



Anthem Medicare Preferred (PPO) with Senior Rx Plus

2026 Formulary

List of Covered Drugs or “Drug List”

with Select Generics

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

For more recent information or other questions, please contact Pharmacy Member Services at **1-833-409-1228**, or for TTY users, **711**, 24 hours a day, 7 days a week, or visit **www.anthem.com**.

Note to existing members:

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

When this Drug List (formulary) refers to “we,” “us” or “our,” it means Anthem Blue Cross and Blue Shield. When it refers to “plan” or “your plan,” it means your Anthem Medicare Preferred (PPO) with Senior Rx Plus plan.

This document includes a Drug List (formulary) for your plan which is current as of 1/1/2026. For an updated Drug List (formulary), please review the Drug List (formulary) online at **www.anthem.com**, or call Pharmacy Member Services. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

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

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

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

- The drug is medically necessary.
- The prescription is filled at a network pharmacy, and other plan rules are followed.

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

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

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

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

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

Can the Part D Formulary change?

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

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

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

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

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Anthem Medicare Preferred (PPO) with Senior Rx Plus Part D formulary?”

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

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

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year, except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

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

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

How do I use the Part D formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 83. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

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

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

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

Are there any restrictions on my coverage?

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

These requirements and limits may include:

- **Prior authorization:** Your plan requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, your plan may not cover the drug.
- **Quantity limits:** For certain drugs, we limit the amount of the drug that we will cover. For example, we cover 90 tablets per 30 days of *metformin 850 mg tablets*. This may be in addition to a standard one-month or three-month supply.

- **Step therapy:** In some cases, we require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

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

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

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

If your drug is not included in this formulary (list of covered drugs), you should first contact Pharmacy Member Services, and ask if your drug is covered.

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

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

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

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

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

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

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

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

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

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

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

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

For more information

For more detailed information about your plan's prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

Your plan's Part D formulary

The formulary that begins on page 11 provides coverage information about the drugs covered by your plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 83.

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

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

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

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

Select Generics for 2026

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

Legend

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

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

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

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

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

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

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

Covered Medications by Therapeutic Category - Part D Eligible Drugs

Legend

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

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

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

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

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

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

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

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

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

Part D Eligible Drugs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Analgesics And Anti-Inflammatory Agents			<i>buprenorphine transdermal patch weekly 5 mcg/hr, 7.5 mcg/hr</i>	2	PA; QL (4 per 28 days); NEDS
<i>acetaminophen-codeine oral solution</i>	1	QL (900 per 30 days); NEDS	<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	1	PA; QL (180 per 30 days); NEDS
<i>acetaminophen-codeine oral tablet</i>	1	QL (180 per 30 days); NEDS	<i>butalbital-asa-caff-codeine</i>	1	PA; QL (180 per 30 days); NEDS
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO	<i>butorphanol tartrate nasal</i>	3	QL (5 per 30 days); NEDS
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr</i>	3	PA; QL (4 per 28 days); NEDS	<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	1	QL (60 per 30 days); MO
<i>buprenorphine transdermal patch weekly 20 mcg/hr</i>	1	PA; QL (4 per 28 days); NEDS			

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

Drug Name	Drug Tier	Requirements/Limits
celecoxib oral capsule 400 mg	1	QL (30 per 30 days); MO
codeine sulfate oral tablet	2	QL (180 per 30 days); NEDS
colchicine oral capsule	1	
colchicine oral tablet	1	QL (120 per 30 days)
colchicine-probenecid	1	MO
diclofenac potassium oral tablet 50 mg	1	MO
diclofenac sodium er	1	MO
diclofenac sodium external solution 1.5 %	1	QL (300 per 30 days)
diclofenac sodium oral	1	MO
diclofenac-misoprostol oral tablet delayed release	1	MO
diflunisal oral	1	MO
duramorph	1	
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	1	QL (180 per 30 days); NEDS
etodolac er	1	MO
etodolac oral	1	MO
febuxostat	1	ST; MO
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 800 mcg	3	PA; QL (120 per 30 days); NEDS; S
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	3	PA; QL (15 per 30 days); NEDS
flurbiprofen oral tablet 100 mg	1	MO
GLYDO EXTERNAL PREFILLED SYRINGE	1	

