



List of covered drugs

2023 Formulary

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

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN. This *Formulary* was updated on September 1, 2022.

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

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

Note to members:

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

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

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

This document includes a list of the covered Part D drugs for your plan which is current as of 1/1/2023. For an updated *Formulary*, please review the *Formulary* online at www.anthem.com/ca, or call Pharmacy Member Services. Our contact information, along with the date we last updated the *Formulary*, appears on the front and back covers.

You must generally use network pharmacies to use your prescription drug benefit. Your benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2024, and from time to time during the year. You will receive notice when necessary.

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

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

Table of Contents

What is the Anthem Medicare Preferred (PPO) with Senior Rx Plus Part D Formulary?	2
Can the <i>Part D Formulary (Drug List)</i> change?	2
How do I use the <i>Part D Formulary?</i>	4
What are generic drugs?	4
Are there any restrictions on my coverage?	4
What if my drug is not on the <i>Part D Formulary?</i>	5
How do I request an exception to the Anthem Medicare Preferred (PPO) with Senior Rx Plus Part D Formulary?	5
What do I do before I can talk to my doctor about changing my drugs or requesting an exception?	6
For more information	6
Your plan's <i>Part D Formulary</i>	6
Select Generics for 2023	9
Covered Medications by Therapeutic Category - Part D Eligible Drugs	11
Index of Drugs	85

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

A *Formulary* is a list of covered Part D drugs selected by us in consultation with a team of health care providers, which represents the prescription therapies believed to be necessary parts of a quality treatment program.

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

- The drug is medically necessary.
- The prescription is filled at a network pharmacy, and other plan rules are followed.
- The drug is a Medicare Part D eligible drug. Medicare Part D eligible drugs are all approved by the Food and Drug Administration (FDA) and if brand, the drug manufacturer has agreed to provide the Coverage Gap Discount.
- The drugs covered under your Anthem Medicare Preferred (PPO) with Senior Rx Plus coverage are listed in this document.

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

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

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

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

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

Can the *Part D Formulary (Drug List)* change?

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

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

- **New generic drugs.** We may immediately remove a brand name drug on our *Drug List* if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our *Drug List*, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled, “How do I request an exception to the Anthem Medicare Preferred (PPO) with Senior Rx Plus Part D Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our *Formulary* to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our *Formulary* and provide notice to members who take the drug.
- **Drugs that are no longer considered Part D eligible.** If CMS changes the Part D status of a drug, CMS will notify us that the drug is no longer deemed eligible for coverage under your Part D plan. If this happens, we will immediately remove the drug from the *Part D Drug List*.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the *Formulary*, or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or, we may make changes based on new clinical guidelines. If we remove drugs from our *Formulary*, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a one-month supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Anthem Medicare Preferred (PPO) with Senior Rx Plus Part D Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2023 *Formulary* that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 coverage year, except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the *Drug List* for the new benefit year for any changes to drugs.

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

This *Formulary* is current as of 1/1/2023. To get updated information about the drugs covered by your plan, please refer to your *Formulary* online at www.anthem.com/ca, or call Pharmacy Member Services. Our contact information appears on the front and back covers.

How do I use the *Part D Formulary*?

There are two ways to find your drug within the *Formulary*:

Medical Condition

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

Please refer to section "Your plan's *Part D Formulary*" to see an example of how to read your *Drug List*.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 85. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

These requirements and limits may include:

- **Prior authorization:** Your plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, your plan may not cover the drug.
- **Quantity limits:** For certain drugs, we limit the amount of the drug that we will cover. For example, we cover 30 tablets per 30 days of *irbesartan 75 mg tablets*. This may be in addition to a standard one-month or three-month supply.
- **Step therapy:** In some cases, we require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

- **Day supply limits:** Short and long acting opioids are limited to a 7-day supply per fill for members who have not filled an opioid drug in the past 180 days. Members with cancer or members in hospice will be excluded from the 7-day supply limit.

You can find out if your drug has any additional requirements or limits by looking in the *Formulary* that begins on page 11. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online at www.anthem.com/ca the prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the *Formulary*, appears on the front and back covers.

You can ask us to make an exception to these restrictions, or limits, or for a list of other similar drugs that may treat your health condition. See the section, "How do I request an exception to the Anthem Medicare Preferred (PPO) with Senior Rx Plus Part D Formulary?" on page 5 for information about how to request an exception.

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

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

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

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

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

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

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

Generally, your plan will only approve your request for an exception if the alternative drugs included on the plan's *Formulary*, the lower cost-sharing drug, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

As a new or continuing member in your plan, you may be taking drugs that are not on our *Formulary*. Or, you may be taking a drug that is on our *Formulary* but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a *Formulary* exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of your plan.

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

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

For more information

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

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

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

Your plan's Part D *Formulary*

The *Formulary* that begins on page 11 provides coverage information about the drugs covered by your plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 85.

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

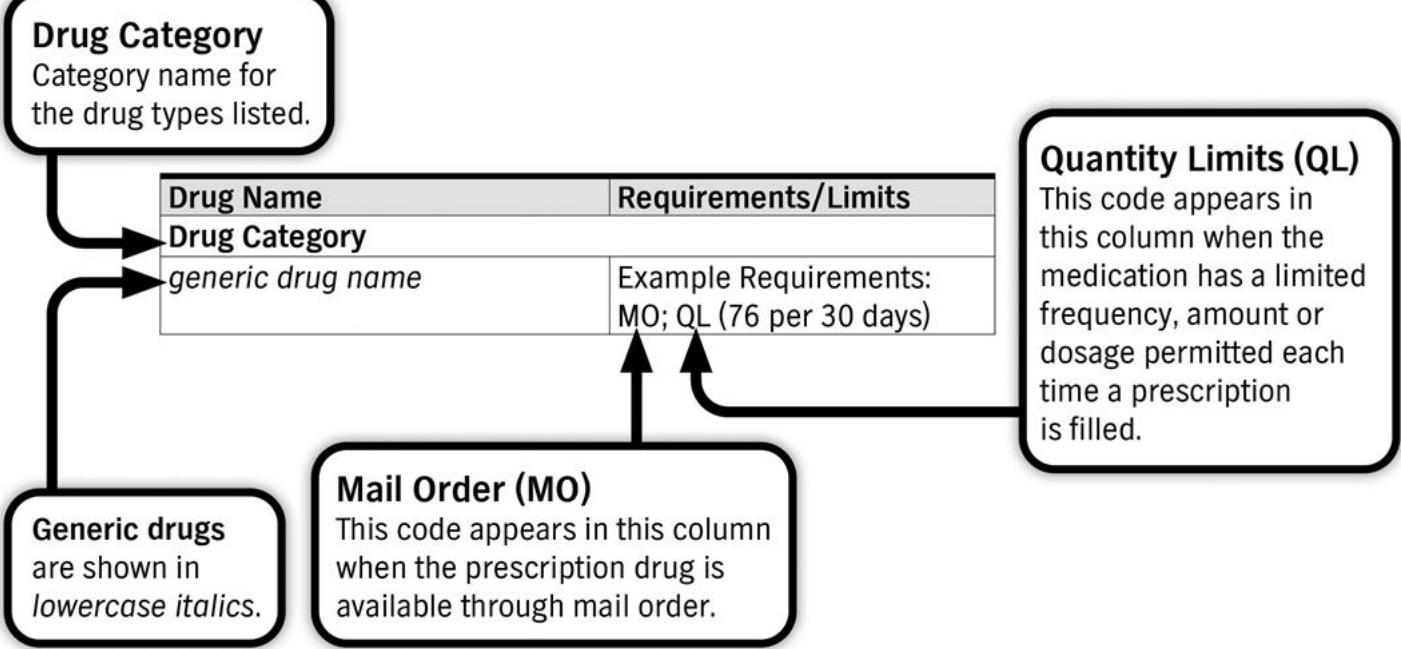
The **second column** of the chart identifies the tier placement of each medication covered in your *Formulary*. Our drug plan groups drugs based upon cost with the lowest cost drugs in Tier 1. These are typically generic drugs. Some newer, more expensive generic drugs may be on a higher tier. To find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

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

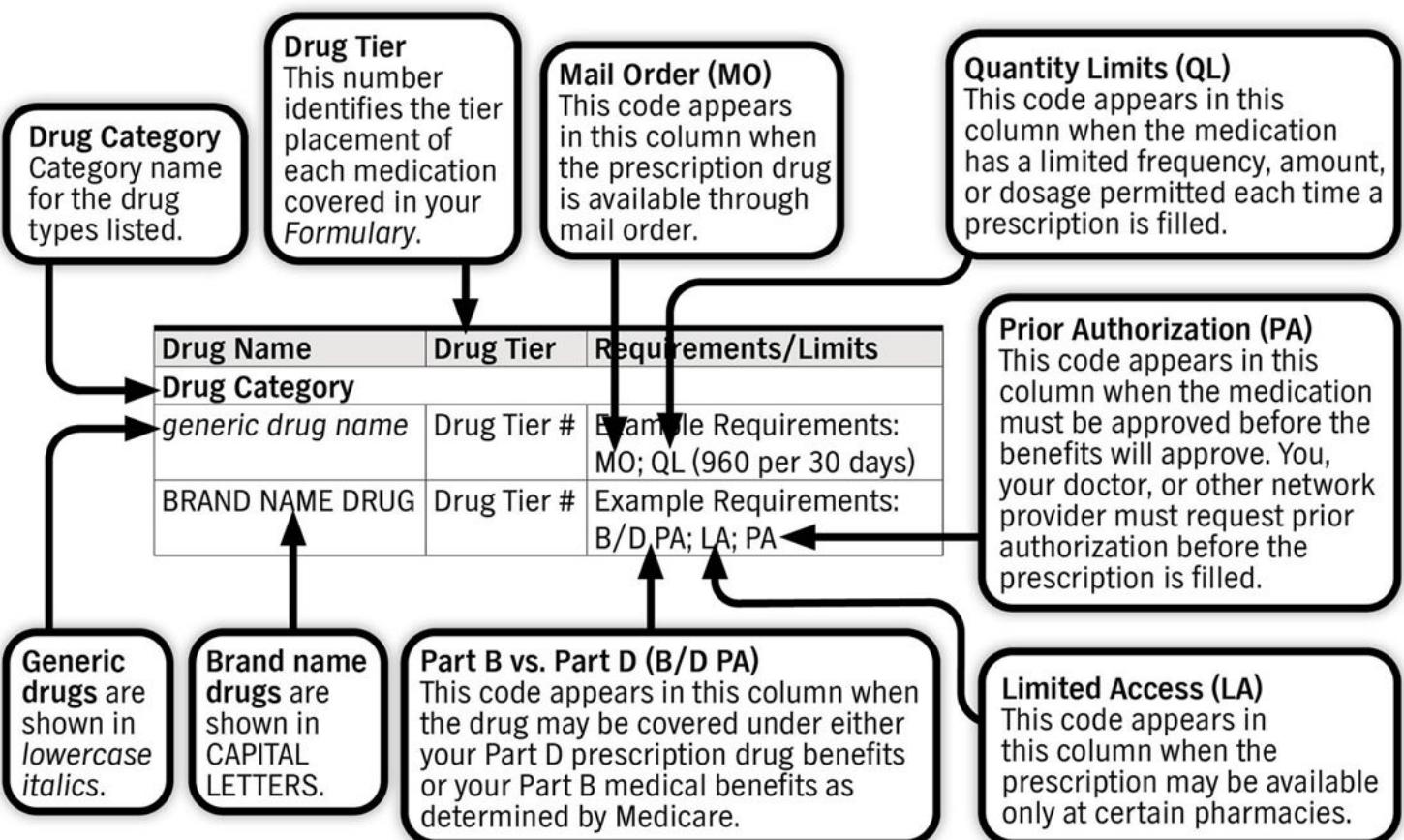
The benefits chart in your *Evidence of Coverage* will also tell you if the amount that you pay for covered drugs changes after the total drug cost paid by you and the plan reaches the initial coverage amount of \$4,660. Please check your benefits chart and *Evidence of Coverage* online at www.anthem.com/ca, for complete details on the cost you must pay for drugs covered by your drug plan.

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

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



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



Select Generics for 2023

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

Legend

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

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

Drug Name	Requirements /Limits	Drug Name	Requirements /Limits
Blood Glucose Regulators		<i>metformin hcl 500 mg tab</i>	MO; QL (150 per 30 days)
<i>glimepiride 1 mg tab</i>	MO; QL (240 per 30 days)	<i>metformin hcl 850 mg tab</i>	MO; QL (90 per 30 days)
<i>glimepiride 2 mg tab</i>	MO; QL (120 per 30 days)	<i>metformin hcl er 500 mg tab er 24h</i>	MO; QL (120 per 30 days)
<i>glimepiride 4 mg tab</i>	MO; QL (60 per 30 days)	<i>metformin hcl er 750 mg tab er 24h</i>	MO; QL (60 per 30 days)
<i>glipizide 10 mg tab</i>	MO; QL (120 per 30 days)	<i>pioglitazone hcl 15 mg tab</i>	MO; QL (90 per 30 days)
<i>glipizide 5 mg tab</i>	MO; QL (240 per 30 days)	<i>pioglitazone hcl 30 mg tab</i>	MO; QL (45 per 30 days)
<i>glipizide er 10 mg tab er 24h</i>	MO; QL (60 per 30 days)	<i>pioglitazone hcl 45 mg tab</i>	MO; QL (30 per 30 days)
<i>glipizide er 2.5 mg tab er 24h</i>	MO; QL (240 per 30 days)	Cardiovascular Agents	
<i>glipizide er 5 mg tab er 24h</i>	MO; QL (120 per 30 days)	<i>amlodipine besy-benazepril hcl</i>	MO
<i>glipizide xl 10 mg tab er 24h</i>	MO; QL (60 per 30 days)	<i>atenolol 25 mg tab, 50 mg tab, 100 mg tab</i>	MO
<i>glipizide xl 2.5 mg tab er 24h</i>	MO; QL (240 per 30 days)	<i>atenolol-chlorthalidone</i>	MO
<i>glipizide xl 5 mg tab er 24h</i>	MO; QL (120 per 30 days)	<i>atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	MO
<i>glipizide-metformin hcl 2.5-250 mg tab</i>	MO; QL (240 per 30 days)	<i>benazepril hcl 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab</i>	MO
<i>glipizide-metformin hcl 2.5-500 mg tab, 5-500 mg tab</i>	MO; QL (120 per 30 days)	<i>benazepril-hydrochlorothiazide</i>	MO
<i>metformin hcl 1000 mg tab</i>	MO; QL (60 per 30 days)	<i>bisoprolol fumarate 5 mg tab, 10 mg tab</i>	MO
		<i>bisoprolol-hydrochlorothiazide</i>	MO
		<i>carvedilol</i>	MO

Drug Name	Requirements /Limits	Drug Name	Requirements /Limits
chlorthalidone	MO	metoprolol tartrate 25 mg tab, 50 mg tab, 100 mg tab	MO
enalapril maleate 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab	MO	olmesartan medoxomil 5 mg tab, 20 mg tab, 40 mg tab	MO
enalapril-hydrochlorothiazide	MO	pravastatin sodium	MO
fosinopril sodium	MO	quinapril hcl	MO
furosemide 20 mg tab, 40 mg tab, 80 mg tab	MO	ramipril	MO
hydrochlorothiazide 12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab	MO	rosuvastatin calcium	MO
irbesartan	MO	simvastatin 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab	MO
irbesartan-hydrochlorothiazide	MO	trandolapril	MO
lisinopril 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab	MO	valsartan 40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab	MO
lisinopril-hydrochlorothiazide	MO	valsartan-hydrochlorothiazide	MO
losartan potassium 25 mg tab, 50 mg tab, 100 mg tab	MO	Metabolic Bone Disease Agents	
losartan potassium-hctz	MO	alendronate sodium 35 mg tab, 70 mg tab	MO; QL (4 per 28 days)
lovastatin 10 mg tab, 20 mg tab, 40 mg tab	MO	alendronate sodium 5 mg tab, 10 mg tab	MO; QL (30 per 30 days)

Covered Medications by Therapeutic Category - Part D Eligible Drugs

Legend

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

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

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

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

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

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

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

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

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

S - Specialty: Specialty drugs cost \$830 or more for a 30-day supply. Most plans limit Specialty drug fills to a 30-day supply. You can find out if Specialty drug fills are limited to a 30-day supply by checking the benefits chart in the front of your *Evidence of Coverage* which can be found online at www.anthem.com/ca, or call the Pharmacy Member Services number listed on the front and back covers.

Part D Eligible Drugs

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
Analgesics					
acetaminophen-codeine #2	1	QL (180 per 30 days); NEDS	acetaminophen-codeine 300-15 mg tab, 300-30 mg tab, 300-60 mg tab	1	QL (180 per 30 days); NEDS
acetaminophen-codeine #3	1	QL (180 per 30 days); NEDS	ACTIQ	4	PA; QL (120 per 30 days); NEDS; S
acetaminophen-codeine #4	1	QL (180 per 30 days); NEDS	ascomp-codeine	1	PA; QL (180 per 30 days); NEDS
acetaminophen-codeine 120-12 mg/5ml solution	1	QL (900 per 30 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	Drug Name	Drug Tier	Requirements /Limits
buprenorphine 10 mcg/hr patch wk, 15 mcg/hr patch wk	3	PA; QL (4 per 28 days); NEDS	diclofenac sodium 1 % gel	1	QL (1000 per 30 days)
buprenorphine 5 mcg/hr patch wk, 20 mcg/hr patch wk	1	PA; QL (4 per 28 days); NEDS	diclofenac sodium 1.5 % solution	1	QL (300 per 30 days)
buprenorphine 7.5 mcg/hr patch wk	3	PA; NEDS	diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr	1	MO
butalbital-apap-caff-cod	1	PA; QL (180 per 30 days); NEDS	diclofenac sodium er	1	MO
butalbital-asa-caff-codeine	1	PA; QL (180 per 30 days); NEDS	diclofenac-misoprostol	1	MO
butalbital-aspirin-caffeine 50-325-40 mg cap	1	PA; QL (180 per 30 days)	diflunisal 500 mg tab	1	MO
BUTALBITAL-ASPIRIN-CAFFEINE 50-325-40 MG TAB	2	PA; QL (180 per 30 days)	DILAUDID 1 MG/ML LIQUID	3	QL (720 per 30 days); NEDS
butorphanol tartrate 1 mg/ml solution	1	QL (240 per 30 days); NEDS	DILAUDID 2 MG TAB, 4 MG TAB	3	QL (180 per 30 days); NEDS
butorphanol tartrate 10 mg/ml solution	1	QL (5 per 30 days); NEDS	duramorph	1	QL (180 per 30 days); NEDS
butorphanol tartrate 2 mg/ml solution	1	QL (120 per 30 days); NEDS	ec-naproxen	1	MO
BUTTRANS 5 MCG/HR PATCH WK	3	PA; QL (4 per 28 days); NEDS	endocet	1	QL (180 per 30 days); NEDS
BUTTRANS 7.5 MCG/HR PATCH WK	3	PA; NEDS	etodolac	1	MO
CELEBREX	3	MO	etodolac er	1	MO
celecoxib 50 mg cap, 100 mg cap, 200 mg cap, 400 mg cap	1	MO	FELDENE	3	MO
codeine sulfate 15 mg tab, 30 mg tab, 60 mg tab	2	QL (180 per 30 days); NEDS	fenoprofen calcium 600 mg tab	1	MO
CONZIP	3	PA; QL (30 per 30 days); NEDS	fentanyl 12 mcg/hr patch 72hr, 25 mcg/hr patch 72hr, 50 mcg/hr patch 72hr, 75 mcg/hr patch 72hr, 100 mcg/hr patch 72hr	1	PA; QL (15 per 30 days); NEDS
DAYPRO	3	MO	fentanyl citrate 100 mcg tab, 200 mcg tab, 400 mcg tab, 600 mcg tab, 800 mcg tab	4	PA; QL (120 per 30 days); NEDS; S
DEMEROL 25 MG/ML SOLUTION, 50 MG/ML SOLUTION	3	PA; QL (120 per 30 days); NEDS	fentanyl citrate 200 mcg loz handle, 400 mcg loz handle	3	PA; QL (120 per 30 days); NEDS
diclofenac epolamine	3	PA; QL (60 per 30 days)	fentanyl citrate 600 mcg loz handle, 800 mcg loz handle, 1200 mcg loz handle, 1600 mcg loz handle	4	PA; QL (120 per 30 days); NEDS; S
diclofenac potassium 50 mg tab	1	MO	FENTORA	4	PA; QL (120 per 30 days); NEDS; S

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

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
FLECTOR	3	PA; QL (60 per 30 days)	ketorolac tromethamine 10 mg tab, 15 mg/ml solution, 30 mg/ml solution, 60 mg/2ml solution	1	PA
flurbiprofen 100 mg tab	1	MO	levorphanol tartrate 2 mg tab	4	QL (180 per 30 days); NEDS; S
hydrocodone-acetaminophen 2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 7.5-325 mg/15ml solution	1	QL (2700 per 30 days); NEDS	meclofenamate sodium 50 mg cap, 100 mg cap	1	MO
hydrocodone-acetaminophen 5-300 mg tab, 5-325 mg tab, 7.5-300 mg tab, 7.5-325 mg tab, 10-300 mg tab, 10-325 mg tab	1	QL (180 per 30 days); NEDS	mefenamic acid 250 mg cap	1	MO
hydrocodone-ibuprofen	1	QL (50 per 10 days); NEDS	meloxicam 7.5 mg tab, 15 mg tab	1	MO
hydromorphone hcl 1 mg/ml liquid	1	QL (720 per 30 days); NEDS	methadone hcl 10 mg/ml conc	1	QL (180 per 30 days); NEDS
hydromorphone hcl 1 mg/ml solution, 2 mg tab, 2 mg/ml solution, 4 mg tab, 8 mg tab	1	QL (180 per 30 days); NEDS	methadone hcl 10 mg/ml solution	1	QL (20 per 30 days); NEDS
hydromorphone hcl 4 mg/ml solution	1	QL (60 per 30 days); NEDS	methadone hcl 5 mg tab, 10 mg tab	1	PA; QL (180 per 30 days); NEDS
HYDROMORPHONE HCL PF 1 MG/ML SOLUTION	2	QL (180 per 30 days); NEDS	methadone hcl 5 mg/5ml solution, 10 mg/5ml solution	1	QL (900 per 30 days); NEDS
hydromorphone hcl pf 10 mg/ml solution, 50 mg/5ml solution, 500 mg/50ml solution	1	QL (120 per 30 days); NEDS	methadone hcl intensol	1	QL (180 per 30 days); NEDS
HYDROMORPHONE HCL PF 4 MG/ML SOLUTION	2	QL (60 per 30 days); NEDS	METHADOSE SUGAR-FREE	2	QL (180 per 30 days); NEDS
ibu	1	MO	morphine sulfate (concentrate) 20 mg/ml solution, 100 mg/5ml solution	1	QL (180 per 30 days); NEDS
ibuprofen 100 mg/5ml suspension	1		morphine sulfate (pf) 0.5 mg/ml solution, 1 mg/ml solution	1	QL (180 per 30 days); NEDS
ibuprofen 400 mg tab, 600 mg tab, 800 mg tab	1	MO	MORPHINE SULFATE (PF) 1 MG/ML SOLUTION, 4 MG/ML SOLUTION, 5 MG/ML SOLUTION, 10 MG/ML SOLUTION	2	QL (180 per 30 days); NEDS
indomethacin 25 mg cap, 50 mg cap	1	PA; MO	MORPHINE SULFATE (PF) 2 MG/ML SOLUTION IV	2	QL (180 per 30 days); NEDS
indomethacin er	1	PA; MO	MORPHINE SULFATE (PF) 8 MG/ML SOLUTION	3	QL (180 per 30 days); NEDS
ketoprofen 25 mg cap	4	MO; S	morphine sulfate 1 mg/ml solution, 15 mg tab, 30 mg tab	1	QL (180 per 30 days); NEDS
ketoprofen er	1	MO			

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

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
morphine sulfate 10 mg/5ml solution, 20 mg/5ml solution	1	QL (900 per 30 days); NEDS	oxycodone hcl 5 mg/5ml solution	1	QL (900 per 30 days); NEDS
morphine sulfate 2 mg/ml solution, 4 mg/ml solution	2	QL (180 per 30 days); NEDS	oxycodone-acetaminophen 2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab	1	QL (180 per 30 days); NEDS
morphine sulfate 50 mg/ml solution	1	QL (60 per 30 days); NEDS	pentazocine-naloxone hcl	1	PA; QL (360 per 30 days); NEDS
morphine sulfate 8 mg/ml solution	3	QL (180 per 30 days); NEDS	PERCOSET 2.5-325 MG TAB	3	QL (180 per 30 days); NEDS
morphine sulfate er 10 mg cap er 24h, 20 mg cap er 24h, 30 mg cap er 24h, 50 mg cap er 24h, 60 mg cap er 24h, 80 mg cap er 24h	3	PA; QL (60 per 30 days); NEDS	piroxicam 10 mg cap, 20 mg cap	1	MO
morphine sulfate er 100 mg tab er, 200 mg tab er	1	PA; QL (60 per 30 days); NEDS	relafen	1	MO
morphine sulfate er 15 mg tab er, 30 mg tab er, 60 mg tab er	1	PA; QL (90 per 30 days); NEDS	ROXICODONE 5 MG TAB, 15 MG TAB	3	QL (180 per 30 days); NEDS
morphine sulfate er 40 mg cap er 24h, 100 mg cap er 24h	4	PA; QL (60 per 30 days); NEDS; S	salsalate 500 mg tab, 750 mg tab	1	MO
morphine sulfate iv soln pf 10 mg/ml	1	QL (180 per 30 days); NEDS	sulindac 150 mg tab	1	MO
MS CONTIN 15 MG TAB ER, 30 MG TAB ER	3	PA; QL (90 per 30 days); NEDS	sulindac 200 mg tab	1	MO
nabumetone 500 mg tab, 750 mg tab	1	MO	tramadol hcl 50 mg tab	1	QL (240 per 30 days); NEDS
NALFON 600 MG TAB	3	MO	tramadol hcl er (biphasic)	1	PA; QL (30 per 30 days); NEDS
naproxen 125 mg/5ml suspension	1	MO	tramadol hcl er 100 mg tab er 24h, 200 mg tab er 24h, 300 mg tab er 24h	1	PA; QL (30 per 30 days); NEDS
naproxen 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr	1	MO	tramadol-acetaminophen	1	QL (40 per 5 days); NEDS
naproxen sodium 275 mg tab, 550 mg tab	1	MO	Anesthetics		
oxaprozin	1	MO	glydo	1	
oxycodone hcl 5 mg cap, 5 mg tab, 10 mg tab, 10 mg/0.5ml conc, 15 mg tab, 20 mg tab, 30 mg tab, 100 mg/5ml conc	1	QL (180 per 30 days); NEDS	lidocaine 5 % ointment	1	PA; QL (150 per 30 days)
			lidocaine 5 % patch	1	PA; QL (90 per 30 days)
			lidocaine hcl (pf) 1 % solution, 1.5 % solution	1	
			lidocaine hcl 0.5 % solution, 1 % solution, 2 % solution	1	
			lidocaine hcl 4 % solution	1	PA; QL (300 per 30 days)
			lidocaine hcl urethral/mucosal	1	

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

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>lidocaine viscous hcl</i>	1		<i>naloxone hcl 0.4 mg/ml soln cart, 0.4 mg/ml solution, 2 mg/2ml soln prsyr, 4 mg/10ml solution</i>	1	
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	1	QL (30 per 30 days)			
NAYZILAM	3		<i>naloxone hcl 4 mg/0.1ml liquid</i>	2	
Anti-Addiction/Substance Abuse Treatment Agents			<i>naltrexone hcl 50 mg tab</i>	1	
<i>acamprosate calcium</i>	1	MO	<i>NARCAN</i>	2	
APO-VARENICLINE 0.5 MG TAB	3	PA; QL (60 per 30 days)	<i>NICOTROL</i>	3	
APO-VARENICLINE 1 MG TAB	3	PA; QL (56 per 28 days)	<i>NICOTROL NS</i>	3	QL (120 per 30 days)
<i>buprenorphine hcl 0.3 mg/ml solution</i>	1	QL (90 per 30 days); NEDS	<i>SUBOXONE 12-3 MG FILM</i>	3	QL (60 per 30 days); NEDS
<i>buprenorphine hcl 2 mg sl tab</i>	1	QL (240 per 30 days); NEDS	<i>varenicline tartrate 0.5 mg tab</i>	3	PA; QL (60 per 30 days)
<i>buprenorphine hcl 8 mg sl tab</i>	1	QL (60 per 30 days); NEDS	<i>varenicline tartrate 0.5 mg x 11 & 1 mg x 42 misc</i>	3	PA
<i>buprenorphine hcl-naloxone hcl 12-3 mg film</i>	1	QL (60 per 30 days); NEDS	<i>varenicline tartrate 1 mg tab</i>	3	PA; QL (56 per 28 days)
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg film, 2-0.5 mg sl tab</i>	1	QL (360 per 30 days); NEDS	Antibacterials		
<i>buprenorphine hcl-naloxone hcl 4-1 mg film</i>	1	QL (180 per 30 days); NEDS	<i>acetic acid 0.25 % solution, 2 % solution</i>	1	
<i>buprenorphine hcl-naloxone hcl 8-2 mg film, 8-2 mg sl tab</i>	1	QL (90 per 30 days); NEDS	<i>ACTICLATE</i>	3	
<i>bupropion hcl er (smoking det)</i>	1	QL (60 per 30 days)	<i>amikacin sulfate 1 gm/4ml solution, 500 mg/2ml solution</i>	1	
CHANTIX 0.5 MG TAB	3	PA; QL (60 per 30 days)	<i>amoxicillin 125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab</i>	1	
CHANTIX 1 MG TAB	3	PA; QL (56 per 28 days)	<i>amoxicillin-pot clavulanate 200-28.5 mg chew tab, 200-28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg chew tab, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab</i>	1	
CHANTIX CONTINUING MONTH PAK	3	PA; QL (56 per 28 days)			
CHANTIX STARTING MONTH PAK	3	PA			
<i>disulfiram 250 mg tab, 500 mg tab</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.

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
amoxicillin-pot clavulanate er	1		CEFAZOLIN SODIUM 100 GM RECON SOLN, 300 GM RECON SOLN	2	
ampicillin	1		CEFAZOLIN SODIUM-DEXTOSE 1-4 GM-%(50ML) RECON SOLN, 1-4 GM/50ML-% SOLUTION, 2-3 GM-%(50ML) RECON SOLN, 2-4 GM/100ML-% SOLUTION	2	
ampicillin sodium 1 gm recon soln, 10 gm recon soln, 125 mg recon soln, 250 mg recon soln, 500 mg recon soln	1		cefdinir 125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap	1	
ampicillin sodium 2 gm recon soln for inj	1		cefepime hcl 1 gm recon soln, 2 gm recon soln	1	
ampicillin sodium 2 gm recon soln for iv	1		CEFEPIME HCL 1 GM/50ML SOLUTION, 2 GM/100ML SOLUTION, 100 GM RECON SOLN	2	
ampicillin-sulbactam sodium	1		cefixime 100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap	1	
AZACTAM	3		cefotetan disodium	1	
azithromycin 1 gm packet, 100 mg/5ml recon susp, 200 mg/5ml recon susp, 500 mg recon soln, 500 mg tab, 600 mg tab	1		cefoxitin sodium	1	
azithromycin 250 mg tab	1		cefpodoxime proxetil 50 mg/5ml recon susp, 100 mg tab, 100 mg/5ml recon susp, 200 mg tab	1	
aztreonam	1		cefprozil 125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab	1	
bacitracin 50000 unit recon soln	1		ceftazidime 1 gm recon soln, 2 gm recon soln, 6 gm recon soln	1	
BACTRIM	3		ceftriaxone sodium 1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 250 mg recon soln, 500 mg recon soln	1	
BACTRIM DS	3		CEFTRIAXONE SODIUM 100 GM RECON SOLN	2	
BICILLIN C-R	2		ceftriaxone sodium in dextrose	1	
BICILLIN C-R 900/300	2				
BICILLIN L-A	3				
cefaclor 125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 375 mg/5ml recon susp, 500 mg cap	1				
CEFACLOR ER	2				
cefadroxil 1 gm tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp	1				
cefazolin sodium 1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 500 mg recon soln	1				

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

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
CEFTRIAXONE SODIUM-DEXTROSE	2		clindamycin phosphate 1 % swab, 2 % cream, 9 gm/60ml solution, 300 mg/2ml solution, 600 mg/4ml solution, 9000 mg/60ml solution	1	
cefuroxime axetil 250 mg tab	1		clindamycin phosphate in d5w	1	
cefuroxime axetil 500 mg tab	1		colistimethate sodium (cba)	1	
cefuroxime sodium	1		CUBICIN	4	S
cephalexin 125 mg/5ml recon susp, 250 mg cap, 250 mg tab, 500 mg cap, 500 mg tab	1		CUBICIN RF	4	S
cephalexin 250 mg/5ml recon susp, 750 mg cap	1		DAPTOMYCIN	4	S
CILOXAN 0.3 % SOLUTION	3		demeclercycline hcl	1	
CIPRO 250 MG/5ML (5%) RECON SUSP, 500 MG/5ML (10%) RECON SUSP	3		dicloxacillin sodium	1	
ciprofloxacin hcl 0.3 % solution, 100 mg tab, 750 mg tab	1		DIFIDID 40 MG/ML RECON SUSP, 200 MG TAB	4	PA; S
ciprofloxacin hcl 250 mg tab, 500 mg tab	1		doxy 100	1	
ciprofloxacin in d5w	1		doxycycline hydiate 20 mg tab, 50 mg cap, 50 mg tab dr, 75 mg tab, 100 mg cap, 100 mg recon soln, 100 mg tab, 150 mg tab	1	
clarithromycin 125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab	1		doxycycline monohydrate 25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab, 150 mg tab	1	
clarithromycin er	1		e.e.s. 400	1	
CLEOCIN 2 % CREAM, 75 MG CAP, 75 MG/5ML RECON SOLN, 100 MG SUPPOS, 300 MG CAP	3		E.E.S. GRANULES	4	S
CLEOCIN PHOSPHATE 900 MG/6ML SOLUTION	3		ertapenem sodium	3	
clindacin etz 1 % swab	1		ery-tab	1	
clindacin-p	1		ERYPED 200	4	S
clindamycin hcl 75 mg cap, 150 mg cap, 300 mg cap	1		ERYPED 400	4	S
clindamycin palmitate hcl	1		erythrococin lactobionate	3	
			erythrococin stearate	1	
			erythromycin 250 mg tab dr, 333 mg tab dr, 500 mg tab dr	1	
			erythromycin base 250 mg cp dr part, 250 mg tab, 250 mg tab dr, 333 mg tab dr, 500 mg tab dr	1	

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

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
erythromycin ethylsuccinate 200 mg/5ml recon susp, 400 mg tab, 400 mg/5ml recon susp	1		meropenem	1	
erythromycin lactobionate	3		methenamine hippurate	1	
erythromycin stearate	1		methenamine mandelate 0.5 gm tab, 1 gm tab	1	
FIRVANQ	3	QL (1200 per 30 days)	METROCREAM	3	
FLAGYL 375 MG CAP	3		METROGEL	3	
fosfomycin tromethamine	1		METROLOTION	3	
gentamicin in saline 0.8-0.9 mg/ml-% solution, 1-0.9 mg/ml-% solution, 1.2-0.9 mg/ml-% solution, 1.6-0.9 mg/ml-% solution	1		metronidazole 0.75 % cream, 0.75 % gel, 0.75 % lotion, 1 % gel, 250 mg tab, 375 mg cap, 500 mg tab, 500 mg/100ml solution	1	
gentamicin in saline 2-0.9 mg/ml-% solution	2		metronidazole 0.75 % gel (topical)	1	
gentamicin sulfate 0.1 % cream, 0.1 % ointment	1	QL (30 per 30 days)	metronidazole 0.75 % gel vaginal	1	
gentamicin sulfate 10 mg/ml solution, 40 mg/ml solution	1		minocycline hcl 50 mg cap, 50 mg tab, 75 mg cap, 75 mg tab, 100 mg cap, 100 mg tab	1	
HIPREX	3		monodoxine nl 100 mg cap	1	
imipenem-cilastatin	1		MONUROL	3	
KLARON	3		moxifloxacin hcl 400 mg tab	1	
levofloxacin 25 mg/ml solution	1		moxifloxacin hcl in nacl	1	
levofloxacin 250 mg tab, 500 mg tab, 750 mg tab	1		nafcillin sodium 1 gm recon soln for inj	3	
levofloxacin in d5w	1		nafcillin sodium 1 gm recon soln, 2 gm recon soln	3	
LINCOCIN	3		nafcillin sodium 10 gm recon soln	4	S
lincomycin hcl 300 mg/ml solution	1		neomycin sulfate 500 mg tab	1	
linezolid 100 mg/5ml recon susp	4	PA; QL (1800 per 30 days); S	neomycin-polymyxin b gu	1	
linezolid 600 mg tab	3	PA; QL (56 per 28 days)	nitrofurantoin	4	S
linezolid 600 mg/300ml solution	1		nitrofurantoin macrocrystal 25 mg cap, 50 mg cap, 100 mg cap	1	
linezolid in sodium chloride	3		nitrofurantoin monohyd macro	1	
MACRODANTIN	3		ofloxacin 300 mg tab, 400 mg tab	1	

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

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ORACEA	3		SUPRAX 100 MG CHEW TAB, 100 MG/5ML RECON SUSP, 200 MG CHEW TAB, 200 MG/5ML RECON SUSP, 400 MG CAP, 500 MG/5ML RECON SUSP	3	
oxacillin sodium 1 gm recon soln, 2 gm recon soln	1		tazicef 1 gm recon soln, 2 gm recon soln, 6 gm recon soln	1	
oxacillin sodium 10 gm recon soln	3		TEFLARO	4 S	
OXACILLIN SODIUM IN DEXTROSE	2		tetracycline hcl 250 mg cap, 500 mg cap	1	
paromomycin sulfate 250 mg cap	1		TIGECYCLINE	4 S	
PENICILLIN G POT IN DEXTROSE	3		tinidazole 250 mg tab, 500 mg tab	1	
penicillin g potassium	1		tobramycin sulfate 1.2 gm recon soln, 1.2 gm/30ml solution, 2 gm/50ml solution, 10 mg/ml solution, 80 mg/2ml solution	1	
PENICILLIN G PROCAINE	2		trimethoprim 100 mg tab	1	
penicillin g sodium	1		UNASYN 3 (2-1) GM RECON SOLN, 15 (10-5) GM RECON SOLN	3	
penicillin v potassium 125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab	1		vancomycin hcl 1 gm recon soln, 5 gm recon soln, 10 gm recon soln, 100 gm recon soln, 500 mg recon soln	1	
pfiberpen	1		VANCOMYCIN HCL 1.25 GM RECON SOLN, 1.5 GM RECON SOLN, 500 MG/100ML SOLUTION, 750 MG RECON SOLN, 750 MG/150ML SOLUTION, 1000 MG/200ML SOLUTION, 1250 MG/250ML SOLUTION, 1500 MG/300ML SOLUTION, 1750 MG/350ML SOLUTION, 2000 MG/400ML SOLUTION	2	
piperacillin sod-tazobactam soln	1		vancomycin hcl 125 mg cap	1	PA; QL (240 per 30 days)
polymyxin b sulfate 500000 unit recon soln	1		vancomycin hcl 250 mg cap	3	PA; QL (240 per 30 days)
PRIMAXIN IV	3				
rosadan 0.75 % cream, 0.75 % gel	1				
SOLODYN 55 MG TAB ER 24H, 65 MG TAB ER 24H	3				
streptomycin sulfate 1 gm recon soln	4 S				
sulfacetamide sodium (acne)	1				
sulfadiazine 500 mg tab	2				
sulfamethoxazole-trimethoprim 200-40 mg/5ml suspension, 400-80 mg/5ml solution	1				
sulfamethoxazole-trimethoprim 400-80 mg tab, 800-160 mg tab	1				

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

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
VANCOMYCIN HCL IN DEXTROSE 1-5 GM/200ML-% SOLUTION, 500-5 MG/100ML-% SOLUTION, 750-5 MG/150ML-% SOLUTION	2		BRIVIACT 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB	4	PA; QL (60 per 30 days); MO; S
VANCOMYCIN HCL IN NACL 1-0.9 GM/200ML-% SOLUTION, 500-0.9 MG/100ML-% SOLUTION, 750-0.9 MG/150ML-% SOLUTION	2		BRIVIACT 50 MG/5ML SOLUTION	3	PA
VANDAZOLE	1		carbamazepine 100 mg chew tab, 100 mg/5ml suspension, 200 mg tab	1	MO
VIBATIV	4	PA; S	carbamazepine er	1	MO
VIBRAMYCIN 100 MG CAP	3		CARBATROL 100 MG CAP ER 12H, 200 MG CAP ER 12H	3	MO
VIBRAMYCIN 25 MG/5ML RECON SUSP	4	S	CELONTIN	3	MO
XIFAXAN 550 MG TAB	4	PA; QL (84 per 28 days); MO; S	clobazam 10 mg tab	1	PA; QL (120 per 30 days); MO
ZITHROMAX 1 GM PACKET, 100 MG/5ML RECON SUSP, 200 MG/5ML RECON SUSP, 250 MG TAB, 500 MG RECON SOLN, 500 MG TAB	3		clobazam 2.5 mg/ml suspension	1	PA; QL (480 per 30 days); MO
ZYVOX 100 MG/5ML RECON SUSP	4	PA; QL (1800 per 30 days); S	clobazam 20 mg tab	1	PA; QL (60 per 30 days); MO
ZYVOX 200 MG/100ML SOLUTION	4	S	DEPAKOTE	3	MO
ZYVOX 600 MG/300ML SOLUTION	3		DEPAKOTE ER	3	MO
Anticonvulsants			DEPAKOTE SPRINKLES	3	MO
APTIOM	4	ST; MO; S	DIACOMIT 250 MG CAP, 250 MG PACKET	4	PA; LA; QL (360 per 30 days); S
BANZEL 200 MG TAB	4	PA; QL (480 per 30 days); MO; S	DIACOMIT 500 MG CAP, 500 MG PACKET	4	PA; LA; QL (180 per 30 days); S
BANZEL 40 MG/ML SUSPENSION	4	PA; QL (2400 per 30 days); MO; S	DIASTAT ACUDIAL	3	
BANZEL 400 MG TAB	4	PA; QL (240 per 30 days); MO; S	DIASTAT PEDIATRIC	3	
BRIVIACT 10 MG TAB	3	PA; QL (60 per 30 days); MO	diazepam 2.5 mg gel, 10 mg gel, 20 mg gel	1	
BRIVIACT 10 MG/ML SOLUTION	4	PA; QL (600 per 30 days); MO; S	DILANTIN 30 MG CAP, 100 MG CAP, 125 MG/5ML SUSPENSION	3	MO
			DILANTIN INFATABS	3	MO
			divalproex sodium 125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr	1	MO
			divalproex sodium er	1	MO
			EPIDIOLEX	4	PA; LA; S
			epitol	1	MO
			EPRONTIA	3	MO
			ethosuximide 250 mg cap, 250 mg/5ml solution	1	MO

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

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
felbamate 400 mg tab, 600 mg tab, 600 mg/5ml suspension	1	MO	LAMICTAL XR 50 & 100 & 200 MG KIT	4	S
FINTEPLA	4	PA; LA; S	lamotrigine 5 mg chew tab, 25 mg chew tab, 25 mg tab, 25 mg tab disp, 50 mg tab disp, 100 mg tab, 100 mg tab disp, 150 mg tab, 200 mg tab, 200 mg tab disp	1	MO
FYCOMPA 0.5 MG/ML SUSPENSION	3	QL (720 per 30 days); MO	lamotrigine er	3	MO
FYCOMPA 2 MG TAB	3	QL (30 per 30 days); MO	levetiracetam 100 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab, 1000 mg tab	1	MO
FYCOMPA 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB	4	QL (30 per 30 days); MO; S	levetiracetam 500 mg/5ml solution	1	
gabapentin 100 mg cap	1	QL (1080 per 30 days); MO	levetiracetam er 500 mg tab er 24h	1	QL (180 per 30 days); MO
gabapentin 250 mg/5ml solution, 300 mg/6ml solution	1	QL (2160 per 30 days); MO	levetiracetam er 750 mg tab er 24h	1	QL (120 per 30 days); MO
gabapentin 300 mg cap	1	QL (360 per 30 days); MO	levetiracetam in nacl 1000 mg/100ml solution, 1500 mg/100ml solution	1	
gabapentin 400 mg cap	1	QL (270 per 30 days); MO	levetiracetam in nacl 500 mg/100ml solution	4	S
gabapentin 600 mg tab	1	QL (180 per 30 days); MO	NEURONTIN 250 MG/5ML SOLUTION	3	QL (2160 per 30 days); MO
gabapentin 800 mg tab	1	QL (120 per 30 days); MO	ONFI 10 MG TAB	4	PA; QL (120 per 30 days); MO; S
GABITRIL	3	MO	ONFI 2.5 MG/ML SUSPENSION	4	PA; QL (480 per 30 days); MO; S
LACOSAMIDE 10 MG/ML SOLUTION	4	QL (1200 per 30 days); MO; S	ONFI 20 MG TAB	4	PA; QL (60 per 30 days); MO; S
lacosamide 10 mg/ml solution	3	QL (1200 per 30 days); MO	oxcarbazepine 150 mg tab, 300 mg tab, 300 mg/5ml suspension, 600 mg tab	1	MO
lacosamide 200 mg/20ml solution	4	QL (1200 per 30 days); S	phenobarbital 100 mg tab	1	PA; QL (120 per 30 days); MO
lacosamide 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab	3	QL (60 per 30 days); MO	phenobarbital 15 mg tab	1	PA; QL (800 per 30 days); MO
LAMICTAL 5 MG CHEW TAB, 25 MG CHEW TAB	3	MO	phenobarbital 16.2 mg tab	1	PA; QL (741 per 30 days); MO
LAMICTAL ODT 25 MG TAB DISP, 50 MG TAB DISP, 100 MG TAB DISP, 200 MG TAB DISP	3	MO	phenobarbital 20 mg/5ml elixir	1	PA; QL (3000 per 30 days); MO
LAMICTAL STARTER 35 X 25 MG KIT, 42 X 25 MG & 7 X 100 MG KIT	3				

