYNA	1	MO
AUBRA EQ	1	MO
AUROVELA 1.5/30	1	MO
AUROVELA 1/20	1	MO
AUROVELA 24 FE	1	MO
AUROVELA FE 1.5/30	1	MO
AUROVELA FE 1/20	1	MO
AVIANE	1	MO
AYUNA	1	MO
AZURETTE	1	MO
BALZIVA	1	MO
BIJUVA	2	PA; MO
BLISOVI 24 FE	1	MO
BLISOVI FE 1.5/30	1	MO
BLISOVI FE 1/20	1	MO
briellyn	1	MO
cabergoline	1	
CAMILA	1	MO
CAMRESE	1	MO
CAMRESE LO	1	MO
CHARLOTTE 24 FE	1	MO
CHATEAL EQ	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
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 (28)	1	MO
DASETTA 7/7/7	1	MO
DAYSEE	1	MO
DEBLITANE	1	MO
DELYLA	1	MO
DEPO-ESTRADIOL	2	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	2	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	1	MO
<i>desmopressin ace spray refrig</i>	1	MO
<i>desmopressin acetate injection</i>	1	
<i>desmopressin acetate oral</i>	1	MO
<i>desmopressin acetate pf</i>	1	
<i>desmopressin acetate spray</i>	1	MO
<i>desogestrel-ethinyl estradiol oral tablet 0.15- 0.02/0.01 mg (21/5)</i>	1	MO
DEXAMETHASONE INTENSOL	2	
<i>dexamethasone oral elixir</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>dexamethasone oral tablet 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone oral tablet therapy pack</i>	1	
<i>dexamethasone sod phos +rfid</i>	1	
<i>dexamethasone sod phosphate pf injection solution</i>	1	
<i>dexamethasone sodium phosphate injection</i>	1	
DOLISHALE	1	MO
DOTTI	1	PA; QL (8 per 28 days); MO
<i>drospiren-eth estrad- levomefol</i>	1	MO
<i>drospirenone-ethinyl estradiol</i>	1	MO
DUAVEE	3	PA; QL (30 per 30 days); MO
EGRIFTA SV	3	PA; LA; S
EGRIFTA WR	3	PA; S
ELINEST	1	MO
ELURYNG	1	MO
EMZAHH	1	MO
ENILLORING	1	MO
ENPRESSE-28	1	MO
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	1	MO
ERRIN	1	MO
ESTARYLLA	1	MO
<i>estradiol oral</i>	1	MO

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
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	2	PA; MO
estradiol transdermal patch twice weekly	1	PA; QL (8 per 28 days); MO
estradiol transdermal patch weekly	1	PA; QL (4 per 28 days); MO
estradiol vaginal	1	MO
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	1	
estradiol-norethindrone acet	1	PA; MO
ESTRING VAGINAL RING 7.5 MCG/24HR	3	QL (1 per 90 days); MO
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	1	MO
etonogestrel-ethinyl estradiol	1	MO
EVAMIST	2	PA; MO
FALMINA	1	MO
FEIRZA 1.5/30	1	MO
FEIRZA 1/20	1	MO
FEMRING	3	QL (1 per 90 days); MO
FINZALA	1	MO
fludrocortisone acetate oral	1	MO
FYAVOLV	1	PA; MO
GALBRIELA	1	MO
GALLIFREY	1	MO
GENOTROPIN MINISQUICK SUBCUTANEOUS PREFILLED SYRINGE	3	PA; S
GENOTROPIN SUBCUTANEOUS CARTRIDGE	3	PA; S

Drug Name	Drug Tier	Requirements/ Limits
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

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
KURVELO	1	MO
KYLEENA	2	
<i>lanreotide acetate</i>	3	PA; S
LARIN 1.5/30	1	MO
LARIN 1/20	1	MO
LARIN 24 FE	1	MO
LARIN FE 1.5/30	1	MO
LARIN FE 1/20	1	MO
LAYOLIS FE	1	MO
LEENA	1	MO
LESSINA	1	MO
<i>levo-t</i>	1	MO
LEVONEST	1	MO
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	1	MO
<i>levonorgest-eth est & eth est</i>	1	MO
<i>levonorgest-eth estrad 91-day</i>	1	MO
<i>levonorgestrel-ethinyl estrad</i>	1	MO
LEVORA 0.15/30 (28)	1	MO
<i>levothyroxine sodium oral tablet</i>	1	MO
LEVOXYL	1	MO
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	3	
<i>liothyronine sodium intravenous</i>	3	S
<i>liothyronine sodium oral</i>	1	MO
LO-ZUMANDIMINE	1	MO
LOESTRIN 1.5/30 (21)	1	MO
LOESTRIN FE 1.5/30	1	MO
LOESTRIN FE 1/20	1	MO

Drug Name	Drug Tier	Requirements/ Limits
LOJAIMIESS	1	MO
LORYNA	1	MO
LOW-OGESTREL	1	MO
LUIZZA 1.5/30	1	MO
LUIZZA 1/20	1	MO
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	3	PA; QL (1 per 28 days); S
LUTERA	1	MO
LYLEQ	1	MO
LYZA	1	MO
<i>marlissa</i>	1	MO
MEDROL ORAL TABLET 2 MG	2	
<i>medroxyprogesterone acetate intramuscular</i>	1	
<i>medroxyprogesterone acetate oral</i>	1	MO
MELEYA	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 FE 1.5/30	1	MO
MICROGESTIN FE 1/20	1	MO
<i>mifepristone oral tablet 300 mg</i>	3	PA; 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
MILI	1	MO
MIMVEY	1	PA; MO
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	2	
MONO-LINYAH	1	MO
NECON 0.5/35 (28)	1	MO
NEXPLANON	2	
NIKKI	1	MO
NORA-BE	1	MO
NORDITROPIN FLEXP SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; S
<i>norelgestromin-eth estradiol</i>	1	MO
<i>norethin ace-eth estrad- fe oral tablet 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>norethindrone acet- ethinyl est oral tablet</i>	1	MO
<i>norethindrone acetate oral</i>	1	MO
<i>norethindrone oral</i>	1	MO
<i>norethindrone-eth estradiol</i>	1	PA; MO
<i>norgestim-eth estrad triphasic</i>	1	MO
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	MO
NORLYROC	1	MO
NORTREL 0.5/35 (28)	1	MO
NORTREL 1/35 (21)	1	MO
NORTREL 1/35 (28)	1	MO

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

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Drug Name	Drug Tier	Requirements/ Limits
ORSYTHIA	1	MO
OSPHENA	2	MO
PHILITH	1	MO
PIMTREA	1	MO
PORTIA-28	1	MO
<i>prednisolone oral solution</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml</i>	1	
PREDNISONE INTENSOL	2	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet 1 mg</i>	1	
<i>prednisone oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablet therapy pack 10 mg (21), 5 mg (21)</i>	1	
<i>prednisone oral tablet therapy pack 10 mg (48), 5 mg (48)</i>	1	
PREMARIN ORAL	2	PA; MO
PREMARIN VAGINAL	2	MO
PREMPHASE	2	PA; MO
PREMPRO	2	PA; MO
<i>progesterone oral</i>	1	MO
<i>propylthiouracil oral</i>	1	MO
<i>raloxifene hcl</i>	1	QL (30 per 30 days); MO
RECLIPSEN	1	MO
RIVELSA	1	MO
ROSYRAH	1	MO
SANDOSTATIN LAR DEPOT	3	PA; S

Drug Name	Drug Tier	Requirements/ Limits
SETLAKIN	1	MO
SHAROBEL	1	MO
SIGNIFOR	3	PA; LA; S
SIMLIYA	1	MO
SIMPESSE	1	MO
SKYLA	2	
SOMATULINE DEPOT	3	PA; S
SOMAVERT	3	PA; LA; S
SPRINTEC 28	1	MO
SRONYX	1	MO
SYEDA	1	MO
SYNAREL	3	PA; S
SYNTHROID	2	MO
TAPERDEX 6-DAY	1	
TARINA 24 FE	1	MO
TARINA FE 1/20 EQ	1	MO
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	1	MO
<i>testosterone enanthate intramuscular solution</i>	1	MO
<i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i>	1	PA; QL (150 per 30 days); MO
<i>testosterone transdermal gel 10 mg/act (2%)</i>	1	PA; QL (120 per 30 days); MO
<i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	1	PA; QL (300 per 30 days); MO
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%)</i>	1	PA; QL (112.5 per 30 days); MO
<i>testosterone transdermal solution</i>	1	PA; QL (180 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/ Limits
TILIA FE	1	MO
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG	2	MO
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	2	MO
TRI-ESTARYLLA	1	MO
TRI-LEGEST FE	1	MO
TRI-LINYAH	1	MO
TRI-LO-ESTARYLLA	1	MO
TRI-LO-MARZIA	1	MO
TRI-LO-MILI	1	MO
TRI-LO-SPRINTEC	1	MO
TRI-MILI	1	MO
TRI-NYMYO	1	MO
TRI-SPRINTEC	1	MO
TRI-VYLIBRA	1	MO
TRI-VYLIBRA LO	1	MO
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	
TRIVORA (28)	1	MO
TURQOZ	1	MO
TYDEMY	1	MO
UNITHROID	1	MO
VALTYA 1/35	1	MO
VALTYA 1/50	1	MO
VELIVET	1	MO
VIENVA	1	MO
<i>viorele</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
VOLNEA	1	MO
VYFEMLA	1	MO
VYLIBRA	1	MO
WERA	1	MO
WYMZYA FE	1	MO
XARAH FE	1	MO
XELRIA FE	1	MO
XULANE	1	MO
<i>yuvafem</i>	1	MO
ZAFEMY	1	MO
ZOVIA 1/35 (28)	1	MO
ZUMANDIMINE	1	MO
Immunological Agents		
ABRYSVO	2	
ACTHIB	2	
ACTIMMUNE	3	PA; LA; S
ADACEL	2	
ARCALYST	3	PA; S
AREXVY	2	
<i>azathioprine oral tablet 50 mg</i>	1	B/D PA
<i>bcg vaccine injection solution reconstituted</i>	2	
BENLYSTA	3	PA; S
BEXSERO	2	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF- MCG/0.5	2	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
COSENTYX (300 MG DOSE)	3	PA; QL (8 per 28 days); LA; S
COSENTYX SENSOREADY (300 MG)	3	PA; QL (8 per 28 days); LA; S

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
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
COSENTYX UNOREADY	3	PA; QL (8 per 28 days); S
<i>cyclosporine modified</i>	1	B/D PA
<i>cyclosporine oral capsule</i>	1	B/D PA
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	2	
<i>diphtheria-tetanus toxoids dt</i>	2	
ENBREL MINI	3	PA; QL (8 per 28 days); S
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	3	PA; QL (4 per 28 days); S
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	3	PA; QL (4.08 per 28 days); S
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	3	PA; QL (8 per 28 days); S
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (8 per 28 days); S
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	2	B/D PA
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	2	B/D PA
ENVARUSUS XR	3	B/D PA
<i>everolimus oral tablet 0.25 mg</i>	1	B/D PA

Drug Name	Drug Tier	Requirements/ Limits
<i>everolimus oral tablet 0.5 mg, 1 mg</i>	3	B/D PA; S
<i>everolimus oral tablet 0.75 mg</i>	3	B/D PA
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 INTRAMUSCULAR SUSPENSION 1440 EL U/ ML	2	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	2	B/D PA
HIBERIX INJECTION	2	
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/ 0.4ML, 40 MG/0.8ML	3	PA; QL (4 per 28 days); S
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/ 0.8ML	3	PA; QL (2 per 28 days); S
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/ 0.2ML	3	PA; QL (2 per 28 days); S
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/ 0.8ML	3	PA; QL (4 per 28 days); S
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA; QL (8 per 365 days); S

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

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

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Drug Name	Drug Tier	Requirements/ Limits
PENBRAYA	2	
<i>penmenvy</i>	2	
PENTACEL	2	
PRIORIX	2	
PROGRAF INTRAVENOUS	3	B/D PA; S
PROGRAF ORAL PACKET	3	B/D PA
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	2	
QUADRACEL	2	
RABAVERT	2	
RECOMBIVAX HB	2	B/D PA
REMICADE	3	PA; S
REZUROCK	3	PA; LA; S
RIDAURA	3	MO; S
RINVOQ	3	PA; QL (30 per 30 days); S
RINVOQ LQ	3	PA; QL (360 per 30 days); S
ROTARIX ORAL SUSPENSION	2	
ROTATEQ ORAL SOLUTION	2	
SANDIMMUNE ORAL SOLUTION	3	B/D PA
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	3	PA; QL (1 per 28 days); S
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/ 0.5ML	2	
SIMLANDI (1 PEN)	3	PA; QL (4 per 28 days); S
SIMLANDI (1 SYRINGE)	3	PA; QL (4 per 28 days); S

Drug Name	Drug Tier	Requirements/ Limits
SIMLANDI (2 PEN)	3	PA; QL (4 per 28 days); S
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	3	PA; QL (2 per 28 days); S
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	3	PA; QL (4 per 28 days); S
<i>sirolimus oral solution</i>	3	B/D PA
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	1	B/D PA
<i>sirolimus oral tablet 2 mg</i>	3	B/D PA
SKYRIZI INTRAVENOUS	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
TENIVAC INTRAMUSCULAR SUSPENSION	2	
TICOVAC	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
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL (2 per 28 days); S
TREMFYA PEN	3	PA; QL (2 per 28 days); S
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (2 per 28 days); S
TREMFYA-CD/UC INDUCTION	3	PA; QL (4 per 28 days); S
TREXALL	3	ST
TRUMENBA	2	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
VARIZIG INTRAMUSCULAR SOLUTION	2	
VAXCHORA	2	
VIMKUNYA	2	
VIVOTIF	2	
XATMEP	3	ST
XELJANZ ORAL SOLUTION	3	PA; QL (240 per 24 days); S
XELJANZ ORAL TABLET	3	PA; QL (60 per 30 days); S
XELJANZ XR	3	PA; QL (30 per 30 days); S
YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	2	
Infectious Disease Agents		
<i>abacavir sulfate oral solution</i>	1	QL (960 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>abacavir sulfate oral tablet</i>	1	QL (60 per 30 days)
<i>abacavir sulfate-lamivudine</i>	1	QL (30 per 30 days)
ABELCET	3	B/D PA
<i>acyclovir oral capsule</i>	1	MO
<i>acyclovir oral suspension 200 mg/5ml</i>	1	MO
<i>acyclovir oral suspension 800 mg/20ml</i>	1	
<i>acyclovir oral tablet</i>	1	MO
<i>acyclovir sodium intravenous solution</i>	1	B/D PA
<i>adefovir dipivoxil</i>	1	PA
<i>albendazole oral</i>	3	
<i>amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml</i>	1	
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension reconstituted</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate er</i>	1	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	1	
<i>amoxicillin-pot clavulanate oral tablet</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	

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>ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg</i>	1	
<i>ampicillin sodium intravenous</i>	1	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	1	
<i>ampicillin-sulbactam sodium intravenous</i>	1	
APTIVUS ORAL CAPSULE	3	QL (120 per 30 days); S
ARIKAYCE	3	LA; S
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	3	QL (60 per 30 days)
<i>atazanavir sulfate oral capsule 300 mg</i>	3	QL (30 per 30 days)
<i>atovaquone oral</i>	3	PA
<i>atovaquone-proguanil hcl</i>	1	
<i>azithromycin intravenous</i>	1	
<i>azithromycin oral packet</i>	1	
<i>azithromycin oral suspension reconstituted</i>	1	
<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	
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
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/ 2ML	3	QL (4 per 28 days); S
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/ 3ML	3	QL (6 per 28 days); S
<i>cefaclor er</i>	2	
<i>cefaclor oral capsule</i>	1	
<i>cefaclor oral suspension reconstituted 250 mg/ 5ml</i>	1	
<i>cefadroxil</i>	1	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg</i>	1	
<i>cefazolin sodium injection solution reconstituted 100 gm, 300 gm</i>	2	
<i>cefazolin sodium intravenous solution reconstituted 1 gm</i>	1	
<i>cefazolin sodium intravenous solution reconstituted 2 gm, 3 gm</i>	2	
<i>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%, 3-4 gm/ 150ml-%</i>	2	

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

Drug Name	Drug Tier	Requirements/ Limits
cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml), 3-2 gm-%(50ml)	2	
cefdinir	1	
cefepime hcl injection solution reconstituted 1 gm	1	
cefepime hcl intravenous solution	2	
cefepime hcl intravenous solution reconstituted 100 gm	2	
cefepime hcl intravenous solution reconstituted 2 gm	1	
cefixime	1	
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	1	
cefoxitin sodium intravenous	1	
cefpodoxime proxetil	1	
cefprozil	1	
ceftazidime injection solution reconstituted 1 gm, 6 gm	1	
ceftazidime intravenous	1	
ceftriaxone sodium in dextrose	1	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	1	
ceftriaxone sodium injection solution reconstituted 100 gm	2	
ceftriaxone sodium intravenous	1	

Drug Name	Drug Tier	Requirements/ Limits
ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)	2	
cefuroxime axetil oral tablet 250 mg	1	
cefuroxime axetil oral tablet 500 mg	1	
cefuroxime sodium injection solution reconstituted 750 mg	1	
cefuroxime sodium intravenous solution reconstituted 1.5 gm	1	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral capsule 750 mg	1	
cephalexin oral suspension reconstituted 125 mg/5ml	1	
cephalexin oral suspension reconstituted 250 mg/5ml	1	
cephalexin oral tablet	1	
chloroquine phosphate oral	1	MO
cidofovir intravenous	3	B/D PA; S
CIMDUO	3	QL (30 per 30 days); S
CIPRO ORAL SUSPENSION RECONSTITUTED	3	
ciprofloxacin hcl oral tablet 250 mg, 500 mg	1	
ciprofloxacin hcl oral tablet 750 mg	1	
ciprofloxacin in d5w	1	

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	
<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</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 oral tablet 600 mg</i>	3	QL (60 per 30 days)
<i>darunavir oral tablet 800 mg</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
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
EDURANT PED	3	QL (180 per 30 days); S
<i>efavirenz oral tablet</i>	3	QL (30 per 30 days)
<i>efavirenz-emtricitab-tenofo df</i>	3	QL (30 per 30 days)
<i>efavirenz-lamivudine-tenofovir</i>	3	QL (30 per 30 days)
<i>emtricitab- rilpivir-tenofov df</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, 200-300 mg</i>	3	QL (30 per 30 days)
<i>emtricitabine-tenofovir df oral tablet 133-200 mg, 167-250 mg</i>	3	QL (30 per 30 days); S
EMTRIVA ORAL SOLUTION	3	QL (850 per 30 days)
<i>entecavir</i>	1	PA
EPCLUSA ORAL PACKET 150-37.5 MG	3	PA; QL (30 per 30 days); S
EPCLUSA ORAL PACKET 200-50 MG	3	PA; QL (60 per 30 days); S

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Drug Name	Drug Tier	Requirements/ Limits
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
<i>ertapenem sodium</i>	3	
ERY-TAB	1	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
<i>erythromycin base oral</i>	1	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/ 5ml</i>	1	
<i>erythromycin ethylsuccinate oral suspension reconstituted 400 mg/ 5ml</i>	3	
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin lactobionate</i>	3	
<i>erythromycin oral</i>	1	
<i>ethambutol hcl oral</i>	1	
<i>etravirine oral tablet 100 mg</i>	3	QL (120 per 30 days)
<i>etravirine oral tablet 200 mg</i>	3	QL (60 per 30 days)
EVOTAZ	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)
<i>fidaxomicin</i>	3	PA; S
FIRVANQ	3	QL (1200 per 30 days)

