



Anthem Medicare Preferred (PPO) with Senior Rx Plus

2026 Formulary

List of Covered Drugs or “Drug List”

with Select Generics

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

For more recent information or other questions, please contact Pharmacy Member Services at **1-833-360-3662**, or for TTY users, **711**, 24 hours a day, 7 days a week, or visit **www.anthem.com/ca**.

Note to existing members:

This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

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 1/1/2026. 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 cover pages.

You must generally use network pharmacies to use your prescription drug benefit. 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.

Table of Contents

What is the Anthem Medicare Preferred (PPO) with Senior Rx Plus Part D formulary? ...	3
Can the Part D formulary change?	3
How do I use the Part D formulary?	5
What are generic drugs?	5
What are original biological products and how are they related to biosimilars?	5
Are there any restrictions on my coverage?	5
What if my drug is not on the Part D formulary?	6
How do I request an exception to the Anthem Medicare Preferred (PPO) with Senior Rx Plus Part D formulary?	6
What can I do if my drug is not on the formulary or has a restriction?	7
For more information	7
Your plan's Part D formulary	8
Select Generics for 2026	9
Covered Medications by Therapeutic Category - Part D Eligible Drugs	11
Index of Drugs	86

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.

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 cover pages.

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 cover pages.

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 cover pages.

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 for you the drug that is being changed. For more information, see the section below titled “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 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 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.

The enclosed formulary is current as of 1/1/2026. To get updated information about the drugs covered by your plan, please call Pharmacy Member Services. Our contact information appears on the front and back cover pages.

How do I use the Part D formulary?

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

Medical Condition

The formulary begins on page 11. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular, Hypertension, and Lipids." If you know what your drug is used for, look for the category name in the list that begins on page 11, then look under the category name for your drug.

Alphabetical Listing

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

What are generic drugs?

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

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

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

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

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage.

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 90 tablets per 30 days of *metformin 850 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.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 11. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our 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 cover pages.

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, 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 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.

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 cover pages.

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

Your plan's Part D formulary

The formulary that begins on page 11 provides coverage information about the drugs covered by your plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 86.

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

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

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

The **third column** tells you if your plan has any special requirements for coverage of your drug. The formulary chart legend, located on page 11, contains the list of special requirements which can be applied to drugs in your plan. The legend also gives you a description of the restriction and the code used in the drug chart to tell you that the restriction applies to a specific drug.

Select Generics for 2026

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 cost (see the benefits chart in your Evidence of Coverage).

Legend

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Cardiovascular Agents			<i>irbesartan-hydrochlorothiazide</i>	1	QL (30 per 30 days)
<i>amlodipine besy-benazepril hcl</i>	1		<i>lisinopril oral</i>	1	
<i>atenolol oral</i>	1		<i>lisinopril-hydrochlorothiazide</i>	1	
<i>atenolol-chlorthalidone</i>	1		<i>losartan potassium oral tablet 100 mg</i>	1	QL (30 per 30 days)
<i>atorvastatin calcium oral</i>	1	QL (30 per 30 days)	<i>losartan potassium oral tablet 25 mg, 50 mg</i>	1	QL (60 per 30 days)
<i>benazepril hcl oral</i>	1		<i>losartan potassium-hctz</i>	1	QL (30 per 30 days)
<i>benazepril-hydrochlorothiazide</i>	1		<i>lovastatin oral</i>	1	QL (60 per 30 days)
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1		<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1		<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	1	QL (30 per 30 days)
<i>carvedilol</i>	1		<i>olmesartan medoxomil oral tablet 5 mg</i>	1	QL (60 per 30 days)
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1		<i>pravastatin sodium</i>	1	QL (30 per 30 days)
<i>enalapril maleate oral tablet</i>	1		<i>quinapril hcl</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1		<i>ramipril</i>	1	
<i>fosinopril sodium</i>	1		<i>rosuvastatin calcium oral</i>	1	QL (30 per 30 days)
<i>furosemide oral tablet</i>	1		<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>hydrochlorothiazide oral</i>	1				
<i>irbesartan</i>	1	QL (30 per 30 days)			

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

Drug Name	Drug Tier	Requirements/Limits
trandolapril	1	
valsartan oral tablet 160 mg	1	QL (60 per 30 days)
valsartan oral tablet 320 mg	1	QL (30 per 30 days)
valsartan oral tablet 40 mg, 80 mg	1	QL (90 per 30 days)
valsartan-hydrochlorothiazide	1	QL (30 per 30 days)
Endocrine And Metabolic Disorder Agents		
alendronate sodium oral tablet 10 mg, 5 mg	1	QL (30 per 30 days)
alendronate sodium oral tablet 35 mg, 70 mg	1	QL (4 per 28 days)
glimepiride oral tablet 1 mg	1	QL (240 per 30 days)
glimepiride oral tablet 2 mg	1	QL (120 per 30 days)
glimepiride oral tablet 4 mg	1	QL (60 per 30 days)
glipizide er oral tablet extended release 24 hour 10 mg	1	QL (60 per 30 days)
glipizide er oral tablet extended release 24 hour 2.5 mg	1	QL (240 per 30 days)
glipizide er oral tablet extended release 24 hour 5 mg	1	QL (120 per 30 days)
glipizide oral tablet 10 mg	1	QL (120 per 30 days)
glipizide oral tablet 5 mg	1	QL (240 per 30 days)
glipizide-metformin hcl oral tablet 2.5-250 mg	1	QL (240 per 30 days)
glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg	1	QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
metformin hcl er oral tablet extended release 24 hour 500 mg	1	QL (120 per 30 days)
metformin hcl er oral tablet extended release 24 hour 750 mg	1	QL (60 per 30 days)
metformin hcl oral tablet 1000 mg	1	QL (60 per 30 days)
metformin hcl oral tablet 500 mg	1	QL (150 per 30 days)
metformin hcl oral tablet 850 mg	1	QL (90 per 30 days)
pioglitazone hcl oral tablet 15 mg	1	QL (90 per 30 days)
pioglitazone hcl oral tablet 30 mg	1	QL (45 per 30 days)
pioglitazone hcl oral tablet 45 mg	1	QL (30 per 30 days)

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

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.

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 cover pages.

Part D Eligible Drugs

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Analgesics And Anti-Inflammatory Agents					
<i>acetaminophen-codeine oral solution</i>	1	QL (900 per 30 days); NEDS	<i>weekly 10 mcg/hr, 15 mcg/hr</i>		
<i>acetaminophen-codeine oral tablet</i>	1	QL (180 per 30 days); NEDS	<i>buprenorphine transdermal patch weekly 20 mcg/hr</i>	1	PA; QL (4 per 28 days); NEDS
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO	<i>buprenorphine transdermal patch weekly 5 mcg/hr, 7.5 mcg/hr</i>	2	PA; QL (4 per 28 days); NEDS
ASCOMP-CODEINE	1	PA; QL (180 per 30 days); NEDS	<i>butalbital-apap-caff-cod</i>	1	PA; QL (180 per 30 days); NEDS
BELBUCA BUCCAL FILM 450 MCG	3	PA; QL (60 per 30 days); NEDS	<i>butalbital-asa-caff-codeine</i>	1	PA; QL (180 per 30 days); NEDS
<i>buprenorphine transdermal patch</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
butorphanol tartrate nasal	3	QL (5 per 30 days); NEDS
celecoxib oral capsule 100 mg, 200 mg, 50 mg	1	QL (60 per 30 days); MO
celecoxib oral capsule 400 mg	1	QL (30 per 30 days); MO
codeine sulfate oral tablet	2	QL (180 per 30 days); NEDS
colchicine oral capsule	1	
colchicine oral tablet	1	QL (120 per 30 days)
colchicine-probenecid	1	MO
diclofenac potassium oral tablet 50 mg	1	MO
diclofenac sodium er	1	MO
diclofenac sodium external solution 1.5 %	1	QL (300 per 30 days)
diclofenac sodium external solution 2 %	3	QL (224 per 28 days)
diclofenac sodium oral	1	MO
diclofenac-misoprostol oral tablet delayed release	1	MO
diflunisal oral	1	MO
duramorph	1	
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	1	QL (180 per 30 days); NEDS
etodolac er	1	MO
etodolac oral	1	MO
febuxostat	1	ST; MO
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 800 mcg	4	PA; QL (120 per 30 days); NEDS; S
fentanyl transdermal patch 72 hour 100 mcg/hr,	3	PA; QL (15 per 30 days); NEDS

Drug Name	Drug Tier	Requirements/ Limits
12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr		
flurbiprofen oral tablet 100 mg	1	MO
GLYDO EXTERNAL PREFILLED SYRINGE	1	
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	1	QL (2700 per 30 days); NEDS
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	1	QL (180 per 30 days); NEDS
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	QL (50 per 10 days); NEDS
hydromorphone hcl oral liquid	3	QL (720 per 30 days); NEDS
hydromorphone hcl oral tablet	3	QL (180 per 30 days); NEDS
hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml	3	
ibu oral tablet 400 mg, 600 mg	1	MO
ibuprofen oral suspension	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	MO
indomethacin er	1	PA; MO
indomethacin oral capsule 25 mg, 50 mg	1	PA; MO
indomethacin rectal suppository 50 mg	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml</i>	1	PA
<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 %</i>	1	
<i>lidocaine hcl external solution</i>	1	PA; QL (300 per 30 days)
<i>lidocaine hcl injection solution 0.5 %</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)
LIDOCAN	3	PA; QL (90 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>meperidine hcl oral tablet 50 mg</i>	3	PA; QL (180 per 30 days); NEDS
<i>methadone hcl oral solution</i>	2	QL (900 per 30 days); NEDS

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate 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
<i>morphine sulfate oral tablet</i>	1	QL (180 per 30 days); NEDS
<i>nabumetone oral</i>	1	MO
<i>nalocet</i>	3	QL (180 per 30 days); NEDS
<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 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>sulindac oral tablet 150 mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>sulindac oral tablet 200 mg</i>	1	MO
<i>tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	3	PA; QL (30 per 30 days); NEDS
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour</i>	1	PA; QL (30 per 30 days); NEDS
<i>tramadol hcl er</i>	1	PA; QL (30 per 30 days); NEDS
<i>tramadol hcl oral tablet 50 mg</i>	1	QL (240 per 30 days); NEDS
<i>tramadol-acetaminophen</i>	1	QL (40 per 5 days); NEDS
Antineoplastics		
<i>abiraterone acetate oral tablet 250 mg</i>	4	PA; QL (120 per 30 days); S
<i>abiraterone acetate oral tablet 500 mg</i>	4	PA; QL (60 per 30 days); S
ABIRTEGA	2	PA; QL (120 per 30 days)
AKEEGA	4	PA; QL (60 per 30 days); S
ALECENSA	4	PA; QL (240 per 30 days); S
ALUNBRIG ORAL TABLET 180 MG	4	PA; QL (30 per 30 days); S
ALUNBRIG ORAL TABLET 30 MG	4	PA; QL (180 per 30 days); S
ALUNBRIG ORAL TABLET 90 MG	4	PA; QL (60 per 30 days); S
ALUNBRIG ORAL TABLET THERAPY PACK	4	PA; QL (30 per 180 days); S
<i>anastrozole oral</i>	1	MO
AUGTYRO ORAL CAPSULE 160 MG	4	PA; QL (60 per 30 days); S

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

Drug Name	Drug Tier	Requirements/Limits
AUGTYRO ORAL CAPSULE 40 MG	4	PA; QL (240 per 30 days); S
AVASTIN	4	PA; S
AVMAPKI FAKZYNJA CO-PACK	4	PA; QL (66 per 28 days); S
AYVAKIT	4	PA; QL (30 per 30 days); S
BALVERSA ORAL TABLET 3 MG	4	PA; QL (90 per 30 days); S
BALVERSA ORAL TABLET 4 MG	4	PA; QL (60 per 30 days); S
BALVERSA ORAL TABLET 5 MG	4	PA; QL (30 per 30 days); S
BESREMI	4	PA; S
<i>bexarotene oral</i>	2	PA; QL (300 per 30 days)
<i>bicalutamide</i>	1	QL (30 per 30 days)
<i>bortezomib injection solution reconstituted 1 mg</i>	4	S
<i>bortezomib injection solution reconstituted 2.5 mg</i>	3	
BOSULIF ORAL CAPSULE 100 MG	4	PA; QL (180 per 30 days); S
BOSULIF ORAL CAPSULE 50 MG	4	PA; QL (30 per 30 days); S
BOSULIF ORAL TABLET 100 MG	4	PA; QL (180 per 30 days); S
BOSULIF ORAL TABLET 400 MG, 500 MG	4	PA; QL (30 per 30 days); S
BRAFTOVI ORAL CAPSULE 75 MG	4	PA; QL (180 per 30 days); S
BRUKINSA ORAL CAPSULE	4	PA; QL (120 per 30 days); S
BRUKINSA ORAL TABLET	4	PA; QL (60 per 30 days); S

Drug Name	Drug Tier	Requirements/Limits
CABOMETYX	4	PA; QL (30 per 30 days); S
CALQUENCE	4	PA; QL (60 per 30 days); S
CAPRELSA ORAL TABLET 100 MG	4	PA; QL (90 per 30 days); S
CAPRELSA ORAL TABLET 300 MG	4	PA; QL (30 per 30 days); S
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	4	PA; QL (56 per 28 days); S
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	4	PA; QL (112 per 28 days); S
COMETRIQ (60 MG DAILY DOSE)	4	PA; QL (84 per 28 days); S
COPIKTRA	4	PA; QL (60 per 30 days); S
COTELLIC	4	PA; QL (90 per 30 days); S
<i>cyclophosphamide oral capsule</i>	2	B/D PA
DANZITEN	4	PA; QL (112 per 28 days); S
DARZALEX FASPRO	4	PA; S
<i>dasatinib</i>	4	PA; QL (30 per 30 days); S
DAURISMO ORAL TABLET 100 MG	4	PA; QL (30 per 30 days); S
DAURISMO ORAL TABLET 25 MG	4	PA; QL (60 per 30 days); S
<i>doxorubicin hcl liposomal intravenous suspension</i>	4	PA; S
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 7.5 MG	2	PA
ELIGARD SUBCUTANEOUS KIT 30 MG, 45 MG	3	PA

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ERIVEDGE	4	PA; QL (30 per 30 days); S	GLEOSTINE ORAL CAPSULE 100 MG	4	PA; S
ERLEADA ORAL TABLET 240 MG	4	PA; QL (30 per 30 days); S	GOMEKLI ORAL CAPSULE 1 MG	4	PA; QL (240 per 30 days); S
ERLEADA ORAL TABLET 60 MG	4	PA; QL (120 per 30 days); S	GOMEKLI ORAL CAPSULE 2 MG	4	PA; QL (120 per 30 days); S
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	4	PA; QL (30 per 30 days); S	GOMEKLI ORAL TABLET SOLUBLE	4	PA; QL (240 per 30 days); S
<i>erlotinib hcl oral tablet 25 mg</i>	4	PA; QL (90 per 30 days); S	HERCEPTIN HYLECTA	4	B/D PA; S
EULEXIN	4	S	HERNEXEOS	4	PA; QL (90 per 30 days); S
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	4	PA; S	<i>hydroxyurea oral</i>	1	
<i>everolimus oral tablet soluble</i>	4	PA; S	IBRANCE	4	PA; QL (21 per 28 days); S
<i>exemestane</i>	1	MO	IBTROZI	4	PA; QL (90 per 30 days); S
FIRMAGON (240 MG DOSE)	4	PA; S	ICLUSIG	4	PA; QL (30 per 30 days); S
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	2	PA	IDHIFA ORAL TABLET 100 MG	4	PA; QL (30 per 30 days); S
FOTIVDA	4	PA; QL (21 per 28 days); S	IDHIFA ORAL TABLET 50 MG	4	PA; QL (60 per 30 days); S
FRUZAQLA ORAL CAPSULE 1 MG	4	PA; QL (84 per 28 days); S	<i>imatinib mesylate oral tablet 100 mg</i>	3	PA; QL (90 per 30 days)
FRUZAQLA ORAL CAPSULE 5 MG	4	PA; QL (21 per 28 days); S	<i>imatinib mesylate oral tablet 400 mg</i>	4	PA; QL (60 per 30 days); S
<i>fulvestrant intramuscular solution prefilled syringe</i>	4	PA; S	IMBRUVICA ORAL CAPSULE 140 MG	4	PA; QL (90 per 30 days); S
GAVRETO	4	PA; QL (120 per 30 days); S	IMBRUVICA ORAL CAPSULE 70 MG	4	PA; QL (30 per 30 days); S
<i>gefitinib</i>	4	PA; QL (60 per 30 days); S	IMBRUVICA ORAL SUSPENSION	4	PA; QL (216 per 27 days); S
GILOTRIF	4	PA; QL (30 per 30 days); S	IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	4	PA; QL (30 per 30 days); S
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	3	PA	<i>imkeldi</i>	4	PA; QL (280 per 28 days); S
			INLYTA ORAL TABLET 1 MG	4	PA; QL (180 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
INLYTA ORAL TABLET 5 MG	4	PA; QL (120 per 30 days); S
INQOVI	4	PA; QL (5 per 28 days); S
INREBIC	4	PA; QL (120 per 30 days); S
ITOVEBI ORAL TABLET 3 MG	4	PA; QL (56 per 28 days); S
ITOVEBI ORAL TABLET 9 MG	4	PA; QL (28 per 28 days); S
IWILFIN	4	PA; QL (240 per 30 days); S
JAKAFI	4	PA; QL (60 per 30 days); S
JAYPIRCA ORAL TABLET 100 MG	4	PA; QL (60 per 30 days); S
JAYPIRCA ORAL TABLET 50 MG	4	PA; QL (30 per 30 days); S
JEVTANA	4	PA; S
KISQALI (200 MG DOSE)	4	PA; QL (21 per 28 days); S
KISQALI (400 MG DOSE)	4	PA; QL (42 per 28 days); S
KISQALI (600 MG DOSE)	4	PA; QL (63 per 28 days); S
KISQALI FEMARA (200 MG DOSE)	4	PA; QL (49 per 28 days); S
KISQALI FEMARA (400 MG DOSE)	4	PA; QL (70 per 28 days); S
KISQALI FEMARA (600 MG DOSE)	4	PA; QL (91 per 28 days); S
KRAZATI	4	PA; QL (180 per 30 days); S
<i>lapatinib ditosylate</i>	4	PA; QL (180 per 30 days); S
LAZCLUZE ORAL TABLET 240 MG	4	PA; QL (30 per 30 days); S

Drug Name	Drug Tier	Requirements/Limits
LAZCLUZE ORAL TABLET 80 MG	4	PA; QL (60 per 30 days); S
<i>lenalidomide oral capsule 10 mg</i>	4	PA; QL (60 per 30 days); S
<i>lenalidomide oral capsule 15 mg, 2.5 mg, 20 mg, 25 mg</i>	4	PA; QL (30 per 30 days); S
<i>lenalidomide oral capsule 5 mg</i>	4	PA; QL (150 per 30 days); S
LENVIMA (10 MG DAILY DOSE)	4	PA; QL (30 per 30 days); S
LENVIMA (12 MG DAILY DOSE)	4	PA; QL (90 per 30 days); S
LENVIMA (14 MG DAILY DOSE)	4	PA; QL (60 per 30 days); S
LENVIMA (18 MG DAILY DOSE)	4	PA; QL (90 per 30 days); S
LENVIMA (20 MG DAILY DOSE)	4	PA; QL (60 per 30 days); S
LENVIMA (24 MG DAILY DOSE)	4	PA; QL (90 per 30 days); S
LENVIMA (4 MG DAILY DOSE)	4	PA; QL (30 per 30 days); S
LENVIMA (8 MG DAILY DOSE)	4	PA; QL (60 per 30 days); S
<i>letrozole oral</i>	1	MO
<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	4	S
<i>leuprolide acetate (3 month)</i>	3	PA
<i>leuprolide acetate injection</i>	1	PA
LONSURF	4	PA; S

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

Drug Name	Drug Tier	Requirements/Limits
LORBRENA ORAL TABLET 100 MG	4	PA; QL (30 per 30 days); S
LORBRENA ORAL TABLET 25 MG	4	PA; QL (90 per 30 days); S
LUMAKRAS ORAL TABLET 120 MG	4	PA; QL (240 per 30 days); S
LUMAKRAS ORAL TABLET 240 MG	4	PA; QL (120 per 30 days); S
LUMAKRAS ORAL TABLET 320 MG	4	PA; QL (90 per 30 days); S
LUPRON DEPOT (1-MONTH)	4	PA; QL (1 per 28 days); S
LUPRON DEPOT (3-MONTH)	4	PA; QL (1 per 84 days); S
LUPRON DEPOT (4-MONTH)	4	PA; QL (1 per 112 days); S
LUPRON DEPOT (6-MONTH)	4	PA; QL (1 per 180 days); S
LYNPARZA ORAL TABLET	4	PA; QL (120 per 30 days); S
LYSODREN	4	S
LYTGOBI (12 MG DAILY DOSE)	4	PA; QL (84 per 28 days); S
LYTGOBI (16 MG DAILY DOSE)	4	PA; QL (112 per 28 days); S
LYTGOBI (20 MG DAILY DOSE)	4	PA; QL (140 per 28 days); S
MATULANE	4	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	4	PA; QL (1200 per 30 days); S
MEKINIST ORAL TABLET 0.5 MG	4	PA; QL (90 per 30 days); S

Drug Name	Drug Tier	Requirements/Limits
MEKINIST ORAL TABLET 2 MG	4	PA; QL (30 per 30 days); S
MEKTOVI	4	PA; QL (180 per 30 days); S
<i>mercaptopurine oral suspension</i>	4	PA; S
<i>mercaptopurine oral tablet</i>	1	
<i>mesna oral</i>	4	S
MODEYSO	4	PA; QL (20 per 28 days); S
NERLYNX	4	PA; QL (180 per 30 days); S
<i>nilotinib hcl</i>	4	PA; QL (112 per 28 days); S
<i>nilutamide</i>	4	QL (30 per 30 days); S
NINLARO	4	PA; QL (3 per 28 days); S
NUBEQA	4	PA; QL (120 per 30 days); S
ODOMZO	4	PA; QL (30 per 30 days); S
OGSIVEO ORAL TABLET 100 MG, 150 MG	4	PA; QL (60 per 30 days); S
OGSIVEO ORAL TABLET 50 MG	4	PA; QL (180 per 30 days); S
OJEMDA ORAL SUSPENSION RECONSTITUTED	4	PA; QL (96 per 28 days); S
OJEMDA ORAL TABLET	4	PA; QL (24 per 28 days); S
OJJAARA	4	PA; QL (30 per 30 days); S
ONUREG	4	PA; QL (14 per 28 days); S
ORGOVYX	4	PA; QL (30 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
ORSERDU ORAL TABLET 345 MG	4	PA; QL (30 per 30 days); S
ORSERDU ORAL TABLET 86 MG	4	PA; QL (90 per 30 days); S
<i>pazopanib hcl</i>	4	PA; QL (120 per 30 days); S
PEMAZYRE	4	PA; QL (30 per 30 days); S
PHESGO	4	PA; S
PIQRAY (200 MG DAILY DOSE)	4	PA; QL (28 per 28 days); S
PIQRAY (250 MG DAILY DOSE)	4	PA; QL (56 per 28 days); S
PIQRAY (300 MG DAILY DOSE)	4	PA; QL (56 per 28 days); S
POMALYST	4	PA; QL (21 per 28 days); S
PURIXAN	4	PA; S
QINLOCK	4	PA; QL (90 per 30 days); S
RETEVMO ORAL CAPSULE 40 MG	4	PA; QL (90 per 30 days); S
RETEVMO ORAL CAPSULE 80 MG	4	PA; QL (120 per 30 days); S
RETEVMO ORAL TABLET 120 MG, 160 MG	4	PA; QL (60 per 30 days); S
RETEVMO ORAL TABLET 40 MG	4	PA; QL (90 per 30 days); S
RETEVMO ORAL TABLET 80 MG	4	PA; QL (120 per 30 days); S
REVUFORJ ORAL TABLET 110 MG	4	PA; QL (120 per 30 days); S
REVUFORJ ORAL TABLET 160 MG	4	PA; QL (60 per 30 days); S
REVUFORJ ORAL TABLET 25 MG	4	PA; QL (240 per 30 days); S
REZLIDHIA	4	PA; QL (60 per 30 days); S

Drug Name	Drug Tier	Requirements/Limits
RITUXAN HYCELA	4	B/D PA; S
ROMVIMZA	4	PA; QL (8 per 28 days); S
ROZLYTREK ORAL CAPSULE 100 MG	4	PA; QL (150 per 30 days); S
ROZLYTREK ORAL CAPSULE 200 MG	4	PA; QL (90 per 30 days); S
ROZLYTREK ORAL PACKET	4	PA; QL (360 per 30 days); S
RUBRACA	4	PA; QL (120 per 30 days); S
RYDAPT	4	PA; QL (240 per 30 days); S
RYLAZE	4	PA; S
SCEMBLIX ORAL TABLET 100 MG	4	PA; QL (120 per 30 days); S
SCEMBLIX ORAL TABLET 20 MG, 40 MG	4	PA; QL (60 per 30 days); S
SOLTAMOX	4	MO; S
<i>sorafenib tosylate</i>	4	PA; QL (120 per 30 days); S
STIVARGA	4	PA; QL (84 per 28 days); S
<i>sunitinib malate</i>	4	PA; QL (30 per 30 days); S
TABLOID	4	S
TABRECTA	4	PA; QL (120 per 30 days); S
TAFINLAR ORAL CAPSULE	4	PA; QL (120 per 30 days); S
TAFINLAR ORAL TABLET SOLUBLE	4	PA; QL (900 per 30 days); S
TAGRISSO	4	PA; QL (30 per 30 days); S
TALZENNA	4	PA; QL (30 per 30 days); S
<i>tamoxifen citrate 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
TAZVERIK	4	PA; QL (240 per 30 days); S
TECENTRIQ HYBREZA	4	PA; S
TECVAYLI	4	PA; S
TEPMETKO	4	PA; QL (60 per 30 days); S
THALOMID ORAL CAPSULE 100 MG	4	PA; QL (112 per 28 days); S
THALOMID ORAL CAPSULE 150 MG, 200 MG	4	PA; QL (60 per 30 days); S
THALOMID ORAL CAPSULE 50 MG	4	PA; QL (224 per 28 days); S
TIBSOVO	4	PA; QL (60 per 30 days); S
<i>toremifene citrate</i>	4	S
<i>tretinoin oral</i>	4	S
TRUQAP	4	PA; QL (64 per 28 days); S
TUKYSA	4	PA; QL (120 per 30 days); S
TURALIO ORAL CAPSULE 125 MG	4	PA; QL (120 per 30 days); S
VANFLYTA	4	PA; QL (56 per 28 days); S
VENCLEXTA ORAL TABLET 10 MG	2	PA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	4	PA; QL (180 per 30 days); S
VENCLEXTA ORAL TABLET 50 MG	4	PA; QL (30 per 30 days); S
VENCLEXTA STARTING PACK	4	PA; S
VERZENIO	4	PA; QL (56 per 28 days); S
VITRAKVI ORAL CAPSULE 100 MG	4	PA; QL (60 per 30 days); S

Drug Name	Drug Tier	Requirements/ Limits
VITRAKVI ORAL CAPSULE 25 MG	4	PA; QL (180 per 30 days); S
VITRAKVI ORAL SOLUTION	4	PA; QL (300 per 30 days); S
VIZIMPRO	4	PA; QL (30 per 30 days); S
VONJO	4	PA; QL (120 per 30 days); S
VORANIGO ORAL TABLET 10 MG	4	PA; QL (60 per 30 days); S
VORANIGO ORAL TABLET 40 MG	4	PA; QL (30 per 30 days); S
WELIREG	4	PA; QL (90 per 30 days); S
XALKORI ORAL CAPSULE	4	PA; QL (120 per 30 days); S
XALKORI ORAL CAPSULE SPRINKLE 150 MG	4	PA; QL (180 per 30 days); S
XALKORI ORAL CAPSULE SPRINKLE 20 MG	4	PA; QL (240 per 30 days); S
XALKORI ORAL CAPSULE SPRINKLE 50 MG	4	PA; QL (120 per 30 days); S
XOSPATA	4	PA; QL (90 per 30 days); S
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	4	PA; QL (8 per 28 days); S
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	4	PA; QL (16 per 28 days); S
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	4	PA; QL (4 per 28 days); S
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	4	PA; QL (8 per 28 days); S
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	4	PA; QL (4 per 28 days); S

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Drug Name	Drug Tier	Requirements/Limits
XPOVIO (60 MG TWICE WEEKLY)	4	PA; QL (24 per 28 days); S
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	4	PA; QL (8 per 28 days); S
XPOVIO (80 MG TWICE WEEKLY)	4	PA; QL (32 per 28 days); S
XTANDI ORAL CAPSULE	4	PA; QL (120 per 30 days); S
XTANDI ORAL TABLET 40 MG	4	PA; QL (120 per 30 days); S
XTANDI ORAL TABLET 80 MG	4	PA; QL (60 per 30 days); S
ZEJULA ORAL TABLET 100 MG	4	PA; QL (90 per 30 days); S
ZEJULA ORAL TABLET 200 MG, 300 MG	4	PA; QL (30 per 30 days); S
ZELBORAF	4	PA; QL (240 per 30 days); S
ZOLINZA	4	PA; QL (120 per 30 days); S
ZYDELIG	4	PA; QL (60 per 30 days); S
ZYKADIA ORAL TABLET	4	PA; QL (90 per 30 days); S
Blood Products And Modifiers		
<i>anagrelide hcl</i>	1	MO
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 40 MCG/ML	3	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 200 MCG/ML	4	PA; S
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 60 MCG/ML	2	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10	2	PA

Drug Name	Drug Tier	Requirements/Limits
MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	4	PA; S
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 60 MCG/0.3ML	3	PA
<i>aspirin-dipyridamole er</i>	1	QL (60 per 30 days); MO
BRILINTA	2	QL (60 per 30 days); MO
<i>cilostazol</i>	1	MO
CINRYZE	4	PA; S
<i>clopidogrel bisulfate oral tablet 300 mg</i>	1	QL (1 per 30 days)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	QL (30 per 30 days); MO
<i>dabigatran etexilate mesylate</i>	3	QL (60 per 30 days); MO
<i>dipyridamole oral</i>	1	PA; MO
DROXIA	2	MO
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	2	QL (74 per 180 days)
ELIQUIS ORAL TABLET	2	QL (60 per 30 days); MO
<i>eltrombopag olamine oral packet 12.5 mg</i>	4	PA; QL (360 per 30 days); S
<i>eltrombopag olamine oral packet 25 mg</i>	4	PA; QL (180 per 30 days); S
<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg</i>	4	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>eltrombopag olamine oral tablet 50 mg</i>	4	PA; QL (90 per 30 days); S
<i>eltrombopag olamine oral tablet 75 mg</i>	4	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>	2	QL (56 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	2	QL (44.8 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	2	QL (16.8 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	2	QL (22.4 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	2	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>	4	QL (24 per 30 days); S
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	3	QL (15 per 30 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	4	QL (12 per 30 days); S
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	4	QL (18 per 30 days); S

FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ 4ML	3	
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/ 3.8ML	4	S
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	3	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12500 UNIT/ 0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 7500 UNIT/0.3ML	4	S
FULPHILA	4	PA; QL (1.2 per 28 days); S
GRANIX	4	PA; S
<i>heparin (porcine) in nacl intravenous solution 12500-0.45 ut/250ml-%, 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%</i>	2	B/D PA
<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>	4	PA; QL (18 per 30 days); S
<i>jantoven</i>	1	MO
<i>l-glutamine oral packet</i>	4	PA; S
LEUKINE INJECTION SOLUTION RECONSTITUTED	4	PA; S