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

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
phenobarbital 30 mg tab	1	PA; QL (400 per 30 days); MO	TEGRETOL-XR	3	MO
phenobarbital 32.4 mg tab	1	PA; QL (370 per 30 days); MO	tiagabine hcl	1	MO
phenobarbital 60 mg tab	1	PA; QL (200 per 30 days); MO	topiramate 15 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab	1	MO
phenobarbital 64.8 mg tab	1	PA; QL (185 per 30 days); MO	topiramate er 25 mg cp24 sprnk, 50 mg cp24 sprnk, 100 mg cp24 sprnk	3	MO
phenobarbital 97.2 mg tab	1	PA; QL (123 per 30 days); MO	TRILEPTAL 150 MG TAB, 300 MG TAB, 300 MG/5ML SUSPENSION	3	MO
PHENYTEK	3	MO	TROKENDI XR 100 MG CAP ER 24H	4	QL (30 per 30 days); MO; S
phenytoin 50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension	1	MO	TROKENDI XR 200 MG CAP ER 24H	4	QL (60 per 30 days); MO; S
phenytoin infatabs	1	MO	TROKENDI XR 25 MG CAP ER 24H, 50 MG CAP ER 24H	3	QL (30 per 30 days); MO
phenytoin sodium extended	1	MO	valproate sodium 100 mg/ml solution	1	
primidone 50 mg tab, 250 mg tab	1	MO	valproic acid 250 mg cap, 250 mg/5ml solution	1	MO
QUDEXY XR 25 MG CP24 SPRNK, 50 MG CP24 SPRNK, 100 MG CP24 SPRNK	3	MO	VALTOCO 10 MG DOSE	4	S
roweepra 500 mg tab	1	MO	VALTOCO 15 MG DOSE	3	
rufinamide 200 mg tab	3	PA; QL (480 per 30 days); MO	VALTOCO 20 MG DOSE	3	
rufinamide 40 mg/ml suspension	4	PA; QL (2400 per 30 days); MO; S	VALTOCO 5 MG DOSE	3	
rufinamide 400 mg tab	4	PA; QL (240 per 30 days); MO; S	vigabatrin	4	PA; LA; QL (180 per 30 days); S
SABRIL	4	PA; LA; QL (180 per 30 days); S	vigadronе	4	PA; LA; QL (180 per 30 days); S
SPRITAM 250 MG TAB, 500 MG TAB, 1000 MG TAB	3	PA; QL (60 per 30 days); MO	VIMPAT 10 MG/ML SOLUTION	4	QL (1200 per 30 days); MO; S
SPRITAM 750 MG TAB	3	PA; QL (120 per 30 days); MO	VIMPAT 100 MG TAB, 150 MG TAB, 200 MG TAB	4	QL (60 per 30 days); MO; S
subvenite	1	MO	VIMPAT 200 MG/20ML SOLUTION	4	QL (1200 per 30 days); S
SYMPAZAN 10 MG FILM, 20 MG FILM	4	PA; QL (60 per 30 days); MO; S	VIMPAT 50 MG TAB	3	QL (60 per 30 days); MO
SYMPAZAN 5 MG FILM	3	PA; QL (30 per 30 days); MO	XCOPRI (250 MG DAILY DOSE)	4	QL (56 per 28 days); MO; S
TEGRETOL 100 MG/5ML SUSPENSION	3	MO	XCOPRI (350 MG DAILY DOSE)	4	QL (56 per 28 days); MO; S

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

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits			
XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK	3	QL (56 per 365 over time)	memantine hcl er	1	PA; QL (30 per 30 days); MO			
XCOPRI 14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK	4	QL (56 per 365 over time); S	NAMENDA XR	3	PA; QL (30 per 30 days); MO			
XCOPRI 150 MG TAB, 200 MG TAB	4	QL (60 per 30 days); MO; S	NAMZARIC 7 & 14 & 21 &28 -10 MG CP24 THPK	3				
XCOPRI 50 MG TAB, 100 MG TAB	4	QL (30 per 30 days); MO; S	NAMZARIC 7-10 MG CAP ER 24H, 14-10 MG CAP ER 24H, 21-10 MG CAP ER 24H, 28-10 MG CAP ER 24H	3	MO			
ZARONTIN 250 MG CAP, 250 MG/5ML SOLUTION	3	MO	RAZADYNE ER	3	QL (30 per 30 days); MO			
zonisamide 25 mg cap, 50 mg cap, 100 mg cap	1	MO	rivastigmine	1	QL (30 per 30 days); MO			
ZTALMY	4	QL (1100 per 30 days); S	rivastigmine tartrate	1	QL (60 per 30 days); MO			
Antidementia Agents								
ARICEPT 23 MG TAB	3	ST; QL (30 per 30 days); MO	Antidepressants					
ARICEPT 5 MG TAB	3	QL (30 per 30 days); MO	amitriptyline hcl 10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab	1	MO			
donepezil hcl 23 mg tab	1	ST; QL (30 per 30 days); MO	amoxapine	1	PA; MO			
donepezil hcl 5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp	1	QL (30 per 30 days); MO	bupropion hcl 100 mg tab	1	QL (135 per 30 days); MO			
ergoloid mesylates 1 mg tab	1	PA; MO	bupropion hcl 75 mg tab	1	QL (180 per 30 days); MO			
galantamine hydrobromide 4 mg tab, 8 mg tab, 12 mg tab	1	QL (60 per 30 days); MO	bupropion hcl er (sr) 100 mg tab er 12h	1	QL (120 per 30 days); MO			
galantamine hydrobromide 4 mg/ml solution	1	QL (200 per 30 days); MO	bupropion hcl er (sr) 150 mg tab er 12h, 200 mg tab er 12h	1	QL (60 per 30 days); MO			
galantamine hydrobromide er	1	QL (30 per 30 days); MO	bupropion hcl er (xl) 150 mg tab er 24h	1	QL (90 per 30 days); MO			
memantine hcl 10 mg tab	1	PA; QL (60 per 30 days); MO	bupropion hcl er (xl) 300 mg tab er 24h	1	QL (30 per 30 days); MO			
memantine hcl 2 mg/ml solution, 10 mg/5ml solution	1	PA; QL (300 per 30 days); MO	chlordiazepoxide-amitriptyline	1	PA; MO			
memantine hcl 28 x 5 mg & 21 x 10 mg tab	1	PA; QL (60 per 30 days)	citalopram hydrobromide 10 mg tab	1	QL (120 per 30 days); MO			
memantine hcl 5 mg tab	1	PA; QL (90 per 30 days); MO	citalopram hydrobromide 10 mg/5ml solution	1	QL (600 per 30 days); MO			

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

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
citalopram hydrobromide 20 mg tab	1	QL (60 per 30 days); MO	fluvoxamine maleate 25 mg tab, 50 mg tab	1	MO
citalopram hydrobromide 40 mg tab	1	QL (30 per 30 days); MO	fluvoxamine maleate er 100 mg cap er 24h	1	QL (90 per 30 days); MO
clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap	1	PA; MO	fluvoxamine maleate er 150 mg cap er 24h	1	QL (60 per 30 days); MO
desipramine hcl 10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab	1	PA; MO	imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab	1	PA; MO
DESVENLAFAXINE ER	3	QL (30 per 30 days); MO	imipramine pamoate 125 mg cap, 150 mg cap	1	PA; MO
desvenlafaxine succinate er	1	MO	LYBALVI	4	QL (30 per 30 days); MO; S
doxepin hcl 10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap	1	PA; MO	MARPLAN	3	MO
EMSAM	4	PA; QL (30 per 30 days); MO; S	mirtazapine 15 mg tab disp, 30 mg tab disp, 45 mg tab, 45 mg tab disp	1	QL (30 per 30 days); MO
escitalopram oxalate 10 mg tab	1	QL (60 per 30 days); MO	mirtazapine 7.5 mg tab, 15 mg tab, 30 mg tab	1	MO
escitalopram oxalate 20 mg tab	1	QL (30 per 30 days); MO	nefazodone hcl 200 mg tab	1	QL (90 per 30 days); MO
escitalopram oxalate 5 mg tab	1	QL (120 per 30 days); MO	nefazodone hcl 50 mg tab, 100 mg tab, 150 mg tab, 250 mg tab	1	QL (60 per 30 days); MO
escitalopram oxalate 5 mg/5ml solution	1	QL (600 per 30 days); MO	NORPRAMIN	3	PA; MO
FETZIMA	3	PA; QL (30 per 30 days); MO	nortriptyline hcl 10 mg cap, 25 mg cap	1	MO
FETZIMA TITRATION	3	PA	nortriptyline hcl 10 mg/5ml solution, 50 mg cap, 75 mg cap	1	MO
fluoxetine hcl 10 mg cap	1	MO	olanzapine-fluoxetine hcl 3-25 mg cap, 6-25 mg cap	1	QL (90 per 30 days); MO
fluoxetine hcl 20 mg cap	1	QL (120 per 30 days); MO	olanzapine-fluoxetine hcl 6-50 mg cap, 12-25 mg cap, 12-50 mg cap	1	QL (30 per 30 days); MO
fluoxetine hcl 20 mg/5ml solution	1	QL (600 per 30 days); MO	PAMELOR	4	MO; S
fluoxetine hcl 40 mg cap	1	QL (60 per 30 days); MO	paroxetine hcl 10 mg tab, 20 mg tab	1	MO
fluoxetine hcl 90 mg cap dr	1	QL (4 per 28 days); MO	paroxetine hcl 10 mg/5ml suspension	3	QL (900 per 30 days); MO
fluvoxamine maleate 100 mg tab	1	QL (90 per 30 days); MO	paroxetine hcl 30 mg tab	1	QL (60 per 30 days); MO

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

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits	
paroxetine hcl 40 mg tab	1	QL (45 per 30 days); MO	trimipramine maleate 25 mg cap, 50 mg cap, 100 mg cap	1	MO	
paroxetine hcl er 12.5 mg tab er 24h	1	QL (30 per 30 days); MO	TRINTELLIX	3	QL (30 per 30 days); MO	
paroxetine hcl er 25 mg tab er 24h, 37.5 mg tab er 24h	1	QL (60 per 30 days); MO	venlafaxine hcl 25 mg tab, 37.5 mg tab, 50 mg tab, 100 mg tab	1	QL (90 per 30 days); MO	
PAXIL 10 MG TAB	3	MO	venlafaxine hcl 75 mg tab	1	MO	
PAXIL 10 MG/5ML SUSPENSION	3	QL (900 per 30 days); MO	venlafaxine hcl er 37.5 mg cap er 24h, 75 mg cap er 24h, 75 mg tab er 24h, 150 mg cap er 24h, 150 mg tab er 24h	1	MO	
perphenazine-amitriptyline	1	PA; MO	venlafaxine hcl er 37.5 mg tab er 24h, 225 mg tab er 24h	1	QL (30 per 30 days); MO	
PEXEVA 10 MG TAB, 40 MG TAB	3	QL (45 per 30 days); MO	VIIBRYD	3	ST; QL (30 per 30 days); MO	
PEXEVA 20 MG TAB	3	QL (30 per 30 days); MO	VIIBRYD STARTER PACK	3	ST	
PEXEVA 30 MG TAB	3	QL (60 per 30 days); MO	vilazodone hcl	3	ST; QL (30 per 30 days); MO	
phenelzine sulfate 15 mg tab	1	MO	WELLBUTRIN SR 100 MG TAB ER 12H	3	QL (120 per 30 days); MO	
protriptyline hcl	1	PA; MO	ZOLOFT 20 MG/ML CONC	3	QL (300 per 30 days); MO	
REMERON SOLTAB	3	QL (30 per 30 days); MO	Antiemetics			
sertraline hcl 100 mg tab	1	QL (60 per 30 days); MO	aprepitant 125 mg cap	1	B/D PA; QL (5 per 30 days)	
sertraline hcl 20 mg/ml conc	1	QL (300 per 30 days); MO	aprepitant 40 mg cap	1	B/D PA; QL (1 per 28 days)	
sertraline hcl 25 mg tab	1	QL (240 per 30 days); MO	aprepitant 80 & 125 mg cap, 80 & 125 mg misc	1	B/D PA; QL (15 per 30 days)	
sertraline hcl 50 mg tab	1	QL (120 per 30 days); MO	aprepitant 80 mg cap	1	B/D PA; QL (10 per 30 days)	
SPRAVATO (56 MG DOSE)	4	PA; QL (16 per 28 days); S	compro	1		
SPRAVATO (84 MG DOSE)	4	PA; QL (24 per 28 days); S	DICLEGIS	3	PA; QL (120 per 30 days)	
SYMBYAX 3-25 MG CAP, 6-25 MG CAP	3	QL (90 per 30 days); MO	dronabinol	1	B/D PA; QL (120 per 30 days)	
tranylcypromine sulfate	1	MO	EMEND 125 MG/5ML RECON SUSP	3	B/D PA; QL (15 per 30 days)	
trazodone hcl 300 mg tab	1	MO				
trazodone hcl 50 mg tab, 100 mg tab, 150 mg tab	1	MO				

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

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
EMEND 80 MG CAP	3	B/D PA; QL (10 per 30 days)	SANCUSO	4	PA; QL (4 per 28 days); S
EMEND TRI-PACK	4	B/D PA; QL (15 per 30 days); S	scopolamine	1	QL (10 per 28 days)
granisetron hcl 1 mg tab	1	B/D PA; QL (30 per 30 days)	TRANSDERM SCOP (1.5 MG)	2	QL (10 per 28 days)
granisetron hcl 1 mg/ml solution, 4 mg/4ml solution	1		TRANSDERM-SCOP	2	QL (10 per 28 days)
meclizine hcl 12.5 mg tab, 25 mg tab	1		trimethobenzamide hcl 300 mg cap	1	
metoclopramide hcl 5 mg tab disp, 5 mg/5ml solution, 5 mg/ml solution, 10 mg/10ml solution	1		Antifungals		
metoclopramide hcl 5 mg tab, 10 mg tab	1		ABELCET	3	B/D PA
ondansetron	1	B/D PA; QL (90 per 30 days)	AMBISOME	4	B/D PA; S
ondansetron hcl 24 mg tab	1	B/D PA; QL (30 per 30 days)	amphotericin b 50 mg recon soln	1	B/D PA
ondansetron hcl 4 mg tab, 8 mg tab	1	B/D PA; QL (90 per 30 days)	amphotericin b liposome	4	B/D PA; S
ondansetron hcl 4 mg/2ml soln prsyr, 4 mg/2ml solution, 40 mg/20ml solution	1		ANCOBON	4	S
ondansetron hcl 4 mg/5ml solution	1	B/D PA; QL (450 per 30 days)	ciclopirox olamine 0.77 % cream	1	QL (90 per 30 days)
perphenazine 2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab	1	MO	ciclopirox olamine 0.77 % suspension	1	
prochlorperazine	1		clotrimazole 1 % cream, 1 % solution	1	
prochlorperazine edisylate 10 mg/2ml solution	1		clotrimazole 10 mg troche	1	QL (150 per 30 days)
prochlorperazine maleate 5 mg tab, 10 mg tab	1	MO	DIFLUCAN 10 MG/ML RECON SUSP, 40 MG/ML RECON SUSP, 50 MG TAB, 100 MG TAB	3	
promethazine hcl 12.5 mg suppos, 25 mg suppos	1	PA	econazole nitrate 1 % cream	1	QL (90 per 30 days)
promethazine hcl 12.5 mg tab, 25 mg tab, 50 mg tab	1		EXELDERM 1 % CREAM, 1 % SOLUTION	3	
promethegan	1	PA	EXTINA	3	QL (100 per 30 days)
REGLAN	3		fluconazole 10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab	1	

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

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
fluconazole in sodium chloride 200-0.9 mg/100ml-% solution, 400-0.9 mg/200ml-% solution	1		terbinafine hcl 250 mg tab	1	
flucytosine 250 mg cap, 500 mg cap	4	S	terconazole 0.4 % cream, 0.8 % cream, 80 mg suppos	1	
griseofulvin microsize 125 mg/5ml suspension, 500 mg tab	1		VFEND 40 MG/ML RECON SUSP	4	PA; QL (300 per 30 days); S
griseofulvin ultramicrosize	1		VFEND 50 MG TAB	3	PA
itraconazole 100 mg cap	1	PA	VFEND IV	4	PA; S
ketoconazole 2 % cream, 2 % shampoo	1	QL (120 per 30 days)	voriconazole 200 mg recon soln	4	PA; S
ketoconazole 2 % foam	3	QL (100 per 30 days)	voriconazole 200 mg tab	3	PA; QL (60 per 30 days)
ketoconazole 200 mg tab	1		voriconazole 40 mg/ml recon susp	4	PA; QL (300 per 30 days); S
ketodan 2 % foam	3	QL (100 per 30 days)	voriconazole 50 mg tab	1	PA
LOPROX 0.77 % CREAM	3	QL (90 per 30 days)	Antigout Agents		
luliconazole	3		allopurinol 100 mg tab, 300 mg tab	1	MO
LUZU	3		colchicine 0.6 mg cap, 0.6 mg tab	1	
micafungin sodium	4	S	colchicine-probenecid	1	MO
miconazole 3	1		COLCRYS	3	
MYCAMINE	4	S	febuxostat	1	ST; MO
naftifine hcl	1		MITIGARE	3	
NAFTIN 1 % GEL, 2 % GEL	3		probenecid	1	MO
NOXAFILE 40 MG/ML SUSPENSION	4	PA; MO; S	ULORIC	3	ST; MO
nyamyc	1		ZYLOPRIM	3	MO
nystatin 100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder, 100000 unit/ml suspension, 500000 unit tab	1		Antimigraine Agents		
nystop	1		AIMOVIG 140 MG/ML SOLN A-INJ	2	PA; QL (1 per 28 days); MO
oxiconazole nitrate	3	QL (60 per 30 days)	AIMOVIG 70 MG/ML SOLN A-INJ	2	PA; QL (2 per 28 days); MO
OXISTAT 1 % LOTION	3		almotriptan malate	1	QL (9 per 30 days)
posaconazole	4	PA; MO; S	AMERGE 1 MG TAB	3	QL (9 per 30 days)
			AMERGE 2.5 MG TAB	4	QL (9 per 30 days); S
			dihydroergotamine mesylate 1 mg/ml solution	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.

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
dihydroergotamine mesylate 4 mg/ml solution	4	QL (8 per 28 days); S	sumatriptan succinate refill	1	QL (6 per 30 days)
eletriptan hydrobromide	1	QL (9 per 30 days)	UBRELVY	4	PA; QL (16 per 30 days); S
EMGALITY	2	PA; QL (2 per 28 days); MO	zolmitriptan 2.5 mg solution, 5 mg solution	1	
EMGALITY (300 MG DOSE)	2	PA; QL (3 per 28 days); MO	zolmitriptan 2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp	1	QL (9 per 30 days)
ERGOMAR	4	S	ZOMIG 2.5 MG SOLUTION, 5 MG SOLUTION	3	
ergotamine-caffeine	1		ZOMIG 2.5 MG TAB	3	QL (9 per 30 days)
frovatriptan succinate	1	QL (12 per 30 days)	ZOMIG 5 MG TAB	4	QL (9 per 30 days); S
IMITREX 25 MG TAB	3	QL (9 per 30 days)	ZOMIG ZMT 2.5 MG TAB DISP	3	QL (9 per 30 days)
IMITREX 5 MG/ACT SOLUTION	3		ZOMIG ZMT 5 MG TAB DISP	4	QL (9 per 30 days); S
IMITREX STATDOSE REFILL 4 MG/0.5ML SOLN CART	3	QL (6 per 30 days)	Antimyasthenic Agents		
IMITREX STATDOSE SYSTEM 4 MG/0.5ML SOLN A-INJ	3	QL (6 per 30 days)	MESTINON 60 MG/5ML SOLUTION, 180 MG TAB ER	4	S
MAXALT	3	QL (12 per 30 days)	pyridostigmine bromide 30 mg tab, 60 mg tab, 60 mg/5ml solution	1	
MAXALT-MLT	3	QL (12 per 30 days)	pyridostigmine bromide er	1	
migergot	4	S	REGONOL	2	
naratriptan hcl	1	QL (9 per 30 days)	Antimycobacterials		
NURTEC	4	PA; QL (16 per 30 days); S	dapsone 25 mg tab, 100 mg tab	1	MO
RELPAX	3	QL (9 per 30 days)	ethambutol hcl 100 mg tab, 400 mg tab	1	
rizatriptan benzoate	1	QL (12 per 30 days)	isoniazid 100 mg tab, 300 mg tab	1	MO
sumatriptan 5 mg/act solution, 20 mg/act solution	1		isoniazid 100 mg/ml solution	1	
sumatriptan succinate 25 mg tab, 50 mg tab, 100 mg tab	1	QL (9 per 30 days)	isoniazid 50 mg/5ml syrup	1	MO
sumatriptan succinate 4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution	1	QL (6 per 30 days)	MYAMBUTOL	3	
			MYCOBUTIN	4	S
			PASER	3	

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

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
PRIFTIN	2		BALVERSA 5 MG TAB	4	PA; LA; QL (30 per 30 days); S
pyrazinamide 500 mg tab	1		BAVENCIO	4	PA; LA; S
rifabutin	1		BENDEKA	4	B/D PA; S
rifampin 150 mg cap, 300 mg cap	1		bexarotene 1 % gel	4	PA; QL (60 per 30 days); S
rifampin 600 mg recon soln	3		bexarotene 75 mg cap	4	PA; QL (300 per 30 days); S
SIRTURO	4	PA; LA; S	bicalutamide	1	QL (30 per 30 days)
TRECATOR	3		bleomycin sulfate	1	B/D PA
Antineoplastics					
abiraterone acetate 250 mg tab	4	PA; QL (120 per 30 days); S	BORTEZOMIB 1 MG RECON SOLN, 2.5 MG RECON SOLN, 3.5 MG RECON SOLN	4	PA; S
abiraterone acetate 500 mg tab	4	PA; QL (60 per 30 days); S	BOSULIF 100 MG TAB	4	PA; QL (120 per 30 days); S
ABRAXANE	4	PA; S	BOSULIF 400 MG TAB, 500 MG TAB	4	PA; QL (30 per 30 days); S
adriamycin 10 mg recon soln, 50 mg recon soln	1	B/D PA	BRAFTOVI	4	PA; LA; QL (180 per 30 days); S
adriamycin 2 mg/ml solution	3	B/D PA	BRUKINSA	4	PA; LA; QL (120 per 30 days); S
ALECensa	4	PA; LA; QL (240 per 30 days); S	CABOMETYX	4	PA; LA; QL (30 per 30 days); S
ALIMTA	4	PA; S	CALQUENCE 100 MG CAP	4	PA; LA; S
ALUNBRIG 180 MG TAB	4	PA; LA; QL (30 per 30 days); S	CAPRELSA 100 MG TAB	4	PA; LA; QL (90 per 30 days); S
ALUNBRIG 30 MG TAB	4	PA; LA; QL (180 per 30 days); S	CAPRELSA 300 MG TAB	4	PA; LA; QL (30 per 30 days); S
ALUNBRIG 90 & 180 MG TAB THPK	4	PA; LA; QL (30 per 180 over time); S	carboplatin	1	B/D PA
ALUNBRIG 90 MG TAB	4	PA; LA; QL (60 per 30 days); S	cisplatin 50 mg/50ml solution, 100 mg/100ml solution, 200 mg/200ml solution	1	B/D PA
anastrozole 1 mg tab	1	QL (30 per 30 days); MO	COMETRIQ (100 MG DAILY DOSE)	4	PA; LA; QL (56 per 28 days); S
AVASTIN	4	PA; LA; S	COMETRIQ (140 MG DAILY DOSE)	4	PA; LA; QL (112 per 28 days); S
AYVAKIT	4	PA; LA; QL (30 per 30 days); S	COMETRIQ (60 MG DAILY DOSE)	4	PA; LA; QL (84 per 28 days); S
azacitidine	4	PA; LA; S	COPIKTRA	4	PA; LA; QL (60 per 30 days); S
BALVERSA 3 MG TAB	4	PA; LA; QL (90 per 30 days); S			
BALVERSA 4 MG TAB	4	PA; LA; 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.

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
COTELLIC	4	PA; LA; QL (90 per 30 days); S	ERLEADA	4	PA; LA; S
CYCLOPHOSPHAMIDE 1 GM/5ML SOLUTION, 2 GM/10ML SOLUTION, 500 MG/2.5ML SOLUTION	4	S	erlotinib hcl 100 mg tab, 150 mg tab	4	PA; QL (30 per 30 days); S
cyclophosphamide 25 mg cap, 50 mg cap	2	B/D PA	erlotinib hcl 25 mg tab	4	PA; QL (90 per 30 days); S
CYRAMZA	4	PA; LA; S	etoposide 1 gm/50ml solution, 100 mg/5ml solution, 500 mg/25ml solution	1	B/D PA
DARZALEX	4	PA; LA; S	everolimus 2 mg tab sol, 2.5 mg tab, 3 mg tab sol, 5 mg tab, 5 mg tab sol, 7.5 mg tab, 10 mg tab	4	PA; S
DARZALEX FASPRO	4	PA; S	exemestane	1	QL (60 per 30 days); MO
DAURISMO 100 MG TAB	4	PA; LA; QL (30 per 30 days); S	EXKIVITY	4	PA; LA; QL (120 per 30 days); S
DAURISMO 25 MG TAB	4	PA; LA; QL (60 per 30 days); S	FARESTON	4	QL (30 per 30 days); S
decitabine	4	S	fluorouracil 1 gm/20ml solution, 2.5 gm/50ml solution, 5 gm/100ml solution, 500 mg/10ml solution	1	B/D PA
docetaxel 160 mg/16ml solution	3		flutamide	1	
docetaxel 20 mg/2ml solution	4	S	FOTIVDA	4	PA; QL (21 per 28 days); S
docetaxel 20 mg/ml conc	3	B/D PA	fulvestrant	4	PA; S
docetaxel 20 mg/ml conc, 80 mg/4ml conc, 160 mg/8ml conc	4	B/D PA; S	GAVRETO	4	PA; LA; QL (120 per 30 days); S
DOCETAXEL 80 MG/4ML CONC	1	B/D PA	GAZYVA	4	PA; LA; S
DOCETAXEL 80 MG/8ML SOLUTION	4	B/D PA; S	gemcitabine hcl 1 gm recon soln, 2 gm recon soln	1	B/D PA
doxorubicin hcl 10 mg recon soln, 50 mg recon soln	1	B/D PA	gemcitabine hcl 1 gm/10ml solution, 2 gm/20ml solution, 200 mg/2ml solution	4	B/D PA; S
doxorubicin hcl 2 mg/ml solution	3	B/D PA	gemcitabine hcl 1 gm/26.3ml solution, 200 mg/5.26ml solution	1	
doxorubicin hcl liposomal	4	PA; S	gemcitabine hcl 2 gm/52.6ml solution	4	S
DROXIA	2	MO			
ELITEK	4	PA; S			
EMCYT	4	S			
EMPLICITI	4	PA; LA; S			
ENHERTU	4	PA; S			
ERBITUX	4	PA; S			
ERIVEDGE	4	PA; LA; 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.

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
gemcitabine hcl 200 mg recon soln	3	B/D PA	JAKAFI	4	PA; LA; QL (60 per 30 days); S
GILOTRIF	4	PA; LA; QL (30 per 30 days); S	JEVTANA	4	PA; S
HERCEPTIN	4	B/D PA; S	KADCYLA	4	PA; S
HERCEPTIN HYLECTA	4	B/D PA; S	KEYTRUDA	4	PA; S
HYDREA	3		KISQALI (200 MG DOSE)	4	PA; QL (21 per 21 days); S
hydroxyurea 500 mg cap	1		KISQALI (400 MG DOSE)	4	PA; QL (42 per 21 days); S
IBRANCE	4	PA; LA; QL (21 per 28 days); S	KISQALI (600 MG DOSE)	4	PA; QL (63 per 21 days); S
ICLUSIG	4	PA; LA; QL (30 per 30 days); S	KISQALI FEMARA (400 MG DOSE)	4	PA; QL (70 per 28 days); S
IDHIFA 100 MG TAB	4	PA; LA; QL (30 per 30 days); S	KISQALI FEMARA (600 MG DOSE)	4	PA; QL (91 per 28 days); S
IDHIFA 50 MG TAB	4	PA; LA; QL (60 per 30 days); S	KISQALI FEMARA(200 MG DOSE)	4	PA; QL (49 per 28 days); S
imatinib mesylate	4	PA; QL (60 per 30 days); S	KOSELUGO	4	PA; S
IMBRUVICA 140 MG CAP, 140 MG TAB	4	PA; LA; QL (90 per 30 days); S	KYPROLIS	4	PA; LA; S
IMBRUVICA 70 MG CAP, 280 MG TAB, 420 MG TAB, 560 MG TAB	4	PA; LA; QL (30 per 30 days); S	lapatinib ditosylate	4	PA; QL (180 per 30 days); S
IMFINZI	4	PA; LA; S	lenalidomide 10 mg cap	4	PA; LA; QL (60 per 30 days); S
INLYTA 1 MG TAB	4	PA; LA; QL (180 per 30 days); S	lenalidomide 15 mg cap, 25 mg cap	4	PA; LA; QL (30 per 30 days); S
INLYTA 5 MG TAB	4	PA; LA; QL (120 per 30 days); S	lenalidomide 5 mg cap	4	PA; LA; QL (150 per 30 days); S
INQOVI	4	PA; LA; QL (5 per 28 days); S	LENVIMA (10 MG DAILY DOSE)	4	PA; LA; QL (30 per 30 days); S
INREBIC	4	PA; LA; QL (120 per 30 days); S	LENVIMA (12 MG DAILY DOSE)	4	PA; LA; QL (90 per 30 days); S
IRESSA	4	PA; LA; QL (30 per 30 days); S	LENVIMA (14 MG DAILY DOSE)	4	PA; LA; QL (60 per 30 days); S
irinotecan hcl 100 mg/5ml solution	3		LENVIMA (18 MG DAILY DOSE)	4	PA; LA; QL (90 per 30 days); S
irinotecan hcl 40 mg/2ml solution, 300 mg/15ml solution	1		LENVIMA (20 MG DAILY DOSE)	4	PA; LA; QL (60 per 30 days); S
irinotecan hcl 500 mg/25ml solution	1	B/D PA	LENVIMA (24 MG DAILY DOSE)	4	PA; LA; QL (90 per 30 days); S
			LENVIMA (4 MG DAILY DOSE)	4	PA; LA; 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.

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
LENVIMA (8 MG DAILY DOSE)	4	PA; LA; QL (60 per 30 days); S	NERLYNX	4	PA; LA; QL (180 per 30 days); S
letrozole 2.5 mg tab	1	QL (30 per 30 days); MO	NEXAVAR	4	PA; LA; QL (120 per 30 days); S
leucovorin calcium 100 mg/10ml solution	1		NILANDRON	4	QL (30 per 30 days); S
leucovorin calcium 5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab	1		nilutamide	4	QL (30 per 30 days); S
leucovorin calcium 50 mg recon soln, 100 mg recon soln, 200 mg recon soln, 350 mg recon soln, 500 mg recon soln	1	B/D PA	NINLARO	4	PA; QL (3 per 28 days); S
LEUKERAN	2		NUBEQA	4	PA; LA; QL (120 per 30 days); S
LONSURF	4	PA; S	ODOMZO	4	PA; LA; QL (30 per 30 days); S
LORBRENA 100 MG TAB	4	PA; LA; QL (30 per 30 days); S	ONUREG	4	PA; LA; QL (14 per 28 days); S
LORBRENA 25 MG TAB	4	PA; LA; QL (90 per 30 days); S	OPDIVO	4	PA; LA; S
LUMAKRAS	4	PA; LA; QL (240 per 30 days); S	oxaliplatin 100 mg recon soln	3	B/D PA
LYNPARZA	4	PA; LA; QL (120 per 30 days); S	oxaliplatin 50 mg recon soln	4	B/D PA; S
MATULANE	4	LA; S	oxaliplatin 50 mg/10ml solution, 100 mg/20ml solution, 200 mg/40ml solution	1	B/D PA
MEKINIST 0.5 MG TAB	4	PA; LA; QL (90 per 30 days); S	paclitaxel 100 mg/16.7ml conc, 300 mg/50ml conc	1	B/D PA
MEKINIST 2 MG TAB	4	PA; LA; QL (30 per 30 days); S	paclitaxel 30 mg/5ml conc, 150 mg/25ml conc	1	B/D PA
MEKTOVI	4	PA; LA; QL (180 per 30 days); S	paclitaxel protein-bound part	4	PA; S
melphalan	1	B/D PA	PANRETIN	4	S
mercaptopurine 50 mg tab	1		paraplatin	1	B/D PA
mesna	1		PEMAZYRE	4	PA; LA; QL (14 per 21 days); S
MESNEX 400 MG TAB	4	S	pemetrexed disodium 100 mg recon soln, 500 mg recon soln, 750 mg recon soln, 1000 mg recon soln	4	S
mitomycin 20 mg recon soln, 40 mg recon soln	4	B/D PA; S	PERJETA	4	PA; S
mitomycin 5 mg recon soln	1	B/D PA	PHESGO	4	PA; S
mutamycin 40 mg recon soln	4	B/D PA; S	PIQRAY (200 MG DAILY DOSE)	4	PA; QL (28 per 28 days); S
mutamycin 5 mg recon soln, 20 mg recon soln	1	B/D PA			

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

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
PIQRAY (250 MG DAILY DOSE)	4	PA; QL (56 per 28 days); S	SOLTAMOX	4	MO; S
PIQRAY (300 MG DAILY DOSE)	4	PA; QL (56 per 28 days); S	sorafenib tosylate	4	PA; QL (120 per 30 days); S
POMALYST	4	PA; LA; QL (21 per 28 days); S	SPRYCEL	4	PA; QL (30 per 30 days); S
POTELIGEO	4	B/D PA; LA; S	STIVARGA	4	PA; LA; QL (84 per 28 days); S
PURIXAN	4	PA; S	sunitinib malate	4	PA; QL (30 per 30 days); S
QINLOCK	4	PA; QL (90 per 30 days); S	SUTENT	4	PA; QL (30 per 30 days); S
RETEVMO 40 MG CAP	4	PA; QL (180 per 30 days); S	SYNRIBO	4	PA; S
RETEVMO 80 MG CAP	4	PA; QL (120 per 30 days); S	TABLOID	3	
REVLIMID 10 MG CAP	4	PA; LA; QL (60 per 30 days); S	TABRECTA	4	PA; QL (120 per 30 days); S
REVLIMID 2.5 MG CAP, 15 MG CAP, 20 MG CAP, 25 MG CAP	4	PA; LA; QL (30 per 30 days); S	TAFINLAR	4	PA; LA; QL (120 per 30 days); S
REVLIMID 5 MG CAP	4	PA; LA; QL (150 per 30 days); S	TAGRISSO	4	PA; LA; QL (30 per 30 days); S
RIABNI	4	B/D PA; S	TALZENNA 0.25 MG CAP	4	PA; LA; QL (90 per 30 days); S
RITUXAN	4	B/D PA; LA; S	TALZENNA 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP	4	PA; LA; QL (30 per 30 days); S
RITUXAN HYCELA	4	B/D PA; LA; S	tamoxifen citrate 10 mg tab, 20 mg tab	1	MO
romidepsin 10 mg recon soln	4	S	TARCEVA 100 MG TAB, 150 MG TAB	4	PA; LA; QL (30 per 30 days); S
ROZLYTREK 100 MG CAP	4	PA; LA; QL (150 per 30 days); S	TARCEVA 25 MG TAB	4	PA; LA; QL (90 per 30 days); S
ROZLYTREK 200 MG CAP	4	PA; LA; QL (90 per 30 days); S	TARGETIN 1 % GEL	4	PA; QL (60 per 30 days); S
RUBRACA	4	PA; LA; QL (120 per 30 days); S	TARGETIN 75 MG CAP	4	PA; QL (300 per 30 days); S
RYBREVANT	4	PA; S	TASIGNA	4	PA; QL (112 per 28 days); S
RYDAPT	4	PA; QL (240 per 30 days); S	TAZVERIK	4	PA; LA; QL (240 per 30 days); S
RYLAZE	4	PA; S	TECENTRIQ 1200 MG/20ML SOLUTION	4	PA; LA; QL (20 per 21 days); S
SARCLISA	4	PA; S	TECENTRIQ 840 MG/14ML SOLUTION	4	PA; LA; QL (28 per 28 days); S
SCEMBLIX 20 MG TAB	4	PA; QL (60 per 30 days); S			
SCEMBLIX 40 MG TAB	4	PA; QL (300 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.

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
TEPMETKO	4	PA; LA; QL (60 per 30 days); S	vinblastine sulfate	1	B/D PA
THALOMID 150 MG CAP, 200 MG CAP	4	PA; QL (60 per 30 days); S	vincasar pfs	1	B/D PA
THALOMID 50 MG CAP, 100 MG CAP	4	PA; QL (30 per 30 days); S	vincristine sulfate	1	B/D PA
TIBSOVO	4	PA; LA; QL (60 per 30 days); S	vinorelbine tartrate	1	B/D PA
TICE BCG	2	B/D PA	VITRAKVI 100 MG CAP	4	PA; LA; QL (60 per 30 days); S
toposar	1	B/D PA	VITRAKVI 20 MG/ML SOLUTION	4	PA; LA; QL (300 per 30 days); S
toremifene citrate	4	QL (30 per 30 days); S	VITRAKVI 25 MG CAP	4	PA; LA; QL (180 per 30 days); S
TREANDA	4	B/D PA; S	VIZIMPRO	4	PA; LA; QL (30 per 30 days); S
tretinoin 10 mg cap	4	S	VONJO	4	PA; LA; QL (120 per 30 days); S
TRUSELTIQ (100MG DAILY DOSE)	4	PA; LA; QL (21 per 28 days); S	VOTRIENT	4	PA; LA; QL (120 per 30 days); S
TRUSELTIQ (125MG DAILY DOSE)	4	PA; LA; QL (42 per 28 days); S	WELIREG	4	PA; LA; QL (90 per 30 days); S
TRUSELTIQ (50MG DAILY DOSE)	4	PA; LA; QL (42 per 28 days); S	XALKORI	4	PA; LA; QL (120 per 30 days); S
TRUSELTIQ (75MG DAILY DOSE)	4	PA; LA; QL (63 per 28 days); S	XOSPATA	4	PA; LA; QL (90 per 30 days); S
TUKYSA	4	PA; LA; QL (120 per 30 days); S	XPOVIO (100 MG ONCE WEEKLY) 20 MG TAB THPK	4	PA; LA; QL (20 per 28 days); S
TURALIO	4	PA; LA; QL (120 per 30 days); S	XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	4	PA; LA; QL (8 per 28 days); S
TYKERB	4	PA; LA; QL (180 per 30 days); S	XPOVIO (40 MG ONCE WEEKLY) 20 MG TAB THPK	4	PA; LA; QL (8 per 28 days); S
VALCHLOR	4	PA; LA; S	XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	4	PA; LA; QL (4 per 28 days); S
VECTIBIX	4	PA; S	XPOVIO (40 MG TWICE WEEKLY) 20 MG TAB THPK	4	PA; LA; QL (16 per 28 days); S
VELCADE	4	PA; S	XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	4	PA; LA; QL (8 per 28 days); S
VENCLEXTA 10 MG TAB	2	PA; LA; QL (60 per 30 days)	XPOVIO (60 MG ONCE WEEKLY) 20 MG TAB THPK	4	PA; LA; QL (12 per 28 days); S
VENCLEXTA 100 MG TAB	4	PA; LA; QL (180 per 30 days); S	XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	4	PA; LA; QL (4 per 28 days); S
VENCLEXTA 50 MG TAB	4	PA; LA; QL (30 per 30 days); S	XPOVIO (60 MG TWICE WEEKLY)	4	PA; LA; QL (24 per 28 days); S
VENCLEXTA STARTING PACK	4	PA; LA; S			
VERZENIO	4	PA; LA; QL (60 per 30 days); S			

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
XPOVIO (80 MG ONCE WEEKLY) 20 MG TAB THPK	4	PA; LA; QL (16 per 28 days); S	mefloquine hcl	1	MO
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	4	PA; LA; QL (8 per 28 days); S	NEBUPENT	3	B/D PA
XPOVIO (80 MG TWICE WEEKLY)	4	PA; LA; QL (32 per 28 days); S	nitazoxanide 500 mg tab	3	QL (6 per 30 days)
XTANDI 40 MG CAP	4	PA; LA; QL (120 per 30 days); S	PENTAM	3	
XTANDI 40 MG TAB	4	PA; QL (120 per 30 days); S	pentamidine isethionate	1	
XTANDI 80 MG TAB	4	PA; QL (60 per 30 days); S	pentamidine isethionate 300 mg recon soln for nebulization	1	B/D PA
YERVOY	4	PA; S	praziquantel 600 mg tab	1	
YONSA	4	PA; QL (120 per 30 days); S	primaquine phosphate	2	
ZEJULA	4	PA; LA; QL (90 per 30 days); S	pyrimethamine 25 mg tab	4	S
ZELBORAF	4	PA; LA; QL (240 per 30 days); S	QUALAQUIN	3	PA
ZEPZELCA	4	PA; S	quinine sulfate 324 mg cap	1	PA
ZOLINZA	4	PA; QL (120 per 30 days); S	STROMECTOL	3	PA
ZYDELIG	4	PA; LA; QL (60 per 30 days); S	Antiparkinson Agents		
ZYKADIA	4	PA; LA; QL (90 per 30 days); S	amantadine hcl 50 mg/5ml solution, 100 mg cap, 100 mg tab	1	MO
Antiparasitics			APOKYN	4	PA; LA; QL (60 per 30 days); S
albendazole 200 mg tab	4	S	apomorphine hcl 30 mg/3ml soln cart	4	PA; QL (60 per 30 days); S
ALBENZA	4	S	AZILECT	3	MO
atovaquone 750 mg/5ml suspension	3	PA	benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab	1	PA; MO
atovaquone-proguanil hcl	1		benztropine mesylate 1 mg/ml solution	1	PA
BILTRICIDE	4	S	bromocriptine mesylate 2.5 mg tab, 5 mg cap	1	MO
chloroquine phosphate 250 mg tab, 500 mg tab	1	MO	carbidopa 25 mg tab	1	MO
COARTEM	3		carbidopa-levodopa	1	MO
hydroxychloroquine sulfate 200 mg tab	1	MO	carbidopa-levodopa er	1	MO
ivermectin 3 mg tab	1	PA	carbidopa-levodopa-entacapone	1	MO
MALARONE	3		COMTAN	3	MO
			entacapone	1	MO
			LODOSYN	4	MO; S

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

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
MIRAPEX ER 0.75 MG TAB ER 24H, 1.5 MG TAB ER 24H, 3 MG TAB ER 24H, 3.75 MG TAB ER 24H	3	MO	ARISTADA 1064 MG/3.9ML PRSYR	4	QL (3.9 per 60 days); MO; S
NEUPRO	3	QL (30 per 30 days); MO	ARISTADA 441 MG/1.6ML PRSYR	4	QL (1.6 per 28 days); MO; S
PARLODEL	3	MO	ARISTADA 662 MG/2.4ML PRSYR	4	QL (2.4 per 28 days); MO; S
<i>pramipexole dihydrochloride</i>	1	MO	ARISTADA 882 MG/3.2ML PRSYR	4	QL (3.2 per 28 days); MO; S
<i>pramipexole dihydrochloride er</i>	3	MO	ARISTADA INITIO	4	QL (4.8 per 365 over time); S
<i>rasagiline mesylate 0.5 mg tab, 1 mg tab</i>	1	MO	<i>asenapine maleate 10 mg sl tab</i>	3	QL (60 per 30 days); MO
<i>ropinirole hcl</i>	1	MO	<i>asenapine maleate 2.5 mg sl tab</i>	1	QL (240 per 30 days); MO
<i>ropinirole hcl er</i>	1	MO	<i>asenapine maleate 5 mg sl tab</i>	1	QL (120 per 30 days); MO
RYTARY	3	ST; MO	CAPLYTA	4	PA; QL (30 per 30 days); MO; S
<i>selegiline hcl 5 mg cap, 5 mg tab</i>	1	MO	<i>chlorpromazine hcl 10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab</i>	1	MO
SINEMET 10-100 MG TAB, 25-100 MG TAB	3	MO	<i>chlorpromazine hcl 25 mg/ml solution, 50 mg/2ml solution</i>	2	
tolcapone	4	PA; QL (180 per 30 days); MO; S	CHLORPROMAZINE HCL 30 MG/ML CONC, 100 MG/ML CONC	3	MO
<i>trihexyphenidyl hcl 0.4 mg/ml solution</i>	1	PA; MO	<i>clozapine 100 mg tab, 100 mg tab disp</i>	1	QL (270 per 30 days)
<i>trihexyphenidyl hcl 2 mg tab, 5 mg tab</i>	1	MO	<i>clozapine 12.5 mg tab disp</i>	1	QL (2160 per 30 days)
ZELAPAR	4	MO; S	<i>clozapine 150 mg tab disp</i>	1	QL (180 per 30 days)
Antipsychotics			<i>clozapine 200 mg tab</i>	1	QL (120 per 30 days)
ABILIFY MAINTENA	4	QL (1 per 28 days); MO; S	<i>clozapine 200 mg tab disp</i>	4	QL (120 per 30 days); S
<i>ariPIPRAZOLE 1 mg/ml solution</i>	1	QL (900 per 30 days); MO	<i>clozapine 25 mg tab, 25 mg tab disp</i>	1	QL (1080 per 30 days)
<i>ariPIPRAZOLE 10 mg tab disp</i>	3	QL (90 per 30 days); MO	<i>clozapine 50 mg tab</i>	1	QL (540 per 30 days)
<i>ariPIPRAZOLE 15 mg tab disp</i>	4	QL (60 per 30 days); MO; S	FANAPT 1 MG TAB	4	QL (720 per 30 days); S
<i>ariPIPRAZOLE 2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab</i>	1	MO			
<i>ariPIPRAZOLE 20 mg tab, 30 mg tab</i>	1	QL (30 per 30 days); MO			

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

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
FANAPT 10 MG TAB, 12 MG TAB	4	QL (60 per 30 days); S	INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	4	QL (1 per 28 days); S
FANAPT 2 MG TAB	4	QL (360 per 30 days); S	INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	4	QL (1.5 per 28 days); S
FANAPT 4 MG TAB	4	QL (180 per 30 days); S	INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	3	QL (0.25 per 28 days)
FANAPT 6 MG TAB	4	QL (120 per 30 days); S	INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	4	QL (0.5 per 28 days); S
FANAPT 8 MG TAB	4	QL (90 per 30 days); S	INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	4	QL (0.88 per 84 days); S
FANAPT TITRATION PACK	3		INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	4	QL (1.32 per 84 days); S
fluphenazine decanoate 25 mg/ml solution	1		INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	4	QL (1.75 per 84 days); S
fluphenazine hcl 1 mg tab, 2.5 mg tab, 2.5 mg/5ml elixir, 5 mg tab, 5 mg/ml conc, 10 mg tab	1	MO	INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	4	QL (2.63 per 84 days); S
fluphenazine hcl 2.5 mg/ml solution	1		loxapine succinate	1	MO
GEODON 20 MG RECON SOLN	3	QL (6 per 3 days)	molindone hcl	1	MO
haloperidol 0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab	1	MO	NUPLAZID	4	PA; LA; QL (30 per 30 days); S
haloperidol decanoate 50 mg/ml solution, 100 mg/ml solution	1		olanzapine 10 mg recon soln	1	QL (90 per 30 days)
haloperidol lactate 2 mg/ml conc	1	MO	olanzapine 2.5 mg tab, 5 mg tab, 5 mg tab disp, 7.5 mg tab, 10 mg tab, 10 mg tab disp, 15 mg tab, 15 mg tab disp	1	MO
haloperidol lactate 5 mg/ml solution	1		olanzapine 20 mg tab, 20 mg tab disp	1	QL (30 per 30 days); MO
INVEGA 1.5 MG TAB ER 24H, 3 MG TAB ER 24H, 9 MG TAB ER 24H	4	QL (30 per 30 days); MO; S	paliperidone er 1.5 mg tab er 24h, 3 mg tab er 24h	1	QL (30 per 30 days); MO
INVEGA 6 MG TAB ER 24H	4	QL (60 per 30 days); MO; S	paliperidone er 6 mg tab er 24h	1	QL (60 per 30 days); MO
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	4	QL (3.5 per 180 over time); S	paliperidone er 9 mg tab er 24h	3	QL (30 per 30 days); MO
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	4	QL (5 per 180 over time); S	PERSERIS	4	QL (1 per 28 days); MO; S
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	4	QL (0.75 per 28 days); S	pimozide	1	MO
			quetiapine fumarate 100 mg tab	1	QL (240 per 30 days); MO
			quetiapine fumarate 150 mg tab	1	QL (90 per 30 days); MO

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

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
quetiapine fumarate 200 mg tab	1	QL (120 per 30 days); MO	SECUADO	4	QL (30 per 30 days); MO; S
quetiapine fumarate 25 mg tab	1	QL (960 per 30 days); MO	SEROQUEL XR 150 MG TAB ER 24H, 200 MG TAB ER 24H	3	QL (30 per 30 days); MO
quetiapine fumarate 300 mg tab	1	QL (80 per 30 days); MO	SEROQUEL XR 400 MG TAB ER 24H	4	QL (60 per 30 days); MO; S
quetiapine fumarate 400 mg tab	1	QL (60 per 30 days); MO	SEROQUEL XR 50 MG TAB ER 24H, 300 MG TAB ER 24H	3	QL (60 per 30 days); MO
quetiapine fumarate 50 mg tab	1	QL (480 per 30 days); MO	thioridazine hcl 10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab	1	MO
quetiapine fumarate er 150 mg tab er 24h, 200 mg tab er 24h	1	QL (30 per 30 days); MO	thiothixene	1	MO
quetiapine fumarate er 50 mg tab er 24h, 300 mg tab er 24h, 400 mg tab er 24h	1	QL (60 per 30 days); MO	trifluoperazine hcl	1	MO
REXULTI 0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB	4	QL (60 per 30 days); MO; S	VERSACLOZ	4	QL (600 per 30 days); S
REXULTI 3 MG TAB, 4 MG TAB	4	QL (30 per 30 days); MO; S	VRAYLAR 1.5 & 3 MG CAP THPK	3	
RISPERDAL CONSTA 12.5 MG, 25 MG	3	QL (2 per 28 days)	VRAYLAR 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP	4	QL (30 per 30 days); MO
RISPERDAL CONSTA 37.5 MG, 50 MG	4	QL (2 per 28 days); S	ziprasidone hcl 20 mg cap	1	QL (240 per 30 days); MO
risperidone 0.25 mg tab, 0.25 mg tab disp	1	QL (1920 per 30 days); MO	ziprasidone hcl 40 mg cap	1	QL (120 per 30 days); MO
risperidone 0.5 mg tab, 0.5 mg tab disp	1	QL (960 per 30 days); MO	ziprasidone hcl 60 mg cap, 80 mg cap	1	QL (60 per 30 days); MO
risperidone 1 mg tab, 1 mg tab disp, 1 mg/ml solution	1	QL (480 per 30 days); MO	ziprasidone mesylate	3	QL (6 per 3 days)
risperidone 2 mg tab, 2 mg tab disp	1	QL (240 per 30 days); MO	ZYPREXA 10 MG RECON SOLN	3	QL (90 per 30 days)
risperidone 3 mg tab disp	1	QL (150 per 30 days); MO	ZYPREXA RELPREVV 210 MG RECON SUSP	3	QL (2 per 28 days)
risperidone 3 mg tab, 4 mg tab, 4 mg tab disp	1	QL (120 per 30 days); MO	ZYPREXA RELPREVV 300 MG RECON SUSP, 405 MG RECON SUSP	4	QL (2 per 28 days); S
SAPHRIS 10 MG SL TAB	3	QL (60 per 30 days); MO	Antispasticity Agents		
SAPHRIS 2.5 MG SL TAB	3	QL (240 per 30 days); MO	baclofen 20 mg tab	1	QL (120 per 30 days)
SAPHRIS 5 MG SL TAB	3	QL (120 per 30 days); MO	baclofen 5 mg tab, 10 mg tab	1	QL (90 per 30 days)
			DANTRIUM 25 MG CAP	3	
			dantrolene sodium 25 mg cap, 50 mg cap, 100 mg cap	1	

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

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
tizanidine hcl 2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap	1		COMPLERA	4	QL (30 per 30 days); S
ZANAFLEX	3		CRIVIXAN 200 MG CAP	3	QL (360 per 30 days)
Antivirals					
abacavir sulfate 20 mg/ml solution	1	QL (960 per 30 days)	CRIVIXAN 400 MG CAP	3	QL (180 per 30 days)
abacavir sulfate 300 mg tab	1	QL (60 per 30 days); MO	DELSTRIGO	4	QL (30 per 30 days); S
abacavir sulfate-lamivudine	1	QL (30 per 30 days)	DESCOVY	4	QL (30 per 30 days); S
abacavir-lamivudine-zidovudine	4	QL (60 per 30 days); MO; S	DOVATO	4	QL (30 per 30 days); S
acyclovir 200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab	1		EDURANT	4	QL (30 per 30 days); S
acyclovir sodium	1	B/D PA	efavirenz 200 mg cap	1	QL (120 per 30 days)
adefovir dipivoxil	1	PA	efavirenz 50 mg cap	1	QL (360 per 30 days)
APTIVUS 250 MG CAP	4	QL (120 per 30 days); S	efavirenz 600 mg tab	3	QL (30 per 30 days)
atazanavir sulfate 150 mg cap, 200 mg cap	3	QL (60 per 30 days)	efavirenz-emtricitab-tenofovir	4	QL (30 per 30 days); S
atazanavir sulfate 300 mg cap	3	QL (30 per 30 days); MO	efavirenz-lamivudine-tenofovir	4	QL (30 per 30 days); S
ATRIPLA	4	QL (30 per 30 days); S	emtricitabine	1	QL (30 per 30 days)
BARACLUDE 0.05 MG/ML SOLUTION	4	PA; S	emtricitabine-tenofovir df 100-150 mg tab, 133-200 mg tab, 167-250 mg tab	4	QL (30 per 30 days); S
BIKTARVY 30-120-15 MG TAB	4	QL (30 per 30 days); MO; S	emtricitabine-tenofovir df 200-300 mg tab	3	QL (30 per 30 days)
BIKTARVY 50-200-25 MG TAB	4	QL (30 per 30 days); S	EMTRIVA 10 MG/ML SOLUTION	3	QL (850 per 30 days)
CABENUVA 400 & 600 MG/2ML SUSP	4	QL (4 per 28 days); S	EMTRIVA 200 MG CAP	3	QL (30 per 30 days)
CABENUVA 600 & 900 MG/3ML SUSP	4	QL (6 per 28 days); S	entecavir	1	PA
cidofovir 75 mg/ml solution	1	B/D PA	EPCLUSA 150-37.5 MG PACKET, 400-100 MG TAB	4	PA; QL (30 per 30 days); S
CIMDUO	4	QL (30 per 30 days); S	EPCLUSA 200-50 MG PACKET, 200-50 MG TAB	4	PA; QL (60 per 30 days); S
COMBIVIR	4	QL (60 per 30 days); S	EPIVIR 10 MG/ML SOLUTION	3	QL (960 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.