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 oral tablet 125 mg, 250 mg</i>	1	
HARVONI	3	PA; QL (28 per 28 days); S
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	1	MO
<i>imipenem-cilastatin</i>	1	
INTELENCE ORAL TABLET 25 MG	3	QL (480 per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
ISENTRESS HD	3	QL (60 per 30 days); S
ISENTRESS ORAL PACKET	3	QL (180 per 30 days); S
ISENTRESS ORAL TABLET	3	QL (120 per 30 days); S
ISENTRESS ORAL TABLET CHEWABLE 100 MG	3	QL (180 per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 25 MG	2	QL (720 per 30 days)
<i>isoniazid injection</i>	1	
<i>isoniazid oral syrup</i>	1	MO
<i>isoniazid oral tablet</i>	1	MO
<i>itraconazole oral capsule</i>	1	PA
<i>ivermectin oral</i>	1	
JULUCA	3	QL (30 per 30 days); S
KALETRA ORAL SOLUTION	3	QL (480 per 30 days)
<i>ketoconazole oral</i>	1	
<i>lamivudine oral solution</i>	1	QL (960 per 30 days)
<i>lamivudine oral tablet 100 mg</i>	1	
<i>lamivudine oral tablet 150 mg</i>	1	QL (60 per 30 days)
<i>lamivudine oral tablet 300 mg</i>	1	QL (30 per 30 days)
<i>lamivudine-zidovudine</i>	1	QL (60 per 30 days)
<i>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	
<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)
LIVTENCITY	3	PA; S
<i>lopinavir-ritonavir oral solution</i>	1	QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	3	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	3	QL (120 per 30 days)
<i>maraviroc</i>	3	QL (120 per 30 days)
MAVYRET ORAL PACKET	3	PA; QL (180 per 30 days); S
MAVYRET ORAL TABLET	3	PA; QL (90 per 30 days); S
<i>mefloquine hcl</i>	1	MO
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	1	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate oral</i>	1	
<i>metronidazole intravenous solution 500 mg/100ml</i>	1	
<i>metronidazole oral</i>	1	
<i>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	

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Drug Name	Drug Tier	Requirements/ Limits
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	3	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	3	S
<i>neomycin sulfate oral</i>	1	
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	1	QL (30 per 30 days)
<i>nevirapine oral suspension</i>	1	QL (1200 per 30 days)
<i>nevirapine oral tablet</i>	1	QL (60 per 30 days)
<i>nitazoxanide oral</i>	3	QL (6 per 30 days)
<i>nitrofurantoin macrocrystal oral</i>	1	
<i>nitrofurantoin monohydrate macro</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5ml, 50 mg/10ml</i>	3	S
NORVIR ORAL PACKET	3	QL (360 per 30 days)
NUZYRA ORAL	3	PA; 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)

Drug Name	Drug Tier	Requirements/ Limits
<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	
PAXLOVID (150/100)	1	QL (20 per 90 days)
PAXLOVID (300/100 & 150/100)	1	QL (11 per 90 days)
PAXLOVID (300/100)	1	QL (30 per 90 days)
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	3	
<i>penicillin g potassium</i>	1	
<i>penicillin g sodium</i>	1	
<i>penicillin v potassium</i>	1	
<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 sodium-tazobactam sodium intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	1	
<i>polymyxin b sulfate injection</i>	1	
<i>posaconazole oral</i>	3	PA; MO; S
<i>praziquantel oral</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
PREVYMIS ORAL PACKET	3	PA; QL (120 per 30 days); S
PREVYMIS ORAL TABLET	3	PA; 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	
<i>pyrazinamide oral</i>	1	
<i>pyrimethamine oral</i>	3	PA; S
<i>quinine sulfate oral</i>	1	PA
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	2	QL (60 per 180 days)
RETROVIR INTRAVENOUS	2	
REYATAZ ORAL PACKET	3	QL (240 per 30 days)
<i>ribavirin oral capsule</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
<i>rifabutin</i>	1	
<i>rifampin intravenous</i>	3	
<i>rifampin oral</i>	1	
<i>rimantadine hcl</i>	1	
<i>ritonavir</i>	1	QL (360 per 30 days)
RUKOBIA	3	QL (60 per 30 days); MO; S
SELZENTRY ORAL SOLUTION	2	QL (1840 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
SIRTURO	3	PA; LA; S
<i>sofosbuvir-velpatasvir</i>	3	PA; QL (30 per 30 days); S
<i>streptomycin sulfate intramuscular</i>	3	S
STRIBILD	3	QL (30 per 30 days); S
<i>sulfadiazine oral</i>	3	S
<i>sulfamethoxazole-trimethoprim intravenous</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
SUNLENCA ORAL TABLET	3	S
SUNLENCA ORAL TABLET THERAPY PACK	3	LA; S
SUNLENCA SUBCUTANEOUS	3	QL (3 per 168 days); MO; S
SYMTUZA	3	QL (30 per 30 days); S
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	1	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM	1	
TEFLARO	3	S
<i>tenofovir disoproxil fumarate</i>	1	QL (30 per 30 days)
<i>terbinafine hcl oral</i>	1	
<i>tetracycline hcl oral capsule</i>	1	
<i>tigecycline</i>	3	S
<i>tinidazole oral</i>	1	
TIVICAY ORAL TABLET 10 MG	3	QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
TIVICAY ORAL TABLET 25 MG, 50 MG	3	QL (60 per 30 days); S
TIVICAY PD	3	QL (360 per 30 days); S
<i>tobramycin sulfate injection solution</i>	1	
<i>tobramycin sulfate injection solution reconstituted</i>	3	S
TRECTOR	3	
<i>trifluridine ophthalmic</i>	1	
<i>trimethoprim oral</i>	1	
TRIUMEQ	3	QL (30 per 30 days); S
TRIUMEQ PD	3	QL (180 per 30 days); S
TROGARZO	3	PA; QL (23.94 per 28 days); LA; S
TYBOST	2	QL (30 per 30 days)
<i>valacyclovir hcl oral tablet 1 gm</i>	1	QL (90 per 30 days)
<i>valacyclovir hcl oral tablet 500 mg</i>	1	QL (60 per 30 days)
<i>valganciclovir hcl oral solution reconstituted</i>	3	S
<i>valganciclovir hcl oral tablet</i>	2	
<i>vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.25-5 gm/250ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%</i>	2	
<i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<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>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 5 gm, 500 mg</i>	1	
<i>vancomycin hcl intravenous solution reconstituted 1.25 gm, 1.5 gm, 750 mg</i>	2	
<i>vancomycin hcl oral capsule 125 mg</i>	1	PA; QL (240 per 30 days)
<i>vancomycin hcl oral capsule 250 mg</i>	3	PA; QL (240 per 30 days)
<i>vancomycin hcl oral solution reconstituted 25 mg/ml</i>	3	PA; QL (1200 per 30 days)
VEMLIDY	3	PA; QL (30 per 30 days); S
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG	3	PA; S
VIRACEPT ORAL TABLET 250 MG	3	QL (300 per 30 days); S
VIRACEPT ORAL TABLET 625 MG	3	QL (120 per 30 days); S
VIREAD ORAL POWDER	3	QL (240 per 30 days); S
VIREAD ORAL TABLET 150 MG, 250 MG	3	QL (30 per 30 days); S
VIREAD ORAL TABLET 200 MG	3	QL (30 per 30 days)
<i>voriconazole intravenous</i>	3	PA
<i>voriconazole oral suspension reconstituted</i>	3	PA; QL (300 per 30 days); S

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
voriconazole oral tablet 200 mg	3	PA; QL (60 per 30 days); S	INPEN 100-GREY-NOVOLOG-FIASP	3	S
voriconazole oral tablet 50 mg	1	PA; QL (120 per 30 days)	INPEN 100-PINK-LILLY-HUMALOG	3	S
VOSEVI	3	PA; QL (30 per 30 days); S	INPEN 100-PINK-NOVOLOG-FIASP	2	
XIFAXAN ORAL TABLET 550 MG	3	PA; QL (84 per 28 days); MO; S	INSULIN PEN NEEDLE	1	QL (200 per 30 days); MO
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3		INSULIN SYRINGE	1	QL (200 per 30 days); MO
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3		KOSELUGO ORAL CAPSULE	3	PA; S
zidovudine oral capsule	1	QL (180 per 30 days)	<i>lactated ringers irrigation</i>	1	
zidovudine oral syrup	1	QL (1920 per 30 days)	<i>mannitol intravenous solution 20 %, 25 %</i>	1	
zidovudine oral tablet	1	QL (60 per 30 days)	METHERGINE ORAL	3	S
ZIRGAN	3		<i>methylergonovine maleate oral</i>	3	S
Miscellaneous Therapeutic Agents			<i>neomycin-polymyxin b gu</i>	1	
<i>acetic acid irrigation</i>	1		NOVOPEN ECHO	2	
<i>acetylcysteine intravenous</i>	1		OMNIPOD 5 DEXG7G6 INTRO GEN 5	3	
ALCOHOL SWABS	1	MO	OMNIPOD 5 DEXG7G6 PODS GEN 5	3	
AUTOPEN	2		OMNIPOD 5 G7 INTRO (GEN 5)	3	
BD PEN	2		OMNIPOD 5 G7 PODS (GEN 5)	3	
BD PEN MINI	2		OMNIPOD 5 LIBRE2 G6 INTRO GEN5	3	
GAUZE STERILE PADS 2	1	MO	OMNIPOD 5 LIBRE2 PLUS G6 PODS	3	
IGALMI	3	QL (30 per 30 days)	OMNIPOD CLASSIC PODS (GEN 3)	3	
INPEN 100-BLUE-LILLY-HUMALOG	2		OMNIPOD DASH INTRO (GEN 4)	3	
INPEN 100-BLUE-NOVOLOG-FIASP	2		OMNIPOD DASH PODS (GEN 4)	3	
INPEN 100-GREY-LILLY-HUMALOG	3	S			

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Drug Name	Drug Tier	Requirements/ Limits
PHYSIOLYTE	3	
ringers irrigation	1	
sodium chloride irrigation solution 0.9 %	1	
sterile water for irrigation	2	
SYNAGIS	3	PA; S
TIS-U-SOL	1	
Ophthalmic Agents		
acetazolamide er	1	MO
ALOCIL	3	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	MO
ALREX	3	
apraclonidine hcl	1	
atropine sulfate ophthalmic ointment	2	MO
atropine sulfate ophthalmic solution 1 %	2	MO
azelastine hcl ophthalmic	1	
bacitra-neomycin-polymyxin-hc	1	
bacitracin ophthalmic	1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1	
bepotastine besilate	1	
betaxolol hcl ophthalmic	1	MO
BETOPTIC-S	3	MO
bimatoprost ophthalmic	1	MO
brimonidine tartrate ophthalmic	1	MO
brimonidine tartrate-timolol	2	MO
brinzolamide	2	MO

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

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Drug Name	Drug Tier	Requirements/ Limits
INVELTYS	3	
IOPIDINE OPHTHALMIC SOLUTION 1 %	3	
<i>ketorolac tromethamine ophthalmic</i>	1	
<i>latanoprost ophthalmic</i>	1	MO
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	MO
<i>levofloxacin ophthalmic</i>	1	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX SM	3	
<i>loteprednol etabonate ophthalmic gel</i>	1	
<i>loteprednol etabonate ophthalmic suspension 0.2 %</i>	3	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	2	MO
MAXIDEX	3	
<i>methazolamide oral</i>	1	MO
MIEBO	2	QL (12 per 30 days); 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	

Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	1	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	1	
NEVANAC	2	
<i>ofloxacin ophthalmic</i>	1	
<i>olopatadine hcl ophthalmic</i>	1	
PHOSPHOLINE IODIDE	3	S
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	MO
POLYCIN	1	
<i>polymyxin b-trimethoprim</i>	1	
PRED MILD	3	
<i>prednisolone acetate ophthalmic</i>	1	
<i>prednisolone sodium phosphate ophthalmic</i>	2	
<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

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Drug Name	Drug Tier	Requirements/ Limits
<i>timolol maleate (once-daily)</i>	1	MO
TIMOLOL MALEATE OCUDOSE	1	MO
<i>timolol maleate ophthalmic gel forming solution</i>	1	MO
<i>timolol maleate ophthalmic solution 0.25 %</i>	1	MO
<i>timolol maleate ophthalmic solution 0.5 %</i>	1	MO
<i>timolol maleate pf ophthalmic solution 0.5 %</i>	1	MO
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
XDEMVI	3	LA; S
XIIDRA	2	QL (60 per 30 days); MO
ZYLET	2	
Otic Agents		
<i>acetic acid otic</i>	1	
CIPRO HC	3	
<i>ciprofloxacin hcl otic</i>	1	
<i>ciprofloxacin-dexamethasone</i>	1	
CORTISPORIN-TC	3	
FLAC	1	
<i>fluocinolone acetonide otic</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone-acetic acid</i>	1	
<i>neomycin-polymyxin-hc otic</i>	1	
<i>ofloxacin otic</i>	1	
Respiratory Tract/Pulmonary Agents		
<i>acetylcysteine inhalation</i>	1	B/D PA
ADEMPAS	3	PA; QL (90 per 30 days); LA; S
ADVAIR HFA	2	QL (12 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; 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

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
ATROVENT HFA	3	QL (26 per 30 days); MO
<i>azelastine hcl nasal solution 0.1 %, 137 mcg/spray</i>	1	QL (30 per 25 days)
<i>azelastine-fluticasone</i>	1	QL (23 per 28 days)
<i>bosentan oral tablet</i>	3	PA; QL (60 per 30 days); LA; S
<i>bosentan oral tablet soluble</i>	3	PA; QL (120 per 30 days); S
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	2	QL (60 per 30 days); MO
<i>brey-na</i>	1	QL (30.9 per 30 days); MO
BREZTRI AEROSPHERE	2	QL (10.7 per 30 days); MO
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	1	B/D PA; QL (120 per 30 days); MO
<i>budesonide inhalation suspension 1 mg/2ml</i>	1	B/D PA; QL (60 per 30 days); MO
<i>budesonide-formoterol fumarate</i>	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</i>	1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	PA

Drug Name	Drug Tier	Requirements/ Limits
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	QL (2 per 28 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	QL (2 per 28 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	QL (75 per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act</i>	2	QL (60 per 30 days); MO
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>	2	QL (240 per 30 days); MO
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	2	QL (12 per 30 days); MO
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	2	QL (24 per 30 days); MO
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	2	QL (11 per 30 days); MO

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>fluticasone propionate nasal</i>	1	QL (16 per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	QL (60 per 30 days); MO
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	1	QL (1 per 30 days); MO
<i>formoterol fumarate inhalation</i>	3	B/D PA; QL (120 per 30 days); MO
<i>hydroxyzine hcl intramuscular</i>	1	
<i>hydroxyzine hcl oral syrup</i>	1	QL (2880 per 28 days)
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg</i>	1	QL (120 per 30 days)
<i>hydroxyzine hcl oral tablet 50 mg</i>	1	QL (240 per 30 days)
<i>hydroxyzine pamoate oral</i>	1	QL (120 per 30 days)
<i>ipratropium bromide inhalation</i>	1	B/D PA; MO
<i>ipratropium bromide nasal</i>	1	QL (30 per 30 days); MO
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	B/D PA; QL (540 per 30 days); MO
KALYDECO ORAL TABLET	3	PA; QL (60 per 30 days); S
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	1	B/D PA; QL (270 per 30 days); MO
<i>levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml</i>	1	B/D PA; QL (540 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
<i>levalbuterol tartrate</i>	1	QL (45 per 30 days); MO
<i>levocetirizine dihydrochloride oral solution</i>	1	QL (300 per 30 days)
<i>levocetirizine dihydrochloride oral tablet</i>	1	QL (30 per 30 days)
<i>mometasone furoate nasal</i>	1	
<i>montelukast sodium oral</i>	1	MO
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (3 per 28 days); LA; S
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA; QL (3 per 28 days); LA; S
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	PA; QL (0.4 per 28 days); LA; S
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; QL (3 per 28 days); LA; S
OFEV	3	PA; QL (60 per 30 days); S
<i>olopatadine hcl nasal</i>	1	QL (31 per 30 days)
OMNARIS	3	ST; QL (13 per 30 days)
OPSUMIT	3	PA; QL (30 per 30 days); LA; S
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	2	PA; LA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	3	PA; LA; S
ORKAMBI ORAL TABLET	3	PA; QL (120 per 30 days); S
<i>pirfenidone oral tablet 267 mg</i>	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
PULMICORT FLEXHALER	3	QL (2 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
REMODULIN INJECTION SOLUTION 8 MG/20ML	3	PA; S
<i>roflumilast</i>	3	PA; QL (30 per 30 days); MO
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	QL (60 per 30 days); MO
<i>sildenafil citrate intravenous</i>	3	PA; QL (1125 per 30 days); S
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA; QL (360 per 30 days)
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 er</i>	1	MO
<i>theophylline oral</i>	1	MO
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	3	B/D PA; QL (280 per 28 days); S
TRACLEER ORAL TABLET SOLUBLE	3	PA; QL (120 per 30 days); LA; S
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	2	QL (60 per 30 days); MO
<i>treprostinil</i>	3	PA; LA; S
TRIKAFTA ORAL TABLET THERAPY PACK	3	PA; QL (84 per 28 days); LA; S
TRIKAFTA ORAL THERAPY PACK	3	PA; QL (56 per 28 days); S
TUDORZA PRESSAIR	3	QL (1 per 30 days); MO
TYVASO	3	PA; QL (81.2 per 30 days); S
TYVASO DPI INSTITUTIONAL KIT	3	PA; LA; S
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	3	PA; LA; S
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	3	PA; LA; S
TYVASO REFILL KIT	3	PA; QL (81.2 per 30 days); LA; S
TYVASO STARTER KIT	3	PA; QL (81.2 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
<i>umeclidinium-vilanterol</i>	2	QL (60 per 30 days); MO
UPTRAVI ORAL	3	PA; QL (60 per 30 days); LA; S
UPTRAVI TITRATION	3	PA; LA; S
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	QL (60 per 30 days); MO
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML	3	PA; QL (8 per 28 days); LA; S
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	3	PA; QL (4 per 28 days); LA; S
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	3	PA; QL (8 per 28 days); LA; S
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	3	PA; QL (4 per 28 days); LA; S
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; QL (8 per 28 days); LA; S
<i>zafirlukast</i>	1	MO

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

Legend

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

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

A	ADACEL	67
<i>abacavir sulfate oral solution</i>	<i>adapalene external cream</i>	46
<i>abacavir sulfate oral tablet</i>	<i>adapalene external gel</i>	46
<i>abacavir sulfate-lamivudine</i>	<i>adefovir dipivoxil</i>	71
ABELCET	ADEMPAS	83
ABIGALE	ADRIAMYCIN INTRAVENOUS SOLUTION	
ABIGALE LO	RECONSTITUTED 50 MG	15
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED	ADVAIR HFA	83
SYRINGE 720 MG/2.4ML	AFIRMELLE	61
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED	AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	
SYRINGE 960 MG/3.2ML	140 MG/ML	31
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED	AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	
SYRINGE	70 MG/ML	31
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION	AKEEGA	15
RECONSTITUTED ER	<i>ala-cort external cream</i>	46
<i>abiraterone acetate oral tablet 250 mg</i>	<i>albendazole oral</i>	71
<i>abiraterone acetate oral tablet 500 mg</i>	<i>albuterol sulfate hfa</i>	83
ABIRTEGA	<i>albuterol sulfate inhalation nebulization solution</i>	
ABRYSVO	(2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	83
<i>acamprosate calcium</i>	<i>albuterol sulfate inhalation nebulization solution</i>	
<i>acarbose oral</i>	(5 mg/ml) 0.5%, 2.5 mg/0.5ml	83
ACCUTANE ORAL CAPSULE 20 MG, 30 MG, 40 MG ..	<i>albuterol sulfate oral syrup</i>	83
<i>acebutolol hcl oral</i>	<i>albuterol sulfate oral tablet</i>	83
<i>acetaminophen-codeine oral solution</i>	<i>alclometasone dipropionate</i>	46
<i>acetaminophen-codeine oral tablet</i>	ALCOHOL SWABS	80
<i>acetazolamide er</i>	ALECENSA	15
<i>acetazolamide oral</i>	<i>alendronate sodium oral solution</i>	52
<i>acetic acid irrigation</i>	<i>alendronate sodium oral tablet 10 mg</i>	52
<i>acetic acid otic</i>	<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	52
<i>acetylcysteine inhalation</i>	<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	11
<i>acetylcysteine intravenous</i>	<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	11
<i>acitretin</i>	<i>alfuzosin hcl er</i>	60
ACTHAR	<i>aliskiren fumarate</i>	26
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR	<i>allopurinol oral tablet 100 mg, 300 mg</i>	12
ACTHIB	<i>almotriptan malate</i>	31
ACTIMMUNE	ALOCRIAL	81
<i>acyclovir external cream</i>	<i>alose tron hcl oral tablet 0.5 mg</i>	57
<i>acyclovir external ointment</i>	<i>alose tron hcl oral tablet 1 mg</i>	57
<i>acyclovir oral capsule</i>	ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	81
<i>acyclovir oral suspension 200 mg/5ml</i>	<i>alprazolam er</i>	31
<i>acyclovir oral suspension 800 mg/20ml</i>	ALPRAZOLAM INTENSOL	31
<i>acyclovir oral tablet</i>	<i>alprazolam oral</i>	31
<i>acyclovir sodium intravenous solution</i>	<i>alprazolam xr</i>	31