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Drug Name	Drug Tier	Requirements/Limits
NEULASTA ONPRO	4	PA; QL (1.2 per 28 days); S
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (1.2 per 28 days); S
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	4	PA; S
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	4	PA; S
NIVESTYM	4	PA; S
<i>pentoxifylline er</i>	1	MO
<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	4	PA; S
<i>releuko subcutaneous solution prefilled syringe 300 mcg/0.5ml</i>	3	PA
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	3	PA; QL (12 per 28 days)
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (18 per 30 days); S
<i>ticagrelor</i>	2	QL (60 per 30 days); MO
<i>tranexamic acid oral</i>	1	
UDENYCA	4	PA; QL (1.2 per 28 days); S
<i>warfarin sodium oral</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
XARELTO ORAL SUSPENSION RECONSTITUTED	2	QL (600 per 30 days); MO
XARELTO ORAL TABLET 10 MG, 20 MG	2	QL (30 per 30 days); MO
XARELTO ORAL TABLET 15 MG, 2.5 MG	2	QL (60 per 30 days); MO
XARELTO STARTER PACK	2	
ZARXIO	4	PA; S
ZIEXTENZO	4	PA; QL (1.2 per 28 days); S
Cardiovascular Agents		
<i>acebutolol hcl oral</i>	1	MO
<i>acetazolamide oral</i>	1	MO
<i>aliskiren fumarate</i>	1	MO
<i>amiloride hcl oral</i>	1	MO
<i>amiloride-hydrochlorothiazide</i>	1	MO
<i>amiodarone hcl oral</i>	1	MO
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg</i>	1	QL (30 per 30 days); MO
<i>amlodipine besy-benazepril hcl oral capsule 2.5-10 mg</i>	1	QL (120 per 30 days); MO
<i>amlodipine besy-benazepril hcl oral capsule 5-10 mg, 5-20 mg</i>	1	QL (60 per 30 days); MO
<i>amlodipine besylate oral</i>	1	MO
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg</i>	1	QL (30 per 30 days); MO
<i>amlodipine besylate-valsartan oral tablet 5-160 mg</i>	1	QL (60 per 30 days); MO

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Drug Name	Drug Tier	Requirements/Limits
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
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	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
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg	1	QL (120 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

Drug Name	Drug Tier	Requirements/Limits
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
captopril oral tablet 12.5 mg, 25 mg, 50 mg	1	QL (180 per 30 days); MO
CARTIA XT	1	MO
carvedilol	1	MO
carvedilol phosphate er	1	MO
chlorthalidone oral tablet 25 mg, 50 mg	1	MO
cholestyramine light	1	MO
cholestyramine oral	1	MO
clonidine hcl oral	1	MO
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr	1	QL (12 per 28 days); MO
clonidine transdermal patch weekly 0.3 mg/24hr	1	QL (4 per 28 days); MO
colesevelam hcl	1	MO
colestipol hcl	1	MO
CORLANOR ORAL SOLUTION	3	PA; QL (560 per 28 days); MO
digox oral tablet 125 mcg	1	QL (30 per 30 days); MO
digox oral tablet 250 mcg	1	QL (60 per 30 days); MO
digoxin oral solution	1	MO
digoxin oral tablet 125 mcg	1	QL (30 per 30 days); MO
digoxin oral tablet 250 mcg	1	QL (60 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/ Limits
<i>digoxin oral tablet 62.5 mcg</i>	2	QL (30 per 30 days); MO
<i>dilt-xr</i>	1	MO
<i>diltiazem hcl er beads</i>	1	MO
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	1	MO
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	1	MO
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	MO
<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 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)
<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
ENTRESTO ORAL CAPSULE SPRINKLE	2	QL (240 per 30 days); MO

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

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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
isosorbide mononitrate	2	MO
isosorbide mononitrate er	1	MO
isradipine	1	MO
ivabradine hcl	3	PA; QL (60 per 30 days); MO
labetalol hcl oral	1	MO
lisinopril oral	1	MO
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 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
losartan potassium oral tablet 25 mg, 50 mg	1	QL (60 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg	1	QL (30 per 30 days); MO
losartan potassium-hctz oral tablet 50-12.5 mg	1	QL (60 per 30 days); MO
lovastatin oral	1	QL (60 per 30 days); MO
MATZIM LA	1	MO
methyldopa oral	1	PA
metolazone	1	MO
metoprolol succinate er	1	MO
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	MO
metoprolol tartrate oral tablet 37.5 mg, 75 mg	1	MO
metoprolol-hydrochlorothiazide	1	MO
metyrosine	4	S
mexiletine hcl oral	1	MO
midodrine hcl	1	
minoxidil oral	1	MO
moexipril hcl	1	MO
MULTAQ	2	QL (60 per 30 days); MO
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	MO
nebivolol hcl	1	MO
NEXLETOL	2	PA; QL (30 per 30 days); MO
NEXLIZET	2	PA; QL (30 per 30 days); MO
niacin (antihyperlipidemic)	1	
niacin er (antihyperlipidemic)	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>niacor</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>	3	
<i>nisoldipine er</i>	1	MO
NITRO-BID	2	MO
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/ HR	4	MO; S
<i>nitroglycerin intravenous</i>	2	B/D PA
<i>nitroglycerin sublingual</i>	1	MO
<i>nitroglycerin transdermal patch 24 hour</i>	1	MO
<i>nitroglycerin translingual solution</i>	1	MO
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
<i>olmesartan-amlodipine-hctz oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
<i>omega-3-acid ethyl esters</i>	1	MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	MO
<i>perindopril erbumine</i>	1	MO
<i>phenoxybenzamine hcl oral</i>	4	S
<i>pindolol</i>	1	MO
<i>pitavastatin calcium</i>	3	QL (30 per 30 days); MO
<i>pravastatin sodium</i>	1	QL (30 per 30 days); MO
<i>prazosin hcl oral</i>	1	MO
<i>prevalite</i>	1	MO
<i>propafenone hcl</i>	1	MO
<i>propafenone hcl er</i>	3	MO
<i>propranolol hcl er</i>	1	MO
<i>propranolol hcl oral solution</i>	1	MO
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	MO
<i>propranolol hcl oral tablet 60 mg</i>	1	MO
QBRELIS	3	QL (1200 per 30 days); MO
<i>quinapril hcl</i>	1	MO
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	1	QL (120 per 30 days); MO
<i>quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	1	QL (60 per 30 days); MO
<i>quinidine sulfate oral</i>	3	MO
<i>ramipril</i>	1	MO
<i>ranolazine er</i>	1	QL (60 per 30 days); MO

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Drug Name	Drug Tier	Requirements/Limits
REPATHA	2	PA; QL (3 per 28 days)
REPATHA PUSHTRONEX SYSTEM	2	PA; QL (3.5 per 28 days)
REPATHA SURECLICK	2	PA; QL (3 per 28 days)
<i>rosuvastatin calcium oral</i>	1	QL (30 per 30 days); MO
<i>sacubitril-valsartan oral tablet 24-26 mg</i>	1	QL (180 per 30 days); MO
<i>sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg</i>	1	QL (60 per 30 days); MO
<i>simvastatin oral tablet</i>	1	QL (30 per 30 days); MO
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg</i>	1	MO
<i>sotalol hcl (af) oral tablet 80 mg</i>	1	MO
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg</i>	1	MO
<i>sotalol hcl oral tablet 80 mg</i>	1	MO
<i>spironolactone oral tablet 100 mg, 50 mg</i>	1	MO
<i>spironolactone oral tablet 25 mg</i>	1	MO
<i>spironolactone-hctz</i>	1	MO
<i>telmisartan oral tablet 20 mg, 40 mg</i>	1	QL (30 per 30 days); MO
<i>telmisartan oral tablet 80 mg</i>	1	QL (60 per 30 days); MO
<i>telmisartan-amlodipine</i>	1	QL (30 per 30 days); MO
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg</i>	1	QL (60 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan-hctz oral tablet 80-25 mg</i>	1	QL (30 per 30 days); MO
<i>terazosin hcl oral</i>	1	MO
TIADYLT ER	1	MO
<i>timolol maleate oral</i>	1	MO
<i>torseamide oral</i>	1	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil hcl er</i>	1	MO
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	MO
<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
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 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
VERQUVO	3	PA; MO
Central Nervous System Agents		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	4	QL (2.4 per 56 days); S
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	4	QL (3.2 per 56 days); S
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	4	QL (1 per 28 days); MO; S
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	4	QL (1 per 28 days); MO; S
<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>	2	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

Drug Name	Drug Tier	Requirements/Limits
<i>amantadine hcl oral tablet</i>	1	MO
<i>amitriptyline hcl oral</i>	1	PA; MO
<i>amoxapine</i>	1	PA; MO
<i>amphetamine sulfate oral tablet 10 mg</i>	3	PA; QL (180 per 30 days); MO
<i>amphetamine sulfate oral tablet 5 mg</i>	3	PA; QL (90 per 30 days); MO
<i>amphetamine-dextroamphet er</i>	1	PA; QL (30 per 30 days); MO
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	1	PA; QL (90 per 30 days); MO
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	1	PA; QL (60 per 30 days); MO
<i>apomorphine hcl subcutaneous</i>	4	PA; QL (60 per 30 days); S
APTIOM ORAL TABLET 200 MG, 400 MG	4	PA; QL (30 per 30 days); MO; S
APTIOM ORAL TABLET 600 MG, 800 MG	4	PA; QL (60 per 30 days); 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	4	QL (4.8 per 365 days); S
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	4	QL (3.9 per 56 days); MO; S

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

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	4	QL (1.6 per 28 days); MO; S
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	4	QL (2.4 per 28 days); MO; S
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	4	QL (3.2 per 28 days); MO; S
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	1	PA; QL (30 per 30 days); MO
<i>armodafinil oral tablet 50 mg</i>	1	PA; QL (60 per 30 days); MO
<i>asenapine maleate sublingual tablet sublingual 10 mg</i>	3	QL (60 per 30 days); MO
<i>asenapine maleate sublingual tablet sublingual 2.5 mg</i>	1	QL (240 per 30 days); MO
<i>asenapine maleate sublingual tablet sublingual 5 mg</i>	1	QL (120 per 30 days); MO
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL (60 per 30 days); MO
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	1	QL (30 per 30 days); MO
AUSTEDO	4	PA; QL (120 per 30 days); S
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 6 MG	4	PA; QL (60 per 30 days); S
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG	4	PA; QL (30 per 30 days); S

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	4	PA; S
AUVELITY	4	PA; QL (60 per 30 days); MO; S
AVONEX PEN INTRAMUSCULAR AUTO- INJECTOR KIT	4	PA; QL (4 per 28 days); S
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	4	PA; QL (4 per 28 days); S
BAC (BUTALBITAL- ACETAMIN-CAFF)	1	PA; QL (180 per 30 days)
<i>baclofen oral solution 10 mg/5ml</i>	3	QL (1200 per 30 days)
<i>baclofen oral solution 5 mg/5ml</i>	3	QL (2400 per 30 days)
<i>baclofen oral suspension</i>	3	QL (480 per 30 days)
<i>baclofen oral tablet</i>	1	
<i>benztropine mesylate oral</i>	1	PA; MO
BETASERON SUBCUTANEOUS KIT	4	PA; QL (15 per 30 days); S
BOTOX	3	PA
BRIVIACT INTRAVENOUS	3	PA
BRIVIACT ORAL SOLUTION	4	PA; QL (600 per 30 days); MO; S
BRIVIACT ORAL TABLET	4	PA; QL (60 per 30 days); MO; S
<i>bromocriptine mesylate oral</i>	1	MO
<i>buprenorphine hcl injection</i>	1	
<i>buprenorphine hcl sublingual</i>	1	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
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	1	NEDS
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg	1	QL (480 per 30 days); NEDS
buprenorphine hcl-naloxone hcl sublingual film 4-1 mg	1	QL (240 per 30 days); NEDS
buprenorphine hcl-naloxone hcl sublingual film 8-2 mg	1	QL (120 per 30 days); NEDS
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	1	QL (480 per 30 days); NEDS
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	1	QL (120 per 30 days); NEDS
bupropion hcl er (smoking det)	1	QL (60 per 30 days)
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg	1	QL (120 per 30 days); MO
bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg	1	QL (60 per 30 days); MO
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	1	QL (90 per 30 days); MO
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg	1	QL (30 per 30 days); MO
bupropion hcl oral tablet 100 mg	1	QL (135 per 30 days); MO
bupropion hcl oral tablet 75 mg	1	QL (180 per 30 days); MO
buspirone hcl oral	1	

Drug Name	Drug Tier	Requirements/Limits
butalbital-acetaminophen oral capsule	3	PA; QL (180 per 30 days)
butalbital-apap-cafeine oral capsule 50-300-40 mg	1	PA; QL (180 per 30 days)
butalbital-apap-cafeine oral tablet 50-325-40 mg	1	PA; QL (180 per 30 days)
butalbital-aspirin-cafeine oral capsule	1	PA; QL (180 per 30 days)
CAPLYTA	4	QL (30 per 30 days); MO; S
carbamazepine er	1	MO
carbamazepine oral	1	MO
carbidopa oral	1	MO
carbidopa-levodopa	1	MO
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 100 mg/ml	4	MO; S
chlorpromazine hcl oral concentrate 30 mg/ml	3	MO

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Drug Name	Drug Tier	Requirements/ Limits
chlorpromazine hcl oral tablet	1	MO
chlorzoxazone oral tablet 250 mg	3	PA
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
clobazam oral tablet 20 mg	1	PA; QL (60 per 30 days); MO
clomipramine hcl oral	2	PA; MO
clonazepam oral	1	QL (90 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)

Drug Name	Drug Tier	Requirements/ Limits
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)
clozapine oral tablet dispersible 25 mg	1	QL (1080 per 30 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG	4	PA; QL (60 per 30 days); MO; S
COBENFY ORAL CAPSULE 50-20 MG	4	PA; QL (60 per 30 days); S
COBENFY STARTER PACK	4	PA; S
cyclobenzaprine hcl oral tablet 10 mg	1	PA; QL (90 per 30 days)
cyclobenzaprine hcl oral tablet 5 mg	1	PA; QL (180 per 30 days)
dalfampridine er	2	PA; QL (60 per 30 days)
dantrolene sodium oral	1	
desipramine hcl oral	1	PA; MO
desvenlafaxine er	3	QL (30 per 30 days); MO
desvenlafaxine succinate er	1	MO
dexmethylphenidate hcl	1	QL (60 per 30 days); MO
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	2	QL (30 per 30 days); MO
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg	1	QL (60 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	1	QL (120 per 30 days); MO	dimethyl fumarate oral capsule delayed release 120 mg	3	PA; QL (14 per 7 days)
dextroamphetamine sulfate oral solution	1	QL (1920 per 30 days); MO	dimethyl fumarate oral capsule delayed release 240 mg	4	PA; QL (60 per 30 days); S
dextroamphetamine sulfate oral tablet 10 mg	1	QL (180 per 30 days); MO	dimethyl fumarate starter pack oral capsule delayed release therapy pack	3	PA
dextroamphetamine sulfate oral tablet 5 mg	1	QL (90 per 30 days); MO	disulfiram oral	1	MO
DIACOMIT ORAL CAPSULE 250 MG	4	PA; QL (360 per 30 days); S	divalproex sodium er oral tablet extended release 24 hour	1	MO
DIACOMIT ORAL CAPSULE 500 MG	4	PA; QL (180 per 30 days); S	divalproex sodium oral capsule delayed release sprinkle	1	MO
DIACOMIT ORAL PACKET 250 MG	4	PA; QL (360 per 30 days); S	divalproex sodium oral tablet delayed release	1	MO
DIACOMIT ORAL PACKET 500 MG	4	PA; QL (180 per 30 days); S	donepezil hcl oral tablet 10 mg, 5 mg	1	QL (30 per 30 days); MO
diazepam injection	1		donepezil hcl oral tablet 23 mg	1	QL (30 per 30 days); MO
DIAZEPAM INTENSOL	1	PA; QL (240 per 30 days)	donepezil hcl oral tablet dispersible	1	QL (30 per 30 days); MO
diazepam oral concentrate	1	PA; QL (240 per 30 days)	doxepin hcl oral capsule	1	PA; MO
diazepam oral solution 5 mg/5ml	1	PA; QL (1200 per 30 days)	doxepin hcl oral concentrate	1	PA; MO
diazepam oral tablet 10 mg	1	PA; QL (120 per 30 days)	doxepin hcl oral tablet	1	QL (30 per 30 days)
diazepam oral tablet 2 mg	1	PA; QL (600 per 30 days)	DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	3	QL (60 per 30 days); MO
diazepam oral tablet 5 mg	1	PA; QL (240 per 30 days)	DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	3	QL (30 per 30 days); MO
diazepam rectal	3				
dihydroergotamine mesylate injection	3	PA			
dihydroergotamine mesylate nasal	4	PA; QL (8 per 28 days); S			
DILANTIN ORAL CAPSULE 30 MG	3	PA; MO			

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

Drug Name	Drug Tier	Requirements/Limits
<i>duloxetine hcl oral capsule delayed release particles 20 mg</i>	1	QL (180 per 30 days); MO
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	1	QL (120 per 30 days); MO
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	1	QL (90 per 30 days); MO
<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>	1	QL (60 per 30 days); MO
DYSPORT	3	PA
<i>eletriptan hydrobromide</i>	1	QL (9 per 30 days)
EMGALITY	2	PA; QL (2 per 28 days); MO
EMGALITY (300 MG DOSE)	2	PA; QL (3 per 28 days); MO
EMSAM	4	PA; QL (30 per 30 days); MO; S
<i>entacapone</i>	1	MO
EPIDIOLEX	4	PA; 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	4	S
<i>ergotamine-caffeine</i>	2	
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	1	QL (600 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
<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 oral tablet 200 mg, 400 mg</i>	3	QL (30 per 30 days); MO
<i>eslicarbazepine acetate oral tablet 600 mg, 800 mg</i>	3	QL (60 per 30 days); 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	4	PA; QL (720 per 30 days); MO; S
FANAPT ORAL TABLET 10 MG, 12 MG	4	PA; QL (60 per 30 days); MO; S
FANAPT ORAL TABLET 2 MG	4	PA; QL (360 per 30 days); MO; S
FANAPT ORAL TABLET 4 MG	4	PA; QL (180 per 30 days); MO; S
FANAPT ORAL TABLET 6 MG	4	PA; QL (120 per 30 days); MO; S
FANAPT ORAL TABLET 8 MG	4	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

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>felbamate oral tablet</i>	2	MO
FETZIMA	3	PA; QL (30 per 30 days); MO
FETZIMA TITRATION	3	PA
<i>fingolimod hcl</i>	3	PA; QL (30 per 30 days)
FINTEPLA	4	PA; S
FIRDAPSE	4	PA; QL (300 per 30 days); S
<i>fluoxetine hcl oral capsule 10 mg</i>	1	MO
<i>fluoxetine hcl oral capsule 20 mg</i>	1	QL (120 per 30 days); MO
<i>fluoxetine hcl oral capsule 40 mg</i>	1	QL (60 per 30 days); MO
<i>fluoxetine hcl oral capsule delayed release</i>	1	QL (4 per 28 days); MO
<i>fluoxetine hcl oral solution</i>	1	QL (600 per 30 days); MO
<i>fluphenazine decanoate injection</i>	1	
<i>fluphenazine hcl injection</i>	1	
<i>fluphenazine hcl oral</i>	1	MO
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg</i>	1	QL (90 per 30 days); MO
<i>fluvoxamine maleate er oral capsule extended release 24 hour 150 mg</i>	1	QL (60 per 30 days); MO
<i>fluvoxamine maleate oral tablet 100 mg</i>	1	QL (90 per 30 days); MO
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	1	MO
<i>frovatriptan succinate</i>	1	QL (12 per 30 days)
FYCOMPA ORAL SUSPENSION	4	PA; QL (720 per 30 days); MO; S

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	QL (180 per 30 days); MO
<i>gabapentin oral capsule 300 mg</i>	1	QL (270 per 30 days); MO
<i>gabapentin oral solution</i>	1	QL (2160 per 30 days); MO
<i>gabapentin oral tablet 600 mg</i>	1	QL (180 per 30 days); MO
<i>gabapentin oral tablet 800 mg</i>	1	QL (120 per 30 days); MO
<i>galantamine hydrobromide er</i>	1	QL (30 per 30 days); MO
<i>galantamine hydrobromide oral solution</i>	1	QL (200 per 30 days); MO
<i>galantamine hydrobromide oral tablet</i>	1	QL (60 per 30 days); MO
GILENYA ORAL CAPSULE 0.25 MG	4	PA; QL (30 per 30 days); S
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	4	PA; QL (30 per 30 days); S
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	4	PA; QL (12 per 28 days); S
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	4	PA; QL (30 per 30 days); S
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	4	PA; QL (12 per 28 days); S
GRALISE ORAL TABLET 750 MG, 900 MG	3	QL (60 per 30 days); MO
<i>guanfacine hcl er</i>	1	QL (30 per 30 days); MO
<i>haloperidol decanoate intramuscular</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<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>	3	PA; MO
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	4	QL (3.5 per 180 days); S
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	4	QL (5 per 180 days); S
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	4	QL (0.75 per 28 days); S
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	4	QL (1 per 28 days); S
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	4	QL (1.5 per 28 days); S
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	3	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	4	QL (0.5 per 28 days); S
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	4	QL (0.88 per 84 days); S
INVEGA TRINZA INTRAMUSCULAR	4	QL (1.32 per 84 days); S

Drug Name	Drug Tier	Requirements/ Limits
SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML		
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	4	QL (1.75 per 84 days); S
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	4	QL (2.63 per 84 days); S
KLOXXADO	3	
<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>	2	MO
<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 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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate oral tablet</i>	1	MO	<i>memantine hcl oral tablet 10 mg</i>	1	PA; QL (60 per 30 days); MO
<i>lorazepam injection</i>	1		<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	1	PA; QL (60 per 30 days)
LORAZEPAM INTENSOL	2	QL (150 per 30 days)	<i>memantine hcl oral tablet 5 mg</i>	1	PA; QL (90 per 30 days); MO
<i>lorazepam oral concentrate 1 mg/0.5ml</i>	1	QL (150 per 30 days)	<i>meprobamate</i>	1	PA
<i>lorazepam oral concentrate 2 mg/ml</i>	2	QL (150 per 30 days)	<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>lorazepam oral tablet 0.5 mg</i>	1	QL (120 per 30 days)	<i>methsuximide</i>	3	MO
<i>lorazepam oral tablet 1 mg</i>	1	QL (90 per 30 days)	<i>methylphenidate hcl er (cd)</i>	1	PA; QL (30 per 30 days); MO
<i>lorazepam oral tablet 2 mg</i>	1	QL (150 per 30 days)	<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 60 mg</i>	1	PA; QL (30 per 30 days); MO
<i>loxapine succinate oral</i>	1	MO	<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg</i>	1	PA; QL (60 per 30 days); MO
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	3	QL (30 per 30 days); MO	<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 45 mg, 54 mg, 63 mg</i>	1	PA; QL (30 per 30 days); MO
<i>lurasidone hcl oral tablet 80 mg</i>	3	QL (60 per 30 days); MO	<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	1	PA; QL (60 per 30 days); MO
LYBALVI	4	PA; QL (30 per 30 days); MO; S	<i>methylphenidate hcl er oral tablet extended release</i>	1	PA; QL (90 per 30 days); MO
MARPLAN	3	MO	<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i>	1	PA; QL (30 per 30 days); MO
MAYZENT ORAL TABLET 0.25 MG	4	PA; QL (120 per 30 days); S	<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	1	PA; QL (60 per 30 days); MO
MAYZENT ORAL TABLET 1 MG, 2 MG	4	PA; QL (30 per 30 days); S			
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	4	PA; S			
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	3	PA			
<i>memantine hcl er</i>	2	PA; QL (30 per 30 days); MO			
<i>memantine hcl oral solution 2 mg/ml</i>	2	PA; QL (300 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>methylphenidate hcl oral tablet</i>	1	PA; QL (90 per 30 days); MO
<i>midazolam hcl oral</i>	1	
MIGERGOT	4	S
<i>mirtazapine oral tablet 15 mg, 30 mg, 7.5 mg</i>	1	MO
<i>mirtazapine oral tablet 45 mg</i>	1	QL (30 per 30 days); MO
<i>mirtazapine oral tablet dispersible</i>	1	QL (30 per 30 days); MO
<i>modafinil oral tablet 100 mg</i>	1	PA; QL (30 per 30 days); MO
<i>modafinil oral tablet 200 mg</i>	1	PA; QL (60 per 30 days); MO
<i>molindone hcl</i>	1	MO
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	1	
<i>naloxone hcl injection solution cartridge</i>	1	
<i>naloxone hcl injection solution prefilled syringe</i>	1	
<i>naloxone hcl nasal</i>	2	
<i>naltrexone hcl oral</i>	1	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	3	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	MO
<i>naratriptan hcl</i>	1	QL (9 per 30 days)
NARCAN	2	
NAYZILAM	3	PA
<i>nefazodone hcl</i>	1	MO
NICOTROL NS	3	QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	1	MO
<i>nortriptyline hcl oral capsule 50 mg, 75 mg</i>	1	MO
<i>nortriptyline hcl oral solution</i>	1	MO
NUDEXTA	4	PA; QL (60 per 30 days); MO; S
NUPLAZID ORAL CAPSULE	4	PA; QL (30 per 30 days); S
NUPLAZID ORAL TABLET 10 MG	4	PA; QL (30 per 30 days); 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</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
ONYDA XR	3	QL (120 per 30 days)
ONZETRA XSAIL	3	QL (8 per 30 days)
OPIPZA ORAL FILM 10 MG, 5 MG	4	PA; QL (90 per 30 days); MO; S
OPIPZA ORAL FILM 2 MG	4	PA; QL (30 per 30 days); MO; S
<i>orphenadrine citrate er</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
oxazepam	1	QL (120 per 30 days)
oxcarbazepine er oral tablet extended release 24 hour 600 mg	3	QL (120 per 30 days); MO
oxcarbazepine oral suspension	2	MO
oxcarbazepine oral tablet	1	MO
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg	2	QL (30 per 30 days); MO
paliperidone er oral tablet extended release 24 hour 6 mg	2	QL (60 per 30 days); MO
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg	1	QL (30 per 30 days); MO
paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg	1	QL (60 per 30 days); MO
paroxetine hcl oral suspension	3	QL (900 per 30 days); MO
paroxetine hcl oral tablet 10 mg, 40 mg	1	QL (45 per 30 days); MO
paroxetine hcl oral tablet 20 mg	1	QL (30 per 30 days); MO
paroxetine hcl oral tablet 30 mg	1	QL (60 per 30 days); MO
perampanel	3	PA; QL (30 per 30 days); MO
perphenazine oral	1	MO
perphenazine-amitriptyline	1	PA; MO
PERSERIS	4	QL (1 per 28 days); MO; S
phenelzine sulfate oral	1	MO

Drug Name	Drug Tier	Requirements/Limits
phenobarbital oral elixir 20 mg/5ml	3	PA; QL (3000 per 30 days); MO
phenobarbital oral elixir 30 mg/7.5ml, 60 mg/15ml	3	PA; MO
phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg, 64.8 mg, 97.2 mg	2	PA; QL (120 per 30 days); MO
phenobarbital oral tablet 16.2 mg, 32.4 mg	2	PA; QL (210 per 30 days); MO
PHENYTEK	3	MO
PHENYTOIN INFATABS	1	MO
phenytoin oral	1	MO
phenytoin sodium extended	1	MO
pimozide	1	MO
pramipexole dihydrochloride	1	MO
pramipexole dihydrochloride er	3	MO
pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg	3	PA; QL (30 per 30 days); MO
pregabalin er oral tablet extended release 24 hour 330 mg	3	PA; QL (60 per 30 days); MO
pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	MO
pregabalin oral capsule 200 mg	1	QL (90 per 30 days); MO
pregabalin oral capsule 225 mg, 300 mg	1	QL (60 per 30 days); MO
pregabalin oral solution	1	QL (900 per 30 days); MO
primidone oral	1	MO
protriptyline hcl	1	PA; MO

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>pyridostigmine bromide er oral tablet extended release</i>	1		<i>riluzole</i>	1	
<i>pyridostigmine bromide oral solution</i>	3		<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg</i>	3	QL (2 per 28 days)
<i>pyridostigmine bromide oral tablet</i>	1		<i>risperidone microspheres er intramuscular suspension reconstituted er 50 mg</i>	4	QL (2 per 28 days); S
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	1	QL (30 per 30 days); MO	<i>risperidone oral solution</i>	1	QL (480 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>risperidone oral tablet 0.25 mg</i>	1	QL (1920 per 30 days); MO
<i>quetiapine fumarate oral tablet 100 mg</i>	1	QL (240 per 30 days); MO	<i>risperidone oral tablet 0.5 mg</i>	1	QL (960 per 30 days); MO
<i>quetiapine fumarate oral tablet 150 mg</i>	1	QL (150 per 30 days); MO	<i>risperidone oral tablet 1 mg</i>	1	QL (480 per 30 days); MO
<i>quetiapine fumarate oral tablet 200 mg</i>	1	QL (120 per 30 days); MO	<i>risperidone oral tablet 2 mg</i>	1	QL (240 per 30 days); MO
<i>quetiapine fumarate oral tablet 25 mg</i>	1	QL (960 per 30 days); MO	<i>risperidone oral tablet 3 mg, 4 mg</i>	1	QL (120 per 30 days); MO
<i>quetiapine fumarate oral tablet 300 mg</i>	1	QL (80 per 30 days); MO	<i>risperidone oral tablet dispersible 0.25 mg</i>	1	QL (1920 per 30 days); MO
<i>quetiapine fumarate oral tablet 400 mg</i>	1	QL (60 per 30 days); MO	<i>risperidone oral tablet dispersible 0.5 mg</i>	1	QL (960 per 30 days); MO
<i>quetiapine fumarate oral tablet 50 mg</i>	1	QL (480 per 30 days); MO	<i>risperidone oral tablet dispersible 1 mg</i>	1	QL (480 per 30 days); MO
QULIPTA	2	PA; QL (30 per 30 days); MO	<i>risperidone oral tablet dispersible 2 mg</i>	1	QL (240 per 30 days); MO
RALDESY	4	QL (1800 per 30 days); MO; S	<i>risperidone oral tablet dispersible 3 mg</i>	1	QL (150 per 30 days); MO
<i>ramelteon</i>	1	QL (30 per 30 days)	<i>risperidone oral tablet dispersible 4 mg</i>	1	QL (120 per 30 days); MO
<i>rasagiline mesylate oral</i>	1	MO	<i>rivastigmine</i>	1	QL (30 per 30 days); MO
REGONOL INTRAVENOUS	2		<i>rivastigmine tartrate</i>	1	QL (60 per 30 days); MO
REXULTI	4	QL (30 per 30 days); MO; S	<i>rizatriptan benzoate</i>	1	QL (12 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>ropinirole hcl</i>	1	MO
<i>ropinirole hcl er</i>	1	MO
ROWEEPRA ORAL TABLET 500 MG	1	MO
<i>rufinamide oral suspension</i>	4	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>	4	PA; QL (240 per 30 days); MO; S
RYKINDO	4	QL (2 per 28 days); S
SECUADO	4	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>	4	PA; QL (540 per 30 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	QL (12 per 28 days)
<i>sumatriptan succinate oral</i>	1	QL (9 per 30 days)