Drug Name	Drug Tier	Requirements/Limits
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	1	QL (2700 per 30 days); NEDS
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL (180 per 30 days); NEDS
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	QL (50 per 10 days); NEDS
hydromorphone hcl oral liquid	3	QL (720 per 30 days); NEDS
hydromorphone hcl oral tablet	3	QL (180 per 30 days); NEDS
hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml	3	
ibu oral tablet 400 mg, 600 mg	1	MO
ibuprofen oral suspension	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	MO
indomethacin er	1	PA; MO
indomethacin oral capsule 25 mg, 50 mg	1	PA; MO
ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml	1	PA
ketorolac tromethamine intramuscular solution 60 mg/2ml	1	PA
ketorolac tromethamine oral	1	PA
lidocaine external ointment 5 %	1	PA; QL (150 per 30 days)
lidocaine external patch 5 %	1	PA; QL (90 per 30 days)

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
lidocaine hcl (pf) injection solution 1 %	1	
lidocaine hcl external solution	1	PA; QL (300 per 30 days)
lidocaine hcl injection solution 0.5 %	1	
lidocaine hcl mouth/throat	1	PA; QL (300 per 30 days)
lidocaine hcl urethral/mucosal	1	
lidocaine viscous hcl	1	
lidocaine-prilocaine external cream	1	QL (30 per 30 days)
meloxicam oral tablet	1	MO
meperidine hcl injection solution 25 mg/ml, 50 mg/ml	3	PA
methadone hcl oral solution	2	QL (900 per 30 days); NEDS
methadone hcl oral tablet	2	PA; QL (180 per 30 days); NEDS
morphine sulfate (concentrate) oral solution 100 mg/5ml	1	QL (180 per 30 days); NEDS
morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml	1	
morphine sulfate (pf) injection solution 10 mg/ml, 4 mg/ml, 5 mg/ml	2	
morphine sulfate (pf) injection solution 8 mg/ml	3	
morphine sulfate (pf) intravenous solution 1 mg/ml, 2 mg/ml	2	
morphine sulfate (pf) intravenous solution 10 mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate (pf) intravenous solution 8 mg/ml	3	
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	3	PA; QL (60 per 30 days); NEDS
morphine sulfate er oral tablet extended release 100 mg, 200 mg	1	PA; QL (60 per 30 days); NEDS
morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg	1	PA; QL (90 per 30 days); NEDS
morphine sulfate injection solution 2 mg/ml, 4 mg/ml	2	
morphine sulfate intravenous solution 10 mg/ml, 50 mg/ml	1	
morphine sulfate intravenous solution 2 mg/ml, 4 mg/ml	2	
morphine sulfate intravenous solution 8 mg/ml	3	
morphine sulfate oral solution	1	QL (900 per 30 days); NEDS
morphine sulfate oral tablet	1	QL (180 per 30 days); NEDS
nabumetone oral	1	MO
naproxen dr oral tablet delayed release 500 mg	1	MO
naproxen oral suspension	1	MO
naproxen oral tablet	1	MO
naproxen oral tablet delayed release	1	MO
naproxen sodium oral tablet 275 mg, 550 mg	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxaprozin oral tablet</i>	1	MO
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	1	QL (180 per 30 days); NEDS
<i>oxycodone hcl oral solution</i>	1	QL (900 per 30 days); NEDS
<i>oxycodone hcl oral tablet</i>	1	QL (180 per 30 days); NEDS
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (180 per 30 days); NEDS
<i>pentazocine-naloxone hcl</i>	1	PA; QL (360 per 30 days); NEDS
<i>piroxicam oral</i>	1	MO
<i>probenecid oral</i>	1	MO
<i>sulindac oral tablet 150 mg</i>	1	MO
<i>sulindac oral tablet 200 mg</i>	1	MO
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour</i>	1	PA; QL (30 per 30 days); NEDS
<i>tramadol hcl er</i>	1	PA; QL (30 per 30 days); NEDS
<i>tramadol hcl oral tablet 50 mg</i>	1	QL (240 per 30 days); NEDS
<i>tramadol-acetaminophen</i>	1	QL (40 per 5 days); NEDS
Antineoplastics		
<i>abiraterone acetate oral tablet 250 mg</i>	3	PA; QL (120 per 30 days); S
<i>abiraterone acetate oral tablet 500 mg</i>	3	PA; QL (60 per 30 days); S
ABIRTEGA	2	PA; QL (120 per 30 days)
AKEEGA	3	PA; QL (60 per 30 days); S