ALREX	81	amoxicillin-pot clavulanate oral suspension reconstituted	71
ALTAVERA	61	amoxicillin-pot clavulanate oral tablet	71
ALUNBRIG ORAL TABLET 180 MG	15	amphetamine sulfate oral tablet 10 mg	32
ALUNBRIG ORAL TABLET 30 MG	15	amphetamine sulfate oral tablet 5 mg	32
ALUNBRIG ORAL TABLET 90 MG	15	amphetamine-dextroamphetamine	32
ALUNBRIG ORAL TABLET THERAPY PACK	15	amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	32
alyacen 1/35	61	amphetamine-dextroamphetamine oral tablet 30 mg	32
alyacen 7/7/7	61	amphotericin b intravenous	71
ALYQ	83	amphotericin b liposome	71
amantadine hcl oral capsule	31	ampicillin oral capsule 500 mg	71
amantadine hcl oral solution	31	ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg	72
amantadine hcl oral tablet	31	ampicillin sodium intravenous	72
ambrisentan	83	ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	72
amcinonide external cream	46	ampicillin-sulbactam sodium intravenous	72
amcinonide external ointment	46	anagrelide hcl	23
AMETHIA	61	anastrozole oral	15
AMETHYST	61	ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	83
amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml	71	apomorphine hcl subcutaneous	32
amiloride hcl oral	26	apraclonidine hcl	81
amiloride-hydrochlorothiazide	26	aprepitant oral capsule 125 mg	57
amiodarone hcl intravenous	26	aprepitant oral capsule 40 mg	57
amiodarone hcl oral	26	aprepitant oral capsule 80 & 125 mg	57
amitriptyline hcl oral	31	aprepitant oral capsule 80 mg	57
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg	26	APRI	61
amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-10 mg, 5-20 mg	26	APTIOM	32
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	10	APTIVUS ORAL CAPSULE	72
amlodipine besylate oral	26	ARANELLE	61
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg	26	ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 40 MCG/ML	23
amlodipine besylate-valsartan oral tablet 5-160 mg	26	ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 60 MCG/ML	23
amlodipine-atorvastatin	26	ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML	23
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-40 mg	26	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	23
amlodipine-olmesartan oral tablet 5-20 mg	26	ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 60 MCG/0.3ML	23
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg	26	ARCALYST	67
amlodipine-valsartan-hctz oral tablet 5-160-12.5 mg	26	AREXVY	67
ammonium lactate external	46	arformoterol tartrate	83
AMNESTEEM	46	ARIKAYCE	72
amoxapine	31	aripiprazole oral solution	32
amoxicillin oral capsule	71	aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg	32
amoxicillin oral suspension reconstituted	71	aripiprazole oral tablet 20 mg, 30 mg	32
amoxicillin oral tablet	71		
amoxicillin oral tablet chewable 125 mg, 250 mg	71		
amoxicillin-pot clavulanate er	71		

<i>aripiprazole oral tablet dispersible 10 mg</i>	32	AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24	
<i>aripiprazole oral tablet dispersible 15 mg</i>	32	HOUR 12 MG, 18 MG, 24 MG, 6 MG	32
ARISTADA INITIO	32	AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064		HOUR 30 MG, 36 MG, 42 MG, 48 MG	32
MG/3.9ML	32	AUSTEDO XR PATIENT TITRATION ORAL TABLET	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441		EXTENDED RELEASE THERAPY PACK 12 & 18	
MG/1.6ML	32	& 24 & 30 MG	32
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662		AUTOPEN	80
MG/2.4ML	32	AUVELITY	32
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882		AVASTIN	16
MG/3.2ML	32	AVIANE	61
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i> ...	32	AVMAPKI FAKZYNJA CO-PACK	16
<i>armodafinil oral tablet 50 mg</i>	32	AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR	
ARMOUR THYROID	61	KIT	32
ARNUITY ELLIPTA	83	AVONEX PREFILLED INTRAMUSCULAR PREFILLED	
ASCOMP-CODEINE	12	SYRINGE KIT	33
<i>asenapine maleate sublingual tablet sublingual 10</i>		AYUNA	61
<i>mg</i>	32	AYVAKIT	16
<i>asenapine maleate sublingual tablet sublingual</i>		<i>azacitidine</i>	16
<i>2.5 mg</i>	32	<i>azathioprine oral tablet 50 mg</i>	67
<i>asenapine maleate sublingual tablet sublingual 5</i>		<i>azelaic acid external</i>	46
<i>mg</i>	32	<i>azelastine hcl nasal solution 0.1 %, 137 mcg/</i>	
ASHLYNA	61	<i>spray</i>	84
<i>aspirin-dipyridamole er</i>	23	<i>azelastine hcl ophthalmic</i>	81
<i>atazanavir sulfate oral capsule 150 mg, 200</i>		<i>azelastine-fluticasone</i>	84
<i>mg</i>	72	<i>azithromycin intravenous</i>	72
<i>atazanavir sulfate oral capsule 300 mg</i>	72	<i>azithromycin oral packet</i>	72
<i>atenolol oral</i>	26	<i>azithromycin oral suspension reconstituted</i>	72
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	10	<i>azithromycin oral tablet 250 mg, 250 mg (6</i>	
<i>atenolol-chlorthalidone</i>	26	<i>pack)</i>	72
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-</i>		<i>azithromycin oral tablet 500 mg, 500 mg (3 pack),</i>	
<i>25 mg</i>	10	<i>600 mg</i>	72
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg,</i>		<i>aztreonam</i>	72
<i>40 mg</i>	32	AZURETTE	61
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80</i>		B	
<i>mg</i>	32	BAC (BUTALBITAL-ACETAMIN-CAFF)	33
<i>atorvastatin calcium oral</i>	26	<i>bacitra-neomycin-polymyxin-hc</i>	81
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40</i>		<i>bacitracin ophthalmic</i>	81
<i>mg, 80 mg</i>	10	<i>bacitracin-polymyxin b ophthalmic ointment 500-</i>	
<i>atovaquone oral</i>	72	<i>10000 unit/gm</i>	81
<i>atovaquone-proguanil hcl</i>	72	<i>baclofen oral tablet 10 mg, 15 mg, 5 mg</i>	33
<i>atropine sulfate ophthalmic ointment</i>	81	<i>baclofen oral tablet 20 mg</i>	33
<i>atropine sulfate ophthalmic solution 1 %</i>	81	<i>balsalazide disodium</i>	57
ATROVENT HFA	84	BALVERSA ORAL TABLET 3 MG	16
AUBRA EQ	61	BALVERSA ORAL TABLET 4 MG	16
AUGTYRO ORAL CAPSULE 160 MG	15	BALVERSA ORAL TABLET 5 MG	16
AUGTYRO ORAL CAPSULE 40 MG	16	BALZIVA	61
AUROVELA 1.5/30	61	BARACLUDE ORAL SOLUTION	72
AUROVELA 1/20	61	BAVENCIO	16
AUROVELA 24 FE	61	<i>bcg vaccine injection solution reconstituted</i>	67
AUROVELA FE 1.5/30	61	BD PEN	80
AUROVELA FE 1/20	61	BD PEN MINI	80
AUSTEDO	32	<i>benazepril hcl oral</i>	26

<i>benazepril hcl oral tablet</i> 10 mg, 20 mg, 40 mg, 5 mg	10	<i>bortezomib injection solution reconstituted</i> 2.5 mg	16
<i>benazepril-hydrochlorothiazide oral tablet</i> 10-12.5 mg, 5-6.25 mg	26	<i>bosentan oral tablet</i>	84
<i>benazepril-hydrochlorothiazide oral tablet</i> 20-12.5 mg, 20-25 mg	26	<i>bosentan oral tablet soluble</i>	84
<i>benazepril-hydrochlorothiazide oral tablet</i> 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	10	BOSULIF ORAL CAPSULE 100 MG	16
<i>bendamustine hcl intravenous solution</i>	16	BOSULIF ORAL CAPSULE 50 MG	16
BENDEKA	16	BOSULIF ORAL TABLET 100 MG	16
BENLYSTA	67	BOSULIF ORAL TABLET 400 MG, 500 MG	16
<i>benzoyl peroxide-erythromycin</i>	46	BOTOX	33
<i>benztropine mesylate injection</i>	33	BRAFTOVI ORAL CAPSULE 75 MG	16
<i>benztropine mesylate oral</i>	33	BREO ELLIPTA INHALATION AEROSOL POWDER	
<i>bepotastine besilate</i>	81	BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	84
BESREMI	16	<i>breyana</i>	84
<i>betaine</i>	60	BREZTRI AEROSPHERE	84
<i>betamethasone dipropionate aug</i>	46	<i>briellyn</i>	61
<i>betamethasone dipropionate external</i>	46	BRILINTA	23
<i>betamethasone valerate external</i>	46	<i>brimonidine tartrate ophthalmic</i>	81
BETASERON SUBCUTANEOUS KIT	33	<i>brimonidine tartrate-timolol</i>	81
<i>betaxolol hcl ophthalmic</i>	81	<i>brinzolamide</i>	81
<i>betaxolol hcl oral</i>	26	BRIVIACT INTRAVENOUS	33
<i>bethanechol chloride oral</i>	60	BRIVIACT ORAL SOLUTION	33
BETOPTIC-S	81	BRIVIACT ORAL TABLET	33
<i>bexarotene external</i>	46	<i>bromfenac sodium (once-daily)</i>	81
<i>bexarotene oral</i>	16	<i>bromfenac sodium ophthalmic solution</i> 0.07 % ...	81
BEXSERO	67	<i>bromocriptine mesylate oral</i>	33
<i>bicalutamide</i>	16	BRUKINSA ORAL CAPSULE	16
BICILLIN C-R	72	BRUKINSA ORAL TABLET	16
BICILLIN C-R 900/300	72	<i>budesonide er oral tablet extended release</i> 24 hour	57
BICILLIN L-A INTRAMUSCULAR SUSPENSION		<i>budesonide inhalation suspension</i> 0.25 mg/2ml, 0.5 mg/2ml	84
PREFILLED SYRINGE	72	<i>budesonide inhalation suspension</i> 1 mg/2ml	84
BIJUVA	61	<i>budesonide oral</i>	57
BIKTARVY ORAL TABLET 30-120-15 MG	72	<i>budesonide-formoterol fumarate</i>	84
BIKTARVY ORAL TABLET 50-200-25 MG	72	<i>bumetanide injection</i>	26
<i>bimatoprost ophthalmic</i>	81	<i>bumetanide oral</i>	26
<i>bisoprolol fumarate oral</i>	26	<i>buprenorphine hcl injection</i>	33
<i>bisoprolol fumarate oral tablet</i> 10 mg, 5 mg	10	<i>buprenorphine hcl sublingual tablet sublingual</i> 2 mg	33
<i>bisoprolol-hydrochlorothiazide</i>	26	<i>buprenorphine hcl sublingual tablet sublingual</i> 8 mg	33
<i>bisoprolol-hydrochlorothiazide oral tablet</i> 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	10	<i>buprenorphine hcl-naloxone hcl sublingual film</i> 12-3 mg	33
<i>bleomycin sulfate</i>	16	<i>buprenorphine hcl-naloxone hcl sublingual film</i> 2-0.5 mg	33
BLISOVI 24 FE	61	<i>buprenorphine hcl-naloxone hcl sublingual film</i> 4-1 mg	33
BLISOVI FE 1.5/30	61	<i>buprenorphine hcl-naloxone hcl sublingual film</i> 8-2 mg	33
BLISOVI FE 1/20	61	<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i> 2-0.5 mg	33
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	67		
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	67		
<i>bortezomib injection solution reconstituted</i> 1 mg, 3.5 mg	16		

buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	33	CAMRESE LO	61
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr	12	candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg	26
buprenorphine transdermal patch weekly 20 mcg/hr	12	candesartan cilexetil oral tablet 32 mg	26
buprenorphine transdermal patch weekly 5 mcg/hr, 7.5 mcg/hr	12	candesartan cilexetil-hctz oral tablet 16-12.5 mg	26
bupropion hcl er (smoking det)	33	candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg	26
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg	33	CAPLYTA	33
bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg	33	CAPRELSA ORAL TABLET 100 MG	16
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	33	CAPRELSA ORAL TABLET 300 MG	16
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg	33	captopril oral tablet 100 mg	26
bupropion hcl oral tablet 100 mg	33	captopril oral tablet 12.5 mg, 25 mg, 50 mg	27
bupropion hcl oral tablet 75 mg	33	captopril-hydrochlorothiazide	27
buspirone hcl oral	33	carbamazepine er	33
butalbital-apap-caff-cod	12	carbamazepine oral	33
butalbital-apap-caffeine oral capsule	33	carbidopa oral	33
butalbital-apap-caffeine oral tablet 50-325-40 mg	33	carbidopa-levodopa	33
butalbital-asa-caff-codeine	12	carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	34
butalbital-aspirin-caffeine oral capsule	33	carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	34
butorphanol tartrate injection	12	carbinoxamine maleate oral solution	84
butorphanol tartrate nasal	13	carbinoxamine maleate oral tablet 4 mg	84
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	52	carbinoxamine maleate oral tablet 6 mg	84
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	52	carboplatin intravenous solution	16
C		CARDURA XL	60
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML	72	carglumic acid oral tablet soluble	50
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML	72	carisoprodol oral tablet 350 mg	34
cabergoline	61	carteolol hcl	81
CABOMETYX	16	CARTIA XT	27
calcipotriene external cream	46	carvedilol	27
calcipotriene external ointment	46	carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	10
calcipotriene external solution	46	carvedilol phosphate er	27
calcipotriene-betameth diprop external ointment	47	CAYSTON	84
calcitonin (salmon) injection	52	cefaclor er	72
calcitonin (salmon) nasal	53	cefaclor oral capsule	72
CALCITRENE	47	cefaclor oral suspension reconstituted 250 mg/5ml	72
calcitriol external	47	cefadroxil	72
calcitriol intravenous solution 1 mcg/ml	53	cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg	72
calcitriol oral	53	cefazolin sodium injection solution reconstituted 100 gm, 300 gm	72
CALQUENCE	16	cefazolin sodium intravenous solution reconstituted 1 gm	72
CAMILA	61	cefazolin sodium intravenous solution reconstituted 2 gm, 3 gm	72
CAMRESE	61	cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%, 3-4 gm/150ml-%	72

cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml), 3-2 gm-%(50ml)	73	chlorpromazine hcl injection	34
cefdinir	73	chlorpromazine hcl oral concentrate	34
cefepime hcl injection solution reconstituted 1 gm	73	chlorpromazine hcl oral tablet	34
cefepime hcl intravenous solution	73	chlorthalidone oral tablet 25 mg, 50 mg	27
cefepime hcl intravenous solution reconstituted 100 gm	73	chlorthalidone oral tablet 25 mg, 50 mg	10
cefepime hcl intravenous solution reconstituted 2 gm	73	chlorzoxazone oral tablet 500 mg	34
cefixime	73	cholestyramine light	27
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	73	cholestyramine oral	27
cefoxitin sodium intravenous	73	CICLODAN EXTERNAL SOLUTION	47
cefpodoxime proxetil	73	ciclopirox external	47
cefprozil	73	ciclopirox olamine external cream	47
ceftazidime injection solution reconstituted 1 gm, 6 gm	73	ciclopirox olamine external suspension	47
ceftazidime intravenous	73	cidofovir intravenous	73
ceftriaxone sodium in dextrose	73	cilostazol	23
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	73	CIMDUO	73
ceftriaxone sodium injection solution reconstituted 100 gm	73	cimetidine hcl oral solution 300 mg/5ml	57
ceftriaxone sodium intravenous	73	cimetidine oral tablet 200 mg	57
ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)	73	cimetidine oral tablet 300 mg, 400 mg, 800 mg ...	57
cefuroxime axetil oral tablet 250 mg	73	cinacalcet hcl oral tablet 30 mg	53
cefuroxime axetil oral tablet 500 mg	73	cinacalcet hcl oral tablet 60 mg	53
cefuroxime sodium injection solution reconstituted 750 mg	73	cinacalcet hcl oral tablet 90 mg	53
cefuroxime sodium intravenous solution reconstituted 1.5 gm	73	CINRYZE	23
celecoxib oral capsule 100 mg, 200 mg, 50 mg	13	CIPRO HC	83
celecoxib oral capsule 400 mg	13	CIPRO ORAL SUSPENSION RECONSTITUTED	73
cephalexin oral capsule 250 mg, 500 mg	73	ciprofloxacin hcl ophthalmic	81
cephalexin oral capsule 750 mg	73	ciprofloxacin hcl oral tablet 250 mg, 500 mg	73
cephalexin oral suspension reconstituted 125 mg/ 5ml	73	ciprofloxacin hcl oral tablet 750 mg	73
cephalexin oral suspension reconstituted 250 mg/ 5ml	73	ciprofloxacin hcl otic	83
cephalexin oral tablet	73	ciprofloxacin in d5w	73
cetirizine hcl oral solution	84	ciprofloxacin-dexamethasone	83
cevimeline hcl	47	cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml	16
CHARLOTTE 24 FE	61	citalopram hydrobromide oral solution	34
CHATEAL EQ	61	citalopram hydrobromide oral tablet 10 mg	34
CHEMET	53	citalopram hydrobromide oral tablet 20 mg	34
chlordiazepoxide hcl	34	citalopram hydrobromide oral tablet 40 mg	34
chlordiazepoxide-amitriptyline	34	CLARAVIS	47
chlorhexidine gluconate mouth/throat	47	clarithromycin er	74
chloroquine phosphate oral	73	clarithromycin oral	74
		clemastine fumarate oral tablet 2.68 mg	84
		CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/ 175ML	57
		CLEOCIN VAGINAL SUPPOSITORY	60
		CLIMARA PRO	62
		CLINDACIN	47
		clindamycin hcl oral	74
		clindamycin palmitate hcl	74
		clindamycin phos (once-daily)	47
		clindamycin phos (twice-daily)	47
		clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	47
		clindamycin phosphate external gel	47
		clindamycin phosphate external lotion	47