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>topiramate er oral capsule extended release 24 hour 25 mg, 50 mg</i>	3	QL (30 per 30 days); MO	UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	4	QL (0.56 per 56 days); S
<i>topiramate oral capsule sprinkle</i>	1	MO	UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	4	QL (0.7 per 56 days); S
<i>topiramate oral solution</i>	3	MO	UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	4	QL (0.14 per 28 days); S
<i>topiramate oral tablet</i>	1	MO	UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	4	QL (0.21 per 28 days); S
<i>tranylcypromine sulfate</i>	1	MO	<i>valproic acid oral capsule</i>	1	MO
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1	MO	<i>valproic acid oral solution</i>	1	MO
<i>trazodone hcl oral tablet 300 mg</i>	1	MO	VALTOCO 10 MG DOSE	3	QL (10 per 30 days)
<i>triazolam oral tablet 0.25 mg</i>	1	QL (30 per 30 days)	VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	3	QL (10 per 30 days)
<i>trifluoperazine hcl oral</i>	1	MO	VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	3	QL (10 per 30 days)
<i>trihexyphenidyl hcl oral solution</i>	1	PA; MO	VALTOCO 5 MG DOSE	3	QL (10 per 30 days)
<i>trihexyphenidyl hcl oral tablet</i>	1	MO	<i>varenicline tartrate (starter)</i>	3	
<i>trimipramine maleate oral</i>	1	MO	<i>varenicline tartrate oral tablet 0.5 mg</i>	3	QL (60 per 30 days)
TRINTELLIX	3	QL (30 per 30 days); MO	<i>varenicline tartrate oral tablet 1 mg, 1 mg (56 pack)</i>	3	QL (56 per 28 days)
UBRELVY ORAL TABLET 100 MG	2	PA; QL (16 per 30 days)	<i>varenicline tartrate(continue)</i>	3	QL (56 per 28 days)
UBRELVY ORAL TABLET 50 MG	2	PA; QL (20 per 30 days)	<i>venlafaxine besylate er</i>	3	QL (60 per 30 days); MO
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	4	QL (0.28 per 28 days); S	<i>venlafaxine hcl</i>	1	QL (90 per 30 days); MO
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	4	QL (0.35 per 28 days); S			
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	4	QL (0.42 per 56 days); S			

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Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	1	QL (30 per 30 days); MO
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg</i>	1	QL (180 per 30 days); MO
<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	1	QL (90 per 30 days); MO
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>	1	QL (30 per 30 days); MO
VERSACLOZ	3	QL (600 per 30 days)
<i>vigabatrin oral packet</i>	4	PA; QL (150 per 25 days); S
<i>vigabatrin oral tablet</i>	4	PA; QL (180 per 30 days); S
VIGADRONE ORAL PACKET	4	PA; QL (150 per 25 days); S
VIGADRONE ORAL TABLET	4	PA; QL (180 per 30 days); S
VIGPODER	4	PA; QL (150 per 25 days); S
<i>vilazodone hcl</i>	3	QL (30 per 30 days); MO
VRAYLAR ORAL CAPSULE	4	QL (30 per 30 days); MO; S
VUMERITY	4	PA; QL (120 per 30 days); S
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	4	PA; QL (56 per 28 days); MO; S
XCOPRI (350 MG DAILY DOSE)	4	PA; QL (56 per 28 days); MO; S
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	4	PA; QL (30 per 30 days); MO; S

Drug Name	Drug Tier	Requirements/Limits
XCOPRI ORAL TABLET 150 MG, 200 MG	4	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	4	PA; QL (56 per 365 days); S
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT	2	PA
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT	3	PA
<i>zaleplon oral capsule 10 mg</i>	1	QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	1	QL (30 per 30 days)
ZEMBRACE SYMTOUCH	3	QL (4 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>	2	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	4	PA; MO; S

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Drug Name	Drug Tier	Requirements/Limits
zonisamide oral	1	MO
ZTALMY	4	PA; QL (1100 per 30 days); S
ZURZUVAE	4	PA; S
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	3	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	4	QL (2 per 28 days); S
Dermatological Agents		
acitretin	3	PA
acyclovir external cream	1	QL (5 per 30 days)
acyclovir external ointment	1	PA; QL (30 per 30 days)
adapalene external cream	1	PA
adapalene external gel	1	PA
ala-cort external cream 1 %	1	
alclometasone dipropionate	1	
ammonium lactate external	1	
AMNESTEEM	2	
azelaic acid external	1	
benzoyl peroxide-erythromycin	1	
betamethasone dipropionate aug	1	
betamethasone dipropionate external cream	1	

Drug Name	Drug Tier	Requirements/Limits
betamethasone dipropionate external lotion	1	
betamethasone dipropionate external ointment	1	QL (45 per 30 days)
betamethasone valerate external	1	
bexarotene external	4	PA; QL (60 per 30 days); S
CABTREO	3	
calcipotriene external cream	1	QL (120 per 30 days)
calcipotriene external ointment	1	QL (120 per 30 days)
calcipotriene external solution	1	QL (60 per 30 days)
calcipotriene-betameth diprop external ointment	1	QL (400 per 28 days)
CALCITRENE	1	QL (120 per 30 days)
calcitriol external	1	QL (800 per 28 days)
cevimeline hcl	1	MO
chlorhexidine gluconate mouth/throat	1	
CICLODAN EXTERNAL SOLUTION	1	
ciclopirox external	1	
ciclopirox olamine external cream	1	QL (90 per 30 days)
ciclopirox olamine external suspension	1	
CLARAVIS	1	
CLINDACIN	1	QL (100 per 30 days)
clindamycin phos (once-daily)	1	

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Drug Name	Drug Tier	Requirements/ Limits
clindamycin phos (twice-daily)	1	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	1	
clindamycin phosphate external gel	1	
clindamycin phosphate external lotion	1	QL (120 per 30 days)
clindamycin phosphate external solution	1	QL (120 per 30 days)
clindamycin phosphate external swab	1	
clindamycin-tretinoin	1	PA
clobetasol propionate e	1	QL (120 per 30 days)
clobetasol propionate emulsion	1	QL (100 per 30 days)
clobetasol propionate external cream 0.05 %	1	QL (120 per 30 days)
clobetasol propionate external foam	1	QL (100 per 30 days)
clobetasol propionate external gel	1	QL (60 per 30 days)
clobetasol propionate external lotion	1	
clobetasol propionate external ointment	1	QL (120 per 30 days)
clobetasol propionate external shampoo	1	
clobetasol propionate external solution	1	QL (50 per 30 days)
clocortolone pivalate	1	
CLODAN EXTERNAL SHAMPOO	1	
clotrimazole external cream	1	

Drug Name	Drug Tier	Requirements/ Limits
clotrimazole external solution	1	QL (60 per 30 days)
clotrimazole mouth/throat troche	1	QL (150 per 30 days)
clotrimazole-betamethasone	1	QL (120 per 30 days)
CROTAN	4	S
dapsone external	3	
DENTA 5000 PLUS	2	MO
DENTAGEL	2	MO
desonide external cream	1	
desonide external gel	3	
desonide external lotion	1	
desonide external ointment	1	
desoximetasone external cream	1	QL (100 per 30 days)
desoximetasone external gel	1	
desoximetasone external liquid	3	
desoximetasone external ointment	1	
diclofenac sodium external gel 3 %	1	PA; QL (100 per 30 days)
diflorasone diacetate external	1	QL (60 per 30 days)
DUOBRII	3	PA
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	4	PA; QL (4.56 per 28 days); S
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	4	PA; QL (8 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
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	4	PA; QL (4.56 per 28 days); S
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	4	PA; QL (8 per 28 days); S
econazole nitrate external cream	1	QL (90 per 30 days)
ERTACZO	3	
ery	1	
erythromycin external gel	1	
erythromycin external solution	1	
EUCRISA	3	
fluocinolone acetonide body	1	QL (120 per 30 days)
fluocinolone acetonide external	1	QL (120 per 30 days)
fluocinolone acetonide scalp	1	QL (120 per 30 days)
fluocinonide emulsified base	1	QL (240 per 30 days)
fluocinonide external cream 0.05 %	1	QL (240 per 30 days)
fluocinonide external cream 0.1 %	1	QL (120 per 30 days)
fluocinonide external gel	1	QL (240 per 30 days)
fluocinonide external ointment	1	QL (240 per 30 days)
fluocinonide external solution	1	QL (240 per 30 days)
fluorouracil external cream 5 %	1	QL (40 per 28 days)
fluorouracil external solution	1	QL (10 per 28 days)

Drug Name	Drug Tier	Requirements/ Limits
flurandrenolide external cream	3	
flurandrenolide external lotion	3	
fluticasone propionate external	1	
fraiche 5000 dental	2	MO
gentamicin sulfate external	1	QL (30 per 30 days)
halobetasol propionate external cream	1	
halobetasol propionate external ointment	1	
hydrocortisone (perianal) external cream 1 %	1	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone butyr lipo base	3	
hydrocortisone butyrate external cream	1	
hydrocortisone butyrate external lotion	3	
hydrocortisone butyrate external ointment	1	
hydrocortisone butyrate external solution	1	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone valerate	1	
imiquimod external cream 5 %	1	QL (24 per 28 days)
isotretinoin oral	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
JUST RIGHT 5000 DENTAL PASTE	2	MO
<i>ketoconazole external cream</i>	1	QL (120 per 30 days)
<i>ketoconazole external foam</i>	3	QL (100 per 30 days)
<i>ketoconazole external shampoo 2 %</i>	1	QL (120 per 30 days)
KETODAN EXTERNAL FOAM	3	QL (100 per 30 days)
KLAYESTA	1	
KOURZEQ	1	
<i>luliconazole</i>	3	
<i>malathion external</i>	1	
<i>methoxsalen rapid</i>	3	
<i>metronidazole external</i>	1	
<i>mometasone furoate external</i>	1	
<i>mupirocin calcium</i>	1	QL (30 per 30 days)
<i>mupirocin external</i>	1	QL (120 per 30 days)
<i>naftifine hcl external cream</i>	1	
<i>nitroglycerin rectal</i>	3	QL (30 per 30 days)
NYAMYC	1	
<i>nystatin external</i>	1	
<i>nystatin mouth/throat</i>	1	
<i>nystatin-triamcinolone</i>	1	QL (120 per 30 days)
NYSTOP	1	
ORALONE	1	
<i>oxiconazole nitrate</i>	3	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
OXISTAT EXTERNAL LOTION	3	
PANRETIN	4	S
<i>penciclovir</i>	3	QL (5 per 30 days)
PERIOGARD	1	
<i>permethrin external cream</i>	1	
<i>pilocarpine hcl oral</i>	1	MO
<i>pimecrolimus</i>	1	PA; QL (100 per 30 days)
<i>podofilox external solution</i>	1	
PREVIDENT	3	MO
PREVIDENT 5000 BOOSTER PLUS	3	MO
PREVIDENT 5000 DRY MOUTH DENTAL GEL	3	MO
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL	3	
PREVIDENT 5000 KIDS	3	MO
PREVIDENT 5000 ORTHO DEFENSE	3	MO
PREVIDENT 5000 PLUS	3	MO
PREVIDENT 5000 SENSITIVE DENTAL GEL	3	
PROCTO-MED HC EXTERNAL	1	
PROCTOSOL HC EXTERNAL	1	
PROCTOZONE-HC EXTERNAL	1	
SANTYL	3	QL (30 per 30 days)
<i>selenium sulfide external lotion</i>	1	
<i>sf</i>	2	MO

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

Drug Name	Drug Tier	Requirements/ Limits
<i>sf 5000 plus</i>	2	MO
<i>silver sulfadiazine external</i>	1	
<i>sodium fluoride 5000 plus</i>	2	MO
<i>sodium fluoride 5000 ppm dental cream</i>	2	MO
<i>sodium fluoride 5000 ppm dental gel</i>	2	MO
<i>sodium fluoride dental cream</i>	2	MO
<i>sodium fluoride dental gel 1.1 %</i>	2	MO
<i>sodium fluoride mouth/throat</i>	2	MO
<i>spinosad</i>	3	
SSD (SILVER SULFADIAZINE)	1	
<i>sulfacetamide sodium (acne)</i>	1	
SULFAMYLON EXTERNAL CREAM	3	
<i>tacrolimus external ointment</i>	1	PA; QL (100 per 30 days)
<i>tazarotene external cream 0.1 %</i>	2	PA
<i>tazarotene external gel</i>	2	PA
<i>tretinoin external cream</i>	1	PA; QL (45 per 30 days)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	1	PA; QL (45 per 30 days)
<i>tretinoin external gel 0.05 %</i>	3	PA; QL (45 per 30 days)
<i>tretinoin microsphere</i>	3	PA; QL (50 per 30 days)
<i>tretinoin microsphere pump</i>	3	PA; QL (50 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>triamcinolone acetonide external aerosol solution</i>	4	S
<i>triamcinolone acetonide external cream</i>	1	QL (454 per 30 days)
<i>triamcinolone acetonide external lotion</i>	1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide mouth/throat</i>	1	
TRIDERM EXTERNAL CREAM 0.5 %	1	QL (454 per 30 days)
VALCHLOR	4	PA; S
ZENATANE	2	
Electrolytes / Minerals / Metals / Vitamins		
<i>carglumic acid oral tablet soluble</i>	4	PA; 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
<i>clinimix e/dextrose (8/10)</i>	2	B/D PA
<i>clinimix e/dextrose (8/14)</i>	2	B/D PA
CLINIMIX/DEXTROSE (4.25/10)	2	B/D PA
CLINIMIX/DEXTROSE (4.25/5)	2	B/D PA
CLINIMIX/DEXTROSE (5/15)	2	B/D PA
CLINIMIX/DEXTROSE (5/20)	2	B/D PA
<i>clinimix/dextrose (6/5)</i>	2	B/D PA

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>clinimix/dextrose (8/10)</i>	2	B/D PA
<i>clinimix/dextrose (8/14)</i>	2	B/D PA
CLINISOL SF	3	B/D PA
CLINOLIPID	3	B/D PA
<i>dextrose 5%/electrolyte #48</i>	2	
<i>dextrose intravenous solution 10 %, 5 %</i>	1	
<i>dextrose intravenous solution 250 mg/ml</i>	2	
<i>dextrose-nacl intravenous solution 5-0.9 %</i>	1	
<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 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i>	1	
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	2	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
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</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>meq/l-%, 20-5-0.45 meq/l-%, 20-5-0.9 meq/l-%, 30-5-0.45 meq/l-%, 40-5-0.45 meq/l-%, 40-5-0.9 meq/l-%</i>		
<i>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	2	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</i>	2	
<i>multiple electro type 1 ph 5.5</i>	2	
<i>multiple electro type 1 ph 7.4</i>	2	
NUTRILIPID	3	B/D PA
PLENAMINE	3	B/D PA
<i>pnv-dha</i>	3	
<i>potassium chloride crys er</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
potassium chloride er oral capsule extended release	1	MO
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	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 2 meq/ml, 2 meq/ml (20 ml)	1	
potassium chloride oral packet	3	MO
potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	2	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
sodium bicarbonate intravenous solution 7.5 %	1	
sodium chloride (pf)	1	

Drug Name	Drug Tier	Requirements/Limits
sodium chloride injection solution 2.5 meq/ml	1	
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %	1	
sodium fluoride oral tablet 2.2 (1 f) mg	1	MO
sodium fluoride oral tablet chewable	2	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
calcitonin (salmon) injection	4	B/D PA; S
calcitonin (salmon) nasal	1	QL (4 per 30 days); MO
calcitriol oral	1	MO
CHEMET	3	
cinacalcet hcl oral tablet 30 mg	1	B/D PA; QL (60 per 30 days)
cinacalcet hcl oral tablet 60 mg	3	B/D PA; QL (60 per 30 days)
cinacalcet hcl oral tablet 90 mg	3	B/D PA; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
CYCLOSET	3	ST; QL (180 per 30 days); MO
dapagliflozin propanediol	2	QL (30 per 30 days)
deferasirox oral tablet 180 mg, 360 mg	3	PA
deferasirox oral tablet 90 mg	2	PA
deferasirox oral tablet soluble	3	PA
deferiprone	4	PA; S
diazoxide oral	3	MO
doxercalciferol oral	3	B/D PA; MO
FARXIGA	2	QL (30 per 30 days); MO
FERRIPROX ORAL SOLUTION	4	PA; S
FIASP FLEXTOUCH	2	MO
FIASP INJECTION	2	MO
FIASP PENFILL	2	MO
FIASP PUMPCART	2	MO
FOSAMAX PLUS D	3	QL (4 per 28 days); MO
glimepiride oral tablet 1 mg	1	QL (240 per 30 days); MO
glimepiride oral tablet 2 mg	1	QL (120 per 30 days); MO
glimepiride oral tablet 4 mg	1	QL (60 per 30 days); MO
glipizide er oral tablet extended release 24 hour 10 mg	1	QL (60 per 30 days); MO
glipizide er oral tablet extended release 24 hour 2.5 mg	1	QL (240 per 30 days); MO

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

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Drug Name	Drug Tier	Requirements/Limits
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	2	
<i>ibandronate sodium intravenous</i>	1	B/D PA
<i>ibandronate sodium oral</i>	1	QL (1 per 28 days); MO
<i>insulin aspart flexpen</i>	2	MO
<i>insulin aspart injection</i>	2	MO
<i>insulin aspart penfill</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 RELEASE 24 HOUR 2.5-1000 MG	2	QL (60 per 30 days); MO
JENTADUETO XR ORAL TABLET EXTENDED	2	QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
RELEASE 24 HOUR 5-1000 MG		
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>	2	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
<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>	2	QL (90 per 30 days); MO
MOUNJARO SUBCUTANEOUS SOLUTION AUTO- INJECTOR	2	PA; QL (2 per 28 days)
<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
NOVOLIN 70/30	2	MO

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NOVOLIN 70/30 FLEXPEN	2	MO	SOLUTION PEN-INJECTOR 2 MG/3ML		
NOVOLIN 70/30 FLEXPEN RELION	2	MO	OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	2	PA; QL (3 per 28 days)
NOVOLIN 70/30 RELION	2	MO	OZEMPIC (2 MG/DOSE)	2	PA; QL (3 per 28 days)
NOVOLIN N	2	MO	<i>paricalcitol oral</i>	1	B/D PA; MO
NOVOLIN N FLEXPEN	2	MO	<i>pioglitazone hcl oral tablet 15 mg</i>	1	QL (90 per 30 days); MO
NOVOLIN N FLEXPEN RELION	2	MO	<i>pioglitazone hcl oral tablet 30 mg</i>	1	QL (45 per 30 days); MO
NOVOLIN N RELION	2	MO	<i>pioglitazone hcl oral tablet 45 mg</i>	1	QL (30 per 30 days); MO
NOVOLIN R	2	MO	<i>pioglitazone hcl- glimepiride</i>	1	QL (30 per 30 days); MO
NOVOLIN R FLEXPEN	2	MO	<i>pioglitazone hcl- metformin hcl</i>	1	QL (90 per 30 days); MO
NOVOLIN R FLEXPEN RELION	2	MO	PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; QL (1 per 180 days)
NOVOLIN R RELION	2	MO	<i>repaglinide oral tablet 0.5 mg</i>	1	QL (960 per 30 days); MO
NOVOLOG 70/30 FLEXPEN RELION	2	MO	<i>repaglinide oral tablet 1 mg</i>	1	QL (480 per 30 days); MO
NOVOLOG FLEXPEN RELION	2	MO	<i>repaglinide oral tablet 2 mg</i>	1	QL (240 per 30 days); MO
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	MO	<i>risedronate sodium oral tablet 150 mg</i>	1	QL (1 per 28 days); MO
NOVOLOG INJECTION	2	MO	<i>risedronate sodium oral tablet 30 mg</i>	1	QL (30 per 30 days)
NOVOLOG MIX 70/30	2	MO	<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	QL (4 per 28 days); MO
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR	2	MO	<i>risedronate sodium oral tablet 5 mg</i>	1	QL (30 per 30 days); MO
NOVOLOG MIX 70/30 RELION	2	MO	<i>risedronate sodium oral tablet delayed release</i>	1	QL (4 per 28 days); MO
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	2	MO			
NOVOLOG RELION INJECTION	2	MO			
OZEMPIC (0.25 OR 0.5 MG/ DOSE) SUBCUTANEOUS	2	PA; QL (3 per 28 days)			

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Drug Name	Drug Tier	Requirements/Limits
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	
SOLQUA	2	QL (15 per 25 days); MO
SPS (SODIUM POLYSTYRENE SULF)	1	
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; QL (11 per 30 days); MO; S
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; QL (6 per 30 days); MO; S
SYNJARDY	2	QL (60 per 30 days); MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	2	QL (60 per 30 days); MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	2	QL (30 per 30 days); MO
<i>teriparatide subcutaneous solution pen-injector 560 mcg/ 2.24ml</i>	4	PA; QL (3 per 28 days); S
<i>tolvaptan oral tablet 15 mg (hyponatremia)</i>	4	PA; QL (30 per 30 days); S
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	4	PA; QL (120 per 30 days); S

Drug Name	Drug Tier	Requirements/Limits
<i>tolvaptan oral tablet 30 mg (hyponatremia)</i>	4	PA; QL (60 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>	4	PA; S
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	2	QL (30 per 30 days); MO
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	2	QL (60 per 30 days); MO
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; QL (2 per 28 days)
TYMLOS	4	PA; QL (1.56 per 28 days); S
VELTASSA ORAL PACKET 1 GM	3	QL (240 per 30 days); MO
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	4	QL (30 per 30 days); MO; S
VELTASSA ORAL PACKET 8.4 GM	4	QL (90 per 30 days); MO; S

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Drug Name	Drug Tier	Requirements/Limits
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL (9 per 30 days)
XGEVA	4	PA; QL (5.1 per 28 days); S
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 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
Gastrointestinal Agents		
alosetron hcl oral tablet 0.5 mg	3	PA; QL (60 per 30 days); MO
alosetron hcl oral tablet 1 mg	4	PA; QL (60 per 30 days); MO; S
aprepitant oral capsule 125 mg	4	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	4	B/D PA; QL (10 per 30 days); S
balsalazide disodium	1	
budesonide er oral tablet extended release 24 hour	4	PA; S
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

Drug Name	Drug Tier	Requirements/Limits
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/ 175ML	3	
COMPRO	1	
constulose	1	MO
CORTIFOAM EXTERNAL	3	
dexlansoprazole	3	QL (30 per 30 days); MO
dicyclomine hcl oral capsule	1	PA
dicyclomine hcl oral solution 10 mg/5ml	1	PA
dicyclomine hcl oral tablet 20 mg	1	PA
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	QL (30 per 30 days); MO
esomeprazole sodium intravenous solution reconstituted 40 mg	1	
famotidine (pf)	1	
famotidine intravenous solution 200 mg/20ml, 40 mg/4ml	1	
famotidine oral suspension reconstituted	1	MO

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>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>famotidine premixed</i>	1	
GATTEX	4	PA; S
GAVILYTE-C	1	
GAVILYTE-G	1	
GAVILYTE-N WITH FLAVOR PACK	1	
<i>generlac</i>	1	MO
GLYCATÉ	3	
<i>glycopyrrolate injection solution</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml</i>	1	
<i>granisetron hcl oral</i>	4	B/D PA; QL (30 per 30 days); S
<i>hydrocortisone oral</i>	1	
<i>hydrocortisone rectal enema</i>	1	
<i>hyoscyamine sulfate oral tablet</i>	2	MO
<i>hyoscyamine sulfate oral tablet dispersible</i>	2	MO
<i>hyoscyamine sulfate sublingual</i>	2	MO
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	1	MO
<i>lactulose oral solution</i>	1	MO
<i>lansoprazole oral capsule delayed release 15 mg</i>	1	MO
<i>lansoprazole oral capsule delayed release 30 mg</i>	1	QL (30 per 30 days); MO

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

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
omeprazole-sodium bicarbonate oral capsule 20-1100 mg	4	QL (30 per 30 days); MO; S
ondansetron hcl injection solution prefilled syringe	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	3	
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 maleate oral	1	MO
promethazine hcl injection	1	PA
promethazine hcl oral solution	1	PA
promethazine hcl oral tablet	1	PA

Drug Name	Drug Tier	Requirements/Limits
promethazine hcl rectal suppository 12.5 mg, 25 mg	3	PA
PROMETHEGAN	1	PA
rabeprazole sodium oral tablet delayed release	1	QL (30 per 30 days); MO
SANCUSO	4	PA; QL (4 per 28 days); S
scopolamine	1	QL (10 per 28 days)
sucralfate oral	1	MO
sulfasalazine oral	1	MO
SUPREP BOWEL PREP KIT	2	
trimethobenzamide hcl oral	1	
ursodiol oral capsule 300 mg	1	MO
ursodiol oral tablet	1	MO
VOWST	4	PA; QL (12 per 30 days); S
XERMELO	4	PA; QL (90 per 30 days); S
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
betaine	4	S
CREON	2	MO
cromolyn sodium oral	1	MO
CYSTAGON	2	PA
JAVYGTOR	4	PA; S
miglustat	4	PA; S
nitisinone	4	PA; S
PROLASTIN-C INTRAVENOUS SOLUTION	4	PA; S
RAVICTI	4	PA; QL (525 per 30 days); S
REVCIVI	4	PA; S

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

Drug Name	Drug Tier	Requirements/ Limits
sapropterin dihydrochloride oral packet	4	PA; S
sapropterin dihydrochloride oral tablet	4	PA; S
sodium phenylbutyrate oral powder 3 gm/tsp	4	PA; S
sodium phenylbutyrate oral tablet	3	PA
VYNDAMAX	4	PA; QL (30 per 30 days); S
YARGESA	4	PA; S
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 3000-10000 UNIT, 5000-24000 UNIT	3	MO
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 25000-79000 UNIT, 40000-126000 UNIT, 60000-189600 UNIT	4	MO; S
Genitourinary Agents		
alfuzosin hcl er	1	MO
bethanechol chloride oral	1	
CARDURA XL	3	MO
CLEOCIN VAGINAL SUPPOSITORY	3	
clindamycin phosphate vaginal	1	
darifenacin hydrobromide er	1	QL (30 per 30 days); MO
dutasteride oral	1	QL (30 per 30 days); MO
dutasteride-tamsulosin hcl	1	QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
ELMIRON	4	S
fesoterodine fumarate er	2	QL (30 per 30 days); MO
finasteride oral tablet 5 mg	1	MO
flavoxate hcl	1	MO
GEMTESA	3	QL (30 per 30 days); MO
metronidazole vaginal	1	
miconazole 3 vaginal suppository	1	
mirabegron er	3	QL (30 per 30 days); MO
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg	1	QL (60 per 30 days); MO
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	4	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	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>tiopronin oral tablet</i>	4	PA; S
<i>tolterodine tartrate</i>	1	QL (60 per 30 days); MO
<i>tolterodine tartrate er</i>	1	QL (30 per 30 days); MO
<i>tropium chloride</i>	1	QL (60 per 30 days); MO
<i>tropium chloride er</i>	1	QL (30 per 30 days); MO
VANDAZOLE	1	
Hormonal Agents		
ABIGALE	1	PA; MO
ABIGALE LO	1	PA; MO
ACTHAR	4	PA; S
ACTHAR GEL SUBCUTANEOUS PEN- INJECTOR	4	PA; S
AFIRMELLE	1	MO
ALTAVERA	1	MO
<i>alyacen 1/35</i>	1	MO
<i>alyacen 7/7/7</i>	1	MO
AMETHIA	1	MO
AMETHYST	1	MO
APRI	1	MO
ARANELLE	1	MO
ARMOUR THYROID	2	PA; MO
ASHLYNA	1	MO
AUBRA EQ	1	MO
AUROVELA 1.5/30	1	MO
AUROVELA 1/20	1	MO
AUROVELA 24 FE	1	MO
AUROVELA FE 1.5/30	1	MO
AUROVELA FE 1/20	1	MO
AVIANE	1	MO

Drug Name	Drug Tier	Requirements/ Limits
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
<i>briellyn</i>	1	MO
<i>cabergoline</i>	1	
CAMILA	1	MO
CAMRESE	1	MO
CAMRESE LO	1	MO
CHARLOTTE 24 FE	1	MO
CHATEAL EQ	1	MO
CLIMARA PRO	2	PA; QL (4 per 28 days); MO
COMBIPATCH	2	PA; QL (8 per 28 days); MO
CRINONE	3	PA
CRYSSELLE-28	1	MO
CYRED EQ	1	MO
<i>danazol oral</i>	2	
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	

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
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	1	PA; MO
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	1	MO
<i>desmopressin ace spray refrig</i>	1	MO
<i>desmopressin acetate oral</i>	1	MO
<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	
<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

Drug Name	Drug Tier	Requirements/Limits
<i>drospiren-eth estrad-levomefol</i>	1	MO
<i>drospirenone-ethinyl estradiol</i>	1	MO
DUAVEE	3	PA; QL (30 per 30 days); MO
EGRIFTA SV	4	PA; 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
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm</i>	2	PA; MO
<i>estradiol transdermal patch twice weekly</i>	1	PA; QL (8 per 28 days); MO
<i>estradiol transdermal patch weekly</i>	1	PA; QL (4 per 28 days); MO
<i>estradiol vaginal</i>	1	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet</i>	1	PA; MO
ESTRING VAGINAL RING 7.5 MCG/24HR	3	QL (1 per 90 days); MO
<i>ethynodiol diac-eth estradiol</i>	1	MO
<i>etonogestrel-ethinyl estradiol</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
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
<i>fludrocortisone acetate oral</i>	1	MO
FYAVOLV	1	PA; MO
GALBRIELA	1	MO
GALLIFREY	1	MO
GENOTROPIN MINIQUEL SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG	3	PA
GENOTROPIN MINIQUEL SUBCUTANEOUS PREFILLED SYRINGE 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	4	PA; S
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG	4	PA; S
GENOTROPIN SUBCUTANEOUS CARTRIDGE 5 MG	3	PA
HAILEY 1.5/30	1	MO
HAILEY 24 FE	1	MO
HAILEY FE 1.5/30	1	MO
HAILEY FE 1/20	1	MO
HALOETTE	1	MO
HEATHER	1	MO
HIDEX 6-DAY	1	
HUMATROPE INJECTION CARTRIDGE	4	PA; S

Drug Name	Drug Tier	Requirements/ Limits
ICLEVIA	1	MO
IMVEXXY MAINTENANCE PACK	2	QL (18 per 28 days); MO
IMVEXXY STARTER PACK	2	QL (18 per 28 days); MO
INCASSIA	1	MO
INCRELEX	4	PA; 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
KURVELO	1	MO
KYLEENA	2	
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

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
LAYOLIS FE	1	MO
LEENA	1	MO
LESSINA	1	MO
levo-t	1	MO
LEVONEST	1	MO
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	1	MO
levonorgest-eth est & eth est	1	MO
levonorgest-eth estrad 91-day	1	MO
levonorgestrel-ethinyl estrad	1	MO
LEVORA 0.15/30 (28)	1	MO
levothyroxine sodium oral tablet	1	MO
LEVOXYL	1	MO
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	3	
LIOMNY	1	MO
liothyronine sodium intravenous	4	S
liothyronine sodium oral	1	MO
LO-ZUMANDIMINE	1	MO
LOESTRIN 1.5/30 (21)	1	MO
LOESTRIN 1/20 (21)	1	MO
LOESTRIN FE 1.5/30	1	MO
LOESTRIN FE 1/20	1	MO
LOJAIMIESS	1	MO
LORYNA	1	MO
LOW-OGESTREL	1	MO