Drug Name	Drug Tier	Requirements/Limits
ALECENSA	3	PA; QL (240 per 30 days); S
ALUNBRIG ORAL TABLET 180 MG	3	PA; QL (30 per 30 days); S
ALUNBRIG ORAL TABLET 30 MG	3	PA; QL (180 per 30 days); S
ALUNBRIG ORAL TABLET 90 MG	3	PA; QL (60 per 30 days); S
ALUNBRIG ORAL TABLET THERAPY PACK	3	PA; QL (30 per 180 days); S
<i>anastrozole oral</i>	1	MO
AUGTYRO ORAL CAPSULE 160 MG	3	PA; QL (60 per 30 days); S
AUGTYRO ORAL CAPSULE 40 MG	3	PA; QL (240 per 30 days); S
AVASTIN	3	PA; S
AVMAPKI FAKZYNJA CO-PACK	3	PA; QL (66 per 28 days); S
AYVAKIT	3	PA; QL (30 per 30 days); S
BALVERSA ORAL TABLET 3 MG	3	PA; QL (90 per 30 days); S
BALVERSA ORAL TABLET 4 MG	3	PA; QL (60 per 30 days); S
BALVERSA ORAL TABLET 5 MG	3	PA; QL (30 per 30 days); S
BESREMI	3	PA; S
<i>bexarotene oral</i>	2	PA; QL (300 per 30 days)
<i>bicalutamide</i>	1	QL (30 per 30 days)
<i>bortezomib injection solution reconstituted 1 mg</i>	3	S
<i>bortezomib injection solution reconstituted 2.5 mg</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
BOSULIF ORAL CAPSULE 100 MG	3	PA; QL (180 per 30 days); S
BOSULIF ORAL CAPSULE 50 MG	3	PA; QL (30 per 30 days); S
BOSULIF ORAL TABLET 100 MG	3	PA; QL (180 per 30 days); S
BOSULIF ORAL TABLET 400 MG, 500 MG	3	PA; QL (30 per 30 days); S
BRAFTOVI ORAL CAPSULE 75 MG	3	PA; QL (180 per 30 days); S
BRUKINSA ORAL CAPSULE	3	PA; QL (120 per 30 days); S
BRUKINSA ORAL TABLET	3	PA; QL (60 per 30 days); S
CABOMETYX	3	PA; QL (30 per 30 days); S
CALQUENCE	3	PA; QL (60 per 30 days); S
CAPRELSA ORAL TABLET 100 MG	3	PA; QL (90 per 30 days); S
CAPRELSA ORAL TABLET 300 MG	3	PA; QL (30 per 30 days); S
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	3	PA; QL (56 per 28 days); S
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	3	PA; QL (112 per 28 days); S
COMETRIQ (60 MG DAILY DOSE)	3	PA; QL (84 per 28 days); S
COPIKTRA	3	PA; QL (60 per 30 days); S
COTELLIC	3	PA; QL (90 per 30 days); S
<i>cyclophosphamide oral capsule</i>	2	B/D PA
DANZITEN	3	PA; QL (112 per 28 days); S