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
EPIVIR 150 MG TAB	3	QL (60 per 30 days)	ISENTRESS 25 MG CHEW TAB	2	QL (720 per 30 days)
EPIVIR 300 MG TAB	3	QL (30 per 30 days)	ISENTRESS 400 MG TAB	4	QL (120 per 30 days); S
EPIVIR HBV 100 MG TAB	3		ISENTRESS HD	4	QL (60 per 30 days); S
EPIVIR HBV 5 MG/ML SOLUTION	2		JULUCA	4	QL (30 per 30 days); S
EPZICOM	4	QL (30 per 30 days); S	KALETRA 100-25 MG TAB	3	QL (300 per 30 days)
etravirine 100 mg tab	4	QL (120 per 30 days); S	KALETRA 200-50 MG TAB	4	QL (120 per 30 days); S
etravirine 200 mg tab	4	QL (60 per 30 days); S	KALETRA 400-100 MG/5ML SOLUTION	4	QL (480 per 30 days); S
EVOTAZ	4	QL (30 per 30 days); S	lamivudine 10 mg/ml solution	1	QL (960 per 30 days)
famciclovir 125 mg tab, 250 mg tab	1	QL (60 per 30 days)	lamivudine 100 mg tab	1	
famciclovir 500 mg tab	1	QL (21 per 7 days)	lamivudine 150 mg tab	1	QL (60 per 30 days)
fosamprenavir calcium	4	QL (120 per 30 days); S	lamivudine 300 mg tab	1	QL (30 per 30 days)
FUZEON	4	QL (60 per 30 days); S	lamivudine-zidovudine	1	QL (60 per 30 days)
ganciclovir sodium 500 mg recon soln	4	B/D PA; S	LEDIPASVIR-SOFOSBUVIR	4	PA; QL (28 per 28 days); S
GENVOYA	4	QL (30 per 30 days); S	LEXIVA 50 MG/ML SUSPENSION	3	QL (1800 per 30 days)
HARVONI	4	PA; QL (28 per 28 days); S	LEXIVA 700 MG TAB	4	QL (120 per 30 days); S
HEPSERA	4	PA; S	lopinavir-ritonavir 100-25 mg tab	3	QL (300 per 30 days)
INTELENCE 100 MG TAB	4	QL (120 per 30 days); S	lopinavir-ritonavir 200-50 mg tab	4	QL (120 per 30 days); S
INTELENCE 200 MG TAB	4	QL (60 per 30 days); S	lopinavir-ritonavir 400-100 mg/5ml solution	1	QL (480 per 30 days)
INTELENCE 25 MG TAB	3	QL (480 per 30 days)	maraviroc	4	QL (120 per 30 days); S
INVIRASE 500 MG TAB	4	QL (120 per 30 days); S	MAVYRET 100-40 MG TAB	4	PA; QL (90 per 30 days); S
ISENTRESS 100 MG CHEW TAB	3	QL (180 per 30 days)	MAVYRET 50-20 MG PACKET	4	PA; QL (180 per 30 days); S
ISENTRESS 100 MG PACKET	4	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.

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
nevirapine 200 mg tab	1	QL (60 per 30 days)	REYATAZ 300 MG CAP	4	QL (30 per 30 days); MO; S
nevirapine 50 mg/5ml suspension	1	QL (1200 per 30 days)	REYATAZ 50 MG PACKET	3	QL (240 per 30 days)
nevirapine er 100 mg tab er 24h	1	QL (90 per 30 days)	ribavirin 200 mg cap, 200 mg tab	1	
nevirapine er 400 mg tab er 24h	1	QL (30 per 30 days)	rimantadine hcl	1	
NORVIR 100 MG PACKET, 100 MG TAB	3	QL (360 per 30 days)	ritonavir	1	QL (360 per 30 days)
NORVIR 80 MG/ML SOLUTION	2	QL (480 per 30 days)	RUKOBIA	4	QL (60 per 30 days); MO; S
ODEFSEY	4	QL (30 per 30 days); S	SELZENTRY 150 MG TAB, 300 MG TAB	4	QL (120 per 30 days); S
oseltamivir phosphate 6 mg/ml recon susp, 30 mg cap, 45 mg cap, 75 mg cap	1		SELZENTRY 20 MG/ML SOLUTION	2	QL (1840 per 30 days)
PIFELTRO	4	QL (30 per 30 days); S	SELZENTRY 25 MG TAB	2	QL (120 per 30 days)
PREVYMIS 240 MG TAB, 480 MG TAB	4	S	SELZENTRY 75 MG TAB	4	QL (60 per 30 days); S
PREZCOBIX	4	QL (30 per 30 days); S	SOFOSBUVIR-VELPATASVIR	4	PA; QL (30 per 30 days); S
PREZISTA 100 MG/ML SUSPENSION	4	QL (400 per 30 days); S	stavudine 15 mg cap, 20 mg cap	1	QL (120 per 30 days)
PREZISTA 150 MG TAB	3	QL (180 per 30 days)	stavudine 30 mg cap, 40 mg cap	1	QL (60 per 30 days)
PREZISTA 600 MG TAB, 800 MG TAB	4	QL (60 per 30 days); S	STRIBILD	4	QL (30 per 30 days); S
PREZISTA 75 MG TAB	3	QL (300 per 30 days)	SUSTIVA 200 MG CAP	3	QL (120 per 30 days)
RELENZA DISKHALER	2	QL (60 per 180 over time)	SUSTIVA 50 MG CAP	3	QL (360 per 30 days)
RETROVIR 10 MG/ML SOLUTION	2		SYMFI	4	QL (30 per 30 days); S
RETROVIR 100 MG CAP	3	QL (180 per 30 days)	SYMFI LO	4	QL (30 per 30 days); S
RETROVIR 50 MG/5ML SYRUP	3	QL (1920 per 30 days)	SYMTUZA	4	QL (30 per 30 days); S
REYATAZ 150 MG CAP, 200 MG CAP	4	QL (60 per 30 days); S	TAMIFLU 6 MG/ML RECON SUSP, 30 MG CAP, 45 MG CAP, 75 MG CAP	3	
			TEMIXYS	4	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.

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
tenofovir disoproxil fumarate	1	QL (30 per 30 days)	VIREAD 150 MG TAB, 200 MG TAB, 250 MG TAB, 300 MG TAB	4	QL (30 per 30 days); S
TIVICAY 10 MG TAB	3	QL (120 per 30 days)	VIREAD 40 MG/GM POWDER	4	QL (240 per 30 days); S
TIVICAY 25 MG TAB, 50 MG TAB	4	QL (60 per 30 days); S	VOSEVI	4	PA; QL (30 per 30 days); S
TIVICAY PD	4	QL (360 per 30 days); S	XOFLUZA (40 MG DOSE)	2	
trifluridine	1		XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	2	
TRIUMEQ	4	QL (30 per 30 days); S	ZIAGEN 20 MG/ML SOLUTION	3	QL (960 per 30 days)
TRIUMEQ PD	4	QL (180 per 30 days); S	ZIAGEN 300 MG TAB	3	QL (60 per 30 days)
TRIZIVIR	4	QL (60 per 30 days); MO; S	zidovudine 100 mg cap	1	QL (180 per 30 days)
TROGARZO	4	PA; LA; QL (23.94 per 28 days); S	zidovudine 300 mg tab	1	QL (60 per 30 days)
TRUVADA	4	QL (30 per 30 days); S	zidovudine 50 mg/5ml syrup	1	QL (1920 per 30 days)
TYBOST	2	QL (30 per 30 days)	ZIRGAN	3	
valacyclovir hcl 1 gm tab	1	QL (90 per 30 days)	ZOVIRAX 200 MG/5ML SUSPENSION	3	
valacyclovir hcl 500 mg tab	1	QL (60 per 30 days)	Anxiolytics		
VALCYTE 50 MG/ML RECON SOLN	4	S	alprazolam 0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp	1	
valganciclovir hcl 450 mg tab	2	MO	alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg tab disp	1	QL (120 per 30 days)
valganciclovir hcl 50 mg/ml recon soln	3		alprazolam er	1	QL (120 per 30 days)
VEMLIDY	4	PA; QL (30 per 30 days); S	ALPRAZOLAM INTENSOL	2	QL (300 per 30 days)
VIRACEPT 250 MG TAB	4	QL (300 per 30 days); S	alprazolam xr	1	QL (120 per 30 days)
VIRACEPT 625 MG TAB	4	QL (120 per 30 days); S	buspirone hcl 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab	1	
VIRAMUNE 50 MG/5ML SUSPENSION	3	QL (1200 per 30 days)	chlordiazepoxide hcl	1	QL (120 per 30 days)
VIRAMUNE XR	3	QL (30 per 30 days)			

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

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
clonazepam 0.125 mg tab disp	1	QL (4800 per 30 days)	oxazepam	1	QL (120 per 30 days)
clonazepam 0.25 mg tab disp	1	QL (2400 per 30 days)	TRANXENE-T	3	
clonazepam 0.5 mg tab, 0.5 mg tab disp	1	QL (1200 per 30 days)	XANAX XR	3	QL (120 per 30 days)
clonazepam 1 mg tab, 1 mg tab disp	1	QL (600 per 30 days)	Bipolar Agents		
clonazepam 2 mg tab, 2 mg tab disp	1	QL (300 per 30 days)	EQUETRO 100 MG CAP ER 12H	3	QL (480 per 30 days); MO
clorazepate dipotassium	1		EQUETRO 200 MG CAP ER 12H	3	QL (240 per 30 days); MO
diazepam 10 mg tab	1	QL (120 per 30 days)	EQUETRO 300 MG CAP ER 12H	3	QL (180 per 30 days); MO
diazepam 2 mg tab	1	QL (600 per 30 days)	LATUDA 20 MG TAB, 40 MG TAB, 60 MG TAB, 120 MG TAB	4	QL (30 per 30 days); MO; S
diazepam 5 mg tab, 5 mg/ml conc	1	QL (240 per 30 days)	LATUDA 80 MG TAB	4	QL (60 per 30 days); MO; S
diazepam 5 mg/5ml solution	1	QL (1200 per 30 days)	LITHIUM	2	
diazepam 5 mg/ml solution	1		lithium carbonate 150 mg cap, 300 mg cap	1	MO
diazepam intensol	1	QL (240 per 30 days)	lithium carbonate 300 mg tab, 600 mg cap	1	MO
hydroxyzine pamoate 25 mg cap, 50 mg cap, 100 mg cap	1		lithium carbonate er	1	MO
KLONOPIN 0.5 MG TAB	3	QL (1200 per 30 days)	Blood Glucose Regulators		
KLONOPIN 1 MG TAB	3	QL (600 per 30 days)	acarbose 25 mg tab, 50 mg tab, 100 mg tab	1	QL (90 per 30 days); MO
KLONOPIN 2 MG TAB	3	QL (300 per 30 days)	ACTOPLUS MET	3	QL (90 per 30 days); MO
lorazepam 0.5 mg tab, 1 mg tab	1	QL (90 per 30 days)	ACTOS 45 MG TAB	3	QL (30 per 30 days); MO
lorazepam 1 mg/0.5ml conc, 2 mg tab, 2 mg/ml conc	1	QL (150 per 30 days)	alogliptin benzoate 25 mg tab	1	PA; QL (30 per 30 days); MO
lorazepam 2 mg/ml solution, 4 mg/ml solution	1		alogliptin benzoate 6.25 mg tab	1	PA; QL (120 per 30 days); MO
lorazepam intensol	1	QL (150 per 30 days)	alogliptin-pioglitazone 25-15 mg tab	1	PA; QL (30 per 30 days); MO
meprobamate	1	PA	AMARYL 1 MG TAB	3	QL (240 per 30 days); MO
midazolam hcl 2 mg/ml syrup	1		AMARYL 2 MG TAB	3	QL (120 per 30 days); MO
			AMARYL 4 MG TAB	3	QL (60 per 30 days); MO

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

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
BYDUREON	2	QL (4 per 28 days); MO	glipizide-metformin hcl 2.5-500 mg tab, 5-500 mg tab	1	QL (120 per 30 days); MO
BYDUREON BCISE	2	QL (4 per 28 days); MO	GLUCAGEN HYPOKIT	2	
BYETTA 10 MCG PEN	2	QL (2.4 per 30 days); MO	GLUCAGON EMERGENCY 1 MG KIT	2	
BYETTA 5 MCG PEN	2	QL (1.2 per 30 days); MO	glucagon emergency 1 mg kit	1	
CYCLOSET	3	ST; QL (180 per 30 days); MO	GLUCOTROL XL 10 MG TAB ER 24H	3	QL (60 per 30 days); MO
diazoxide 50 mg/ml suspension	4	MO; S	GLUCOTROL XL 2.5 MG TAB ER 24H	3	QL (240 per 30 days); MO
DUETACT	3	QL (30 per 30 days); MO	GLUCOTROL XL 5 MG TAB ER 24H	3	QL (120 per 30 days); MO
FARXIGA	2	QL (30 per 30 days); MO	glyburide 1.25 mg tab	1	QL (480 per 30 days); MO
glimepiride 1 mg tab	1	QL (240 per 30 days); MO	glyburide 2.5 mg tab	1	QL (240 per 30 days); MO
glimepiride 2 mg tab	1	QL (120 per 30 days); MO	glyburide 5 mg tab	1	QL (120 per 30 days); MO
glimepiride 4 mg tab	1	QL (60 per 30 days); MO	glyburide micronized 1.5 mg tab	1	QL (240 per 30 days); MO
glipizide 10 mg tab	1	QL (120 per 30 days); MO	glyburide micronized 3 mg tab	1	QL (120 per 30 days); MO
glipizide 5 mg tab	1	QL (240 per 30 days); MO	glyburide micronized 6 mg tab	1	QL (60 per 30 days); MO
glipizide er 10 mg tab er 24h	1	QL (60 per 30 days); MO	glyburide-metformin 1.25-250 mg tab	1	QL (240 per 30 days); MO
glipizide er 2.5 mg tab er 24h	1	QL (240 per 30 days); MO	glyburide-metformin 2.5-500 mg tab, 5-500 mg tab	1	QL (120 per 30 days); MO
glipizide er 5 mg tab er 24h	1	QL (120 per 30 days); MO	GLYNASE 1.5 MG TAB	3	QL (240 per 30 days); MO
glipizide xl 10 mg tab er 24h	1	QL (60 per 30 days); MO	GLYNASE 3 MG TAB	3	QL (120 per 30 days); MO
glipizide xl 2.5 mg tab er 24h	1	QL (240 per 30 days); MO	GLYNASE 6 MG TAB	3	QL (60 per 30 days); MO
glipizide xl 5 mg tab er 24h	1	QL (120 per 30 days); MO	GLYXAMBI	2	QL (30 per 30 days); MO
glipizide-metformin hcl 2.5-250 mg tab	1	QL (240 per 30 days); MO	HUMALOG	2	MO
			HUMALOG JUNIOR KWIKPEN	2	MO
			HUMALOG KWIKPEN	2	MO

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

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
HUMALOG MIX 50/50	2	MO	JARDIANCE	2	QL (30 per 30 days); MO
HUMALOG MIX 50/50 KWIKPEN	2	MO	JENTADUETO	2	QL (60 per 30 days); MO
HUMALOG MIX 75/25	2	MO	JENTADUETO XR 2.5-1000 MG TAB ER 24H	2	QL (60 per 30 days); MO
HUMALOG MIX 75/25 KWIKPEN	2	MO	JENTADUETO XR 5-1000 MG TAB ER 24H	2	QL (30 per 30 days); MO
HUMULIN 70/30	2	MO	KERENDIA	3	MO
HUMULIN 70/30 KWIKPEN	2	MO	LANTUS	2	MO
HUMULIN N	2	MO	LANTUS SOLOSTAR	2	MO
HUMULIN N KWIKPEN	2	MO	LEVEMIR	2	MO
HUMULIN R	2	MO	LEVEMIR FLEXTOUCH	2	MO
HUMULIN R U-500 (CONCENTRATED)	4	PA; MO; S	LYUMJEV	2	MO
HUMULIN R U-500 KWIKPEN	4	PA; MO; S	LYUMJEV KWIKPEN	2	MO
INSULIN LISPRO	2	MO	metformin hcl 1000 mg tab	1	QL (60 per 30 days); MO
INSULIN LISPRO (1 UNIT DIAL)	2	MO	metformin hcl 500 mg tab	1	QL (150 per 30 days); MO
INSULIN LISPRO JUNIOR KWIKPEN	2	MO	metformin hcl 850 mg tab	1	QL (90 per 30 days); MO
INSULIN LISPRO PROT & LISPRO	2	MO	metformin hcl er 500 mg tab er 24h	1	QL (120 per 30 days); MO
INVOKAMET	3	QL (60 per 30 days); MO	metformin hcl er 750 mg tab er 24h	1	QL (60 per 30 days); MO
INVOKAMET XR	3	QL (60 per 30 days); MO	miglitol	1	QL (90 per 30 days); MO
INVOKANA	3	QL (30 per 30 days); MO	nateglinide 120 mg tab	1	QL (90 per 30 days); MO
JANUMET	2	QL (60 per 30 days); MO	nateglinide 60 mg tab	1	QL (180 per 30 days); MO
JANUMET XR 100-1000 MG TAB ER 24H	2	QL (30 per 30 days); MO	OZEMPIC (0.25 OR 0.5 MG/DOSE)	2	MO
JANUMET XR 50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H	2	QL (60 per 30 days); MO	OZEMPIC (1 MG/DOSE)	2	MO
JANUVIA 100 MG TAB	2	QL (30 per 30 days); MO	OZEMPIC (2 MG/DOSE)	2	MO
JANUVIA 25 MG TAB	2	QL (120 per 30 days); MO	pioglitazone hcl 15 mg tab	1	QL (90 per 30 days); MO
JANUVIA 50 MG TAB	2	QL (60 per 30 days); MO	pioglitazone hcl 30 mg tab	1	QL (45 per 30 days); MO
			pioglitazone hcl 45 mg tab	1	QL (30 per 30 days); MO

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

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
pioglitazone hcl-glimepiride	1	QL (30 per 30 days); MO	TRIJARDY XR 5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H	2	QL (60 per 30 days); MO
pioglitazone hcl-metformin hcl	1	QL (90 per 30 days); MO	TRULICITY	2	QL (2 per 28 days); MO
PROGLYCEM	4	MO; S	VICTOZA	2	QL (9 per 30 days); MO
repaglinide 0.5 mg tab	1	QL (960 per 30 days); MO	XIGDUO XR 2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H	2	QL (60 per 30 days); MO
repaglinide 1 mg tab	1	QL (480 per 30 days); MO	XIGDUO XR 5-500 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H	2	QL (30 per 30 days); MO
repaglinide 2 mg tab	1	QL (240 per 30 days); MO	Blood Products And Modifiers		
RYBELSUS 3 MG TAB	2	QL (60 per 365 over time); MO	anagrelide hcl	1	MO
RYBELSUS 7 MG TAB, 14 MG TAB	2	QL (30 per 30 days); MO	ARANESP (ALBUMIN FREE) 10 MCG/0.4ML SOLN PRSYR, 25 MCG/0.42ML SOLN PRSYR, 25 MCG/ML SOLUTION, 40 MCG/0.4ML SOLN PRSYR, 60 MCG/ML SOLUTION	2	PA
SOLIQUA	3	MO	ARANESP (ALBUMIN FREE) 40 MCG/ML SOLUTION, 60 MCG/0.3ML SOLN PRSYR, 100 MCG/0.5ML SOLN PRSYR, 100 MCG/ML SOLUTION, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.4ML SOLN PRSYR, 200 MCG/ML SOLUTION, 300 MCG/0.6ML SOLN PRSYR, 300 MCG/ML SOLUTION, 500 MCG/ML SOLN PRSYR	4	PA; S
SYMLINPEN 120	4	PA; QL (11 per 30 days); MO; S	TOUJEO MAX SOLOSTAR	2	MO
SYMLINPEN 60	4	PA; QL (6 per 30 days); MO; S	TOUJEO SOLOSTAR	2	MO
SYNJARDY	2	QL (60 per 30 days); MO	TRADJENTA	2	QL (30 per 30 days); MO
SYNJARDY XR 25-1000 MG TAB ER 24H	2	QL (30 per 30 days); MO	TRESIBA	2	QL (30 per 30 days); MO
SYNJARDY XR 5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H	2	QL (60 per 30 days); MO	TRESIBA FLEXTOUCH 100 UNIT/ML SOLN PEN	2	QL (30 per 30 days); MO
TOUJEO MAX SOLOSTAR	2	MO	TRESIBA FLEXTOUCH 200 UNIT/ML SOLN PEN	2	QL (18 per 30 days); MO
TOUJEO SOLOSTAR	2	MO	TRIJARDY XR 10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H	2	QL (30 per 30 days); MO
TRADJENTA	2	QL (30 per 30 days); MO	ARIIXTRA 10 MG/0.8ML SOLUTION	4	QL (24 per 30 days); S
TRESIBA	2	QL (30 per 30 days); MO	ARIIXTRA 2.5 MG/0.5ML SOLUTION	4	QL (15 per 30 days); S
TRESIBA FLEXTOUCH 100 UNIT/ML SOLN PEN	2	QL (30 per 30 days); MO	ARIIXTRA 5 MG/0.4ML SOLUTION	4	QL (12 per 30 days); S
TRESIBA FLEXTOUCH 200 UNIT/ML SOLN PEN	2	QL (18 per 30 days); MO	ARIIXTRA 7.5 MG/0.6ML SOLUTION	4	QL (18 per 30 days); S
TRIJARDY XR 10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H	2	QL (30 per 30 days); MO	aspirin-dipyridamole er	1	ST; QL (60 per 30 days); MO

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

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
BRILINTA	2	QL (60 per 30 days); MO	fondaparinux sodium 7.5 mg/0.6ml solution	4	QL (18 per 30 days); S
cilostazol	1	MO	FRAGMIN 2500 UNIT/0.2ML SOLN PRSYR, 5000 UNIT/0.2ML SOLN PRSYR	3	
clopidogrel bisulfate 300 mg tab	1	QL (1 per 30 days)	FRAGMIN 7500 UNIT/0.3ML SOLN PRSYR, 10000 UNIT/ML SOLN PRSYR, 12500 UNIT/0.5ML SOLN PRSYR, 15000 UNIT/0.6ML SOLN PRSYR, 18000 UNT/0.72ML SOLN PRSYR, 95000 UNIT/3.8ML SOLUTION	4	S
clopidogrel bisulfate 75 mg tab	1	QL (30 per 30 days); MO	FULPHILA	4	PA; QL (1.2 per 28 days); S
dabigatran etexilate mesylate	3	QL (60 per 30 days); MO	GRANIX	4	PA; S
dipyridamole 25 mg tab, 50 mg tab, 75 mg tab	1	PA; MO	HEPARIN (PORCINE) IN NACL 12500-0.45 UT/250ML-% SOLUTION, 25000-0.45 UT/500ML-% SOLUTION	2	B/D PA
ELIQUIS	2	QL (60 per 30 days); MO	HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% SOLUTION	2	
ELIQUIS DVT/PE STARTER PACK	2	QL (74 per 180 over time)	HEPARIN SOD (PORCINE) IN D5W	1	
enoxaparin sodium 100 mg/ml soln prsyr, 150 mg/ml soln prsyr	1	QL (56 per 28 days)	heparin sodium (porcine) 1000 unit/ml solution, 5000 unit/ml solution, 10000 unit/ml solution, 20000 unit/ml solution	1	B/D PA
enoxaparin sodium 30 mg/0.3ml soln prsyr	1	QL (16.8 per 28 days)	jantoven	1	MO
enoxaparin sodium 300 mg/3ml solution	1	QL (168 per 28 days)	LEUKINE	4	PA; S
enoxaparin sodium 40 mg/0.4ml soln prsyr	1	QL (22.4 per 28 days)	LOVENOX 100 MG/ML SOLN PRSYR, 150 MG/ML SOLN PRSYR	4	QL (56 per 28 days); S
enoxaparin sodium 60 mg/0.6ml soln prsyr	1	QL (33.6 per 28 days)	LOVENOX 30 MG/0.3ML SOLN PRSYR	3	QL (16.8 per 28 days)
enoxaparin sodium 80 mg/0.8ml soln prsyr, 120 mg/0.8ml soln prsyr	1	QL (44.8 per 28 days)	LOVENOX 40 MG/0.4ML SOLN PRSYR	3	QL (22.4 per 28 days)
EPOGEN 10000 UNIT/ML SOLUTION	4	PA; S	LOVENOX 60 MG/0.6ML SOLN PRSYR	4	QL (33.6 per 28 days); S
EPOGEN 2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION	3	PA			
fondaparinux sodium 10 mg/0.8ml solution	4	QL (24 per 30 days); S			
fondaparinux sodium 2.5 mg/0.5ml solution	1	QL (15 per 30 days)			
fondaparinux sodium 5 mg/0.4ml solution	4	QL (12 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.

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits	
LOVENOX 80 MG/0.8ML SOLN PRSYR, 120 MG/0.8ML SOLN PRSYR	4	QL (44.8 per 28 days); S	XARELTO 10 MG TAB, 20 MG TAB	2	QL (30 per 30 days); MO	
LYSTEDA	3		XARELTO 2.5 MG TAB, 15 MG TAB	2	QL (60 per 30 days); MO	
MOZOBIL	4	PA; S	XARELTO STARTER PACK	2		
NEULASTA	4	PA; QL (1.2 per 28 days); S	ZARXIO	4	PA; S	
NEULASTA ONPRO	4	PA; QL (1.2 per 28 days); S	ZIEXTENZO	4	PA; QL (1.2 per 28 days); S	
NEUPOGEN	4	PA; S	Cardiovascular Agents			
NIVESTYM	4	PA; S	ACCUPRIL	3	MO	
PRADAXA	3	QL (60 per 30 days); MO	ACCURETIC	3	MO	
<i>prasugrel hcl</i>	1	QL (30 per 30 days); MO	<i>acebutolol hcl 200 mg cap, 400 mg cap</i>	1	MO	
PROCIT 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION	4	PA; S	<i>acetazolamide 125 mg tab, 250 mg tab</i>	1	MO	
PROCIT 2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION	3	PA	<i>afeditab cr</i>	1	MO	
PROMACTA 12.5 MG PACKET	4	PA; LA; QL (360 per 30 days); S	ALDACTAZIDE	3	MO	
PROMACTA 12.5 MG TAB, 25 MG TAB	4	PA; LA; QL (30 per 30 days); S	<i>aliskiren fumarate</i>	1	MO	
PROMACTA 25 MG PACKET	4	PA; LA; QL (180 per 30 days); S	ALTACE	3	MO	
PROMACTA 50 MG TAB	4	PA; LA; QL (90 per 30 days); S	<i>amiloride hcl 5 mg tab</i>	1	MO	
PROMACTA 75 MG TAB	4	PA; LA; QL (60 per 30 days); S	<i>amiloride-hydrochlorothiazide</i>	1	MO	
<i>tranexamic acid 650 mg tab, 1000 mg/10ml solution</i>	1		<i>amiodarone hcl 100 mg tab, 200 mg tab, 400 mg tab</i>	1	MO	
UDENYCA	4	PA; QL (1.2 per 28 days); S	<i>amiodarone hcl 150 mg/3ml solution, 450 mg/9ml solution, 900 mg/18ml solution</i>	1	B/D PA	
warfarin sodium 1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab	1	MO	<i>amlodipine besylate-henzepril hcl</i>	1	MO	
			<i>amlodipine besylate 2.5 mg tab, 5 mg tab, 10 mg tab</i>	1	MO	
			<i>amlodipine besylate-valsartan</i>	1	MO	
			<i>amlodipine-atorvastatin</i>	1	MO	
			<i>amlodipine-olmesartan</i>	1	MO	
			<i>amlodipine-valsartan-hctz</i>	1	MO	
			ATACAND	3	MO	
			ATACAND HCT	3	MO	

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

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
atenolol 25 mg tab, 50 mg tab, 100 mg tab	1	MO	CARDIZEM	3	MO
atenolol-chlorthalidone	1	MO	CARDIZEM CD 180 MG CAP ER 24H	3	MO
atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab	1	MO	CARDIZEM LA 360 MG TAB ER 24H, 420 MG TAB ER 24H	3	MO
AVALIDE	3	MO	CARDURA 1 MG TAB, 8 MG TAB	3	MO
AVAPRO	3	MO	cartia xt	1	MO
AZOR	3	MO	carvedilol	1	MO
benazepril hcl 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab	1	MO	carvedilol phosphate er	1	MO
benazepril-hydrochlorothiazide	1	MO	CATAPRES-TTS-1	3	QL (4 per 28 days); MO
BENICAR	3	MO	CATAPRES-TTS-3	3	QL (4 per 28 days); MO
BENICAR HCT	3	MO	chlorthalidone	1	MO
BETAPACE AF 80 MG TAB, 120 MG TAB	3	MO	cholestyramine 4 gm packet, 4 gm/dose powder	1	MO
betaxolol hcl 10 mg tab, 20 mg tab	1	MO	cholestyramine light 4 gm packet, 4 gm/dose powder	1	MO
BIDIL	2	QL (180 per 30 days); MO	clonidine	1	QL (4 per 28 days); MO
bisoprolol fumarate 5 mg tab, 10 mg tab	1	MO	clonidine hcl 0.1 mg tab, 0.2 mg tab, 0.3 mg tab	1	MO
bisoprolol-hydrochlorothiazide	1	MO	colesevelam hcl	1	MO
bumetanide 0.25 mg/ml solution	1		COLESTID 1 GM TAB, 5 GM GRANULES, 5 GM PACKET	3	MO
bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab	1	MO	COLESTID FLAVORED 5 GM GRANULES, 5 GM PACKET	3	MO
BYSTOLIC	3	MO	colestipol hcl 1 gm tab, 5 gm granules, 5 gm packet	1	MO
CADUET 5-10 MG TAB, 5-40 MG TAB, 5-80 MG TAB, 10-10 MG TAB, 10-20 MG TAB, 10-40 MG TAB, 10-80 MG TAB	3	MO	CORGARD	3	MO
CALAN SR 120 MG TAB ER	3	MO	CORLANOR 5 MG TAB, 7.5 MG TAB	3	PA; QL (60 per 30 days); MO
candesartan cilexetil	1	MO	CORLANOR 5 MG/5ML SOLUTION	3	PA; QL (560 per 28 days); MO
candesartan cilexetil-hctz	1	MO	COZAAR	3	MO
captopril 12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab	1	MO	CRESTOR	3	MO
			DEMSER	4	S
			DIBENZYLINE	4	S
			digitek 125 mcg tab	1	MO

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

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
digitek 250 mcg tab	1	PA; MO	ENTRESTO	2	MO
digox 125 mcg tab	1	MO	eplerenone	1	MO
digox 250 mcg tab	1	PA; MO	EXFORGE	3	MO
digoxin 0.05 mg/ml solution, 125 mcg tab	1	MO	EXFORGE HCT	3	MO
digoxin 250 mcg tab	1	PA; MO	ezetimibe	1	MO
digoxin 62.5 mcg tab	2	MO	ezetimibe-simvastatin	1	QL (30 per 30 days); MO
dilt-xr	1	MO	felodipine er	1	MO
DILTIAZEM HCL 100 MG RECON SOLN	2		fenofibrate 48 mg tab, 50 mg cap, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 150 mg cap, 160 mg tab, 200 mg cap	1	MO
diltiazem hcl 25 mg/5ml solution, 50 mg/10ml solution, 125 mg/25ml solution	1		fenofibrate micronized 43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap	1	MO
diltiazem hcl 30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab	1	MO	fenofibric acid 45 mg cap dr, 135 mg cap dr	1	MO
diltiazem hcl er	1	MO	FENOGLIDE 40 MG TAB	3	MO
diltiazem hcl er beads	1	MO	flecainide acetate	1	MO
diltiazem hcl er coated beads	1	MO	fluvastatin sodium	1	MO
DIOVAN	3	MO	fluvastatin sodium er	1	MO
DIOVAN HCT	3	MO	fosinopril sodium	1	MO
disopyramide phosphate	1	PA; MO	fosinopril sodium-hctz	1	MO
dofetilide	1		furosemide 10 mg/ml solution inj	1	
doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab	1	MO	furosemide 10 mg/ml solution oral	1	MO
droxidopa 100 mg cap	4	PA; QL (90 per 30 days); S	furosemide 8 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab	1	MO
droxidopa 200 mg cap, 300 mg cap	4	PA; QL (180 per 30 days); S	gemfibrozil 600 mg tab	1	MO
DYRENIUM	3	MO	guanfacine hcl	1	PA; MO
EDARBI	3	MO	hydralazine hcl 10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab	1	MO
EDARBYCLOR	3	MO	hydralazine hcl 20 mg/ml solution	1	
enalapril maleate 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab	1	MO			
enalapril-hydrochlorothiazide	1	MO			

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

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
hydrochlorothiazide 12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab	1	MO	LOTENSIN	3	MO
HYZAAR	3	MO	LOTREL 10-40 MG CAP	3	MO
indapamide	1	MO	lovastatin 10 mg tab, 20 mg tab, 40 mg tab	1	MO
INSPRA	3	MO	matzim la	1	MO
irbesartan	1	MO	MAXZIDE	3	MO
irbesartan-hydrochlorothiazide	1	MO	MAXZIDE-25	3	MO
ISORDIL TITRADOSE 40 MG TAB	4	MO; S	methyldopa	1	PA; MO
ISORDIL TITRADOSE 5 MG TAB	3	MO	metolazone	1	MO
isosorb dinitrate-hydralazine	2	QL (180 per 30 days); MO	metoprolol succinate er	1	MO
isosorbide dinitrate	1	MO	metoprolol tartrate 25 mg tab, 50 mg tab, 100 mg tab	1	MO
isosorbide mononitrate	1	MO	metoprolol tartrate 37.5 mg tab, 75 mg tab	1	MO
isosorbide mononitrate er	1	MO	metoprolol tartrate 5 mg/5ml solution	1	
isradipine	1	MO	metoprolol-hydrochlorothiazide	1	MO
labetalol hcl 100 mg tab, 200 mg tab, 300 mg tab	1	MO	metyrosine	4	S
labetalol hcl 5 mg/ml solution	1		mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap	1	MO
LANOXIN 125 MCG TAB	3	MO	MICARDIS	3	MO
LANOXIN 250 MCG TAB	3	PA; MO	MICARDIS HCT	3	MO
LASIX	3	MO	midodrine hcl	1	
LESCOL XL	3	MO	MINIPRESS	3	MO
LIPOFEN 150 MG CAP	3	MO	minoxidil 2.5 mg tab, 10 mg tab	1	MO
LIPOFEN 50 MG CAP	2	MO	moexipril hcl	1	MO
lisinopril 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab	1	MO	MULTAQ	2	QL (60 per 30 days); MO
lisinopril-hydrochlorothiazide	1	MO	nadolol 20 mg tab, 40 mg tab, 80 mg tab	1	MO
LOPID	3	MO	nebivolol hcl	3	MO
LOPRESSOR 100 MG TAB	3	MO	niacin (antihyperlipidemic)	1	
losartan potassium 25 mg tab, 50 mg tab, 100 mg tab	1	MO	niacin er (antihyperlipidemic)	1	MO
losartan potassium-hctz	1	MO	niacor	1	
			NIASPAN	3	MO

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

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
nicardipine hcl 2.5 mg/ml solution	1		perindopril erbumine	1	MO
nicardipine hcl 20 mg cap, 30 mg cap	1	MO	phenoxybenzamine hcl 10 mg cap	4	S
nifedipine 10 mg cap, 20 mg cap	1	PA; MO	pindolol	1	MO
nifedipine er	1	MO	PRALUENT	3	PA; QL (2 per 28 days); MO
nifedipine er osmotic release	1	MO	pravastatin sodium	1	MO
nimodipine 30 mg cap	1		prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap	1	MO
nisoldipine er	1	MO	prevalite 4 gm packet, 4 gm/dose powder	1	MO
NITRO-BID	2	MO	propafenone hcl	1	MO
NITRO-DUR 0.1 MG/HR PATCH 24HR, 0.2 MG/HR PATCH 24HR, 0.4 MG/HR PATCH 24HR, 0.6 MG/HR PATCH 24HR	3	MO	propafenone hcl er	3	MO
NITRO-DUR 0.3 MG/HR PATCH 24HR, 0.8 MG/HR PATCH 24HR	2	MO	propranolol hcl 1 mg/ml solution	1	
nitroglycerin 0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.4 mg/spray solution, 0.6 mg sl tab, 0.6 mg/hr patch 24hr	1	MO	propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab	1	MO
NITROGLYCERIN 5 MG/ML SOLUTION	2	B/D PA	propranolol hcl 20 mg/5ml solution, 40 mg/5ml solution, 60 mg tab	1	MO
NITROSTAT	3	MO	propranolol hcl er	1	MO
NORPACE	3	PA; MO	QUESTRAN 4 GM PACKET, 4 GM/DOSE POWDER	3	MO
NORPACE CR	3	PA; MO	QUESTRAN LIGHT	3	MO
NORVASC	3	MO	quinapril hcl	1	MO
olmesartan medoxomil 5 mg tab, 20 mg tab, 40 mg tab	1	MO	quinapril-hydrochlorothiazide	1	MO
olmesartan medoxomil-hctz	1	MO	quinidine sulfate	1	MO
olmesartan-amlodipine-hctz	1	MO	ramipril	1	MO
omega-3-acid ethyl esters	1	MO	RANEXA	3	PA; MO
pacerone	1	MO	ranolazine er	1	PA; MO
pentoxifylline er	1	MO	RECTIV	3	QL (30 per 30 days)
			REPATHA	2	PA; QL (3 per 28 days); MO
			REPATHA PUSHTRONEX SYSTEM	2	PA; QL (3.5 per 28 days); MO
			REPATHA SURECLICK	2	PA; QL (3 per 28 days); MO

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

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits	
rosuvastatin calcium	1	MO	trandolapril-verapamil hcl er	1	MO	
simvastatin 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab	1	MO	triamterene 50 mg cap, 100 mg cap	1	MO	
SOAANZ	1	MO	triamterene-hctz	1	MO	
sorine 120 mg tab, 160 mg tab, 240 mg tab	1	MO	TRIBENZOR	3	MO	
sorine 80 mg tab	1	MO	TRILIPIX	3	MO	
sotalol hcl (af) 120 mg tab, 160 mg tab	1	MO	valsartan 40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab	1	MO	
sotalol hcl (af) 80 mg tab	1	MO	valsartan-hydrochlorothiazide	1	MO	
sotalol hcl 120 mg tab, 160 mg tab, 240 mg tab	1	MO	VASCEPA	3	MO	
sotalol hcl 80 mg tab	1	MO	VASERETIC	3	MO	
spironolactone 25 mg tab	1	MO	VASOTEC 2.5 MG TAB, 5 MG TAB	3	MO	
spironolactone 50 mg tab, 100 mg tab	1	MO	VECAMYL	3	MO	
spironolactone-hctz	1	MO	verapamil hcl 2.5 mg/ml solution	1		
SULAR 34 MG TAB ER 24H	3	MO	verapamil hcl 40 mg tab, 80 mg tab, 120 mg tab	1	MO	
taztia xt	1	MO	verapamil hcl 100 mg cap er 24h, 120 mg cap er 24h, 120 mg tab er, 180 mg cap er 24h, 200 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h	1	MO	
TEKTURNA	3	MO	verapamil hcl 180 mg tab er, 240 mg tab er	1	MO	
TEKTURNA HCT	2	MO	VERELAN	3	MO	
telmisartan	1	MO	VERELAN PM	3	MO	
telmisartan-amlodipine	1	MO	VYTORIN 10-80 MG TAB	3	QL (30 per 30 days); MO	
telmisartan-hctz	1	MO	WELCHOL	3	MO	
TENORETIC 100	3	MO	ZESTORETIC	3	MO	
TENORETIC 50	3	MO	ZESTRIL 2.5 MG TAB	3	MO	
TENORMIN 50 MG TAB, 100 MG TAB	3	MO	ZIAC	3	MO	
terazosin hcl	1	MO	ZOCOR 10 MG TAB	3	MO	
tiadylt er	1	MO	Central Nervous System Agents			
TIAZAC	3	MO	ADDERALL 5 MG TAB, 7.5 MG TAB	3	PA; QL (90 per 30 days); MO	
TIKOSYN	3					
timolol maleate 5 mg tab, 10 mg tab, 20 mg tab	1	MO				
TOPROL XL	3	MO				
torsemide	1	MO				
trandolapril	1	MO				