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	4	PA; QL (1 per 28 days); S
LUTERA	1	MO
LYLEQ	1	MO
LYZA	1	MO
marlissa	1	MO
MEDROL ORAL TABLET 2 MG	2	
medroxyprogesterone acetate intramuscular	1	
medroxyprogesterone acetate oral	1	MO
MELEYA	1	MO
MENEST	3	PA; MO
methimazole oral	1	MO
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	1	
methylprednisolone oral	1	
methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg	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
mifepristone oral tablet 300 mg	4	PA; S
MILI	1	MO
MIMVEY	1	PA; MO
MIRENA (52 MG) INTRAUTERINE	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
INTRAUTERINE DEVICE 20 MCG/DAY		
MONO-LINYAH	1	MO
NECON 0.5/35 (28)	1	MO
NEXPLANON	2	
NIKKI	1	MO
NORA-BE	1	MO
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; S
<i>norelgestromin-eth estradiol</i>	1	MO
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	MO
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	1	MO
<i>norethin-eth estradiol-fe</i>	1	MO
<i>norethindron-ethinyl estrad-fe</i>	1	MO
<i>norethindrone acet-ethinyl est oral tablet</i>	1	MO
<i>norethindrone acetate oral</i>	1	MO
<i>norethindrone oral</i>	1	MO
<i>norethindrone-eth estradiol</i>	1	PA; MO
<i>norgestim-eth estrad triphasic</i>	1	MO
<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	4	PA; S
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; S
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
NYLIA 1/35	1	MO
NYLIA 7/7/7	1	MO
OCELLA	1	MO
<i>octreotide acetate injection solution 100 mcg/ml</i>	1	PA
<i>octreotide acetate injection solution 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	3	PA
<i>octreotide acetate injection solution 500 mcg/ml</i>	4	PA; S
<i>octreotide acetate intramuscular</i>	4	PA; S
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml</i>	3	PA
<i>octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml</i>	4	PA; S
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; S
OMNITROPE SUBCUTANEOUS	4	PA; S

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

Drug Name	Drug Tier	Requirements/ Limits
SOLUTION RECONSTITUTED		
ORQUIDEA	1	MO
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	
<i>prednisolone sodium phosphate oral tablet dispersible</i>	1	
PREDNISON INTENSOL	2	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet 1 mg</i>	1	
<i>prednisone oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablet therapy pack 10 mg (21), 5 mg (21)</i>	1	
<i>prednisone oral tablet therapy pack 10 mg (48), 5 mg (48)</i>	1	
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

Drug Name	Drug Tier	Requirements/ Limits
<i>raloxifene hcl</i>	1	QL (30 per 30 days); MO
RECLIPSEN	1	MO
REZDIFFRA	4	PA; QL (30 per 30 days); S
RIVELSA	1	MO
ROSYRAH	1	MO
SETLAKIN	1	MO
SHAROBEL	1	MO
SIGNIFOR	4	PA; S
SIMLIYA	1	MO
SIMPESSE	1	MO
SKYLA	2	
SOMAVERT	4	PA; S
SPRINTEC 28	1	MO
SRONYX	1	MO
SYEDA	1	MO
SYNAREL	4	PA; S
SYNTHROID	2	MO
TAPERDEX 6-DAY	1	
TARINA 24 FE	1	MO
TARINA FE 1/20 EQ	1	MO
<i>testosterone cypionate intramuscular solution 100 mg/ml</i>	1	PA; MO
<i>testosterone cypionate intramuscular solution 200 mg/ml, 200 mg/ml (1 ml)</i>	1	MO
<i>testosterone enanthate intramuscular solution</i>	1	PA; MO
<i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i>	2	PA; QL (150 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
testosterone transdermal gel 10 mg/act (2%)	2	PA; QL (120 per 30 days); MO
testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)	2	PA; QL (300 per 30 days); MO
testosterone transdermal gel 20.25 mg/1.25gm (1.62%)	2	PA; QL (112.5 per 30 days); MO
testosterone transdermal solution	2	PA; QL (180 per 30 days); MO
TILIA FE	1	MO
TRI-ESTARYLLA	1	MO
TRI-LEGEST FE	1	MO
TRI-LINYAH	1	MO
TRI-LO-ESTARYLLA	1	MO
TRI-LO-MARZIA	1	MO
TRI-LO-MILI	1	MO
TRI-LO-SPRINTEC	1	MO
TRI-MILI	1	MO
TRI-NYMYO	1	MO
TRI-SPRINTEC	1	MO
TRI-VYLIBRA	1	MO
TRI-VYLIBRA LO	1	MO
triamcinolone acetonide injection suspension 40 mg/ml	1	
TRIVORA (28)	1	MO
TURQOZ	1	MO
TYDEMY	1	MO
UNITHROID	1	MO
VALTYA 1/50	1	MO
VELIVET	1	MO
VESTURA	1	MO
VIENVA	1	MO

Drug Name	Drug Tier	Requirements/Limits
viorele	1	MO
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
yuvafem	1	MO
ZAFEMY	1	MO
ZOVIA 1/35 (28)	1	MO
ZUMANDIMINE	1	MO
Immunological Agents		
ABRYSVO	2	QL (1 per 365 days)
ACTHIB	2	
ACTIMMUNE	4	PA; S
ADACEL	2	
ARCALYST	4	PA; S
AREXVY	2	QL (1 per 365 days)
azathioprine oral tablet 50 mg	1	B/D PA
bcg vaccine injection solution reconstituted	2	
BENLYSTA	4	PA; S
BEXSERO	2	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	
BOOSTRIX INTRAMUSCULAR	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
SUSPENSION PREFILLED SYRINGE		
COSENTYX (300 MG DOSE)	4	PA; QL (8 per 28 days); S
COSENTYX SENSOREADY (300 MG)	4	PA; QL (8 per 28 days); S
COSENTYX SENSOREADY PEN	4	PA; QL (8 per 28 days); S
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	4	PA; QL (8 per 28 days); S
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	4	PA; QL (2 per 28 days); S
COSENTYX UNOREADY	4	PA; QL (8 per 28 days); S
<i>cyclosporine modified</i>	1	B/D PA
<i>cyclosporine oral capsule</i>	2	B/D PA
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	2	
ENBREL MINI	4	PA; QL (8 per 28 days); S
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	4	PA; QL (4 per 28 days); S
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	4	PA; QL (4.08 per 28 days); S
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	4	PA; QL (8 per 28 days); S
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL (8 per 28 days); S
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	2	B/D PA

Drug Name	Drug Tier	Requirements/Limits
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	2	B/D PA
ENVARSUS XR	3	B/D PA
<i>everolimus oral tablet 0.25 mg, 0.75 mg</i>	3	B/D PA
<i>everolimus oral tablet 0.5 mg, 1 mg</i>	4	B/D PA; S
GAMUNEX-C	4	PA; S
GARDASIL 9	2	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	1	B/D PA
GENGRAF ORAL SOLUTION	1	B/D PA
HAVRIX 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 (1 PEN)	4	PA; QL (6 per 365 days); S
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/ 0.4ML, 40 MG/0.8ML	4	PA; QL (4 per 28 days); S
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/ 0.8ML	4	PA; QL (2 per 28 days); S
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	4	PA; QL (2 per 28 days); S
HUMIRA (2 SYRINGE) SUBCUTANEOUS	4	PA; QL (4 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
PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML		
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS AUTO-INJECTOR KIT	4	PA; QL (8 per 365 days); S
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	4	PA; QL (6 per 365 days); S
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	4	PA; QL (6 per 365 days); S
HYPERRAB	4	S
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	
INFANRIX	2	
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	
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	

Drug Name	Drug Tier	Requirements/Limits
<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	QL (0.5 per 365 days)
<i>mycophenolate mofetil oral capsule</i>	1	B/D PA
<i>mycophenolate mofetil oral suspension reconstituted</i>	3	B/D PA
<i>mycophenolate mofetil oral tablet</i>	1	B/D PA
<i>mycophenolate sodium</i>	1	B/D PA
<i>mycophenolic acid oral tablet delayed release 180 mg, 360 mg</i>	1	B/D PA
MYHIBBIN	4	B/D PA; S
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML, 2.5 GM/50ML, 30 GM/300ML, 5 GM/100ML	4	PA; S
OTEZLA ORAL TABLET	4	PA; QL (60 per 30 days); S
OTEZLA ORAL TABLET THERAPY PACK	4	PA; S
PANZYGA INTRAVENOUS SOLUTION 2.5 GM/25ML	3	PA
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	2	

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	S	SUSPENSION RECONSTITUTED 50 MCG/ 0.5ML		
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	S	SIMLANDI (1 PEN)	4	PA; QL (4 per 28 days); S
PENBRAYA	2		SIMLANDI (1 SYRINGE)	4	PA; QL (4 per 28 days); S
<i>penmenvy</i>	2		SIMLANDI (2 PEN)	4	PA; QL (4 per 28 days); S
PENTACEL	2		SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	4	PA; QL (2 per 28 days); S
PRIORIX	2		SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	4	PA; QL (4 per 28 days); S
PROGRAF INTRAVENOUS	4	B/D PA; S	<i>sirolimus oral solution</i>	3	B/D PA
PROGRAF ORAL PACKET	3	B/D PA	<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	1	B/D PA
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	2		<i>sirolimus oral tablet 2 mg</i>	3	B/D PA
QUADRACEL	2		SKYRIZI INTRAVENOUS	4	PA; QL (10 per 28 days); S
RABAVERT	2		SKYRIZI PEN	4	PA; QL (6 per 365 days); S
RECOMBIVAX HB	2	B/D PA	SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	4	PA; QL (1.2 per 56 days); S
REZUROCK	4	PA; S	SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	4	PA; QL (2.4 per 56 days); S
RIDAURA	4	MO; S	SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (6 per 365 days); S
RINVOQ	4	PA; QL (30 per 30 days); S	STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	4	PA; QL (0.5 per 28 days); S
RINVOQ LQ	4	PA; QL (360 per 30 days); S	STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	4	PA; QL (0.5 per 28 days); S
ROTARIX ORAL SUSPENSION	2				
ROTATEQ ORAL SOLUTION	2				
SANDIMMUNE ORAL SOLUTION	3	B/D PA			
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	2	PA; QL (0.5 per 28 days)			
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	4	PA; QL (1 per 28 days); S			
SHINGRIX INTRAMUSCULAR	2				

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Drug Name	Drug Tier	Requirements/Limits
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	4	PA; QL (1 per 28 days); S
<i>tacrolimus oral</i>	1	B/D PA
TENIVAC	2	
TICOVAC	2	
TREMFYA CROHNS INDUCTION	4	PA; QL (4 per 28 days); S
TREMFYA ONE-PRESS	4	PA; QL (2 per 28 days); S
TREMFYA PEN	4	PA; QL (2 per 28 days); S
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (2 per 28 days); S
TREXALL	3	ST
TRUMENBA	2	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
TYENNE SUBCUTANEOUS	4	PA; QL (4 per 28 days); S
TYPHIM VI	2	
<i>ustekinumab subcutaneous solution</i>	4	PA; QL (0.5 per 28 days); S
<i>ustekinumab subcutaneous solution prefilled syringe 45 mg/ 0.5ml</i>	4	PA; QL (0.5 per 28 days); S
<i>ustekinumab subcutaneous solution prefilled syringe 90 mg/ ml</i>	4	PA; QL (1 per 28 days); S
VAQTA	2	
VARIVAX INJECTION	2	
VARIZIG INTRAMUSCULAR SOLUTION	2	
VAXCHORA	2	PA

Drug Name	Drug Tier	Requirements/Limits
VIMKUNYA	2	
VIVOTIF	2	
XATMEP	3	ST
XELJANZ ORAL SOLUTION	4	PA; QL (240 per 24 days); S
XELJANZ ORAL TABLET	4	PA; QL (60 per 30 days); S
XELJANZ XR	4	PA; QL (30 per 30 days); S
YF-VAX	2	
Infectious Disease Agents		
<i>abacavir sulfate oral solution</i>	1	QL (960 per 30 days)
<i>abacavir sulfate oral tablet</i>	1	QL (60 per 30 days)
<i>abacavir sulfate-lamivudine</i>	1	QL (30 per 30 days)
ABELCET	3	B/D PA
<i>acyclovir oral 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	

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Drug Name	Drug Tier	Requirements/ Limits
amoxicillin oral tablet chewable 125 mg, 250 mg	1	
amoxicillin-pot clavulanate er	1	
amoxicillin-pot clavulanate oral suspension reconstituted	1	
amoxicillin-pot clavulanate oral tablet	1	
amphotericin b intravenous	1	B/D PA
amphotericin b liposome	4	B/D PA; S
ampicillin oral capsule 500 mg	1	
ampicillin sodium injection solution reconstituted 1 gm, 125 mg	1	
ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm	1	
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	1	
ampicillin-sulbactam sodium intravenous	1	
APTIVUS ORAL CAPSULE	4	QL (120 per 30 days); S
ARIKAYCE	4	S
atazanavir sulfate oral capsule 150 mg, 200 mg	4	QL (60 per 30 days); S
atazanavir sulfate oral capsule 300 mg	4	QL (30 per 30 days); S
atovaquone oral	3	PA
atovaquone-proguanil hcl	1	
azithromycin intravenous	1	

Drug Name	Drug Tier	Requirements/ Limits
azithromycin oral packet	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet 250 mg, 250 mg (6 pack)	1	
azithromycin oral tablet 500 mg, 500 mg (3 pack), 600 mg	1	
aztreonam	3	
BARACLUDE ORAL SOLUTION	4	S
BICILLIN C-R	2	
BICILLIN C-R 900/300	2	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
BIKTARVY ORAL TABLET 30-120-15 MG	4	QL (30 per 30 days); MO; S
BIKTARVY ORAL TABLET 50-200-25 MG	4	QL (30 per 30 days); S
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/ 2ML	4	QL (4 per 28 days); S
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/ 3ML	4	QL (6 per 28 days); S
cefaclor er	2	
cefaclor oral capsule	1	
cefaclor oral suspension reconstituted 250 mg/5ml	1	
cefadroxil	1	
cefazolin sodium injection solution	1	

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg			cefuroxime axetil oral tablet 250 mg	1	
cefazolin sodium intravenous solution reconstituted 1 gm	1		cefuroxime axetil oral tablet 500 mg	1	
cefazolin sodium- dextrose intravenous solution 3-4 gm/150ml-%	2		cefuroxime sodium injection solution reconstituted 750 mg	1	
cefazolin sodium- dextrose intravenous solution reconstituted 3- 2 gm-%(50ml)	2		cefuroxime sodium intravenous solution reconstituted 1.5 gm	1	
cefdinir	1		cephalexin oral capsule 250 mg, 500 mg	1	
cefepime hcl injection solution reconstituted 1 gm	1		cephalexin oral capsule 750 mg	1	
cefepime hcl intravenous solution reconstituted 2 gm	1		cephalexin oral suspension reconstituted 125 mg/5ml	1	
cefixime	1		cephalexin oral suspension reconstituted 250 mg/5ml	1	
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	1		cephalexin oral tablet	1	
cefoxitin sodium intravenous	1		chloroquine phosphate oral	1	MO
cefpodoxime proxetil	1		CIMDUO	4	QL (30 per 30 days); S
cefprozil	1		CIPRO ORAL SUSPENSION RECONSTITUTED	3	
ceftazidime injection solution reconstituted 1 gm, 6 gm	1		ciprofloxacin hcl oral tablet 250 mg, 500 mg	1	
ceftazidime intravenous	1		ciprofloxacin hcl oral tablet 750 mg	1	
ceftriaxone sodium in dextrose	1		ciprofloxacin in d5w	1	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	1		clarithromycin er	1	
ceftriaxone sodium intravenous	1		clarithromycin oral	1	
			clindamycin hcl oral	1	
			clindamycin palmitate hcl	1	
			clindamycin phosphate 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	Drug Name	Drug Tier	Requirements/ Limits
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml	1		doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
clindamycin phosphate injection solution 900 mg/6ml	3		doxycycline monohydrate oral suspension reconstituted	1	
COARTEM	3		doxycycline monohydrate oral tablet	1	
colistimethate sodium (cba)	1		E.E.S. 400 ORAL TABLET	1	
CRESEMBA ORAL	4	PA; S	EDURANT	4	QL (30 per 30 days); S
dapsone oral	1	MO	EDURANT PED	4	QL (180 per 30 days); S
daptomycin intravenous solution reconstituted 350 mg	3		efavirenz oral tablet	3	QL (30 per 30 days)
daptomycin intravenous solution reconstituted 500 mg	4	S	efavirenz-emtricitab-tenofo df	3	QL (30 per 30 days)
darunavir	3	QL (60 per 30 days)	efavirenz-lamivudine-tenofovir	4	QL (30 per 30 days); S
DELSTRIGO	4	QL (30 per 30 days); S	emtricitab-rilpivir-tenofov df	4	QL (30 per 30 days); S
demeclocycline hcl oral	1		emtricitabine	1	QL (30 per 30 days)
DESCOVY	4	QL (30 per 30 days); S	emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	4	QL (30 per 30 days); S
dicloxacillin sodium	1		emtricitabine-tenofovir df oral tablet 200-300 mg	3	QL (30 per 30 days)
DIFICID	4	PA; S	EMTRIVA ORAL SOLUTION	3	QL (850 per 30 days)
DOVATO	4	QL (30 per 30 days); S	entecavir	1	
DOXY 100	1		EPCLUSA ORAL PACKET 150-37.5 MG	4	PA; QL (30 per 30 days); S
doxycycline	3		EPCLUSA ORAL PACKET 200-50 MG	4	PA; QL (60 per 30 days); S
doxycycline hyclate intravenous	1		EPCLUSA ORAL TABLET 200-50 MG	4	PA; QL (60 per 30 days); S
doxycycline hyclate oral capsule	1				
doxycycline hyclate oral tablet 100 mg, 20 mg	1				

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Drug Name	Drug Tier	Requirements/ Limits
EPCLUSA ORAL TABLET 400-100 MG	4	PA; QL (30 per 30 days); S
<i>ertapenem sodium</i>	3	
ERY-TAB	1	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
<i>erythromycin base oral</i>	1	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 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>	4	QL (60 per 30 days); S
EVOTAZ	4	QL (30 per 30 days); S
<i>famciclovir oral tablet 125 mg, 250 mg</i>	1	QL (60 per 30 days)
<i>famciclovir oral tablet 500 mg</i>	1	QL (21 per 7 days)
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ ML	3	PA; QL (1200 per 30 days)
FIRVANQ ORAL SOLUTION RECONSTITUTED 50 MG/ ML	3	QL (1200 per 30 days)
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
100ml-%, 400-0.9 mg/ 200ml-%		
<i>fluconazole oral</i>	1	
<i>flucytosine oral</i>	4	S
<i>fosamprenavir calcium</i>	3	QL (120 per 30 days)
<i>fosfomycin tromethamine</i>	1	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	4	QL (60 per 30 days); S
<i>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 solution 40 mg/ ml</i>	1	
GENVOYA	4	QL (30 per 30 days); S
<i>griseofulvin microsize oral</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
HARVONI	4	PA; QL (28 per 28 days); S
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	1	MO
<i>imipenem-cilastatin</i>	1	
IMPAVIDO	4	S
INTELENCE ORAL TABLET 25 MG	3	QL (480 per 30 days)
ISENTRESS HD	4	QL (60 per 30 days); S

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

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS ORAL PACKET	4	QL (180 per 30 days); S
ISENTRESS ORAL TABLET	4	QL (120 per 30 days); S
ISENTRESS ORAL TABLET CHEWABLE 100 MG	3	QL (180 per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 25 MG	2	QL (720 per 30 days)
<i>isoniazid 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	4	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>	4	PA; QL (28 per 28 days); S
<i>levofloxacin in d5w</i>	1	
<i>levofloxacin intravenous</i>	1	
<i>levofloxacin oral solution</i>	1	
<i>levofloxacin oral tablet</i>	1	
<i>linezolid in sodium chloride</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>linezolid intravenous solution 600 mg/300ml</i>	3	
<i>linezolid oral suspension reconstituted</i>	4	PA; QL (1800 per 30 days); S
<i>linezolid oral tablet</i>	3	PA; QL (56 per 28 days)
LIVTENCITY	4	PA; S
<i>lopinavir-ritonavir oral solution</i>	1	QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	3	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	3	QL (120 per 30 days)
<i>maraviroc</i>	2	QL (120 per 30 days)
MAVYRET ORAL PACKET	4	PA; QL (180 per 30 days); S
MAVYRET ORAL TABLET	4	PA; QL (90 per 30 days); S
<i>mefloquine hcl</i>	1	MO
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	2	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate oral</i>	1	
<i>metronidazole intravenous solution 500 mg/100ml</i>	1	
<i>metronidazole oral</i>	1	
<i>miconazole sodium</i>	3	
<i>minocycline hcl er oral tablet extended release 24 hour 115 mg</i>	3	
<i>minocycline hcl oral</i>	1	
MONDOXYNE NL ORAL CAPSULE 100 MG	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>moxifloxacin hcl in nacl</i>	1	
<i>moxifloxacin hcl oral</i>	1	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	3	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	4	S
<i>neomycin sulfate oral</i>	1	
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	1	QL (30 per 30 days)
<i>nevirapine oral suspension</i>	1	QL (1200 per 30 days)
<i>nevirapine oral tablet</i>	1	QL (60 per 30 days)
<i>nitazoxanide oral</i>	3	QL (6 per 30 days)
<i>nitrofurantoin macrocrystal oral</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
<i>nitrofurantoin oral suspension 50 mg/10ml</i>	4	S
NORVIR ORAL PACKET	3	QL (360 per 30 days)
NUZYRA ORAL	4	PA; S
<i>nystatin oral tablet</i>	1	
ODEFSEY	4	QL (30 per 30 days); S
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
<i>oseltamivir phosphate oral capsule 30 mg</i>	1	QL (168 per 365 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	1	QL (84 per 365 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir phosphate oral suspension reconstituted</i>	1	QL (1080 per 365 days)
<i>oxacillin sodium in dextrose intravenous solution 2 gm/50ml</i>	4	S
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	1	
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>	4	S
<i>penicillin v potassium</i>	1	
<i>pentamidine isethionate inhalation</i>	1	B/D PA
<i>pentamidine isethionate injection</i>	1	
PFIZERPEN INJECTION SOLUTION RECONSTITUTED 20000000 UNIT	1	
PIFELTRO	4	QL (30 per 30 days); S
<i>piperacillin sod-tazobactam so 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	

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Drug Name	Drug Tier	Requirements/ Limits
<i>polymyxin b sulfate injection</i>	1	
<i>posaconazole oral suspension</i>	3	PA; MO
<i>posaconazole oral tablet delayed release</i>	4	PA; MO; S
<i>praziquantel oral</i>	1	
PREVYMIS ORAL PACKET	4	PA; QL (120 per 30 days); S
PREVYMIS ORAL TABLET	4	PA; QL (30 per 30 days); S
PREZCOBIX	4	QL (30 per 30 days); S
PREZISTA ORAL SUSPENSION	4	QL (400 per 30 days); S
PREZISTA ORAL TABLET 150 MG	3	QL (180 per 30 days)
PREZISTA ORAL TABLET 75 MG	3	QL (300 per 30 days)
PRIFTIN	2	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	2	
<i>pyrazinamide oral</i>	1	
<i>pyrimethamine oral</i>	4	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	

Drug Name	Drug Tier	Requirements/ Limits
<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	4	QL (60 per 30 days); MO; S
SELZENTRY ORAL SOLUTION	2	QL (1840 per 30 days)
SIRTURO	4	PA; S
<i>sofosbuvir-velpatasvir</i>	4	PA; QL (30 per 30 days); S
<i>streptomycin sulfate intramuscular</i>	4	S
STRIBILD	4	QL (30 per 30 days); S
<i>sulfadiazine oral</i>	4	S
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
SUNLENCA ORAL TABLET	4	QL (10 per 365 days); S
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG	4	QL (8 per 365 days); S
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	4	QL (10 per 365 days); S
SUNLENCA SUBCUTANEOUS	4	QL (3 per 168 days); MO; S
SYM TUZA	4	QL (30 per 30 days); S
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	1	
TAZICEF INTRAVENOUS SOLUTION	1	

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RECONSTITUTED 2 GM, 6 GM			vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.25-5 gm/250ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%	2	
TEFLARO	4	S	vancomycin hcl in nacl intravenous solution 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%	2	
tenofovir disoproxil fumarate	1	QL (30 per 30 days)	vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml	2	
terbinafine hcl oral	1		vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 500 mg	1	
tetracycline hcl oral capsule	1		vancomycin hcl intravenous solution reconstituted 1.25 gm, 1.5 gm, 750 mg	2	
tigecycline	3		vancomycin hcl oral capsule 125 mg	1	PA; QL (240 per 30 days)
tinidazole oral	1		vancomycin hcl oral capsule 250 mg	3	PA; QL (240 per 30 days)
TIVICAY ORAL TABLET 50 MG	4	QL (60 per 30 days); S	vancomycin hcl oral solution reconstituted 25 mg/ml	3	PA; QL (1200 per 30 days)
TIVICAY PD	4	QL (360 per 30 days); S	VEMLIDY	4	PA; QL (30 per 30 days); S
tobramycin sulfate injection solution	1		VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG	4	PA; S
tobramycin sulfate injection solution reconstituted	4	S	VIRACEPT ORAL TABLET 250 MG	4	QL (300 per 30 days); S
TRECTOR	3		VIRACEPT ORAL TABLET 625 MG	4	QL (120 per 30 days); S
trifluridine ophthalmic	1				
trimethoprim oral	1				
TRIUMEQ	4	QL (30 per 30 days); S			
TRIUMEQ PD	3	QL (180 per 30 days)			
TYBOST	2	QL (30 per 30 days)			
valacyclovir hcl oral tablet 1 gm	1	QL (90 per 30 days)			
valacyclovir hcl oral tablet 500 mg	1	QL (60 per 30 days)			
valganciclovir hcl oral solution reconstituted	4	S			
valganciclovir hcl oral tablet	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
VIREAD ORAL POWDER	4	QL (240 per 30 days); S
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	QL (30 per 30 days); S
<i>voriconazole intravenous</i>	3	PA
<i>voriconazole oral suspension reconstituted</i>	4	PA; QL (300 per 30 days); S
<i>voriconazole oral tablet 200 mg</i>	3	PA; QL (60 per 30 days)
<i>voriconazole oral tablet 50 mg</i>	1	PA; QL (120 per 30 days)
VOSEVI	4	PA; QL (30 per 30 days); S
XIFAXAN ORAL TABLET 550 MG	4	PA; QL (84 per 28 days); MO; S
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	
<i>zidovudine oral capsule</i>	1	QL (180 per 30 days)
<i>zidovudine oral syrup</i>	1	QL (1920 per 30 days)
<i>zidovudine oral tablet</i>	1	QL (60 per 30 days)
ZIRGAN	3	
Miscellaneous Therapeutic Agents		
<i>acetic acid irrigation</i>	1	
ALCOHOL SWABS	1	MO
AUTOPEN	2	
BD PEN	2	
BD PEN MINI	2	
GAUZE STERILE PADS 2	1	MO
IGALMI SUBLINGUAL FILM 120 MCG	4	QL (30 per 30 days); S

Drug Name	Drug Tier	Requirements/Limits
IGALMI SUBLINGUAL FILM 180 MCG	3	QL (30 per 30 days)
INSULIN PEN NEEDLE: BD, EMBECTA	1	QL (200 per 30 days); MO
INSULIN SYRINGE: BD, EMBECTA	1	QL (200 per 30 days); MO
KOSELUGO	4	PA; S
METHERGINE ORAL	4	S
<i>methylergonovine maleate oral</i>	4	S
<i>neomycin-polymyxin b gu</i>	1	
NOVOPEN ECHO	2	
OMNIPOD 5 DEXG7G6 INTRO GEN 5	3	PA
OMNIPOD 5 DEXG7G6 PODS GEN 5	3	PA
OMNIPOD 5 G7 INTRO (GEN 5)	3	PA
OMNIPOD 5 G7 PODS (GEN 5)	3	PA
OMNIPOD 5 LIBRE2 G6 INTRO G5	3	PA
OMNIPOD 5 LIBRE2 PLUS G6 PODS	3	PA
OMNIPOD CLASSIC PODS (GEN 3)	3	PA
OMNIPOD DASH INTRO (GEN 4)	3	PA
OMNIPOD DASH PODS (GEN 4)	3	PA
PHYSIOLYTE	3	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<i>sterile water for irrigation</i>	2	
SYNAGIS	4	PA; S
Ophthalmic Agents		

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

Drug Name	Drug Tier	Requirements/ Limits
acetazolamide er	1	MO
ALOCRIL	3	
apraclonidine hcl	1	
atropine sulfate ophthalmic ointment	2	MO
atropine sulfate ophthalmic solution 1 %	2	MO
azelastine hcl ophthalmic	1	
bacitra-neomycin- polymyxin-hc	1	
bacitracin ophthalmic	1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1	
bepotastine besilate	1	
betaxolol hcl ophthalmic	1	MO
BETOPTIC-S	3	MO
bimatoprost ophthalmic	1	MO
brimonidine tartrate ophthalmic	1	MO
brimonidine tartrate- timolol	2	MO
brinzolamide	2	MO
bromfenac sodium (once- daily)	1	
bromfenac sodium ophthalmic solution 0.07 %	3	
carteolol hcl	1	MO
ciprofloxacin hcl ophthalmic	1	
cromolyn sodium ophthalmic	1	
cyclopentolate hcl ophthalmic solution 1 %	1	MO

Drug Name	Drug Tier	Requirements/ Limits
cyclosporine ophthalmic	2	QL (60 per 30 days); MO
CYSTARAN	4	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	
INVELTYS	3	
IOPIDINE OPHTHALMIC SOLUTION 1 %	3	
ketorolac tromethamine ophthalmic	1	
latanoprost ophthalmic	1	MO
levobunolol hcl ophthalmic solution 0.5 %	1	MO
levofloxacin ophthalmic	1	

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
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 (3 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	
<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	

Drug Name	Drug Tier	Requirements/ Limits
PHOSPHOLINE IODIDE	4	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
<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

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>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
XDEMVY	4	PA; 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	
<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	4	PA; QL (90 per 30 days); S

Drug Name	Drug Tier	Requirements/Limits
ADVAIR HFA	2	QL (12 per 30 days); MO
<i>albuterol sulfate hfa</i>	1	MO
<i>albuterol sulfate inhalation</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)
<i>ambrisentan</i>	3	PA; QL (30 per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	2	QL (60 per 30 days); MO
<i>arformoterol tartrate</i>	3	B/D PA; QL (120 per 30 days); MO
ARNUITY ELLIPTA	2	QL (30 per 30 days); MO
ATROVENT HFA	3	QL (26 per 30 days); MO
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML	3	QL (2 per 28 days)
<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)
<i>bosentan oral tablet soluble</i>	4	PA; QL (120 per 30 days); S
BREO ELLIPTA INHALATION AEROSOL	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
POWDER BREATH ACTIVATED 100-25 MCG/ ACT, 200-25 MCG/ACT, 50- 25 MCG/INH		
<i>breynd</i>	2	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>	2	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>	4	PA; S
CAYSTON	4	PA; S
<i>cetirizine hcl oral solution</i>	1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	PA
COMBIVENT RESPIMAT	3	QL (8 per 30 days); MO
<i>cromolyn sodium inhalation</i>	1	B/D PA; MO
<i>cyproheptadine hcl oral syrup</i>	1	PA
<i>cyproheptadine hcl oral tablet</i>	1	
<i>desloratadine oral tablet</i>	1	
<i>desloratadine oral tablet dispersible</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>diphenhydramine hcl injection</i>	1	
DULERA	3	QL (13 per 30 days); MO
ELIXOPHYLLIN	2	MO
<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)
FASENRA PEN	4	PA; QL (1 per 28 days); S
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	4	PA; QL (0.5 per 28 days); S
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	4	PA; QL (1 per 28 days); S
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	QL (75 per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act</i>	2	QL (60 per 30 days); MO
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>	2	QL (240 per 30 days); MO
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	2	QL (12 per 30 days); MO
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	2	QL (24 per 30 days); MO
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	2	QL (11 per 30 days); MO
<i>fluticasone propionate nasal</i>	1	QL (16 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>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>levocetirizine dihydrochloride oral solution</i>	1	QL (300 per 30 days)
<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>levocetirizine dihydrochloride oral tablet</i>	1	QL (30 per 30 days)
<i>formoterol fumarate inhalation</i>	3	B/D PA; QL (120 per 30 days); MO	<i>mometasone furoate nasal</i>	1	
<i>hydroxyzine hcl intramuscular</i>	1	PA	<i>montelukast sodium oral</i>	1	MO
<i>hydroxyzine hcl oral syrup</i>	1	PA	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL (3 per 28 days); S
<i>hydroxyzine hcl oral tablet</i>	1	PA	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA; QL (3 per 28 days); S
<i>hydroxyzine pamoate oral</i>	1	PA	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	PA; QL (0.4 per 28 days); S
<i>ipratropium bromide inhalation</i>	1	B/D PA; MO	NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; QL (3 per 28 days); S
<i>ipratropium bromide nasal</i>	1	QL (30 per 30 days); MO	OFEV	4	PA; QL (60 per 30 days); S
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	B/D PA; QL (540 per 30 days); MO	<i>olopatadine hcl nasal</i>	1	QL (31 per 30 days)
KALYDECO ORAL TABLET	4	PA; QL (60 per 30 days); S	OMNARIS	3	ST; QL (13 per 30 days)
<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	OPSUMIT	4	PA; QL (30 per 30 days); S
<i>levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml</i>	1	B/D PA; QL (540 per 30 days); MO	ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	3	PA
<i>levalbuterol tartrate</i>	1	QL (45 per 30 days); MO	ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	4	PA; S
			ORKAMBI ORAL TABLET	4	PA; QL (120 per 30 days); S
			<i>pirfenidone oral tablet 267 mg</i>	4	PA; QL (270 per 30 days); S

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>	4	PA; QL (90 per 30 days); S
PULMICORT FLEXHALER	3	QL (2 per 30 days); MO
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	4	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, 8 MG/20ML	4	PA; S
<i>roflumilast</i>	3	QL (30 per 30 days); MO
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	QL (60 per 30 days); MO
<i>sildenafil citrate intravenous</i>	4	PA; QL (1125 per 30 days); S
<i>sildenafil citrate oral suspension reconstituted</i>	3	PA; QL (720 per 30 days)
<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
<i>tadalafil (pah)</i>	3	PA; QL (60 per 30 days)

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>	4	B/D PA; QL (280 per 28 days); S
TRACLEER ORAL TABLET SOLUBLE	4	PA; QL (120 per 30 days); S
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	2	QL (60 per 30 days); MO
<i>treprostinil</i>	4	PA; S
TRIKAF TA ORAL TABLET THERAPY PACK	4	PA; QL (84 per 28 days); S
TRIKAF TA ORAL THERAPY PACK	4	PA; QL (56 per 28 days); S
TYVASO	4	PA; QL (81.2 per 30 days); S
TYVASO DPI INSTITUTIONAL KIT	4	PA; S
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	4	PA; S
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	4	PA; S
TYVASO REFILL KIT	4	PA; QL (81.2 per 30 days); S
TYVASO STARTER KIT	4	PA; QL (81.2 per 365 days); S

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	4	PA; QL (60 per 30 days); S
UPTRAVI TITRATION	4	PA; S
VENTAVIS	4	PA; QL (270 per 30 days); S
WINREVAIR	4	PA; S
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	QL (60 per 30 days); MO
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML	4	PA; QL (8 per 28 days); S
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	4	PA; QL (4 per 28 days); S
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	4	PA; QL (8 per 28 days); S
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	4	PA; QL (4 per 28 days); S
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; QL (8 per 28 days); 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.