Drug Name	Drug Tier	Requirements/Limits
DARZALEX FASPRO	3	PA; S
<i>dasatinib</i>	3	PA; QL (30 per 30 days); S
DAURISMO ORAL TABLET 100 MG	3	PA; QL (30 per 30 days); S
DAURISMO ORAL TABLET 25 MG	3	PA; QL (60 per 30 days); S
<i>doxorubicin hcl liposomal intravenous suspension</i>	3	PA; S
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 7.5 MG	2	PA
ELIGARD SUBCUTANEOUS KIT 30 MG, 45 MG	3	PA
ERIVEDGE	3	PA; QL (30 per 30 days); S
ERLEADA ORAL TABLET 240 MG	3	PA; QL (30 per 30 days); S
ERLEADA ORAL TABLET 60 MG	3	PA; QL (120 per 30 days); S
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	3	PA; QL (30 per 30 days); S
<i>erlotinib hcl oral tablet 25 mg</i>	3	PA; QL (90 per 30 days); S
EULEXIN	3	S
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	3	PA; S
<i>everolimus oral tablet soluble</i>	3	PA; S
<i>exemestane</i>	1	MO
FIRMAGON (240 MG DOSE)	3	PA; S
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	2	PA
FOTIVDA	3	PA; QL (21 per 28 days); S
FRUZAQLA ORAL CAPSULE 1 MG	3	PA; QL (84 per 28 days); S