clindamycin phosphate external solution	47	clonidine transdermal patch weekly 0.3 mg/	
clindamycin phosphate external swab	47	24hr	27
clindamycin phosphate in d5w	74	clopidogrel bisulfate oral tablet 300 mg	23
clindamycin phosphate injection solution 300 mg/		clopidogrel bisulfate oral tablet 75 mg	24
2ml, 600 mg/4ml	74	clorazepate dipotassium	34
clindamycin phosphate injection solution 900 mg/		clotrimazole external cream	47
6ml	74	clotrimazole external solution	47
clindamycin phosphate vaginal	60	clotrimazole mouth/throat troche	47
clindamycin-tretinoin	47	clotrimazole-betamethasone	47
CLINIMIX E/DEXTROSE (2.75/5)	50	clozapine oral tablet 100 mg	34
CLINIMIX E/DEXTROSE (4.25/10)	50	clozapine oral tablet 200 mg	34
CLINIMIX E/DEXTROSE (4.25/5)	50	clozapine oral tablet 25 mg	34
CLINIMIX E/DEXTROSE (5/15)	50	clozapine oral tablet 50 mg	34
CLINIMIX E/DEXTROSE (5/20)	50	clozapine oral tablet dispersible 100 mg	34
climimix e/dextrose (8/10)	50	clozapine oral tablet dispersible 12.5 mg	34
climimix e/dextrose (8/14)	50	clozapine oral tablet dispersible 150 mg	34
CLINIMIX/DEXTROSE (4.25/10)	51	clozapine oral tablet dispersible 200 mg	34
CLINIMIX/DEXTROSE (4.25/5)	51	clozapine oral tablet dispersible 25 mg	35
CLINIMIX/DEXTROSE (5/15)	51	COARTEM	74
CLINIMIX/DEXTROSE (5/20)	51	COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG ...	35
climimix/dextrose (6/5)	51	COBENFY ORAL CAPSULE 50-20 MG	35
climimix/dextrose (8/10)	51	COBENFY STARTER PACK	35
climimix/dextrose (8/14)	51	codeine sulfate oral tablet	13
CLINISOL SF	51	colchicine oral	13
CLINOLIPID	51	colchicine-probenecid	13
clobazam oral suspension 2.5 mg/ml	34	colesevelam hcl	27
clobazam oral tablet 10 mg	34	colestipol hcl	27
clobazam oral tablet 20 mg	34	colistimethate sodium (cba)	74
clobetasol propionate e	47	COMBIPATCH	62
clobetasol propionate emulsion	47	COMBIVENT RESPIMAT	84
clobetasol propionate external cream 0.05 %	47	COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 &	
clobetasol propionate external foam	47	20 MG	16
clobetasol propionate external gel	47	COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG	
clobetasol propionate external lotion	47	& 80 MG	16
clobetasol propionate external ointment	47	COMETRIQ (60 MG DAILY DOSE)	16
clobetasol propionate external shampoo	47	COMPLERA	74
clobetasol propionate external solution	47	COMPRO	57
clocortolone pivalate	47	constulose	57
CLODAN EXTERNAL SHAMPOO	47	COPIKTRA	16
clomipramine hcl oral	34	CORLANOR ORAL SOLUTION	27
clonazepam oral tablet 0.5 mg	34	CORTIFOAM EXTERNAL	57
clonazepam oral tablet 1 mg	34	CORTISPORIN-TC	83
clonazepam oral tablet 2 mg	34	COSENTYX (300 MG DOSE)	67
clonazepam oral tablet dispersible 0.125 mg	34	COSENTYX SENSOREADY (300 MG)	67
clonazepam oral tablet dispersible 0.25 mg	34	COSENTYX SENSOREADY PEN	68
clonazepam oral tablet dispersible 0.5 mg	34	COSENTYX SUBCUTANEOUS SOLUTION PREFILLED	
clonazepam oral tablet dispersible 1 mg	34	SYRINGE 150 MG/ML	68
clonazepam oral tablet dispersible 2 mg	34	COSENTYX SUBCUTANEOUS SOLUTION PREFILLED	
clonidine hcl er oral tablet extended release 12		SYRINGE 75 MG/0.5ML	68
hour	34	COSENTYX UNOREADY	68
clonidine hcl oral	27	COTELLIC	16
clonidine transdermal patch weekly 0.1 mg/24hr,		CREON	60
0.2 mg/24hr	27	CRINONE	62

cromolyn sodium inhalation	84	DENTA 5000 PLUS	47
cromolyn sodium ophthalmic	81	DENTAGEL	47
cromolyn sodium oral	60	DEPO-ESTRADIOL	62
CROTAN	47	DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	62
CRYSSELLE-28	62	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	62
cyclobenzaprine hcl oral	35	DESCOVY	74
cyclopentolate hcl ophthalmic solution 1 %	81	desipramine hcl oral	35
cyclophosphamide intravenous solution 500 mg/ 2.5ml, 500 mg/ml	16	desloratadine	84
cyclophosphamide oral capsule	16	desmopressin ace spray refrig	62
CYCLOSET	53	desmopressin acetate injection	62
cyclosporine modified	68	desmopressin acetate oral	62
cyclosporine ophthalmic	81	desmopressin acetate pf	62
cyclosporine oral capsule	68	desmopressin acetate spray	62
cyproheptadine hcl oral syrup	84	desogestrel-ethinyl estradiol oral tablet 0.15-0.02/ 0.01 mg (21/5)	62
cyproheptadine hcl oral tablet	84	desonide external cream	47
CYRAMZA	16	desonide external lotion	47
CYRED EQ	62	desonide external ointment	47
CYSTAGON	60	desoximetasone external cream	47
CYSTARAN	81	desoximetasone external gel	47
D		desoximetasone external liquid	47
dabigatran etexilate mesylate	24	desoximetasone external ointment	48
dalfampridine er	35	desvenlafaxine er	35
danazol oral	62	desvenlafaxine succinate er	35
dantrolene sodium oral	35	DEXAMETHASONE INTENSOL	62
DANZITEN	16	dexamethasone oral elixir	62
dapsone external	47	dexamethasone oral solution	62
dapsone oral	74	dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	62
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15- 5	68	dexamethasone oral tablet 2 mg, 4 mg, 6 mg	62
daptomycin intravenous solution reconstituted 500 mg	74	dexamethasone oral tablet therapy pack	62
darifenacin hydrobromide er	60	dexamethasone sod phos +rfid	62
darunavir oral tablet 600 mg	74	dexamethasone sod phosphate pf injection solution	62
darunavir oral tablet 800 mg	74	dexamethasone sodium phosphate injection	62
DARZALEX	16	dexamethasone sodium phosphate ophthalmic	81
DARZALEX FASPRO	17	dexlansoprazole	57
dasatinib	17	dexmethylphenidate hcl	35
DASETTA 1/35 (28)	62	dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	35
DASETTA 7/7/7	62	dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg	35
DAURISMO ORAL TABLET 100 MG	17	dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	35
DAURISMO ORAL TABLET 25 MG	17	dextroamphetamine sulfate oral solution	35
DAYSEE	62	dextroamphetamine sulfate oral tablet 10 mg	35
DEBLITANE	62	dextroamphetamine sulfate oral tablet 5 mg	35
decitabine	17	dextrose 5%/electrolyte #48	51
deferasirox oral tablet 90 mg	53	dextrose in lactated ringers	51
deferasirox oral tablet soluble 125 mg	53		
deferasirox oral tablet soluble 250 mg, 500 mg ...	53		
deferiprone oral tablet 1000 mg	53		
deferiprone oral tablet 500 mg	53		
DELSTRIGO	74		
DELYLA	62		
demeclocycline hcl oral	74		

dextrose intravenous solution 10 %, 5 %, 50 %, 70 %	51	diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	27
dextrose intravenous solution 250 mg/ml	51	diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	27
dextrose-sodium chloride intravenous solution 10-0.2 %	51	diltiazem hcl intravenous solution	27
dextrose-sodium chloride intravenous solution 10-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.3 %, 5-0.33 %, 5-0.45 %, 5-0.9 %	51	diltiazem hcl intravenous solution reconstituted	27
DIACOMIT ORAL CAPSULE 250 MG	35	diltiazem hcl oral tablet	27
DIACOMIT ORAL CAPSULE 500 MG	35	dimethyl fumarate oral capsule delayed release 120 mg	35
DIACOMIT ORAL PACKET 250 MG	35	dimethyl fumarate oral capsule delayed release 240 mg	35
DIACOMIT ORAL PACKET 500 MG	35	dimethyl fumarate starter pack oral capsule delayed release therapy pack	35
diazepam injection	35	diphenhydramine hcl injection	84
DIAZEPAM INTENSOL	35	diphenoxylate-atropine oral liquid	57
diazepam oral concentrate	35	diphenoxylate-atropine oral tablet 2.5-0.025 mg	57
diazepam oral solution 5 mg/5ml	35	diphtheria-tetanus toxoids dt	68
diazepam oral tablet 10 mg	35	dipyridamole oral	24
diazepam oral tablet 2 mg	35	disopyramide phosphate oral	27
diazepam oral tablet 5 mg	35	disulfiram oral	35
diazepam rectal	35	divalproex sodium er oral tablet extended release 24 hour	35
diazoxide oral	53	divalproex sodium oral capsule delayed release sprinkle	35
diclofenac potassium oral tablet 50 mg	13	divalproex sodium oral tablet delayed release ...	36
diclofenac sodium er	13	dofetilide	27
diclofenac sodium external gel 3 %	48	DOLISHALE	62
diclofenac sodium external solution 1.5 %	13	donepezil hcl oral tablet 10 mg, 5 mg	36
diclofenac sodium ophthalmic	81	donepezil hcl oral tablet 23 mg	36
diclofenac sodium oral	13	donepezil hcl oral tablet dispersible	36
diclofenac-misoprostol oral tablet delayed release	13	dorzolamide hcl ophthalmic	81
dicloxacillin sodium	74	dorzolamide hcl-timolol mal	81
dicyclomine hcl oral capsule	57	dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	81
dicyclomine hcl oral solution 10 mg/5ml	57	DOTTI	62
dicyclomine hcl oral tablet 20 mg	57	DOVATO	74
DIFICID	74	doxazosin mesylate oral	27
diflorasone diacetate external	48	doxepin hcl oral capsule	36
diflunisal oral	13	doxepin hcl oral concentrate	36
difluprednate	81	doxepin hcl oral tablet	36
digox oral tablet 125 mcg	27	doxercalciferol intravenous	53
digox oral tablet 250 mcg	27	doxercalciferol oral	53
digoxin oral solution	27	doxorubicin hcl intravenous solution	17
digoxin oral tablet 125 mcg	27	doxorubicin hcl intravenous solution reconstituted	17
digoxin oral tablet 250 mcg	27	doxorubicin hcl liposomal	17
digoxin oral tablet 62.5 mcg	27	DOXY 100	74
dihydroergotamine mesylate injection	35	doxycycline	74
dihydroergotamine mesylate nasal	35	doxycycline hyclate intravenous	74
DILANTIN ORAL CAPSULE 30 MG	35	doxycycline hyclate oral capsule	74
dilt-xr	27	doxycycline hyclate oral tablet 100 mg, 20 mg	74
diltiazem hcl er beads	27		
diltiazem hcl er coated beads oral capsule extended release 24 hour	27		
diltiazem hcl er oral capsule extended release 12 hour	27		

<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	74	ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	24
<i>doxycycline monohydrate oral suspension reconstituted</i>	74	ELIQUIS ORAL TABLET 2.5 MG	24
<i>doxycycline monohydrate oral tablet</i>	74	ELIQUIS ORAL TABLET 5 MG	24
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	36	ELITEK	17
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	36	ELIXOPHYLLIN	84
<i>dronabinol</i>	57	ELMIRON	60
<i>drospiren-eth estrad-levomefol</i>	62	<i>eltrombopag olamine oral packet 12.5 mg</i>	24
<i>drospirenone-ethinyl estradiol</i>	62	<i>eltrombopag olamine oral packet 25 mg</i>	24
DROXIA	24	<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg</i>	24
<i>droxidopa oral capsule 100 mg</i>	27	<i>eltrombopag olamine oral tablet 50 mg</i>	24
<i>droxidopa oral capsule 200 mg, 300 mg</i>	27	<i>eltrombopag olamine oral tablet 75 mg</i>	24
DUAVEE	62	ELURYNG	62
DULERA	84	EMEND ORAL SUSPENSION RECONSTITUTED	57
<i>duloxetine hcl oral capsule delayed release particles 20 mg</i>	36	EMGALITY	36
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	36	EMGALITY (300 MG DOSE)	36
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	36	EMPLICITI	17
<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>	36	EMSAM	36
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	48	<i>emtricitab-rlpivir-tenofov df</i>	74
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	48	<i>emtricitabine</i>	74
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	48	<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 200-300 mg</i>	74
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	48	<i>emtricitabine-tenofovir df oral tablet 133-200 mg, 167-250 mg</i>	74
<i>duramorph</i>	13	EMTRIVA ORAL SOLUTION	74
<i>dutasteride oral</i>	60	EMZAHH	62
<i>dutasteride-tamsulosin hcl</i>	60	<i>enalapril maleate oral tablet</i>	27
DYSPORT	36	<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	10
E		<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	27
E.E.S. 400 ORAL TABLET	74	<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	27
<i>econazole nitrate external cream</i>	48	<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	10
EDURANT	74	ENBREL MINI	68
EDURANT PED	74	ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	68
<i>efavirenz oral tablet</i>	74	ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	68
<i>efavirenz-emtricitab-tenofo df</i>	74	ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	68
<i>efavirenz-lamivudine-tenofovir</i>	74	ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	68
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	51	ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	13
EGRIFTA SV	62	ENERGIX-B INJECTION SUSPENSION 20 MCG/ML	68
EGRIFTA WR	62	ENERGIX-B INJECTION SUSPENSION PREFILLED SYRINGE	68
<i>eletriptan hydrobromide</i>	36	ENHERTU	17
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 7.5 MG	17	ENILLORING	62
ELIGARD SUBCUTANEOUS KIT 30 MG, 45 MG	17		
ELINEST	62		

enoxaparin sodium injection solution 300 mg/3ml	24	ery	48
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml	24	ERY-TAB	75
enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml	24	ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	75
enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml	24	erythromycin base oral	75
enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml	24	erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	75
enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml	24	erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	75
ENPRESSE-28	62	erythromycin ethylsuccinate oral tablet	75
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	62	erythromycin external gel	48
entacapone	36	erythromycin external solution	48
entecavir	74	erythromycin lactobionate	75
ENTRESTO ORAL CAPSULE SPRINKLE	27	erythromycin ophthalmic	81
ENTRESTO ORAL TABLET 24-26 MG	27	erythromycin oral	75
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	27	escitalopram oxalate oral solution 5 mg/5ml	36
enulose	57	escitalopram oxalate oral tablet 10 mg	36
ENVARUSUS XR	68	escitalopram oxalate oral tablet 20 mg	36
EPCLUSA ORAL PACKET 150-37.5 MG	74	escitalopram oxalate oral tablet 5 mg	36
EPCLUSA ORAL PACKET 200-50 MG	74	eslicarbazepine acetate	36
EPCLUSA ORAL TABLET 200-50 MG	75	esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	57
EPCLUSA ORAL TABLET 400-100 MG	75	esomeprazole sodium intravenous solution reconstituted 40 mg	58
EPIDIOLEX	36	ESTARYLLA	62
epinastine hcl	81	estazolam	36
epinephrine (anaphylaxis)	84	estradiol oral	62
epinephrine injection solution 0.3 mg/0.3ml	84	estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	63
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	84	estradiol transdermal patch twice weekly	63
EPITOL	36	estradiol transdermal patch weekly	63
eplerenone	27	estradiol vaginal	63
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	24	estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	63
EPRONTIA	36	estradiol-norethindrone acet	63
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG	36	ESTRING VAGINAL RING 7.5 MCG/24HR	63
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG	36	eszopiclone	36
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG	36	ethambutol hcl oral	75
ERBITUX	17	ethosuximide oral	36
ERGOMAR	36	ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	63
ergotamine-caffeine	36	etodolac er	13
ERIVEDGE	17	etodolac oral	13
ERLEADA ORAL TABLET 240 MG	17	etonogestrel-ethinyl estradiol	63
ERLEADA ORAL TABLET 60 MG	17	etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml	17
erlotinib hcl oral tablet 100 mg, 150 mg	17	etravirine oral tablet 100 mg	75
erlotinib hcl oral tablet 25 mg	17	etravirine oral tablet 200 mg	75
ERRIN	62	EULEXIN	17
ertapenem sodium	75	EVAMIST	63
		everolimus oral tablet 0.25 mg	68
		everolimus oral tablet 0.5 mg, 1 mg	68

everolimus oral tablet 0.75 mg	68	FETZIMA	37
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	17	FETZIMA TITRATION	37
everolimus oral tablet soluble	17	fidaxomicin	75
EVOTAZ	75	finasteride oral tablet 5 mg	60
exemestane	17	fingolimod hcl	37
ezetimibe	28	FINTEPLA	37
ezetimibe-simvastatin	28	FINZALA	63
F		FIRDAPSE	37
FABRAZYME	60	FIRMAGON (240 MG DOSE)	17
FALMINA	63	FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	17
famciclovir oral tablet 125 mg, 250 mg	75	FIRVANQ	75
famciclovir oral tablet 500 mg	75	FLAC	83
famotidine (pf)	58	FLAREX	81
famotidine intravenous solution 200 mg/20ml, 40 mg/4ml	58	flavoxate hcl	60
famotidine oral suspension reconstituted	58	flecainide acetate	28
famotidine oral tablet 20 mg, 40 mg	58	fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	75
famotidine premixed	58	fluconazole oral	75
FANAPT ORAL TABLET 1 MG	36	flucytosine oral	75
FANAPT ORAL TABLET 10 MG, 12 MG	36	fludrocortisone acetate oral	63
FANAPT ORAL TABLET 2 MG	36	flunisolide nasal solution 25 mcg/act (0.025%)	84
FANAPT ORAL TABLET 4 MG	36	fluocinolone acetonide body	48
FANAPT ORAL TABLET 6 MG	37	fluocinolone acetonide external	48
FANAPT ORAL TABLET 8 MG	37	fluocinolone acetonide otic	83
FANAPT TITRATION PACK	37	fluocinolone acetonide scalp	48
FANAPT TITRATION PACK A	37	fluocinonide emulsified base	48
FANAPT TITRATION PACK B ORAL TABLET	37	fluocinonide external cream 0.05 %	48
FANAPT TITRATION PACK C ORAL TABLET	37	fluocinonide external cream 0.1 %	48
FARXIGA	53	fluocinonide external gel	48
febuxostat	13	fluocinonide external ointment	48
FEIRZA 1.5/30	63	fluocinonide external solution	48
FEIRZA 1/20	63	fluorometholone ophthalmic	81
felbamate oral suspension	37	fluorouracil external cream 5 %	48
felbamate oral tablet	37	fluorouracil external solution	48
felodipine er	28	fluorouracil intravenous	17
FEMRING	63	fluoxetine hcl oral capsule 10 mg	37
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	28	fluoxetine hcl oral capsule 20 mg	37
fenofibrate oral capsule 134 mg, 200 mg, 50 mg, 67 mg	28	fluoxetine hcl oral capsule 40 mg	37
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	28	fluoxetine hcl oral capsule delayed release	37
fenofibrate oral tablet 40 mg	28	fluoxetine hcl oral solution	37
fenofibric acid oral capsule delayed release	28	fluphenazine decanoate injection	37
fentanyl citrate buccal lozenge on a handle 1600 mcg, 200 mcg, 400 mcg, 800 mcg	13	fluphenazine hcl injection	37
fentanyl citrate buccal tablet 400 mcg, 600 mcg, 800 mcg	13	fluphenazine hcl oral	37
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	13	flurandrenolide external lotion	48
FERRIPROX ORAL SOLUTION	53	flurbiprofen oral tablet 100 mg	13
fesoterodine fumarate er	60	flurbiprofen sodium	81
		fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act	84
		fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act	84
		fluticasone propionate external	48