Index of Drugs

Legend

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

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

A		<i>adapalene external gel</i>	44
<i>abacavir sulfate oral solution</i>	69	<i>adefovir dipivoxil</i>	69
<i>abacavir sulfate oral tablet</i>	69	ADEMPAS	81
<i>abacavir sulfate-lamivudine</i>	69	ADVAIR HFA	81
ABELCET	69	AFIRMELLE	59
ABIGALE	59	AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	
ABIGALE LO	59	140 MG/ML	29
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE		AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	
720 MG/2.4ML	29	70 MG/ML	29
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE		AKEEGA	14
960 MG/3.2ML	29	<i>ala-cort external cream 1 %</i>	44
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED		<i>albendazole oral</i>	69
SYRINGE	29	<i>albuterol sulfate hfa</i>	81
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION		<i>albuterol sulfate inhalation</i>	81
RECONSTITUTED ER	29	<i>albuterol sulfate oral syrup</i>	81
<i>abiraterone acetate oral tablet 250 mg</i>	14	<i>albuterol sulfate oral tablet</i>	81
<i>abiraterone acetate oral tablet 500 mg</i>	14	<i>alclometasone dipropionate</i>	44
ABIRTEGA	14	ALCOHOL SWABS	78
ABRYSVO	65	ALECENSA	14
<i>acamprosate calcium</i>	29	<i>alendronate sodium oral solution</i>	50
<i>acarbose oral</i>	50	<i>alendronate sodium oral tablet 10 mg</i>	50
<i>acebutolol hcl oral</i>	23	<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	10
<i>acetaminophen-codeine oral solution</i>	11	<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	10
<i>acetaminophen-codeine oral tablet</i>	11	<i>alfuzosin hcl er</i>	58
<i>acetazolamide er</i>	79	<i>aliskiren fumarate</i>	23
<i>acetazolamide oral</i>	23	<i>allopurinol oral tablet 100 mg, 300 mg</i>	11
<i>acetic acid irrigation</i>	78	<i>almotriptan malate</i>	29
<i>acetic acid otic</i>	81	ALOCRIAL	79
<i>acetylcysteine inhalation</i>	81	<i>alosetron hcl oral tablet 0.5 mg</i>	55
<i>acitretin</i>	44	<i>alosetron hcl oral tablet 1 mg</i>	55
ACTHAR	59	<i>alprazolam er</i>	29
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR	59	ALPRAZOLAM INTENSOL	29
ACTHIB	65	<i>alprazolam oral</i>	29
ACTIMMUNE	65	<i>alprazolam xr</i>	29
<i>acyclovir external cream</i>	44	ALTAVERA	59
<i>acyclovir external ointment</i>	44	ALUNBRIG ORAL TABLET 180 MG	14
<i>acyclovir oral capsule</i>	69	ALUNBRIG ORAL TABLET 30 MG	14
<i>acyclovir oral suspension 200 mg/5ml</i>	69	ALUNBRIG ORAL TABLET 90 MG	14
<i>acyclovir oral suspension 800 mg/20ml</i>	69	ALUNBRIG ORAL TABLET THERAPY PACK	14
<i>acyclovir oral tablet</i>	69	<i>alyacen 1/35</i>	59
<i>acyclovir sodium intravenous solution</i>	69	<i>alyacen 7/7/7</i>	59
ADACEL	65	ALYQ	81
<i>adapalene external cream</i>	44	<i>amantadine hcl oral capsule</i>	29

amantadine hcl oral solution	29	ampicillin sodium injection solution reconstituted 1 gm, 125 mg	70
amantadine hcl oral tablet	29	ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm	70
ambrisentan	81	ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	70
AMETHIA	59	ampicillin-sulbactam sodium intravenous	70
AMETHYST	59	anagrelide hcl	21
amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml	69	anastrozole oral	14
amiloride hcl oral	23	ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	81
amiloride-hydrochlorothiazide	23	apomorphine hcl subcutaneous	29
amiodarone hcl oral	23	apraclonidine hcl	79
amitriptyline hcl oral	29	aprepitant oral capsule 125 mg	55
amlodipine besy-benazepril hcl	9	aprepitant oral capsule 40 mg	55
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg	23	aprepitant oral capsule 80 & 125 mg	55
amlodipine besy-benazepril hcl oral capsule 2.5-10 mg	23	aprepitant oral capsule 80 mg	55
amlodipine besy-benazepril hcl oral capsule 5-10 mg, 5-20 mg	23	APRI	59
amlodipine besylate oral	23	APTIOM ORAL TABLET 200 MG, 400 MG	29
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg	23	APTIOM ORAL TABLET 600 MG, 800 MG	29
amlodipine besylate-valsartan oral tablet 5-160 mg	23	APTIVUS ORAL CAPSULE	70
amlodipine-atorvastatin	24	ARANELLE	59
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-40 mg	24	ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 40 MCG/ML	21
amlodipine-olmesartan oral tablet 5-20 mg	24	ARANESP (ALBUMIN FREE) INJECTION SOLUTION 200 MCG/ML	21
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg	24	ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 60 MCG/ML	21
amlodipine-valsartan-hctz oral tablet 5-160-12.5 mg	24	ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML	21
ammonium lactate external	44	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	21
AMNESTEEM	44	ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 60 MCG/0.3ML	21
amoxapine	29	ARCALYST	65
amoxicillin oral capsule	69	AREXVY	65
amoxicillin oral suspension reconstituted	69	arformoterol tartrate	81
amoxicillin oral tablet	69	ARIKAYCE	70
amoxicillin oral tablet chewable 125 mg, 250 mg ...	70	aripiprazole oral solution	29
amoxicillin-pot clavulanate er	70	aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg	29
amoxicillin-pot clavulanate oral suspension reconstituted	70	aripiprazole oral tablet 20 mg, 30 mg	29
amoxicillin-pot clavulanate oral tablet	70	aripiprazole oral tablet dispersible 10 mg	29
amphetamine sulfate oral tablet 10 mg	29	aripiprazole oral tablet dispersible 15 mg	29
amphetamine sulfate oral tablet 5 mg	29	ARISTADA INITIO	29
amphetamine-dextroamphet er	29	ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	29
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	29	ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	30
amphetamine-dextroamphetamine oral tablet 30 mg	29	ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	30
amphotericin b intravenous	70		
amphotericin b liposome	70		
ampicillin oral capsule 500 mg	70		

ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	30	AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	30
armodafinil oral tablet 150 mg, 200 mg, 250 mg	30	AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	30
armodafinil oral tablet 50 mg	30	AYUNA	59
ARMOUR THYROID	59	AYVAKIT	15
ARNUITY ELLIPTA	81	azathioprine oral tablet 50 mg	65
ASCOMP-CODEINE	11	azelaic acid external	44
asenapine maleate sublingual tablet sublingual 10 mg	30	azelastine hcl nasal solution 0.1 %, 137 mcg/spray ...	81
asenapine maleate sublingual tablet sublingual 2.5 mg	30	azelastine hcl ophthalmic	79
asenapine maleate sublingual tablet sublingual 5 mg	30	azelastine-fluticasone	81
ASHLYNA	59	azithromycin intravenous	70
aspirin-dipyridamole er	21	azithromycin oral packet	70
atazanavir sulfate oral capsule 150 mg, 200 mg	70	azithromycin oral suspension reconstituted	70
atazanavir sulfate oral capsule 300 mg	70	azithromycin oral tablet 250 mg, 250 mg (6 pack)	70
atenolol oral	9	azithromycin oral tablet 500 mg, 500 mg (3 pack), 600 mg	70
atenolol-chlorthalidone	9	aztreonam	70
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg	30	AZURETTE	59
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	30	B	
atorvastatin calcium oral	9	BAC (BUTALBITAL-ACETAMIN-CAFF)	30
atovaquone oral	70	bacitra-neomycin-polymyxin-hc	79
atovaquone-proguanil hcl	70	bacitracin ophthalmic	79
atropine sulfate ophthalmic ointment	79	bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	79
atropine sulfate ophthalmic solution 1 %	79	baclofen oral solution 10 mg/5ml	30
ATROVENT HFA	81	baclofen oral solution 5 mg/5ml	30
AUBRA EQ	59	baclofen oral suspension	30
AUGTYRO ORAL CAPSULE 160 MG	14	baclofen oral tablet	30
AUGTYRO ORAL CAPSULE 40 MG	15	balsalazide disodium	55
AUROVELA 1.5/30	59	BALVERSA ORAL TABLET 3 MG	15
AUROVELA 1/20	59	BALVERSA ORAL TABLET 4 MG	15
AUROVELA 24 FE	59	BALVERSA ORAL TABLET 5 MG	15
AUROVELA FE 1.5/30	59	BALZIVA	59
AUROVELA FE 1/20	59	BARACLUDE ORAL SOLUTION	70
AUSTEDO	30	bcg vaccine injection solution reconstituted	65
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 6 MG	30	BD PEN	78
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG	30	BD PEN MINI	78
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	30	BELBUCA BUCCAL FILM 450 MCG	11
AUTOPEN	78	benazepril hcl oral	9
AUVELITY	30	benazepril-hydrochlorothiazide	9
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML	81	benazepril-hydrochlorothiazide oral tablet 10-12.5 mg	24
AVASTIN	15	benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	24
AVIANE	59	benazepril-hydrochlorothiazide oral tablet 5-6.25 mg	24
AVMAPKI FAKZYNJA CO-PACK	15	BENLYSTA	65
		benzoyl peroxide-erythromycin	44
		benztropine mesylate oral	30
		bepotastine besilate	79

BESREMI	15	brimonidine tartrate ophthalmic	79
betaine	57	brimonidine tartrate-timolol	79
betamethasone dipropionate aug	44	brinzolamide	79
betamethasone dipropionate external cream	44	BRIVIACT INTRAVENOUS	30
betamethasone dipropionate external lotion	44	BRIVIACT ORAL SOLUTION	30
betamethasone dipropionate external ointment	44	BRIVIACT ORAL TABLET	30
betamethasone valerate external	44	bromfenac sodium (once-daily)	79
BETASERON SUBCUTANEOUS KIT	30	bromfenac sodium ophthalmic solution 0.07 %	79
betaxolol hcl ophthalmic	79	bromocriptine mesylate oral	30
betaxolol hcl oral	24	BRUKINSA ORAL CAPSULE	15
bethanechol chloride oral	58	BRUKINSA ORAL TABLET	15
BETOPTIC-S	79	budesonide er oral tablet extended release 24 hour	55
bexarotene external	44	budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	82
bexarotene oral	15	budesonide inhalation suspension 1 mg/2ml	82
BEXSERO	65	budesonide oral	55
bicalutamide	15	budesonide-formoterol fumarate	82
BICILLIN C-R	70	bumetanide injection	24
BICILLIN C-R 900/300	70	bumetanide oral	24
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	70	buprenorphine hcl injection	30
BIJUVA	59	buprenorphine hcl sublingual	30
BIKTARVY ORAL TABLET 30-120-15 MG	70	buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	31
BIKTARVY ORAL TABLET 50-200-25 MG	70	buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg	31
bimatoprost ophthalmic	79	buprenorphine hcl-naloxone hcl sublingual film 4-1 mg	31
bisoprolol fumarate oral	24	buprenorphine hcl-naloxone hcl sublingual film 8-2 mg	31
bisoprolol fumarate oral tablet 10 mg, 5 mg	9	buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	31
bisoprolol-hydrochlorothiazide	9	buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	31
BLISOVI 24 FE	59	buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr	11
BLISOVI FE 1.5/30	59	buprenorphine transdermal patch weekly 20 mcg/ hr	11
BLISOVI FE 1/20	59	buprenorphine transdermal patch weekly 5 mcg/hr, 7.5 mcg/hr	11
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF- MCG/0.5	65	bupropion hcl er (smoking det)	31
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	65-66	bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg	31
bortezomib injection solution reconstituted 1 mg	15	bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg	31
bortezomib injection solution reconstituted 2.5 mg	15	bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	31
bosentan oral tablet	81	bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg	31
bosentan oral tablet soluble	81	bupropion hcl oral tablet 100 mg	31
BOSULIF ORAL CAPSULE 100 MG	15	bupropion hcl oral tablet 75 mg	31
BOSULIF ORAL CAPSULE 50 MG	15	buspirone hcl oral	31
BOSULIF ORAL TABLET 100 MG	15		
BOSULIF ORAL TABLET 400 MG, 500 MG	15		
BOTOX	30		
BRAFTOVI ORAL CAPSULE 75 MG	15		
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	81-82		
breynd	82		
BREZTRI AEROSPHERE	82		
briellyn	59		
BRILINTA	21		

<i>butalbital-acetaminophen oral capsule</i>	31	<i>carbinoxamine maleate oral tablet 4 mg</i>	82
<i>butalbital-apap-caff-cod</i>	11	<i>carbinoxamine maleate oral tablet 6 mg</i>	82
<i>butalbital-apap-caffeine oral capsule 50-300-40</i>		<i>CARDURA XL</i>	58
<i>mg</i>	31	<i>carglumic acid oral tablet soluble</i>	48
<i>butalbital-apap-caffeine oral tablet 50-325-40</i>		<i>carisoprodol oral tablet 350 mg</i>	31
<i>mg</i>	31	<i>carteolol hcl</i>	79
<i>butalbital-asa-caff-codeine</i>	11	<i>CARTIA XT</i>	24
<i>butalbital-aspirin-caffeine oral capsule</i>	31	<i>carvedilol</i>	9
<i>butorphanol tartrate nasal</i>	12	<i>carvedilol phosphate er</i>	24
C		<i>CAYSTON</i>	82
<i>CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED</i>		<i>cefaclor er</i>	70
<i>RELEASE 400 & 600 MG/2ML</i>	70	<i>cefaclor oral capsule</i>	70
<i>CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED</i>		<i>cefaclor oral suspension reconstituted 250 mg/</i>	
<i>RELEASE 600 & 900 MG/3ML</i>	70	<i>5ml</i>	70
<i>cabergoline</i>	59	<i>cefadroxil</i>	70
<i>CABOMETYX</i>	15	<i>cefazolin sodium injection solution reconstituted 1</i>	
<i>CABTREO</i>	44	<i>gm, 10 gm, 2 gm, 3 gm, 500 mg</i>	70-71
<i>calcipotriene external cream</i>	44	<i>cefazolin sodium intravenous solution reconstituted</i>	
<i>calcipotriene external ointment</i>	44	<i>1 gm</i>	71
<i>calcipotriene external solution</i>	44	<i>cefazolin sodium-dextrose intravenous solution 3-4</i>	
<i>calcipotriene-betameth diprop external</i>		<i>gm/150ml-%</i>	71
<i>ointment</i>	44	<i>cefazolin sodium-dextrose intravenous solution</i>	
<i>calcitonin (salmon) injection</i>	50	<i>reconstituted 3-2 gm-%(50ml)</i>	71
<i>calcitonin (salmon) nasal</i>	50	<i>cefdinir</i>	71
<i>CALCITRENE</i>	44	<i>cefepime hcl injection solution reconstituted 1</i>	
<i>calcitriol external</i>	44	<i>gm</i>	71
<i>calcitriol oral</i>	50	<i>cefepime hcl intravenous solution reconstituted 2</i>	
<i>CALQUENCE</i>	15	<i>gm</i>	71
<i>CAMILA</i>	59	<i>cefixime</i>	71
<i>CAMRESE</i>	59	<i>cefotetan disodium injection solution reconstituted</i>	
<i>CAMRESE LO</i>	59	<i>1 gm, 2 gm</i>	71
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8</i>		<i>cefoxitin sodium intravenous</i>	71
<i>mg</i>	24	<i>cefpodoxime proxetil</i>	71
<i>candesartan cilexetil oral tablet 32 mg</i>	24	<i>cefprozil</i>	71
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	24	<i>ceftazidime injection solution reconstituted 1 gm, 6</i>	
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-</i>		<i>gm</i>	71
<i>25 mg</i>	24	<i>ceftazidime intravenous</i>	71
<i>CAPLYTA</i>	31	<i>ceftriaxone sodium in dextrose</i>	71
<i>CAPRELSA ORAL TABLET 100 MG</i>	15	<i>ceftriaxone sodium injection solution reconstituted 1</i>	
<i>CAPRELSA ORAL TABLET 300 MG</i>	15	<i>gm, 2 gm, 250 mg, 500 mg</i>	71
<i>captopril oral tablet 100 mg</i>	24	<i>ceftriaxone sodium intravenous</i>	71
<i>captopril oral tablet 12.5 mg, 25 mg, 50 mg</i>	24	<i>cefuroxime axetil oral tablet 250 mg</i>	71
<i>carbamazepine er</i>	31	<i>cefuroxime axetil oral tablet 500 mg</i>	71
<i>carbamazepine oral</i>	31	<i>cefuroxime sodium injection solution reconstituted</i>	
<i>carbidopa oral</i>	31	<i>750 mg</i>	71
<i>carbidopa-levodopa</i>	31	<i>cefuroxime sodium intravenous solution reconstituted</i>	
<i>carbidopa-levodopa er oral tablet extended release</i>		<i>1.5 gm</i>	71
<i>25-100 mg, 50-200 mg</i>	31	<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	12
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-</i>		<i>celecoxib oral capsule 400 mg</i>	12
<i>200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200</i>		<i>cephalexin oral capsule 250 mg, 500 mg</i>	71
<i>mg, 37.5-150-200 mg, 50-200-200 mg</i>	31	<i>cephalexin oral capsule 750 mg</i>	71
<i>carbinoxamine maleate oral solution</i>	82		

cephalexin oral suspension reconstituted 125 mg/5ml	71	CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML	55
cephalexin oral suspension reconstituted 250 mg/5ml	71	CLEOCIN VAGINAL SUPPOSITORY	58
cephalexin oral tablet	71	CLIMARA PRO	59
cetirizine hcl oral solution	82	CLINDACIN	44
cevimeline hcl	44	clindamycin hcl oral	71
CHARLOTTE 24 FE	59	clindamycin palmitate hcl	71
CHATEAL EQ	59	clindamycin phos (once-daily)	44
CHEMET	50	clindamycin phos (twice-daily)	45
chlordiazepoxide hcl	31	clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	45
chlordiazepoxide-amitriptyline	31	clindamycin phosphate external gel	45
chlorhexidine gluconate mouth/throat	44	clindamycin phosphate external lotion	45
chloroquine phosphate oral	71	clindamycin phosphate external solution	45
chlorpromazine hcl injection	31	clindamycin phosphate external swab	45
chlorpromazine hcl oral concentrate 100 mg/ml	31	clindamycin phosphate in d5w	71
chlorpromazine hcl oral concentrate 30 mg/ml	31	clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml	72
chlorpromazine hcl oral tablet	32	clindamycin phosphate injection solution 900 mg/6ml	72
chlorthalidone oral tablet 25 mg, 50 mg	9	clindamycin phosphate vaginal	58
chlorzoxazone oral tablet 250 mg	32	clindamycin-tretinoin	45
chlorzoxazone oral tablet 500 mg	32	CLINIMIX E/DEXTROSE (2.75/5)	48
cholestyramine light	24	CLINIMIX E/DEXTROSE (4.25/10)	48
cholestyramine oral	24	CLINIMIX E/DEXTROSE (4.25/5)	48
CICLODAN EXTERNAL SOLUTION	44	CLINIMIX E/DEXTROSE (5/15)	48
ciclopirox external	44	CLINIMIX E/DEXTROSE (5/20)	48
ciclopirox olamine external cream	44	clinimix e/dextrose (8/10)	48
ciclopirox olamine external suspension	44	clinimix e/dextrose (8/14)	48
cilostazol	21	CLINIMIX/DEXTROSE (4.25/10)	48
CIMDUO	71	CLINIMIX/DEXTROSE (4.25/5)	48
cimetidine hcl oral solution 300 mg/5ml	55	CLINIMIX/DEXTROSE (5/15)	48
cimetidine oral tablet 200 mg	55	CLINIMIX/DEXTROSE (5/20)	48
cimetidine oral tablet 300 mg, 400 mg, 800 mg	55	clinimix/dextrose (6/5)	48
cinacalcet hcl oral tablet 30 mg	50	clinimix/dextrose (8/10)	49
cinacalcet hcl oral tablet 60 mg	50	clinimix/dextrose (8/14)	49
cinacalcet hcl oral tablet 90 mg	50	CLINISOL SF	49
CINRYZE	21	CLINOLIPID	49
CIPRO HC	81	clobazam oral suspension 2.5 mg/ml	32
CIPRO ORAL SUSPENSION RECONSTITUTED	71	clobazam oral tablet 10 mg	32
ciprofloxacin hcl ophthalmic	79	clobazam oral tablet 20 mg	32
ciprofloxacin hcl oral tablet 250 mg, 500 mg	71	clobetasol propionate e	45
ciprofloxacin hcl oral tablet 750 mg	71	clobetasol propionate emulsion	45
ciprofloxacin hcl otic	81	clobetasol propionate external cream 0.05 %	45
ciprofloxacin in d5w	71	clobetasol propionate external foam	45
ciprofloxacin-dexamethasone	81	clobetasol propionate external gel	45
citalopram hydrobromide oral solution	32	clobetasol propionate external lotion	45
citalopram hydrobromide oral tablet 10 mg	32	clobetasol propionate external ointment	45
citalopram hydrobromide oral tablet 20 mg	32	clobetasol propionate external shampoo	45
citalopram hydrobromide oral tablet 40 mg	32	clobetasol propionate external solution	45
CLARAVIS	44	clocortolone pivalate	45
clarithromycin er	71	CLODAN EXTERNAL SHAMPOO	45
clarithromycin oral	71		
clemastine fumarate oral tablet 2.68 mg	82		

clomipramine hcl oral	32	COSENTYX SUBCUTANEOUS SOLUTION PREFILLED	
clonazepam oral	32	SYRINGE 150 MG/ML	66
clonidine hcl er oral tablet extended release 12		COSENTYX SUBCUTANEOUS SOLUTION PREFILLED	
hour	32	SYRINGE 75 MG/0.5ML	66
clonidine hcl oral	24	COSENTYX UNOREADY	66
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2		COTELLIC	15
mg/24hr	24	CREON	57
clonidine transdermal patch weekly 0.3 mg/24hr ...	24	CRESEMBA ORAL	72
clopidogrel bisulfate oral tablet 300 mg	21	CRINONE	59
clopidogrel bisulfate oral tablet 75 mg	21	cromolyn sodium inhalation	82
clorazepate dipotassium	32	cromolyn sodium ophthalmic	79
clotrimazole external cream	45	cromolyn sodium oral	57
clotrimazole external solution	45	CROTAN	45
clotrimazole mouth/throat troche	45	CRYSELLE-28	59
clotrimazole-betamethasone	45	cyclobenzaprine hcl oral tablet 10 mg	32
clozapine oral tablet 100 mg	32	cyclobenzaprine hcl oral tablet 5 mg	32
clozapine oral tablet 200 mg	32	cyclopentolate hcl ophthalmic solution 1 %	79
clozapine oral tablet 25 mg	32	cyclophosphamide oral capsule	15
clozapine oral tablet 50 mg	32	CYCLOSET	51
clozapine oral tablet dispersible 100 mg	32	cyclosporine modified	66
clozapine oral tablet dispersible 12.5 mg	32	cyclosporine ophthalmic	79
clozapine oral tablet dispersible 150 mg	32	cyclosporine oral capsule	66
clozapine oral tablet dispersible 200 mg	32	cyproheptadine hcl oral syrup	82
clozapine oral tablet dispersible 25 mg	32	cyproheptadine hcl oral tablet	82
COARTEM	72	CYRED EQ	59
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG	32	CYSTAGON	57
COBENFY ORAL CAPSULE 50-20 MG	32	CYSTARAN	79
COBENFY STARTER PACK	32	D	
codeine sulfate oral tablet	12	dabigatran etexilate mesylate	21
colchicine oral capsule	12	dalfampridine er	32
colchicine oral tablet	12	danazol oral	59
colchicine-probenecid	12	dantrolene sodium oral	32
colesevelam hcl	24	DANZITEN	15
colestipol hcl	24	dapagliflozin propanediol	51
colistimethate sodium (cba)	72	dapsone external	45
COMBIPATCH	59	dapsone oral	72
COMBIVENT RESPIMAT	82	DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 ...	66
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	15	daptomycin intravenous solution reconstituted 350	
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG		mg	72
& 80 MG	15	daptomycin intravenous solution reconstituted 500	
COMETRIQ (60 MG DAILY DOSE)	15	mg	72
COMPRO	55	darifenacin hydrobromide er	58
constulose	55	darunavir	72
COPIKTRA	15	DARZALEX FASPRO	15
CORLANOR ORAL SOLUTION	24	dasatinib	15
CORTIFOAM EXTERNAL	55	DASETTA 1/35 (28)	59
CORTISPORIN-TC	81	DASETTA 7/7/7	59
COSENTYX (300 MG DOSE)	66	DAURISMO ORAL TABLET 100 MG	15
COSENTYX SENSOREADY (300 MG)	66	DAURISMO ORAL TABLET 25 MG	15
COSENTYX SENSOREADY PEN	66	DAYSEE	59
		DEBLITANE	59
		deferasirox oral tablet 180 mg, 360 mg	51

deferasirox oral tablet 90 mg	51	dextroamphetamine sulfate er oral capsule extended	
deferasirox oral tablet soluble	51	release 24 hour 10 mg, 5 mg	32
deferiprone	51	dextroamphetamine sulfate er oral capsule extended	
DELSTRIGO	72	release 24 hour 15 mg	33
DELYLA	59	dextroamphetamine sulfate oral solution	33
demeclocycline hcl oral	72	dextroamphetamine sulfate oral tablet 10 mg	33
DENTA 5000 PLUS	45	dextroamphetamine sulfate oral tablet 5 mg	33
DENTAGEL	45	dextrose 5%/electrolyte #48	49
DEPO-ESTRADIOL	59	dextrose intravenous solution 10 %, 5 %	49
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS		dextrose intravenous solution 250 mg/ml	49
SUSPENSION PREFILLED SYRINGE	59	dextrose-nacl intravenous solution 5-0.9 %	49
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100		dextrose-sodium chloride intravenous solution 10-0.2	
MG/ML	60	%	49
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200		dextrose-sodium chloride intravenous solution 10-0.45	
MG/ML	60	%, 5-0.2 %, 5-0.225 %, 5-0.33 %, 5-0.45 %, 5-0.9 %	49
DESCOVY	72	DIACOMIT ORAL CAPSULE 250 MG	33
desipramine hcl oral	32	DIACOMIT ORAL CAPSULE 500 MG	33
desloratadine oral tablet	82	DIACOMIT ORAL PACKET 250 MG	33
desloratadine oral tablet dispersible	82	DIACOMIT ORAL PACKET 500 MG	33
desmopressin ace spray refrig	60	diazepam injection	33
desmopressin acetate oral	60	DIAZEPAM INTENSOL	33
desmopressin acetate spray	60	diazepam oral concentrate	33
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01		diazepam oral solution 5 mg/5ml	33
mg (21/5)	60	diazepam oral tablet 10 mg	33
desonide external cream	45	diazepam oral tablet 2 mg	33
desonide external gel	45	diazepam oral tablet 5 mg	33
desonide external lotion	45	diazepam rectal	33
desonide external ointment	45	diazoxide oral	51
desoximetasone external cream	45	diclofenac potassium oral tablet 50 mg	12
desoximetasone external gel	45	diclofenac sodium er	12
desoximetasone external liquid	45	diclofenac sodium external gel 3 %	45
desoximetasone external ointment	45	diclofenac sodium external solution 1.5 %	12
desvenlafaxine er	32	diclofenac sodium external solution 2 %	12
desvenlafaxine succinate er	32	diclofenac sodium ophthalmic	79
DEXAMETHASONE INTENSOL	60	diclofenac sodium oral	12
dexamethasone oral elixir	60	diclofenac-misoprostol oral tablet delayed	
dexamethasone oral solution	60	release	12
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5		dicloxacin sodium	72
mg	60	dicyclomine hcl oral capsule	55
dexamethasone oral tablet 2 mg, 4 mg, 6 mg	60	dicyclomine hcl oral solution 10 mg/5ml	55
dexamethasone oral tablet therapy pack	60	dicyclomine hcl oral tablet 20 mg	55
dexamethasone sod phos +rfd	60	DIFICID	72
dexamethasone sod phosphate pf injection		diflorasone diacetate external	45
solution	60	diflunisal oral	12
dexamethasone sodium phosphate injection	60	difluprednate	79
dexamethasone sodium phosphate ophthalmic	79	digox oral tablet 125 mcg	24
dexlansoprazole	55	digox oral tablet 250 mcg	24
dexmethylphenidate hcl	32	digoxin oral solution	24
dexmethylphenidate hcl er oral capsule extended		digoxin oral tablet 125 mcg	24
release 24 hour 10 mg, 15 mg, 25 mg, 30 mg, 35 mg, 40		digoxin oral tablet 250 mcg	24
mg, 5 mg	32	digoxin oral tablet 62.5 mcg	25
		dihydroergotamine mesylate injection	33