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FRUZAQLA ORAL CAPSULE 5 MG	3	PA; QL (21 per 28 days); S	IMBRUVICA ORAL CAPSULE 140 MG	3	PA; QL (90 per 30 days); S
<i>fulvestrant intramuscular solution prefilled syringe</i>	3	PA; S	IMBRUVICA ORAL CAPSULE 70 MG	3	PA; QL (30 per 30 days); S
GAVRETO	3	PA; QL (120 per 30 days); S	IMBRUVICA ORAL SUSPENSION	3	PA; QL (216 per 27 days); S
<i>gefitinib</i>	3	PA; QL (60 per 30 days); S	IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	3	PA; QL (30 per 30 days); S
GILOTRIF	3	PA; QL (30 per 30 days); S	<i>imkeldi</i>	3	PA; QL (280 per 28 days); S
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	3	PA	INLYTA ORAL TABLET 1 MG	3	PA; QL (180 per 30 days); S
GLEOSTINE ORAL CAPSULE 100 MG	3	PA; S	INLYTA ORAL TABLET 5 MG	3	PA; QL (120 per 30 days); S
GOMEKLI ORAL CAPSULE 1 MG	3	PA; QL (240 per 30 days); S	INQOVI	3	PA; QL (5 per 28 days); S
GOMEKLI ORAL CAPSULE 2 MG	3	PA; QL (120 per 30 days); S	INREBIC	3	PA; QL (120 per 30 days); S
GOMEKLI ORAL TABLET SOLUBLE	3	PA; QL (240 per 30 days); S	ITOVEBI ORAL TABLET 3 MG	3	PA; QL (56 per 28 days); S
HERCEPTIN HYLECTA	3	B/D PA; S	ITOVEBI ORAL TABLET 9 MG	3	PA; QL (28 per 28 days); S
HERNEXEOS	3	PA; QL (90 per 30 days); S	IWILFIN	3	PA; QL (240 per 30 days); S
<i>hydroxyurea oral</i>	1		JAKAFI	3	PA; QL (60 per 30 days); S
IBRANCE	3	PA; QL (21 per 28 days); S	JAYPIRCA ORAL TABLET 100 MG	3	PA; QL (60 per 30 days); S
IBTROZI	3	PA; QL (90 per 30 days); S	JAYPIRCA ORAL TABLET 50 MG	3	PA; QL (30 per 30 days); S
ICLUSIG	3	PA; QL (30 per 30 days); S	JEVTANA	3	PA; S
IDHIFA ORAL TABLET 100 MG	3	PA; QL (30 per 30 days); S	KISQALI (200 MG DOSE)	3	PA; QL (21 per 28 days); S
IDHIFA ORAL TABLET 50 MG	3	PA; QL (60 per 30 days); S	KISQALI (400 MG DOSE)	3	PA; QL (42 per 28 days); S
<i>imatinib mesylate oral tablet 100 mg</i>	3	PA; QL (90 per 30 days)	KISQALI (600 MG DOSE)	3	PA; QL (63 per 28 days); S
<i>imatinib mesylate oral tablet 400 mg</i>	3	PA; QL (60 per 30 days); S			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KISQALI FEMARA (200 MG DOSE)	3	PA; QL (49 per 28 days); S	<i>leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 500 mg</i>	1	B/D PA
KISQALI FEMARA (400 MG DOSE)	3	PA; QL (70 per 28 days); S	<i>leucovorin calcium oral</i>	1	
KISQALI FEMARA (600 MG DOSE)	3	PA; QL (91 per 28 days); S	LEUKERAN	3	S
KRAZATI	3	PA; QL (180 per 30 days); S	<i>leuprolide acetate (3 month)</i>	3	PA
<i>lapatinib ditosylate</i>	3	PA; QL (180 per 30 days); S	<i>leuprolide acetate injection</i>	1	PA
LAZCLUZE ORAL TABLET 240 MG	3	PA; QL (30 per 30 days); S	LONSURF	3	PA; S
LAZCLUZE ORAL TABLET 80 MG	3	PA; QL (60 per 30 days); S	LORBRENA ORAL TABLET 100 MG	3	PA; QL (30 per 30 days); S
<i>lenalidomide oral capsule 10 mg</i>	3	PA; QL (60 per 30 days); S	LORBRENA ORAL TABLET 25 MG	3	PA; QL (90 per 30 days); S
<i>lenalidomide oral capsule 15 mg, 2.5 mg, 20 mg, 25 mg</i>	3	PA; QL (30 per 30 days); S	LUMAKRAS ORAL TABLET 120 MG	3	PA; QL (240 per 30 days); S
<i>lenalidomide oral capsule 5 mg</i>	3	PA; QL (150 per 30 days); S	LUMAKRAS ORAL TABLET 240 MG	3	PA; QL (120 per 30 days); S
LENVIMA (10 MG DAILY DOSE)	3	PA; QL (30 per 30 days); S	LUMAKRAS ORAL TABLET 320 MG	3	PA; QL (90 per 30 days); S
LENVIMA (12 MG DAILY DOSE)	3	PA; QL (90 per 30 days); S	LUPRON DEPOT (1-MONTH)	3	PA; QL (1 per 28 days); S
LENVIMA (14 MG DAILY DOSE)	3	PA; QL (60 per 30 days); S	LUPRON DEPOT (3-MONTH)	3	PA; QL (1 per 84 days); S
LENVIMA (18 MG DAILY DOSE)	3	PA; QL (90 per 30 days); S	LUPRON DEPOT (4-MONTH)	3	PA; QL (1 per 112 days); S
LENVIMA (20 MG DAILY DOSE)	3	PA; QL (60 per 30 days); S	LUPRON DEPOT (6-MONTH)	3	PA; QL (1 per 180 days); S
LENVIMA (24 MG DAILY DOSE)	3	PA; QL (90 per 30 days); S	LYNPARZA ORAL TABLET	3	PA; QL (120 per 30 days); S
LENVIMA (4 MG DAILY DOSE)	3	PA; QL (30 per 30 days); S	LYSODREN	3	S
LENVIMA (8 MG DAILY DOSE)	3	PA; QL (60 per 30 days); S	LYTGOBI (12 MG DAILY DOSE)	3	PA; QL (84 per 28 days); S
<i>letrozole oral</i>	1	MO	LYTGOBI (16 MG DAILY DOSE)	3	PA; QL (112 per 28 days); S
			LYTGOBI (20 MG DAILY DOSE)	3	PA; QL (140 per 28 days); S