<i>fluticasone propionate hfa inhalation aerosol</i> 110 mcg/act	84	FULPHILA	25
<i>fluticasone propionate hfa inhalation aerosol</i> 220 mcg/act	84	<i>fulvestrant intramuscular solution prefilled syringe</i>	17
<i>fluticasone propionate hfa inhalation aerosol</i> 44 mcg/act	84	<i>furosemide injection</i>	28
<i>fluticasone propionate nasal</i>	85	<i>furosemide oral solution 10 mg/ml</i>	28
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	85	<i>furosemide oral solution 8 mg/ml</i>	28
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	85	<i>furosemide oral tablet</i>	28
<i>fluvastatin sodium</i>	28	<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	10
<i>fluvastatin sodium er</i>	28	FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	75
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg</i>	37	FYAVOLV	63
<i>fluvoxamine maleate er oral capsule extended release 24 hour 150 mg</i>	37	FYCOMPA ORAL SUSPENSION	37
<i>fluvoxamine maleate oral tablet 100 mg</i>	37	FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	37
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i> ...	37	FYCOMPA ORAL TABLET 2 MG	37
FML FORTE	81	G	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	24	<i>gabapentin oral capsule 100 mg</i>	37
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	24	<i>gabapentin oral capsule 300 mg</i>	37
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	24	<i>gabapentin oral capsule 400 mg</i>	37
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	24	<i>gabapentin oral solution</i>	37
<i>formoterol fumarate inhalation</i>	85	<i>gabapentin oral tablet 600 mg</i>	37
FOSAMAX PLUS D	53	<i>gabapentin oral tablet 800 mg</i>	37
<i>fosamprenavir calcium</i>	75	<i>galantamine hydrobromide er</i>	37
<i>fosfomycin tromethamine</i>	75	<i>galantamine hydrobromide oral solution</i>	37
<i>fosinopril sodium</i>	28	<i>galantamine hydrobromide oral tablet</i>	37
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	10	GALBRIELA	63
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg</i>	28	GALLIFREY	63
<i>fosinopril sodium-hctz oral tablet 20-12.5 mg</i>	28	GAMUNEX-C	68
FOTIVDA	17	<i>ganciclovir sodium intravenous solution reconstituted</i>	75
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML	24	GARDASIL 9	68
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	24	<i>gatifloxacin ophthalmic</i>	81
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 7500 UNIT/0.3ML ...	24	GATTEX	58
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	24	GAUZE STERILE PADS 2	80
<i>fraiche 5000 dental</i>	48	GAVILYTE-C	58
<i>frovatriptan succinate</i>	37	GAVILYTE-G	58
FRUZAQLA ORAL CAPSULE 1 MG	17	GAVILYTE-N WITH FLAVOR PACK	58
FRUZAQLA ORAL CAPSULE 5 MG	17	GAVRETO	17
		GAZYVA	17
		<i>gefitinib</i>	17
		<i>gemcitabine hcl intravenous solution 1 gm/10ml, 2 gm/20ml, 2 gm/52.6ml, 200 mg/2ml</i>	17
		<i>gemcitabine hcl intravenous solution 1 gm/26.3ml, 200 mg/5.26ml</i>	17
		<i>gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm</i>	17
		<i>gemcitabine hcl intravenous solution reconstituted 200 mg</i>	17
		<i>gemfibrozil oral</i>	28
		GEMTESA	60
		<i>generlac</i>	58
		GENGRAF ORAL CAPSULE 100 MG, 25 MG	68
		GENGRAF ORAL SOLUTION	68

GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	63	glipizide-metformin hcl oral tablet 2.5-250 mg	53
GENOTROPIN SUBCUTANEOUS CARTRIDGE	63	glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg	53
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-%	75	glipizide-metformin hcl oral tablet 2.5-250 mg	11
gentamicin in saline intravenous solution 2-0.9 mg/ml-%	75	glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg	11
gentamicin sulfate external	48	glucagon emergency injection solution reconstituted 1 mg	53
gentamicin sulfate injection	75	glucose (dextrose) intravenous solution 50 %	51
gentamicin sulfate ophthalmic solution	81	glyburide micronized oral tablet 1.5 mg	53
GENVOYA	75	glyburide micronized oral tablet 3 mg	53
GILENYA ORAL CAPSULE 0.25 MG	37	glyburide micronized oral tablet 6 mg	53
GILOTRIF	17	glyburide oral tablet 1.25 mg	53
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	38	glyburide oral tablet 2.5 mg	53
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	38	glyburide oral tablet 5 mg	53
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	38	glyburide-metformin oral tablet 1.25-250 mg	53
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	38	glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	54
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	18	glycerol phenylbutyrate	60
GLEOSTINE ORAL CAPSULE 100 MG	18	glycopyrrolate injection solution	58
glimepiride oral tablet 1 mg	53	glycopyrrolate oral tablet 1 mg, 2 mg	58
glimepiride oral tablet 2 mg	53	GLYDO EXTERNAL PREFILLED SYRINGE	13
glimepiride oral tablet 4 mg	53	GLYXAMBI	54
glimepiride oral tablet 1 mg	11	GOMEKLI ORAL CAPSULE 1 MG	18
glimepiride oral tablet 2 mg	11	GOMEKLI ORAL CAPSULE 2 MG	18
glimepiride oral tablet 4 mg	11	GOMEKLI ORAL TABLET SOLUBLE	18
glipizide er oral tablet extended release 24 hour 10 mg	53	granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml	58
glipizide er oral tablet extended release 24 hour 2.5 mg	53	granisetron hcl oral	58
glipizide er oral tablet extended release 24 hour 5 mg	53	GRANIX	25
glipizide er oral tablet extended release 24 hour 10 mg	11	griseofulvin microsize oral	75
glipizide er oral tablet extended release 24 hour 2.5 mg	11	griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	75
glipizide er oral tablet extended release 24 hour 5 mg	11	guanfacine hcl er	38
glipizide oral tablet 10 mg	53	guanfacine hcl oral	28
glipizide oral tablet 2.5 mg	53	GVOKE HYPOPEN 1-PACK	54
glipizide oral tablet 5 mg	53	GVOKE HYPOPEN 2-PACK	54
glipizide oral tablet 10 mg	11	GVOKE KIT	54
glipizide oral tablet 5 mg	11	GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	54
glipizide xl oral tablet extended release 24 hour 10 mg	11	H	
glipizide xl oral tablet extended release 24 hour 2.5 mg	11	HAILEY 1.5/30	63
glipizide xl oral tablet extended release 24 hour 5 mg	11	HAILEY 24 FE	63
		HAILEY FE 1.5/30	63
		HAILEY FE 1/20	63
		halobetasol propionate external cream	48
		halobetasol propionate external ointment	48
		HALOETTE	63
		haloperidol decanoate intramuscular	38
		haloperidol lactate injection	38
		haloperidol lactate oral	38
		haloperidol oral	38
		HARVONI	75

HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	68	HUMULIN N	54
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	68	HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	54
HEATHER	63	HUMULIN R	54
<i>heparin (porcine) in nacl intravenous solution 12500-0.45 ut/250ml-%, 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%</i>	25	HUMULIN R U-500 (CONCENTRATED)	54
<i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%</i>	25	HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	54
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	25	<i>hydralazine hcl injection</i>	28
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml</i>	25	<i>hydralazine hcl oral</i>	28
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	68	<i>hydrochlorothiazide oral</i>	28
HERCEPTIN HYLECTA	18	<i>hydrochlorothiazide oral capsule 12.5 mg</i>	10
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	18	<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	10
HERNEXEOS	18	<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	13
HIBERIX INJECTION	68	<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	13
HIDEX 6-DAY	63	<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	13
HUMALOG INJECTION	54	<i>hydrocortisone (perianal) external cream 1 %</i>	48
HUMALOG JUNIOR KWIKPEN	54	<i>hydrocortisone (perianal) external cream 2.5 %</i>	48
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	54	<i>hydrocortisone butyr lipo base</i>	48
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	54	<i>hydrocortisone butyrate external cream</i>	48
HUMALOG MIX 75/25	54	<i>hydrocortisone butyrate external lotion</i>	48
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	54	<i>hydrocortisone butyrate external ointment</i>	48
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	54	<i>hydrocortisone butyrate external solution</i>	48
HUMATROPE INJECTION CARTRIDGE	63	<i>hydrocortisone external cream 1 %, 2.5 %</i>	48
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	68	<i>hydrocortisone external lotion 2.5 %</i>	49
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	68	<i>hydrocortisone external ointment 1 %, 2.5 %</i>	49
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	68	<i>hydrocortisone oral</i>	58
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	68	<i>hydrocortisone rectal enema</i>	58
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS AUTO-INJECTOR KIT	68	<i>hydrocortisone valerate</i>	49
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	69	<i>hydrocortisone-acetic acid</i>	83
HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	69	<i>hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	13
HUMULIN 70/30	54	<i>hydromorphone hcl oral liquid</i>	13
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	54	<i>hydromorphone hcl oral tablet</i>	13
		<i>hydromorphone hcl pf injection solution 1 mg/ml, 4 mg/ml</i>	13
		<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml, 500 mg/50ml</i>	13
		<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	75
		<i>hydroxyurea oral</i>	18
		<i>hydroxyzine hcl intramuscular</i>	85
		<i>hydroxyzine hcl oral syrup</i>	85
		<i>hydroxyzine hcl oral tablet 10 mg, 25 mg</i>	85
		<i>hydroxyzine hcl oral tablet 50 mg</i>	85
		<i>hydroxyzine pamoate oral</i>	85
		<i>hyoscyamine sulfate oral tablet</i>	58
		<i>hyoscyamine sulfate oral tablet dispersible</i>	58
		<i>hyoscyamine sulfate sublingual</i>	58
		HYPERRAB	69

I	INPEN 100-GREY-NOVOLOG-FIASP	80
<i>ibandronate sodium intravenous</i>	INPEN 100-PINK-LILLY-HUMALOG	80
<i>ibandronate sodium oral</i>	INPEN 100-PINK-NOVOLOG-FIASP	80
IBRANCE	INQOVI	18
IBTROZI	INREBIC	18
<i>ibu</i>	<i>insulin lispro (1 unit dial)</i>	54
<i>ibuprofen oral suspension</i>	<i>insulin lispro injection</i>	54
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	<i>insulin lispro junior kwikpen</i>	54
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	<i>insulin lispro prot & lispro</i>	54
ICLEVIA	INSULIN PEN NEEDLE	80
ICLUSIG	INSULIN SYRINGE	80
<i>icosapent ethyl</i>	INTELENCE ORAL TABLET 25 MG	75
IDHIFA ORAL TABLET 100 MG	INTRALIPID INTRAVENOUS EMULSION 20 %	51
IDHIFA ORAL TABLET 50 MG	INTRALIPID INTRAVENOUS EMULSION 30 %	51
IGALMI	INTROVALE	63
ILEVRO	INVEGA HAFYERA INTRAMUSCULAR SUSPENSION	
<i>imatinib mesylate oral tablet 100 mg</i>	PREFILLED SYRINGE 1092 MG/3.5ML	38
<i>imatinib mesylate oral tablet 400 mg</i>	INVEGA HAFYERA INTRAMUSCULAR SUSPENSION	
IMBRUVICA ORAL CAPSULE 140 MG	PREFILLED SYRINGE 1560 MG/5ML	38
IMBRUVICA ORAL CAPSULE 70 MG	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION	
IMBRUVICA ORAL SUSPENSION	PREFILLED SYRINGE 117 MG/0.75ML	38
IMBRUVICA ORAL TABLET 140 MG	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION	
IMBRUVICA ORAL TABLET 280 MG, 420 MG	PREFILLED SYRINGE 156 MG/ML	38
IMFINZI	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION	
<i>imipenem-cilastatin</i>	PREFILLED SYRINGE 234 MG/1.5ML	38
<i>imipramine hcl oral</i>	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION	
<i>imipramine pamoate oral capsule 125 mg, 150 mg</i>	PREFILLED SYRINGE 39 MG/0.25ML	38
<i>imiquimod external cream 5 %</i>	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION	
<i>imkeldi</i>	PREFILLED SYRINGE 78 MG/0.5ML	38
IMOVAX RABIES INTRAMUSCULAR SUSPENSION	INVEGA TRINZA INTRAMUSCULAR SUSPENSION	
RECONSTITUTED	PREFILLED SYRINGE 273 MG/0.88ML	38
IMVEXXY MAINTENANCE PACK	INVEGA TRINZA INTRAMUSCULAR SUSPENSION	
IMVEXXY STARTER PACK	PREFILLED SYRINGE 410 MG/1.32ML	38
INCASSIA	INVEGA TRINZA INTRAMUSCULAR SUSPENSION	
INCRELEX	PREFILLED SYRINGE 546 MG/1.75ML	38
<i>indapamide oral</i>	INVEGA TRINZA INTRAMUSCULAR SUSPENSION	
<i>indomethacin er</i>	PREFILLED SYRINGE 819 MG/2.63ML	38
<i>indomethacin oral capsule 25 mg, 50 mg</i>	INVELTYS	82
INFANRIX	INVOKAMET	54
<i>infliximab</i>	INVOKAMET XR	54
INGREZZA ORAL CAPSULE 40 MG	INVOKANA	54
INGREZZA ORAL CAPSULE 60 MG, 80 MG	IOPIDINE OPHTHALMIC SOLUTION 1 %	82
INGREZZA ORAL CAPSULE SPRINKLE 40 MG	IPOL	69
INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG	<i>ipratropium bromide inhalation</i>	85
INGREZZA ORAL CAPSULE THERAPY PACK	<i>ipratropium bromide nasal</i>	85
INLYTA ORAL TABLET 1 MG	<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	85
INLYTA ORAL TABLET 5 MG	<i>irbesartan</i>	28
INPEN 100-BLUE-LILLY-HUMALOG	<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	10
INPEN 100-BLUE-NOVOLOG-FIASP	<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	28
INPEN 100-GREY-LILLY-HUMALOG	<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	28

<i>irbesartan-hydrochlorothiazide oral tablet</i> 150-12.5 mg, 300-12.5 mg	10	JENTADUETO	54
<i>irinotecan hcl intravenous solution</i> 100 mg/5ml	18	JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	54-55
<i>irinotecan hcl intravenous solution</i> 300 mg/15ml, 40 mg/2ml	18	JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	55
<i>irinotecan hcl intravenous solution</i> 500 mg/25ml	18	JEVTANA	18
ISENTRESS HD	76	JINTELI	63
ISENTRESS ORAL PACKET	76	JOLESSA	63
ISENTRESS ORAL TABLET	76	JULEBER	63
ISENTRESS ORAL TABLET CHEWABLE 100 MG	76	JULUCA	76
ISENTRESS ORAL TABLET CHEWABLE 25 MG	76	JUNEL 1.5/30	63
ISIBLOOM	63	JUNEL 1/20	63
ISOLYTE-P IN D5W	51	JUNEL FE 1.5/30	63
ISOLYTE-S	51	JUNEL FE 1/20	63
ISOLYTE-S PH 7.4	51	JUNEL FE 24	63
<i>isoniazid injection</i>	76	JUST RIGHT 5000 DENTAL PASTE	49
<i>isoniazid oral syrup</i>	76	JYLAMVO	69
<i>isoniazid oral tablet</i>	76	JYNNEOS	69
<i>isosorb dinitrate-hydralazine oral tablet</i> 20-37.5 mg	28	K	
<i>isosorbide dinitrate oral tablet</i> 10 mg, 20 mg, 30 mg, 5 mg	28	KADCYLA	18
<i>isosorbide dinitrate oral tablet</i> 40 mg	28	KAITLIB FE	63
<i>isosorbide mononitrate</i>	28	KALETRA ORAL SOLUTION	76
<i>isosorbide mononitrate er</i>	28	KALLIGA	63
<i>isotretinoin oral capsule</i> 10 mg, 20 mg, 30 mg, 35 mg, 40 mg	49	KALYDECO ORAL TABLET	85
<i>isotretinoin oral capsule</i> 25 mg	49	KARIVA	63
<i>isradipine</i>	28	kcl (0.149%) in nacl intravenous solution 20-0.45 meq/l-%	51
ITOVEBI ORAL TABLET 3 MG	18	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-%	51
ITOVEBI ORAL TABLET 9 MG	18	kcl-lactated ringers-d5w	51
<i>itraconazole oral capsule</i>	76	kedrab injection	69
<i>ivabradine hcl</i>	28	KELNOR 1/35	63
<i>ivermectin oral</i>	76	KELNOR 1/50	63
IWILFIN	18	KERENDIA	55
IXIARO	69	KESIMPTA	38
J		<i>ketoconazole external cream</i>	49
JAIMIESS	63	<i>ketoconazole external foam</i>	49
JAKAFI	18	<i>ketoconazole external shampoo</i> 2 %	49
<i>jantoven</i>	25	<i>ketoconazole oral</i>	76
JANUMET	54	KETODAN EXTERNAL FOAM	49
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	54	<i>ketorolac tromethamine injection solution</i> 15 mg/ml, 30 mg/ml	13
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	54	<i>ketorolac tromethamine intramuscular solution</i> 60 mg/2ml	14
JANUVIA	54	<i>ketorolac tromethamine ophthalmic</i>	82
JARDIANCE	54	<i>ketorolac tromethamine oral</i>	14
JASMIEL	63	KEYTRUDA INTRAVENOUS SOLUTION	18
JAVYGTOR	60	KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	69
JAYPIRCA ORAL TABLET 100 MG	18	KIONEX COMBINATION	55
JAYPIRCA ORAL TABLET 50 MG	18		
JENCYCLA	63		

KISQALI (200 MG DOSE)	18	LARIN 24 FE	64
KISQALI (400 MG DOSE)	19	LARIN FE 1.5/30	64
KISQALI (600 MG DOSE)	19	LARIN FE 1/20	64
KISQALI FEMARA (200 MG DOSE)	19	latanoprost ophthalmic	82
KISQALI FEMARA (400 MG DOSE)	19	LAYOLIS FE	64
KISQALI FEMARA (600 MG DOSE)	19	LAZCLUZE ORAL TABLET 240 MG	19
KLAYESTA	49	LAZCLUZE ORAL TABLET 80 MG	19
KLOR-CON 10	51	ledipasvir-sofosbuvir	76
KLOR-CON M10	51	LEENA	64
KLOR-CON M15	51	leflunomide oral	69
KLOR-CON M20	51	lenalidomide oral capsule 10 mg	19
KLOR-CON ORAL TABLET EXTENDED RELEASE	51	lenalidomide oral capsule 15 mg, 2.5 mg, 20 mg, 25 mg	19
KLOR-CON/EF	51	lenalidomide oral capsule 5 mg	19
KOSELUGO ORAL CAPSULE	80	LENVIMA (10 MG DAILY DOSE)	19
KOURZEQ	49	LENVIMA (12 MG DAILY DOSE)	19
KRAZATI	19	LENVIMA (14 MG DAILY DOSE)	19
KURVELO	64	LENVIMA (18 MG DAILY DOSE)	19
KYLEENA	64	LENVIMA (20 MG DAILY DOSE)	19
KYPROLIS	19	LENVIMA (24 MG DAILY DOSE)	19
L		LENVIMA (4 MG DAILY DOSE)	19
<i>l</i> -glutamine oral packet	25	LENVIMA (8 MG DAILY DOSE)	19
labetalol hcl intravenous solution	28	LESSINA	64
labetalol hcl oral	28	letrozole oral	19
lacosamide intravenous	38	leucovorin calcium injection solution 100 mg/10ml	19
lacosamide oral solution	39	leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 500 mg	19
lactated ringers intravenous	51	leucovorin calcium oral	19
lactated ringers irrigation	80	LEUKERAN	19
lactulose encephalopathy oral solution 10 gm/15ml	58	LEUKINE INJECTION SOLUTION RECONSTITUTED	25
lactulose oral solution	58	leuprolide acetate (3 month)	19
lamivudine oral solution	76	leuprolide acetate injection	19
lamivudine oral tablet 100 mg	76	levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	85
lamivudine oral tablet 150 mg	76	levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml	85
lamivudine-zidovudine	76	levalbuterol tartrate	85
lamotrigine er	39	levetiracetam er oral tablet extended release 24 hour 500 mg	39
lamotrigine oral tablet	39	levetiracetam er oral tablet extended release 24 hour 750 mg	39
lamotrigine oral tablet chewable	39	levetiracetam intravenous	39
lamotrigine oral tablet dispersible	39	levetiracetam oral solution	39
lamotrigine starter kit-blue	39	levetiracetam oral tablet	39
lamotrigine starter kit-orange	39	levo-t	64
lanreotide acetate	64	levobunolol hcl ophthalmic solution 0.5 %	82
lansoprazole oral capsule delayed release 15 mg	58	levocarnitine oral solution	51
lansoprazole oral capsule delayed release 30 mg	58	levocarnitine oral tablet	51
LANTUS	55	levocarnitine sf	51
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	55	levocetirizine dihydrochloride oral solution	85
lapatinib ditosylate	19	levocetirizine dihydrochloride oral tablet	85
LARIN 1.5/30	64	levofloxacin in d5w	76
LARIN 1/20	64		