<i>dihydroergotamine mesylate nasal</i>	33	<i>doxycycline hyclate oral capsule</i>	72
DILANTIN ORAL CAPSULE 30 MG	33	<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	72
<i>dilt-xr</i>	25	<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	72
<i>diltiazem hcl er beads</i>	25	<i>doxycycline monohydrate oral suspension reconstituted</i>	72
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	25	<i>doxycycline monohydrate oral tablet</i>	72
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	25	DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	33
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	25	DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	33
<i>diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	25	<i>dronabinol</i>	55
<i>diltiazem hcl intravenous solution reconstituted</i> ...	25	<i>drospiren-eth estrad-levomefol</i>	60
<i>diltiazem hcl oral tablet</i>	25	<i>drospirenone-ethinyl estradiol</i>	60
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	33	DROXIA	21
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	33	<i>droxidopa oral capsule 100 mg</i>	25
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	33	<i>droxidopa oral capsule 200 mg, 300 mg</i>	25
<i>diphenhydramine hcl injection</i>	82	DUAVEE	60
<i>diphenoxylate-atropine oral liquid</i>	55	DULERA	82
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> ...	55	<i>duloxetine hcl oral capsule delayed release particles 20 mg</i>	34
<i>dipyridamole oral</i>	21	<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	34
<i>disopyramide phosphate oral</i>	25	<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	34
<i>disulfiram oral</i>	33	<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>	34
<i>divalproex sodium er oral tablet extended release 24 hour</i>	33	DUOBRII	45
<i>divalproex sodium oral capsule delayed release sprinkle</i>	33	DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	45
<i>divalproex sodium oral tablet delayed release</i>	33	DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	45
<i>dofetilide</i>	25	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	46
DOLISHALE	60	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	46
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	33	<i>duramorph</i>	12
<i>donepezil hcl oral tablet 23 mg</i>	33	<i>dutasteride oral</i>	58
<i>donepezil hcl oral tablet dispersible</i>	33	<i>dutasteride-tamsulosin hcl</i>	58
<i>dorzolamide hcl ophthalmic</i>	79	DYSPORT	34
<i>dorzolamide hcl-timolol mal</i>	79	E	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	79	E.E.S. 400 ORAL TABLET	72
DOTTI	60	<i>econazole nitrate external cream</i>	46
DOVATO	72	EDURANT	72
<i>doxazosin mesylate oral</i>	25	EDURANT PED	72
<i>doxepin hcl oral capsule</i>	33	<i>efavirenz oral tablet</i>	72
<i>doxepin hcl oral concentrate</i>	33	<i>efavirenz-emtricitab-tenofo df</i>	72
<i>doxepin hcl oral tablet</i>	33	<i>efavirenz-lamivudine-tenofovir</i>	72
<i>doxercalciferol oral</i>	51	EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	49
<i>doxorubicin hcl liposomal intravenous suspension</i>	15	EGRIFTA SV	60
DOXY 100	72	<i>eletriptan hydrobromide</i>	34
<i>doxycycline</i>	72	ELIGARD SUBCUTANEOUS KIT 22.5 MG, 7.5 MG	15
<i>doxycycline hyclate intravenous</i>	72		

ELIGARD SUBCUTANEOUS KIT 30 MG, 45 MG	15	<i>enoxaparin sodium injection solution prefilled syringe</i>	
ELINEST	60	30 mg/0.3ml	22
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY		<i>enoxaparin sodium injection solution prefilled syringe</i>	
PACK	21	40 mg/0.4ml	22
ELIQUIS ORAL TABLET	21	<i>enoxaparin sodium injection solution prefilled syringe</i>	
ELIXOPHYLLIN	82	60 mg/0.6ml	22
ELMIRON	58	ENPRESSE-28	60
<i>eltrombopag olamine oral packet 12.5 mg</i>	21	ENSKYCE ORAL TABLET 0.15-30 MG-MCG	60
<i>eltrombopag olamine oral packet 25 mg</i>	21	<i>entacapone</i>	34
<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg</i> ...	21	<i>entecavir</i>	72
<i>eltrombopag olamine oral tablet 50 mg</i>	22	ENTRESTO ORAL CAPSULE SPRINKLE	25
<i>eltrombopag olamine oral tablet 75 mg</i>	22	<i>enulose</i>	55
ELURYNG	60	ENVARUSUS XR	66
EMEND ORAL SUSPENSION RECONSTITUTED	55	EPCLUSA ORAL PACKET 150-37.5 MG	72
EMGALITY	34	EPCLUSA ORAL PACKET 200-50 MG	72
EMGALITY (300 MG DOSE)	34	EPCLUSA ORAL TABLET 200-50 MG	72
EMSAM	34	EPCLUSA ORAL TABLET 400-100 MG	73
<i>emtricitab-rlpivir-tenofovir df</i>	72	EPIDIOLEX	34
<i>emtricitabine</i>	72	<i>epinastine hcl</i>	79
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-</i>		<i>epinephrine injection solution 0.3 mg/0.3ml</i>	82
<i>200 mg, 167-250 mg</i>	72	<i>epinephrine injection solution auto-injector 0.15 mg/</i>	
<i>emtricitabine-tenofovir df oral tablet 200-300</i>		<i>0.3ml, 0.3 mg/0.3ml</i>	82
<i>mg</i>	72	EPITOL	34
EMTRIVA ORAL SOLUTION	72	<i>eplerenone</i>	25
EMZAAH	60	EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000	
<i>enalapril maleate oral tablet</i>	9	UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/	
<i>enalapril-hydrochlorothiazide</i>	9	ML	22
<i>enalapril-hydrochlorothiazide oral tablet 10-25</i>		EPRONTIA	34
<i>mg</i>	25	EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5</i>		100 MG	34
<i>mg</i>	25	EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	
ENBREL MINI	66	200 MG	34
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML ...	66	EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		300 MG	34
25 MG/0.5ML	66	ERGOMAR	34
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		<i>ergotamine-caffeine</i>	34
50 MG/ML	66	ERIVEDGE	16
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-		ERLEADA ORAL TABLET 240 MG	16
INJECTOR	66	ERLEADA ORAL TABLET 60 MG	16
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325		<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	16
MG, 7.5-325 MG	12	<i>erlotinib hcl oral tablet 25 mg</i>	16
ENERGIX-B INJECTION SUSPENSION 20 MCG/ML	66	ERRIN	60
ENERGIX-B INJECTION SUSPENSION PREFILLED		ERTACZO	46
SYRINGE	66	<i>ertapenem sodium</i>	73
ENILLORING	60	<i>ery</i>	46
<i>enoxaparin sodium injection solution 300 mg/</i>		ERY-TAB	73
<i>3ml</i>	22	ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION	
<i>enoxaparin sodium injection solution prefilled syringe</i>		RECONSTITUTED 500 MG	73
<i>100 mg/ml, 150 mg/ml</i>	22	<i>erythromycin base oral</i>	73
<i>enoxaparin sodium injection solution prefilled syringe</i>		<i>erythromycin ethylsuccinate oral suspension</i>	
<i>120 mg/0.8ml, 80 mg/0.8ml</i>	22	<i>reconstituted 200 mg/5ml</i>	73
		<i>erythromycin ethylsuccinate oral tablet</i>	73

erythromycin external gel	46	famciclovir oral tablet 500 mg	73
erythromycin external solution	46	famotidine (pf)	55
erythromycin lactobionate	73	famotidine intravenous solution 200 mg/20ml, 40 mg/4ml	55
erythromycin ophthalmic	79	famotidine oral suspension reconstituted	55
erythromycin oral	73	famotidine oral tablet 20 mg, 40 mg	56
escitalopram oxalate oral solution 5 mg/5ml	34	famotidine premixed	56
escitalopram oxalate oral tablet 10 mg	34	FANAPT ORAL TABLET 1 MG	34
escitalopram oxalate oral tablet 20 mg	34	FANAPT ORAL TABLET 10 MG, 12 MG	34
escitalopram oxalate oral tablet 5 mg	34	FANAPT ORAL TABLET 2 MG	34
eslicarbazepine acetate oral tablet 200 mg, 400 mg	34	FANAPT ORAL TABLET 4 MG	34
eslicarbazepine acetate oral tablet 600 mg, 800 mg	34	FANAPT ORAL TABLET 6 MG	34
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	55	FANAPT ORAL TABLET 8 MG	34
esomeprazole sodium intravenous solution reconstituted 40 mg	55	FANAPT TITRATION PACK	34
ESTARYLLA	60	FANAPT TITRATION PACK A	34
estazolam	34	FANAPT TITRATION PACK B ORAL TABLET	34
estradiol oral	60	FANAPT TITRATION PACK C ORAL TABLET	34
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	60	FARXIGA	51
estradiol transdermal patch twice weekly	60	FASENRA PEN	82
estradiol transdermal patch weekly	60	FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	82
estradiol vaginal	60	FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	82
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	60	febuxostat	12
estradiol-norethindrone acet	60	FEIRZA 1.5/30	61
ESTRING VAGINAL RING 7.5 MCG/24HR	60	FEIRZA 1/20	61
eszopiclone	34	felbamate oral suspension	34
ethambutol hcl oral	73	felbamate oral tablet	35
ethosuximide oral	34	felodipine er	25
ethynodiol diac-eth estradiol	60	FEMRING	61
etodolac er	12	fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	25
etodolac oral	12	fenofibrate oral capsule 134 mg, 200 mg, 50 mg, 67 mg	25
etonogestrel-ethinyl estradiol	60	fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	25
etravirine oral tablet 100 mg	73	fenofibrate oral tablet 40 mg	25
etravirine oral tablet 200 mg	73	fenofibric acid oral capsule delayed release	25
EUCRISA	46	fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 800 mcg	12
EULEXIN	16	fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	12
EVAMIST	61	FERRIPROX ORAL SOLUTION	51
everolimus oral tablet 0.25 mg, 0.75 mg	66	fesoterodine fumarate er	58
everolimus oral tablet 0.5 mg, 1 mg	66	FETZIMA	35
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	16	FETZIMA TITRATION	35
everolimus oral tablet soluble	16	FIASP FLEXTOUCH	51
EVOTAZ	73	FIASP INJECTION	51
exemestane	16	FIASP PENFILL	51
ezetimibe	25	FIASP PUMPCART	51
ezetimibe-simvastatin	25	finasteride oral tablet 5 mg	58
F		fingolimod hcl	35
FALMINA	61		
famciclovir oral tablet 125 mg, 250 mg	73		

FINTEPLA	35	fluticasone propionate hfa inhalation aerosol 110 mcg/act	82
FINZALA	61	fluticasone propionate hfa inhalation aerosol 220 mcg/act	82
FIRDAPSE	35	fluticasone propionate hfa inhalation aerosol 44 mcg/act	82
FIRMAGON (240 MG DOSE)	16	fluticasone propionate nasal	82
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	16	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	83
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML	73	fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	83
FIRVANQ ORAL SOLUTION RECONSTITUTED 50 MG/ML	73	fluvastatin sodium	25
FLAC	81	fluvastatin sodium er	25
FLAREX	79	fluvoxamine maleate er oral capsule extended release 24 hour 100 mg	35
flavoxate hcl	58	fluvoxamine maleate er oral capsule extended release 24 hour 150 mg	35
flecainide acetate	25	fluvoxamine maleate oral tablet 100 mg	35
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	73	fluvoxamine maleate oral tablet 25 mg, 50 mg	35
fluconazole oral	73	FML FORTE	79
flucytosine oral	73	fondaparinux sodium subcutaneous solution 10 mg/0.8ml	22
fludrocortisone acetate oral	61	fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	22
flunisolide nasal solution 25 mcg/act (0.025%)	82	fondaparinux sodium subcutaneous solution 5 mg/0.4ml	22
fluocinolone acetonide body	46	fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml	22
fluocinolone acetonide external	46	formoterol fumarate inhalation	83
fluocinolone acetonide otic	81	FOSAMAX PLUS D	51
fluocinolone acetonide scalp	46	fosamprenavir calcium	73
fluocinonide emulsified base	46	fosfomycin tromethamine	73
fluocinonide external cream 0.05 %	46	fosinopril sodium	9
fluocinonide external cream 0.1 %	46	fosinopril sodium-hctz	25
fluocinonide external gel	46	FOTIVDA	16
fluocinonide external ointment	46	FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML	22
fluocinonide external solution	46	FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	22
fluorometholone ophthalmic	79	FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	22
fluorouracil external cream 5 %	46	FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 7500 UNIT/0.3ML	22
fluorouracil external solution	46	fraiche 5000 dental	46
fluoxetine hcl oral capsule 10 mg	35	frovatriptan succinate	35
fluoxetine hcl oral capsule 20 mg	35	FRUZAQLA ORAL CAPSULE 1 MG	16
fluoxetine hcl oral capsule 40 mg	35	FRUZAQLA ORAL CAPSULE 5 MG	16
fluoxetine hcl oral capsule delayed release	35	FULPHILA	22
fluoxetine hcl oral solution	35		
fluphenazine decanoate injection	35		
fluphenazine hcl injection	35		
fluphenazine hcl oral	35		
flurandrenolide external cream	46		
flurandrenolide external lotion	46		
flurbiprofen oral tablet 100 mg	12		
flurbiprofen sodium	79		
fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act	82		
fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act	82		
fluticasone propionate external	46		

<i>fulvestrant intramuscular solution prefilled syringe</i>	16	GILENYA ORAL CAPSULE 0.25 MG	35
<i>furosemide injection</i>	25	GILOTRIF	16
<i>furosemide oral solution 10 mg/ml</i>	25	<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	35
<i>furosemide oral solution 8 mg/ml</i>	25	<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	35
<i>furosemide oral tablet</i>	9	GLATOPA SUBCUTANEOUS SOLUTION PREFILLED	
FUZEON SUBCUTANEOUS SOLUTION		SYRINGE 20 MG/ML	35
RECONSTITUTED	73	GLATOPA SUBCUTANEOUS SOLUTION PREFILLED	
FYAVOLV	61	SYRINGE 40 MG/ML	35
FYCOMPA ORAL SUSPENSION	35	GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	16
G		GLEOSTINE ORAL CAPSULE 100 MG	16
<i>gabapentin oral capsule 100 mg, 400 mg</i>	35	<i>glimepiride oral tablet 1 mg</i>	10
<i>gabapentin oral capsule 300 mg</i>	35	<i>glimepiride oral tablet 2 mg</i>	10
<i>gabapentin oral solution</i>	35	<i>glimepiride oral tablet 4 mg</i>	10
<i>gabapentin oral tablet 600 mg</i>	35	<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	10
<i>gabapentin oral tablet 800 mg</i>	35	<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	10
<i>galantamine hydrobromide er</i>	35	<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	10
<i>galantamine hydrobromide oral solution</i>	35	<i>glipizide oral tablet 10 mg</i>	10
<i>galantamine hydrobromide oral tablet</i>	35	<i>glipizide oral tablet 2.5 mg</i>	51
GALBRIELA	61	<i>glipizide oral tablet 5 mg</i>	10
GALLIFREY	61	<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	10
GAMUNEX-C	66	<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	10
GARDASIL 9	66	<i>glucagon emergency injection kit</i>	51
<i>gatifloxacin ophthalmic</i>	79	<i>glucose (dextrose) intravenous solution 50 %</i>	49
GATTEX	56	<i>glyburide micronized oral tablet 1.5 mg</i>	51
GAUZE STERILE PADS 2	78	<i>glyburide micronized oral tablet 3 mg</i>	51
GAVILYTE-C	56	<i>glyburide micronized oral tablet 6 mg</i>	51
GAVILYTE-G	56	<i>glyburide oral tablet 1.25 mg</i>	51
GAVILYTE-N WITH FLAVOR PACK	56	<i>glyburide oral tablet 2.5 mg</i>	51
GAVRETO	16	<i>glyburide oral tablet 5 mg</i>	51
<i>gefitinib</i>	16	<i>glyburide-metformin oral tablet 1.25-250 mg</i>	51
<i>gemfibrozil oral</i>	25	<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	51
GEMTESA	58	GLYCATE	56
<i>generlac</i>	56	<i>glycopyrrolate injection solution</i>	56
GENGRAF ORAL CAPSULE 100 MG, 25 MG	66	<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	56
GENGRAF ORAL SOLUTION	66	GLYDO EXTERNAL PREFILLED SYRINGE	12
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG	61	GLYXAMBI	51
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	61	GOMEKLI ORAL CAPSULE 1 MG	16
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG	61	GOMEKLI ORAL CAPSULE 2 MG	16
GENOTROPIN SUBCUTANEOUS CARTRIDGE 5 MG	61	GOMEKLI ORAL TABLET SOLUBLE	16
<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>	73	GRALISE ORAL TABLET 750 MG, 900 MG	35
<i>gentamicin in saline intravenous solution 2-0.9 mg/ml-%</i>	73	<i>granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml</i>	56
<i>gentamicin sulfate external</i>	46	<i>granisetron hcl oral</i>	56
<i>gentamicin sulfate injection solution 40 mg/ml</i>	73	GRANIX	22
<i>gentamicin sulfate ophthalmic solution</i>	79	<i>griseofulvin microsize oral</i>	73
GENVOYA	73		

<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	73	HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	67
<i>guanfacine hcl er</i>	35	HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	67
<i>guanfacine hcl oral</i>	25	<i>hydralazine hcl injection</i>	25
GVOKE HYPOPEN 1-PACK	51	<i>hydralazine hcl oral</i>	25
GVOKE HYPOPEN 2-PACK	51	<i>hydrochlorothiazide oral</i>	9
GVOKE KIT	51	<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	12
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	52	<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>	12
H		<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	12
HAILEY 1.5/30	61	<i>hydrocortisone (perianal) external cream 1 %</i>	46
HAILEY 24 FE	61	<i>hydrocortisone (perianal) external cream 2.5 %</i>	46
HAILEY FE 1.5/30	61	<i>hydrocortisone butyr lipo base</i>	46
HAILEY FE 1/20	61	<i>hydrocortisone butyrate external cream</i>	46
<i>halobetasol propionate external cream</i>	46	<i>hydrocortisone butyrate external lotion</i>	46
<i>halobetasol propionate external ointment</i>	46	<i>hydrocortisone butyrate external ointment</i>	46
HALOETTE	61	<i>hydrocortisone butyrate external solution</i>	46
<i>haloperidol decanoate intramuscular</i>	35	<i>hydrocortisone external cream 1 %, 2.5 %</i>	46
<i>haloperidol lactate injection</i>	36	<i>hydrocortisone external lotion 2.5 %</i>	46
<i>haloperidol lactate oral</i>	36	<i>hydrocortisone external ointment 1 %, 2.5 %</i>	46
<i>haloperidol oral</i>	36	<i>hydrocortisone oral</i>	56
HARVONI	73	<i>hydrocortisone rectal enema</i>	56
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	66	<i>hydrocortisone valerate</i>	46
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	66	<i>hydrocortisone-acetic acid</i>	81
HEATHER	61	<i>hydromorphone hcl oral liquid</i>	12
<i>heparin (porcine) in nacl intravenous solution 12500-0.45 ut/250ml-%, 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%</i>	22	<i>hydromorphone hcl oral tablet</i>	12
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	22	<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml</i>	12
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml</i>	22	<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	73
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	66	<i>hydroxyurea oral</i>	16
HERCEPTIN HYLECTA	16	<i>hydroxyzine hcl intramuscular</i>	83
HERNEXEOS	16	<i>hydroxyzine hcl oral syrup</i>	83
HIBERIX INJECTION	66	<i>hydroxyzine hcl oral tablet</i>	83
HIDEX 6-DAY	61	<i>hydroxyzine pamoate oral</i>	83
HUMATROPE INJECTION CARTRIDGE	61	<i>hyoscyamine sulfate oral tablet</i>	56
HUMIRA (1 PEN)	66	<i>hyoscyamine sulfate oral tablet dispersible</i>	56
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	66	<i>hyoscyamine sulfate sublingual</i>	56
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	66	HYPERRAB	67
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	66	I	
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	66-67	<i>ibandronate sodium intravenous</i>	52
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS AUTO-INJECTOR KIT	67	<i>ibandronate sodium oral</i>	52
		IBRANCE	16
		IBTROZI	16
		<i>ibu oral tablet 400 mg, 600 mg</i>	12
		<i>ibuprofen oral suspension</i>	12
		<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	12
		<i>icatibant acetate subcutaneous solution prefilled syringe</i>	22

ICLEVIA	61	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION	
ICLUSIG	16	PREFILLED SYRINGE 156 MG/ML	36
<i>icosapent ethyl</i>	26	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION	
IDHIFA ORAL TABLET 100 MG	16	PREFILLED SYRINGE 234 MG/1.5ML	36
IDHIFA ORAL TABLET 50 MG	16	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION	
IGALMI SUBLINGUAL FILM 120 MCG	78	PREFILLED SYRINGE 39 MG/0.25ML	36
IGALMI SUBLINGUAL FILM 180 MCG	78	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION	
ILEVRO	79	PREFILLED SYRINGE 78 MG/0.5ML	36
<i>imatinib mesylate oral tablet 100 mg</i>	16	INVEGA TRINZA INTRAMUSCULAR SUSPENSION	
<i>imatinib mesylate oral tablet 400 mg</i>	16	PREFILLED SYRINGE 273 MG/0.88ML	36
IMBRUVICA ORAL CAPSULE 140 MG	16	INVEGA TRINZA INTRAMUSCULAR SUSPENSION	
IMBRUVICA ORAL CAPSULE 70 MG	16	PREFILLED SYRINGE 410 MG/1.32ML	36
IMBRUVICA ORAL SUSPENSION	16	INVEGA TRINZA INTRAMUSCULAR SUSPENSION	
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG ...	16	PREFILLED SYRINGE 546 MG/1.75ML	36
<i>imipenem-cilastatin</i>	73	INVEGA TRINZA INTRAMUSCULAR SUSPENSION	
<i>imipramine hcl oral</i>	36	PREFILLED SYRINGE 819 MG/2.63ML	36
<i>imipramine pamoate oral capsule 125 mg, 150</i>		INVELTYS	79
<i>mg</i>	36	INVOKAMET	52
<i>imiquimod external cream 5 %</i>	46	INVOKAMET XR	52
<i>imkeldi</i>	16	INVOKANA	52
IMOVAX RABIES INTRAMUSCULAR SUSPENSION		IOPIDINE OPHTHALMIC SOLUTION 1 %	79
RECONSTITUTED	67	IPOL	67
IMPAVIDO	73	<i>ipratropium bromide inhalation</i>	83
IMVEXXY MAINTENANCE PACK	61	<i>ipratropium bromide nasal</i>	83
IMVEXXY STARTER PACK	61	<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3)</i>	
INCASSIA	61	<i>mg/3ml</i>	83
INCRELEX	61	<i>irbesartan</i>	9
<i>indapamide oral</i>	26	<i>irbesartan-hydrochlorothiazide</i>	9
<i>indomethacin er</i>	12	<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5</i>	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	12	<i>mg</i>	26
<i>indomethacin rectal suppository 50 mg</i>	12	<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5</i>	
INFANRIX	67	<i>mg</i>	26
INLYTA ORAL TABLET 1 MG	16	ISENTRESS HD	73
INLYTA ORAL TABLET 5 MG	17	ISENTRESS ORAL PACKET	74
INQOVI	17	ISENTRESS ORAL TABLET	74
INREBIC	17	ISENTRESS ORAL TABLET CHEWABLE 100 MG	74
<i>insulin aspart flexpen</i>	52	ISENTRESS ORAL TABLET CHEWABLE 25 MG	74
<i>insulin aspart injection</i>	52	ISIBLOOM	61
<i>insulin aspart penfill</i>	52	ISOLYTE-P IN D5W	49
INSULIN PEN NEEDLE: BD, EMBECTA	78	ISOLYTE-S	49
INSULIN SYRINGE: BD, EMBECTA	78	ISOLYTE-S PH 7.4	49
INTELENCE ORAL TABLET 25 MG	73	<i>isoniazid oral syrup</i>	74
INTRALIPID INTRAVENOUS EMULSION 20 %	49	<i>isoniazid oral tablet</i>	74
INTRALIPID INTRAVENOUS EMULSION 30 %	49	<i>isosorb dinitrate-hydralazine oral tablet 20-37.5</i>	
INTROVALE	61	<i>mg</i>	26
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION		<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg,</i>	
PREFILLED SYRINGE 1092 MG/3.5ML	36	<i>5 mg</i>	26
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION		<i>isosorbide dinitrate oral tablet 40 mg</i>	26
PREFILLED SYRINGE 1560 MG/5ML	36	<i>isosorbide mononitrate</i>	26
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION		<i>isosorbide mononitrate er</i>	26
PREFILLED SYRINGE 117 MG/0.75ML	36	<i>isotretinoin oral</i>	46
		<i>isradipine</i>	26

ITOVEBI ORAL TABLET 3 MG	17	meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-	
ITOVEBI ORAL TABLET 9 MG	17	%	49
itraconazole oral capsule	74	kcl-lactated ringers-d5w	49
ivabradine hcl	26	kedrab injection	67
ivermectin oral	74	KELNOR 1/35	61
IWILFIN	17	KELNOR 1/50	61
IXIARO	67	KERENDIA	52
J		ketoconazole external cream	47
JAIMIESS	61	ketoconazole external foam	47
JAKAFI	17	ketoconazole external shampoo 2 %	47
jantoven	22	ketoconazole oral	74
JANUMET	52	KETODAN EXTERNAL FOAM	47
JANUMET XR ORAL TABLET EXTENDED RELEASE 24		ketorolac tromethamine injection solution 15 mg/ml,	
HOUR 100-1000 MG	52	30 mg/ml	13
JANUMET XR ORAL TABLET EXTENDED RELEASE 24		ketorolac tromethamine intramuscular solution 60	
HOUR 50-1000 MG, 50-500 MG	52	mg/2ml	13
JANUVIA	52	ketorolac tromethamine ophthalmic	79
JARDIANCE	52	ketorolac tromethamine oral	13
JASMIEL	61	KINRIX INTRAMUSCULAR SUSPENSION PREFILLED	
JAVYGTOR	57	SYRINGE	67
JAYPIRCA ORAL TABLET 100 MG	17	KIONEX COMBINATION	52
JAYPIRCA ORAL TABLET 50 MG	17	KISQALI (200 MG DOSE)	17
JENCYCLA	61	KISQALI (400 MG DOSE)	17
JENTADUETO	52	KISQALI (600 MG DOSE)	17
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24		KISQALI FEMARA (200 MG DOSE)	17
HOUR 2.5-1000 MG	52	KISQALI FEMARA (400 MG DOSE)	17
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24		KISQALI FEMARA (600 MG DOSE)	17
HOUR 5-1000 MG	52	KLAYESTA	47
JEVTANA	17	KLOR-CON 10	49
JINTELI	61	KLOR-CON M10	49
JOLESSA	61	KLOR-CON M15	49
JULEBER	61	KLOR-CON M20	49
JULUCA	74	KLOR-CON ORAL TABLET EXTENDED RELEASE	49
JUNEL 1.5/30	61	KLOR-CON/EF	49
JUNEL 1/20	61	KLOXXADO	36
JUNEL FE 1.5/30	61	KOSELUGO	78
JUNEL FE 1/20	61	KOURZEQ	47
JUNEL FE 24	61	KRAZATI	17
JUST RIGHT 5000 DENTAL PASTE	47	KURVELO	61
JYLAMVO	67	KYLEENA	61
JYNNEOS	67	L	
K		l-glutamine oral packet	22
KAITLIB FE	61	labetalol hcl oral	26
KALETRA ORAL SOLUTION	74	lacosamide oral solution	36
KALLIGA	61	lacosamide oral tablet	36
KALYDECO ORAL TABLET	83	lactated ringers intravenous	49
KARIVA	61	lactulose encephalopathy oral solution 10 gm/	
kcl (0.149%) in nacl intravenous solution 20-0.45 meq/		15ml	56
l-%	49	lactulose oral solution	56
kcl in dextrose-nacl intravenous solution 10-5-0.45		lamivudine oral solution	74
meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.225 meq/l-%-%,		lamivudine oral tablet 100 mg	74
20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45		lamivudine oral tablet 150 mg	74

lamivudine oral tablet 300 mg	74	levetiracetam er oral tablet extended release 24 hour	
lamivudine-zidovudine	74	500 mg	36
lamotrigine er	36	levetiracetam er oral tablet extended release 24 hour	
lamotrigine oral tablet	36	750 mg	36
lamotrigine oral tablet chewable	36	levetiracetam oral solution	36
lamotrigine oral tablet dispersible	36	levetiracetam oral tablet	36
lansoprazole oral capsule delayed release 15		levo-t	62
mg	56	levobunolol hcl ophthalmic solution 0.5 %	79
lansoprazole oral capsule delayed release 30		levocarnitine oral solution	49
mg	56	levocarnitine oral tablet	49
LANTUS	52	levocarnitine sf	49
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-		levocetirizine dihydrochloride oral solution	83
INJECTOR	52	levocetirizine dihydrochloride oral tablet	83
lapatinib ditosylate	17	levofloxacin in d5w	74
LARIN 1.5/30	61	levofloxacin intravenous	74
LARIN 1/20	61	levofloxacin ophthalmic	79
LARIN 24 FE	61	levofloxacin oral solution	74
LARIN FE 1.5/30	61	levofloxacin oral tablet	74
LARIN FE 1/20	61	LEVONEST	62
latanoprost ophthalmic	79	levonorg-eth estrad triphasic oral tablet 50-30/75-40/	
LAYOLIS FE	62	125-30 mcg	62
LAZCLUZE ORAL TABLET 240 MG	17	levonorgest-eth est & eth est	62
LAZCLUZE ORAL TABLET 80 MG	17	levonorgest-eth estrad 91-day	62
ledipasvir-sofosbuvir	74	levonorgestrel-ethinyl estrad	62
LEENA	62	LEVORA 0.15/30 (28)	62
leflunomide oral	67	levothyroxine sodium oral tablet	62
lenalidomide oral capsule 10 mg	17	LEVOXYL	62
lenalidomide oral capsule 15 mg, 2.5 mg, 20 mg, 25		LIBERVANT	36
mg	17	lidocaine external ointment 5 %	13
lenalidomide oral capsule 5 mg	17	lidocaine external patch 5 %	13
LENVIMA (10 MG DAILY DOSE)	17	lidocaine hcl (pf) injection solution 1 %	13
LENVIMA (12 MG DAILY DOSE)	17	lidocaine hcl external solution	13
LENVIMA (14 MG DAILY DOSE)	17	lidocaine hcl injection solution 0.5 %	13
LENVIMA (18 MG DAILY DOSE)	17	lidocaine hcl mouth/throat	13
LENVIMA (20 MG DAILY DOSE)	17	lidocaine hcl urethral/mucosal	13
LENVIMA (24 MG DAILY DOSE)	17	lidocaine viscous hcl	13
LENVIMA (4 MG DAILY DOSE)	17	lidocaine-prilocaine external cream	13
LENVIMA (8 MG DAILY DOSE)	17	LIDOCAN	13
LESSINA	62	LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE	
letrozole oral	17	20.1 MCG/DAY	62
leucovorin calcium injection solution reconstituted		linezolid in sodium chloride	74
100 mg, 200 mg, 350 mg, 500 mg	17	linezolid intravenous solution 600 mg/300ml	74
leucovorin calcium oral	17	linezolid oral suspension reconstituted	74
LEUKERAN	17	linezolid oral tablet	74
LEUKINE INJECTION SOLUTION RECONSTITUTED	22	LINZESS	56
leuprolide acetate (3 month)	17	LIOMNY	62
leuprolide acetate injection	17	liothyronine sodium intravenous	62
levalbuterol hcl inhalation nebulization solution 0.31		liothyronine sodium oral	62
mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	83	liraglutide	52
levalbuterol hcl inhalation nebulization solution 0.63		lisinopril oral	9
mg/3ml	83	lisinopril-hydrochlorothiazide	9
levalbuterol tartrate	83		