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

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
amphetamine-dextroamphetamine	1	PA; QL (30 per 30 days); MO	dexamphetamine hcl	1	QL (60 per 30 days); MO
amphetamine-dextroamphetamine 30 mg tab	1	PA; QL (60 per 30 days); MO	dexamphetamine hcl er 25 mg cap er 24h, 35 mg cap er 24h, 40 mg cap er 24h	1	QL (30 per 30 days); MO
amphetamine-dextroamphetamine 5 mg tab, 7.5 mg tab, 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab	1	PA; QL (90 per 30 days); MO	dextroamphetamine sulfate 10 mg tab	1	QL (180 per 30 days); MO
AMPYRA	4	PA; LA; QL (60 per 30 days); S	dextroamphetamine sulfate 5 mg tab	1	QL (90 per 30 days); MO
atomoxetine hcl 10 mg cap, 18 mg cap, 25 mg cap, 40 mg cap	1	QL (60 per 30 days); MO	dextroamphetamine sulfate 5 mg/5ml solution	1	QL (1920 per 30 days); MO
atomoxetine hcl 60 mg cap, 80 mg cap, 100 mg cap	1	QL (30 per 30 days); MO	dextroamphetamine sulfate er 15 mg cap er 24h	1	QL (120 per 30 days); MO
AUSTEDO	4	PA; LA; QL (120 per 30 days); S	dextroamphetamine sulfate er 5 mg cap er 24h, 10 mg cap er 24h	1	QL (60 per 30 days); MO
AVONEX PEN	4	PA; QL (4 per 28 days); S	DRIZALMA SPRINKLE 20 MG CAP DR, 60 MG CAP DR	3	QL (60 per 30 days); MO
AVONEX PREFILLED	4	PA; QL (4 per 28 days); S	DRIZALMA SPRINKLE 30 MG CAP DR, 40 MG CAP DR	3	QL (30 per 30 days); MO
bac	1	PA; QL (180 per 30 days)	duloxetine hcl 20 mg cp dr part	1	QL (180 per 30 days); MO
BETASERON	4	PA; QL (15 per 30 days); S	duloxetine hcl 30 mg cp dr part	1	QL (120 per 30 days); MO
butalbital-apap-caffeine	1	PA; QL (180 per 30 days)	duloxetine hcl 40 mg cp dr part	1	QL (90 per 30 days); MO
CONCERTA 27 MG TAB ER	3	PA; QL (30 per 30 days); MO	duloxetine hcl 60 mg cp dr part	1	QL (60 per 30 days); MO
COPAXONE 20 MG/ML SOLN PRSYR	4	PA; QL (30 per 30 days); S	esgic 50-325-40 mg cap	1	PA; QL (180 per 30 days)
COPAXONE 40 MG/ML SOLN PRSYR	4	PA; QL (12 per 28 days); S	ESGIC 50-325-40 MG TAB	3	PA; QL (180 per 30 days)
CYMBALTA 20 MG CP DR PART	3	QL (180 per 30 days); MO	EVEKEO 10 MG TAB	3	PA; QL (180 per 30 days); MO
CYMBALTA 30 MG CP DR PART	3	QL (120 per 30 days); MO	EVEKEO 5 MG TAB	3	PA; QL (90 per 30 days); MO
CYMBALTA 60 MG CP DR PART	3	QL (60 per 30 days); MO	FIRDAPSE	4	PA; LA; QL (240 per 30 days); S
dalfampridine er	2	PA; QL (60 per 30 days)	FOCALIN	3	QL (60 per 30 days); MO

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

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
FOCALIN XR 5 MG CAP ER 24H, 10 MG CAP ER 24H, 15 MG CAP ER 24H, 25 MG CAP ER 24H, 30 MG CAP ER 24H, 35 MG CAP ER 24H, 40 MG CAP ER 24H	3	QL (30 per 30 days); MO	LYRICA CR 330 MG TAB ER 24H	3	PA; QL (60 per 30 days); MO
GILENYA	4	PA; QL (30 per 30 days); S	LYRICA CR 82.5 MG TAB ER 24H, 165 MG TAB ER 24H	3	PA; QL (30 per 30 days); MO
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	4	PA; QL (30 per 30 days); S	MAYZENT 0.25 MG TAB	4	PA; LA; QL (120 per 30 days); S
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	4	PA; QL (12 per 28 days); S	MAYZENT 1 MG TAB, 2 MG TAB	4	PA; LA; QL (30 per 30 days); S
<i>glatopa 20 mg/ml soln prsyr</i>	4	PA; QL (30 per 30 days); S	MAYZENT STARTER PACK 0.25 MG TAB THPK	3	PA; LA
<i>glatopa 40 mg/ml soln prsyr</i>	4	PA; QL (12 per 28 days); S	MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK	4	PA; LA; S
guanfacine hcl er	1	PA; QL (30 per 30 days); MO	METHYLIN 10 MG/5ML SOLUTION	3	PA; QL (900 per 30 days); MO
HORIZANT 300 MG TAB ER	3	PA; QL (120 per 30 days); MO	METHYLIN 5 MG/5ML SOLUTION	3	PA; QL (1800 per 30 days); MO
HORIZANT 600 MG TAB ER	3	PA; QL (60 per 30 days); MO	<i>methylphenidate hcl 10 mg/5ml solution</i>	1	PA; QL (900 per 30 days); MO
INGREZZA 40 & 80 MG CAP THPK	4	PA; QL (56 per 365 over time); S	<i>methylphenidate hcl 5 mg tab, 10 mg tab, 20 mg tab</i>	1	PA; QL (90 per 30 days); MO
INGREZZA 40 MG CAP	4	PA; QL (60 per 30 days); S	<i>methylphenidate hcl 5 mg/5ml solution</i>	1	PA; QL (1800 per 30 days); MO
INGREZZA 60 MG CAP, 80 MG CAP	4	PA; QL (30 per 30 days); S	<i>methylphenidate hcl er (cd)</i>	1	PA; QL (30 per 30 days); MO
INTUNIV	3	PA; QL (30 per 30 days); MO	<i>methylphenidate hcl er (la) 10 mg cap er 24h, 20 mg cap er 24h, 40 mg cap er 24h, 60 mg cap er 24h</i>	1	PA; QL (30 per 30 days); MO
KAPVAY	3	QL (120 per 30 days); MO	<i>methylphenidate hcl er (la)</i>	1	PA; QL (60 per 30 days); MO
KESIMPTA	4	PA; QL (1.2 per 30 days); S	<i>methylphenidate hcl er 10 mg tab er, 20 mg tab er</i>	1	PA; QL (90 per 30 days); MO
LYRICA 20 MG/ML SOLUTION	3	QL (900 per 30 days); MO	<i>methylphenidate hcl er 18 mg tab er, 18 mg tab er 24h, 27 mg tab er, 27 mg tab er 24h, 54 mg tab er, 54 mg tab er 24h, 72 mg tab er</i>	1	PA; QL (30 per 30 days); MO
LYRICA 200 MG CAP	3	QL (90 per 30 days); MO	<i>methylphenidate hcl er 36 mg tab er, 36 mg tab er 24h</i>	1	PA; QL (60 per 30 days); MO
LYRICA 225 MG CAP, 300 MG CAP	3	QL (60 per 30 days); MO	NUEDEXTA	4	PA; QL (60 per 30 days); MO; S
LYRICA 25 MG CAP, 50 MG CAP, 75 MG CAP, 100 MG CAP, 150 MG CAP	3	MO	<i>pregabalin 20 mg/ml solution</i>	1	QL (900 per 30 days); MO

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

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits	
pregabalin 200 mg cap	1	QL (90 per 30 days); MO	zebutal	1	PA; QL (180 per 30 days)	
pregabalin 225 mg cap, 300 mg cap	1	QL (60 per 30 days); MO	zenzedi 10 mg tab	1	QL (180 per 30 days); MO	
pregabalin 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap	1	MO	zenzedi 5 mg tab	1	QL (90 per 30 days); MO	
RELEXXII	1	PA; QL (30 per 30 days); MO	Dental And Oral Agents			
RILUTEK	4	S	cevimeline hcl	1	MO	
riluzole	1		chlorhexidine gluconate 0.12 % solution	1		
RITALIN LA 30 MG CAP ER 24H	3	PA; QL (60 per 30 days); MO	denta 5000 plus	1	MO	
RITALIN LA 40 MG CAP ER 24H	3	PA; QL (30 per 30 days); MO	dentagel	1	MO	
SAVELLA	3	QL (60 per 30 days); MO	just right 5000	1	MO	
SAVELLA TITRATION PACK	3		oralone	1		
STRATTERA 10 MG CAP, 18 MG CAP, 25 MG CAP, 40 MG CAP	3	QL (60 per 30 days); MO	periogard	1		
STRATTERA 60 MG CAP, 80 MG CAP, 100 MG CAP	3	QL (30 per 30 days); MO	pilocarpine hcl 5 mg tab, 7.5 mg tab	1	MO	
TECFIDERA 120 & 240 MG MISC	4	PA; LA; S	PREVIDENT 0.2 % SOLUTION, 1.1 % GEL	3	MO	
TECFIDERA 120 MG CAP DR	4	PA; LA; QL (14 per 7 days); S	PREVIDENT 5000 BOOSTER PLUS	3	MO	
TECFIDERA 240 MG CAP DR	4	PA; LA; QL (60 per 30 days); S	PREVIDENT 5000 DRY MOUTH	3	MO	
tetrabenazine 12.5 mg tab	4	PA; QL (240 per 30 days); S	PREVIDENT 5000 ENAMEL PROTECT	3		
tetrabenazine 25 mg tab	4	PA; QL (120 per 30 days); S	PREVIDENT 5000 PLUS	3	MO	
TYSABRI	4	PA; LA; S	PREVIDENT 5000 SENSITIVE	3		
VYVANSE 10 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP, 50 MG CAP, 60 MG CAP, 70 MG CAP	2	PA; QL (30 per 30 days); MO	SALAGEN	3	MO	
XENAZINE 12.5 MG TAB	4	PA; QL (240 per 30 days); S	sf	1	MO	
XENAZINE 25 MG TAB	4	PA; QL (120 per 30 days); S	sf 5000 plus	1	MO	
			sodium fluoride 0.2 % solution, 1.1 % cream, 1.1 % gel	1	MO	
			sodium fluoride 5000 plus	1	MO	
			sodium fluoride 5000 ppm 1.1 % cream, 1.1 % gel	1	MO	
			triamcinolone acetonide 0.1 % paste	1		
			Dermatological Agents			

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

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
accutane	1		betamethasone valerate 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.12 % foam	1	
acitretin	3		calcipotriene 0.005 % cream, 0.005 % ointment	1	QL (120 per 30 days)
acyclovir 5 % cream	1	QL (5 per 30 days)	calcipotriene 0.005 % solution	1	QL (60 per 30 days)
acyclovir 5 % ointment	1	QL (30 per 30 days)	calcipotriene-betameth diprop 0.005-0.064 % ointment	1	QL (400 per 28 days)
adapalene 0.1 % cream, 0.1 % gel, 0.3 % gel	1		calcitrene	1	QL (120 per 30 days)
adapalene-benzoyl peroxide 0.1-2.5 % gel	3	PA	calcitriol 3 mcg/gm ointment	1	QL (800 per 28 days)
ALA SCALP	3		CAPEX	3	
ala-cort	1		ciclodan 8 % solution	1	
ala-scalp	1		ciclopirox 0.77 % gel, 1 % shampoo, 8 % solution	1	
alclometasone dipropionate 0.05 % ointment	1		claravis	1	
amcinonide 0.1 % cream, 0.1 % lotion	1		CLEOCIN-T	3	QL (120 per 30 days)
AMCINONIDE 0.1 % OINTMENT	2		CLINDAGEL	4	PA; S
ammonium lactate 12 % cream, 12 % lotion	1		clindamycin phos-benzoyl peroxy 1-5 % gel, 1.2-5 % gel	1	
amnesteem	1		clindamycin phosphate 1 % foam	1	QL (100 per 30 days)
ANUSOL-HC 2.5 % CREAM	3		clindamycin phosphate 1 % gel	1	
APEXICON E	2	QL (60 per 30 days)	clindamycin phosphate 1 % lotion, 1 % solution	1	QL (120 per 30 days)
ATRALIN	3	PA; QL (45 per 30 days)	clindamycin-tretinoin	1	PA
avita	1	PA; QL (45 per 30 days)	clobetasol propionate 0.05 % cream, 0.05 % ointment	1	QL (120 per 30 days)
azelaic acid 15 % gel	1		clobetasol propionate 0.05 % foam	1	QL (100 per 30 days)
BENZACLIN	3		clobetasol propionate 0.05 % gel	1	QL (60 per 30 days)
BENZACLIN WITH PUMP	3		clobetasol propionate 0.05 % liquid, 0.05 % lotion, 0.05 % shampoo	1	
BENZAMYCIN	3		clobetasol propionate 0.05 % solution	1	QL (50 per 30 days)
benzoyl peroxide-erythromycin	1				
betamethasone dipropionate 0.05 % cream, 0.05 % lotion	1				
betamethasone dipropionate aug 0.05 % gel, 0.05 % ointment	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
clobetasol propionate emulsion	1	QL (100 per 30 days)	doxepin hcl 5 % cream	4	PA; QL (45 per 30 days); S
clodan 0.05 % shampoo	1		ELIDEL	3	PA; QL (100 per 30 days)
clotrimazole-betamethasone 1-0.05 % cream	1	QL (120 per 30 days)	EPIDUO	3	PA
clotrimazole-betamethasone 1-0.05 % lotion	1		ery	1	
CONDYLOX	3		ERYGEL	3	
CORDRAN 0.05 % CREAM, 0.05 % LOTION, 0.05 % OINTMENT	3		erythromycin 2 % gel, 2 % solution	1	
CORDRAN 4 MCG/SQCM TAPE	4	S	EVOCLIN	3	QL (100 per 30 days)
CORTISPORIN 1 % OINTMENT	3		FINACEA 15 % GEL	3	
crotan	1		fluocinolone acetonide 0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment	1	QL (120 per 30 days)
dapsone 5 % gel, 7.5 % gel	3		fluocinolone acetonide body	1	QL (120 per 30 days)
DENAVIR	4	QL (5 per 30 days); S	fluocinolone acetonide scalp	1	QL (120 per 30 days)
DERMA-SMOOTH/FS BODY	3	QL (120 per 30 days)	fluocinonide 0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution	1	QL (240 per 30 days)
DERMA-SMOOTH/FS SCALP	3	QL (120 per 30 days)	fluocinonide 0.1 % cream	1	QL (120 per 30 days)
desonide 0.05 % cream, 0.05 % ointment	1		fluocinonide emulsified base	1	QL (240 per 30 days)
DESOWEN	3		fluorouracil 2 % solution, 5 % cream, 5 % solution	1	
desoximetasone 0.05 % cream, 0.25 % cream	1	QL (100 per 30 days)	flurandrenolide 0.05 % cream, 0.05 % lotion, 0.05 % ointment	3	
desoximetasone 0.05 % gel, 0.05 % ointment, 0.25 % ointment	1		fluticasone propionate 0.005 % ointment, 0.05 % cream, 0.05 % lotion	1	
desoximetasone 0.25 % liquid	3		halcinonide	1	
diclofenac sodium 3 % gel	1	PA; QL (100 per 30 days)	halobetasol propionate 0.05 % cream, 0.05 % ointment	1	
DIFFERIN 0.1 % CREAM, 0.3 % GEL	3		HALOG 0.1 % CREAM	4	S
diflorasone diacetate	1	QL (60 per 30 days)	HALOG 0.1 % OINTMENT	3	
DIPROLENE	3		hydrocortisone (perianal) 1 % cream	1	
DOVONEX	4	QL (120 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.

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
hydrocortisone (<i>perianal</i>) 2.5 % cream	1		OLUX-E	3	QL (100 per 30 days)
hydrocortisone 1 % cream, 1 % ointment, 2.5 % cream, 2.5 % ointment	1		OTEZLA 30 MG TAB	4	PA; QL (60 per 30 days); S
hydrocortisone 2.5 % lotion	1		OVIDE	3	
hydrocortisone ace-pramoxine 1-1 % cream	1		PANDEL	3	
hydrocortisone butyr lipo base	1		permethrin 5 % cream	1	
hydrocortisone butyrate 0.1 % cream, 0.1 % solution	1		pimecrolimus	1	PA; QL (100 per 30 days)
hydrocortisone butyrate 0.1 % lotion	3		podofilox 0.5 % solution	1	
hydrocortisone valerate 0.2 % cream	1		procto-med hc	1	
imiquimod 5 % cream	1		procto-pak	1	
isotretinoin 10 mg cap, 20 mg cap, 25 mg cap, 30 mg cap, 35 mg cap, 40 mg cap	1		proctosol hc	1	
KENALOG 0.147 MG/GM AERO SOLN	3		proctozone-hc	1	
lindane	1		PROTOPIC	3	PA; QL (100 per 30 days)
LOCOID	3		PRUDOXIN	3	PA; QL (45 per 30 days)
LOCOID LIPOCREAM	3		RETIN-A 0.01 % GEL, 0.025 % CREAM	3	PA; QL (45 per 30 days)
LUXIQ	3		RETIN-A MICRO 0.04 % GEL	3	PA; QL (50 per 30 days)
mafenide acetate 5 % packet	1		RETIN-A MICRO PUMP 0.04 % GEL	3	PA; QL (50 per 30 days)
malathion	1		SANTYL	3	QL (30 per 30 days)
methoxsalen rapid	4	S	selenium sulfide 2.5 % lotion	1	
mometasone furoate 0.1 % solution	1		SILVADENE	3	
mupirocin 2 % ointment	1	QL (120 per 30 days)	silver sulfadiazine 1 % cream	1	
mupirocin calcium	1	QL (30 per 30 days)	SKYRIZI 360 MG/2.4ML SOLN CART	4	PA; QL (2.4 per 56 days); MO; S
myorisan	1		SKYRIZI 600 MG/10ML SOLUTION	4	PA; QL (10 per 28 days); S
NATROBA	3		spinosad	3	
neuac 1.2-5 % gel	1		ssd	1	
nystatin-triamcinolone	1		STELARA 130 MG/26ML SOLUTION	4	PA; LA; S
			SULFAMYLYON 85 MG/GM CREAM	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	Drug Name	Drug Tier	Requirements /Limits
tacrolimus 0.03 % ointment, 0.1 % ointment	1	PA; QL (100 per 30 days)	zenatane	1	
azarotene 0.1 % cream	1	PA	ZIANA	3	PA
TAZORAC 0.05 % CREAM, 0.05 % GEL, 0.1 % CREAM	3	PA	ZONALON	4	PA; QL (45 per 30 days); S
TAZORAC 0.1 % GEL	4	PA; S	ZOVIRAX 5 % CREAM	4	QL (5 per 30 days); S
TEMOVATE 0.05 % CREAM	3	QL (120 per 30 days)	Electrolytes/Minerals/Metals/Vitamins		
TOPICORT 0.05 % CREAM, 0.25 % CREAM	3	QL (100 per 30 days)	AMINOSYN II 15 % SOLUTION	3	B/D PA
TOPICORT 0.05 % GEL, 0.05 % OINTMENT, 0.25 % OINTMENT	3		AMINOSYN-PF 7 % SOLUTION	2	B/D PA
TOPICORT SPRAY	3		AURYXIA	4	PA; MO; S
tovet 0.05 % foam	1	QL (100 per 30 days)	calcium acetate (phos binder)	1	MO
tretinoin 0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.1 % cream	1	PA; QL (45 per 30 days)	calcium acetate 667 mg tab	1	MO
tretinoin 0.05 % gel	3	PA; QL (45 per 30 days)	CARBAGLU	4	PA; LA; S
tretinoin microsphere	3	PA; QL (50 per 30 days)	carglumic acid	4	PA; LA; S
tretinoin microsphere pump	3	PA; QL (50 per 30 days)	CARNITOR 1 GM/10ML SOLUTION, 330 MG TAB	3	B/D PA; MO
triamcinolone acetonide 0.025 % cream, 0.1 % cream, 0.5 % cream	1		CARNITOR SF	3	B/D PA; MO
triamcinolone acetonide 0.025 % lotion, 0.025 % ointment, 0.1 % lotion, 0.1 % ointment, 0.147 mg/gm aero soln, 0.5 % ointment	1		CHEMET	3	
triamcinolone acetonide 0.05 % ointment	4	S	CLINIMIX E/DEXTROSE (2.75/5)	2	B/D PA
triamcinolone in absorbase	4	S	CLINIMIX E/DEXTROSE (4.25/10)	2	B/D PA
trianex	3		CLINIMIX E/DEXTROSE (4.25/5)	2	B/D PA
triderm	1		CLINIMIX E/DEXTROSE (5/15)	2	B/D PA
VECTICAL	3	QL (800 per 28 days)	CLINIMIX E/DEXTROSE (5/20)	2	B/D PA
XERESE	4	QL (5 per 30 days); S	CLINIMIX E/DEXTROSE (8/10)	2	B/D PA
			CLINIMIX E/DEXTROSE (8/14)	2	B/D PA
			CLINIMIX/DEXTROSE (4.25/10)	2	B/D PA
			CLINIMIX/DEXTROSE (4.25/5)	2	B/D PA
			CLINIMIX/DEXTROSE (5/15)	2	B/D PA
			CLINIMIX/DEXTROSE (5/20)	2	B/D PA

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

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
CLINIMIX/DEXTROSE (6/5)	2	B/D PA	ISOLYTE-P IN D5W	2	
CLINIMIX/DEXTROSE (8/10)	2	B/D PA	ISOLYTE-S	2	
CLINIMIX/DEXTROSE (8/14)	2	B/D PA	ISOLYTE-S PH 7.4	2	
clinisol sf	3	B/D PA	K-TAB	3	MO
CLINOLIPID	1	B/D PA	kcl in dextrose-nacl 10-5-0.45 meq/l-%-% solution, 20-5-0.2 meq/l-%-% solution, 20-5-0.45 meq/l-%-% solution, 20-5-0.9 meq/l-%-% solution, 30-5-0.45 meq/l-%-% solution, 40-5-0.45 meq/l-%-% solution	1	
deferasirox 125 mg tab sol, 250 mg tab sol, 500 mg tab sol	4	PA; S	KCL IN DEXTROSE-NACL 40-5-0.9 MEQ/L-%-% SOLUTION	2	
deferiprone 1000 mg tab	4	PA; S	KCL-LACTATED RINGERS-D5W	2	
deferiprone 500 mg tab	4	PA; LA; S	klor-con 10	1	MO
dextrose 250 mg/ml solution	2		klor-con 8 meq tab er	1	MO
dextrose 5 % solution, 10 % solution, 50 % solution, 70 % solution	1		klor-con m10	1	MO
DEXTROSE 5%/ELECTROLYTE #48	2		klor-con m15	1	MO
dextrose in lactated ringers	1		klor-con m20	1	MO
DEXTROSE-NACL 10-0.2 % SOLUTION	2		klor-con/ef	1	MO
dextrose-nacl 2.5-0.45 % solution, 5-0.2 % solution, 5-0.33 % solution, 5-0.45 % solution, 5-0.9 % solution, 10-0.45 % solution	1		lactated ringers	1	
dextrose-sodium chloride	1		lactated ringers solution (irrigation)	1	
effer-k 25 meq effer tab	1	MO	lanthanum carbonate	3	ST; MO
EXJADE	4	PA; LA; S	levocarnitine 1 gm/10ml solution	1	B/D PA; MO
FERRIPROX 100 MG/ML SOLUTION, 500 MG TAB, 1000 MG TAB	4	PA; LA; S	levocarnitine 330 mg tab	2	B/D PA; MO
FERRIPROX TWICE-A-DAY	4	PA; LA; S	levocarnitine sf	1	B/D PA; MO
FOSRENOL 500 MG CHEW TAB, 750 MG CHEW TAB, 1000 MG CHEW TAB	4	ST; MO; S	LOKELMA	2	MO
FREAMINE III	2	B/D PA	magnesium sulfate 2 gm/50ml solution, 4 gm/100ml solution, 4 gm/50ml solution, 20 gm/500ml solution, 40 gm/1000ml solution	2	
hepatamine	1	B/D PA	magnesium sulfate 50 % solution	1	
INTRALIPID 20 % EMULSION	3	B/D PA			
INTRALIPID 30 % EMULSION	2	B/D PA			
irrigation solutions, physiological	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	Drug Name	Drug Tier	Requirements /Limits
NUTRILIPID	3	B/D PA	potassium citrate 10 meq (1080 mg) tab er	1	
PHOSLYRA	3	ST; MO	potassium citrate 15 meq (1620 mg) tab er	1	
PLASMA-LYTE 148	2		potassium citrate 5 meq (540 mg) tab er	1	
PLASMA-LYTE A	2		PREMASOL	2	B/D PA
plenamine	3	B/D PA	prenatal vit w/ ferrous fumarate-l methylfolate-folic acid	1	
potassium chloride 10 % solution, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution	1	MO	prenatal vit w/ iron carbonyl-folic acid	1	
potassium chloride 10 meq cap er	1	MO	prenatal without a w/ fe fumarate-l methylfolate-fa-dha	1	
potassium chloride 10 meq tab er	1	MO	PROCALAMINE	2	B/D PA
POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION, 20 MEQ/100ML SOLUTION, 40 MEQ/100ML SOLUTION	3		PROSOL	2	B/D PA
potassium chloride 2 meq/ml solution, 10 meq/50ml solution, 20 meq/50ml solution	1		RENAGEL	4	ST; MO; S
potassium chloride 20 meq packet	3	MO	RENELA 0.8 GM PACKET, 800 MG TAB	4	QL (540 per 30 days); MO; S
potassium chloride 20 meq tab er	1	MO	ringers	1	
potassium chloride 8 meq cap er	1	MO	ringers irrigation	1	
potassium chloride 8 meq tab er	1	MO	sevelamer carbonate 0.8 gm packet	3	QL (540 per 30 days); MO
potassium chloride crys 10 meq tab er	1	MO	sevelamer carbonate 2.4 gm packet	3	QL (180 per 30 days); MO
potassium chloride crys 20 meq tab er	1	MO	sevelamer hcl 400 mg tab	1	ST; MO
potassium chloride crys er 15 meq tab er	1	MO	sevelamer hcl 800 mg tab	3	ST; MO
potassium chloride in dextrose	1		sodium bicarbonate 4.2 % solution, 7.5 % solution, 8.4 % solution	1	
POTASSIUM CHLORIDE IN NACL 20-0.45 MEQ/L-% SOLUTION, 20-0.9 MEQ/L-% SOLUTION, 40-0.9 MEQ/L-% SOLUTION	1		sodium chloride (pf)	1	
			sodium chloride 0.45 % solution, 2.5 meq/ml solution, 3 % solution, 4 meq/ml solution, 5 % solution	1	
			sodium chloride 0.9 % solution irrigation	1	

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

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
sodium chloride 0.9 % solution iv	1		cimetidine 300 mg tab, 400 mg tab, 800 mg tab	1	MO
sodium chloride irrigation soln 0.9%	1		cimetidine hcl	1	MO
sodium fluoride 0.55 (0.25 f) mg chew tab, 1.1 (0.5 f) mg chew tab, 2.2 (1 f) mg chew tab	1	MO	CLENPIQ	3	
sodium polystyrene sulfonate	1		constulose	1	MO
sps	1		DEXILANT	3	ST; QL (30 per 30 days); MO
tis-u-sol	1		dexlansoprazole	3	ST; QL (30 per 30 days); MO
tolvaptan 15 mg tab	4	PA; QL (30 per 30 days); S	dicyclomine hcl 10 mg cap	1	
tolvaptan 30 mg tab	4	PA; QL (60 per 30 days); S	dicyclomine hcl 10 mg/5ml solution, 20 mg tab	1	
TPN ELECTROLYTES	3		diphenoxylate-atropine 2.5-0.025 mg tab	1	
TRAVASOL	2	B/D PA	diphenoxylate-atropine 2.5-0.025 mg/5ml liquid	1	
trientine hcl	4	S	enulose	1	MO
TROPHAMINE	2	B/D PA	esomeprazole magnesium 20 mg cap dr, 40 mg cap dr	1	ST; QL (30 per 30 days); MO
UROCIT-K 10	3		esomeprazole sodium	1	
UROCIT-K 15	3		famotidine (pf)	1	
UROCIT-K 5	3		famotidine 20 mg tab, 40 mg tab	1	MO
VELPHORO	4	QL (180 per 30 days); MO; S	famotidine 40 mg/4ml solution, 200 mg/20ml solution	1	
VELTASSA	4	S	famotidine 40 mg/5ml recon susp	1	MO
Gastrointestinal Agents			famotidine premixed	1	
alosetron hcl 0.5 mg tab	3	PA; QL (60 per 30 days); MO	GATTEX	4	PA; LA; S
alosetron hcl 1 mg tab	4	PA; QL (60 per 30 days); MO; S	gavilyte-c	1	
atropine sulfate 0.25 mg/5ml soln prsyr, 0.4 mg/ml solution, 0.5 mg/5ml soln prsyr, 1 mg/10ml soln prsyr	1		gavilyte-g	1	
CARAFATE 1 GM TAB, 1 GM/10ML SUSPENSION	3	MO	gavilyte-n with flavor pack	1	
chlordiazepoxide-clidinium	3	PA	generlac	1	MO
cimetidine 200 mg tab	1		glycopyrrolate 0.2 mg/ml solution, 0.4 mg/2ml solution, 1 mg tab, 1 mg/5ml solution, 2 mg tab, 4 mg/20ml solution	1	
			GOLYTELY	3	

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

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
hyoscyamine sulfate 0.125 mg sl tab, 0.125 mg tab, 0.125 mg tab disp	1	MO	peg 3350-kcl-na bicarb-nacl	1	
KRISTALOSE	3	MO	peg-3350/electrolytes	1	
lactulose 10 gm/15ml solution, 20 gm/30ml solution	1	MO	peg-3350/electrolyte-s/ascorbat	1	
lactulose encephalopathy	1	MO	peg-kcl-nacl-nasulf-na asc-c	1	
lansoprazole 15 mg cap dr	1	MO	PLENUVU	3	
lansoprazole 15 mg tab dr disp	3	MO	propantheline bromide 15 mg tab	1	PA
lansoprazole 30 mg cap dr	1	QL (30 per 30 days); MO	PROTONIX 20 MG TAB DR, 40 MG PACKET, 40 MG TAB DR	3	MO
LINZESS	2	QL (30 per 30 days); MO	rabeprazole sodium 20 mg tab dr	1	QL (30 per 30 days); MO
loperamide hcl 2 mg cap	1		RELISTOR 12 MG/0.6ML SOLUTION	4	PA; QL (18 per 30 days); S
loperamide hcl 2 mg cap	1		RELISTOR 8 MG/0.4ML SOLUTION	4	PA; QL (12 per 30 days); S
lubiprostone	1	QL (60 per 30 days); MO	SUCRALFATE 1 GM TAB, 1 GM/10ML SUSPENSION	1	MO
methscopolamine bromide 2.5 mg tab, 5 mg tab	1		SUPREP BOWEL PREP KIT	2	
MOVANTIK	2	QL (30 per 30 days)	URSO 250	3	MO
MOVIPREP	3		ursodiol 250 mg tab, 300 mg cap, 500 mg tab	1	MO
NEXIUM 20 MG CAP DR, 40 MG CAP DR	3	ST; QL (30 per 30 days); MO	XERMELO	4	PA; LA; QL (90 per 30 days); S
nizatidine 150 mg cap, 300 mg cap	1	MO	ZEGERID 20-1100 MG CAP	3	QL (30 per 30 days); MO
omeprazole 10 mg cap dr, 20 mg cap dr, 40 mg cap dr	1	MO	Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
omeprazole-sodium bicarbonate 20-1100 mg cap, 20-1680 mg packet, 40-1680 mg packet	4	QL (30 per 30 days); MO; S	ARALAST NP	4	PA; LA; S
opium	1		betaine	4	LA; S
OSMOPREP	3		BUPHENYL 3 GM/TSP POWDER	3	PA; LA
pantoprazole sodium 20 mg tab dr, 40 mg tab dr	1	MO	BUPHENYL 500 MG TAB	4	PA; LA; S
pantoprazole sodium 40 mg packet	1	MO	CERDELGA	4	PA; S
pantoprazole sodium 40 mg recon soln	1		CREON	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
CYSTARAN	4	LA; S	<i>darifenacin hydrobromide er</i>	1	QL (30 per 30 days); MO
FABRAZYME	4	PA; LA; S	DEPEN TITRATABS	4	S
GASTROCROM	3	MO	DETROL 1 MG TAB	3	ST; QL (60 per 30 days); MO
<i>javygtor 100 mg packet</i>	4	PA; S	DETROL LA 2 MG CAP ER 24H	3	ST; QL (30 per 30 days); MO
KUVAN	4	PA; LA; S	DITROPAN XL 10 MG TAB ER 24H	3	ST; QL (60 per 30 days); MO
LUMIZYME	4	PA; LA; S	DITROPAN XL 5 MG TAB ER 24H	3	ST; QL (30 per 30 days); MO
<i>miglustat</i>	4	PA; LA; S	<i>dutasteride 0.5 mg cap</i>	1	QL (30 per 30 days); MO
NAGLAZYME	4	PA; LA; S	<i>dutasteride-tamsulosin hcl</i>	1	QL (30 per 30 days); MO
<i>nitisinone</i>	4	PA; MO; S	ELMIRON	3	
ORFADIN 2 MG CAP, 4 MG/ML SUSPENSION, 5 MG CAP, 10 MG CAP, 20 MG CAP	4	PA; LA; S	<i>fesoterodine fumarate er</i>	2	QL (30 per 30 days); MO
PROLASTIN-C	4	PA; LA; S	<i>finasteride 5 mg tab</i>	1	MO
RAVICTI	4	PA; LA; QL (525 per 30 days); S	<i>flavoxate hcl</i>	1	MO
<i>sapropterin dihydrochloride</i>	4	PA; S	JALYN	3	QL (30 per 30 days); MO
<i>sodium phenylbutyrate 3 gm/tsp powder, 500 mg tab</i>	4	PA; S	MYRBETRIQ 25 MG TAB ER 24H, 50 MG TAB ER 24H	3	QL (30 per 30 days); MO
VIOKACE 10440-39150 UNIT TAB	3	MO	<i>oxybutynin chloride 5 mg tab</i>	1	QL (120 per 30 days); MO
VIOKACE 20880 UNIT TAB	4	MO; S	<i>oxybutynin chloride 5 mg/5ml syrup</i>	1	QL (600 per 30 days); MO
VPRI	4	PA; S	<i>oxybutynin chloride er 10 mg tab er 24h, 15 mg tab er 24h</i>	1	QL (60 per 30 days); MO
ZENPEP 25000-79000 CP DR PART, 40000-126000 CP DR PART	4	MO; S	<i>oxybutynin chloride er 5 mg tab er 24h</i>	1	QL (30 per 30 days); MO
ZENPEP 3000-10000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART	2	MO	OXYTROL	3	ST; QL (8 per 28 days); MO
Genitourinary Agents			<i>penicillamine 250 mg tab</i>	4	S
<i>alfuzosin hcl er</i>	1	MO	RAPAFLO	3	MO
AVODART	3	QL (30 per 30 days); MO	<i>silodosin</i>	1	MO
<i>bethanechol chloride 5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab</i>	1		<i>solifenacain succinate</i>	1	QL (30 per 30 days); MO
CARDURA XL	3	MO			
CIALIS 2.5 MG TAB, 5 MG TAB	3	PA; QL (30 per 30 days); MO			

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

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
tadalafil 2.5 mg tab, 5 mg tab	1	PA; QL (30 per 30 days); MO	dexamethasone 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 1.5 mg (21) tab thpk, 1.5 mg (35) tab thpk, 1.5 mg (51) tab thpk, 2 mg tab, 4 mg tab, 6 mg tab	1	
tamsulosin hcl	1	MO	DEXAMETHASONE INTENSOL	2	
THIOLA	4	PA; S	dexamethasone sod phosphate pf 10 mg/ml solution	1	
tiopronin 100 mg tab	4	PA; S	dexamethasone sodium phosphate 4 mg/ml solution, 10 mg/ml solution, 20 mg/5ml solution, 100 mg/10ml solution, 120 mg/30ml solution	1	
tolterodine tartrate	1	QL (60 per 30 days); MO	fludrocortisone acetate 0.1 mg tab	1	MO
tolterodine tartrate er	1	QL (30 per 30 days); MO	HEMADY	3	
TOVIAZ	2	QL (30 per 30 days); MO	hidex 6-day	1	
trospium chloride	1	QL (60 per 30 days); MO	hydrocortisone butyrate 0.1 % ointment	1	
trospium chloride er	1	QL (30 per 30 days); MO	hydrocortisone valerate 0.2 % ointment	1	
VESICARE	3	ST; QL (30 per 30 days); MO	KORLYM	4	PA; LA; S
Hormonal Agents, Stimulant/Replacement-/Modifying (Adrenal)					
ACTHAR	4	PA; LA; S	MEDROL 2 MG TAB	2	
alclometasone dipropionate 0.05 % cream	1		MEDROL 4 MG TAB, 8 MG TAB, 16 MG TAB, 32 MG TAB	3	
betamethasone dipropionate 0.05 % ointment	1		methylprednisolone 4 mg tab, 4 mg tab thpk, 8 mg tab, 16 mg tab, 32 mg tab	1	
betamethasone dipropionate aug 0.05 % cream, 0.05 % lotion	1		methylprednisolone acetate 40 mg/ml suspension, 80 mg/ml suspension	1	
clobetasol prop emollient base	1	QL (120 per 30 days)	methylprednisolone sodium succ 40 mg recon soln, 125 mg recon soln, 1000 mg recon soln	1	
clobetasol propionate e	1	QL (120 per 30 days)	MILLIPRED	2	
clocortolone pivalate	1		mometasone furoate 0.1 % cream, 0.1 % ointment	1	
CLODERM	3		ORAPRED ODT	3	
desonide 0.05 % lotion	1				
dexamethasone 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab	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
prednicarbate 0.1 % ointment	1		INCRELEX	4	PA; LA; S
prednisolone 15 mg/5ml solution	1		NORDITROPIN FLEXPRO	4	PA; S
prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution, 10 mg tab disp, 10 mg/5ml solution, 15 mg tab disp, 15 mg/5ml solution, 20 mg/5ml solution, 25 mg/5ml solution, 30 mg tab disp	1		NUTROPIN AQ NUSPIN 10	4	PA; LA; S
prednisone 1 mg tab, 5 mg (48) tab thpk, 5 mg/5ml solution, 10 mg (48) tab thpk	1		NUTROPIN AQ NUSPIN 20	4	PA; LA; S
prednisone 2.5 mg tab, 5 mg (21) tab thpk, 5 mg tab, 10 mg (21) tab thpk, 10 mg tab, 20 mg tab, 50 mg tab	1		NUTROPIN AQ NUSPIN 5	4	PA; LA; S
PREDNISONE INTENSOL	2		OMNITROPE 5 MG/1.5ML SOLN CART, 10 MG/1.5ML SOLN CART	4	PA; LA; S
taperdex 6-day	1		OMNITROPE 5.8 MG RECON SOLN	3	PA; LA
triamcinolone acetonide 40 mg/ml suspension	1		SAIZEN	4	PA; LA; S
Hormonal Agents, Stimulant/Replacement-/Modifying (Pituitary)			SAIZENPREP	4	PA; LA; S
DDAVP 0.1 MG TAB, 0.2 MG TAB	3	MO	STIMATE	3	
desmopressin ace spray refrig	1	MO	ZORBTIVE	4	PA; S
desmopressin acetate 0.1 mg tab, 0.2 mg tab	1	MO	Hormonal Agents, Stimulant/Replacement-/Modifying (Prostaglandins)		
desmopressin acetate 4 mcg/ml solution	1		CYTOTEC	3	MO
desmopressin acetate pf	1		misoprostol 100 mcg tab, 200 mcg tab	1	MO
desmopressin acetate spray	1	MO	Hormonal Agents, Stimulant/Replacement-/Modifying (Sex Hormones/Modifiers)		
EGRIFTA SV	4	PA; LA; S	ACTIVELLA	3	PA; MO
GENOTROPIN	4	PA; S	afirmelle	1	MO
GENOTROPIN MINIQUICK	4	PA; S	altavera	1	MO
HUMATROPE 6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE	4	PA; S	alyacen 1/35	1	MO
			alyacen 7/7/7	1	MO
			amabelz	1	PA; MO
			amethia	1	MO
			amethyst	1	MO
			apri	1	MO
			aranelle	1	MO
			ashlyna	1	MO
			aubra	1	MO
			aubra eq	1	MO
			aurovela 1.5/30	1	MO
			aurovela 1/20	1	MO
			aurovela 24 fe	1	MO

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

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
aurovela fe 1.5/30	1	MO	deblitane	1	MO
aurovela fe 1/20	1	MO	DELESTROGEN	3	
aviane	1	MO	delyla	1	MO
AYGESTIN	3	MO	DEPO-ESTRADIOL	2	
ayuna	1	MO	DEPO-PROVERA 150 MG/ML SUSPENSION	3	
azurette	1	MO	DEPO-SUBQ PROVERA 104	2	
balziva	1	MO	DEPO-TESTOSTERONE	3	PA; MO
BEYAZ	3	MO	desogestrel-ethynodiol	1	MO
BIJUVA	2	PA; MO	DIVIGEL 0.25 MG/0.25GM GEL, 0.5 MG/0.5GM GEL, 0.75 MG/0.75GM GEL, 1 MG/GM GEL, 1.25 MG/1.25GM GEL	2	PA; MO
blisovi 24 fe	1	MO	dolishale	1	MO
blisovi fe 1.5/30	1	MO	dotti	1	PA; QL (8 per 28 days); MO
blisovi fe 1/20	1	MO	drospirenone-ethynodiol	1	MO
briellyn	1	MO	duavee	3	PA; QL (30 per 30 days); MO
camila	1	MO	elinest	1	MO
camrese	1	MO	ella	2	
camrese lo	1	MO	eluryng	1	MO
caziant	1	MO	emoquette	1	MO
charlotte 24 fe	1	MO	enpresse-28	1	MO
chateal	1	MO	enskyce	1	MO
chateal eq	1	MO	errin	1	MO
CLIMARA	3	PA; QL (4 per 28 days); MO	estarrylla	1	MO
CLIMARA PRO	2	PA; QL (4 per 28 days); MO	ESTRACE 0.1 MG/GM CREAM, 0.5 MG TAB, 1 MG TAB, 2 MG TAB	3	MO
COMBIPATCH	2	PA; QL (8 per 28 days); MO	estradiol 0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw	1	PA; QL (8 per 28 days); MO
CRINONE	3	PA			
cryselle-28	1	MO			
cyclafem 1/35	1	MO			
cyclafem 7/7/7	1	MO			
cyred	1	MO			
cyred eq	1	MO			
danazol 50 mg cap, 100 mg cap, 200 mg cap	1				
dasetta 1/35	1	MO			
dasetta 7/7/7	1	MO			
daysee	1	MO			

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

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
estradiol 0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk	1	PA; QL (4 per 28 days); MO	IMVEXXY STARTER PACK	2	QL (18 per 180 over time); MO
estradiol 0.1 mg/gm cream, 10 mcg tab	1	MO	incassia	1	MO
estradiol 0.5 mg tab, 1 mg tab, 2 mg tab	1	MO	introvale	1	MO
estradiol valerate 20 mg/ml oil, 40 mg/ml oil	1		isibloom	1	MO
estradiol-norethindrone acet	1	PA; MO	jaimiess	1	MO
ESTRING	3	QL (1 per 90 days); MO	jasmiel	1	MO
ethynodiol diac-eth estradiol	1	MO	jencycla	1	MO
etonogestrel-ethinyl estradiol	1	MO	jintelii	1	PA; MO
EVAMIST	2	PA; MO	jolessa	1	MO
EVISTA	3	QL (30 per 30 days); MO	juleber	1	MO
falmina	1	MO	junel 1.5/30	1	MO
fayosim	1	MO	junel 1/20	1	MO
FEMRING	3	QL (1 per 90 days); MO	junel fe 1.5/30	1	MO
femynor	1	MO	junel fe 1/20	1	MO
FORTESTA	3	PA; QL (120 per 30 days); MO	junel fe 24	1	MO
fyavolv	1	PA; MO	kaitlib fe	1	MO
GENERESS FE	3	MO	kalliga	1	MO
gianvi	1	MO	kariva	1	MO
hailey 1.5/30	1	MO	kelnor 1/35	1	MO
hailey 24 fe	1	MO	kelnor 1/50	1	MO
hailey fe 1.5/30	1	MO	kurvelo	1	MO
hailey fe 1/20	1	MO	KYLEENA	2	
heather	1	MO	larin 1.5/30	1	MO
iclevia	1	MO	larin 1/20	1	MO
IMVEXXY MAINTENANCE PACK	2	QL (18 per 28 days); MO	larin 24 fe	1	MO
			larin fe 1.5/30	1	MO
			larin fe 1/20	1	MO
			larissia	1	MO
			layolis fe	1	MO
			leena	1	MO
			lessina	1	MO
			levonest	1	MO
			levonorg-eth estrad triphasic	1	MO
			levonorgest-eth est & eth est	1	MO

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

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
levonorgest-eth estrad 91-day	1	MO	microgestin 1.5/30	1	MO
levonorgestrel-ethynil estrad 0.1-20 tab, 0.15-30 tab	1	MO	microgestin 1/20	1	MO
levonorgestrel-ethynil estrad 90-20 mcg tab	1	MO	microgestin 24 fe	1	MO
levora 0.15/30 (28)	1	MO	microgestin fe 1.5/30	1	MO
LILETTA (52 MG)	4	S	microgestin fe 1/20	1	MO
lillow	1	MO	mili	1	MO
LO LOESTRIN FE	2	MO	mimvey	1	PA; MO
lo-zumandimine	1	MO	MINASTRIN 24 FE	3	MO
loestrin 1.5/30 (21)	1	MO	MINIVELLE	3	PA; QL (8 per 28 days); MO
loestrin 1/20 (21)	1	MO	MIRENA (52 MG)	2	
loestrin fe 1.5/30	1	MO	mono-linyah	1	MO
loestrin fe 1/20	1	MO	necon 0.5/35 (28)	1	MO
lojaimiess	1	MO	nikki	1	MO
lopreeza	1	PA; MO	nora-be	1	MO
loryna	1	MO	norethin ace-eth estrad-fe 1-20 mg-mcg tab, 1-20 mg-mcg(24) chew tab, 1.5-30 mg-mcg tab	1	MO
LOSEASONIQUE	3	MO	norethin-eth estradiol-fe	1	MO
low-ogestrel	1	MO	norethindrone 0.35 mg tab	1	MO
lutera	1	MO	norethindrone acet-ethynil est	1	MO
lyeq	1	MO	norethindrone acetate 5 mg tab	1	MO
lyza	1	MO	norethindrone-eth estradiol	1	PA; MO
marlissa	1	MO	norgestim-eth estrad triphasic	1	MO
medroxyprogesterone acetate 150 mg/ml susp prsy, 150 mg/ml suspension	1		norgestimate-eth estradiol	1	MO
medroxyprogesterone acetate 2.5 mg tab, 5 mg tab, 10 mg tab	1	MO	norlyda	1	MO
megestrol acetate 20 mg tab, 40 mg tab	1	PA	norlyroc	1	MO
megestrol acetate 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension	1	PA	nortrel 0.5/35 (28)	1	MO
melodetta 24 fe	1	MO	nortrel 1/35 (21)	1	MO
MENEST	3	PA; MO	nortrel 1/35 (28)	1	MO
			nortrel 7/7/7	1	MO
			NUVARING	3	MO
			nylia 1/35	1	MO
			nylia 7/7/7	1	MO