levofloxacin intravenous	76	LOESTRIN FE 1.5/30	64
levofloxacin ophthalmic	82	LOESTRIN FE 1/20	64
levofloxacin oral solution	76	LOJAIMI ESS	64
levofloxacin oral tablet	76	LOKELMA ORAL PACKET 10 GM	55
LEVONEST	64	LOKELMA ORAL PACKET 5 GM	55
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	64	LONSURF	19
levonorgest-eth est & eth est	64	loperamide hcl oral capsule	58
levonorgest-eth estrad 91-day	64	lopinavir-ritonavir oral solution	76
levonorgestrel-ethinyl estrad	64	lopinavir-ritonavir oral tablet 100-25 mg	76
LEVORA 0.15/30 (28)	64	lopinavir-ritonavir oral tablet 200-50 mg	76
levothyroxine sodium oral tablet	64	lorazepam injection	39
LEVOXYL	64	LORAZEPAM INTENSOL	39
LIBERVANT	39	lorazepam oral concentrate	39
lidocaine external ointment 5 %	14	lorazepam oral tablet 0.5 mg	39
lidocaine external patch 5 %	14	lorazepam oral tablet 1 mg	39
lidocaine hcl (pf) injection solution 1 %, 1.5 %	14	lorazepam oral tablet 2 mg	39
lidocaine hcl external solution	14	LORBRENA ORAL TABLET 100 MG	19
lidocaine hcl injection solution 0.5 %, 1 %, 2 %	14	LORBRENA ORAL TABLET 25 MG	19
lidocaine hcl mouth/throat	14	LORYNA	64
lidocaine hcl urethral/mucosal	14	losartan potassium oral tablet 100 mg	28
lidocaine viscous hcl	14	losartan potassium oral tablet 25 mg, 50 mg	29
lidocaine-prilocaine external cream	14	losartan potassium oral tablet 100 mg	10
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE		losartan potassium oral tablet 25 mg, 50 mg	10
20.1 MCG/DAY	64	losartan potassium-hctz oral tablet 100-12.5 mg,	
lincomycin hcl injection	76	100-25 mg	29
linezolid in sodium chloride	76	losartan potassium-hctz oral tablet 50-12.5 mg	29
linezolid intravenous solution 600 mg/300ml	76	losartan potassium-hctz oral tablet 100-12.5 mg, 100-	
linezolid oral suspension reconstituted	76	25 mg, 50-12.5 mg	10
linezolid oral tablet	76	LOTEMAX OPHTHALMIC OINTMENT	82
LINZESS	58	LOTEMAX SM	82
liothyronine sodium intravenous	64	loteprednol etabonate ophthalmic gel	82
liothyronine sodium oral	64	loteprednol etabonate ophthalmic suspension 0.2	
liraglutide	55	%	82
lisinopril oral	28	loteprednol etabonate ophthalmic suspension 0.5	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg,	40	%	82
5 mg	10	lovastatin oral	29
lisinopril-hydrochlorothiazide oral tablet 10-12.5		lovastatin oral tablet 10 mg, 20 mg, 40 mg	10
mg	28	LOW-OGESTREL	64
lisinopril-hydrochlorothiazide oral tablet 20-12.5		loxapine succinate oral	39
mg	28	lubiprostone	58
lisinopril-hydrochlorothiazide oral tablet 20-25		LUIZZA 1.5/30	64
mg	28	LUIZZA 1/20	64
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg,		luliconazole	49
20-12.5 mg, 20-25 mg	10	LUMAKRAS ORAL TABLET 120 MG	19
lithium	39	LUMAKRAS ORAL TABLET 240 MG	19
lithium carbonate er	39	LUMAKRAS ORAL TABLET 320 MG	19
lithium carbonate oral capsule 150 mg, 300 mg	39	LUMIGAN OPHTHALMIC SOLUTION 0.01 %	82
lithium carbonate oral capsule 600 mg	39	LUMIZYME	60
lithium carbonate oral tablet	39	LUPRON DEPOT (1-MONTH)	19
LIVTENCITY	76	LUPRON DEPOT (3-MONTH)	19
LO-ZUMANDIMINE	64	LUPRON DEPOT (4-MONTH)	19
LOESTRIN 1.5/30 (21)	64	LUPRON DEPOT (6-MONTH)	19

LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT	MELEYA	64
7.5 MG	meloxicam oral tablet	14
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60	memantine hcl er	39
mg	memantine hcl oral solution 2 mg/ml	39
lurasidone hcl oral tablet 80 mg	memantine hcl oral tablet 10 mg	39
LUTERA	memantine hcl oral tablet 28 x 5 mg & 21 x 10	
LYBALVI	mg	39
LYLEQ	memantine hcl oral tablet 5 mg	39
LYNPARZA ORAL TABLET	MENACTRA INTRAMUSCULAR SOLUTION	69
LYSODREN	MENEST	64
LYTGOBI (12 MG DAILY DOSE)	MENQUADFI INTRAMUSCULAR SOLUTION	69
LYTGOBI (16 MG DAILY DOSE)	MENVEO	69
LYTGOBI (20 MG DAILY DOSE)	meperidine hcl injection solution 25 mg/ml, 50 mg/	
LYUMJEV	ml	14
LYUMJEV KWIKPEN	meprobamate	39
LYZA	mercaptopurine oral suspension	20
M	mercaptopurine oral tablet	20
M-M-R II INJECTION	meropenem intravenous solution reconstituted 1	
magnesium sulfate injection solution 50 %, 50 %	gm, 500 mg	76
(10ml syringe)	mesalamine er oral capsule extended release	58
magnesium sulfate intravenous solution 2 gm/50ml,	mesalamine er oral capsule extended release 24	
20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/	hour	58
1000ml	mesalamine oral capsule delayed release	58
malathion external	mesalamine oral tablet delayed release 1.2 gm	58
mannitol intravenous solution 20 %, 25 %	mesalamine oral tablet delayed release 800	
maraviroc	mg	58
marlissa	mesalamine rectal	58
MARPLAN	mesalamine-cleanser	58
MATULANE	mesna intravenous	20
MATZIM LA	mesna oral	20
MAVYRET ORAL PACKET	metformin hcl er oral tablet extended release 24	
MAVYRET ORAL TABLET	hour 500 mg	55
MAXIDEX	metformin hcl er oral tablet extended release 24	
MAYZENT ORAL TABLET 0.25 MG	hour 750 mg	55
MAYZENT ORAL TABLET 1 MG, 2 MG	metformin hcl er oral tablet extended release 24	
MAYZENT STARTER PACK ORAL TABLET THERAPY	hour 500 mg	11
PACK 12 X 0.25 MG	metformin hcl er oral tablet extended release 24	
MAYZENT STARTER PACK ORAL TABLET THERAPY	hour 750 mg	11
PACK 7 X 0.25 MG	metformin hcl oral tablet 1000 mg	55
meclizine hcl oral tablet 12.5 mg, 25 mg	metformin hcl oral tablet 500 mg	55
meclofenamate sodium oral	metformin hcl oral tablet 850 mg	55
MEDROL ORAL TABLET 2 MG	metformin hcl oral tablet 1000 mg	11
medroxyprogesterone acetate intramuscular	metformin hcl oral tablet 500 mg	11
medroxyprogesterone acetate oral	metformin hcl oral tablet 850 mg	11
mefenamic acid oral	METHADONE HCL INTENSOL	14
mefloquine hcl	methadone hcl oral concentrate	14
megestrol acetate oral suspension 40 mg/ml, 400	methadone hcl oral solution	14
mg/10ml, 800 mg/20ml	methadone hcl oral tablet	14
megestrol acetate oral tablet	methazolamide oral	82
MEKINIST ORAL SOLUTION RECONSTITUTED	methenamine hippurate	76
MEKINIST ORAL TABLET 0.5 MG	methenamine mandelate oral	76
MEKINIST ORAL TABLET 2 MG	METHERGINE ORAL	80
MEKTOVI	methimazole oral	64

methocarbamol oral tablet 500 mg, 750 mg	40	metronidazole oral	76
methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml ...	69	metronidazole vaginal	60
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	69	metyrosine	29
methotrexate sodium injection solution reconstituted	69	mexiletine hcl oral	29
methotrexate sodium oral	69	MIBELAS 24 FE	64
methoxsalen rapid	49	micafungin sodium	76
methscopolamine bromide oral	58	miconazole 3 vaginal suppository	60
methsuximide	40	MICROGESTIN 1.5/30	64
methyldopa oral	29	MICROGESTIN 1/20	64
methylergonovine maleate oral	80	MICROGESTIN FE 1.5/30	64
methylphenidate hcl er (cd)	40	MICROGESTIN FE 1/20	64
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 60 mg	40	midazolam hcl oral	40
methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg	40	midodrine hcl	29
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 45 mg, 54 mg, 63 mg	40	MIEBO	82
methylphenidate hcl er (osm) oral tablet extended release 36 mg	40	mifepristone oral tablet 300 mg	64
methylphenidate hcl er oral tablet extended release	40	MIGERGOT	40
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg	40	miglitol	55
methylphenidate hcl er oral tablet extended release 24 hour 36 mg	40	miglustat	60
methylphenidate hcl oral solution 10 mg/5ml	40	MILI	65
methylphenidate hcl oral solution 5 mg/5ml	40	MIMVEY	65
methylphenidate hcl oral tablet	40	minocycline hcl oral	76
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	64	minoxidil oral	29
methylprednisolone oral	64	mirabegron er	60
methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg	64	MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	65
metoclopramide hcl injection	58	mirtazapine oral tablet 15 mg, 30 mg, 7.5 mg	40
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	58	mirtazapine oral tablet 45 mg	40
metoclopramide hcl oral tablet	58	mirtazapine oral tablet dispersible	40
metolazone	29	misoprostol oral	58
metoprolol succinate er	29	mitomycin intravenous solution reconstituted 5 mg	20
metoprolol tartrate intravenous solution 5 mg/5ml	29	modafinil oral tablet 100 mg	40
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	29	modafinil oral tablet 200 mg	40
metoprolol tartrate oral tablet 37.5 mg, 75 mg	29	MODEYSO	20
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	10	moexipril hcl	29
metoprolol-hydrochlorothiazide	29	molindone hcl	40
metronidazole external	49	mometasone furoate external	49
metronidazole intravenous solution 500 mg/100ml	76	mometasone furoate nasal	85
		MONDOXYNE NL ORAL CAPSULE 100 MG	76
		MONO-LINYAH	65
		montelukast sodium oral	85
		morphine sulfate (concentrate) oral solution 100 mg/5ml	14
		morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml	14
		morphine sulfate (pf) injection solution 10 mg/ml, 4 mg/ml, 5 mg/ml	14
		morphine sulfate (pf) injection solution 8 mg/ml	14
		morphine sulfate (pf) intravenous solution 1 mg/ml, 2 mg/ml	14
		morphine sulfate (pf) intravenous solution 10 mg/ml	14

<i>morphine sulfate er oral capsule extended release</i>	<i>naftifine hcl external cream</i>	49
24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	NAGLAZYME	60
<i>morphine sulfate er oral tablet extended release</i>	<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	40
100 mg, 200 mg	<i>naloxone hcl injection solution cartridge</i>	40
<i>morphine sulfate er oral tablet extended release</i>	<i>naloxone hcl injection solution prefilled syringe</i>	40
15 mg, 30 mg, 60 mg	<i>naloxone hcl nasal</i>	40
<i>morphine sulfate injection solution 2 mg/ml, 4 mg/ml</i>	<i>naltrexone hcl oral</i>	40
<i>morphine sulfate intravenous solution 10 mg/ml, 50 mg/ml</i>	NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	40
<i>morphine sulfate intravenous solution 2 mg/ml, 4 mg/ml</i>	NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	40
<i>morphine sulfate intravenous solution 8 mg/ml</i>	<i>naproxen dr oral tablet delayed release 500 mg</i>	15
<i>morphine sulfate oral solution</i>	<i>naproxen oral suspension</i>	15
<i>morphine sulfate oral tablet</i>	<i>naproxen oral tablet</i>	15
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	<i>naproxen oral tablet delayed release</i>	15
MOVANTIK	<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	15
<i>moxifloxacin hcl (2x day)</i>	<i>naratriptan hcl</i>	40
<i>moxifloxacin hcl in nacl</i>	NARCAN	40
<i>moxifloxacin hcl ophthalmic solution</i>	NATACYN	82
<i>moxifloxacin hcl oral</i>	<i>nateglinide oral tablet 120 mg</i>	55
MRESVIA	<i>nateglinide oral tablet 60 mg</i>	55
MULTAQ	NAYZILAM	40
<i>multiple electro type 1 ph 5.5</i>	<i>nebivolol hcl</i>	29
<i>multiple electro type 1 ph 7.4</i>	NECON 0.5/35 (28)	65
<i>mupirocin calcium</i>	<i>nefazodone hcl</i>	40
<i>mupirocin external</i>	NEO-POLYCIN	82
MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	NEO-POLYCIN HC	82
MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 5 MG	<i>neomycin sulfate oral</i>	77
<i>mycophenolate mofetil oral capsule</i>	<i>neomycin-bacitracin zn-polymyx</i>	82
<i>mycophenolate mofetil oral suspension reconstituted</i>	<i>neomycin-polymyxin b gu</i>	80
<i>mycophenolate mofetil oral tablet</i>	<i>neomycin-polymyxin-dexameth</i>	82
<i>mycophenolate sodium</i>	<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-0.025</i>	82
<i>mycophenolic acid oral tablet delayed release 180 mg, 360 mg</i>	<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	82
MYHIBBIN	<i>neomycin-polymyxin-hc otic</i>	83
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	NERLYNX	20
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	NEULASTA ONPRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	25
N	NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	25
<i>na sulfate-k sulfate-mg sulf</i>	NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	25
<i>nabumetone oral</i>	NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	25
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	NEVANAC	82
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	77
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	<i>nevirapine oral suspension</i>	77
	<i>nevirapine oral tablet</i>	77

NEXLETOL	29	NORLYROC	65
NEXLIZET	29	NORPACE CR	29
NEXPLANON	65	NORTREL 0.5/35 (28)	65
<i>niacin (antihyperlipidemic)</i>	29	NORTREL 1/35 (21)	65
<i>niacin er (antihyperlipidemic)</i>	29	NORTREL 1/35 (28)	65
<i>niacor</i>	29	NORTREL 7/7/7	65
<i>nicardipine hcl intravenous</i>	29	<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	40
<i>nicardipine hcl oral</i>	29	<i>nortriptyline hcl oral capsule 50 mg, 75 mg</i>	40
NICOTROL	40	<i>nortriptyline hcl oral solution</i>	41
NICOTROL NS	40	NORVIR ORAL PACKET	77
<i>nifedipine er</i>	29	NOVOPEN ECHO	80
<i>nifedipine er osmotic release</i>	29	NP THYROID	65
<i>nifedipine oral</i>	29	NUBEQA	20
NIKKI	65	NUCALA SUBCUTANEOUS SOLUTION AUTO-	
<i>nilotinib hcl</i>	20	INJECTOR	85
<i>nilutamide</i>	20	NUCALA SUBCUTANEOUS SOLUTION PREFILLED	
<i>nimodipine oral capsule</i>	29	SYRINGE 100 MG/ML	85
NINLARO	20	NUCALA SUBCUTANEOUS SOLUTION PREFILLED	
<i>nisoldipine er</i>	29	SYRINGE 40 MG/0.4ML	85
<i>nitazoxanide oral</i>	77	NUCALA SUBCUTANEOUS SOLUTION	
<i>nitisinone</i>	60	RECONSTITUTED	85
NITRO-BID	29	NUEDEXTA	41
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/		NULOJIX	69
HR, 0.8 MG/HR	29	NUPLAZID ORAL CAPSULE	41
<i>nitrofurantoin macrocrystal oral</i>	77	NUPLAZID ORAL TABLET 10 MG	41
<i>nitrofurantoin monohyd macro</i>	77	NURTEC	41
<i>nitrofurantoin oral suspension 25 mg/5ml, 50 mg/</i>		NUTRILIPID	52
<i>10ml</i>	77	NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION	
<i>nitroglycerin intravenous</i>	29	PEN-INJECTOR	65
<i>nitroglycerin rectal</i>	49	NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION	
<i>nitroglycerin sublingual</i>	29	PEN-INJECTOR	65
<i>nitroglycerin transdermal patch 24 hour</i>	29	NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION	
<i>nitroglycerin translingual solution</i>	29	PEN-INJECTOR	65
NIVESTYM INJECTION SOLUTION	25	NUZYRA ORAL	77
NIVESTYM INJECTION SOLUTION PREFILLED		NYAMYC	49
SYRINGE	25	NYLIA 1/35	65
<i>nizatidine oral capsule</i>	59	NYLIA 7/7/7	65
NORA-BE	65	<i>nystatin external</i>	49
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION		<i>nystatin mouth/throat</i>	49
PEN-INJECTOR	65	<i>nystatin oral tablet</i>	77
<i>norelgestromin-eth estradiol</i>	65	<i>nystatin-triamcinolone</i>	49
<i>norethin ace-eth estrad-fe oral tablet 1.5-30 mg-</i>		NYSTOP	49
<i>mcg</i>	65	●	
<i>norethin ace-eth estrad-fe oral tablet</i>		OCELLA	65
<i>chewable</i>	65	OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2	
<i>norethin-eth estradiol-fe</i>	65	GM/20ML, 2.5 GM/50ML, 30 GM/300ML, 5 GM/	
<i>norethindrone acet-ethinyl est oral tablet</i>	65	100ML	69
<i>norethindrone acetate oral</i>	65	<i>octreotide acetate injection solution 100 mcg/ml,</i>	
<i>norethindrone oral</i>	65	<i>200 mcg/ml, 50 mcg/ml</i>	65
<i>norethindrone-eth estradiol</i>	65	<i>octreotide acetate injection solution 1000 mcg/</i>	
<i>norgestim-eth estrad triphasic</i>	65	<i>ml</i>	65
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-</i>		<i>octreotide acetate injection solution 500 mcg/</i>	
<i>mcg</i>	65	<i>ml</i>	65

octreotide acetate intramuscular	65	OMNIPOD DASH INTRO (GEN 4)	80
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml	65	OMNIPOD DASH PODS (GEN 4)	80
octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml	65	OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	65
ODEFSEY	77	OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	65
ODOMZO	20	ondansetron hcl +rfid	59
OFEV	85	ondansetron hcl injection	59
ofloxacin ophthalmic	82	ondansetron hcl oral solution	59
ofloxacin oral tablet 300 mg, 400 mg	77	ondansetron hcl oral tablet 4 mg, 8 mg	59
ofloxacin otic	83	ondansetron oral tablet dispersible 16 mg	59
OGSIVEO ORAL TABLET 100 MG, 150 MG	20	ondansetron oral tablet dispersible 4 mg, 8 mg	59
OGSIVEO ORAL TABLET 50 MG	20	ONUREG	20
OJEMDA ORAL SUSPENSION RECONSTITUTED	20	OPDIVO	20
OJEMDA ORAL TABLET	20	OPIPZA ORAL FILM 10 MG, 5 MG	41
OJJAARA	20	OPIPZA ORAL FILM 2 MG	41
olanzapine intramuscular	41	opium	59
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg	41	OPSUMIT	85
olanzapine oral tablet 20 mg	41	ORALONE	49
olanzapine oral tablet dispersible 10 mg, 15 mg, 5 mg	41	ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	85
olanzapine oral tablet dispersible 20 mg	41	ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	85
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg	41	ORGOVYX	20
olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg	41	ORKAMBI ORAL TABLET	85
olmesartan medoxomil oral tablet 20 mg, 40 mg	29	orphenadrine citrate er	41
olmesartan medoxomil oral tablet 5 mg	29	ORQUIDEA	65
olmesartan medoxomil oral tablet 20 mg, 40 mg	10	ORSERDU ORAL TABLET 345 MG	20
olmesartan medoxomil oral tablet 5 mg	11	ORSERDU ORAL TABLET 86 MG	20
olmesartan medoxomil-hctz oral tablet 20-12.5 mg	29	ORSYTHIA	66
olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg	29	oseltamivir phosphate oral capsule 30 mg	77
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg	29	oseltamivir phosphate oral capsule 45 mg, 75 mg	77
olmesartan-amlodipine-hctz oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	30	oseltamivir phosphate oral suspension reconstituted	77
olopatadine hcl nasal	85	OSPHENA	66
olopatadine hcl ophthalmic	82	OTEZLA ORAL TABLET	69
omega-3-acid ethyl esters	30	OTEZLA ORAL TABLET THERAPY PACK	69
omeprazole oral capsule delayed release	59	oxacillin sodium in dextrose intravenous solution 2 gm/50ml	77
OMNARIS	85	oxacillin sodium injection solution reconstituted 1 gm, 2 gm	77
OMNIPOD 5 DEXG7G6 INTRO GEN 5	80	oxacillin sodium intravenous	77
OMNIPOD 5 DEXG7G6 PODS GEN 5	80	oxaliplatin intravenous solution	20
OMNIPOD 5 G7 INTRO (GEN 5)	80	oxaliplatin intravenous solution reconstituted	20
OMNIPOD 5 G7 PODS (GEN 5)	80	oxaprozin oral tablet	15
OMNIPOD 5 LIBRE2 G6 INTRO GEN5	80	oxazepam	41
OMNIPOD 5 LIBRE2 PLUS G6 PODS	80	oxcarbazepine	41
OMNIPOD CLASSIC PODS (GEN 3)	80	oxiconazole nitrate	49
		OXISTAT EXTERNAL LOTION	49
		oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg	60-61