<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg,</i>	LUMAKRAS ORAL TABLET 240 MG	18
<i>20-12.5 mg</i>	LUMAKRAS ORAL TABLET 320 MG	18
<i>lisinopril-hydrochlorothiazide oral tablet 20-25</i>	LUMIGAN OPHTHALMIC SOLUTION 0.01 %	80
<i>mg</i>	LUPRON DEPOT (1-MONTH)	18
<i>lithium</i>	LUPRON DEPOT (3-MONTH)	18
<i>lithium carbonate er</i>	LUPRON DEPOT (4-MONTH)	18
<i>lithium carbonate oral capsule 150 mg, 300 mg</i>	LUPRON DEPOT (6-MONTH)	18
<i>lithium carbonate oral capsule 600 mg</i>	LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT	
<i>lithium carbonate oral tablet</i>	7.5 MG	62
LIVTENCITY	<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60</i>	
LO-ZUMANDIMINE	<i>mg</i>	37
LOESTRIN 1.5/30 (21)	<i>lurasidone hcl oral tablet 80 mg</i>	37
LOESTRIN 1/20 (21)	LUTERA	62
LOESTRIN FE 1.5/30	LYBALVI	37
LOESTRIN FE 1/20	LYLEQ	62
LOJAIMIESS	LYNPARZA ORAL TABLET	18
LOKELMA ORAL PACKET 10 GM	LYSODREN	18
LOKELMA ORAL PACKET 5 GM	LYTGOBI (12 MG DAILY DOSE)	18
LONSURF	LYTGOBI (16 MG DAILY DOSE)	18
<i>loperamide hcl oral capsule</i>	LYTGOBI (20 MG DAILY DOSE)	18
<i>lopinavir-ritonavir oral solution</i>	LYZA	62
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	M	
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	M-M-R II INJECTION	67
<i>lorazepam injection</i>	<i>magnesium sulfate injection solution 50 %, 50 % (10ml</i>	
LORAZEPAM INTENSOL	<i>syringe)</i>	49
<i>lorazepam oral concentrate 1 mg/0.5ml</i>	<i>magnesium sulfate intravenous solution 2 gm/50ml,</i>	
<i>lorazepam oral concentrate 2 mg/ml</i>	<i>20 gm/500ml, 4 gm/100ml</i>	49
<i>lorazepam oral tablet 0.5 mg</i>	<i>malathion external</i>	47
<i>lorazepam oral tablet 1 mg</i>	<i>maraviroc</i>	74
<i>lorazepam oral tablet 2 mg</i>	<i>marlissa</i>	62
LORBRENA ORAL TABLET 100 MG	MARPLAN	37
LORBRENA ORAL TABLET 25 MG	MATULANE	18
LORYNA	MATZIM LA	26
<i>losartan potassium oral tablet 100 mg</i>	MAVYRET ORAL PACKET	74
<i>losartan potassium oral tablet 25 mg, 50 mg</i>	MAVYRET ORAL TABLET	74
<i>losartan potassium-hctz</i>	MAXIDEX	80
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-</i>	MAYZENT ORAL TABLET 0.25 MG	37
<i>25 mg</i>	MAYZENT ORAL TABLET 1 MG, 2 MG	37
<i>losartan potassium-hctz oral tablet 50-12.5 mg</i>	MAYZENT STARTER PACK ORAL TABLET THERAPY PACK	
LOTEMAX OPHTHALMIC OINTMENT	12 X 0.25 MG	37
LOTEMAX SM	MAYZENT STARTER PACK ORAL TABLET THERAPY PACK	
<i>loteprednol etabonate ophthalmic gel</i>	7 X 0.25 MG	37
<i>loteprednol etabonate ophthalmic suspension 0.2</i>	<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	56
<i>%</i>	<i>meclofenamate sodium oral</i>	13
<i>loteprednol etabonate ophthalmic suspension 0.5</i>	MEDROL ORAL TABLET 2 MG	62
<i>%</i>	<i>medroxyprogesterone acetate intramuscular</i>	62
<i>lovastatin oral</i>	<i>medroxyprogesterone acetate oral</i>	62
LOW-OGESTREL	<i>mefenamic acid oral</i>	13
<i>loxapine succinate oral</i>	<i>mefloquine hcl</i>	74
<i>lubiprostone</i>	<i>megestrol acetate oral suspension 40 mg/ml, 400</i>	
<i>luliconazole</i>	<i>mg/10ml, 800 mg/20ml</i>	18
LUMAKRAS ORAL TABLET 120 MG	<i>megestrol acetate oral tablet</i>	18

MEKINIST ORAL SOLUTION RECONSTITUTED	18	<i>methotrexate sodium injection solution</i>	
MEKINIST ORAL TABLET 0.5 MG	18	<i>reconstituted</i>	67
MEKINIST ORAL TABLET 2 MG	18	<i>methotrexate sodium oral</i>	67
MEKTOVI	18	<i>methoxsalen rapid</i>	47
MELEYA	62	<i>methscopolamine bromide oral</i>	56
<i>meloxicam oral tablet</i>	13	<i>methsuximide</i>	37
<i>memantine hcl er</i>	37	<i>methyldopa oral</i>	26
<i>memantine hcl oral solution 2 mg/ml</i>	37	<i>methylergonovine maleate oral</i>	78
<i>memantine hcl oral tablet 10 mg</i>	37	<i>methylphenidate hcl er (cd)</i>	37
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	37	<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 60 mg</i>	37
<i>memantine hcl oral tablet 5 mg</i>	37	<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg</i>	37
MENEST	62	<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 45 mg, 54 mg, 63 mg</i>	37
MENQUADFI INTRAMUSCULAR SOLUTION	67	<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	37
MENVEO	67	<i>methylphenidate hcl er oral tablet extended release</i>	37
<i>meperidine hcl injection solution 25 mg/ml, 50 mg/ml</i>	13	<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i>	37
<i>meperidine hcl oral tablet 50 mg</i>	13	<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	37
<i>meprobamate</i>	37	<i>methylphenidate hcl oral tablet</i>	38
<i>mercaptopurine oral suspension</i>	18	<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	62
<i>mercaptopurine oral tablet</i>	18	<i>methylprednisolone oral</i>	62
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	74	<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg</i>	62
<i>mesalamine er oral capsule extended release</i>	56	<i>metoclopramide hcl injection</i>	56
<i>mesalamine er oral capsule extended release 24 hour</i>	56	<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	56
<i>mesalamine oral capsule delayed release</i>	56	<i>metoclopramide hcl oral tablet</i>	56
<i>mesalamine oral tablet delayed release 1.2 gm</i>	56	<i>metolazone</i>	26
<i>mesalamine oral tablet delayed release 800 mg ...</i>	56	<i>metoprolol succinate er</i>	26
<i>mesalamine rectal</i>	56	<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	9
<i>mesalamine-cleanser</i>	56	<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	26
<i>mesna oral</i>	18	<i>metoprolol-hydrochlorothiazide</i>	26
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	10	<i>metronidazole external</i>	47
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	10	<i>metronidazole intravenous solution 500 mg/100ml</i>	74
<i>metformin hcl oral tablet 1000 mg</i>	10	<i>metronidazole oral</i>	74
<i>metformin hcl oral tablet 500 mg</i>	10	<i>metronidazole vaginal</i>	58
<i>metformin hcl oral tablet 850 mg</i>	10	<i>metyrosine</i>	26
<i>methadone hcl oral solution</i>	13	<i>mexiletine hcl oral</i>	26
<i>methadone hcl oral tablet</i>	13	MIBELAS 24 FE	62
<i>methazolamide oral</i>	80	<i>micafungin sodium</i>	74
<i>methenamine hippurate</i>	74	<i>miconazole 3 vaginal suppository</i>	58
<i>methenamine mandelate oral</i>	74	MICROGESTIN 1.5/30	62
METHERGINE ORAL	78	MICROGESTIN 1/20	62
<i>methimazole oral</i>	62	MICROGESTIN FE 1.5/30	62
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	37		
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	67		
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	67		

MICROGESTIN FE 1/20	62	morphine sulfate injection solution 2 mg/ml, 4 mg/ml	13
midazolam hcl oral	38	morphine sulfate intravenous solution 10 mg/ml, 50 mg/ml	13
midodrine hcl	26	morphine sulfate intravenous solution 2 mg/ml, 4 mg/ml	14
MIEBO	80	morphine sulfate intravenous solution 8 mg/ml	14
mifepristone oral tablet 300 mg	62	morphine sulfate oral solution	14
MIGERGOT	38	morphine sulfate oral tablet	14
miglitol	52	MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	52
miglustat	57	MOVANTIK	56
MILI	62	moxifloxacin hcl (2x day)	80
MIMVEY	62	moxifloxacin hcl in nacl	75
minocycline hcl er oral tablet extended release 24 hour 115 mg	74	moxifloxacin hcl ophthalmic solution	80
minocycline hcl oral	74	moxifloxacin hcl oral	75
minoxidil oral	26	MRESVIA	67
mirabegron er	58	MULTAQ	26
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	62-63	multiple electro type 1 ph 5.5	49
mirtazapine oral tablet 15 mg, 30 mg, 7.5 mg	38	multiple electro type 1 ph 7.4	49
mirtazapine oral tablet 45 mg	38	mupirocin calcium	47
mirtazapine oral tablet dispersible	38	mupirocin external	47
misoprostol oral	56	mycophenolate mofetil oral capsule	67
modafinil oral tablet 100 mg	38	mycophenolate mofetil oral suspension reconstituted	67
modafinil oral tablet 200 mg	38	mycophenolate mofetil oral tablet	67
MODEYSO	18	mycophenolate sodium	67
moexipril hcl	26	mycophenolic acid oral tablet delayed release 180 mg, 360 mg	67
molindone hcl	38	MYHIBBIN	67
mometasone furoate external	47	N	
mometasone furoate nasal	83	na sulfate-k sulfate-mg sulf	56
MONDOXYNE NL ORAL CAPSULE 100 MG	74	nabumetone oral	14
MONO-LINYAH	63	nadolol oral tablet 20 mg, 40 mg, 80 mg	26
montelukast sodium oral	83	nafcillin sodium injection solution reconstituted 1 gm, 2 gm	75
morphine sulfate (concentrate) oral solution 100 mg/5ml	13	nafcillin sodium intravenous solution reconstituted 10 gm	75
morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml	13	naftifine hcl external cream	47
morphine sulfate (pf) injection solution 10 mg/ml, 4 mg/ml, 5 mg/ml	13	nalocet	14
morphine sulfate (pf) injection solution 8 mg/ml	13	naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	38
morphine sulfate (pf) intravenous solution 1 mg/ml, 2 mg/ml	13	naloxone hcl injection solution cartridge	38
morphine sulfate (pf) intravenous solution 10 mg/ml	13	naloxone hcl injection solution prefilled syringe	38
morphine sulfate (pf) intravenous solution 8 mg/ml	13	naloxone hcl nasal	38
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	13	naltrexone hcl oral	38
morphine sulfate er oral tablet extended release 100 mg, 200 mg	13	NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	38
morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg	13	NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	38
		naproxen dr oral tablet delayed release 500 mg ...	14
		naproxen oral suspension	14

<i>naproxen oral tablet</i>	14	<i>nisoldipine er</i>	27
<i>naproxen oral tablet delayed release</i>	14	<i>nitazoxanide oral</i>	75
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	14	<i>nitisinone</i>	57
<i>naratriptan hcl</i>	38	NITRO-BID	27
NARCAN	38	NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	27
NATACYN	80	<i>nitrofurantoin macrocrystal oral</i>	75
<i>nateglinide oral tablet 120 mg</i>	52	<i>nitrofurantoin monohyd macro</i>	75
<i>nateglinide oral tablet 60 mg</i>	52	<i>nitrofurantoin oral suspension 50 mg/10ml</i>	75
NAYZILAM	38	<i>nitroglycerin intravenous</i>	27
<i>nebivolol hcl</i>	26	<i>nitroglycerin rectal</i>	47
NECON 0.5/35 (28)	63	<i>nitroglycerin sublingual</i>	27
<i>nefazodone hcl</i>	38	<i>nitroglycerin transdermal patch 24 hour</i>	27
NEO-POLYCIN	80	<i>nitroglycerin translingual solution</i>	27
NEO-POLYCIN HC	80	NIVESTYM	23
<i>neomycin sulfate oral</i>	75	<i>nizatidine oral capsule</i>	56
<i>neomycin-bacitracin zn-polymyx</i>	80	NORA-BE	63
<i>neomycin-polymyxin b gu</i>	78	NORDITROPIN FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	63
<i>neomycin-polymyxin-dexameth</i>	80	<i>norelgestromin-eth estradiol</i>	63
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	80	<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	63
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	80	<i>norethin ace-eth estrad-fe oral tablet chewable</i> ...	63
<i>neomycin-polymyxin-hc otic</i>	81	<i>norethin-eth estradiol-fe</i>	63
NERLYNX	18	<i>norethindron-ethinyl estrad-fe</i>	63
NEULASTA ONPRO	23	<i>norethindrone acet-ethinyl est oral tablet</i>	63
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	23	<i>norethindrone acetate oral</i>	63
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	23	<i>norethindrone oral</i>	63
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	23	<i>norethindrone-eth estradiol</i>	63
NEVANAC	80	<i>norgestim-eth estrad triphasic</i>	63
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	75	<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	63
<i>nevirapine oral suspension</i>	75	NORLYROC	63
<i>nevirapine oral tablet</i>	75	NORPACE CR	27
NEXLETOL	26	NORTREL 0.5/35 (28)	63
NEXLIZET	26	NORTREL 1/35 (21)	63
NEXPLANON	63	NORTREL 1/35 (28)	63
<i>niacin (antihyperlipidemic)</i>	26	NORTREL 7/7/7	63
<i>niacin er (antihyperlipidemic)</i>	26	<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	38
<i>niacor</i>	27	<i>nortriptyline hcl oral capsule 50 mg, 75 mg</i>	38
<i>nicardipine hcl oral</i>	27	<i>nortriptyline hcl oral solution</i>	38
NICOTROL NS	38	NORVIR ORAL PACKET	75
<i>nifedipine er</i>	27	NOVOLIN 70/30	52
<i>nifedipine er osmotic release</i>	27	NOVOLIN 70/30 FLEXPEN	53
<i>nifedipine oral</i>	27	NOVOLIN 70/30 FLEXPEN RELION	53
NIKKI	63	NOVOLIN 70/30 RELION	53
<i>nilotinib hcl</i>	18	NOVOLIN N	53
<i>nilutamide</i>	18	NOVOLIN N FLEXPEN	53
<i>nimodipine oral capsule</i>	27	NOVOLIN N FLEXPEN RELION	53
NINLARO	18	NOVOLIN N RELION	53
		NOVOLIN R	53
		NOVOLIN R FLEXPEN	53

NOVOLIN R FLEXPEN RELION	53	octreotide acetate injection solution 500 mcg/ ml	63
NOVOLIN R RELION	53	octreotide acetate intramuscular	63
NOVOLOG 70/30 FLEXPEN RELION	53	octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml	63
NOVOLOG FLEXPEN RELION	53	octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml	63
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR	53	ODEFSEY	75
NOVOLOG INJECTION	53	ODOMZO	18
NOVOLOG MIX 70/30	53	OFEV	83
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	53	ofloxacin ophthalmic	80
NOVOLOG MIX 70/30 RELION	53	ofloxacin oral tablet 300 mg, 400 mg	75
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	53	ofloxacin otic	81
NOVOLOG RELION INJECTION	53	OGSIVEO ORAL TABLET 100 MG, 150 MG	18
NOVOPEN ECHO	78	OGSIVEO ORAL TABLET 50 MG	18
NP THYROID	63	OJEMDA ORAL SUSPENSION RECONSTITUTED	18
NUBEQA	18	OJEMDA ORAL TABLET	18
NUCALA SUBCUTANEOUS SOLUTION AUTO- INJECTOR	83	OJJAARA	18
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	83	olanzapine intramuscular	38
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	83	olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg	38
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	83	olanzapine oral tablet 20 mg	38
NUEDEXTA	38	olanzapine oral tablet dispersible	38
NUPLAZID ORAL CAPSULE	38	olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12- 50 mg, 6-50 mg	38
NUPLAZID ORAL TABLET 10 MG	38	olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg	38
NURTEC	38	olmesartan medoxomil oral tablet 20 mg, 40 mg	9
NUTRILIPID	49	olmesartan medoxomil oral tablet 5 mg	9
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	63	olmesartan medoxomil-hctz oral tablet 20-12.5 mg	27
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	63	olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg	27
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	63	olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg	27
NUZYRA ORAL	75	olmesartan-amlodipine-hctz oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	27
NYAMYC	47	olopatadine hcl nasal	83
NYLIA 1/35	63	olopatadine hcl ophthalmic	80
NYLIA 7/7/7	63	omega-3-acid ethyl esters	27
nystatin external	47	omeprazole oral capsule delayed release	56
nystatin mouth/throat	47	omeprazole-sodium bicarbonate oral capsule 20-1100 mg	57
nystatin oral tablet	75	OMNARIS	83
nystatin-triamcinolone	47	OMNIPOD 5 DEXG7G6 INTRO GEN 5	78
NYSTOP	47	OMNIPOD 5 DEXG7G6 PODS GEN 5	78
●		OMNIPOD 5 G7 INTRO (GEN 5)	78
OCELLA	63	OMNIPOD 5 G7 PODS (GEN 5)	78
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/ 20ML, 2.5 GM/50ML, 30 GM/300ML, 5 GM/100ML	67	OMNIPOD 5 LIBRE2 G6 INTRO G5	78
octreotide acetate injection solution 100 mcg/ml	63	OMNIPOD 5 LIBRE2 PLUS G6 PODS	78
octreotide acetate injection solution 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml	63	OMNIPOD CLASSIC PODS (GEN 3)	78
		OMNIPOD DASH INTRO (GEN 4)	78

OMNIPOD DASH PODS (GEN 4)	78	<i>oxybutynin chloride er oral tablet extended release</i>	
OMNITROPE SUBCUTANEOUS SOLUTION		<i>24 hour 5 mg</i>	58
CARTRIDGE	63	<i>oxybutynin chloride oral solution</i>	58
OMNITROPE SUBCUTANEOUS SOLUTION		<i>oxybutynin chloride oral tablet 2.5 mg</i>	58
RECONSTITUTED	63-64	<i>oxybutynin chloride oral tablet 5 mg</i>	58
<i>ondansetron hcl injection solution prefilled</i>		<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	14
<i>syringe</i>	57	<i>oxycodone hcl oral solution</i>	14
<i>ondansetron hcl oral solution</i>	57	<i>oxycodone hcl oral tablet</i>	14
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	57	<i>oxycodone-acetaminophen oral tablet 10-325 mg,</i>	
<i>ondansetron oral tablet dispersible 16 mg</i>	57	<i>2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	14
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	57	OXYTROL	58
ONUREG	18	OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS	
ONYDA XR	38	SOLUTION PEN-INJECTOR 2 MG/3ML	53
ONZETRA XSAIL	38	OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-	
OPIPZA ORAL FILM 10 MG, 5 MG	38	INJECTOR 4 MG/3ML	53
OPIPZA ORAL FILM 2 MG	38	OZEMPIC (2 MG/DOSE)	53
<i>opium</i>	57	P	
OPSUMIT	83	<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	27
ORALONE	47	<i>paliperidone er oral tablet extended release 24 hour</i>	
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125		<i>1.5 mg, 3 mg, 9 mg</i>	39
MG	83	<i>paliperidone er oral tablet extended release 24 hour</i>	
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG,		<i>6 mg</i>	39
1 MG, 2.5 MG, 5 MG	83	PANRETIN	47
ORGOVYX	18	<i>pantoprazole sodium intravenous</i>	57
ORKAMBI ORAL TABLET	83	<i>pantoprazole sodium oral tablet delayed</i>	
<i>orphenadrine citrate er</i>	38	<i>release</i>	57
ORQUIDEA	64	PANZYGA INTRAVENOUS SOLUTION 2.5 GM/25ML	67
ORSERDU ORAL TABLET 345 MG	19	<i>paricalcitol oral</i>	53
ORSERDU ORAL TABLET 86 MG	19	<i>paroxetine hcl er oral tablet extended release 24 hour</i>	
ORSYTHIA	64	<i>12.5 mg</i>	39
<i>oseltamivir phosphate oral capsule 30 mg</i>	75	<i>paroxetine hcl er oral tablet extended release 24 hour</i>	
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	75	<i>25 mg, 37.5 mg</i>	39
<i>oseltamivir phosphate oral suspension</i>		<i>paroxetine hcl oral suspension</i>	39
<i>reconstituted</i>	75	<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	39
OSPHENA	64	<i>paroxetine hcl oral tablet 20 mg</i>	39
OTEZLA ORAL TABLET	67	<i>paroxetine hcl oral tablet 30 mg</i>	39
OTEZLA ORAL TABLET THERAPY PACK	67	PAXLOVID (150/100)	75
<i>oxacillin sodium in dextrose intravenous solution 2</i>		PAXLOVID (300/100 & 150/100)	75
<i>gm/50ml</i>	75	PAXLOVID (300/100)	75
<i>oxacillin sodium injection solution reconstituted 1 gm,</i>		<i>pazopanib hcl</i>	19
<i>2 gm</i>	75	PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED	
<i>oxaprozin oral tablet</i>	14	SYRINGE	67
<i>oxazepam</i>	39	PEDVAX HIB INTRAMUSCULAR SUSPENSION	67
<i>oxcarbazepine er oral tablet extended release 24</i>		<i>peg 3350-kcl-na bicarb-nacl</i>	57
<i>hour 600 mg</i>	39	<i>peg-3350/electrolytes</i>	57
<i>oxcarbazepine oral suspension</i>	39	<i>peg-3350/electrolytes/ascorbic</i>	57
<i>oxcarbazepine oral tablet</i>	39	<i>peg-kcl-nacl-nasulf-na asc-c</i>	57
<i>oxiconazole nitrate</i>	47	PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML ...	68
OXISTAT EXTERNAL LOTION	47	PEGASYS SUBCUTANEOUS SOLUTION PREFILLED	
<i>oxybutynin chloride er oral tablet extended release</i>		SYRINGE	68
<i>24 hour 10 mg, 15 mg</i>	58	PEMAZYRE	19
		PENBRAYA	68

penciclovir	47	gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5)	
penicillamine oral tablet	58	gm	75
penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml	75	PIQRAY (200 MG DAILY DOSE)	19
penicillin g potassium	75	PIQRAY (250 MG DAILY DOSE)	19
penicillin g sodium	75	PIQRAY (300 MG DAILY DOSE)	19
penicillin v potassium	75	pirfenidone oral tablet 267 mg	83
penmenvy	68	pirfenidone oral tablet 534 mg, 801 mg	84
PENTACEL	68	piroxicam oral	14
pentamidine isethionate inhalation	75	pitavastatin calcium	27
pentamidine isethionate injection	75	PLENAMINE	49
pentazocine-naloxone hcl	14	PLENVU	57
pentoxifylline er	23	pnv-dha	49
perampanel	39	podofilox external solution	47
perindopril erbumine	27	POLYCIN	80
PERIOGARD	47	polymyxin b sulfate injection	76
permethrin external cream	47	polymyxin b-trimethoprim	80
perphenazine oral	39	POMALYST	19
perphenazine-amitriptyline	39	PORTIA-28	64
PERSERIS	39	posaconazole oral suspension	76
PFIZERPEN INJECTION SOLUTION RECONSTITUTED 20000000 UNIT	75	posaconazole oral tablet delayed release	76
phenelzine sulfate oral	39	potassium chloride crys er	49
phenobarbital oral elixir 20 mg/5ml	39	potassium chloride er oral capsule extended release	50
phenobarbital oral elixir 30 mg/7.5ml, 60 mg/15ml	39	potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	50
phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg, 64.8 mg, 97.2 mg	39	potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%	50
phenobarbital oral tablet 16.2 mg, 32.4 mg	39	potassium chloride intravenous solution 10 meq/100ml, 20 meq/100ml, 40 meq/100ml	50
phenoxybenzamine hcl oral	27	potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)	50
PHENYTEK	39	potassium chloride oral packet	50
PHENYTOIN INFATABS	39	potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	50
phenytoin oral	39	potassium citrate er	58
phenytoin sodium extended	39	potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l	50
PHESGO	19	pramipexole dihydrochloride	39
PHILITH	64	pramipexole dihydrochloride er	39
PHOSPHOLINE IODIDE	80	prasugrel hcl	23
PHYSIOLYTE	78	pravastatin sodium	9
PIFELTRO	75	praziquantel oral	76
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	80	prazosin hcl oral	27
pilocarpine hcl oral	47	PRED MILD	80
pimecrolimus	47	prednisolone acetate ophthalmic	80
pimozide	39	prednisolone oral solution	64
PIMTREA	64	prednisolone sodium phosphate ophthalmic	80
pindolol	27	prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml	64
pioglitazone hcl oral tablet 15 mg	10	prednisolone sodium phosphate oral tablet dispersible	64
pioglitazone hcl oral tablet 30 mg	10	PREDNISONE INTENSOL	64
pioglitazone hcl oral tablet 45 mg	10		
pioglitazone hcl-glimepiride	53		
pioglitazone hcl-metformin hcl	53		
piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3-0.375			

<i>prednisone oral solution</i>	64	PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000	
<i>prednisone oral tablet 1 mg</i>	64	UNIT/ML	23
<i>prednisone oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg, 50</i>		PROCTO-MED HC EXTERNAL	47
<i>mg</i>	64	PROCTOSOL HC EXTERNAL	47
<i>prednisone oral tablet therapy pack 10 mg (21), 5 mg</i>		PROCTOZONE-HC EXTERNAL	47
<i>(21)</i>	64	<i>progesterone oral</i>	64
<i>prednisone oral tablet therapy pack 10 mg (48), 5 mg</i>		PROGRAF INTRAVENOUS	68
<i>(48)</i>	64	PROGRAF ORAL PACKET	68
<i>pregabalin er oral tablet extended release 24 hour</i>		PROLASTIN-C INTRAVENOUS SOLUTION	57
<i>165 mg, 82.5 mg</i>	39	PROLIA SUBCUTANEOUS SOLUTION PREFILLED	
<i>pregabalin er oral tablet extended release 24 hour</i>		SYRINGE	53
<i>330 mg</i>	39	<i>promethazine hcl injection</i>	57
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50</i>		<i>promethazine hcl oral solution</i>	57
<i>mg, 75 mg</i>	39	<i>promethazine hcl oral tablet</i>	57
<i>pregabalin oral capsule 200 mg</i>	39	<i>promethazine hcl rectal suppository 12.5 mg, 25</i>	
<i>pregabalin oral capsule 225 mg, 300 mg</i>	39	<i>mg</i>	57
<i>pregabalin oral solution</i>	39	PROMETHEGAN	57
PREMARIN ORAL	64	<i>propafenone hcl</i>	27
PREMARIN VAGINAL	64	<i>propafenone hcl er</i>	27
PREMASOL INTRAVENOUS SOLUTION 10 %	50	<i>proparacaine hcl ophthalmic</i>	80
PREMPHASE	64	<i>propranolol hcl er</i>	27
PREMPRO	64	<i>propranolol hcl oral solution</i>	27
<i>prenatal oral tablet 27-1 mg</i>	50	<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80</i>	
<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic</i>		<i>mg</i>	27
<i>acid</i>	50	<i>propranolol hcl oral tablet 60 mg</i>	27
PRENATAL VIT W/ IRON CARBONYL-FOLIC ACID	50	<i>propylthiouracil oral</i>	64
<i>prevalite</i>	27	PROQUAD SUBCUTANEOUS SUSPENSION	
PREVIDENT	47	RECONSTITUTED	68
PREVIDENT 5000 BOOSTER PLUS	47	PROSOL	50
PREVIDENT 5000 DRY MOUTH DENTAL GEL	47	<i>protriptyline hcl</i>	39
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL	47	PULMICORT FLEXHALER	84
PREVIDENT 5000 KIDS	47	PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML ...	84
PREVIDENT 5000 ORTHO DEFENSE	47	PURIXAN	19
PREVIDENT 5000 PLUS	47	<i>pyrazinamide oral</i>	76
PREVIDENT 5000 SENSITIVE DENTAL GEL	47	<i>pyridostigmine bromide er oral tablet extended</i>	
PREVYMIS ORAL PACKET	76	<i>release</i>	40
PREVYMIS ORAL TABLET	76	<i>pyridostigmine bromide oral solution</i>	40
PREZCOBIX	76	<i>pyridostigmine bromide oral tablet</i>	40
PREZISTA ORAL SUSPENSION	76	<i>pyrimethamine oral</i>	76
PREZISTA ORAL TABLET 150 MG	76	Q	
PREZISTA ORAL TABLET 75 MG	76	QBRELIS	27
PRIFTIN	76	QINLOCK	19
<i>primaquine phosphate oral tablet 26.3 (15 base)</i>		QUADRACEL	68
<i>mg</i>	76	<i>quetiapine fumarate er oral tablet extended release</i>	
<i>primidone oral</i>	39	<i>24 hour 150 mg, 200 mg</i>	40
PRIORIX	68	<i>quetiapine fumarate er oral tablet extended release</i>	
<i>probenecid oral</i>	14	<i>24 hour 300 mg, 400 mg, 50 mg</i>	40
<i>prochlorperazine</i>	57	<i>quetiapine fumarate oral tablet 100 mg</i>	40
<i>prochlorperazine maleate oral</i>	57	<i>quetiapine fumarate oral tablet 150 mg</i>	40
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000		<i>quetiapine fumarate oral tablet 200 mg</i>	40
UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	23	<i>quetiapine fumarate oral tablet 25 mg</i>	40
		<i>quetiapine fumarate oral tablet 300 mg</i>	40