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

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ocella	1	MO	syeda	1	MO
orsythia	1	MO	tarina 24 fe	1	MO
OSPHENA	2	MO	tarina fe 1/20	1	MO
oxandrolone 10 mg tab	1	PA; QL (60 per 30 days)	tarina fe 1/20 eq	1	MO
oxandrolone 2.5 mg tab	1	PA; QL (240 per 30 days)	testosterone 1.62 % gel, 20.25 mg/act (1.62%) gel, 40.5 mg/2.5gm (1.62%) gel	1	PA; QL (150 per 30 days); MO
philith	1	MO	testosterone 10 mg/act (2%) gel	1	PA; QL (120 per 30 days); MO
pimtrea	1	MO	testosterone 12.5 mg/act (1%) gel, 25 mg/2.5gm (1%) gel, 50 mg/5gm (1%) gel	1	PA; QL (300 per 30 days); MO
pirmella 1/35	1	MO	testosterone 20.25 mg/1.25gm (1.62%) gel	1	PA; QL (112.5 per 30 days); MO
pirmella 7/7/7	1	MO	testosterone 30 mg/act solution	1	PA; QL (180 per 30 days); MO
portia-28	1	MO	testosterone cypionate 100 mg/ml solution, 200 mg/ml solution	1	PA; MO
PREMARIN 0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB	2	PA; MO	testosterone enanthate 200 mg/ml solution	1	PA; MO
PREMARIN 0.625 MG/GM CREAM	2	MO	tilia fe	1	MO
PREMPHASE	2	PA; MO	tri-femynor	1	MO
PREMPRO	2	PA; MO	tri-estarrylla	1	MO
progesterone 100 mg cap, 200 mg cap	1	MO	tri-legest fe	1	MO
PROMETRIUM 200 MG CAP	3	MO	tri-linyah	1	MO
PROVERA 2.5 MG TAB, 10 MG TAB	3	MO	tri-lo-estarrylla	1	MO
QUARTETTE	3	MO	tri-lo-marzia	1	MO
raloxifene hcl	1	QL (30 per 30 days); MO	tri-lo-mili	1	MO
reclipsen	1	MO	tri-lo-sprintec	1	MO
rivelsa	1	MO	tri-mili	1	MO
SAFYRAL	3	MO	tri-nymyo	1	MO
SEASONIQUE	3	MO	tri-sprintec	1	MO
setlakin	1	MO	tri-vylibra	1	MO
sharobel	1	MO	tri-vylibra lo	1	MO
simliya	1	MO	trivora (28)	1	MO
simpesse	1	MO	TYBLUME	1	MO
SKYLA	2		tydemy	1	MO
sprintec 28	1	MO	VAGIFEM	3	MO
sronyx	1	MO			

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

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
velivet	1	MO	<i>np thyroid</i>	1	PA; MO
vienna	1	MO	SYNTHROID	2	MO
vioresle	1	MO	TIROSINT	2	MO
VIVELLE-DOT	3	PA; QL (8 per 28 days); MO	TIROSINT-SOL	2	MO
VOGELXO PUMP	3	PA; QL (300 per 30 days); MO	<i>unithroid</i>	1	MO
volnea	1	MO	Hormonal Agents, Suppressant (Adrenal)		
vyfemla	1	MO	LYSODREN	4	S
vylibra	1	MO	Hormonal Agents, Suppressant (Pituitary)		
wera	1	MO	<i>cabergoline</i>	1	
wymzya fe	1	MO	ELIGARD 30 MG KIT, 45 MG KIT	3	PA
xulane	1	MO	ELIGARD 7.5 MG KIT, 22.5 MG KIT	2	PA
YASMIN 28	3	MO	FIRMAGON	2	PA
YAZ	3	MO	FIRMAGON (240 MG DOSE)	4	PA; S
yuvafem	1	MO	LANREOTIDE ACETATE	4	PA; S
zafemy	1	MO	<i>leuprolide acetate 1 mg/0.2ml kit</i>	1	PA
zarah	1	MO	LUPRON DEPOT (1-MONTH)	4	PA; QL (1 per 28 days); S
zovia 1/35 (28)	1	MO	LUPRON DEPOT (3-MONTH)	4	PA; QL (1 per 84 days); S
zovia 1/35e (28)	1	MO	LUPRON DEPOT (4-MONTH)	4	PA; QL (1 per 112 days); S
zumandimine	1	MO	LUPRON DEPOT (6-MONTH)	4	PA; QL (1 per 180 days); S
Hormonal Agents, Stimulant/Replacement-/Modifying (Thyroid)			LUPRON DEPOT-PED (1-MONTH) 7.5 MG KIT	4	PA; QL (1 per 28 days); S
ARMOUR THYROID	2	PA; MO	<i>octreotide acetate 1000 mcg/ml solution</i>	3	PA
CYTOMEL	3	MO	<i>octreotide acetate 50 mcg/ml soln prsyr, 50 mcg/ml solution, 100 mcg/ml soln prsyr, 100 mcg/ml solution, 200 mcg/ml solution</i>	1	PA
euthyrox	1	MO	<i>octreotide acetate 500 mcg/ml soln prsyr, 500 mcg/ml solution</i>	4	PA; S
levo-t	1	MO	ORGOVYX	4	PA; LA; QL (32 per 30 days); S
levothyroxine sodium 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab	1	MO			
levoxyl	1	MO			
liothyronine sodium 10 mcg/ml solution	4	S			
liothyronine sodium 5 mcg tab, 25 mcg tab, 50 mcg tab	1	MO			

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

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
SANDOSTATIN 50 MCG/ML SOLUTION, 100 MCG/ML SOLUTION	3	PA	COSENTYX SENSOREADY PEN	4	PA; LA; QL (8 per 28 days); S
SANDOSTATIN 500 MCG/ML SOLUTION	4	PA; S	cyclosporine 25 mg cap, 50 mg/ml solution, 100 mg cap	1	B/D PA
SANDOSTATIN LAR DEPOT	4	PA; S	cyclosporine modified 25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution	1	B/D PA
SIGNIFOR	4	PA; LA; S	DAPTACEL	2	
SOMATULINE DEPOT	4	PA; S	DIPHTHERIA-TETANUS TOXOIDS DT	2	
SOMAVERT	4	PA; LA; S	DUPIXENT 100 MG/0.67ML SOLN PRSYR	4	PA; QL (1.34 per 28 days); S
SYNAREL	4	PA; S	DUPIXENT 200 MG/1.14ML SOLN PEN, 200 MG/1.14ML SOLN PRSYR	4	PA; QL (4.56 per 28 days); S
TRELSTAR MIXJECT	4	PA; S	DUPIXENT 300 MG/2ML SOLN PEN, 300 MG/2ML SOLN PRSYR	4	PA; QL (8 per 28 days); S
Hormonal Agents, Suppressant (Thyroid)					
methimazole 5 mg tab, 10 mg tab	1	MO	ENBREL 25 MG RECON SOLN, 50 MG/ML SOLN PRSYR	4	PA; QL (8 per 28 days); S
propylthiouracil 50 mg tab	1	MO	ENBREL 25 MG/0.5ML SOLN PRSYR	4	PA; QL (4.08 per 28 days); S
Immunological Agents					
ACTHIB	2		ENBREL 25 MG/0.5ML SOLUTION	4	PA; QL (4 per 28 days); S
ACTIMMUNE	4	PA; LA; S	ENBREL MINI	4	PA; QL (8 per 28 days); S
ADACEL	2		ENBREL SURECLICK	4	PA; QL (8 per 28 days); S
ARAVA 10 MG TAB	3	MO	ENGERIX-B 10 MCG/0.5ML SUSPENSION, 20 MCG/ML SUSPENSION	2	B/D PA
ARCALYST	4	PA; S	ENVARSUS XR 0.75 MG TAB ER 24H, 1 MG TAB ER 24H	3	B/D PA
azathioprine 50 mg tab	1	B/D PA	ENVARSUS XR 4 MG TAB ER 24H	4	B/D PA; S
BCG VACCINE	2		everolimus 0.25 mg tab	1	B/D PA
BENLYSTA 120 MG RECON SOLN, 200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR, 400 MG RECON SOLN	4	PA; S	everolimus 0.5 mg tab, 0.75 mg tab	4	B/D PA; S
BEXSERO	2		everolimus 1 mg tab	4	B/D PA; S
BOOSTRIX	2		FIRAZYR	4	PA; S
CINRYZE	4	PA; LA; S	GAMUNEX-C	4	PA; S
COSENTYX (300 MG DOSE)	4	PA; LA; QL (8 per 28 days); S			
COSENTYX 150 MG/ML SOLN PRSYR	4	PA; LA; QL (8 per 28 days); S			
COSENTYX 75 MG/0.5ML SOLN PRSYR	4	PA; QL (2 per 28 days); S			
COSENTYX SENSOREADY (300 MG)	4	PA; LA; 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.

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
GARDASIL 9	2		INFliximab	4	PA; S
gengraf 25 mg cap, 100 mg cap, 100 mg/ml solution	1	B/D PA	INTRON A 10000000 UNIT RECON SOLN	2	B/D PA
HAVRIX	2		INTRON A 18000000 UNIT RECON SOLN	3	B/D PA
HIBERIX	2		INTRON A 6000000 UNIT/ML SOLUTION, 10000000 UNIT/ML SOLUTION, 50000000 UNIT RECON SOLN	4	B/D PA; S
HUMIRA 10 MG/0.1ML PREF SY KT, 20 MG/0.2ML PREF SY KT	4	PA; QL (2 per 28 days); S	IPOL	2	
HUMIRA 40 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT	4	PA; QL (4 per 28 days); S	IXIARO	2	
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40MG/0.4ML PREF SY KT	4	PA; QL (4 per 365 over time); S	KEDRAB	2	
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML PREF SY KT	4	PA; QL (6 per 365 over time); S	KINRIX	2	
HUMIRA PEN 40 MG/0.4ML PEN KIT, 40 MG/0.8ML PEN KIT	4	PA; QL (4 per 28 days); S	leflunomide 10 mg tab, 20 mg tab	1	MO
HUMIRA PEN 80 MG/0.8ML PEN KIT	4	PA; QL (2 per 28 days); S	M-M-R II	2	
HUMIRA PEN-CD/UC/HS STARTER 40 MG/0.8ML PEN KIT	4	PA; QL (12 per 365 over time); S	MENACTRA	2	
HUMIRA PEN-CD/UC/HS STARTER 80 MG/0.8ML PEN KIT	4	PA; QL (6 per 365 over time); S	MENQUADFI	2	
HUMIRA PEN-PEDIATRIC UC START	4	PA; QL (8 per 365 over time); S	MENVEO	2	
HUMIRA PEN-PS/UV/ADOL HS START	4	PA; QL (8 per 365 over time); S	methotrexate 2.5 mg tab	1	
HUMIRA PEN-PSOR/UVEIT STARTER	4	PA; QL (6 per 365 over time); S	methotrexate sodium (pf)	1	
HYPERRAB	4	S	methotrexate sodium 1 gm recon soln, 2.5 mg tab, 50 mg/2ml solution, 250 mg/10ml solution	1	
HYPERRAB S/D	2		mycophenolate mofetil 200 mg/ml recon susp	4	B/D PA; S
icatibant acetate	4	PA; S	mycophenolate mofetil 250 mg cap, 500 mg tab	1	B/D PA
ILARIS	4	PA; LA; S	mycophenolate sodium	1	B/D PA
IMOGLAM RABIES-HT	2		MYFORTIC 180 MG TAB DR	3	B/D PA
IMOVAZ RABIES	2		MYFORTIC 360 MG TAB DR	4	B/D PA; S
INFANRIX	2		NULOJIX	4	PA; S
			OCTAGAM 1 GM/20ML SOLUTION, 2 GM/20ML SOLUTION, 2.5 GM/50ML SOLUTION, 5 GM/100ML SOLUTION, 25 GM/500ML SOLUTION, 30 GM/300ML SOLUTION	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	Drug Name	Drug Tier	Requirements /Limits	
OTEZLA 10 & 20 & 30 MG TAB THPK	4	PA; S	STAMARIL	2		
PEDIARIX	2		STELARA 45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR	4	PA; QL (1 per 28 days); S	
PEDVAX HIB	2		STELARA 45 MG/0.5ML SOLUTION	4	PA; LA; QL (1 per 28 days); S	
PEGASYS	4	S	SYNAGIS	4	PA; S	
PENTACEL	2		<i>tacrolimus 0.5 mg cap, 1 mg cap, 5 mg cap</i>	1	B/D PA	
PREHEVBRIOD	2	B/D PA	TDVAX	2		
PRIORIX	2		TENIVAC	2		
PROGRAF 0.2 MG PACKET, 1 MG PACKET, 5 MG CAP	3	B/D PA	TICOVAC	2		
PROGRAF 5 MG/ML SOLUTION	4	B/D PA; S	TREXALL	3		
PROQUAD	2		TRUMENBA	2		
QUADRACEL	2		TWINRIX	2		
RABAVERT	2		TYPHIM VI	2		
RAPAMUNE 0.5 MG TAB, 1 MG TAB, 1 MG/ML SOLUTION, 2 MG TAB	4	B/D PA; S	VAQTA	2		
RECOMBIVAX HB	2	B/D PA	VARIVAX	2		
REMICADE	4	PA; S	VARIZIG	2		
RIDAURA	4	MO; S	XATMEP	3		
RINVOQ	4	PA; QL (30 per 30 days); S	XOLAIR 150 MG RECON SOLN, 150 MG/ML SOLN PRSYR	4	PA; LA; QL (8 per 28 days); S	
ROTARIX	2		XOLAIR 75 MG/0.5ML SOLN PRSYR	4	PA; LA; QL (4 per 28 days); S	
ROTAPOQUE	2		YF-VAX	2		
sajazir	4	PA; S	ZORTRESS 0.25 MG TAB, 0.5 MG TAB, 0.75 MG TAB	4	B/D PA; S	
SANDIMMUNE 25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION	3	B/D PA	ZORTRESS 1 MG TAB	4	B/D PA; S	
SHINGRIX	2		Inflammatory Bowel Disease Agents			
<i>sirolimus 0.5 mg tab, 1 mg tab, 1 mg/ml solution</i>	1	B/D PA	APRISO	3	MO	
<i>sirolimus 2 mg tab</i>	3	B/D PA	<i>balsalazide disodium</i>	1		
SKYRIZI (150 MG DOSE)	4	PA; QL (6 per 365 over time); S	<i>budesonide 3 mg cp dr part</i>	1		
SKYRIZI 150 MG/ML SOLN PRSYR	4	PA; QL (6 per 365 over time); S	<i>budesonide er</i>	4	PA; S	
SKYRIZI PEN	4	PA; QL (6 per 365 over time); S	CORTEF 20 MG TAB	3		
			CORTIFOAM	3		
			DELZICOL	3	MO	

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

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
hydrocortisone 5 mg tab, 10 mg tab, 20 mg tab, 100 mg/60ml enema	1		cinacalcet hcl 90 mg tab	4	B/D PA; QL (120 per 30 days); S
LIALDA	3	MO	doxercalciferol 0.5 mcg cap, 1 mcg cap, 2.5 mcg cap	3	B/D PA; MO
mesalamine 1.2 gm tab dr, 400 mg cap dr	1	MO	doxercalciferol 4 mcg/2ml solution	1	B/D PA
mesalamine 4 gm enema, 800 mg tab dr, 1000 mg suppos	1		FORTEO	4	PA; QL (3 per 28 days); S
mesalamine er 0.375 gm cap er 24h	1	MO	FOSAMAX	3	QL (4 per 28 days); MO
mesalamine-cleanser	1		FOSAMAX PLUS D	3	QL (4 per 28 days); MO
ROWASA	3		ibandronate sodium 150 mg tab	1	QL (1 per 28 days); MO
sulfasalazine 500 mg tab, 500 mg tab dr	1	MO	ibandronate sodium 3 mg/3ml solution	1	B/D PA
Metabolic Bone Disease Agents					
ACTONEL 150 MG TAB	3	QL (1 per 28 days); MO	NATPARA	4	PA; QL (2 per 28 days); S
ACTONEL 35 MG TAB	3	QL (4 per 28 days); MO	pamidronate disodium 30 mg/10ml solution, 90 mg/10ml solution	1	
alendronate sodium 10 mg tab	1	QL (30 per 30 days); MO	PAMIDRONATE DISODIUM 6 MG/ML SOLUTION	2	B/D PA
alendronate sodium 35 mg tab, 70 mg tab	1	QL (4 per 28 days); MO	paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap	1	B/D PA; MO
alendronate sodium 70 mg/75ml solution	1	QL (300 per 28 days); MO	PROLIA	2	PA; QL (1 per 180 over time)
ATELVIA	3	QL (4 per 28 days); MO	risedronate sodium 150 mg tab	1	QL (1 per 28 days); MO
BONIVA 150 MG TAB	3	QL (1 per 28 days); MO	risedronate sodium 30 mg tab	1	QL (30 per 30 days)
calcitonin (salmon) 200 unit/act solution	1	QL (4 per 30 days); MO	risedronate sodium 35 mg tab, 35 mg tab dr	1	QL (4 per 28 days); MO
calcitonin (salmon) 200 unit/ml solution	4	B/D PA; S	risedronate sodium 5 mg tab	1	QL (30 per 30 days); MO
calcitriol 0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution	1	B/D PA; MO	ROCALTROL 0.5 MCG CAP, 1 MCG/ML SOLUTION	3	B/D PA; MO
calcitriol inj 1 mcg/ml	1	B/D PA	SENSIPAR 30 MG TAB, 60 MG TAB	4	B/D PA; QL (60 per 30 days); S
cinacalcet hcl 30 mg tab	1	B/D PA; QL (60 per 30 days)	SENSIPAR 90 MG TAB	4	B/D PA; QL (120 per 30 days); S
cinacalcet hcl 60 mg tab	4	B/D 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.

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits			
TERIPARATIDE (RECOMBINANT)	4	PA; QL (3 per 28 days); S	INSULIN SYRINGE (DISP) U-100 1 ML	1	QL (200 per 30 days); MO			
TYMLOS	4	PA; QL (1.56 per 28 days); S	INSULIN SYRINGE (DISP) U-100 1/2 ML	1	QL (200 per 30 days); MO			
XGEVA	4	PA; QL (5.1 per 28 days); S	INTRAROSA	3	QL (30 per 30 days); MO			
ZEMPLAR 1 MCG CAP	3	B/D PA; MO	<i>mannitol 20 % solution, 25 % solution</i>	1				
ZEMPLAR 2 MCG CAP	4	B/D PA; MO; S	<i>methergine</i>	4	S			
ZOLEDRONIC ACID 4 MG/100ML SOLUTION, 4 MG/5ML CONC	1	PA	<i>methylergonovine maleate 0.2 mg tab</i>	4	S			
zoledronic acid 5 mg/100ml solution	1	PA	NEEDLES, INSULIN DISP., SAFETY	1	QL (200 per 30 days); MO			
Miscellaneous Therapeutic Agents								
acetylcysteine 200 mg/ml solution	1		NOVOPEN ECHO	2				
ALCOHOL SWABS	1	MO	PARAGARD INTRAUTERINE COPPER	2				
AUTOPEN	2		RUZURGI	4	PA; QL (300 per 30 days); S			
BD PEN	2		<i>sterile water for irrigation</i>	2				
BD PEN MINI	2		TRODELVY	4	PA; S			
CEQUR SIMPLICITY 2U	2		Ophthalmic Agents					
CEQUR SIMPLICITY INSERTER	2		acetazolamide er	1	MO			
GAUZE STERILE PADS 2	1	MO	ACULAR	3				
INPEN 100-BLUE-LILLY-HUMALOG	2		ACULAR LS	3				
INPEN 100-BLUE-NOVOLOG-FIASP	2		<i>ak-poly-bac</i>	1				
INPEN 100-GREY-LILLY-HUMALOG	2		ALOCRIL	3				
INPEN 100-GREY-NOVOLOG-FIASP	2		ALOMIDE	3				
INPEN 100-PINK-LILLY-HUMALOG	2		ALPHAGAN P 0.1 % SOLUTION	2	MO			
INPEN 100-PINK-NOVOLOG-FIASP	2		ALPHAGAN P 0.15 % SOLUTION	3	MO			
INSULIN PEN NEEDLE	1	QL (200 per 30 days); MO	ALREX	3				
INSULIN SYRINGE (DISP) U-100 0.3 ML	1	QL (200 per 30 days); MO	<i>apraclonidine hcl</i>	1				
			<i>atropine sulfate 1 % ointment, 1 % solution</i>	2	MO			
			<i>azelastine hcl 0.05 % solution</i>	1				
			AZOPT	3	MO			
			<i>bacitrac-neomycin-polymyxin-hc</i>	1				

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

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
bacitracin 500 unit/gm ointment	1		DUREZOL	2	
bacitracin-polymyxin b	1		epinastine hcl	1	
bepotastine besilate	1		erythromycin 5 mg/gm ointment	1	QL (3.5 per 30 days)
BEPREVE	3		FLAREX	3	
betaxolol hcl 0.5 % solution	1	MO	fluorometholone	1	
BETIMOL	3	MO	flurbiprofen sodium	1	
BETOPTIC-S	3	MO	FML	3	
bimatoprost 0.03 % solution	1	MO	FML FORTE	3	
BLEPHAMIDE S.O.P.	3		gatifloxacin 0.5 % solution	1	
brimonidine tartrate 0.15 % solution, 0.2 % solution	1	MO	gentak	1	
brinzolamide	1	MO	gentamicin sulfate 0.3 % solution	1	
bromfenac sodium (once-daily)	1		ILEVRO	3	
carteolol hcl	1	MO	INVELTYS	3	
COMBIGAN	2	MO	IOPIDINE 1 % SOLUTION	3	
CORTISPORIN 3.5-10000-0.5 CREAM	3		ISOPTO ATROPINE	2	MO
COSOPT	3	MO	ISOPTO CARPINE 1 % SOLUTION, 2 % SOLUTION	3	MO
COSOPT PF	3	MO	ISTALOL	3	MO
cromolyn sodium 4 % solution	1		ketorolac tromethamine 0.4 % solution, 0.5 % solution	1	
cyclopentolate hcl 1 % solution	1	MO	LASTACRAFT	2	
cyclosporine 0.05 % emulsion	2	QL (60 per 30 days); MO	latanoprost 0.005 % solution	1	MO
dexamethasone sodium phosphate 0.1 % solution	1		LATANOPROST 0.005 % SOLUTION	1	
diclofenac sodium 0.1 % solution	1		levobunolol hcl	1	MO
difluprednate	2		levofloxacin 0.5 % solution	1	
dorzolamide hcl 2 % solution	1	MO	LOTEMAX 0.5 % GEL, 0.5 % OINTMENT, 0.5 % SUSPENSION	3	
dorzolamide hcl-timolol mal	1	MO	LOTEMAX SM	3	
DORZOLAMIDE HCL-TIMOLOL MAL	1		loteprednol etabonate 0.5 % gel, 0.5 % suspension	1	
dorzolamide hcl-timolol mal pf	1	MO	LUMIGAN	2	MO
			MAXIDEX	3	
			methazolamide 25 mg tab, 50 mg tab	1	MO

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

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
moxifloxacin hcl (2x day)	3		RESTASIS	2	QL (60 per 30 days); MO
moxifloxacin hcl 0.5 % solution	1		RESTASIS MULTIDOSE	2	QL (5.5 per 28 days); MO
NATACYN	3		RHOPRESSA	2	MO
neo-polycin	1		ROCKLATAN	2	MO
neo-polycin hc	1		SIMBRINZA	2	MO
neomycin-bacitracin zn-polymyx	1		sulfacetamide sodium 10 % ointment, 10 % solution	1	
neomycin-polymyxin-n-dexameth 0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension	1		sulfacetamide-prednisolone 10-0.23 % solution	1	
neomycin-polymyxin-gramicidin	1		timolol maleate 0.25 % gel f soln, 0.5 % (daily) solution, 0.5 % gel f soln, 0.5 % solution	1	MO
neomycin-polymyxin-hc 3.5-10000-1 suspension	1		timolol maleate 0.25 % solution	1	MO
neomycin-polymyxin-hc 3.5-10000-1 ophth susp	1		timolol maleate ocudose	1	MO
NEVANAC	2		timolol maleate pf 0.5 % solution	1	MO
OCUFLOX	3		TIMOPTIC OCUDOSE	3	MO
ofloxacin ophth soln 0.3%	1		TIMOPTIC-XE	3	MO
olopatadine hcl 0.1 % solution, 0.2 % solution	1		TOBRADEX 0.3-0.1 % OINTMENT	2	
PHOSPHOLINE IODIDE	3	MO	TOBRADEX 0.3-0.1 % SUSPENSION	3	
pilocarpine hcl 1 % solution, 2 % solution, 4 % solution	1	MO	TOBRADEX ST	2	
polycin	1		tobramycin 0.3 % solution	1	
polymyxin b-trimethoprim	1		tobramycin-dexamethasone	1	
POLYTRIM	3		TOBREX 0.3 % SOLUTION	3	
PRED MILD	3		TRAVATAN Z	3	MO
PRED-G	3		travoprost (bak free)	1	MO
PRED-G S.O.P.	3		VYZULTA	3	MO
prednisolone acetate 1 % suspension	1		XALATAN	3	MO
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	2		XIIDRA	2	QL (60 per 30 days); MO
PROLENSA	3		ZIOPTAN	3	MO
proparacaine hcl 0.5 % solution	1		ZYLET	2	
Otic Agents					

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

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
CETRAXAL	3		albuterol sulfate 0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, (2.5 mg/3ml) 0.083% nebu soln	1	B/D PA; QL (360 per 30 days); MO
CIPRO HC	3		albuterol sulfate 2 mg tab, 4 mg tab	1	MO
CIPRODEX	2		albuterol sulfate 2 mg/5ml syrup	1	MO
ciprofloxacin hcl 0.2 % solution	1		albuterol sulfate 2.5 mg/0.5ml nebu soln, (5 mg/ml) 0.5% nebu soln	1	B/D PA; QL (60 per 30 days); MO
ciprofloxacin-dexamethasone	1		albuterol sulfate hfa	1	MO
CORTISPORIN-TC	3		alyq	4	PA; QL (60 per 30 days); S
flac	1		ambrisentan	4	PA; LA; QL (30 per 30 days); S
fluocinolone acetonide 0.01 % oil	1		ANORO ELLIPTA	2	QL (60 per 30 days); MO
hydrocortisone-acetic acid	1		arformoterol tartrate	4	B/D PA; QL (120 per 30 days); MO; S
neomycin-polymyxin-hc 1 % solution, 3.5-10000-1 solution	1		ARNUNITY ELLIPTA	2	QL (30 per 30 days); MO
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1		ATROVENT HFA	3	QL (26 per 30 days); MO
ofloxacin otic soln 0.3%	1		azelastine hcl 0.1 % solution, 0.15 % solution, 137 mcg/spray solution	1	QL (30 per 25 days)
Respiratory Tract/Pulmonary Agents			azelastine-fluticasone	1	QL (23 per 28 days)
ACCOLATE	3	MO	bosentan	4	PA; LA; QL (60 per 30 days); S
acetylcysteine 10 % solution, 20 % solution	1	B/D PA	BREO ELLIPTA	2	QL (60 per 30 days); MO
ADCIRCA	4	PA; QL (60 per 30 days); S	BREZTRI AEROSPHERE	2	QL (10.7 per 30 days); MO
ADEMPAS	4	PA; LA; S	BROVANA	4	B/D PA; QL (120 per 30 days); MO; S
ADRENALIN 1 MG/ML SOLUTION	2		budesonide 0.25 mg/2ml suspension, 0.5 mg/2ml suspension	1	B/D PA; QL (120 per 30 days); MO
ADVAIR DISKUS	2	QL (60 per 30 days); MO			
ADVAIR HFA	2	QL (12 per 30 days); MO			
AIRDUO RESPICLICK 113/14	3	QL (1 per 30 days); MO			
AIRDUO RESPICLICK 232/14	3	QL (1 per 30 days); MO			
AIRDUO RESPICLICK 55/14	3	QL (1 per 30 days); MO			

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

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
budesonide 1 mg/2ml suspension	1	B/D PA; QL (60 per 30 days); MO	FASENRA	4	PA; LA; S
budesonide-formoterol fumarate	1	QL (30.6 per 30 days); MO	FASENRA PEN	4	PA; S
carbinoxamine maleate 4 mg tab, 4 mg/5ml solution	1	PA	FLOVENT DISKUS 250 MCG/BLIST AER POW BA	2	QL (240 per 30 days); MO
CARBINOXAMINE MALEATE 6 MG TAB	4	PA; S	FLOVENT DISKUS 50 MCG/BLIST AER POW BA, 100 MCG/BLIST AER POW BA	2	QL (60 per 30 days); MO
CAYSTON	4	PA; LA; S	FLOVENT HFA 110 MCG/ACT AEROSOL	2	QL (12 per 30 days); MO
cetirizine hcl 1 mg/ml solution, 5 mg/5ml solution	1		FLOVENT HFA 220 MCG/ACT AEROSOL	2	QL (24 per 30 days); MO
CLARINEX	3		FLOVENT HFA 44 MCG/ACT AEROSOL	2	QL (11 per 30 days); MO
clemastine fumarate 2.68 mg tab	1	PA	flunisolide 25 mcg/act (0.025%) solution	1	QL (75 per 30 days)
COMBIVENT RESPIMAT	3	QL (8 per 30 days); MO	fluticasone propionate 50 mcg/act suspension	1	QL (16 per 30 days)
cromolyn sodium 20 mg/2ml nebu soln	1	B/D PA; QL (240 per 30 days); MO	fluticasone-salmeterol 100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba	1	QL (60 per 30 days); MO
cyproheptadine hcl 2 mg/5ml syrup	1	PA	fluticasone-salmeterol 55-14 mcg/act aer pow ba, 113-14 mcg/act aer pow ba, 232-14 mcg/act aer pow ba	1	QL (1 per 30 days); MO
cyproheptadine hcl 4 mg tab	1		formoterol fumarate 20 mcg/2ml nebu soln	3	B/D PA; QL (120 per 30 days); MO
DALIRESP	3	PA; QL (30 per 30 days); MO	hydroxyzine hcl 10 mg tab, 10 mg/5ml syrup, 25 mg tab, 25 mg/ml solution, 50 mg tab, 50 mg/ml solution	1	
desloratadine	1		ipratropium bromide 0.02 % solution	1	B/D PA; MO
diphenhydramine hcl 50 mg/ml solution	1		ipratropium bromide 0.03 % solution, 0.06 % solution	1	QL (30 per 30 days); MO
DULERA	3	QL (13 per 30 days); MO	ipratropium-albuterol	1	B/D PA; QL (540 per 30 days); MO
DYMISTA	2	QL (23 per 28 days)	KALYDECO 150 MG TAB	4	PA; QL (60 per 30 days); S
ELIXOPHYLLIN	2	MO	KITABIS PAK	4	B/D PA; QL (280 per 28 days); S
epinephrine (anaphylaxis)	1				
epinephrine 0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj	1	QL (2 per 28 days)			
EPIPEN JR 2-PAK	3	QL (2 per 28 days)			
ESBRIET 267 MG CAP, 267 MG TAB	4	PA; QL (270 per 30 days); S			
ESBRIET 801 MG TAB	4	PA; QL (90 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.

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
levalbuterol hcl 0.31 mg/3ml nebu soln, 1.25 mg/0.5ml nebu soln, 1.25 mg/3ml nebu soln	1	B/D PA; QL (270 per 30 days); MO	pirfenidone 534 mg tab, 801 mg tab	4	PA; QL (90 per 30 days); S
levalbuterol hcl 0.63 mg/3ml nebu soln	1	B/D PA; QL (540 per 30 days); MO	PROAIR HFA	2	MO
levalbuterol tartrate	1	ST; QL (45 per 30 days); MO	PROAIR RESPCLICK	2	MO
levocetirizine dihydrochloride 2.5 mg/5ml solution, 5 mg tab	1		promethazine hcl 6.25 mg/5ml solution, 6.25 mg/5ml syrup, 25 mg/ml solution, 50 mg/ml solution	1	
mometasone furoate 50 mcg/act suspension	1		PULMICORT 0.25 MG/2ML SUSPENSION, 0.5 MG/2ML SUSPENSION	3	B/D PA; QL (120 per 30 days); MO
montelukast sodium 4 mg chew tab, 4 mg packet, 5 mg chew tab, 10 mg tab	1	MO	PULMICORT FLEXHALER	3	QL (2 per 30 days); MO
NUCALA 40 MG/0.4ML SOLN PRSYR, 100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR	4	PA; LA; S	PULMOZYME	4	B/D PA; S
OFEV	4	PA; QL (60 per 30 days); S	QNASL	3	ST; QL (11 per 30 days)
olopatadine hcl 0.6 % solution	1	QL (31 per 30 days)	QNASL CHILDRENS	3	ST; QL (7 per 30 days)
OMNARIS	3	ST; QL (13 per 30 days)	QVAR REDIHALER 40 MCG/ACT AERO BA	2	QL (11 per 30 days); MO
OPSUMIT	4	PA; LA; QL (30 per 30 days); S	QVAR REDIHALER 80 MCG/ACT AERO BA	2	QL (22 per 30 days); MO
ORENITRAM 0.125 MG TAB ER	2	PA; LA	REMODULIN	4	PA; LA; S
ORENITRAM 0.25 MG TAB ER, 1 MG TAB ER, 2.5 MG TAB ER, 5 MG TAB ER	4	PA; LA; S	RYVENT	4	PA; S
ORKAMBI 100-125 MG TAB, 200-125 MG TAB	4	PA; QL (120 per 30 days); S	SEREVENT DISKUS	2	QL (60 per 30 days); MO
PATANASE	3	QL (31 per 30 days)	sildenafil citrate 10 mg/12.5ml solution	4	PA; QL (1125 per 30 days); S
PERFOROMIST	4	B/D PA; QL (120 per 30 days); MO; S	sildenafil citrate 20 mg tab	1	PA; QL (90 per 30 days)
pirfenidone 267 mg tab	4	PA; QL (270 per 30 days); S	SINGULAIR 4 MG CHEW TAB, 4 MG PACKET, 5 MG CHEW TAB	3	MO
			SPIRIVA HANDIHALER	2	QL (30 per 30 days); MO
			SPIRIVA RESPIMAT	2	QL (4 per 30 days); MO
			STIOLTO RESPIMAT	2	QL (4 per 30 days); MO
			SYMBICORT	2	QL (30.6 per 30 days); MO

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

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits		
tadalafil (pah)	4	PA; QL (60 per 30 days); S	VISTARIL 50 MG CAP	3			
terbutaline sulfate 1 mg/ml solution	1		wixela inhub	1	QL (60 per 30 days); MO		
terbutaline sulfate 2.5 mg tab, 5 mg tab	1	MO	zafirlukast	1	MO		
THEO-24	2	MO	ZETONNA	3	ST; QL (6.1 per 30 days)		
theophylline	1	MO	Skeletal Muscle Relaxants				
theophylline er	1	MO	BOTOX	3	PA		
TOBI	4	B/D PA; QL (280 per 28 days); MO; S	carisoprodol 250 mg tab, 350 mg tab	1			
tobramycin 300 mg/5ml nebu soln	4	B/D PA; QL (280 per 28 days); S	chlorzoxazone 500 mg tab	1	PA		
TRACLEER 32 MG TAB SOL	4	PA; LA; QL (120 per 30 days); S	cyclobenzaprine hcl 5 mg tab, 7.5 mg tab, 10 mg tab	1	PA		
TRACLEER 62.5 MG TAB, 125 MG TAB	4	PA; LA; QL (60 per 30 days); S	DYSPORT	3	PA		
TRELEGY ELLIPTA	2	QL (60 per 30 days); MO	fexmid	3	PA		
treprostinil	4	PA; LA; S	methocarbamol 500 mg tab, 750 mg tab	1			
TRIKAFTA	4	PA; LA; QL (84 per 28 days); S	orphenadrine citrate er	1			
TUDORZA PRESSAIR	3	QL (1 per 30 days); MO	SOMA 250 MG TAB	3			
TYVASO	4	PA; QL (81.2 per 30 days); S	XEOMIN 200 UNIT RECON SOLN	4	PA; S		
TYVASO REFILL	4	PA; QL (81.2 per 30 days); S	XEOMIN 50 RECON SOLN, 100 RECON SOLN	2	PA		
TYVASO STARTER	4	PA; QL (81.2 per 365 over time); S	Sleep Disorder Agents				
UPTRAVI 200 & 800 MCG TAB THPK	4	PA; LA; S	armodafinil 150 mg tab, 200 mg tab, 250 mg tab	1	PA; QL (30 per 30 days); MO		
UPTRAVI 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB	4	PA; LA; QL (60 per 30 days); S	armodafinil 50 mg tab	1	PA; QL (60 per 30 days); MO		
VENTAVIS	4	PA; QL (270 per 30 days); S	doxepin hcl 3 mg tab, 6 mg tab	1	PA; QL (30 per 30 days)		
VENTOLIN HFA	3	ST; MO	estazolam	1	QL (30 per 30 days)		
			eszopiclone	1	QL (30 per 30 days)		
			flurazepam hcl	1	QL (30 per 30 days)		
			HETLIOZ	4	PA; LA; QL (30 per 30 days); S		
			LUNESTA 1 MG TAB	3	QL (30 per 30 days)		

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

Effective 1/1/2023

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
modafinil 100 mg tab	1	PA; MO	WAKIX	4	PA; QL (60 per 30 days); S
modafinil 200 mg tab	1	PA; QL (60 per 30 days); MO	XYREM	4	PA; LA; QL (540 per 30 days); S
ramelteon	1	QL (30 per 30 days)	zaleplon 10 mg cap	1	QL (60 per 30 days)
ROZEREM	3	QL (30 per 30 days)	zaleplon 5 mg cap	1	QL (30 per 30 days)
SUNOSI	3	QL (30 per 30 days); MO	zolpidem tartrate 5 mg tab, 10 mg tab	1	QL (30 per 30 days)
temazepam	1	QL (30 per 30 days)	zolpidem tartrate er	1	QL (30 per 30 days)
triazolam	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.

Index of Drugs

Legend

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

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

<i>abacavir sulfate 20 mg/ml solution</i>	39	ACTONEL 35 MG TAB	76
<i>abacavir sulfate 300 mg tab</i>	39	ACTOPLUS MET	43
<i>abacavir sulfate-lamivudine</i>	39	ACTOS 45 MG TAB	43
<i>abacavir-lamivudine-zidovudine</i>	39	ACULAR	77
ABELCET	26	ACULAR LS	77
ABILIFY MAINTENA	36	<i>acyclovir 200 mg cap, 200 mg/5ml suspension,</i> <i>400 mg tab, 800 mg tab</i>	39
<i>abiraterone acetate 250 mg tab</i>	29	<i>acyclovir 5 % cream</i>	57
<i>abiraterone acetate 500 mg tab</i>	29	<i>acyclovir 5 % ointment</i>	57
ABRAXANE	29	<i>acyclovir sodium</i>	39
<i>acamprosate calcium</i>	15	ADACEL	73
<i>acarbose 25 mg tab, 50 mg tab, 100 mg tab</i>	43	<i>adapalene 0.1 % cream, 0.1 % gel, 0.3 % gel</i> ...	57
ACCOLATE	80	<i>adapalene-benzoyl peroxide 0.1-2.5 % gel</i>	57
ACCUPRIL	48	ADCIRCA	80
ACCURETIC	48	ADDERALL 5 MG TAB, 7.5 MG TAB	53
<i>accutane</i>	57	<i>adefovir dipivoxil</i>	39
<i>acebutolol hcl 200 mg cap, 400 mg cap</i>	48	ADEMPAS	80
<i>acetaminophen-codeine #2</i>	11	ADRENALIN 1 MG/ML SOLUTION	80
<i>acetaminophen-codeine #3</i>	11	<i>adriamycin 10 mg recon soln, 50 mg recon</i> <i>soln</i>	29
<i>acetaminophen-codeine #4</i>	11	<i>adriamycin 2 mg/ml solution</i>	29
<i>acetaminophen-codeine 120-12 mg/5ml</i> <i>solution</i>	11	ADVAIR DISKUS	80
<i>acetaminophen-codeine 300-15 mg tab, 300-30</i> <i>mg tab, 300-60 mg tab</i>	11	ADVAIR HFA	80
<i>acetazolamide 125 mg tab, 250 mg tab</i>	48	<i>afeditab cr</i>	48
<i>acetazolamide er</i>	77	<i>afirmelle</i>	67
<i>acetic acid 0.25 % solution, 2 % solution</i>	15	AIMOVIG 140 MG/ML SOLN A-INJ	27
<i>acetylcysteine 10 % solution, 20 % solution</i>	80	AIMOVIG 70 MG/ML SOLN A-INJ	27
<i>acetylcysteine 200 mg/ml solution</i>	77	AIRDUO RESPICLICK 113/14	80
<i>acitretin</i>	57	AIRDUO RESPICLICK 232/14	80
ACTHAR	66	AIRDUO RESPICLICK 55/14	80
ACTHIB	73	<i>ak-poly-bac</i>	77
ACTICLATE	15	ALA SCALP	57
ACTIMMUNE	73	<i>ala-cort</i>	57
ACTIQ	11	<i>ala-scalp</i>	57
ACTIVELLA	67	<i>albendazole 200 mg tab</i>	35
ACTONEL 150 MG TAB	76	ALBENZA	35
		<i>albuterol sulfate 0.63 mg/3ml nebu soln, 1.25</i>	

mg/3ml nebu soln, (2.5 mg/3ml) 0.083% nebu soln	80
albuterol sulfate 2 mg tab, 4 mg tab	80
albuterol sulfate 2 mg/5ml syrup	80
albuterol sulfate 2.5 mg/0.5ml nebu soln, (5 mg/ml) 0.5% nebu soln	80
albuterol sulfate hfa	80
alclometasone dipropionate 0.05 % cream	66
alclometasone dipropionate 0.05 % ointment	57
ALCOHOL SWABS	77
ALDACTAZIDE	48
ALECENSA	29
alendronate sodium 10 mg tab	76
alendronate sodium 35 mg tab, 70 mg tab	76
alendronate sodium 70 mg/75ml solution	76
alfuzosin hcl er	65
ALIMTA	29
aliskiren fumarate	48
allopurinol 100 mg tab, 300 mg tab	27
almotriptan malate	27
ALOCRIL	77
alogliptin benzoate 25 mg tab	43
alogliptin benzoate 6.25 mg tab	43
alogliptin-pioglitazone 25-15 mg tab	43
ALOMIDE	77
alosetron hcl 0.5 mg tab	63
alosetron hcl 1 mg tab	63
ALPHAGAN P 0.1 % SOLUTION	77
ALPHAGAN P 0.15 % SOLUTION	77
alprazolam 0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp	42
alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg tab disp	42
alprazolam er	42
ALPRAZOLAM INTENSOL	42
alprazolam xr	42
ALREX	77
ALTACE	48
altavera	67
ALUNBRIG 180 MG TAB	29
ALUNBRIG 30 MG TAB	29
ALUNBRIG 90 & 180 MG TAB THPK	29
ALUNBRIG 90 MG TAB	29
alyacen 1/35	67
alyacen 7/7/7	67
alyq	80
amabelz	67
amantadine hcl 50 mg/5ml solution, 100 mg cap, 100 mg tab	35
AMARYL 1 MG TAB	43
AMARYL 2 MG TAB	43
AMARYL 4 MG TAB	43
AMBISOME	26
ambrisentan	80
amcinonide 0.1 % cream, 0.1 % lotion	57
AMCINONIDE 0.1 % OINTMENT	57
AMERGE 1 MG TAB	27
AMERGE 2.5 MG TAB	27
amethia	67
amethyst	67
amikacin sulfate 1 gm/4ml solution, 500 mg/2ml solution	15
amiloride hcl 5 mg tab	48
amiloride-hydrochlorothiazide	48
AMINOSYN II 15 % SOLUTION	60
AMINOSYN-PF 7 % SOLUTION	60
amiodarone hcl 100 mg tab, 200 mg tab, 400 mg tab	48
amiodarone hcl 150 mg/3ml solution, 450 mg/9ml solution, 900 mg/18ml solution	48
amitriptyline hcl 10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab	23
amlodipine besy-benazepril hcl	48
amlodipine besylate 2.5 mg tab, 5 mg tab, 10 mg tab	48
amlodipine besylate-valsartan	48
amlodipine-atorvastatin	48
amlodipine-olmesartan	48
amlodipine-valsartan-hctz	48
ammonium lactate 12 % cream, 12 % lotion	57
amnesteem	57
amoxapine	23
amoxicillin 125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab	15
amoxicillin-pot clavulanate 200-28.5 mg chew tab, 200-28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg chew tab, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab	15
amoxicillin-pot clavulanate er	16
amphetamine-dextroamphetamine er	54

amphetamine-dextroamphetamine 30 mg tab	54
amphetamine-dextroamphetamine 5 mg tab, 7.5 mg tab, 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab	54
amphotericin b 50 mg recon soln	26
amphotericin b liposome	26
ampicillin	16
ampicillin sodium 1 gm recon soln, 10 gm recon soln, 125 mg recon soln, 250 mg recon soln, 500 mg recon soln	16
ampicillin sodium 2 gm recon soln for inj	16
ampicillin sodium 2 gm recon soln for iv	16
ampicillin-sulbactam sodium	16
AMPYRA	54
anagrelide hcl	46
anastrozole 1 mg tab	29
ANCOBON	26
ANORO ELLIPTA	80
ANUSOL-HC 2.5 % CREAM	57
APEXICON E	57
APO-VARENICLINE 0.5 MG TAB	15
APO-VARENICLINE 1 MG TAB	15
APOKYN	35
apomorphine hcl 30 mg/3ml soln cart	35
apraclonidine hcl	77
aprepitant 125 mg cap	25
aprepitant 40 mg cap	25
aprepitant 80 & 125 mg cap, 80 & 125 mg misc	25
aprepitant 80 mg cap	25
apri	67
APRISO	75
APTIOM	20
APTIVUS 250 MG CAP	39
ARALAST NP	64
aranelle	67
ARANESP (ALBUMIN FREE) 10 MCG/0.4ML SOLN PRSYR, 25 MCG/0.42ML SOLN PRSYR, 25 MCG/ML SOLUTION, 40 MCG/0.4ML SOLN PRSYR, 60 MCG/ML SOLUTION	46
ARANESP (ALBUMIN FREE) 40 MCG/ML SOLUTION, 60 MCG/0.3ML SOLN PRSYR, 100 MCG/0.5ML SOLN PRSYR, 100 MCG/ML SOLUTION, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.4ML SOLN PRSYR, 200 MCG/ML SOLUTION, 300 MCG/0.6ML SOLN PRSYR, 300 MCG/ML SOLUTION, 500 MCG/ML SOLN PRSYR	46
ARAVA 10 MG TAB	73
ARCALYST	73
arformoterol tartrate	80
ARICEPT 23 MG TAB	23
ARICEPT 5 MG TAB	23
ariPIPrazole 1 mg/ml solution	36
ariPIPrazole 10 mg tab disp	36
ariPIPrazole 15 mg tab disp	36
ariPIPrazole 2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab	36
ariPIPrazole 20 mg tab, 30 mg tab	36
ARISTADA 1064 MG/3.9ML PRSYR	36
ARISTADA 441 MG/1.6ML PRSYR	36
ARISTADA 662 MG/2.4ML PRSYR	36
ARISTADA 882 MG/3.2ML PRSYR	36
ARISTADA INITIO	36
ARIIXTRA 10 MG/0.8ML SOLUTION	46
ARIIXTRA 2.5 MG/0.5ML SOLUTION	46
ARIIXTRA 5 MG/0.4ML SOLUTION	46
ARIIXTRA 7.5 MG/0.6ML SOLUTION	46
armodafinil 150 mg tab, 200 mg tab, 250 mg tab	83
armodafinil 50 mg tab	83
ARMOUR THYROID	72
ARNUITY ELLIPTA	80
ascomp-codeine	11
asenapine maleate 10 mg sl tab	36
asenapine maleate 2.5 mg sl tab	36
asenapine maleate 5 mg sl tab	36
ashlyna	67
aspirin-dipyridamole er	46
ATACAND	48
ATACAND HCT	48
atazanavir sulfate 150 mg cap, 200 mg cap	39
atazanavir sulfate 300 mg cap	39
ATELVIA	76
atenolol 25 mg tab, 50 mg tab, 100 mg tab	49
atenolol-chlorthalidone	49
atomoxetine hcl 10 mg cap, 18 mg cap, 25 mg cap, 40 mg cap	54
atomoxetine hcl 60 mg cap, 80 mg cap, 100 mg cap	54
atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab	49
atovaquone 750 mg/5ml suspension	35
atovaquone-proguanil hcl	35
ATRALIN	57
ATRIPLA	39

atropine sulfate 0.25 mg/5ml soln prsyr, 0.4 mg/ml solution, 0.5 mg/5ml soln prsyr, 1 mg/10ml soln prsyr	63	bacitracin-polymyxin b	78
atropine sulfate 1 % ointment, 1 % solution	77	baclofen 20 mg tab	38
ATROVENT HFA	80	baclofen 5 mg tab, 10 mg tab	38
aubra	67	BACTRIM	16
aubra eq	67	BACTRIM DS	16
aurovela 1.5/30	67	balsalazide disodium	75
aurovela 1/20	67	BALVERSA 3 MG TAB	29
aurovela 24 fe	67	BALVERSA 4 MG TAB	29
aurovela fe 1.5/30	68	BALVERSA 5 MG TAB	29
aurovela fe 1/20	68	balziva	68
AURYXIA	60	BANZEL 200 MG TAB	20
AUSTEDO	54	BANZEL 40 MG/ML SUSPENSION	20
AUTOPEN	77	BARACLUDE 0.05 MG/ML SOLUTION	39
AVALIDE	49	BAVENCIO	29
AVAPRO	49	BCG VACCINE	73
AVASTIN	29	BD PEN	77
aviane	68	BD PEN MINI	77
avita	57	benazepril hcl 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab	49
AVODART	65	benazepril-hydrochlorothiazide	49
AVONEX PEN	54	BENDEKA	29
AVONEX PREFILLED	54	BENICAR	49
AYGESTIN	68	BENICAR HCT	49
ayuna	68	BENLYSTA 120 MG RECON SOLN, 200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSRY, 400 MG RECON SOLN	73
AYVAKIT	29	BENZACLIN	57
azacitidine	29	BENZACLIN WITH PUMP	57
AZACTAM	16	BENZAMYCIN	57
azathioprine 50 mg tab	73	benzoyl peroxide-erythromycin	57
azelaic acid 15 % gel	57	benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab	35
azelastine hcl 0.05 % solution	77	benztropine mesylate 1 mg/ml solution	35
azelastine hcl 0.1 % solution, 0.15 % solution, 137 mcg/spray solution	80	bepotastine besilate	78
azelastine-fluticasone	80	BEPREVE	78
AZILECT	35	betaine	64
azithromycin 1 gm packet, 100 mg/5ml recon susp, 200 mg/5ml recon susp, 500 mg recon soln, 500 mg tab, 600 mg tab	16	betamethasone dipropionate 0.05 % cream, 0.05 % lotion	57
azithromycin 250 mg tab	16	betamethasone dipropionate 0.05 % ointment	66
AZOPT	77	betamethasone dipropionate aug 0.05 % cream, 0.05 % lotion	66
AZOR	49	betamethasone dipropionate aug 0.05 % gel, 0.05 % ointment	57
aztreonam	16	betamethasone valerate 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.12 % foam	57
azurette	68	BETAPACE AF 80 MG TAB, 120 MG TAB	49
bac	54		
bacitra-neomycin-polymyxin-hc	77		
bacitracin 500 unit/gm ointment	78		
bacitracin 50000 unit recon soln	16		