oxybutynin chloride er oral tablet extended release 24 hour 5 mg	61	peg-3350/electrolytes	59
oxybutynin chloride oral solution	61	peg-3350/electrolytes/ascorbat	59
oxybutynin chloride oral tablet 2.5 mg	61	peg-kcl-nacl-nasulf-na asc-c	59
oxybutynin chloride oral tablet 5 mg	61	PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	69
oxycodone hcl oral capsule	15	PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	69
oxycodone hcl oral concentrate 100 mg/5ml	15	PEMAZYRE	21
oxycodone hcl oral solution	15	PENBRAYA	70
oxycodone hcl oral tablet	15	penciclovir	49
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	15	penicillamine oral tablet	61
OXYTROL	61	penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml	77
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	55	penicillin g potassium	77
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	55	penicillin g sodium	77
OZEMPIC (2 MG/DOSE)	55	penicillin v potassium	77
P		penmenvy	70
pacerone oral tablet 100 mg, 200 mg, 400 mg	30	PENTACEL	70
paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml	20	pentamidine isethionate inhalation	77
paclitaxel protein-bound part	20	pentamidine isethionate injection	77
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg	41	pentazocine-naloxone hcl	15
paliperidone er oral tablet extended release 24 hour 6 mg	41	pentoxifylline er	25
paliperidone er oral tablet extended release 24 hour 9 mg	41	perampanel	41
pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml	55	perindopril erbumine	30
pamidronate disodium intravenous solution 6 mg/ml	55	PERIOGARD	49
PANRETIN	49	PERJETA	21
pantoprazole sodium intravenous	59	permethrin external cream	49
pantoprazole sodium oral tablet delayed release	59	perphenazine oral	41
paricalcitol oral	55	perphenazine-amitriptyline	41
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg	41	PERSERIS	41
paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg	41	PFIZERPEN	77
paroxetine hcl oral suspension	41	phenelzine sulfate oral	41
paroxetine hcl oral tablet 10 mg, 40 mg	41	phenobarbital oral elixir	41
paroxetine hcl oral tablet 20 mg	41	phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg, 64.8 mg, 97.2 mg	41
paroxetine hcl oral tablet 30 mg	41	phenobarbital oral tablet 16.2 mg, 32.4 mg	41
PAXLOVID (150/100)	77	phenoxybenzamine hcl oral	30
PAXLOVID (300/100 & 150/100)	77	PHENYTEK	41
PAXLOVID (300/100)	77	PHENYTOIN INFATABS	41
pazopanib hcl	21	phenytoin oral	41
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	69	phenytoin sodium extended	42
PEDVAX HIB INTRAMUSCULAR SUSPENSION	69	PHESGO	21
peg 3350-kcl-na bicarb-nacl	59	PHILITH	66
		PHOSPHOLINE IODIDE	82
		PHYRAGO	21
		PHYSIOLYTE	81
		PIFELTRO	77
		pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	82
		pilocarpine hcl oral	49
		pimecrolimus	49
		pimozide	42
		PIMTREA	66

<i>pindolol</i>	30	<i>prazosin hcl oral</i>	30
<i>pioglitazone hcl oral tablet 15 mg</i>	55	PRED MILD	82
<i>pioglitazone hcl oral tablet 30 mg</i>	55	<i>prednisolone acetate ophthalmic</i>	82
<i>pioglitazone hcl oral tablet 45 mg</i>	55	<i>prednisolone oral solution</i>	66
<i>pioglitazone hcl oral tablet15 mg</i>	11	<i>prednisolone sodium phosphate ophthalmic</i>	82
<i>pioglitazone hcl oral tablet30 mg</i>	11	<i>prednisolone sodium phosphate oral solution 10</i>	
<i>pioglitazone hcl oral tablet45 mg</i>	11	<i>mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/</i>	
<i>pioglitazone hcl-glimepiride</i>	55	<i>5ml</i>	66
<i>pioglitazone hcl-metformin hcl</i>	55	PREDNISON INTENSOL	66
<i>piperacillin sod-tazobactam so intravenous solution</i>		<i>prednisone oral solution</i>	66
<i>reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3-0.375</i>		<i>prednisone oral tablet 1 mg</i>	66
<i>gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5)</i>		<i>prednisone oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg,</i>	
<i>gm</i>	77	<i>50 mg</i>	66
PIQRAY (200 MG DAILY DOSE)	21	<i>prednisone oral tablet therapy pack 10 mg (21), 5</i>	
PIQRAY (250 MG DAILY DOSE)	21	<i>mg (21)</i>	66
PIQRAY (300 MG DAILY DOSE)	21	<i>prednisone oral tablet therapy pack 10 mg (48), 5</i>	
<i>pirfenidone oral tablet 267 mg</i>	85	<i>mg (48)</i>	66
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	86	<i>pregabalin er oral tablet extended release 24 hour</i>	
<i>piroxicam oral</i>	15	<i>165 mg, 82.5 mg</i>	42
<i>pitavastatin calcium</i>	30	<i>pregabalin er oral tablet extended release 24 hour</i>	
PLENAMINE	52	<i>330 mg</i>	42
PLENVU	59	<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50</i>	
<i>plerixafor</i>	25	<i>mg, 75 mg</i>	42
<i>pnv-dha</i>	52	<i>pregabalin oral capsule 200 mg</i>	42
<i>podofilox external solution</i>	49	<i>pregabalin oral capsule 225 mg, 300 mg</i>	42
POLYCIN	82	<i>pregabalin oral solution</i>	42
<i>polymyxin b sulfate injection</i>	77	PREMARIN ORAL	66
<i>polymyxin b-trimethoprim</i>	82	PREMARIN VAGINAL	66
POMALYST	21	PREMASOL INTRAVENOUS SOLUTION 10 %	52
PORTIA-28	66	PREMPHASE	66
<i>posaconazole oral</i>	77	PREMPRO	66
<i>potassium chloride crys er</i>	52	<i>prenatal oral tablet 27-1 mg</i>	52
<i>potassium chloride er</i>	52	<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic</i>	
<i>potassium chloride in nacl intravenous solution 20-</i>		<i>acid</i>	52
<i>0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	52	PRENATAL VIT W/ IRON CARBONYL-FOLIC ACID	52
<i>potassium chloride intravenous solution 10 meq/</i>		<i>prevalite</i>	30
<i>100ml, 20 meq/100ml, 40 meq/100ml</i>	52	PREVIDENT	49
<i>potassium chloride intravenous solution 10 meq/</i>		PREVIDENT 5000 BOOSTER PLUS	49
<i>50ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/50ml</i>	52	PREVIDENT 5000 DRY MOUTH DENTAL GEL	49
<i>potassium chloride oral packet</i>	52	PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL ...	49
<i>potassium chloride oral solution 10 %, 20 meq/15ml</i>		PREVIDENT 5000 KIDS	49
<i>(10%), 40 meq/15ml (20%)</i>	52	PREVIDENT 5000 ORTHO DEFENSE	49
<i>potassium citrate er</i>	61	PREVIDENT 5000 PLUS	49
<i>potassium cl in dextrose 5% intravenous solution</i>		PREVIDENT 5000 SENSITIVE DENTAL GEL	49
<i>10 meq/l, 20 meq/l</i>	52	PREVYMIS ORAL PACKET	78
POTELIGEO	21	PREVYMIS ORAL TABLET	78
<i>pramipexole dihydrochloride</i>	42	PREZCOBIX	78
<i>pramipexole dihydrochloride er</i>	42	PREZISTA ORAL SUSPENSION	78
<i>prasugrel hcl</i>	25	PREZISTA ORAL TABLET 150 MG	78
<i>pravastatin sodium</i>	30	PREZISTA ORAL TABLET 75 MG	78
<i>pravastatin sodium oral tablet10 mg, 20 mg, 40 mg,</i>		PRIFTIN	78
<i>80 mg</i>	11	<i>primaquine phosphate oral tablet 26.3 (15 base)</i>	
<i>praziquantel oral</i>	77	<i>mg</i>	78

<i>primidone oral</i>	42	<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	42
PRIORIX	70	<i>pyrimethamine oral</i>	78
<i>probenecid oral</i>	15	Q	
<i>prochlorperazine</i>	59	QINLOCK	21
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>	59	QUADRACEL	70
<i>prochlorperazine maleate oral</i>	59	<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	42
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	25	<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	42
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	25	<i>quetiapine fumarate oral tablet 100 mg</i>	42
PROCTO-MED HC EXTERNAL	49	<i>quetiapine fumarate oral tablet 150 mg</i>	42
PROCTOSOL HC EXTERNAL	49	<i>quetiapine fumarate oral tablet 200 mg</i>	42
PROCTOZONE-HC EXTERNAL	50	<i>quetiapine fumarate oral tablet 25 mg</i>	42
<i>progesterone oral</i>	66	<i>quetiapine fumarate oral tablet 300 mg</i>	42
PROGRAF INTRAVENOUS	70	<i>quetiapine fumarate oral tablet 400 mg</i>	42
PROGRAF ORAL PACKET	70	<i>quetiapine fumarate oral tablet 50 mg</i>	42
PROLASTIN-C INTRAVENOUS SOLUTION	60	<i>quinapril hcl</i>	30
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	55	<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	11
PROMACTA ORAL PACKET 12.5 MG	25	<i>quinapril-hydrochlorothiazide</i>	30
PROMACTA ORAL PACKET 25 MG	25	<i>quinidine sulfate oral</i>	30
PROMACTA ORAL TABLET 12.5 MG, 25 MG	25	<i>quinine sulfate oral</i>	78
PROMACTA ORAL TABLET 50 MG	25	QULIPTA	42
PROMACTA ORAL TABLET 75 MG	25	QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	86
<i>promethazine hcl injection</i>	59	QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	86
<i>promethazine hcl oral solution</i>	59	R	
<i>promethazine hcl oral tablet</i>	59	RABAVERT	70
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	59	<i>rabeprazole sodium oral tablet delayed release</i>	59
PROMETHEGAN	59	RALDESY	42
<i>propafenone hcl</i>	30	<i>raloxifene hcl</i>	66
<i>propafenone hcl er</i>	30	<i>ramelteon</i>	42
<i>proparacaine hcl ophthalmic</i>	82	<i>ramipril</i>	30
<i>propranolol hcl er</i>	30	<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	11
<i>propranolol hcl intravenous</i>	30	<i>ranolazine er</i>	30
<i>propranolol hcl oral solution</i>	30	<i>rasagiline mesylate oral</i>	42
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	30	RAVICTI	60
<i>propranolol hcl oral tablet 60 mg</i>	30	RECLIPSEN	66
<i>propylthiouracil oral</i>	66	RECOMBIVAX HB	70
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	70	RECTIV	50
PROSOL	52	REGONOL INTRAVENOUS	42
<i>protriptyline hcl</i>	42	RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	78
PULMICORT FLEXHALER	86	RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	42
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	86	RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE)	59
PURIXAN	21	RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML	59
<i>pyrazinamide oral</i>	78		
<i>pyridostigmine bromide oral solution</i>	42		
<i>pyridostigmine bromide oral tablet</i>	42		

RELISTOR SUBCUTANEOUS SOLUTION PREFILLED		<i>risperidone microspheres er intramuscular</i>	
SYRINGE 8 MG/0.4ML	59	<i>suspension reconstituted er 50 mg</i>	42
REMICADE	70	<i>risperidone oral solution</i>	42
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20		<i>risperidone oral tablet 0.25 mg</i>	42
MG/20ML, 200 MG/20ML, 50 MG/20ML	86	<i>risperidone oral tablet 0.5 mg</i>	43
REMODULIN INJECTION SOLUTION 8 MG/20ML	86	<i>risperidone oral tablet 1 mg</i>	43
<i>repaglinide oral tablet 0.5 mg</i>	55	<i>risperidone oral tablet 2 mg</i>	43
<i>repaglinide oral tablet 1 mg</i>	55	<i>risperidone oral tablet 3 mg, 4 mg</i>	43
<i>repaglinide oral tablet 2 mg</i>	55	<i>risperidone oral tablet dispersible 0.25 mg</i>	43
REPATHA	30	<i>risperidone oral tablet dispersible 0.5 mg</i>	43
REPATHA PUSHTRONEX SYSTEM	30	<i>risperidone oral tablet dispersible 1 mg</i>	43
REPATHA SURECLICK	30	<i>risperidone oral tablet dispersible 2 mg</i>	43
RESTASIS	82	<i>risperidone oral tablet dispersible 3 mg</i>	43
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05		<i>risperidone oral tablet dispersible 4 mg</i>	43
%	82	<i>ritonavir</i>	78
RETEVMO ORAL CAPSULE 40 MG	21	RITUXAN HYCELA	21
RETEVMO ORAL CAPSULE 80 MG	21	RITUXAN INTRAVENOUS SOLUTION	21
RETEVMO ORAL TABLET 120 MG, 160 MG	21	<i>rivastigmine</i>	43
RETEVMO ORAL TABLET 40 MG	21	<i>rivastigmine tartrate</i>	43
RETEVMO ORAL TABLET 80 MG	21	RIVELSA	66
RETROVIR INTRAVENOUS	78	<i>rizatriptan benzoate</i>	43
REVUFORJ ORAL TABLET 110 MG	21	ROCKLATAN	82
REVUFORJ ORAL TABLET 160 MG	21	<i>roflumilast</i>	86
REVUFORJ ORAL TABLET 25 MG	21	<i>romidepsin intravenous solution reconstituted ...</i>	21
REXULTI	42	ROMVIMZA	21
REYATAZ ORAL PACKET	78	<i>ropinirole hcl</i>	43
REZLIDHIA	21	<i>ropinirole hcl er</i>	43
REZUROCK	70	<i>rosuvastatin calcium oral</i>	30
RHOPRESSA	82	<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40</i>	
RIABNI	21	<i>mg, 5 mg</i>	11
<i>ribavirin oral capsule</i>	78	ROSYRAH	66
<i>ribavirin oral tablet 200 mg</i>	78	ROTARIX ORAL SUSPENSION	70
RIDAURA	70	ROTATEQ ORAL SOLUTION	70
<i>rifabutin</i>	78	ROWEEPRA ORAL TABLET 500 MG	43
<i>rifampin intravenous</i>	78	ROZLYTREK ORAL CAPSULE 100 MG	21
<i>rifampin oral</i>	78	ROZLYTREK ORAL CAPSULE 200 MG	21
<i>riluzole</i>	42	ROZLYTREK ORAL PACKET	21
<i>rimantadine hcl</i>	78	RUBRACA	21
<i>ringers</i>	52	<i>rufinamide oral suspension</i>	43
<i>ringers irrigation</i>	81	<i>rufinamide oral tablet 200 mg</i>	43
RINVOQ	70	<i>rufinamide oral tablet 400 mg</i>	43
RINVOQ LQ	70	RUKOBIA	78
<i>risedronate sodium oral tablet 150 mg</i>	56	RYBELSUS (FORMULATION R2) ORAL TABLET 1.5	
<i>risedronate sodium oral tablet 30 mg</i>	56	<i>MG</i>	56
<i>risedronate sodium oral tablet 35 mg, 35 mg (12</i>		RYBELSUS (FORMULATION R2) ORAL TABLET 4 MG, 9	
<i>pack), 35 mg (4 pack)</i>	56	<i>MG</i>	56
<i>risedronate sodium oral tablet 5 mg</i>	56	RYBELSUS ORAL TABLET 14 MG, 7 MG	56
<i>risedronate sodium oral tablet delayed</i>		RYBELSUS ORAL TABLET 3 MG	56
<i>release</i>	56	RYBREVANT	21
<i>risperidone microspheres er intramuscular</i>		RYDAPT	21
<i>suspension reconstituted er 12.5 mg, 25 mg, 37.5</i>		RYKINDO	43
<i>mg</i>	42	RYLAZE	21
		RYTARY	43

S		<i>simvastatin oral tablet</i>	30
<i>sacubitril-valsartan oral tablet 24-26 mg</i>	30	<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	11
<i>sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg</i>	30	<i>sirolimus oral solution</i>	70
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED		<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	70
SYRINGE	25	<i>sirolimus oral tablet 2 mg</i>	70
<i>salsalate oral</i>	15	SIRTURO	78
SANCUSO	59	SKYLA	66
SANDIMMUNE ORAL SOLUTION	70	SKYRIZI INTRAVENOUS	70
SANDOSTATIN LAR DEPOT	66	SKYRIZI PEN	70
SANTYL	50	SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	70
<i>sapropterin dihydrochloride oral packet</i>	60	SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	70
<i>sapropterin dihydrochloride oral tablet</i>	60	SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED	
SARCLISA	21	SYRINGE	70
SAVELLA	43	<i>sodium bicarbonate intravenous solution 4.2 %, 7.5 %, 8.4 %</i>	52
SAVELLA TITRATION PACK	43	<i>sodium chloride (pf)</i>	52
SCSEMBLIX ORAL TABLET 100 MG	21	<i>sodium chloride injection solution 2.5 meq/ml</i>	52
SCSEMBLIX ORAL TABLET 20 MG	21	<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 4 meq/ml, 5 %</i>	52
SCSEMBLIX ORAL TABLET 40 MG	21	<i>sodium chloride irrigation solution 0.9 %</i>	81
<i>scopolamine</i>	59	<i>sodium fluoride 5000 plus</i>	50
SECUADO	43	<i>sodium fluoride 5000 ppm dental cream</i>	50
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED		<i>sodium fluoride 5000 ppm dental gel</i>	50
SYRINGE 90 MG/ML	70	<i>sodium fluoride dental cream</i>	50
<i>selegiline hcl oral</i>	43	<i>sodium fluoride dental gel 1.1 %</i>	50
<i>selenium sulfide external lotion</i>	50	<i>sodium fluoride mouth/throat</i>	50
SELZENTRY ORAL SOLUTION	78	<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	52
SEREVENT DISKUS INHALATION AEROSOL POWDER		<i>sodium fluoride oral tablet chewable</i>	52
BREATH ACTIVATED 50 MCG/ACT	86	<i>sodium oxybate</i>	43
<i>sertraline hcl oral concentrate</i>	43	<i>sodium phenylbutyrate oral powder 3 gm/tsp</i> ...	60
<i>sertraline hcl oral tablet 100 mg</i>	43	<i>sodium phenylbutyrate oral tablet</i>	60
<i>sertraline hcl oral tablet 25 mg</i>	43	<i>sodium polystyrene sulfonate oral powder</i>	56
<i>sertraline hcl oral tablet 50 mg</i>	43	<i>sofosbuvir-velpatasvir</i>	78
SETLAKIN	66	<i>solifenacin succinate</i>	61
<i>sf</i>	50	SOLQUA	56
<i>sf 5000 plus</i>	50	SOLTAMOX	21
SHAROBEL	66	SOMATULINE DEPOT	66
SHINGRIX INTRAMUSCULAR SUSPENSION		SOMAVERT	66
RECONSTITUTED 50 MCG/0.5ML	70	<i>sorafenib tosylate</i>	21
SIGNIFOR	66	<i>sotalol hcl (af) oral tablet 120 mg, 160 mg</i>	30
<i>sildenafil citrate intravenous</i>	86	<i>sotalol hcl (af) oral tablet 80 mg</i>	30
<i>sildenafil citrate oral tablet 20 mg</i>	86	<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg</i>	30
<i>silodosin</i>	61	<i>sotalol hcl oral tablet 80 mg</i>	30
<i>silver sulfadiazine external</i>	50	<i>spinosad</i>	50
SIMBRINZA	82	SPIRIVA HANDIHALER	86
SIMLANDI (1 PEN)	70	SPIRIVA RESPIMAT	86
SIMLANDI (1 SYRINGE)	70	<i>spironolactone oral tablet 100 mg, 50 mg</i>	30
SIMLANDI (2 PEN)	70	<i>spironolactone oral tablet 25 mg</i>	30
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED		<i>spironolactone-hctz</i>	30
SYRINGE KIT 20 MG/0.2ML	70	SPRAVATO (56 MG DOSE)	43
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED			
SYRINGE KIT 40 MG/0.4ML	70		
SIMLIYA	66		
SIMPESSE	66		