<i>quetiapine fumarate oral tablet 400 mg</i>	40	REVUFORJ ORAL TABLET 25 MG	19
<i>quetiapine fumarate oral tablet 50 mg</i>	40	REXULTI	40
<i>quinapril hcl</i>	9	REYATAZ ORAL PACKET	76
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	27	REZDIFFRA	64
<i>quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	27	REZLIDHIA	19
<i>quinidine sulfate oral</i>	27	REZUROCK	68
<i>quinine sulfate oral</i>	76	RHOPRESSA	80
QULIPTA	40	<i>ribavirin oral capsule</i>	76
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	84	<i>ribavirin oral tablet 200 mg</i>	76
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	84	RIDAURA	68
R		<i>rifabutin</i>	76
RABAVERT	68	<i>rifampin intravenous</i>	76
<i>rabeprazole sodium oral tablet delayed release</i>	57	<i>rifampin oral</i>	76
RALDESY	40	<i>riluzole</i>	40
<i>raloxifene hcl</i>	64	<i>rimantadine hcl</i>	76
<i>ramelteon</i>	40	RINVOQ	68
<i>ramipril</i>	9	RINVOQ LQ	68
<i>ranolazine er</i>	27	<i>risedronate sodium oral tablet 150 mg</i>	53
<i>rasagiline mesylate oral</i>	40	<i>risedronate sodium oral tablet 30 mg</i>	53
RAVICTI	57	<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	53
RECLIPSEN	64	<i>risedronate sodium oral tablet 5 mg</i>	53
RECOMBIVAX HB	68	<i>risedronate sodium oral tablet delayed release</i>	53
REGONOL INTRAVENOUS	40	<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg</i>	40
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	76	<i>risperidone microspheres er intramuscular suspension reconstituted er 50 mg</i>	40
<i>releuko subcutaneous solution prefilled syringe 300 mcg/0.5ml</i>	23	<i>risperidone oral solution</i>	40
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML, 8 MG/20ML ..	84	<i>risperidone oral tablet 0.25 mg</i>	40
<i>repaglinide oral tablet 0.5 mg</i>	53	<i>risperidone oral tablet 0.5 mg</i>	40
<i>repaglinide oral tablet 1 mg</i>	53	<i>risperidone oral tablet 1 mg</i>	40
<i>repaglinide oral tablet 2 mg</i>	53	<i>risperidone oral tablet 2 mg</i>	40
REPATHA	28	<i>risperidone oral tablet 3 mg, 4 mg</i>	40
REPATHA PUSHTRONEX SYSTEM	28	<i>risperidone oral tablet dispersible 0.25 mg</i>	40
REPATHA SURECLICK	28	<i>risperidone oral tablet dispersible 0.5 mg</i>	40
RESTASIS	80	<i>risperidone oral tablet dispersible 1 mg</i>	40
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	80	<i>risperidone oral tablet dispersible 2 mg</i>	40
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	23	<i>risperidone oral tablet dispersible 3 mg</i>	40
RETEVMO ORAL CAPSULE 40 MG	19	<i>risperidone oral tablet dispersible 4 mg</i>	40
RETEVMO ORAL CAPSULE 80 MG	19	<i>ritonavir</i>	76
RETEVMO ORAL TABLET 120 MG, 160 MG	19	RITUXAN HYCELA	19
RETEVMO ORAL TABLET 40 MG	19	<i>rivastigmine</i>	40
RETEVMO ORAL TABLET 80 MG	19	<i>rivastigmine tartrate</i>	40
RETROVIR INTRAVENOUS	76	RIVELSA	64
REVCovi	57	<i>rizatriptan benzoate</i>	40
REVUFORJ ORAL TABLET 110 MG	19	ROCKLATAN	80
REVUFORJ ORAL TABLET 160 MG	19	<i>roflumilast</i>	84
		ROMVIMZA	19
		<i>ropinirole hcl</i>	41
		<i>ropinirole hcl er</i>	41
		<i>rosuvastatin calcium oral</i>	9
		ROSYRAH	64

ROTARIX ORAL SUSPENSION	68	SHINGRIX INTRAMUSCULAR SUSPENSION	
ROTATEQ ORAL SOLUTION	68	RECONSTITUTED 50 MCG/0.5ML	68
ROWEEPRA ORAL TABLET 500 MG	41	SIGNIFOR	64
ROZLYTREK ORAL CAPSULE 100 MG	19	<i>sildenafil citrate intravenous</i>	84
ROZLYTREK ORAL CAPSULE 200 MG	19	<i>sildenafil citrate oral suspension reconstituted</i>	84
ROZLYTREK ORAL PACKET	19	<i>sildenafil citrate oral tablet 20 mg</i>	84
RUBRACA	19	<i>silodosin</i>	58
<i>rufinamide oral suspension</i>	41	<i>silver sulfadiazine external</i>	48
<i>rufinamide oral tablet 200 mg</i>	41	SIMBRINZA	80
<i>rufinamide oral tablet 400 mg</i>	41	SIMLANDI (1 PEN)	68
RUKOBIA	76	SIMLANDI (1 SYRINGE)	68
RYBELSUS (FORMULATION R2) ORAL TABLET 1.5		SIMLANDI (2 PEN)	68
MG	54	SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED	
RYBELSUS (FORMULATION R2) ORAL TABLET 4 MG, 9		SYRINGE KIT 20 MG/0.2ML	68
MG	54	SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED	
RYBELSUS ORAL TABLET 14 MG, 7 MG	54	SYRINGE KIT 40 MG/0.4ML	68
RYBELSUS ORAL TABLET 3 MG	54	SIMLIYA	64
RYDAPT	19	SIMPESSE	64
RYKINDO	41	<i>simvastatin oral tablet</i>	28
RYLAZE	19	<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> ...	9
S		<i>sirolimus oral solution</i>	68
<i>sacubitril-valsartan oral tablet 24-26 mg</i>	28	<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	68
<i>sacubitril-valsartan oral tablet 49-51 mg, 97-103</i>		<i>sirolimus oral tablet 2 mg</i>	68
<i>mg</i>	28	SIRTURO	76
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED		SKYLA	64
SYRINGE	23	SKYRIZI INTRAVENOUS	68
SANCUSO	57	SKYRIZI PEN	68
SANDIMMUNE ORAL SOLUTION	68	SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180	
SANTYL	47	MG/1.2ML	68
<i>sapropterin dihydrochloride oral packet</i>	58	SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360	
<i>sapropterin dihydrochloride oral tablet</i>	58	MG/2.4ML	68
SCSEMBLIX ORAL TABLET 100 MG	19	SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED	
SCSEMBLIX ORAL TABLET 20 MG, 40 MG	19	SYRINGE	68
scopolamine	57	<i>sodium bicarbonate intravenous solution 7.5 %</i>	50
SECUADO	41	<i>sodium chloride (pf)</i>	50
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED		<i>sodium chloride injection solution 2.5 meq/ml</i>	50
SYRINGE 45 MG/0.5ML	68	<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3</i>	
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED		<i>%, 5 %</i>	50
SYRINGE 90 MG/ML	68	<i>sodium chloride irrigation solution 0.9 %</i>	78
<i>selegiline hcl oral</i>	41	<i>sodium fluoride 5000 plus</i>	48
<i>selenium sulfide external lotion</i>	47	<i>sodium fluoride 5000 ppm dental cream</i>	48
SELZENTRY ORAL SOLUTION	76	<i>sodium fluoride 5000 ppm dental gel</i>	48
SEREVENT DISKUS INHALATION AEROSOL POWDER		<i>sodium fluoride dental cream</i>	48
BREATH ACTIVATED 50 MCG/ACT	84	<i>sodium fluoride dental gel 1.1 %</i>	48
<i>sertraline hcl oral concentrate</i>	41	<i>sodium fluoride mouth/throat</i>	48
<i>sertraline hcl oral tablet 100 mg</i>	41	<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	50
<i>sertraline hcl oral tablet 25 mg</i>	41	<i>sodium fluoride oral tablet chewable</i>	50
<i>sertraline hcl oral tablet 50 mg</i>	41	<i>sodium oxybate</i>	41
SETLAKIN	64	<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	58
<i>sf</i>	47	<i>sodium phenylbutyrate oral tablet</i>	58
<i>sf 5000 plus</i>	48	<i>sodium polystyrene sulfonate oral powder</i>	54
SHAROBEL	64	<i>sofosbuvir-velpatasvir</i>	76

<i>solifenacin succinate</i>	58	<i>sumatriptan succinate subcutaneous solution auto-injector</i>	41
SOLIQUA	54	<i>sunitinib malate</i>	19
SOLTAMOX	19	SUNLENCA ORAL TABLET	76
SOMAVERT	64	SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG	76
<i>sorafenib tosylate</i>	19	SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	76
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg</i>	28	SUNLENCA SUBCUTANEOUS	76
<i>sotalol hcl (af) oral tablet 80 mg</i>	28	SUNOSI	41
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg</i>	28	SUPREP BOWEL PREP KIT	57
<i>sotalol hcl oral tablet 80 mg</i>	28	SYEDA	64
<i>spinosad</i>	48	SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	54
SPIRIVA HANDIHALER	84	SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	54
SPIRIVA RESPIMAT	84	SYMPAZAN ORAL FILM 10 MG, 20 MG	41
<i>spironolactone oral tablet 100 mg, 50 mg</i>	28	SYMPAZAN ORAL FILM 5 MG	41
<i>spironolactone oral tablet 25 mg</i>	28	SYM TUZA	76
<i>spironolactone-hctz</i>	28	SYNAGIS	78
SPRINTEC 28	64	SYNAREL	64
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG	41	SYNJARDY	54
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	41	SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	54
SPS (SODIUM POLYSTYRENE SULF)	54	SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	54
SRONYX	64	SYNTHROID	64
SSD (SILVER SULFADIAZINE)	48	T	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	68	TABLOID	19
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	68	TABRECTA	19
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	69	<i>tacrolimus external ointment</i>	48
<i>sterile water for irrigation</i>	78	<i>tacrolimus oral</i>	69
STIOLTO RESPIMAT	84	<i>tadalafil (pah)</i>	84
STIVARGA	19	<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	58
<i>streptomycin sulfate intramuscular</i>	76	TAFINLAR ORAL CAPSULE	19
STRIBILD	76	TAFINLAR ORAL TABLET SOLUBLE	19
SUBVENITE	41	<i>tafluprost (pf)</i>	80
<i>sucrafate oral</i>	57	TAGRISSO	19
<i>sulfacetamide sodium (acne)</i>	48	TALZENNA	19
<i>sulfacetamide sodium ophthalmic</i>	80	<i>tamoxifen citrate oral</i>	19
<i>sulfacetamide-prednisolone ophthalmic solution</i>	80	<i>tamsulosin hcl</i>	58
<i>sulfadiazine oral</i>	76	TAPERDEX 6-DAY	64
<i>sulfamethoxazole-trimethoprim oral suspension</i>	76	TARINA 24 FE	64
<i>sulfamethoxazole-trimethoprim oral tablet</i>	76	TARINA FE 1/20 EQ	64
SULFAMYLON EXTERNAL CREAM	48	<i>tasimelteon</i>	41
<i>sulfasalazine oral</i>	57	<i>tazarotene external cream 0.1 %</i>	48
<i>sulindac oral tablet 150 mg</i>	14	<i>tazarotene external gel</i>	48
<i>sulindac oral tablet 200 mg</i>	14	TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	76
<i>sumatriptan nasal</i>	41	TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM	76-77
<i>sumatriptan succinate oral</i>	41	TAZVERIK	20
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	41		
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	41		

TECENTRIQ HYBREZA	20	TILIA FE	65
TECVAYLI	20	timolol maleate (once-daily)	80
TEFLARO	77	TIMOLOL MALEATE OCUDOSE	80
telmisartan oral tablet 20 mg, 40 mg	28	timolol maleate ophthalmic gel forming solution ...	80
telmisartan oral tablet 80 mg	28	timolol maleate ophthalmic solution 0.25 %	80
telmisartan-amlodipine	28	timolol maleate ophthalmic solution 0.5 %	81
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg	28	timolol maleate oral	28
telmisartan-hctz oral tablet 80-25 mg	28	timolol maleate pf ophthalmic solution 0.5 %	81
temazepam oral capsule 15 mg, 30 mg	41	tinidazole oral	77
temazepam oral capsule 22.5 mg, 7.5 mg	41	tiopronin oral tablet	59
TENIVAC	69	TIVICAY ORAL TABLET 50 MG	77
tenofovir disoproxil fumarate	77	TIVICAY PD	77
TEPMETKO	20	tizanidine hcl oral tablet	41
terazosin hcl oral	28	TOBRADEX OPHTHALMIC OINTMENT	81
terbinafine hcl oral	77	TOBRADEX ST	81
terbutaline sulfate injection	84	tobramycin inhalation nebulization solution 300 mg/5ml	84
terbutaline sulfate oral	84	tobramycin ophthalmic	81
terconazole	58	tobramycin sulfate injection solution	77
teriflunomide	41	tobramycin sulfate injection solution reconstituted	77
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml	54	tobramycin-dexamethasone	81
testosterone cypionate intramuscular solution 100 mg/ml	64	tolcapone	41
testosterone cypionate intramuscular solution 200 mg/ml, 200 mg/ml (1 ml)	64	tolterodine tartrate	59
testosterone enanthate intramuscular solution	64	tolterodine tartrate er	59
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)	64	tolvaptan oral tablet 15 mg (hyponatremia)	54
testosterone transdermal gel 10 mg/act (2%)	65	tolvaptan oral tablet 15 mg, 30 mg	54
testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)	65	tolvaptan oral tablet 30 mg (hyponatremia)	54
testosterone transdermal gel 20.25 mg/1.25gm (1.62%)	65	topiramate er oral capsule er 24 hour sprinkle 100 mg, 25 mg, 50 mg	41
testosterone transdermal solution	65	topiramate er oral capsule extended release 24 hour 25 mg, 50 mg	42
tetrabenazine oral tablet 12.5 mg	41	topiramate oral capsule sprinkle	42
tetrabenazine oral tablet 25 mg	41	topiramate oral solution	42
tetracycline hcl oral capsule	77	topiramate oral tablet	42
THALOMID ORAL CAPSULE 100 MG	20	toremifene citrate	20
THALOMID ORAL CAPSULE 150 MG, 200 MG	20	torsemide oral	28
THALOMID ORAL CAPSULE 50 MG	20	TOUJEO MAX SOLOSTAR	54
THEO-24	84	TOUJEO SOLOSTAR	54
theophylline er	84	TPN ELECTROLYTES INTRAVENOUS CONCENTRATE ...	50
theophylline oral	84	TRACLEER ORAL TABLET SOLUBLE	84
thioridazine hcl oral	41	TRADJENTA	54
thiothixene oral	41	tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	14
TIADYLT ER	28	tramadol hcl (er biphasic) oral tablet extended release 24 hour	14
tiagabine hcl	41	tramadol hcl er	14
TIBSOVO	20	tramadol hcl oral tablet 50 mg	14
ticagrelor	23	tramadol-acetaminophen	14
TICOVAC	69	trandolapril	10
tigecycline	77	trandolapril-verapamil hcl er	28
		tranexamic acid oral	23

<i>tranylcypromine sulfate</i>	42	<i>trientine hcl</i>	54
TRAVASOL	50	<i>trifluoperazine hcl oral</i>	42
<i>travoprost (bak free)</i>	81	<i>trifluridine ophthalmic</i>	77
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i> ...	42	<i>trihexyphenidyl hcl oral solution</i>	42
<i>trazodone hcl oral tablet 300 mg</i>	42	<i>trihexyphenidyl hcl oral tablet</i>	42
TRECTOR	77	TRIARDY XR ORAL TABLET EXTENDED RELEASE 24	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER		HOUR 10-5-1000 MG, 25-5-1000 MG	54
BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25		TRIARDY XR ORAL TABLET EXTENDED RELEASE 24	
MCG/ACT	84	HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	54
TREMFYA CROHNS INDUCTION	69	TRIKAFTA ORAL TABLET THERAPY PACK	84
TREMFYA ONE-PRESS	69	TRIKAFTA ORAL THERAPY PACK	84
TREMFYA PEN	69	<i>trimethobenzamide hcl oral</i>	57
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED		<i>trimethoprim oral</i>	77
SYRINGE	69	<i>trimipramine maleate oral</i>	42
<i>treprostinil</i>	84	TRINTELLIX	42
TRESIBA	54	TRIUMEQ	77
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-		TRIUMEQ PD	77
INJECTOR 100 UNIT/ML	54	TRIVORA (28)	65
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-		TROPHAMINE INTRAVENOUS SOLUTION 10 %	50
INJECTOR 200 UNIT/ML	54	<i>trospium chloride</i>	59
<i>tretinoin external cream</i>	48	<i>trospium chloride er</i>	59
<i>tretinoin external gel 0.01 %, 0.025 %</i>	48	TRULICITY SUBCUTANEOUS SOLUTION AUTO-	
<i>tretinoin external gel 0.05 %</i>	48	INJECTOR	54
<i>tretinoin microsphere</i>	48	TRUMENBA	69
<i>tretinoin microsphere pump</i>	48	TRUQAP	20
<i>tretinoin oral</i>	20	TUKYSA	20
TREXALL	69	TURALIO ORAL CAPSULE 125 MG	20
TRI-ESTARYLLA	65	TURQOZ	65
TRI-LEGEST FE	65	TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED	
TRI-LINYAH	65	SYRINGE	69
TRI-LO-ESTARYLLA	65	TYBOST	77
TRI-LO-MARZIA	65	TYDEMY	65
TRI-LO-MILI	65	TYENNE SUBCUTANEOUS	69
TRI-LO-SPRINTEC	65	TYMLOS	54
TRI-MILI	65	TYPHIM VI	69
TRI-NYMYO	65	TYVASO	84
TRI-SPRINTEC	65	TYVASO DPI INSTITUTIONAL KIT	84
TRI-VYLIBRA	65	TYVASO DPI MAINTENANCE KIT INHALATION POWDER	
TRI-VYLIBRA LO	65	16 MCG, 32 MCG, 48 MCG, 64 MCG	84
<i>triamcinolone acetonide external aerosol</i>		TYVASO DPI TITRATION KIT INHALATION POWDER 16	
<i>solution</i>	48	& 32 & 48 MCG	84
<i>triamcinolone acetonide external cream</i>	48	TYVASO REFILL KIT	84
<i>triamcinolone acetonide external lotion</i>	48	TYVASO STARTER KIT	84
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	48	U	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	65	UBRELVY ORAL TABLET 100 MG	42
<i>triamcinolone acetonide mouth/throat</i>	48	UBRELVY ORAL TABLET 50 MG	42
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	28	UDENYCA	23
<i>triamterene-hctz oral tablet</i>	28	<i>umeclidinium-vilanterol</i>	85
<i>triazolam oral tablet 0.25 mg</i>	42	UNITHROID	65
TRIDERM EXTERNAL CREAM 0.5 %	48	UPTRAVI ORAL	85
		UPTRAVI TITRATION	85
		<i>ursodiol oral capsule 300 mg</i>	57

ursodiol oral tablet	57	vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 500 mg	77
ustekinumab subcutaneous solution	69	vancomycin hcl intravenous solution reconstituted 1.25 gm, 1.5 gm, 750 mg	77
ustekinumab subcutaneous solution prefilled syringe 45 mg/0.5ml	69	vancomycin hcl oral capsule 125 mg	77
ustekinumab subcutaneous solution prefilled syringe 90 mg/ml	69	vancomycin hcl oral capsule 250 mg	77
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	42	vancomycin hcl oral solution reconstituted 25 mg/ml	77
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	42	VANDAZOLE	59
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	42	VANFLYTA	20
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	42	VAQTA	69
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	42	varenicline tartrate (starter)	42
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	42	varenicline tartrate oral tablet 0.5 mg	42
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	42	varenicline tartrate oral tablet 1 mg, 1 mg (56 pack)	42
V		varenicline tartrate(continue)	42
valacyclovir hcl oral tablet 1 gm	77	VARIVAX INJECTION	69
valacyclovir hcl oral tablet 500 mg	77	VARIZIG INTRAMUSCULAR SOLUTION	69
VALCHLOR	48	VAXCHORA	69
valganciclovir hcl oral solution reconstituted	77	VECAMYL	28
valganciclovir hcl oral tablet	77	VELIVET	65
valproic acid oral capsule	42	VELTASSA ORAL PACKET 1 GM	54
valproic acid oral solution	42	VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	54
valsartan oral tablet 160 mg	10	VELTASSA ORAL PACKET 8.4 GM	54
valsartan oral tablet 320 mg	10	VEMLIDY	77
valsartan oral tablet 40 mg, 80 mg	10	VENCLEXTA ORAL TABLET 10 MG	20
valsartan-hydrochlorothiazide	10	VENCLEXTA ORAL TABLET 100 MG	20
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg	28	VENCLEXTA ORAL TABLET 50 MG	20
valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg	28	VENCLEXTA STARTING PACK	20
VALTOCO 10 MG DOSE	42	venlafaxine besylate er	42
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	42	venlafaxine hcl	42
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	42	venlafaxine hcl er oral capsule extended release 24 hour 150 mg	43
VALTOCO 5 MG DOSE	42	venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg	43
VALTYA 1/50	65	venlafaxine hcl er oral capsule extended release 24 hour 75 mg	43
vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.25-5 gm/250ml-%, 1.5-5 gm/300ml-%, 500-5 gm/100ml-%	77	venlafaxine hcl er oral tablet extended release 24 hour 225 mg	43
vancomycin hcl in nacl intravenous solution 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%	77	VENTAVIS	85
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	77	verapamil hcl er oral capsule extended release 24 hour	28
		verapamil hcl er oral tablet extended release 120 mg	28
		verapamil hcl er oral tablet extended release 180 mg, 240 mg	28
		verapamil hcl oral	28
		VERQUVO	29
		VERSACLOZ	43
		VERZENIO	20
		VESTURA	65

VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG	77	XARAH FE	65
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	55	XARELTO ORAL SUSPENSION RECONSTITUTED	23
VIENVA	65	XARELTO ORAL TABLET 10 MG, 20 MG	23
<i>vigabatrin oral packet</i>	43	XARELTO ORAL TABLET 15 MG, 2.5 MG	23
<i>vigabatrin oral tablet</i>	43	XARELTO STARTER PACK	23
VIGADRONE ORAL PACKET	43	XATMEP	69
VIGADRONE ORAL TABLET	43	XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	43
VIGPODER	43	XCOPRI (350 MG DAILY DOSE)	43
<i>vilazodone hcl</i>	43	XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	43
VIMKUNYA	69	XCOPRI ORAL TABLET 150 MG, 200 MG	43
<i>viorele</i>	65	XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	43
VIRACEPT ORAL TABLET 250 MG	77	XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	43
VIRACEPT ORAL TABLET 625 MG	77	XDEMZY	81
VIREAD ORAL POWDER	78	XELJANZ ORAL SOLUTION	69
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	78	XELJANZ ORAL TABLET	69
VITRAKVI ORAL CAPSULE 100 MG	20	XELJANZ XR	69
VITRAKVI ORAL CAPSULE 25 MG	20	XELRIA FE	65
VITRAKVI ORAL SOLUTION	20	XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT	43
VIVOTIF	69	XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT	43
VIZIMPRO	20	XERMELO	57
VOLNEA	65	XGEVA	55
VONJO	20	XIFAXAN ORAL TABLET 550 MG	78
VORANIGO ORAL TABLET 10 MG	20	XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	55
VORANIGO ORAL TABLET 40 MG	20	XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	55
<i>voriconazole intravenous</i>	78	XIIDRA	81
<i>voriconazole oral suspension reconstituted</i>	78	XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	78
<i>voriconazole oral tablet 200 mg</i>	78	XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	78
<i>voriconazole oral tablet 50 mg</i>	78	XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML	85
VOSEVI	78	XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	85
VOWST	57	XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	85
VRAYLAR ORAL CAPSULE	43	XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	85
VUMERITY	43	XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	85
VYFEMLA	65	XOSPATA	20
VYLIBRA	65	XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	20
VYNDAMAX	58	XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	20
VYZULTA	81		
W			
<i>warfarin sodium oral</i>	23		
WELIREG	20		
WERA	65		
WINREVAIR	85		
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	85		
WYMZYA FE	65		
X			
XALKORI ORAL CAPSULE	20		
XALKORI ORAL CAPSULE SPRINKLE 150 MG	20		
XALKORI ORAL CAPSULE SPRINKLE 20 MG	20		
XALKORI ORAL CAPSULE SPRINKLE 50 MG	20		

XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	20	ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 25000-79000 UNIT, 40000-126000 UNIT, 60000-189600 UNIT	58
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	20	zidovudine oral capsule	78
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	20	zidovudine oral syrup	78
XPOVIO (60 MG TWICE WEEKLY)	21	zidovudine oral tablet	78
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	21	ZIEXTENZO	23
XPOVIO (80 MG TWICE WEEKLY)	21	ziprasidone hcl oral capsule 20 mg	43
XTANDI ORAL CAPSULE	21	ziprasidone hcl oral capsule 40 mg	43
XTANDI ORAL TABLET 40 MG	21	ziprasidone hcl oral capsule 60 mg, 80 mg	43
XTANDI ORAL TABLET 80 MG	21	ziprasidone mesylate	43
XULANE	65	ZIRGAN	78
Y		zoledronic acid intravenous concentrate	55
YARGESA	58	ZOLINZA	21
YF-VAX	69	zolmitriptan nasal solution 2.5 mg	43
yuvafem	65	zolmitriptan oral	43
Z		zolpidem tartrate er	43
ZAFEMY	65	zolpidem tartrate oral tablet	43
zafirlukast	85	ZONISADE	43
zaleplon oral capsule 10 mg	43	zonisamide oral	44
zaleplon oral capsule 5 mg	43	ZOVIA 1/35 (28)	65
ZARXIO	23	ZTALMY	44
ZEJULA ORAL TABLET 100 MG	21	ZUMANDIMINE	65
ZEJULA ORAL TABLET 200 MG, 300 MG	21	ZURZUVAE	44
ZELBORAF	21	ZYDELIG	21
ZEMBRACE SYMTOUCH	43	ZYKADIA ORAL TABLET	21
ZENATANE	48	ZYLET	81
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 3000-10000 UNIT, 5000-24000 UNIT	58	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	44
		ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	44

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call the phone number on your member ID card or speak to your provider.

Spanish - ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia en otros idiomas. También puede obtener ayudas y servicios auxiliares adecuados gratuitos para proporcionar información en formatos accesibles. Llame al número de teléfono que figura en su tarjeta de identificación del miembro o hable con su proveedor.

Arabic - تنبيه: إذا كنت تتحدث العربية ، فإن خدمات المساعدة اللغوية المجانية متاحة لك. كما تتوفر مساعدات وخدمات مساعدة مناسبة لتوفير المعلومات بأشكال يسهل الوصول إليها مجانًا. اتصل على رقم الهاتف الموجود على بطاقة ID هوية العضو الخاصة بك أو تحدث إلى مقدم الخدمة.

Armenian - ՈՒՇԱԿՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, ձեզ հասանելի են անվճար լեզվական աջակցության ծառայություններ: Մասշեղի ձևաչափերով տեղեկատվություն սրամադրելու համար համապատասխան օժանդակ միջոցներն ու ծառայությունները նույնպես հասանելի են անվճար: Զանգահարե՛ք ձեր անդամի ID քարտի վրա նշված հեռախոսահամարով կամ խոսե՛ք ձեր մատակարարի հետ:

Chinese - 注意: 如果您說中文，我們可以為您提供免費的語言協助服務。我們還免費提供適當的輔助工具和服務，以無障礙格式提供資訊。請撥打您的會員 ID 卡上的電話號碼或與您的提供者交談。

Farsi - توجه: اگر به زبان فارسی صحبت می‌کنید، خدمات کمک زبانی رایگان در دسترس شما است. وسایل و خدمات کمکی مناسب برای ارائه اطلاعات در قالب‌های مناسب معلولان نیز به‌صورت رایگان قابل ارائه است. با شماره تلفن مندرج روی کارت ID عضویت خود تماس بگیرید یا با ارائه‌دهنده‌تان صحبت کنید.

French - ATTENTION : Si vous parlez français, des services gratuits d'assistance linguistique sont disponibles. Des aides et services auxiliaires appropriés permettant de fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le numéro de téléphone figurant sur votre carte d'ID de membre ou appelez votre prestataire.

Haitian Creole - ATANSYON: Si w pale kreyòl ayisyen, sèvis asistans lang gratis disponib pou ou. Èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòm aksesib yo disponib tou gratis. Rele nimewo telefòn ki sou kat lantifikasyon manm ou a oswa pale ak founisè w la.

Italian - ATTENZIONE: sono disponibili servizi di assistenza linguistica gratuita in italiano. Sono inoltre disponibili gratuitamente adeguati supporti e servizi per ottenere informazioni in formato accessibile. Chiamare il numero di telefono riportato sulla propria tessera associativa o rivolgersi al proprio fornitore.

Japanese - 注意: 日本語を話せる方向けに、無料の言語支援サービスをご提供しています。適切な補助器具・サービスも、利用者がアクセスしやすい方法でご提供しています。こちらでも無料でご利用いただけます。必要な情報取得にお役立てください。会員IDカードに記載されている電話番号にお電話いただくか、プロバイダーにお問い合わせください。

Korean - 주의: 한국어를 사용하는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 장치 및 서비스도 무료로 이용하실 수 있습니다. 가입자 ID 카드에 기재된 전화 번호로 전화하거나 담당 의료 제공자에게 문의하십시오.

Polish - UWAGA: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnych usług pomocy językowej. Dostępne są również nieodpłatnie odpowiednie pomoce i usługi zapewniające informacje w dostępnych formatach. Zadzwoń pod numer telefonu podany na karcie ID członka lub porozmawiaj ze swoim dostawcą.

Portuguese - ATENÇÃO: Se fala português, tem à sua disposição serviços de assistência linguística gratuitos. Estão também disponíveis, a título gratuito, ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para o número de telefone que consta do seu cartão ID de membro ou fale com seu prestador.

Russian - ВНИМАНИЕ: Если вы говорите на русском языке, вам могут предоставить бесплатные услуги переводчика. Также бесплатно предоставляются вспомогательные средства и услуги, позволяющие получать информацию в доступных форматах. Позвоните по номеру телефона, указанному на вашей ID-карте участника, или обсудите этот вопрос с вашим поставщиком услуг.

Tagalog - PAUNAWA: Kung nagsasalita ka ng Tagalog, may available na mga libreng serbisyong tulong sa wika para sa iyo. Available rin nang libre ang mga naaangkop na auxiliary aid at serbisyo para maibigay ang impormasyon sa alternatibong mga format. Tawagan ang numero ng telepono sa iyong ID card ng miyembro o makipag-usap sa iyong provider.

Vietnamese - CHÚ Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí luôn sẵn sàng phục vụ quý vị. Các dịch vụ và hỗ trợ phụ trợ thích hợp cung cấp thông tin ở các định dạng có thể truy cập cũng được cung cấp miễn phí. Gọi số điện thoại trên thẻ ID thành viên của quý vị hoặc nói chuyện với nhà cung cấp của quý vị.

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For more recent information or other questions, please contact Pharmacy Member Services at **1-833-360-3662**, or for TTY users, **711**, 24 hours a day, 7 days a week, or visit **www.anthem.com/ca**.