BETASERON	54	MG TAB	20
betaxolol hcl 0.5 % solution	78	BRIVIACT 50 MG/5ML SOLUTION	20
betaxolol hcl 10 mg tab, 20 mg tab	49	bromfenac sodium (once-daily)	78
bethanechol chloride 5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab	65	bromocriptine mesylate 2.5 mg tab, 5 mg cap	35
BETIMOL	78	BROVANA	80
BETOPTIC-S	78	BRUKINSA	29
bexarotene 1 % gel	29	budesonide 0.25 mg/2ml suspension, 0.5 mg/2ml suspension	80
bexarotene 75 mg cap	29	budesonide 1 mg/2ml suspension	81
BEXZERO	73	budesonide 3 mg cp dr part	75
BEYAZ	68	budesonide er	75
bicalutamide	29	budesonide-formoterol fumarate	81
BICILLIN C-R	16	bumetanide 0.25 mg/ml solution	49
BICILLIN C-R 900/300	16	bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab	49
BICILLIN L-A	16	BUPHENYL 3 GM/TSP POWDER	64
BIDIL	49	BUPHENYL 500 MG TAB	64
BIJUVA	68	buprenorphine 10 mcg/hr patch wk, 15 mcg/hr patch wk	12
BIKTARVY 30-120-15 MG TAB	39	buprenorphine 5 mcg/hr patch wk, 20 mcg/hr patch wk	12
BIKTARVY 50-200-25 MG TAB	39	buprenorphine 7.5 mcg/hr patch wk	12
BILTRICIDE	35	buprenorphine hcl 0.3 mg/ml solution	15
bimatoprost 0.03 % solution	78	buprenorphine hcl 2 mg sl tab	15
bisoprolol fumarate 5 mg tab, 10 mg tab	49	buprenorphine hcl 8 mg sl tab	15
bisoprolol-hydrochlorothiazide	49	buprenorphine hcl-naloxone hcl 12-3 mg film	15
bleomycin sulfate	29	buprenorphine hcl-naloxone hcl 2-0.5 mg film, 2-0.5 mg sl tab	15
BLEPHAMIDE S.O.P.	78	buprenorphine hcl-naloxone hcl 4-1 mg film	15
blisovi 24 fe	68	buprenorphine hcl-naloxone hcl 8-2 mg film, 8-2 mg sl tab	15
blisovi fe 1.5/30	68	bupropion hcl 100 mg tab	23
blisovi fe 1/20	68	bupropion hcl 75 mg tab	23
BONIVA 150 MG TAB	76	bupropion hcl er (smoking det)	15
BOOSTRIX	73	bupropion hcl er (sr) 100 mg tab er 12h	23
BORTEZOMIB 1 MG RECON SOLN, 2.5 MG RECON SOLN, 3.5 MG RECON SOLN	29	bupropion hcl er (sr) 150 mg tab er 12h, 200 mg tab er 12h	23
bosentan	80	bupropion hcl er (xl) 150 mg tab er 24h	23
BOSULIF 100 MG TAB	29	bupropion hcl er (xl) 300 mg tab er 24h	23
BOSULIF 400 MG TAB, 500 MG TAB	29	buspirone hcl 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab	42
BOTOX	83	butalbital-apap-caff-cod	12
BRAFTOVI	29	butalbital-apap-caffeine	54
BREO ELLIPTA	80	butalbital-asa-caff-codeine	12
BREZTRI AEROSPHERE	80	butalbital-aspirin-caffeine 50-325-40 mg cap ...	12
briellyn	68	BUTALBITAL-ASPIRIN-CAFFEINE 50-325-40 MG TAB	12
BRILINTA	47		
brimonidine tartrate 0.15 % solution, 0.2 % solution	78		
brinzolamide	78		
BRIVIACT 10 MG TAB	20		
BRIVIACT 10 MG/ML SOLUTION	20		
BRIVIACT 25 MG TAB, 50 MG TAB, 75 MG TAB, 100			

butorphanol tartrate 1 mg/ml solution	12
butorphanol tartrate 10 mg/ml solution	12
butorphanol tartrate 2 mg/ml solution	12
BUTRANS 5 MCG/HR PATCH WK	12
BUTRANS 7.5 MCG/HR PATCH WK	12
BYDUREON	44
BYDUREON BCISE	44
BYETTA 10 MCG PEN	44
BYETTA 5 MCG PEN	44
BYSTOLIC	49
CABENUVA 400 & 600 MG/2ML SUSP	39
CABENUVA 600 & 900 MG/3ML SUSP	39
cabergoline	72
CABOMETYX	29
CADUET 5-10 MG TAB, 5-40 MG TAB, 5-80 MG TAB, 10-10 MG TAB, 10-20 MG TAB, 10-40 MG TAB, 10-80 MG TAB	49
CALAN SR 120 MG TAB ER	49
calcipotriene 0.005 % cream, 0.005 % ointment	57
calcipotriene 0.005 % solution	57
calcipotriene-betameth diprop 0.005-0.064 % ointment	57
calcitonin (salmon) 200 unit/act solution	76
calcitonin (salmon) 200 unit/ml solution	76
calcitrene	57
calcitriol 0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution	76
calcitriol 3 mcg/gm ointment	57
calcitriol inj 1 mcg/ml	76
calcium acetate (phos binder)	60
calcium acetate 667 mg tab	60
CALQUENCE 100 MG CAP	29
camila	68
camrese	68
camrese lo	68
candesartan cilexetil	49
candesartan cilexetil-hctz	49
CAPEX	57
CAPLYTA	36
CAPRELSA 100 MG TAB	29
CAPRELSA 300 MG TAB	29
captopril 12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab	49
CARAFATE 1 GM TAB, 1 GM/10ML SUSPENSION	63
CARBAGLU	60
carbamazepine 100 mg chew tab, 100 mg/5ml suspension, 200 mg tab	20
carbamazepine er	20
CARBATROL 100 MG CAP ER 12H, 200 MG CAP ER 12H	20
carbidopa 25 mg tab	35
carbidopa-levodopa	35
carbidopa-levodopa er	35
carbidopa-levodopa-entacapone	35
carbinoxamine maleate 4 mg tab, 4 mg/5ml solution	81
CARBINOXAMINE MALEATE 6 MG TAB	81
carboplatin	29
CARDIZEM	49
CARDIZEM CD 180 MG CAP ER 24H	49
CARDIZEM LA 360 MG TAB ER 24H, 420 MG TAB ER 24H	49
CARDURA 1 MG TAB, 8 MG TAB	49
CARDURA XL	65
carglumic acid	60
carisoprodol 250 mg tab, 350 mg tab	83
CARNITOR 1 GM/10ML SOLUTION, 330 MG TAB	60
CARNITOR SF	60
carteolol hcl	78
cartia xt	49
carvedilol	49
carvedilol phosphate er	49
CATAPRES-TTS-1	49
CATAPRES-TTS-3	49
CAYSTON	81
caziant	68
cefaclor 125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 375 mg/5ml recon susp, 500 mg cap	16
CEFACLOR ER	16
cefadroxil 1 gm tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp	16
cefazolin sodium 1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 500 mg recon soln ..	16
CEFAZOLIN SODIUM 100 GM RECON SOLN, 300 GM RECON SOLN	16
CEFAZOLIN SODIUM-DEXTROSE 1-4 GM-%(50ML) RECON SOLN, 1-4 GM/50ML-% SOLUTION, 2-3 GM-%(50ML) RECON SOLN, 2-4 GM/100ML-% SOLUTION	16
cefdinir 125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap	16
cefepime hcl 1 gm recon soln, 2 gm recon soln	16

CEFEPIME HCL 1 GM/50ML SOLUTION, 2 GM/100ML SOLUTION, 100 GM RECON SOLN	16
cefixime 100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap	16
cefotetan disodium	16
cefoxitin sodium	16
cefpodoxime proxetil 50 mg/5ml recon susp, 100 mg tab, 100 mg/5ml recon susp, 200 mg tab	16
cefprozil 125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab	16
ceftazidime 1 gm recon soln, 2 gm recon soln, 6 gm recon soln	16
ceftriaxone sodium 1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 250 mg recon soln, 500 mg recon soln	16
CEFTRIAXONE SODIUM 100 GM RECON SOLN ...	16
ceftriaxone sodium in dextrose	16
CEFTRIAXONE SODIUM-DEXTROSE	17
cefuroxime axetil 250 mg tab	17
cefuroxime axetil 500 mg tab	17
cefuroxime sodium	17
CELEBREX	12
celecoxib 50 mg cap, 100 mg cap, 200 mg cap, 400 mg cap	12
CELONTIN	20
cephalexin 125 mg/5ml recon susp, 250 mg cap, 250 mg tab, 500 mg cap, 500 mg tab	17
cephalexin 250 mg/5ml recon susp, 750 mg cap	17
CEQUR SIMPLICITY 2U	77
CEQUR SIMPLICITY INSERTER	77
CERDELGA	64
cetirizine hcl 1 mg/ml solution, 5 mg/5ml solution	81
CETRAXAL	80
cevimeline hcl	56
CHANTIX 0.5 MG TAB	15
CHANTIX 1 MG TAB	15
CHANTIX CONTINUING MONTH PAK	15
CHANTIX STARTING MONTH PAK	15
charlotte 24 fe	68
chateal	68
chateal eq	68
CHEMET	60
chlordiazepoxide hcl	42
chlordiazepoxide-amitriptyline	23
chlordiazepoxide-clidinium	63

chlorhexidine gluconate 0.12 % solution	56
chloroquine phosphate 250 mg tab, 500 mg tab	35
chlorpromazine hcl 10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab	36
chlorpromazine hcl 25 mg/ml solution, 50 mg/2ml solution	36
CHLORPROMAZINE HCL 30 MG/ML CONC, 100 MG/ML CONC	36
chlorthalidone	49
chlorzoxazone 500 mg tab	83
cholestyramine 4 gm packet, 4 gm/dose powder	49
cholestyramine light 4 gm packet, 4 gm/dose powder	49
CIALIS 2.5 MG TAB, 5 MG TAB	65
cyclodan 8 % solution	57
ciclopirox 0.77 % gel, 1 % shampoo, 8 % solution	57
ciclopirox olamine 0.77 % cream	26
ciclopirox olamine 0.77 % suspension	26
cidofovir 75 mg/ml solution	39
cilostazol	47
CILOXAN 0.3 % SOLUTION	17
CIMDUO	39
cimetidine 200 mg tab	63
cimetidine 300 mg tab, 400 mg tab, 800 mg tab	63
cimetidine hcl	63
cinacalcet hcl 30 mg tab	76
cinacalcet hcl 60 mg tab	76
cinacalcet hcl 90 mg tab	76
CINRYZE	73
CIPRO 250 MG/5ML (5%) RECON SUSP, 500 MG/5ML (10%) RECON SUSP	17
CIPRO HC	80
CIPRODEX	80
ciprofloxacin hcl 0.2 % solution	80
ciprofloxacin hcl 0.3 % solution, 100 mg tab, 750 mg tab	17
ciprofloxacin hcl 250 mg tab, 500 mg tab	17
ciprofloxacin in d5w	17
ciprofloxacin-dexamethasone	80
cisplatin 50 mg/50ml solution, 100 mg/100ml solution, 200 mg/200ml solution	29
citalopram hydrobromide 10 mg tab	23
citalopram hydrobromide 10 mg/5ml solution	23

citalopram hydrobromide 20 mg tab	24
citalopram hydrobromide 40 mg tab	24
claravis	57
CLARINEX	81
clarithromycin 125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab	17
clarithromycin er	17
clemastine fumarate 2.68 mg tab	81
CLENPIQ	63
CLEOCIN 2 % CREAM, 75 MG CAP, 75 MG/5ML RECON SOLN, 100 MG SUPPOS, 300 MG CAP	17
CLEOCIN PHOSPHATE 900 MG/6ML SOLUTION	17
CLEOCIN-T	57
CLIMARA	68
CLIMARA PRO	68
clindacin etz 1 % swab	17
clindacin-p	17
CLINDAGEL	57
clindamycin hcl 75 mg cap, 150 mg cap, 300 mg cap	17
clindamycin palmitate hcl	17
clindamycin phos-benzoyl perox 1-5 % gel, 1.2-5 % gel	57
clindamycin phosphate 1 % foam	57
clindamycin phosphate 1 % gel	57
clindamycin phosphate 1 % lotion, 1 % solution	57
clindamycin phosphate 1 % swab, 2 % cream, 9 gm/60ml solution, 300 mg/2ml solution, 600 mg/4ml solution, 9000 mg/60ml solution	17
clindamycin phosphate in d5w	17
clindamycin-tretinooin	57
CLINIMIX E/DEXTROSE (2.75/5)	60
CLINIMIX E/DEXTROSE (4.25/10)	60
CLINIMIX E/DEXTROSE (4.25/5)	60
CLINIMIX E/DEXTROSE (5/15)	60
CLINIMIX E/DEXTROSE (5/20)	60
CLINIMIX E/DEXTROSE (8/10)	60
CLINIMIX E/DEXTROSE (8/14)	60
CLINIMIX/DEXTROSE (4.25/10)	60
CLINIMIX/DEXTROSE (4.25/5)	60
CLINIMIX/DEXTROSE (5/15)	60
CLINIMIX/DEXTROSE (5/20)	60
CLINIMIX/DEXTROSE (6/5)	61
CLINIMIX/DEXTROSE (8/10)	61
CLINIMIX/DEXTROSE (8/14)	61
clinisol sf	61
CLINOLIPID	61
clobazam 10 mg tab	20
clobazam 2.5 mg/ml suspension	20
clobazam 20 mg tab	20
clobetasol prop emollient base	66
clobetasol propionate 0.05 % cream, 0.05 % ointment	57
clobetasol propionate 0.05 % foam	57
clobetasol propionate 0.05 % gel	57
clobetasol propionate 0.05 % liquid, 0.05 % lotion, 0.05 % shampoo	57
clobetasol propionate 0.05 % solution	57
clobetasol propionate e	66
clobetasol propionate emulsion	58
clocortolone pivalate	66
clodan 0.05 % shampoo	58
CLODERM	66
clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap	24
clonazepam 0.125 mg tab disp	43
clonazepam 0.25 mg tab disp	43
clonazepam 0.5 mg tab, 0.5 mg tab disp	43
clonazepam 1 mg tab, 1 mg tab disp	43
clonazepam 2 mg tab, 2 mg tab disp	43
clonidine	49
clonidine hcl 0.1 mg tab, 0.2 mg tab, 0.3 mg tab	49
clopidogetrel bisulfate 300 mg tab	47
clopidogetrel bisulfate 75 mg tab	47
clorazepate dipotassium	43
clotrimazole 1 % cream, 1 % solution	26
clotrimazole 10 mg troche	26
clotrimazole-betamethasone 1-0.05 % cream	58
clotrimazole-betamethasone 1-0.05 % lotion	58
clozapine 100 mg tab, 100 mg tab disp	36
clozapine 12.5 mg tab disp	36
clozapine 150 mg tab disp	36
clozapine 200 mg tab	36
clozapine 200 mg tab disp	36
clozapine 25 mg tab, 25 mg tab disp	36
clozapine 50 mg tab	36
COARTEM	35
codeine sulfate 15 mg tab, 30 mg tab, 60 mg tab	12
colchicine 0.6 mg cap, 0.6 mg tab	27
colchicine-probenecid	27

COLCRYS	27
colesevelam hcl	49
COLESTID 1 GM TAB, 5 GM GRANULES, 5 GM PACKET	49
COLESTID FLAVORED 5 GM GRANULES, 5 GM PACKET	49
colestipol hcl 1 gm tab, 5 gm granules, 5 gm packet	49
colistimethate sodium (cba)	17
COMBIGAN	78
COMBIPATCH	68
COMBIVENT RESPIMAT	81
COMBIVIR	39
COMETRIQ (100 MG DAILY DOSE)	29
COMETRIQ (140 MG DAILY DOSE)	29
COMETRIQ (60 MG DAILY DOSE)	29
COMPLERA	39
compro	25
COMTAN	35
CONCERTA 27 MG TAB ER	54
CONDYLOX	58
constulose	63
CONZIP	12
COPAXONE 20 MG/ML SOLN PRSYR	54
COPAXONE 40 MG/ML SOLN PRSYR	54
COPIKTRA	29
CORDRAN 0.05 % CREAM, 0.05 % LOTION, 0.05 % OINTMENT	58
CORDRAN 4 MCG/SQCM TAPE	58
CORGARD	49
CORLANOR 5 MG TAB, 7.5 MG TAB	49
CORLANOR 5 MG/5ML SOLUTION	49
CORTEF 20 MG TAB	75
CORTIFOAM	75
CORTISPORIN 1 % OINTMENT	58
CORTISPORIN 3.5-10000-0.5 CREAM	78
CORTISPORIN-TC	80
COSENTYX (300 MG DOSE)	73
COSENTYX 150 MG/ML SOLN PRSYR	73
COSENTYX 75 MG/0.5ML SOLN PRSYR	73
COSENTYX SENSOREADY (300 MG)	73
COSENTYX SENSOREADY PEN	73
COSOPT	78
COSOPT PF	78
COTELLIC	30
COZAAR	49
CREON	64
CRESTOR	49
CRINONE	68
CRIXIVAN 200 MG CAP	39
CRIXIVAN 400 MG CAP	39
cromolyn sodium 100 mg/5ml conc	64
cromolyn sodium 20 mg/2ml nebu soln	81
cromolyn sodium 4 % solution	78
crotan	58
cryselle-28	68
CUBICIN	17
CUBICIN RF	17
cyclafem 1/35	68
cyclafem 7/7/7	68
cyclobenzaprine hcl 5 mg tab, 7.5 mg tab, 10 mg tab	83
cyclopentolate hcl 1 % solution	78
CYCLOPHOSPHAMIDE 1 GM/5ML SOLUTION, 2 GM/10ML SOLUTION, 500 MG/2.5ML SOLUTION	30
cyclophosphamide 25 mg cap, 50 mg cap	30
CYCLOSET	44
cyclosporine 0.05 % emulsion	78
cyclosporine 25 mg cap, 50 mg/ml solution, 100 mg cap	73
cyclosporine modified 25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution	73
CYMBALTA 20 MG CP DR PART	54
CYMBALTA 30 MG CP DR PART	54
CYMBALTA 60 MG CP DR PART	54
cyproheptadine hcl 2 mg/5ml syrup	81
cyproheptadine hcl 4 mg tab	81
CYRAMZA	30
cyred	68
cyred eq	68
CYSTADANE	64
CYSTAGON	64
CYSTARAN	65
CYTOMEL	72
CYTOTEC	67
dabigatran etexilate mesylate	47
dalfampridine er	54
DALIRESP	81
danazol 50 mg cap, 100 mg cap, 200 mg cap	68
DANTRIUM 25 MG CAP	38
dantrolene sodium 25 mg cap, 50 mg cap, 100 mg cap	38
dapsone 25 mg tab, 100 mg tab	28

dapsone 5 % gel, 7.5 % gel	58
DAPTACEL	73
DAPTOMYCIN	17
darifenacin hydrobromide er	65
DARZALEX	30
DARZALEX FASPRO	30
dasetta 1/35	68
dasetta 7/7/7	68
DAURISMO 100 MG TAB	30
DAURISMO 25 MG TAB	30
DAYPRO	12
daysee	68
DDAVP 0.1 MG TAB, 0.2 MG TAB	67
deblitane	68
decitabine	30
deferasirox 125 mg tab sol, 250 mg tab sol, 500 mg tab sol	61
deferiprone 1000 mg tab	61
deferiprone 500 mg tab	61
DELESTROGEN	68
DELSTRIGO	39
delyla	68
DELZICOL	75
demeclocycline hcl	17
DEMEROL 25 MG/ML SOLUTION, 50 MG/ML SOLUTION	12
DEMSER	49
DENAVIR	58
denta 5000 plus	56
dentagel	56
DEPAKOTE	20
DEPAKOTE ER	20
DEPAKOTE SPRINKLES	20
DEPEN TITRATABS	65
DEPO-ESTRADIOL	68
DEPO-PROVERA 150 MG/ML SUSPENSION	68
DEPO-SUBQ PROVERA 104	68
DEPO-TESTOSTERONE	68
DERMA-SMOOTH/FS BODY	58
DERMA-SMOOTH/FS SCALP	58
DESCOVI	39
desipramine hcl 10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab	24
desloratadine	81
desmopressin ace spray refrig	67
desmopressin acetate 0.1 mg tab, 0.2 mg tab	67
desmopressin acetate 4 mcg/ml solution	67
desmopressin acetate pf	67
desmopressin acetate spray	67
desogestrel-ethinyl estradiol	68
desonide 0.05 % cream, 0.05 % ointment	58
desonide 0.05 % lotion	66
DESOWEN	58
desoximetasone 0.05 % cream, 0.25 % cream	58
desoximetasone 0.05 % gel, 0.05 % ointment, 0.25 % ointment	58
desoximetasone 0.25 % liquid	58
DESVENLAFAXINE ER	24
desvenlafaxine succinate er	24
DETROL 1 MG TAB	65
DETROL LA 2 MG CAP ER 24H	65
dexamethasone 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab	66
dexamethasone 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 1.5 mg (21) tab thpk, 1.5 mg (35) tab thpk, 1.5 mg (51) tab thpk, 2 mg tab, 4 mg tab, 6 mg tab	66
DEXAMETHASONE INTENSOL	66
dexamethasone sod phosphate pf 10 mg/ml solution	66
dexamethasone sodium phosphate 0.1 % solution	78
dexamethasone sodium phosphate 4 mg/ml solution, 10 mg/ml solution, 20 mg/5ml solution, 100 mg/10ml solution, 120 mg/30ml solution	66
DEXILANT	63
dexlansoprazole	63
dexmethylphenidate hcl	54
dexmethylphenidate hcl er 25 mg cap er 24h, 35 mg cap er 24h, 40 mg cap er 24h	54
dextroamphetamine sulfate 10 mg tab	54
dextroamphetamine sulfate 5 mg tab	54
dextroamphetamine sulfate 5 mg/5ml solution	54
dextroamphetamine sulfate er 15 mg cap er 24h	54
dextroamphetamine sulfate er 5 mg cap er 24h, 10 mg cap er 24h	54
dextrose 250 mg/ml solution	61
dextrose 5 % solution, 10 % solution, 50 % solution, 70 % solution	61
DEXTROSE 5%/ELECTROLYTE #48	61
dextrose in lactated ringers	61

DEXTROSE-NACL 10-0.2 % SOLUTION	61
dextrose-nacl 2.5-0.45 % solution, 5-0.2 % solution, 5-0.33 % solution, 5-0.45 % solution, 5-0.9 % solution, 10-0.45 % solution	61
dextrose-sodium chloride	61
DIACOMIT 250 MG CAP, 250 MG PACKET	20
DIACOMIT 500 MG CAP, 500 MG PACKET	20
DASTAT ACUDIAL	20
DASTAT PEDIATRIC	20
diazepam 10 mg tab	43
diazepam 2 mg tab	43
diazepam 2.5 mg gel, 10 mg gel, 20 mg gel	20
diazepam 5 mg tab, 5 mg/ml conc	43
diazepam 5 mg/5ml solution	43
diazepam 5 mg/ml solution	43
diazepam intensol	43
diazoxide 50 mg/ml suspension	44
DIBENZYLINE	49
DICLEGIS	25
diclofenac epolamine	12
diclofenac potassium 50 mg tab	12
diclofenac sodium 0.1 % solution	78
diclofenac sodium 1 % gel	12
diclofenac sodium 1.5 % solution	12
diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr	12
diclofenac sodium 3 % gel	58
diclofenac sodium er	12
diclofenac-misoprostol	12
dicloxacillin sodium	17
dyicyclomine hcl 10 mg cap	63
dyicyclomine hcl 10 mg/5ml solution, 20 mg tab	63
DIFFERIN 0.1 % CREAM, 0.3 % GEL	58
DIFCID 40 MG/ML RECON SUSP, 200 MG TAB	17
diflunisal 500 mg tab	12
difluprednate	78
digitek 125 mcg tab	49
digitek 250 mcg tab	50
digox 125 mcg tab	50
digox 250 mcg tab	50
digoxin 0.05 mg/ml solution, 125 mcg tab	50
digoxin 250 mcg tab	50
digoxin 62.5 mcg tab	50
dihydroergotamine mesylate 1 mg/ml solution	27
dihydroergotamine mesylate 4 mg/ml solution	28
DILANTIN 30 MG CAP, 100 MG CAP, 125 MG/5ML SUSPENSION	20
DILANTIN INFATABS	20
DILAUDID 1 MG/ML LIQUID	12
DILAUDID 2 MG TAB, 4 MG TAB	12
dilt-xr	50
DILTIAZEM HCL 100 MG RECON SOLN	50
diltiazem hcl 25 mg/5ml solution, 50 mg/10ml solution, 125 mg/25ml solution	50
diltiazem hcl 30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab	50
diltiazem hcl er	50
diltiazem hcl er beads	50
diltiazem hcl er coated beads	50
DIOVAN	50
DIOVAN HCT	50
diphenhydramine hcl 50 mg/ml solution	81
diphenoxylate-atropine 2.5-0.025 mg tab	63
diphenoxylate-atropine 2.5-0.025 mg/5ml liquid	63
DIPHTHERIA-TETANUS TOXOIDS DT	73
DIPROLENE	58
dipyridamole 25 mg tab, 50 mg tab, 75 mg tab	47
disopyramide phosphate	50
disulfiram 250 mg tab, 500 mg tab	15
DITROPAN XL 10 MG TAB ER 24H	65
DITROPAN XL 5 MG TAB ER 24H	65
divalproex sodium 125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr	20
divalproex sodium er	20
DIVIGEL 0.25 MG/0.25GM GEL, 0.5 MG/0.5GM GEL, 0.75 MG/0.75GM GEL, 1 MG/GM GEL, 1.25 MG/1.25GM GEL	68
docetaxel 160 mg/16ml solution	30
docetaxel 20 mg/2ml solution	30
docetaxel 20 mg/ml conc	30
docetaxel 20 mg/ml conc, 80 mg/4ml conc, 160 mg/8ml conc	30
DOCETAXEL 80 MG/4ML CONC	30
DOCETAXEL 80 MG/8ML SOLUTION	30
dofetilide	50
dolishale	68
donepezil hcl 23 mg tab	23

donepezil hcl 5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp	23
dorzolamide hcl 2 % solution	78
dorzolamide hcl-timolol mal	78
DORZOLAMIDE HCL-TIMOLOL MAL	78
dorzolamide hcl-timolol mal pf	78
dotti	68
DOVATO	39
DOVONEX	58
doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab	50
doxepin hcl 10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap	24
doxepin hcl 3 mg tab, 6 mg tab	83
doxepin hcl 5 % cream	58
doxercalciferol 0.5 mcg cap, 1 mcg cap, 2.5 mcg cap	76
doxercalciferol 4 mcg/2ml solution	76
doxorubicin hcl 10 mg recon soln, 50 mg recon soln	30
doxorubicin hcl 2 mg/ml solution	30
doxorubicin hcl liposomal	30
doxy 100	17
doxycycline hydiate 20 mg tab, 50 mg cap, 50 mg tab dr, 75 mg tab, 100 mg cap, 100 mg recon soln, 100 mg tab, 150 mg tab	17
doxycycline monohydrate 25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab, 150 mg tab	17
DRIZALMA SPRINKLE 20 MG CAP DR, 60 MG CAP DR	54
DRIZALMA SPRINKLE 30 MG CAP DR, 40 MG CAP DR	54
dronabinol	25
drospirene-eth estrad-levomefot	68
drospirenone-ethinyl estradiol	68
DROXIA	30
droxidopa 100 mg cap	50
droxidopa 200 mg cap, 300 mg cap	50
DUAVEE	68
DUETACT	44
DULERA	81
duloxetine hcl 20 mg cp dr part	54
duloxetine hcl 30 mg cp dr part	54
duloxetine hcl 40 mg cp dr part	54
duloxetine hcl 60 mg cp dr part	54
DUPIXENT 100 MG/0.67ML SOLN PRSYR	73

DUPIXENT 200 MG/1.14ML SOLN PEN, 200 MG/1.14ML SOLN PRSYR	73
DUPIXENT 300 MG/2ML SOLN PEN, 300 MG/2ML SOLN PRSYR	73
duramorph	12
DUREZOL	78
dutasteride 0.5 mg cap	65
dutasteride-tamsulosin hcl	65
DYMISTA	81
DYRENIUM	50
DYSPORT	83
e.e.s. 400	17
E.E.S. GRANULES	17
ec-naproxen	12
econazole nitrate 1 % cream	26
EDARBI	50
EDARBYCLOR	50
EDURANT	39
efavirenz 200 mg cap	39
efavirenz 50 mg cap	39
efavirenz 600 mg tab	39
efavirenz-emtricitab-tenofovir	39
efavirenz-lamivudine-tenofovir	39
effer-k 25 meq effer tab	61
EGRIFTA SV	67
eletriptan hydrobromide	28
ELIDEL	58
ELIGARD 30 MG KIT, 45 MG KIT	72
ELIGARD 7.5 MG KIT, 22.5 MG KIT	72
elinet	68
ELIQUIS	47
ELIQUIS DVT/PE STARTER PACK	47
ELITEK	30
ELIXOPHYLLIN	81
ELLA	68
ELMIRON	65
eluryng	68
EMCYT	30
EMEND 125 MG/5ML RECON SUSP	25
EMEND 80 MG CAP	26
EMEND TRI-PACK	26
EMGALITY	28
EMGALITY (300 MG DOSE)	28
emoquette	68
EMPICLITI	30
EMSAM	24
emtricitabine	39

emtricitabine-tenofovir df 100-150 mg tab, 133-200 mg tab, 167-250 mg tab	39
emtricitabine-tenofovir df 200-300 mg tab	39
EMTRIVA 10 MG/ML SOLUTION	39
EMTRIVA 200 MG CAP	39
enalapril maleate 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab	50
enalapril-hydrochlorothiazide	50
ENBREL 25 MG RECON SOLN, 50 MG/ML SOLN PRSYR	73
ENBREL 25 MG/0.5ML SOLN PRSYR	73
ENBREL 25 MG/0.5ML SOLUTION	73
ENBREL MINI	73
ENBREL SURECLICK	73
endocet	12
ENGERIX-B 10 MCG/0.5ML SUSPENSION, 20 MCG/ML SUSPENSION	73
ENHERTU	30
enoxaparin sodium 100 mg/ml soln prsyr, 150 mg/ml soln prsyr	47
enoxaparin sodium 30 mg/0.3ml soln prsyr	47
enoxaparin sodium 300 mg/3ml solution	47
enoxaparin sodium 40 mg/0.4ml soln prsyr	47
enoxaparin sodium 60 mg/0.6ml soln prsyr	47
enoxaparin sodium 80 mg/0.8ml soln prsyr, 120 mg/0.8ml soln prsyr	47
enpresso-28	68
enskyce	68
entacapone	35
entecavir	39
ENTRESTO	50
enulose	63
ENVARSUS XR 0.75 MG TAB ER 24H, 1 MG TAB ER 24H	73
ENVARSUS XR 4 MG TAB ER 24H	73
EPCLUSA 150-37.5 MG PACKET, 400-100 MG TAB	39
EPCLUSA 200-50 MG PACKET, 200-50 MG TAB	39
EPIDIOLEX	20
EPIDUO	58
epinastine hcl	78
epinephrine (anaphylaxis)	81
epinephrine 0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj	81
EPIPEN JR 2-PAK	81
epitol	20
EPIVIR 10 MG/ML SOLUTION	39
EPIVIR 150 MG TAB	40
EPIVIR 300 MG TAB	40
EPIVIR HBV 100 MG TAB	40
EPIVIR HBV 5 MG/ML SOLUTION	40
eplerenone	50
EPOGEN 10000 UNIT/ML SOLUTION	47
EPOGEN 2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION	47
EPRONTIA	20
EPZICOM	40
EQUETRO 100 MG CAP ER 12H	43
EQUETRO 200 MG CAP ER 12H	43
EQUETRO 300 MG CAP ER 12H	43
ERBITUX	30
ergoloid mesylates 1 mg tab	23
ERGOMAR	28
ergotamine-caffeine	28
ERIVEDGE	30
ERLEADA	30
erlotinib hcl 100 mg tab, 150 mg tab	30
erlotinib hcl 25 mg tab	30
errin	68
ertapenem sodium	17
ery	58
ery-tab	17
ERYGEL	58
ERYPED 200	17
ERYPED 400	17
erythrocin lactobionate	17
erythrocin stearate	17
erythromycin 2 % gel, 2 % solution	58
erythromycin 250 mg tab dr, 333 mg tab dr, 500 mg tab dr	17
erythromycin 5 mg/gm ointment	78
erythromycin base 250 mg cp dr part, 250 mg tab, 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr	17
erythromycin ethylsuccinate 200 mg/5ml recon susp, 400 mg tab, 400 mg/5ml recon susp	18
erythromycin lactobionate	18
erythromycin stearate	18
ESBRIET 267 MG CAP, 267 MG TAB	81
ESBRIET 801 MG TAB	81
escitalopram oxalate 10 mg tab	24
escitalopram oxalate 20 mg tab	24
escitalopram oxalate 5 mg tab	24
escitalopram oxalate 5 mg/5ml solution	24
esgc 50-325-40 mg cap	54

ESGIC 50-325-40 MG TAB	54
esomeprazole magnesium 20 mg cap dr, 40 mg cap dr	63
esomeprazole sodium	63
estarrylla	68
estazolam	83
ESTRACE 0.1 MG/GM CREAM, 0.5 MG TAB, 1 MG TAB, 2 MG TAB	68
estradiol 0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw	68
estradiol 0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk	69
estradiol 0.1 mg/gm cream, 10 mcg tab	69
estradiol 0.5 mg tab, 1 mg tab, 2 mg tab	69
estradiol valerate 20 mg/ml oil, 40 mg/ml oil	69
estradiol-norethindrone acet	69
ESTRING	69
eszopiclone	83
ethambutol hcl 100 mg tab, 400 mg tab	28
ethosuximide 250 mg cap, 250 mg/5ml solution	20
ethynodiol diac-eth estradiol	69
etodolac	12
etodolac er	12
etonogestrel-ethinyl estradiol	69
etoposide 1 gm/50ml solution, 100 mg/5ml solution, 500 mg/25ml solution	30
etravirine 100 mg tab	40
etravirine 200 mg tab	40
euthyrox	72
EVAMIST	69
EVEKEO 10 MG TAB	54
EVEKEO 5 MG TAB	54
everolimus 0.25 mg tab	73
everolimus 0.5 mg tab, 0.75 mg tab	73
everolimus 1 mg tab	73
everolimus 2 mg tab sol, 2.5 mg tab, 3 mg tab sol, 5 mg tab, 5 mg tab sol, 7.5 mg tab, 10 mg tab	30
EVISTA	69
EVOCLIN	58
EVOTAZ	40
EXELDERM 1 % CREAM, 1 % SOLUTION	26
exemestane	30
EXFORGE	50
EXFORGE HCT	50
EXJADE	61
EXKIVITY	30
EXTINA	26
ezetimibe	50
ezetimibe-simvastatin	50
FABRAZYME	65
falmina	69
famciclovir 125 mg tab, 250 mg tab	40
famciclovir 500 mg tab	40
famotidine (pf)	63
famotidine 20 mg tab, 40 mg tab	63
famotidine 40 mg/4ml solution, 200 mg/20ml solution	63
famotidine 40 mg/5ml recon susp	63
famotidine premixed	63
FANAPT 1 MG TAB	36
FANAPT 10 MG TAB, 12 MG TAB	37
FANAPT 2 MG TAB	37
FANAPT 4 MG TAB	37
FANAPT 6 MG TAB	37
FANAPT 8 MG TAB	37
FANAPT TITRATION PACK	37
FARESTON	30
FARXIGA	44
FASENRA	81
FASENRA PEN	81
fayosim	69
febuxostat	27
felbamate 400 mg tab, 600 mg tab, 600 mg/5ml suspension	21
FELDENE	12
felodipine er	50
FEMFRING	69
femynor	69
fenofibrate 48 mg tab, 50 mg cap, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 150 mg cap, 160 mg tab, 200 mg cap	50
fenofibrate micronized 43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap	50
fenofibric acid 45 mg cap dr, 135 mg cap dr	50
FENOGLIDE 40 MG TAB	50
fenoprofen calcium 600 mg tab	12
fentanyl 12 mcg/hr patch 72hr, 25 mcg/hr patch 72hr, 50 mcg/hr patch 72hr, 75 mcg/hr patch 72hr, 100 mcg/hr patch 72hr	12
fentanyl citrate 100 mcg tab, 200 mcg tab, 400	

mcg tab, 600 mcg tab, 800 mcg tab	12
fentanyl citrate 200 mcg loz handle, 400 mcg loz handle	12
fentanyl citrate 600 mcg loz handle, 800 mcg loz handle, 1200 mcg loz handle, 1600 mcg loz handle	12
FENTORA	12
FERRIPROX 100 MG/ML SOLUTION, 500 MG TAB, 1000 MG TAB	61
FERRIPROX TWICE-A-DAY	61
fesoterodine fumarate er	65
FETZIMA	24
FETZIMA TITRATION	24
fexmid	83
FINACEA 15 % GEL	58
finasteride 5 mg tab	65
FINTEPLA	21
FIRAZYR	73
FIRDAPSE	54
FIRMAGON	72
FIRMAGON (240 MG DOSE)	72
FIRVANQ	18
flac	80
FLAGYL 375 MG CAP	18
FLAREX	78
flavoxate hcl	65
flecainide acetate	50
FLECTOR	13
FLOVENT DISKUS 250 MCG/BLIST AER POW BA	81
FLOVENT DISKUS 50 MCG/BLIST AER POW BA, 100 MCG/BLIST AER POW BA	81
FLOVENT HFA 110 MCG/ACT AEROSOL	81
FLOVENT HFA 220 MCG/ACT AEROSOL	81
FLOVENT HFA 44 MCG/ACT AEROSOL	81
fluconazole 10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab	26
fluconazole in sodium chloride 200-0.9 mg/100ml-% solution, 400-0.9 mg/200ml-% solution	27
flucytosine 250 mg cap, 500 mg cap	27
fludrocortisone acetate 0.1 mg tab	66
flunisolide 25 mcg/act (0.025%) solution	81
fluocinolone acetonide 0.01 % cream, 0.01 % ointment, 0.025 % cream, 0.025 % ointment	58
fluocinolone acetonide 0.01 % oil	80
fluocinolone acetonide body	58
fluocinolone acetonide scalp	58
fluocinonide 0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution	58
fluocinonide 0.1 % cream	58
fluocinonide emulsified base	58
fluorometholone	78
fluorouracil 1 gm/20ml solution, 2.5 gm/50ml solution, 5 gm/100ml solution, 500 mg/10ml solution	30
fluorouracil 2 % solution, 5 % cream, 5 % solution	58
fluoxetine hcl 10 mg cap	24
fluoxetine hcl 20 mg cap	24
fluoxetine hcl 20 mg/5ml solution	24
fluoxetine hcl 40 mg cap	24
fluoxetine hcl 90 mg cap dr	24
fluphenazine decanoate 25 mg/ml solution	37
fluphenazine hcl 1 mg tab, 2.5 mg tab, 2.5 mg/5ml elixir, 5 mg tab, 5 mg/ml conc, 10 mg tab	37
fluphenazine hcl 2.5 mg/ml solution	37
flurandrenolide 0.05 % cream, 0.05 % lotion, 0.05 % ointment	58
flurazepam hcl	83
flurbiprofen 100 mg tab	13
flurbiprofen sodium	78
flutamide	30
fluticasone propionate 0.005 % ointment, 0.05 % cream, 0.05 % lotion	58
fluticasone propionate 50 mcg/act suspension	81
fluticasone-salmeterol 100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba	81
fluticasone-salmeterol 55-14 mcg/act aer pow ba, 113-14 mcg/act aer pow ba, 232-14 mcg/act aer pow ba	81
fluvastatin sodium	50
fluvastatin sodium er	50
fluvoxamine maleate 100 mg tab	24
fluvoxamine maleate 25 mg tab, 50 mg tab	24
fluvoxamine maleate er 100 mg cap er 24h	24
fluvoxamine maleate er 150 mg cap er 24h	24
FML	78
FML FORTE	78
FOCALIN	54
FOCALIN XR 5 MG CAP ER 24H, 10 MG CAP ER 24H, 15 MG CAP ER 24H, 25 MG CAP ER 24H, 30 MG CAP ER 24H, 35 MG CAP ER 24H, 40 MG CAP ER	54