SPRAVATO (84 MG DOSE)	43	SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN- INJECTOR	56
SPRINTEC 28	66	SYMPAZAN ORAL FILM 10 MG, 20 MG	44
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG	43	SYMPAZAN ORAL FILM 5 MG	44
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	43	SYMTUZA	78
SPS (SODIUM POLYSTYRENE SULF)	56	SYNAGIS	81
SRONYX	66	SYNAREL	66
SSD (SILVER SULFADIAZINE)	50	SYNJARDY	56
STELARA INTRAVENOUS	70	SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	56
STELARA SUBCUTANEOUS SOLUTION 45 MG/ 0.5ML	70	SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	56
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	70	SYNTHROID	66
<i>sterile water for irrigation</i>	81	T	
STIOLTO RESPIMAT	86	TABLOID	21
STIVARGA	21	TABRECTA	21
<i>streptomycin sulfate intramuscular</i>	78	<i>tacrolimus external ointment</i>	50
STRIBILD	78	<i>tacrolimus oral</i>	70
SUBVENITE	43	<i>tadalafil (pah)</i>	86
<i>sucralfate oral</i>	59	<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	61
<i>sulfacetamide sodium (acne)</i>	50	TAFINLAR ORAL CAPSULE	21
<i>sulfacetamide sodium ophthalmic</i>	82	TAFINLAR ORAL TABLET SOLUBLE	22
<i>sulfacetamide-prednisolone ophthalmic solution</i>	82	<i>tafluprost (pf)</i>	82
<i>sulfadiazine oral</i>	78	TAGRISSE	22
<i>sulfamethoxazole-trimethoprim intravenous</i>	78	TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	22
<i>sulfamethoxazole-trimethoprim oral suspension</i>	78	TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	22
<i>sulfamethoxazole-trimethoprim oral tablet</i>	78	<i>tamoxifen citrate oral</i>	22
SULFAMYLON EXTERNAL CREAM	50	<i>tamsulosin hcl</i>	61
<i>sulfasalazine oral</i>	59	TAPERDEX 6-DAY	66
<i>sulindac oral tablet 150 mg</i>	15	TARINA 24 FE	66
<i>sulindac oral tablet 200 mg</i>	15	TARINA FE 1/20 EQ	66
<i>sumatriptan nasal</i>	43	TASIGNA	22
<i>sumatriptan succinate oral</i>	43	<i>tasimelteon</i>	44
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	43	<i>tazarotene external cream 0.1 %</i>	50
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	43	<i>tazarotene external gel</i>	50
<i>sumatriptan succinate subcutaneous solution auto- injector</i>	43	TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	78
<i>sunitinib malate</i>	21	TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM	78
SUNLENCA ORAL TABLET	78	TAZVERIK	22
SUNLENCA ORAL TABLET THERAPY PACK	78	TECENTRIQ	22
SUNLENCA SUBCUTANEOUS	78	TECENTRIQ HYBREZA	22
SUNOSI	44	TECVAYLI	22
SUPREP BOWEL PREP KIT	59	TEFLARO	78
SYEDA	66	<i>telmisartan oral tablet 20 mg, 40 mg</i>	30
SYMBICORT	86	<i>telmisartan oral tablet 80 mg</i>	30
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN- INJECTOR	56	<i>telmisartan-amlodipine</i>	30
		<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg</i>	30
		<i>telmisartan-hctz oral tablet 80-25 mg</i>	30
		<i>temazepam oral capsule 15 mg, 30 mg</i>	44
		<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	44

TENIVAC INTRAMUSCULAR SUSPENSION	70	TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/	
tenofovir disoproxil fumarate	78	ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/	
TEPMETKO	22	ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/	
terazosin hcl oral	30	ML, 44 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/	
terbinafine hcl oral	78	ML	67
terbutaline sulfate injection	86	TIS-U-SOL	81
terbutaline sulfate oral	86	TIVICAY ORAL TABLET 10 MG	78
terconazole	61	TIVICAY ORAL TABLET 25 MG, 50 MG	79
teriflunomide	44	TIVICAY PD	79
teriparatide subcutaneous solution pen-injector		tizanidine hcl oral tablet	44
560 mcg/2.24ml	56	TOBRADEX OPHTHALMIC OINTMENT	83
testosterone cypionate intramuscular solution 100		TOBRADEX ST	83
mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	66	tobramycin inhalation nebulization solution 300	
testosterone enanthate intramuscular solution ...	66	mg/5ml	86
testosterone transdermal gel 1.62 %, 20.25 mg/act		tobramycin ophthalmic	83
(1.62%), 40.5 mg/2.5gm (1.62%)	66	tobramycin sulfate injection solution	79
testosterone transdermal gel 10 mg/act (2%)	66	tobramycin sulfate injection solution	
testosterone transdermal gel 12.5 mg/act (1%), 25		reconstituted	79
mg/2.5gm (1%), 50 mg/5gm (1%)	66	tobramycin-dexamethasone	83
testosterone transdermal gel 20.25 mg/1.25gm		tolcapone	44
(1.62%)	66	tolmetin sodium oral capsule	15
testosterone transdermal solution	66	tolmetin sodium oral tablet 600 mg	15
tetrabenazine oral tablet 12.5 mg	44	tolterodine tartrate	61
tetrabenazine oral tablet 25 mg	44	tolterodine tartrate er	61
tetracycline hcl oral capsule	78	tolvaptan (hyponatremia) oral tablet 15 mg	56
THALOMID ORAL CAPSULE 100 MG, 50 MG	22	tolvaptan (hyponatremia) oral tablet 30 mg	56
THALOMID ORAL CAPSULE 150 MG, 200 MG	22	tolvaptan oral tablet	56
THEO-24	86	topiramate er oral capsule er 24 hour sprinkle 100	
theophylline er	86	mg, 25 mg, 50 mg	44
theophylline oral	86	topiramate er oral capsule extended release 24	
thioridazine hcl oral	44	hour 100 mg	44
thiothixene oral	44	topiramate er oral capsule extended release 24	
TIADYLT ER	30	hour 25 mg, 50 mg	44
tiagabine hcl	44	topiramate oral capsule sprinkle	44
TIBSOVO	22	topiramate oral solution	44
ticagrelor	25	topiramate oral tablet	44
TICE BCG	22	toremifene citrate	22
TICOVAC	70	torsemide oral	31
tigecycline	78	TOUJEO MAX SOLOSTAR	56
TILIA FE	67	TOUJEO SOLOSTAR	56
timolol maleate (once-daily)	83	TPN ELECTROLYTES INTRAVENOUS	
TIMOLOL MALEATE OCUDOSE	83	CONCENTRATE	52
timolol maleate ophthalmic gel forming		TRACLEER ORAL TABLET SOLUBLE	86
solution	83	TRADJENTA	56
timolol maleate ophthalmic solution 0.25 %	83	tramadol hcl (er biphasic) oral capsule extended	
timolol maleate ophthalmic solution 0.5 %	83	release 24 hour 100 mg, 200 mg, 300 mg	15
timolol maleate oral	30	tramadol hcl (er biphasic) oral tablet extended	
timolol maleate pf ophthalmic solution 0.5 %	83	release 24 hour	15
tinidazole oral	78	tramadol hcl er	15
tiopronin oral tablet	61	tramadol hcl oral tablet 50 mg	15
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5		tramadol-acetaminophen	15
MCG	67	trandolapril	31
		trandolapril oral tablet 1 mg, 2 mg, 4 mg	11

<i>trandolapril-verapamil hcl er</i>	31	<i>triamcinolone acetonide injection suspension</i> 40	
<i>tranexamic acid intravenous solution</i> 1000 mg/		mg/ml	67
10ml	25	<i>triamcinolone acetonide mouth/throat</i>	50
<i>tranexamic acid oral</i>	25	<i>triamterene-hctz oral capsule</i> 37.5-25 mg	31
<i>tranylcypromine sulfate</i>	44	<i>triamterene-hctz oral tablet</i>	31
TRAVASOL	52	<i>triazolam oral tablet</i> 0.25 mg	44
<i>travoprost (bak free)</i>	83	TRIDERM EXTERNAL CREAM	50
<i>trazodone hcl oral tablet</i> 100 mg, 150 mg, 50		<i>trientine hcl</i>	56
mg	44	<i>trifluoperazine hcl oral</i>	44
<i>trazodone hcl oral tablet</i> 300 mg	44	<i>trifluridine ophthalmic</i>	79
TRECATOR	79	<i>trihexyphenidyl hcl oral solution</i>	44
TRELEGY ELLIPTA INHALATION AEROSOL POWDER		<i>trihexyphenidyl hcl oral tablet</i>	44
BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-		TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24	
25 MCG/ACT	86	HOUR 10-5-1000 MG, 25-5-1000 MG	56
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION		TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24	
PEN-INJECTOR	71	HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	56
TREMFYA PEN	71	TRIKAFTA ORAL TABLET THERAPY PACK	86
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED		TRIKAFTA ORAL THERAPY PACK	86
SYRINGE	71	<i>trimethobenzamide hcl oral</i>	59
TREMFYA-CD/UC INDUCTION	71	<i>trimethoprim oral</i>	79
<i>treprostinil</i>	86	<i>trimipramine maleate oral</i>	44
TRESIBA	56	TRINTELLIX	44
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-		TRIUMEQ	79
INJECTOR 100 UNIT/ML	56	TRIUMEQ PD	79
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-		TRIVORA (28)	67
INJECTOR 200 UNIT/ML	56	TRODELVY	22
<i>tretinoin external cream</i>	50	TROGARZO	79
<i>tretinoin external gel</i> 0.01 %, 0.025 %	50	TROPHAMINE INTRAVENOUS SOLUTION 10 %	52
<i>tretinoin external gel</i> 0.05 %	50	<i>trospium chloride</i>	61
<i>tretinoin microsphere external gel</i> 0.04 %, 0.1 % ...	50	<i>trospium chloride er</i>	61
<i>tretinoin microsphere pump external gel</i> 0.04 %, 0.1		TRULICITY SUBCUTANEOUS SOLUTION AUTO-	
%	50	INJECTOR	56-57
<i>tretinoin oral</i>	22	TRUMENBA	71
TREXALL	71	TRUQAP	22
TRI-ESTARYLLA	67	TUDORZA PRESSAIR	86
TRI-LEGEST FE	67	TUKYSA	22
TRI-LINYAH	67	TURALIO ORAL CAPSULE 125 MG	22
TRI-LO-ESTARYLLA	67	TURQOZ	67
TRI-LO-MARZIA	67	TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED	
TRI-LO-MILI	67	SYRINGE	71
TRI-LO-SPRINTEC	67	TYBOST	79
TRI-MILI	67	TYDEMY	67
TRI-NYMYO	67	TYMLOS	57
TRI-SPRINTEC	67	TYPHIM VI	71
TRI-VYLIBRA	67	TYVASO	86
TRI-VYLIBRA LO	67	TYVASO DPI INSTITUTIONAL KIT	86
<i>triamcinolone acetonide external aerosol</i>		TYVASO DPI MAINTENANCE KIT INHALATION POWDER	
<i>solution</i>	50	16 MCG, 32 MCG, 48 MCG, 64 MCG	86
<i>triamcinolone acetonide external cream</i>	50	TYVASO DPI TITRATION KIT INHALATION POWDER 16	
<i>triamcinolone acetonide external lotion</i>	50	& 32 & 48 MCG	86
<i>triamcinolone acetonide external ointment</i> 0.025		TYVASO REFILL KIT	86
%, 0.1 %, 0.5 %	50	TYVASO STARTER KIT	86

U	VALTYA 1/35	67
UBRELVY ORAL TABLET 100 MG	VALTYA 1/50	67
UBRELVY ORAL TABLET 50 MG	vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.25-5 gm/250ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%	79
UDENYCA	vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%	79
umeclidinium-vilanterol	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	79
UNITHROID	vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 5 gm, 500 gm	79
UPTRAVI ORAL	vancomycin hcl intravenous solution reconstituted 1.25 gm, 1.5 gm, 750 mg	79
UPTRAVI TITRATION	vancomycin hcl oral capsule 125 mg	79
ursodiol oral capsule 300 mg	vancomycin hcl oral capsule 250 mg	79
ursodiol oral tablet	vancomycin hcl oral solution reconstituted 25 mg/ml	79
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	VANDAZOLE	61
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	VANFLYTA	22
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	VAQTA	71
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	varenicline tartrate (starter)	45
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	varenicline tartrate oral tablet 0.5 mg	45
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	varenicline tartrate oral tablet 1 mg, 1 mg (56 pack)	45
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	varenicline tartrate(continue)	45
V	VARIVAX	71
valacyclovir hcl oral tablet 1 gm	VARIZIG INTRAMUSCULAR SOLUTION	71
valacyclovir hcl oral tablet 500 mg	VASCEPA	31
VALCHLOR	VAXCHORA	71
valganciclovir hcl oral solution reconstituted	VECAMYL	31
valganciclovir hcl oral tablet	VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	22
valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml	VELIVET	67
valproic acid oral capsule	VELTASSA ORAL PACKET 1 GM	57
valproic acid oral solution	VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	57
valsartan oral tablet 160 mg	VELTASSA ORAL PACKET 8.4 GM	57
valsartan oral tablet 320 mg	VEMLIDY	79
valsartan oral tablet 40 mg, 80 mg	VENCLEXTA ORAL TABLET 10 MG	22
valsartan oral tablet 160 mg	VENCLEXTA ORAL TABLET 100 MG	22
valsartan oral tablet 320 mg	VENCLEXTA ORAL TABLET 50 MG	22
valsartan oral tablet 40 mg, 80 mg	VENCLEXTA STARTING PACK	22
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg	venlafaxine besylate er	45
valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg	venlafaxine hcl	45
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	venlafaxine hcl er oral capsule extended release 24 hour 150 mg	45
VALTOCO 10 MG DOSE	venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg	45
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	venlafaxine hcl er oral capsule extended release 24 hour 75 mg	45
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML		
VALTOCO 5 MG DOSE		

<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>	45	VYFEMLA	67
<i>verapamil hcl er oral capsule extended release 24 hour</i>	31	VYLIBRA	67
<i>verapamil hcl er oral tablet extended release 120 mg</i>	31	VYZULTA	83
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	31	W	
<i>verapamil hcl intravenous</i>	31	<i>warfarin sodium oral</i>	25
<i>verapamil hcl oral</i>	31	WELIREG	22
VERQUVO	31	WERA	67
VERSACLOZ	45	<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	87
VERZENIO	22	WYMZYA FE	67
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG	79	X	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	57	XALKORI ORAL CAPSULE	22
VIENVA	67	XALKORI ORAL CAPSULE SPRINKLE 150 MG	22
<i>vigabatrin oral packet</i>	45	XALKORI ORAL CAPSULE SPRINKLE 20 MG	22
<i>vigabatrin oral tablet</i>	45	XALKORI ORAL CAPSULE SPRINKLE 50 MG	23
VIGADRONE ORAL PACKET	45	XARAH FE	67
VIGADRONE ORAL TABLET	45	XARELTO ORAL SUSPENSION RECONSTITUTED	25
VIGPODER	45	XARELTO ORAL TABLET 10 MG, 20 MG	26
VIIBRYD ORAL TABLET	45	XARELTO ORAL TABLET 15 MG, 2.5 MG	26
<i>vilazodone hcl</i>	45	XARELTO STARTER PACK	26
VIMKUNYA	71	XATMEP	71
<i>vinblastine sulfate intravenous solution</i>	22	XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	45
<i>vincristine sulfate intravenous</i>	22	XCOPRI (350 MG DAILY DOSE)	45
<i>vinorelbine tartrate</i>	22	XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	45
<i>viorele</i>	67	XCOPRI ORAL TABLET 150 MG, 200 MG	45
VIRACEPT ORAL TABLET 250 MG	79	XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	45
VIRACEPT ORAL TABLET 625 MG	79	XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG ...	45
VIREAD ORAL POWDER	79	XDEMVEY	83
VIREAD ORAL TABLET 150 MG, 250 MG	79	XELJANZ ORAL SOLUTION	71
VIREAD ORAL TABLET 200 MG	79	XELJANZ ORAL TABLET	71
VITRAKVI ORAL CAPSULE 100 MG	22	XELJANZ XR	71
VITRAKVI ORAL CAPSULE 25 MG	22	XELRIA FE	67
VITRAKVI ORAL SOLUTION	22	XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT	45
VIVOTIF	71	XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT	46
VIZIMPRO	22	XERMELO	59
VOLNEA	67	XGEVA	57
VONJO	22	XIFAXAN ORAL TABLET 550 MG	80
VORANIGO ORAL TABLET 10 MG	22	XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	57
VORANIGO ORAL TABLET 40 MG	22	XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	57
<i>voriconazole intravenous</i>	79	XIIDRA	83
<i>voriconazole oral suspension reconstituted</i>	79	XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	80
<i>voriconazole oral tablet 200 mg</i>	80	XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	80
<i>voriconazole oral tablet 50 mg</i>	80		
VOSEVI	80		
VOWST	59		
VPRIV	60		
VRAYLAR ORAL CAPSULE	45		
VUMERITY	45		

XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML	87	ZEJULA ORAL TABLET 100 MG	23
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	87	ZEJULA ORAL TABLET 200 MG, 300 MG	23
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	87	ZELBORAF	23
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	87	ZENATANE	50
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	87	ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 3000-10000 UNIT, 5000-24000 UNIT	60
XOSPATA	23	ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 25000-79000 UNIT, 40000-126000 UNIT, 60000-189600 UNIT	60
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	23	ZEPZELCA	23
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	23	<i>zidovudine oral capsule</i>	80
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	23	<i>zidovudine oral syrup</i>	80
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	23	<i>zidovudine oral tablet</i>	80
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	23	ZIEXTENZO	26
XPOVIO (60 MG TWICE WEEKLY)	23	<i>ziprasidone hcl oral capsule 20 mg</i>	46
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	23	<i>ziprasidone hcl oral capsule 40 mg</i>	46
XPOVIO (80 MG TWICE WEEKLY)	23	<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	46
XTANDI ORAL CAPSULE	23	<i>ziprasidone mesylate</i>	46
XTANDI ORAL TABLET 40 MG	23	ZIRGAN	80
XTANDI ORAL TABLET 80 MG	23	<i>zoledronic acid intravenous concentrate</i>	57
XULANE	67	<i>zoledronic acid intravenous solution</i>	57
Y		ZOLINZA	23
YARGESA	60	<i>zolmitriptan nasal solution 2.5 mg</i>	46
YERVOY	23	<i>zolmitriptan oral</i>	46
YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	71	<i>zolpidem tartrate er</i>	46
<i>yuvaferm</i>	67	<i>zolpidem tartrate oral tablet</i>	46
Z		ZONISADE	46
ZAFEMY	67	<i>zonisamide oral</i>	46
<i>zafirlukast</i>	87	ZOVIA 1/35 (28)	67
<i>zaleplon oral capsule 10 mg</i>	46	ZTALMY	46
<i>zaleplon oral capsule 5 mg</i>	46	ZUMANDIMINE	67
ZARXIO	26	ZURZUVAE	46
		ZYDELIG	23
		ZYKADIA ORAL TABLET	23
		ZYLET	83
		ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	46
		ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	46

Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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This formulary was updated on November 1, 2025.

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

For all other questions, please contact Member Services at **1-833-848-8730**, or for TTY users, **711**, Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays, or visit **www.anthem.com/ca**.