24H	55
fondaparinux sodium 10 mg/0.8ml solution	47
fondaparinux sodium 2.5 mg/0.5ml solution	47
fondaparinux sodium 5 mg/0.4ml solution	47
fondaparinux sodium 7.5 mg/0.6ml solution	47
formoterol fumarate 20 mcg/2ml nebu soln	81
FORTEO	76
FORTESTA	69
FOSAMAX	76
FOSAMAX PLUS D	76
fosamprenavir calcium	40
fosfomycin tromethamine	18
fosinopril sodium	50
fosinopril sodium-hctz	50
FOSRENOL 500 MG CHEW TAB, 750 MG CHEW TAB, 1000 MG CHEW TAB	61
FOTIVDA	30
FRAGMIN 2500 UNIT/0.2ML SOLN PRSYR, 5000 UNIT/0.2ML SOLN PRSYR	47
FRAGMIN 7500 UNIT/0.3ML SOLN PRSYR, 10000 UNIT/ML SOLN PRSYR, 12500 UNIT/0.5ML SOLN PRSYR, 15000 UNIT/0.6ML SOLN PRSYR, 18000 UNIT/0.72ML SOLN PRSYR, 95000 UNIT/3.8ML SOLUTION	47
FREAMEINE III	61
frovatriptan succinate	28
FULPHILA	47
fulvestrant	30
furosemide 10 mg/ml solution inj	50
furosemide 10 mg/ml solution oral	50
furosemide 8 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab	50
FUZEON	40
fyavolv	69
FYCOMPA 0.5 MG/ML SUSPENSION	21
FYCOMPA 2 MG TAB	21
FYCOMPA 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB	21
gabapentin 100 mg cap	21
gabapentin 250 mg/5ml solution, 300 mg/6ml solution	21
gabapentin 300 mg cap	21
gabapentin 400 mg cap	21
gabapentin 600 mg tab	21
gabapentin 800 mg tab	21
GABITRIL	21
galantamine hydrobromide 4 mg tab, 8 mg tab, 12 mg tab	23
galantamine hydrobromide 4 mg/ml solution	23
galantamine hydrobromide er	23
GAMUNEX-C	73
ganciclovir sodium 500 mg recon soln	40
GARDASIL 9	74
GASTROCROM	65
gatifloxacin 0.5 % solution	78
GATTEX	63
GAUZE STERILE PADS 2	77
gavilyte-c	63
gavilyte-g	63
gavilyte-n with flavor pack	63
GAVRETO	30
GAZYVA	30
gemcitabine hcl 1 gm recon soln, 2 gm recon soln	30
gemcitabine hcl 1 gm/10ml solution, 2 gm/20ml solution, 200 mg/2ml solution	30
gemcitabine hcl 1 gm/26.3ml solution, 200 mg/5.26ml solution	30
gemcitabine hcl 2 gm/52.6ml solution	30
gemcitabine hcl 200 mg recon soln	31
gemfibrozil 600 mg tab	50
GENERESS FE	69
generlac	63
genograf 25 mg cap, 100 mg cap, 100 mg/ml solution	74
GENOTROPIN	67
GENOTROPIN MINIQUICK	67
gentak	78
gentamicin in saline 0.8-0.9 mg/ml-% solution, 1-0.9 mg/ml-% solution, 1.2-0.9 mg/ml-% solution, 1.6-0.9 mg/ml-% solution	18
gentamicin in saline 2-0.9 mg/ml-% solution	18
gentamicin sulfate 0.1 % cream, 0.1 % ointment	18
gentamicin sulfate 0.3 % solution	78
gentamicin sulfate 10 mg/ml solution, 40 mg/ml solution	18
GENVOYA	40
GEODON 20 MG RECON SOLN	37
gianvi	69
GILENYA	55
GILOTRIF	31
glatiramer acetate 20 mg/ml soln prsyr	55
glatiramer acetate 40 mg/ml soln prsyr	55
glatopa 20 mg/ml soln prsyr	55

glatopa 40 mg/ml soln prsyr	55
glimepiride 1 mg tab	44
glimepiride 2 mg tab	44
glimepiride 4 mg tab	44
glipizide 10 mg tab	44
glipizide 5 mg tab	44
glipizide er 10 mg tab er 24h	44
glipizide er 2.5 mg tab er 24h	44
glipizide er 5 mg tab er 24h	44
glipizide xl 10 mg tab er 24h	44
glipizide xl 2.5 mg tab er 24h	44
glipizide xl 5 mg tab er 24h	44
glipizide-metformin hcl 2.5-250 mg tab	44
glipizide-metformin hcl 2.5-500 mg tab, 5-500 mg tab	44
GLUCAGEN HYPOKIT	44
GLUCAGON EMERGENCY 1 MG KIT	44
glucagon emergency 1 mg kit	44
GLUCOTROL XL 10 MG TAB ER 24H	44
GLUCOTROL XL 2.5 MG TAB ER 24H	44
GLUCOTROL XL 5 MG TAB ER 24H	44
glyburide 1.25 mg tab	44
glyburide 2.5 mg tab	44
glyburide 5 mg tab	44
glyburide micronized 1.5 mg tab	44
glyburide micronized 3 mg tab	44
glyburide micronized 6 mg tab	44
glyburide-metformin 1.25-250 mg tab	44
glyburide-metformin 2.5-500 mg tab, 5-500 mg tab	44
glycopyrrolate 0.2 mg/ml solution, 0.4 mg/2ml solution, 1 mg tab, 1 mg/5ml solution, 2 mg tab, 4 mg/20ml solution	63
glydo	14
GLYNASE 1.5 MG TAB	44
GLYNASE 3 MG TAB	44
GLYNASE 6 MG TAB	44
GLYXAMBI	44
GOLYTELY	63
granisetron hcl 1 mg tab	26
granisetron hcl 1 mg/ml solution, 4 mg/4ml solution	26
GRANIX	47
griseofulvin microsize 125 mg/5ml suspension, 500 mg tab	27
griseofulvin ultramicrosize	27
guanfacine hcl	50
guanfacine hcl er	55
hailey 1.5/30	69
hailey 24 fe	69
hailey fe 1.5/30	69
hailey fe 1/20	69
halcinonide	58
halobetasol propionate 0.05 % cream, 0.05 % ointment	58
HALOG 0.1 % CREAM	58
HALOG 0.1 % OINTMENT	58
haloperidol 0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab	37
haloperidol decanoate 50 mg/ml solution, 100 mg/ml solution	37
haloperidol lactate 2 mg/ml conc	37
haloperidol lactate 5 mg/ml solution	37
HARVONI	40
HAVRIX	74
heather	69
HEMADY	66
HEPARIN (PORCINE) IN NACL 12500-0.45 UT/250ML-% SOLUTION, 25000-0.45 UT/500ML-% SOLUTION	47
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% SOLUTION	47
HEPARIN SOD (PORCINE) IN D5W	47
heparin sodium (porcine) 1000 unit/ml solution, 5000 unit/ml solution, 10000 unit/ml solution, 20000 unit/ml solution	47
hepatamine	61
HEPSERA	40
HERCEPTIN	31
HERCEPTIN HYLECTA	31
HETLIOZ	83
HIBERIX	74
hidex 6-day	66
HIPREX	18
HORIZANT 300 MG TAB ER	55
HORIZANT 600 MG TAB ER	55
HUMALOG	44
HUMALOG JUNIOR KWIKPEN	44
HUMALOG KWIKPEN	44
HUMALOG MIX 50/50	45
HUMALOG MIX 50/50 KWIKPEN	45
HUMALOG MIX 75/25	45
HUMALOG MIX 75/25 KWIKPEN	45
HUMATROPE 6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE	67
HUMIRA 10 MG/0.1ML PREF SY KT, 20 MG/0.2ML	

PREF SY KT	74
HUMIRA 40 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT	74
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40MG/0.4ML PREF SY KT	74
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML PREF SY KT	74
HUMIRA PEN 40 MG/0.4ML PEN KIT, 40 MG/0.8ML PEN KIT	74
HUMIRA PEN 80 MG/0.8ML PEN KIT	74
HUMIRA PEN-CD/UC/HS STARTER 40 MG/0.8ML PEN KIT	74
HUMIRA PEN-CD/UC/HS STARTER 80 MG/0.8ML PEN KIT	74
HUMIRA PEN-PEDIATRIC UC START	74
HUMIRA PEN-PS/UV/ADOL HS START	74
HUMIRA PEN-PSOR/UVEIT STARTER	74
HUMULIN 70/30	45
HUMULIN 70/30 KWIKPEN	45
HUMULIN N	45
HUMULIN N KWIKPEN	45
HUMULIN R	45
HUMULIN R U-500 (CONCENTRATED)	45
HUMULIN R U-500 KWIKPEN	45
hydralazine hcl 10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab	50
hydralazine hcl 20 mg/ml solution	50
HYDREA	31
hydrochlorothiazide 12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab	51
hydrocodone-acetaminophen 2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 7.5-325 mg/15ml solution	13
hydrocodone-acetaminophen 5-300 mg tab, 5-325 mg tab, 7.5-300 mg tab, 7.5-325 mg tab, 10-300 mg tab, 10-325 mg tab	13
hydrocodone-ibuprofen	13
hydrocortisone (perianal) 1 % cream	58
hydrocortisone (perianal) 2.5 % cream	59
hydrocortisone 1 % cream, 1 % ointment, 2.5 % cream, 2.5 % ointment	59
hydrocortisone 2.5 % lotion	59
hydrocortisone 5 mg tab, 10 mg tab, 20 mg tab, 100 mg/60ml enema	76
hydrocortisone ace-pramoxine 1-1 % cream	59
hydrocortisone butyr lipo base	59
hydrocortisone butyrate 0.1 % cream, 0.1 % solution	59
hydrocortisone butyrate 0.1 % lotion	59
hydrocortisone butyrate 0.1 % ointment	66
hydrocortisone valerate 0.2 % cream	59
hydrocortisone valerate 0.2 % ointment	66
hydrocortisone-acetic acid	80
hydromorphone hcl 1 mg/ml liquid	13
hydromorphone hcl 1 mg/ml solution, 2 mg tab, 2 mg/ml solution, 4 mg tab, 8 mg tab	13
hydromorphone hcl 4 mg/ml solution	13
HYDROMORPHONE HCL PF 1 MG/ML SOLUTION	13
hydromorphone hcl pf 10 mg/ml solution, 50 mg/5ml solution, 500 mg/50ml solution	13
HYDROMORPHONE HCL PF 4 MG/ML SOLUTION	13
hydroxychloroquine sulfate 200 mg tab	35
hydroxyurea 500 mg cap	31
hydroxyzine hcl 10 mg tab, 10 mg/5ml syrup, 25 mg tab, 25 mg/ml solution, 50 mg tab, 50 mg/ml solution	81
hydroxyzine pamoate 25 mg cap, 50 mg cap, 100 mg cap	43
hyoscyamine sulfate 0.125 mg sl tab, 0.125 mg tab, 0.125 mg tab disp	64
HYPERRAB	74
HYPERRAB S/D	74
HYZAAR	51
ibandronate sodium 150 mg tab	76
ibandronate sodium 3 mg/3ml solution	76
IBRANCE	31
ibu	13
ibuprofen 100 mg/5ml suspension	13
ibuprofen 400 mg tab, 600 mg tab, 800 mg tab	13
icatibant acetate	74
iclevia	69
ICLUSIG	31
IDHIFA 100 MG TAB	31
IDHIFA 50 MG TAB	31
ILARIS	74
ILEVRO	78
imatinib mesylate	31
IMBRUVICA 140 MG CAP, 140 MG TAB	31
IMBRUVICA 70 MG CAP, 280 MG TAB, 420 MG TAB, 560 MG TAB	31
IMFINZI	31
imipenem-cilastatin	18
imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab	24

<i>imipramine pamoate 125 mg cap, 150 mg cap</i>	24
<i>imiquimod 5 % cream</i>	59
IMITREX 25 MG TAB	28
IMITREX 5 MG/ACT SOLUTION	28
IMITREX STATDOSE REFILL 4 MG/0.5ML SOLN CART	28
IMITREX STATDOSE SYSTEM 4 MG/0.5ML SOLN A-INJ	28
IMOGLAM RABIES-HT	74
IMOVAX RABIES	74
IMVEXXY MAINTENANCE PACK	69
IMVEXXY STARTER PACK	69
<i>incassia</i>	69
INCRELEX	67
<i>indapamide</i>	51
<i>indomethacin 25 mg cap, 50 mg cap</i>	13
<i>indomethacin er</i>	13
INFANRIX	74
INFILIXIMAB	74
INGREZZA 40 & 80 MG CAP THPK	55
INGREZZA 40 MG CAP	55
INGREZZA 60 MG CAP, 80 MG CAP	55
INLYTA 1 MG TAB	31
INLYTA 5 MG TAB	31
INPEN 100-BLUE-LILLY-HUMALOG	77
INPEN 100-BLUE-NOVOLOG-FIASP	77
INPEN 100-GREY-LILLY-HUMALOG	77
INPEN 100-GREY-NOVOLOG-FIASP	77
INPEN 100-PINK-LILLY-HUMALOG	77
INPEN 100-PINK-NOVOLOG-FIASP	77
INQOVI	31
INREBIC	31
INSPRA	51
INSULIN LISPRO	45
INSULIN LISPRO (1 UNIT DIAL)	45
INSULIN LISPRO JUNIOR KWIKPEN	45
INSULIN LISPRO PROT & LISPRO	45
INSULIN PEN NEEDLE	77
INSULIN SYRINGE (DISP) U-100 0.3 ML	77
INSULIN SYRINGE (DISP) U-100 1 ML	77
INSULIN SYRINGE (DISP) U-100 1/2 ML	77
INTELENCE 100 MG TAB	40
INTELENCE 200 MG TAB	40
INTELENCE 25 MG TAB	40
INTRALIPID 20 % EMULSION	61
INTRALIPID 30 % EMULSION	61
INTRAROSA	77
INTRON A 10000000 UNIT RECON SOLN	74
INTRON A 18000000 UNIT RECON SOLN	74
INTRON A 6000000 UNIT/ML SOLUTION, 10000000 UNIT/ML SOLUTION, 50000000 UNIT RECON SOLN	74
<i>introvale</i>	69
INTUNIV	55
INVEGA 1.5 MG TAB ER 24H, 3 MG TAB ER 24H, 9 MG TAB ER 24H	37
INVEGA 6 MG TAB ER 24H	37
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	37
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	37
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	37
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	37
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	37
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	37
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	37
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	37
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	37
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	37
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	37
INVELTYS	78
INVIRASE 500 MG TAB	40
INVOKAMET	45
INVOKAMET XR	45
INVOKANA	45
IOPIDINE 1 % SOLUTION	78
IPOL	74
<i>ipratropium bromide 0.02 % solution</i>	81
<i>ipratropium bromide 0.03 % solution, 0.06 % solution</i>	81
ipratropium-albuterol	81
irbesartan	51
irbesartan-hydrochlorothiazide	51
IRESSA	31
irinotecan hcl 100 mg/5ml solution	31
irinotecan hcl 40 mg/2ml solution, 300 mg/15ml solution	31
irinotecan hcl 500 mg/25ml solution	31
irrigation solutions, physiological	61
ISENTRESS 100 MG CHEW TAB	40
ISENTRESS 100 MG PACKET	40

ISENTRESS 25 MG CHEW TAB	40	juleber	69
ISENTRESS 400 MG TAB	40	JULUCA	40
ISENTRESS HD	40	junel 1.5/30	69
<i>isibloom</i>	69	junel 1/20	69
ISOLYTE-P IN D5W	61	junel fe 1.5/30	69
ISOLYTE-S	61	junel fe 1/20	69
ISOLYTE-S PH 7.4	61	junel fe 24	69
<i>isoniazid 100 mg tab, 300 mg tab</i>	28	just right 5000	56
<i>isoniazid 100 mg/ml solution</i>	28	K-TAB	61
<i>isoniazid 50 mg/5ml syrup</i>	28	KADCYLA	31
ISOPTO ATROPINE	78	kaitlib fe	69
ISOPTO CARPINE 1 % SOLUTION, 2 % SOLUTION	78	KALETRA 100-25 MG TAB	40
ISORDIL TITRADOSE 40 MG TAB	51	KALETRA 200-50 MG TAB	40
ISORDIL TITRADOSE 5 MG TAB	51	KALETRA 400-100 MG/5ML SOLUTION	40
<i>isosorb dinitrate-hydralazine</i>	51	<i>kalliga</i>	69
<i>isosorbide dinitrate</i>	51	KALYDECO 150 MG TAB	81
<i>isosorbide mononitrate</i>	51	KAPVAY	55
<i>isosorbide mononitrate er</i>	51	<i>kariva</i>	69
<i>isotretinoin 10 mg cap, 20 mg cap, 25 mg cap, 30 mg cap, 35 mg cap, 40 mg cap</i>	59	<i>kcl in dextrose-nacl 10-5-0.45 meq/l-%-% solution, 20-5-0.2 meq/l-%-% solution, 20-5-0.45 meq/l-%-% solution, 20-5-0.9 meq/l-%-% solution, 30-5-0.45 meq/l-%-% solution, 40-5-0.45 meq/l-%-% solution</i>	61
<i>isradipine</i>	51	KCL IN DEXTROSE-NACL 40-5-0.9 MEQ/L-%-% SOLUTION	61
ISTALOL	78	KCL-LACTATED RINGERS-D5W	61
<i>itraconazole 100 mg cap</i>	27	KEDRAB	74
<i>ivermectin 3 mg tab</i>	35	<i>kelnor 1/35</i>	69
IXIARO	74	<i>kelnor 1/50</i>	69
<i>jaimiess</i>	69	KENALOG 0.147 MG/GM AERO SOLN	59
JAKAFI	31	KERENDIA	45
JALYN	65	KESIMPTA	55
<i>jantoven</i>	47	<i>ketoconazole 2 % cream, 2 % shampoo</i>	27
JANUMET	45	<i>ketoconazole 2 % foam</i>	27
JANUMET XR 100-1000 MG TAB ER 24H	45	<i>ketoconazole 200 mg tab</i>	27
JANUMET XR 50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H	45	<i>ketodan 2 % foam</i>	27
JANUVIA 100 MG TAB	45	<i>ketoprofen 25 mg cap</i>	13
JANUVIA 25 MG TAB	45	<i>ketoprofen er</i>	13
JANUVIA 50 MG TAB	45	<i>ketorolac tromethamine 0.4 % solution, 0.5 % solution</i>	78
JARDIANC	45	<i>ketorolac tromethamine 10 mg tab, 15 mg/ml solution, 30 mg/ml solution, 60 mg/2ml solution</i>	13
<i>jasmiel</i>	69	KEYTRUDA	31
<i>javygtor 100 mg packet</i>	65	KINRIX	74
<i>jencycla</i>	69	KISQALI (200 MG DOSE)	31
JENTADUETO	45	KISQALI (400 MG DOSE)	31
JENTADUETO XR 2.5-1000 MG TAB ER 24H	45	KISQALI (600 MG DOSE)	31
JENTADUETO XR 5-1000 MG TAB ER 24H	45		
JEVTANA	31		
<i>jintel</i>	69		
<i>jolessa</i>	69		

KISQALI FEMARA (400 MG DOSE)	31
KISQALI FEMARA (600 MG DOSE)	31
KISQALI FEMARA(200 MG DOSE)	31
KITABIS PAK	81
KLARON	18
KLONOPIN 0.5 MG TAB	43
KLONOPIN 1 MG TAB	43
KLONOPIN 2 MG TAB	43
<i>klor-con 10</i>	61
<i>klor-con 8 meq tab er</i>	61
<i>klor-con m10</i>	61
<i>klor-con m15</i>	61
<i>klor-con m20</i>	61
<i>klor-con/ef</i>	61
KORLYM	66
KOSELUGO	31
KRISTALOSE	64
<i>kurvelo</i>	69
KUVAN	65
KYLEENA	69
KYPROLIS	31
<i>labetalol hcl 100 mg tab, 200 mg tab, 300 mg tab</i>	51
<i>labetalol hcl 5 mg/ml solution</i>	51
LACOSAMIDE 10 MG/ML SOLUTION	21
<i>lacosamide 10 mg/ml solution</i>	21
<i>lacosamide 200 mg/20ml solution</i>	21
<i>lacosamide 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab</i>	21
<i>lactated ringers</i>	61
<i>lactated ringers solution (irrigation)</i>	61
<i>lactulose 10 gm/15ml solution, 20 gm/30ml solution</i>	64
<i>lactulose encephalopathy</i>	64
LAMICTAL 5 MG CHEW TAB, 25 MG CHEW TAB	21
LAMICTAL ODT 25 MG TAB DISP, 50 MG TAB DISP, 100 MG TAB DISP, 200 MG TAB DISP	21
LAMICTAL STARTER 35 X 25 MG KIT, 42 X 25 MG & 7 X 100 MG KIT	21
LAMICTAL XR 50 & 100 & 200 MG KIT	21
<i>lamivudine 10 mg/ml solution</i>	40
<i>lamivudine 100 mg tab</i>	40
<i>lamivudine 150 mg tab</i>	40
<i>lamivudine 300 mg tab</i>	40
<i>lamivudine-zidovudine</i>	40
<i>lamotrigine 5 mg chew tab, 25 mg chew tab, 25 mg tab, 25 mg tab disp, 50 mg tab disp, 100 mg tab, 100 mg tab disp, 150 mg tab, 200 mg tab, 200 mg tab disp</i>	21
<i>lamotrigine er</i>	21
LANOXIN 125 MCG TAB	51
LANOXIN 250 MCG TAB	51
LANREOTIDE ACETATE	72
<i>lansoprazole 15 mg cap dr</i>	64
<i>lansoprazole 15 mg tab dr disp</i>	64
<i>lansoprazole 30 mg cap dr</i>	64
<i>lanthanum carbonate</i>	61
LANTUS	45
LANTUS SOLOSTAR	45
<i>lapatinib ditosylate</i>	31
<i>larin 1.5/30</i>	69
<i>larin 1/20</i>	69
<i>larin 24 fe</i>	69
<i>larin fe 1.5/30</i>	69
<i>larin fe 1/20</i>	69
<i>larissia</i>	69
LASIX	51
LASTACAFT	78
<i>latanoprost 0.005 % solution</i>	78
LATANOPROST 0.005 % SOLUTION	78
LATUDA 20 MG TAB, 40 MG TAB, 60 MG TAB, 120 MG TAB	43
LATUDA 80 MG TAB	43
<i>layolis fe</i>	69
LEDIPASVIR-SOFOSBUVIR	40
<i>leena</i>	69
<i>leflunomide 10 mg tab, 20 mg tab</i>	74
<i>lenalidomide 10 mg cap</i>	31
<i>lenalidomide 15 mg cap, 25 mg cap</i>	31
<i>lenalidomide 5 mg cap</i>	31
LENVIMA (10 MG DAILY DOSE)	31
LENVIMA (12 MG DAILY DOSE)	31
LENVIMA (14 MG DAILY DOSE)	31
LENVIMA (18 MG DAILY DOSE)	31
LENVIMA (20 MG DAILY DOSE)	31
LENVIMA (24 MG DAILY DOSE)	31
LENVIMA (4 MG DAILY DOSE)	31
LENVIMA (8 MG DAILY DOSE)	32
LESCOL XL	51
<i>lessina</i>	69
<i>letrozole 2.5 mg tab</i>	32
<i>leucovorin calcium 100 mg/10ml solution</i>	32
<i>leucovorin calcium 5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab</i>	32
<i>leucovorin calcium 50 mg recon soln, 100 mg</i>	32

recon soln, 200 mg	recon soln, 350 mg	recon soln, 500 mg	recon soln	32
LEUKERAN	32			
LEUKINE	47			
leuprolide acetate 1 mg/0.2ml kit	72			
levalbuterol hcl 0.31 mg/3ml nebu soln, 1.25 mg/0.5ml nebu soln	82			
levalbuterol hcl 0.63 mg/3ml nebu soln	82			
levalbuterol tartrate	82			
LEVEMIR	45			
LEVEMIR FLEXTOUCH	45			
levetiracetam 100 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab, 1000 mg tab	21			
levetiracetam 500 mg/5ml solution	21			
levetiracetam er 500 mg tab er 24h	21			
levetiracetam er 750 mg tab er 24h	21			
levetiracetam in nacl 1000 mg/100ml solution, 1500 mg/100ml solution	21			
levetiracetam in nacl 500 mg/100ml solution	21			
levo-t	72			
levobunolol hcl	78			
levocarnitine 1 gm/10ml solution	61			
levocarnitine 330 mg tab	61			
levocarnitine sf	61			
levocetirizine dihydrochloride 2.5 mg/5ml solution, 5 mg tab	82			
levofloxacin 0.5 % solution	78			
levofloxacin 25 mg/ml solution	18			
levofloxacin 250 mg tab, 500 mg tab, 750 mg tab	18			
levofloxacin in d5w	18			
levonest	69			
levonorg-eth estrad triphasic	69			
levonorgest-eth est & eth est	69			
levonorgest-eth estrad 91-day	70			
levonorgestrel-ethinyl estrad 0.1-20 tab, 0.15-30 tab	70			
levonorgestrel-ethinyl estrad 90-20 mcg tab	70			
levora 0.15/30 (28)	70			
levorphanol tartrate 2 mg tab	13			
levothyroxine sodium 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab	72			
levoxyl	72			
LEXIVA 50 MG/ML SUSPENSION	40			
LEXIVA 700 MG TAB	40			
LIALDA	76			
lidocaine 5 % ointment	14			
lidocaine 5 % patch	14			
lidocaine hcl (pf) 1 % solution, 1.5 % solution	14			
lidocaine hcl 0.5 % solution, 1 % solution, 2 % solution	14			
lidocaine hcl 4 % solution	14			
lidocaine hcl urethral/mucosal	14			
lidocaine viscous hcl	15			
lidocaine-prilocaine 2.5-2.5 % cream	15			
LILETTA (52 MG)	70			
lillow	70			
LINCOCIN	18			
lincomycin hcl 300 mg/ml solution	18			
lindane	59			
linezolid 100 mg/5ml recon susp	18			
linezolid 600 mg tab	18			
linezolid 600 mg/300ml solution	18			
linezolid in sodium chloride	18			
LINZESS	64			
liothyronine sodium 10 mcg/ml solution	72			
liothyronine sodium 5 mcg tab, 25 mcg tab, 50 mcg tab	72			
LIPOFEN 150 MG CAP	51			
LIPOFEN 50 MG CAP	51			
lisinopril 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab	51			
lisinopril-hydrochlorothiazide	51			
LITHIUM	43			
lithium carbonate 150 mg cap, 300 mg cap	43			
lithium carbonate 300 mg tab, 600 mg cap	43			
lithium carbonate er	43			
LO LOESTRIN FE	70			
lo-zumandimine	70			
LOCOID	59			
LOCOID LIPOCREAM	59			
LODOSYN	35			
loestrin 1.5/30 (21)	70			
loestrin 1/20 (21)	70			
loestrin fe 1.5/30	70			
loestrin fe 1/20	70			
lojaimiess	70			
LOKELMA	61			
LONSURF	32			
loperamide hcl 2 mg cap	64			
loperamide hcl 2 mg cap	64			

LOPID	51	<i>lutera</i>	70
<i>lopinavir-ritonavir 100-25 mg tab</i>	40	LUXIQ	59
<i>lopinavir-ritonavir 200-50 mg tab</i>	40	LUZU	27
<i>lopinavir-ritonavir 400-100 mg/5ml solution</i> ...	40	LYBALVI	24
<i>lopreeza</i>	70	<i>lyeq</i>	70
LOPRESSOR 100 MG TAB	51	LYNPARZA	32
LOPROX 0.77 % CREAM	27	LYRICA 20 MG/ML SOLUTION	55
<i>lorazepam 0.5 mg tab, 1 mg tab</i>	43	LYRICA 200 MG CAP	55
<i>lorazepam 1 mg/0.5ml conc, 2 mg tab, 2 mg/ml conc</i>	43	LYRICA 225 MG CAP, 300 MG CAP	55
<i>lorazepam 2 mg/ml solution, 4 mg/ml solution</i>	43	LYRICA 25 MG CAP, 50 MG CAP, 75 MG CAP, 100 MG CAP, 150 MG CAP	55
<i>lorazepam intensol</i>	43	LYRICA CR 330 MG TAB ER 24H	55
LORBRENA 100 MG TAB	32	LYRICA CR 82.5 MG TAB ER 24H, 165 MG TAB ER 24H	55
LORBRENA 25 MG TAB	32	LYSODREN	72
<i>loryna</i>	70	LYSTEDA	48
<i>losartan potassium 25 mg tab, 50 mg tab, 100 mg tab</i>	51	LYUMJEV	45
<i>losartan potassium-hctz</i>	51	LYUMJEV KWIKPEN	45
LOSEASONIQUE	70	<i>lyza</i>	70
LOTEMAX 0.5 % GEL, 0.5 % OINTMENT, 0.5 % SUSPENSION	78	M-M-R II	74
LOTEMAX SM	78	MACRODANTIN	18
LOTENSIN	51	<i>mafénide acetate 5 % packet</i>	59
<i>loteprednol etabonate 0.5 % gel, 0.5 % suspension</i>	78	<i>magnesium sulfate 2 gm/50ml solution, 4 gm/100ml solution, 4 gm/500ml solution, 40 gm/1000ml solution</i>	61
LOTREL 10-40 MG CAP	51	<i>magnesium sulfate 50 % solution</i>	61
<i>lovastatin 10 mg tab, 20 mg tab, 40 mg tab</i> ...	51	MALARONE	35
LOVENOX 100 MG/ML SOLN PRSYR, 150 MG/ML SOLN PRSYR	47	<i>malathion</i>	59
LOVENOX 30 MG/0.3ML SOLN PRSYR	47	<i>mannitol 20 % solution, 25 % solution</i>	77
LOVENOX 40 MG/0.4ML SOLN PRSYR	47	<i>maraviroc</i>	40
LOVENOX 60 MG/0.6ML SOLN PRSYR	47	<i>marlissa</i>	70
LOVENOX 80 MG/0.8ML SOLN PRSYR, 120 MG/0.8ML SOLN PRSYR	48	MARPLAN	24
<i>low-ogestrel</i>	70	MATULANE	32
<i>loxapine succinate</i>	37	<i>matzim la</i>	51
<i>lubiprostone</i>	64	MAVYRET 100-40 MG TAB	40
<i>luliconazole</i>	27	MAVYRET 50-20 MG PACKET	40
LUMAKRAS	32	MAXALT	28
LUMIGAN	78	MAXALT-MLT	28
LUMIZYME	65	MAXIDEX	78
LUNESTA 1 MG TAB	83	MAXZIDE	51
LUPRON DEPOT (1-MONTH)	72	MAXZIDE-25	51
LUPRON DEPOT (3-MONTH)	72	MAYZENT 0.25 MG TAB	55
LUPRON DEPOT (4-MONTH)	72	MAYZENT 1 MG TAB, 2 MG TAB	55
LUPRON DEPOT (6-MONTH)	72	MAYZENT STARTER PACK 0.25 MG TAB THPK	55
LUPRON DEPOT-PED (1-MONTH) 7.5 MG KIT	72	MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK	55
		<i>meclizine hcl 12.5 mg tab, 25 mg tab</i>	26

meclofenamate sodium 50 mg cap, 100 mg cap	13
MEDROL 2 MG TAB	66
MEDROL 4 MG TAB, 8 MG TAB, 16 MG TAB, 32 MG TAB	66
medroxyprogesterone acetate 150 mg/ml susp prsyr, 150 mg/ml suspension	70
medroxyprogesterone acetate 2.5 mg tab, 5 mg tab, 10 mg tab	70
mefenamic acid 250 mg cap	13
mefloquine hcl	35
megestrol acetate 20 mg tab, 40 mg tab	70
megestrol acetate 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension	70
MEKINIST 0.5 MG TAB	32
MEKINIST 2 MG TAB	32
MEKTOVI	32
melodetta 24 fe	70
meloxicam 7.5 mg tab, 15 mg tab	13
melphalan	32
memantine hcl 10 mg tab	23
memantine hcl 2 mg/ml solution, 10 mg/5ml solution	23
memantine hcl 28 x 5 mg & 21 x 10 mg tab	23
memantine hcl 5 mg tab	23
memantine hcl er	23
MENACTRA	74
MENEST	70
MENQUADFI	74
MENVEO	74
meprobamate	43
mercaptopurine 50 mg tab	32
meropenem	18
mesalamine 1.2 gm tab dr, 400 mg cap dr	76
mesalamine 4 gm enema, 800 mg tab dr, 1000 mg suppos	76
mesalamine er 0.375 gm cap er 24h	76
mesalamine-cleanser	76
mesna	32
MESNEX 400 MG TAB	32
MESTINON 60 MG/5ML SOLUTION, 180 MG TAB ER	28
metformin hcl 1000 mg tab	45
metformin hcl 500 mg tab	45
metformin hcl 850 mg tab	45
metformin hcl er 500 mg tab er 24h	45
metformin hcl er 750 mg tab er 24h	45
methadone hcl 10 mg/ml conc	13
methadone hcl 10 mg/ml solution	13
methadone hcl 5 mg tab, 10 mg tab	13
methadone hcl 5 mg/5ml solution, 10 mg/5ml solution	13
methadone hcl intensol	13
METHADOSE SUGAR-FREE	13
methazolamide 25 mg tab, 50 mg tab	78
methenamine hippurate	18
methenamine mandelate 0.5 gm tab, 1 gm tab	18
methergine	77
methimazole 5 mg tab, 10 mg tab	73
methocarbamol 500 mg tab, 750 mg tab	83
methotrexate 2.5 mg tab	74
methotrexate sodium (pf)	74
methotrexate sodium 1 gm recon soln, 2.5 mg tab, 50 mg/2ml solution, 250 mg/10ml solution	74
methoxsalen rapid	59
methscopolamine bromide 2.5 mg tab, 5 mg tab	64
methyldopa	51
methylergonovine maleate 0.2 mg tab	77
METHYLIN 10 MG/5ML SOLUTION	55
METHYLIN 5 MG/5ML SOLUTION	55
methylphenidate hcl 10 mg/5ml solution	55
methylphenidate hcl 5 mg tab, 10 mg tab, 20 mg tab	55
methylphenidate hcl 5 mg/5ml solution	55
methylphenidate hcl er (cd)	55
methylphenidate hcl er (la) 10 mg cap er 24h, 20 mg cap er 24h, 40 mg cap er 24h, 60 mg cap er 24h	55
methylphenidate hcl er (la) 30 mg cap er 24h	55
methylphenidate hcl er 10 mg tab er, 20 mg tab er	55
methylphenidate hcl er 18 mg tab er, 18 mg tab er 24h, 27 mg tab er, 27 mg tab er 24h, 54 mg tab er, 54 mg tab er 24h, 72 mg tab er	55
methylphenidate hcl er 36 mg tab er, 36 mg tab er 24h	55
methylprednisolone 4 mg tab, 4 mg tab thpk, 8 mg tab, 16 mg tab, 32 mg tab	66
methylprednisolone acetate 40 mg/ml suspension, 80 mg/ml suspension	66
methylprednisolone sodium succ 40 mg recon soln, 125 mg recon soln, 1000 mg recon soln	66

metoclopramide hcl 5 mg tab disp, 5 mg/5ml solution, 5 mg/ml solution, 10 mg/10ml solution	26
metoclopramide hcl 5 mg tab, 10 mg tab	26
metolazone	51
metoprolol succinate er	51
metoprolol tartrate 25 mg tab, 50 mg tab, 100 mg tab	51
metoprolol tartrate 37.5 mg tab, 75 mg tab	51
metoprolol tartrate 5 mg/5ml solution	51
metoprolol-hydrochlorothiazide	51
METROCREAM	18
METROGEL	18
METROLOTION	18
metronidazole 0.75 % cream, 0.75 % gel, 0.75 % lotion, 1 % gel, 250 mg tab, 375 mg cap, 500 mg tab, 500 mg/100ml solution	18
metronidazole 0.75 % gel (topical)	18
metronidazole 0.75 % gel vaginal	18
metyrosine	51
mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap	51
micafungin sodium	27
MICARDIS	51
MICARDIS HCT	51
miconazole 3	27
microgestin 1.5/30	70
microgestin 1/20	70
microgestin 24 fe	70
microgestin fe 1.5/30	70
microgestin fe 1/20	70
midazolam hcl 2 mg/ml syrup	43
midodrine hcl	51
migergot	28
miglitol	45
miglustat	65
mili	70
MILLIPRED	66
mimvey	70
MINASTRIN 24 FE	70
MINIPRESS	51
MINIVELLE	70
minocycline hcl 50 mg cap, 50 mg tab, 75 mg cap, 75 mg tab, 100 mg cap, 100 mg tab	18
minoxidil 2.5 mg tab, 10 mg tab	51
MIRAPEX ER 0.75 MG TAB ER 24H, 1.5 MG TAB ER 24H, 3 MG TAB ER 24H, 3.75 MG TAB ER 24H	36
MIRENA (52 MG)	70
mirtazapine 15 mg tab disp, 30 mg tab disp, 45 mg tab, 45 mg tab disp	24
mirtazapine 7.5 mg tab, 15 mg tab, 30 mg tab	24
misoprostol 100 mcg tab, 200 mcg tab	67
MITIGARE	27
mitomycin 20 mg recon soln, 40 mg recon soln	32
mitomycin 5 mg recon soln	32
modafinil 100 mg tab	84
modafinil 200 mg tab	84
moexipril hcl	51
molindone hcl	37
mometasone furoate 0.1 % cream, 0.1 % ointment	66
mometasone furoate 0.1 % solution	59
mometasone furoate 50 mcg/act suspension	82
monodoxine nl 100 mg cap	18
mono-linyah	70
montelukast sodium 4 mg chew tab, 4 mg packet, 5 mg chew tab, 10 mg tab	82
MONUROL	18
morphine sulfate (concentrate) 20 mg/ml solution, 100 mg/5ml solution	13
morphine sulfate (pf) 0.5 mg/ml solution, 1 mg/ml solution	13
MORPHINE SULFATE (PF) 1 MG/ML SOLUTION, 4 MG/ML SOLUTION, 5 MG/ML SOLUTION, 10 MG/ML SOLUTION	13
MORPHINE SULFATE (PF) 2 MG/ML SOLUTION IV	13
MORPHINE SULFATE (PF) 8 MG/ML SOLUTION ...	13
morphine sulfate 1 mg/ml solution, 15 mg tab, 30 mg tab	13
morphine sulfate 10 mg/5ml solution, 20 mg/5ml solution	14
morphine sulfate 2 mg/ml solution, 4 mg/ml solution	14
morphine sulfate 50 mg/ml solution	14
morphine sulfate 8 mg/ml solution	14
morphine sulfate er 10 mg cap er 24h, 20 mg cap er 24h, 30 mg cap er 24h, 50 mg cap er 24h, 60 mg cap er 24h, 80 mg cap er 24h	14
morphine sulfate er 100 mg tab er, 200 mg tab er	14
morphine sulfate er 15 mg tab er, 30 mg tab er, 60 mg tab er	14

morphine sulfate er 40 mg cap er 24h, 100 mg cap er 24h	14
morphine sulfate iv soln pf 10 mg/ml	14
MOVANTIK	64
MOVIPREP	64
moxifloxacin hcl (2x day)	79
moxifloxacin hcl 0.5 % solution	79
moxifloxacin hcl 400 mg tab	18
moxifloxacin hcl in nacl	18
MOZOBIL	48
MS CONTIN 15 MG TAB ER, 30 MG TAB ER	14
MULTAQ	51
mupirocin 2 % ointment	59
mupirocin calcium	59
mutamycin 40 mg recon soln	32
mutamycin 5 mg recon soln, 20 mg recon soln	32
MYAMBUTOL	28
MYCAMINE	27
MYCOBUTIN	28
mycophenolate mofetil 200 mg/ml recon susp	74
mycophenolate mofetil 250 mg cap, 500 mg tab	74
mycophenolate sodium	74
MYFORTIC 180 MG TAB DR	74
MYFORTIC 360 MG TAB DR	74
myorisan	59
MYRBETRIQ 25 MG TAB ER 24H, 50 MG TAB ER 24H	65
nabumetone 500 mg tab, 750 mg tab	14
nadolol 20 mg tab, 40 mg tab, 80 mg tab	51
nafcillin sodium 1 gm recon soln for inj	18
nafcillin sodium 1 gm recon soln, 2 gm recon soln	18
nafcillin sodium 10 gm recon soln	18
naftifine hcl	27
NAFTIN 1 % GEL, 2 % GEL	27
NAGLAZYME	65
NALFON 600 MG TAB	14
naloxone hcl 0.4 mg/ml soln cart, 0.4 mg/ml solution, 2 mg/2ml soln prsyr, 4 mg/10ml solution	15
naloxone hcl 4 mg/0.1ml liquid	15
naltrexone hcl 50 mg tab	15
NAMENDA XR	23
NAMZARIC 7 & 14 & 21 &28-10 MG CP24 THPK	23
NAMZARIC 7-10 MG CAP ER 24H, 14-10 MG CAP ER 24H, 21-10 MG CAP ER 24H, 28-10 MG CAP ER 24H	23
naproxen 125 mg/5ml suspension	14
naproxen 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr	14
naproxen sodium 275 mg tab, 550 mg tab	14
naratriptan hcl	28
NARCAN	15
NATACYN	79
nateglinide 120 mg tab	45
nateglinide 60 mg tab	45
NATPARA	76
NATROBA	59
NAYZILAM	15
nebivolol hcl	51
NEBUPENT	35
necon 0.5/35 (28)	70
NEEDLES, INSULIN DISP., SAFETY	77
nefazodone hcl 200 mg tab	24
nefazodone hcl 50 mg tab, 100 mg tab, 150 mg tab, 250 mg tab	24
neo-polycin	79
neo-polycin hc	79
neomycin sulfate 500 mg tab	18
neomycin-bacitracin zn-polymyx	79
neomycin-polymyxin b gu	18
neomycin-polymyxin-dexameth 0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension	79
neomycin-polymyxin-gramicidin	79
neomycin-polymyxin-hc 1 % solution, 3.5-10000-1 solution	80
neomycin-polymyxin-hc 3.5-10000-1 suspension	79
neomycin-polymyxin-hc 3.5-10000-1 ophth susp	79
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	80
NERLYNX	32
neuac 1.2-5 % gel	59
NEULASTA	48
NEULASTA ONPRO	48
NEUPOGEN	48
NEUPRO	36
NEURONTIN 250 MG/5ML SOLUTION	21
NEVANAC	79
nevirapine 200 mg tab	41

<i>nevirapine 50 mg/5ml suspension</i>	41	<i>norethindrone acet-ethinyl est</i>	70
<i>nevirapine er 100 mg tab er 24h</i>	41	<i>norethindrone acetate 5 mg tab</i>	70
<i>nevirapine er 400 mg tab er 24h</i>	41	<i>norethindrone-eth estradiol</i>	70
NEXAVAR	32	<i>norgestim-eth estrad triphasic</i>	70
NEXIUM 20 MG CAP DR, 40 MG CAP DR	64	<i>norgestimate-eth estradiol</i>	70
<i>niacin (antihyperlipidemic)</i>	51	<i>norlyda</i>	70
<i>niacin er (antihyperlipidemic)</i>	51	<i>norlyroc</i>	70
<i>niacor</i>	51	NORPACE	52
NIASPAN	51	NORPACE CR	52
<i>nicardipine hcl 2.5 mg/ml solution</i>	52	NORPRAMIN	24
<i>nicardipine hcl 20 mg cap, 30 mg cap</i>	52	<i>nortrel 0.5/35 (28)</i>	70
NICOTROL	15	<i>nortrel 1/35 (21)</i>	70
NICOTROL NS	15	<i>nortrel 1/35 (28)</i>	70
<i>nifedipine 10 mg cap, 20 mg cap</i>	52	<i>nortrel 7/7/7</i>	70
<i>nifedipine er</i>	52	<i>nortriptyline hcl 10 mg cap, 25 mg cap</i>	24
<i>nifedipine er osmotic release</i>	52	<i>nortriptyline hcl 10 mg/5ml solution, 50 mg cap,</i>	
<i>nikki</i>	70	<i>75 mg cap</i>	24
NILANDRON	32	NORVASC	52
<i>nilutamide</i>	32	NORVIR 100 MG PACKET, 100 MG TAB	41
<i>nimodipine 30 mg cap</i>	52	NORVIR 80 MG/ML SOLUTION	41
NINLARO	32	NOVOPEN ECHO	77
<i>nisoldipine er</i>	52	NOXAFL 40 MG/ML SUSPENSION	27
<i>nitazoxanide 500 mg tab</i>	35	<i>np thyroid</i>	72
<i>nitisinone</i>	65	NUBEQA	32
NITRO-BID	52	NUCALA 40 MG/0.4ML SOLN PRSYR, 100 MG	
NITRO-DUR 0.1 MG/HR PATCH 24HR, 0.2 MG/HR		RECON SOLN, 100 MG/ML SOLN A-INJ, 100	
PATCH 24HR, 0.4 MG/HR PATCH 24HR, 0.6		MG/ML SOLN PRSYR	82
MG/HR PATCH 24HR	52	NUEDEXTA	55
NITRO-DUR 0.3 MG/HR PATCH 24HR, 0.8 MG/HR		NULOJIX	74
PATCH 24HR	52	NUPLAZID	37
<i>nitrofurantoin</i>	18	NURTEC	28
<i>nitrofurantoin macrocrystal 25 mg cap, 50 mg cap,</i>		NUTRILIPID	62
<i>100 mg cap</i>	18	NUTROPIN AQ NUSPIN 10	67
<i>nitrofurantoin monohyd macro</i>	18	NUTROPIN AQ NUSPIN 20	67
<i>nitroglycerin 0.1 mg/hr patch 24hr, 0.2 mg/hr</i>		NUTROPIN AQ NUSPIN 5	67
<i>patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4</i>		NUVARING	70
<i>mg/hr patch 24hr, 0.4 mg/spray solution, 0.6</i>		<i>nyamyc</i>	27
<i>mg sl tab, 0.6 mg/hr patch 24hr</i>	52	<i>nylia 1/35</i>	70
NITROGLYCERIN 5 MG/ML SOLUTION	52	<i>nylia 7/7/7</i>	70
NITROSTAT	52	<i>nystatin 100000 unit/gm cream, 100000 unit/gm</i>	
NIVESTYM	48	<i>ointment, 100000 unit/gm powder, 100000</i>	
<i>nizatidine 150 mg cap, 300 mg cap</i>	64	<i>unit/ml suspension, 500000 unit tab</i>	27
<i>nora-be</i>	70	nystatin-triamcinolone	59
NORDITROPIN FLEXPRO	67	nystop	27
<i>norethin ace-eth estrad-fe 1-20 mg-mcg tab, 1-20</i>		<i>ocella</i>	71
<i>mg-mcg(24) chew tab, 1.5-30 mg-mcg tab</i>	70	OCTAGAM 1 GM/20ML SOLUTION, 2 GM/20ML	
<i>norethin-eth estradiol-fe</i>	70	SOLUTION, 2.5 GM/50ML SOLUTION, 5	
<i>norethindrone 0.35 mg tab</i>	70	GM/100ML SOLUTION, 25 GM/500ML SOLUTION,	

30 GM/300ML SOLUTION	74
octreotide acetate 1000 mcg/ml solution	72
octreotide acetate 50 mcg/ml soln prsyr, 50 mcg/ml solution, 100 mcg/ml soln prsyr, 100 mcg/ml solution, 200 mcg/ml solution	72
octreotide acetate 500 mcg/ml soln prsyr, 500 mcg/ml solution	72
OCUFLOX	79
ODEFSEY	41
ODOMZO	32
OFEV	82
ofloxacin 300 mg tab, 400 mg tab	18
ofloxacin ophth soln 0.3%	79
ofloxacin otic soln 0.3%	80
olanzapine 10 mg recon soln	37
olanzapine 2.5 mg tab, 5 mg tab, 5 mg tab disp, 7.5 mg tab, 10 mg tab, 10 mg tab disp, 15 mg tab, 15 mg tab disp	37
olanzapine 20 mg tab, 20 mg tab disp	37
olanzapine-fluoxetine hcl 3-25 mg cap, 6-25 mg cap	24
olanzapine-fluoxetine hcl 6-50 mg cap, 12-25 mg cap, 12-50 mg cap	24
olmesartan medoxomil 5 mg tab, 20 mg tab, 40 mg tab	52
olmesartan medoxomil-hctz	52
olmesartan-amlodipine-hctz	52
olopatadine hcl 0.1 % solution, 0.2 % solution	79
olopatadine hcl 0.6 % solution	82
OLUX-E	59
omega-3-acid ethyl esters	52
omeprazole 10 mg cap dr, 20 mg cap dr, 40 mg cap dr	64
omeprazole-sodium bicarbonate 20-1100 mg cap, 20-1680 mg packet, 40-1680 mg packet	64
OMNARIS	82
OMNITROPE 5 MG/1.5ML SOLN CART, 10 MG/1.5ML SOLN CART	67
OMNITROPE 5.8 MG RECON SOLN	67
ondansetron	26
ondansetron hcl 24 mg tab	26
ondansetron hcl 4 mg tab, 8 mg tab	26
ondansetron hcl 4 mg/2ml soln prsyr, 4 mg/2ml solution, 40 mg/20ml solution	26
ondansetron hcl 4 mg/5ml solution	26
ONFI 10 MG TAB	21
ONFI 2.5 MG/ML SUSPENSION	21
ONFI 20 MG TAB	21
ONUREG	32
OPDIVO	32
opium	64
OPSUMIT	82
ORACEA	19
oralone	56
ORAPRED ODT	66
ORENITRAM 0.125 MG TAB ER	82
ORENITRAM 0.25 MG TAB ER, 1 MG TAB ER, 2.5 MG TAB ER, 5 MG TAB ER	82
ORFADIN 2 MG CAP, 4 MG/ML SUSPENSION, 5 MG CAP, 10 MG CAP, 20 MG CAP	65
ORGOVYX	72
ORKAMBI 100-125 MG TAB, 200-125 MG TAB	82
orphenadrine citrate er	83
orsythia	71
oseltamivir phosphate 6 mg/ml recon susp, 30 mg cap, 45 mg cap, 75 mg cap	41
OSMOPREP	64
OSPHENA	71
OTEZLA 10 & 20 & 30 MG TAB THPK	75
OTEZLA 30 MG TAB	59
OVIDE	59
oxacillin sodium 1 gm recon soln, 2 gm recon soln	19
oxacillin sodium 10 gm recon soln	19
OXACILLIN SODIUM IN DEXTROSE	19
oxaliplatin 100 mg recon soln	32
oxaliplatin 50 mg recon soln	32
oxaliplatin 50 mg/10ml solution, 100 mg/20ml solution, 200 mg/40ml solution	32
oxandrolone 10 mg tab	71
oxandrolone 2.5 mg tab	71
oxaprozin	14
oxazepam	43
oxcarbazepine 150 mg tab, 300 mg tab, 300 mg/5ml suspension, 600 mg tab	21
oxiconazole nitrate	27
OXISTAT 1 % LOTION	27
oxybutynin chloride 5 mg tab	65
oxybutynin chloride 5 mg/5ml syrup	65
oxybutynin chloride er 10 mg tab er 24h, 15 mg tab er 24h	65
oxybutynin chloride er 5 mg tab er 24h	65
oxycodone hcl 5 mg cap, 5 mg tab, 10 mg tab, 10 mg/0.5ml conc, 15 mg tab, 20 mg tab, 30 mg tab, 100 mg/5ml conc	14
oxycodone hcl 5 mg/5ml solution	14

oxycodone-acetaminophen 2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab	14
OXYTROL	65
OZEMPIK (0.25 OR 0.5 MG/DOSE)	45
OZEMPIK (1 MG/DOSE)	45
OZEMPIK (2 MG/DOSE)	45
pacerone	52
paclitaxel 100 mg/16.7ml conc, 300 mg/50ml conc	32
paclitaxel 30 mg/5ml conc, 150 mg/25ml conc	32
paclitaxel protein-bound part	32
paliperidone er 1.5 mg tab er 24h, 3 mg tab er 24h	37
paliperidone er 6 mg tab er 24h	37
paliperidone er 9 mg tab er 24h	37
PAMELOR	24
pamidronate disodium 30 mg/10ml solution, 90 mg/10ml solution	76
PAMIDRONATE DISODIUM 6 MG/ML SOLUTION	76
PANDEL	59
PANRETIN	32
pantoprazole sodium 20 mg tab dr, 40 mg tab dr	64
pantoprazole sodium 40 mg packet	64
pantoprazole sodium 40 mg recon soln	64
PARAGARD INTRAUTERINE COPPER	77
paraplatin	32
paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap	76
PARLODEL	36
paromomycin sulfate 250 mg cap	19
paroxetine hcl 10 mg tab, 20 mg tab	24
paroxetine hcl 10 mg/5ml suspension	24
paroxetine hcl 30 mg tab	24
paroxetine hcl 40 mg tab	25
paroxetine hcl er 12.5 mg tab er 24h	25
paroxetine hcl er 25 mg tab er 24h, 37.5 mg tab er 24h	25
PASER	28
PATANASE	82
PAXIL 10 MG TAB	25
PAXIL 10 MG/5ML SUSPENSION	25
PEDIARIX	75
PEDVAX HIB	75
peg 3350-kcl-na bicarb-nacl	64
peg-3350/electrolytes	64
peg-kcl-nacl-nasulf-na asc-c	64
PEGASYS	75
PEMAZYRE	32
pemetrexed disodium 100 mg recon soln, 500 mg recon soln, 750 mg recon soln, 1000 mg recon soln	32
penicillamine 250 mg tab	65
PENICILLIN G POT IN DEXTROSE	19
penicillin g potassium	19
PENICILLIN G PROCAINE	19
penicillin g sodium	19
penicillin v potassium 125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab	19
PENTACEL	75
PENTAM	35
pentamidine isethionate	35
pentamidine isethionate 300 mg recon soln for nebulization	35
pentazocine-naloxone hcl	14
pentoxifylline er	52
PERCOCET 2.5-325 MG TAB	14
PERFOROMIST	82
perindopril erbumine	52
periogard	56
PERJETA	32
permethrin 5 % cream	59
perphenazine 2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab	26
perphenazine-amitriptyline	25
PERSERIS	37
PEXEVA 10 MG TAB, 40 MG TAB	25
PEXEVA 20 MG TAB	25
PEXEVA 30 MG TAB	25
pfizerpen	19
phenelzine sulfate 15 mg tab	25
phenobarbital 100 mg tab	21
phenobarbital 15 mg tab	21
phenobarbital 16.2 mg tab	21
phenobarbital 20 mg/5ml elixir	21
phenobarbital 30 mg tab	22
phenobarbital 32.4 mg tab	22
phenobarbital 60 mg tab	22
phenobarbital 64.8 mg tab	22
phenobarbital 97.2 mg tab	22
phenoxybenzamine hcl 10 mg cap	52
PHENYTEK	22

phenytoin 50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension	22
phenytoin infatabs	22
phenytoin sodium extended	22
PHESGO	32
philith	71
PHOSLYRA	62
PHOSPHOLINE IODIDE	79
PIFELTRO	41
pilocarpine hcl 1 % solution, 2 % solution, 4 % solution	79
pilocarpine hcl 5 mg tab, 7.5 mg tab	56
pimecrolimus	59
pimozide	37
pimtrea	71
pindolol	52
pioglitazone hcl 15 mg tab	45
pioglitazone hcl 30 mg tab	45
pioglitazone hcl 45 mg tab	45
pioglitazone hcl-glimepiride	46
pioglitazone hcl-metformin hcl	46
piperacillin sod-tazobactam soln	19
PIQRAY (200 MG DAILY DOSE)	32
PIQRAY (250 MG DAILY DOSE)	33
PIQRAY (300 MG DAILY DOSE)	33
pirfenidone 267 mg tab	82
pirfenidone 534 mg tab, 801 mg tab	82
permella 1/35	71
permella 7/7/7	71
piroxicam 10 mg cap, 20 mg cap	14
PLASMA-LYTE 148	62
PLASMA-LYTE A	62
plenamine	62
PLENNU	64
podofilox 0.5 % solution	59
polycin	79
polymyxin b sulfate 500000 unit recon soln	19
polymyxin b-trimethoprim	79
POLYTRIM	79
POMALYST	33
portia-28	71
posaconazole	27
potassium chloride 10 % solution, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution	62
potassium chloride 10 meq cap er	62
potassium chloride 10 meq tab er	62
POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION, 20 MEQ/100ML SOLUTION, 40 MEQ/100ML SOLUTION	62
potassium chloride 2 meq/ml solution, 10 meq/50ml solution	62
potassium chloride 20 meq packet	62
potassium chloride 20 meq tab er	62
potassium chloride 8 meq cap er	62
potassium chloride 8 meq tab er	62
potassium chloride crys 10 meq tab er	62
potassium chloride crys 20 meq tab er	62
potassium chloride crys er 15 meq tab er	62
potassium chloride in dextrose	62
POTASSIUM CHLORIDE IN NACL 20-0.45 MEQ/L-% SOLUTION, 20-0.9 MEQ/L-% SOLUTION, 40-0.9 MEQ/L-% SOLUTION	62
potassium citrate 10 meq (1080 mg) tab er	62
potassium citrate 15 meq (1620 mg) tab er	62
potassium citrate 5 meq (540 mg) tab er	62
POTELIGEO	33
PRADAXA	48
PRALUENT	52
pramipexole dihydrochloride	36
pramipexole dihydrochloride er	36
prasugrel hcl	48
pravastatin sodium	52
praziquantel 600 mg tab	35
prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap	52
PRED MILD	79
PRED-G	79
PRED-G S.O.P.	79
prednicarbate 0.1 % ointment	67
prednisolone 15 mg/5ml solution	67
prednisolone acetate 1 % suspension	79
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	79
prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution, 10 mg tab disp, 10 mg/5ml solution, 15 mg tab disp, 15 mg/5ml solution, 20 mg/5ml solution, 25 mg/5ml solution, 30 mg tab disp	67
prednisone 1 mg tab, 5 mg (48) tab thpk, 5 mg/5ml solution, 10 mg (48) tab thpk	67
prednisone 2.5 mg tab, 5 mg (21) tab thpk, 5 mg tab, 10 mg (21) tab thpk, 10 mg tab, 20 mg tab, 50 mg tab	67
PREDNISONE INTENSOL	67
pregabalin 20 mg/ml solution	55

pregabalin 200 mg cap	56
pregabalin 225 mg cap, 300 mg cap	56
pregabalin 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap	56
PREHEVBARIO	75
PREMARIN 0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB	71
PREMARIN 0.625 MG/GM CREAM	71
PREMASOL	62
PREMPHASE	71
PREMPRO	71
prenatal vit w/ ferrous fumarate-l methylfolate-folic acid	62
prenatal vit w/ iron carbonyl-folic acid	62
prenatal without a w/ fe fumarate-l methylfolate-fa-dha	62
prevalite 4 gm packet, 4 gm/dose powder	52
PREVIDENT 0.2 % SOLUTION, 1.1 % GEL	56
PREVIDENT 5000 BOOSTER PLUS	56
PREVIDENT 5000 DRY MOUTH	56
PREVIDENT 5000 ENAMEL PROTECT	56
PREVIDENT 5000 PLUS	56
PREVIDENT 5000 SENSITIVE	56
PREVYMIS 240 MG TAB, 480 MG TAB	41
PREZCOBIX	41
PREZISTA 100 MG/ML SUSPENSION	41
PREZISTA 150 MG TAB	41
PREZISTA 600 MG TAB, 800 MG TAB	41
PREZISTA 75 MG TAB	41
PRIFTIN	29
primaquine phosphate	35
PRIMAXIN IV	19
primidone 50 mg tab, 250 mg tab	22
PRIORIX	75
PROAIR HFA	82
PROAIR RESPICLICK	82
probenecid	27
PROCALAMINE	62
procchlorperazine	26
procchlorperazine edisylate 10 mg/2ml solution	26
procchlorperazine maleate 5 mg tab, 10 mg tab	26
PROCIT 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION	48
PROCIT 2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION	48
procto-med hc	59
procto-pak	59
proctosol hc	59
protozone-hc	59
progesterone 100 mg cap, 200 mg cap	71
PROGLYCEM	46
PROGRAF 0.2 MG PACKET, 1 MG PACKET, 5 MG CAP	75
PROGRAF 5 MG/ML SOLUTION	75
PROLASTIN-C	65
PROLENSA	79
PROLIA	76
PROMACTA 12.5 MG PACKET	48
PROMACTA 12.5 MG TAB, 25 MG TAB	48
PROMACTA 25 MG PACKET	48
PROMACTA 50 MG TAB	48
PROMACTA 75 MG TAB	48
promethazine hcl 12.5 mg suppos, 25 mg suppos	26
promethazine hcl 12.5 mg tab, 25 mg tab, 50 mg tab	26
promethazine hcl 6.25 mg/5ml solution, 6.25 mg/5ml syrup, 25 mg/ml solution, 50 mg/ml solution	82
promethegan	26
PROMETRIUM 200 MG CAP	71
propafenone hcl	52
propafenone hcl er	52
propantheline bromide 15 mg tab	64
proparacaine hcl 0.5 % solution	79
propranolol hcl 1 mg/ml solution	52
propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab	52
propranolol hcl 20 mg/5ml solution, 40 mg/5ml solution, 60 mg tab	52
propranolol hcl er	52
propylthiouracil 50 mg tab	73
PROQUAD	75
PROSOL	62
PROTONIX 20 MG TAB DR, 40 MG PACKET, 40 MG TAB DR	64
PROTOPIC	59
protriptyline hcl	25
PROVERA 2.5 MG TAB, 10 MG TAB	71
PRUDEXIN	59
PULMICORT 0.25 MG/2ML SUSPENSION, 0.5 MG/2ML SUSPENSION	82
PULMICORT FLEXHALER	82

PULMOZYME	82	reclipsen	71
PURIXAN	33	RECOMBIVAX HB	75
pyrazinamide 500 mg tab	29	RECTIV	52
pyridostigmine bromide 30 mg tab, 60 mg tab, 60 mg/5ml solution	28	REGLAN	26
pyridostigmine bromide er	28	REGONOL	28
pyrimethamine 25 mg tab	35	relafen	14
QINLOCK	33	RELENZA DISKHALER	41
QNDSL	82	RELEXXII	56
QNDSL CHILDRENS	82	RELISTOR 12 MG/0.6ML SOLUTION	64
QUADRACEL	75	RELISTOR 8 MG/0.4ML SOLUTION	64
QUALAQUIN	35	RELPAX	28
QUARTETTE	71	REMERON SOLTAB	25
QUDEXY XR 25 MG CP24 SPRNK, 50 MG CP24 SPRNK, 100 MG CP24 SPRNK	22	REMICADE	75
QUESTRAN 4 GM PACKET, 4 GM/DOSE POWDER	52	REMODULIN	82
QUESTRAN LIGHT	52	RENAGEL	62
quetiapine fumarate 100 mg tab	37	RENVELA 0.8 GM PACKET, 800 MG TAB	62
quetiapine fumarate 150 mg tab	37	repaglinide 0.5 mg tab	46
quetiapine fumarate 200 mg tab	38	repaglinide 1 mg tab	46
quetiapine fumarate 25 mg tab	38	repaglinide 2 mg tab	46
quetiapine fumarate 300 mg tab	38	REPATHA	52
quetiapine fumarate 400 mg tab	38	REPATHA PUSHTRONEX SYSTEM	52
quetiapine fumarate 50 mg tab	38	REPATHA SURECLICK	52
quetiapine fumarate er 150 mg tab er 24h, 200 mg tab er 24h	38	RESTASIS	79
quetiapine fumarate er 50 mg tab er 24h, 300 mg tab er 24h, 400 mg tab er 24h	38	RESTASIS MULTIDOSE	79
quinapril hcl	52	RETEVMO 40 MG CAP	33
quinapril-hydrochlorothiazide	52	RETEVMO 80 MG CAP	33
quinidine sulfate	52	RETIN-A 0.01 % GEL, 0.025 % CREAM	59
quinine sulfate 324 mg cap	35	RETIN-A MICRO 0.04 % GEL	59
QVAR REDIHALER 40 MCG/ACT AERO BA	82	RETIN-A MICRO PUMP 0.04 % GEL	59
QVAR REDIHALER 80 MCG/ACT AERO BA	82	RETROVIR 10 MG/ML SOLUTION	41
RABAVERT	75	RETROVIR 100 MG CAP	41
rabeprazole sodium 20 mg tab dr	64	RETROVIR 50 MG/5ML SYRUP	41
raloxifene hcl	71	REVLIMID 10 MG CAP	33
ramelteon	84	REVLIMID 2.5 MG CAP, 15 MG CAP, 20 MG CAP, 25 MG CAP	33
ramipril	52	REVLIMID 5 MG CAP	33
RANEXA	52	REXULTI 0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB	38
ranolazine er	52	REXULTI 3 MG TAB, 4 MG TAB	38
RAPAFLO	65	REYATAZ 150 MG CAP, 200 MG CAP	41
RAPAMUNE 0.5 MG TAB, 1 MG TAB, 1 MG/ML SOLUTION, 2 MG TAB	75	REYATAZ 300 MG CAP	41
rasagiline mesylate 0.5 mg tab, 1 mg tab	36	REYATAZ 50 MG PACKET	41
RAVICTI	65	RHOPRESSA	79
RAZADYNE ER	23	RIABNI	33
		ribavirin 200 mg cap, 200 mg tab	41
		RIDAURA	75
		rifabutin	29

rifampin 150 mg cap, 300 mg cap	29
rifampin 600 mg recon soln	29
RILUTEK	56
riluzole	56
rimantadine hcl	41
ringers	62
ringers irrigation	62
RINVOQ	75
risedronate sodium 150 mg tab	76
risedronate sodium 30 mg tab	76
risedronate sodium 35 mg tab, 35 mg tab dr ...	76
risedronate sodium 5 mg tab	76
RISPERDAL CONSTA 12.5 MG, 25 MG	38
RISPERDAL CONSTA 37.5 MG, 50 MG	38
risperidone 0.25 mg tab, 0.25 mg tab disp	38
risperidone 0.5 mg tab, 0.5 mg tab disp	38
risperidone 1 mg tab, 1 mg tab disp, 1 mg/ml solution	38
risperidone 2 mg tab, 2 mg tab disp	38
risperidone 3 mg tab disp	38
risperidone 3 mg tab, 4 mg tab, 4 mg tab disp	38
RITALIN LA 30 MG CAP ER 24H	56
RITALIN LA 40 MG CAP ER 24H	56
ritonavir	41
RITUXAN	33
RITUXAN HYCELA	33
rivastigmine	23
rivastigmine tartrate	23
rivelsa	71
rizatriptan benzoate	28
ROCALTROL 0.5 MCG CAP, 1 MCG/ML SOLUTION	76
ROCKLATAN	79
romidepsin 10 mg recon soln	33
ropinirole hcl	36
ropinirole hcl er	36
rosadan 0.75 % cream, 0.75 % gel	19
rosuvastatin calcium	53
ROTARIX	75
ROTATEQ	75
ROWASA	76
roweepra 500 mg tab	22
ROXICODONE 5 MG TAB, 15 MG TAB	14
ROZEREM	84
ROZLYTREK 100 MG CAP	33
ROZLYTREK 200 MG CAP	33
RUBRACA	33
rufinamide 200 mg tab	22
rufinamide 40 mg/ml suspension	22
rufinamide 400 mg tab	22
RUKOBIA	41
RUZURGI	77
RYBELSUS 3 MG TAB	46
RYBELSUS 7 MG TAB, 14 MG TAB	46
RYBREVANT	33
RYDAPT	33
RYLAZE	33
RYTARY	36
RYVENT	82
SABRIL	22
SAFYRAL	71
SAIZEN	67
SAIZENPREP	67
sajazir	75
SALAGEN	56
salsalate 500 mg tab, 750 mg tab	14
SANCUSO	26
SANDIMMUNE 25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION	75
SANDOSTATIN 50 MCG/ML SOLUTION, 100 MCG/ML SOLUTION	73
SANDOSTATIN 500 MCG/ML SOLUTION	73
SANDOSTATIN LAR DEPOT	73
SANTYL	59
SAPHRIS 10 MG SL TAB	38
SAPHRIS 2.5 MG SL TAB	38
SAPHRIS 5 MG SL TAB	38
sapropterin dihydrochloride	65
SARCLISA	33
SAVELLA	56
SAVELLA TITRATION PACK	56
SCEMBLIX 20 MG TAB	33
SCEMBLIX 40 MG TAB	33
scopolamine	26
SEASONIQUE	71
SECUADO	38
selegiline hcl 5 mg cap, 5 mg tab	36
selenium sulfide 2.5 % lotion	59
SELZENTRY 150 MG TAB, 300 MG TAB	41
SELZENTRY 20 MG/ML SOLUTION	41
SELZENTRY 25 MG TAB	41
SELZENTRY 75 MG TAB	41
SENSIPAR 30 MG TAB, 60 MG TAB	76

SENSIPAR 90 MG TAB	76
SEREVENT DISKUS	82
SEROQUEL XR 150 MG TAB ER 24H, 200 MG TAB ER 24H	38
SEROQUEL XR 400 MG TAB ER 24H	38
SEROQUEL XR 50 MG TAB ER 24H, 300 MG TAB ER 24H	38
sertraline hcl 100 mg tab	25
sertraline hcl 20 mg/ml conc	25
sertraline hcl 25 mg tab	25
sertraline hcl 50 mg tab	25
setlakin	71
sevelamer carbonate 0.8 gm packet	62
sevelamer carbonate 2.4 gm packet	62
sevelamer carbonate 800 mg tab	62
sevelamer hcl 400 mg tab	62
sevelamer hcl 800 mg tab	62
sf	56
sf 5000 plus	56
sharobel	71
SHINGRIX	75
SIGNIFOR	73
sildenafil citrate 10 mg/12.5ml solution	82
sildenafil citrate 20 mg tab	82
silodosin	65
SILVADENE	59
silver sulfadiazine 1 % cream	59
SIMBRINZA	79
simliya	71
simpesse	71
simvastatin 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab	53
SINEMET 10-100 MG TAB, 25-100 MG TAB	36
SINGULAIR 4 MG CHEW TAB, 4 MG PACKET, 5 MG CHEW TAB	82
sirolimus 0.5 mg tab, 1 mg tab, 1 mg/ml solution	75
sirolimus 2 mg tab	75
SIRTURO	29
SKYLA	71
SKYRIZI (150 MG DOSE)	75
SKYRIZI 150 MG/ML SOLN PRSYR	75
SKYRIZI 360 MG/2.4ML SOLN CART	59
SKYRIZI 600 MG/10ML SOLUTION	59
SKYRIZI PEN	75
SOAANZ	53
sodium bicarbonate 4.2 % solution, 7.5 % solution, 8.4 % solution	62
sodium chloride (pf)	62
sodium chloride 0.45 % solution, 2.5 meq/ml solution, 3 % solution, 4 meq/ml solution, 5 % solution	62
sodium chloride 0.9 % solution irrigation	62
sodium chloride 0.9 % solution iv	63
sodium chloride irrigation soln 0.9%	63
sodium fluoride 0.2 % solution, 1.1 % cream, 1.1 % gel	56
sodium fluoride 0.55 (0.25 f) mg chew tab, 1.1 (0.5 f) mg chew tab, 2.2 (1 f) mg chew tab	63
sodium fluoride 5000 plus	56
sodium fluoride 5000 ppm 1.1 % cream, 1.1 % gel	56
sodium phenylbutyrate 3 gm/tsp powder, 500 mg tab	65
sodium polystyrene sulfonate	63
SOFOSBUVIR-VELPATASVIR	41
solifenacin succinate	65
SOLIQUA	46
SOLODYN 55 MG TAB ER 24H, 65 MG TAB ER 24H	19
SOLTAMOX	33
SOMA 250 MG TAB	83
SOMATULINE DEPOT	73
SOMAVERT	73
sorafenib tosylate	33
sorine 120 mg tab, 160 mg tab, 240 mg tab	53
sorine 80 mg tab	53
sotalol hcl (af) 120 mg tab, 160 mg tab	53
sotalol hcl (af) 80 mg tab	53
sotalol hcl 120 mg tab, 160 mg tab, 240 mg tab	53
sotalol hcl 80 mg tab	53
spinosad	59
SPIRIVA HANDIHALER	82
SPIRIVA RESPIMAT	82
spironolactone 25 mg tab	53
spironolactone 50 mg tab, 100 mg tab	53
spironolactone-hctz	53
SPRAVATO (56 MG DOSE)	25
SPRAVATO (84 MG DOSE)	25
sprintec 28	71
SPRITAM 250 MG TAB, 500 MG TAB, 1000 MG TAB	22
SPRITAM 750 MG TAB	22
SPRYCEL	33
sps	63

sronyx	71
ssd	59
STAMARIL	75
stavudine 15 mg cap, 20 mg cap	41
stavudine 30 mg cap, 40 mg cap	41
STELARA 130 MG/26ML SOLUTION	59
STELARA 45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR	75
STELARA 45 MG/0.5ML SOLUTION	75
sterile water for irrigation	77
STIMATE	67
STIOLTO RESPIMAT	82
STIVARGA	33
STRATTERA 10 MG CAP, 18 MG CAP, 25 MG CAP, 40 MG CAP	56
STRATTERA 60 MG CAP, 80 MG CAP, 100 MG CAP	56
streptomycin sulfate 1 gm recon soln	19
STRIBILD	41
STROMECTOL	35
SUBOXONE 12-3 MG FILM	15
subvenite	22
SUCRALFATE 1 GM TAB, 1 GM/10ML SUSPENSION	64
SULAR 34 MG TAB ER 24H	53
sulfacetamide sodium (acne)	19
sulfacetamide sodium 10 % ointment, 10 % solution	79
sulfacetamide-prednisolone 10-0.23 % solution	79
sulfadiazine 500 mg tab	19
sulfamethoxazole-trimethoprim 200-40 mg/5ml suspension, 400-80 mg/5ml solution	19
sulfamethoxazole-trimethoprim 400-80 mg tab, 800-160 mg tab	19
SULFAMYLYON 85 MG/GM CREAM	59
sulfasalazine 500 mg tab, 500 mg tab dr	76
sulindac 150 mg tab	14
sulindac 200 mg tab	14
sumatriptan 5 mg/act solution, 20 mg/act solution	28
sumatriptan succinate 25 mg tab, 50 mg tab, 100 mg tab	28
sumatriptan succinate 4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution	28
sumatriptan succinate refill	28
sunitinib malate	33
SUNOSI	84
SUPRAX 100 MG CHEW TAB, 100 MG/5ML RECON SUSP, 200 MG CHEW TAB, 200 MG/5ML RECON SUSP, 400 MG CAP, 500 MG/5ML RECON SUSP	19
SUPREP BOWEL PREP KIT	64
SUSTIVA 200 MG CAP	41
SUSTIVA 50 MG CAP	41
SUTENT	33
syeda	71
SYMBICORT	82
SYMBYAX 3-25 MG CAP, 6-25 MG CAP	25
SYMFI	41
SYMFI LO	41
SYMLINPEN 120	46
SYMLINPEN 60	46
SYMPAZAN 10 MG FILM, 20 MG FILM	22
SYMPAZAN 5 MG FILM	22
SYMTUZA	41
SYNAGIS	75
SYNAREL	73
SYNJARDY	46
SYNJARDY XR 25-1000 MG TAB ER 24H	46
SYNJARDY XR 5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H	46
SYNRIBO	33
SYNTROID	72
TABLOID	33
TABRECTA	33
tacrolimus 0.03 % ointment, 0.1 % ointment	60
tacrolimus 0.5 mg cap, 1 mg cap, 5 mg cap	75
tadalafil (pah)	83
tadalafil 2.5 mg tab, 5 mg tab	66
TAFINLAR	33
TAGRISSO	33
TALZENNA 0.25 MG CAP	33
TALZENNA 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP	33
TAMIFLU 6 MG/ML RECON SUSP, 30 MG CAP, 45 MG CAP, 75 MG CAP	41
tamoxifen citrate 10 mg tab, 20 mg tab	33
tamsulosin hcl	66
taperdex 6-day	67
TARCEVA 100 MG TAB, 150 MG TAB	33
TARCEVA 25 MG TAB	33
TARGETIN 1 % GEL	33
TARGETIN 75 MG CAP	33
tarina 24 fe	71
tarina fe 1/20	71

tarina fe 1/20 eq	71
TASIGNA	33
tazarotene 0.1 % cream	60
tazicef 1 gm recon soln, 2 gm recon soln, 6 gm recon soln	19
TAZORAC 0.05 % CREAM, 0.05 % GEL, 0.1 % CREAM	60
TAZORAC 0.1 % GEL	60
taztia xt	53
TAZVERIK	33
TDVAX	75
TECENTRIQ 1200 MG/20ML SOLUTION	33
TECENTRIQ 840 MG/14ML SOLUTION	33
TECFIDERA 120 & 240 MG MISC	56
TECFIDERA 120 MG CAP DR	56
TECFIDERA 240 MG CAP DR	56
TEFLARO	19
TEGRETOL 100 MG/5ML SUSPENSION	22
TEGRETOL-XR	22
TEKTURNA	53
TEKTURNA HCT	53
telmisartan	53
telmisartan-amlodipine	53
telmisartan-hctz	53
temazepam	84
TEMIXYS	41
TEMOVATE 0.05 % CREAM	60
TENIVAC	75
tenofovir disoproxil fumarate	42
TENORETIC 100	53
TENORETIC 50	53
TENORMIN 50 MG TAB, 100 MG TAB	53
TEPMETKO	34
terazosin hcl	53
terbinafine hcl 250 mg tab	27
terbutaline sulfate 1 mg/ml solution	83
terbutaline sulfate 2.5 mg tab, 5 mg tab	83
terconazole 0.4 % cream, 0.8 % cream, 80 mg suppos	27
TERIPARATIDE (RECOMBINANT)	77
testosterone 1.62 % gel, 20.25 mg/act (1.62%) gel, 40.5 mg/2.5gm (1.62%) gel	71
testosterone 10 mg/act (2%) gel	71
testosterone 12.5 mg/act (1%) gel, 25 mg/2.5gm (1%) gel, 50 mg/5gm (1%) gel	71
testosterone 20.25 mg/1.25gm (1.62%) gel	71
testosterone 30 mg/act solution	71
testosterone cypionate 100 mg/ml solution, 200 mg/ml solution	71
testosterone enanthate 200 mg/ml solution	71
tetrabenazine 12.5 mg tab	56
tetrabenazine 25 mg tab	56
tetracycline hcl 250 mg cap, 500 mg cap	19
THALOMID 150 MG CAP, 200 MG CAP	34
THALOMID 50 MG CAP, 100 MG CAP	34
THEO-24	83
theophylline	83
theophylline er	83
THIOLA	66
thioridazine hcl 10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab	38
thiothixene	38
tiadylt er	53
tiagabine hcl	22
TIAZAC	53
TIBSOVO	34
TICE BCG	34
TICOVAC	75
TIGECYCLINE	19
TIKOSYN	53
tilia fe	71
timolol maleate 0.25 % gel f soln, 0.5 % (daily) solution, 0.5 % gel f soln, 0.5 % solution	79
timolol maleate 0.25 % solution	79
timolol maleate 5 mg tab, 10 mg tab, 20 mg tab	53
timolol maleate ocudose	79
timolol maleate pf 0.5 % solution	79
TIMOPTIC OCUDOSE	79
TIMOPTIC-XE	79
tinidazole 250 mg tab, 500 mg tab	19
tiopronin 100 mg tab	66
TIROSINT	72
TIROSINT-SOL	72
tis-u-sol	63
TIVICAY 10 MG TAB	42
TIVICAY 25 MG TAB, 50 MG TAB	42
TIVICAY PD	42
tizanidine hcl 2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap	39
TOBI	83
TOBRADEX 0.3-0.1 % OINTMENT	79
TOBRADEX 0.3-0.1 % SUSPENSION	79
TOBRADEX ST	79

tobramycin 0.3 % solution	79
tobramycin 300 mg/5ml nebu soln	83
tobramycin sulfate 1.2 gm recon soln, 1.2 gm/30ml solution, 2 gm/50ml solution, 10 mg/ml solution, 80 mg/2ml solution	19
tobramycin-dexamethasone	79
TOBREX 0.3 % SOLUTION	79
tolcapone	36
tolterodine tartrate	66
tolterodine tartrate er	66
tolvaptan 15 mg tab	63
tolvaptan 30 mg tab	63
TOPICORT 0.05 % CREAM, 0.25 % CREAM	60
TOPICORT 0.05 % GEL, 0.05 % OINTMENT, 0.25 % OINTMENT	60
TOPICORT SPRAY	60
topiramate 15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab	22
topiramate er 25 mg cp24 sprnk, 50 mg cp24 sprnk, 100 mg cp24 sprnk	22
toposar	34
TOPROL XL	53
toremifene citrate	34
torsemide	53
TOUJEO MAX SOLOSTAR	46
TOUJEO SOLOSTAR	46
tovet 0.05 % foam	60
TOVIAZ	66
TPN ELECTROLYTES	63
TRACLEER 32 MG TAB SOL	83
TRACLEER 62.5 MG TAB, 125 MG TAB	83
TRADJENTA	46
tramadol hcl 50 mg tab	14
tramadol hcl er (biphasic)	14
tramadol hcl er 100 mg tab er 24h, 200 mg tab er 24h, 300 mg tab er 24h	14
tramadol-acetaminophen	14
trandolapril	53
trandolapril-verapamil hcl er	53
tranexamic acid 650 mg tab, 1000 mg/10ml solution	48
TRANSDERM SCOP (1.5 MG)	26
TRANSDERM-SCOP	26
TRANXENE-T	43
tranylcypromine sulfate	25
TRAVASOL	63
TRAVATAN Z	79
travoprost (bak free)	79
trazodone hcl 300 mg tab	25
trazodone hcl 50 mg tab, 100 mg tab, 150 mg tab	25
TREANDA	34
TRECATOR	29
TRELEGY ELLIPTA	83
TRELSTAR MIXJECT	73
treprostinil	83
TRESIBA	46
TRESIBA FLEXTOUCH 100 UNIT/ML SOLN PEN ..	46
TRESIBA FLEXTOUCH 200 UNIT/ML SOLN PEN ..	46
tretinoiin 0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.1 % cream	60
tretinoiin 0.05 % gel	60
tretinoiin 10 mg cap	34
tretinoiin microsphere	60
tretinoiin microsphere pump	60
TREXALL	75
tri femynor	71
tri-estarylla	71
tri-legest fe	71
tri-linyah	71
tri-lo-estarylla	71
tri-lo-marzia	71
tri-lo-mili	71
tri-lo-sprintec	71
tri-mili	71
tri-nymyo	71
tri-sprintec	71
tri-vylibra	71
tri-vylibra lo	71
triamcinolone acetonide 0.025 % cream, 0.1 % cream, 0.5 % cream	60
triamcinolone acetonide 0.025 % lotion, 0.025 % ointment, 0.1 % lotion, 0.1 % ointment, 0.147 mg/gm aero soln, 0.5 % ointment	60
triamcinolone acetonide 0.05 % ointment	60
triamcinolone acetonide 0.1 % paste	56
triamcinolone acetonide 40 mg/ml suspension	67
triamcinolone in absorbase	60
triamterene 50 mg cap, 100 mg cap	53
triamterene-hctz	53
trianex	60
triazolam	84
TRIBENZOR	53
triderm	60

trientine hcl	63
trifluoperazine hcl	38
trifluridine	42
trihexyphenidyl hcl 0.4 mg/ml solution	36
trihexyphenidyl hcl 2 mg tab, 5 mg tab	36
TRIJARDY XR 10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H	46
TRIJARDY XR 5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H	46
TRIKAFTA	83
TRILEPTAL 150 MG TAB, 300 MG TAB, 300 MG/5ML SUSPENSION	22
TRILIPIX	53
trimethobenzamide hcl 300 mg cap	26
trimethoprim 100 mg tab	19
trimipramine maleate 25 mg cap, 50 mg cap, 100 mg cap	25
TRINTELLIX	25
TRIUMEQ	42
TRIUMEQ PD	42
trivora (28)	71
TRIZIVIR	42
TRODELVY	77
TROGARZO	42
TROKENDI XR 100 MG CAP ER 24H	22
TROKENDI XR 200 MG CAP ER 24H	22
TROKENDI XR 25 MG CAP ER 24H, 50 MG CAP ER 24H	22
TROPHAMINE	63
trospium chloride	66
trospium chloride er	66
TRULICITY	46
TRUMENBA	75
TRUSELTIQ (100MG DAILY DOSE)	34
TRUSELTIQ (125MG DAILY DOSE)	34
TRUSELTIQ (50MG DAILY DOSE)	34
TRUSELTIQ (75MG DAILY DOSE)	34
TRUVADA	42
TUDORZA PRESSAIR	83
TUKYSA	34
TURALIO	34
TWINRIX	75
TYBLUME	71
TYBOST	42
tydemy	71
TYKERB	34
TYMLOS	77
TYPHIM VI	75
TYSABRI	56
TYVASO	83
TYVASO REFILL	83
TYVASO STARTER	83
UBRELVY	28
UDENYCA	48
ULORIC	27
UNASYN 3 (2-1) GM RECON SOLN, 15 (10-5) GM RECON SOLN	19
unithroid	72
UPTRAVI 200 & 800 MCG TAB THPK	83
UPTRAVI 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB	83
UROCIT-K 10	63
UROCIT-K 15	63
UROCIT-K 5	63
URSO 250	64
ursodiol 250 mg tab, 300 mg cap, 500 mg tab	64
VAGIFEM	71
valacyclovir hcl 1 gm tab	42
valacyclovir hcl 500 mg tab	42
VALCHLOR	34
VALCYTE 50 MG/ML RECON SOLN	42
valganciclovir hcl 450 mg tab	42
valganciclovir hcl 50 mg/ml recon soln	42
valproate sodium 100 mg/ml solution	22
valproic acid 250 mg cap, 250 mg/5ml solution	22
valsartan 40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab	53
valsartan-hydrochlorothiazide	53
VALTOCO 10 MG DOSE	22
VALTOCO 15 MG DOSE	22
VALTOCO 20 MG DOSE	22
VALTOCO 5 MG DOSE	22
vancomycin hcl 1 gm recon soln, 5 gm recon soln, 10 gm recon soln, 100 gm recon soln, 500 mg recon soln	19
VANCOMYCIN HCL 1.25 GM RECON SOLN, 1.5 GM RECON SOLN, 500 MG/100ML SOLUTION, 750 MG RECON SOLN, 750 MG/150ML SOLUTION, 1000 MG/200ML SOLUTION, 1250 MG/250ML SOLUTION, 1500 MG/300ML SOLUTION, 1750 MG/350ML SOLUTION, 2000 MG/400ML SOLUTION	19
vancomycin hcl 125 mg cap	19

vancomycin hcl 250 mg cap	19	VERELAN	53
VANCOMYCIN HCL IN DEXTROSE 1-5 GM/200ML-% SOLUTION, 500-5 MG/100ML-% SOLUTION, 750-5 MG/150ML-% SOLUTION	20	VERELAN PM	53
VANCOMYCIN HCL IN NACL 1-0.9 GM/200ML-% SOLUTION, 500-0.9 MG/100ML-% SOLUTION, 750-0.9 MG/150ML-% SOLUTION	20	VERSACLOZ	38
VANDAZOLE	20	VERZENIO	34
VAQTA	75	VESICARE	66
varenicline tartrate 0.5 mg tab	15	VFEND 40 MG/ML RECON SUSP	27
varenicline tartrate 0.5 mg x 11 & 1 mg x 42 misc	15	VFEND 50 MG TAB	27
varenicline tartrate 1 mg tab	15	VFEND IV	27
VARIVAX	75	VIBATIV	20
VARIZIG	75	VIBRAMYCIN 100 MG CAP	20
VASCEPA	53	VIBRAMYCIN 25 MG/5ML RECON SUSP	20
VASERETIC	53	VICTOZA	46
VASOTEC 2.5 MG TAB, 5 MG TAB	53	vienna	72
VECAMYL	53	vigabatrin	22
VECTIBIX	34	vigadronе	22
VECTICAL	60	VIIBRYD	25
VELCADE	34	VIIBRYD STARTER PACK	25
velivet	72	vilazodone hcl	25
VELPHORO	63	VIMPAT 10 MG/ML SOLUTION	22
VELTASSA	63	VIMPAT 100 MG TAB, 150 MG TAB, 200 MG TAB	22
VEMLIDY	42	VIMPAT 200 MG/20ML SOLUTION	22
VENCLEXTA 10 MG TAB	34	VIMPAT 50 MG TAB	22
VENCLEXTA 100 MG TAB	34	vinblastine sulfate	34
VENCLEXTA 50 MG TAB	34	vincasar pfs	34
VENCLEXTA STARTING PACK	34	vincristine sulfate	34
venlafaxine hcl 25 mg tab, 37.5 mg tab, 50 mg tab, 100 mg tab	25	vinorelbine tartrate	34
venlafaxine hcl 75 mg tab	25	VIOKACE 10440-39150 UNIT TAB	65
venlafaxine hcl er 37.5 mg cap er 24h, 75 mg cap er 24h, 75 mg tab er 24h, 150 mg cap er 24h, 150 mg tab er 24h	25	VIOKACE 20880 UNIT TAB	65
venlafaxine hcl er 37.5 mg tab er 24h, 225 mg tab er 24h	25	viorele	72
VENTAVIS	83	VIRACEPT 250 MG TAB	42
VENTOLIN HFA	83	VIRACEPT 625 MG TAB	42
verapamil hcl 2.5 mg/ml solution	53	VIRAMUNE 50 MG/5ML SUSPENSION	42
verapamil hcl 40 mg tab, 80 mg tab, 120 mg tab	53	VIRAMUNE XR	42
verapamil hcl er 100 mg cap er 24h, 120 mg cap er 24h, 120 mg tab er, 180 mg cap er 24h, 200 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h	53	VIREAD 150 MG TAB, 200 MG TAB, 250 MG TAB, 300 MG TAB	42
verapamil hcl er 180 mg tab er, 240 mg tab er	53	VIREAD 40 MG/GM POWDER	42
		VISTARIL 50 MG CAP	83
		VITRAKVI 100 MG CAP	34
		VITRAKVI 20 MG/ML SOLUTION	34
		VITRAKVI 25 MG CAP	34
		VIVELLE-DOT	72
		VIZIMPRO	34
		VOGELXO PUMP	72
		volnea	72
		VONJO	34
		voriconazole 200 mg recon soln	27

voriconazole 200 mg tab	27
voriconazole 40 mg/ml recon susp	27
voriconazole 50 mg tab	27
VOSEVI	42
VOTRIENT	34
VPRIV	65
VRAYLAR 1.5 & 3 MG CAP THPK	38
VRAYLAR 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP	38
vyfemla	72
vylibra	72
VYTORIN 10-80 MG TAB	53
VYVANSE 10 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP, 50 MG CAP, 60 MG CAP, 70 MG CAP	56
VYZULTA	79
WAKIX	84
warfarin sodium 1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab	48
WELCHOL	53
WELIREG	34
WELLBUTRIN SR 100 MG TAB ER 12H	25
wera	72
wixela inhub	83
wymzya fe	72
XALATAN	79
XALKORI	34
XANAX XR	43
XARELTO 10 MG TAB, 20 MG TAB	48
XARELTO 2.5 MG TAB, 15 MG TAB	48
XARELTO STARTER PACK	48
XATMEP	75
XCOPRI (250 MG DAILY DOSE)	22
XCOPRI (350 MG DAILY DOSE)	22
XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK	23
XCOPRI 14 X 150 MG & 14 X 200 MG TAB THPK, 14 X 50 MG & 14 X 100 MG TAB THPK	23
XCOPRI 150 MG TAB, 200 MG TAB	23
XCOPRI 50 MG TAB, 100 MG TAB	23
XENAZINE 12.5 MG TAB	56
XENAZINE 25 MG TAB	56
XEOMIN 200 UNIT RECON SOLN	83
XEOMIN 50 RECON SOLN, 100 RECON SOLN	83
XERESE	60
XERMELO	64
XGEVA	77
XIFAXAN 550 MG TAB	20
XIGDUO XR 2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H	46
XIGDUO XR 5-500 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H	46
XIIDRA	79
XOFLUZA (40 MG DOSE)	42
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	42
XOLAIR 150 MG RECON SOLN, 150 MG/ML SOLN PRSYR	75
XOLAIR 75 MG/0.5ML SOLN PRSYR	75
XOSPATA	34
XPOVIO (100 MG ONCE WEEKLY) 20 MG TAB THPK	34
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	34
XPOVIO (40 MG ONCE WEEKLY) 20 MG TAB THPK	34
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	34
XPOVIO (40 MG TWICE WEEKLY) 20 MG TAB THPK	34
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	34
XPOVIO (60 MG ONCE WEEKLY) 20 MG TAB THPK	34
XPOVIO (60 MG TWICE WEEKLY)	34
XPOVIO (80 MG ONCE WEEKLY) 20 MG TAB THPK	35
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	35
XPOVIO (80 MG TWICE WEEKLY)	35
XTANDI 40 MG CAP	35
XTANDI 40 MG TAB	35
XTANDI 80 MG TAB	35
xulane	72
XYREM	84
YASMIN 28	72
YAZ	72
YEROVY	35
YF-VAX	75
YONSA	35
yuvafem	72
zafemy	72
zaflirlukast	83
zaleplon 10 mg cap	84
zaleplon 5 mg cap	84
ZANAFLEX	39

zarah	72	ZOCOR 10 MG TAB	53
ZARONTIN 250 MG CAP, 250 MG/5ML SOLUTION	23	ZOLEDRONIC ACID 4 MG/100ML SOLUTION, 4 MG/5ML CONC	77
ZARXIO	48	zedronic acid 5 mg/100ml solution	77
zebutal	56	ZOLINZA	35
ZEGERID 20-1100 MG CAP	64	zolmitriptan 2.5 mg solution, 5 mg solution	28
ZEJULA	35	zolmitriptan 2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp	28
ZELAPAR	36	ZOLOFT 20 MG/ML CONC	25
ZELBORA <small>F</small>	35	zolpidem tartrate 5 mg tab, 10 mg tab	84
ZEMPLAR 1 MCG CAP	77	zolpidem tartrate er	84
ZEMPLAR 2 MCG CAP	77	ZOMIG 2.5 MG SOLUTION, 5 MG SOLUTION	28
zenatane	60	ZOMIG 2.5 MG TAB	28
ZENPEP 25000-79000 CP DR PART, 40000-126000 CP DR PART	65	ZOMIG 5 MG TAB	28
ZENPEP 3000-10000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART	65	ZOMIG ZMT 2.5 MG TAB DISP	28
zenzedi 10 mg tab	56	ZOMIG ZMT 5 MG TAB DISP	28
zenzedi 5 mg tab	56	ZONALON	60
ZEPZELCA	35	zonisamide 25 mg cap, 50 mg cap, 100 mg cap	23
ZESTORETIC	53	ZORBIVE	67
ZESTRIL 2.5 MG TAB	53	ZORTRESS 0.25 MG TAB, 0.5 MG TAB, 0.75 MG TAB	75
ZETONNA	83	ZORTRESS 1 MG TAB	75
ZIAC	53	zovia 1/35 (28)	72
ZIAGEN 20 MG/ML SOLUTION	42	zovia 1/35e (28)	72
ZIAGEN 300 MG TAB	42	ZOVIRAX 200 MG/5ML SUSPENSION	42
ZIANA	60	ZOVIRAX 5 % CREAM	60
zidovudine 100 mg cap	42	ZTALMY	23
zidovudine 300 mg tab	42	zumandimine	72
zidovudine 50 mg/5ml syrup	42	ZYDELIG	35
ZIEXTENZO	48	ZYKADIA	35
ZIOPTAN	79	ZYLET	79
ziprasidone hcl 20 mg cap	38	ZYLOPRIM	27
ziprasidone hcl 40 mg cap	38	ZYPREXA 10 MG RECON SOLN	38
ziprasidone hcl 60 mg cap, 80 mg cap	38	ZYPREXA RELPREVV 210 MG RECON SUSP	38
ziprasidone mesylate	38	ZYPREXA RELPREVV 300 MG RECON SUSP, 405 MG RECON SUSP	38
ZIRGAN	42	ZYVOX 100 MG/5ML RECON SUSP	20
ZITHROMAX 1 GM PACKET, 100 MG/5ML RECON SUSP, 200 MG/5ML RECON SUSP, 250 MG TAB, 500 MG RECON SOLN, 500 MG TAB	20	ZYVOX 200 MG/100ML SOLUTION	20
		ZYVOX 600 MG/300ML SOLUTION	20

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-833-848-8730**. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-833-848-8730**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-833-848-8730**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-833-848-8730**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-833-848-8730**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-833-848-8730**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-833-848-8730**. sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-833-848-8730**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-833-848-8730** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-833-848-8730**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-833-848-8730 . سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-833-848-8730 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-833-848-8730. Un nostro incaricato che parla Italiano fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-833-848-8730. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-833-848-8730. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-833-848-8730. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、 1-833-848-8730 にお電話ください。日本語を話す人 者が支援いたします。これは無料 のサー ビスです。

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross, Anthem BC Health Insurance Company and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

This page is left intentionally blank.

This page is left intentionally blank.

This page is left intentionally blank.



This *Formulary* was updated on September 1, 2022.

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

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