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

Drug Name	Drug Tier	Requirements/Limits
MATULANE	3	S
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>	1	PA
<i>megestrol acetate oral tablet</i>	1	PA
MEKINIST ORAL SOLUTION RECONSTITUTED	3	PA; QL (1200 per 30 days); S
MEKINIST ORAL TABLET 0.5 MG	3	PA; QL (90 per 30 days); S
MEKINIST ORAL TABLET 2 MG	3	PA; QL (30 per 30 days); S
MEKTOVI	3	PA; QL (180 per 30 days); S
<i>mercaptopurine oral suspension</i>	3	PA; S
<i>mercaptopurine oral tablet</i>	1	
<i>mesna oral</i>	3	S
MODEYSO	3	PA; QL (20 per 28 days); S
NERLYNX	3	PA; QL (180 per 30 days); S
<i>nilotinib hcl</i>	3	PA; QL (112 per 28 days); S
<i>nilutamide</i>	3	QL (30 per 30 days); S
NINLARO	3	PA; QL (3 per 28 days); S
NUBEQA	3	PA; QL (120 per 30 days); S
ODOMZO	3	PA; QL (30 per 30 days); S
OGSIVEO ORAL TABLET 100 MG, 150 MG	3	PA; QL (60 per 30 days); S
OGSIVEO ORAL TABLET 50 MG	3	PA; QL (180 per 30 days); S

Drug Name	Drug Tier	Requirements/Limits
OJEMDA ORAL SUSPENSION RECONSTITUTED	3	PA; QL (96 per 28 days); S
OJEMDA ORAL TABLET	3	PA; QL (24 per 28 days); S
OJJAARA	3	PA; QL (30 per 30 days); S
ONUREG	3	PA; QL (14 per 28 days); S
ORGOVYX	3	PA; QL (30 per 28 days); S
ORSERDU ORAL TABLET 345 MG	3	PA; QL (30 per 30 days); S
ORSERDU ORAL TABLET 86 MG	3	PA; QL (90 per 30 days); S
<i>pazopanib hcl</i>	3	PA; QL (120 per 30 days); S
PEMAZYRE	3	PA; QL (30 per 30 days); S
PHESGO	3	PA; S
PIQRAY (200 MG DAILY DOSE)	3	PA; QL (28 per 28 days); S
PIQRAY (250 MG DAILY DOSE)	3	PA; QL (56 per 28 days); S
PIQRAY (300 MG DAILY DOSE)	3	PA; QL (56 per 28 days); S
POMALYST	3	PA; QL (21 per 28 days); S
PURIXAN	3	PA; S
QINLOCK	3	PA; QL (90 per 30 days); S
RETEVMO ORAL CAPSULE 40 MG	3	PA; QL (90 per 30 days); S
RETEVMO ORAL CAPSULE 80 MG	3	PA; QL (120 per 30 days); S
RETEVMO ORAL TABLET 120 MG, 160 MG	3	PA; QL (60 per 30 days); S

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
RETEVMO ORAL TABLET 40 MG	3	PA; QL (90 per 30 days); S
RETEVMO ORAL TABLET 80 MG	3	PA; QL (120 per 30 days); S
REVUFORJ ORAL TABLET 110 MG	3	PA; QL (120 per 30 days); S
REVUFORJ ORAL TABLET 160 MG	3	PA; QL (60 per 30 days); S
REVUFORJ ORAL TABLET 25 MG	3	PA; QL (240 per 30 days); S
REZLIDHIA	3	PA; QL (60 per 30 days); S
RITUXAN HYCELA	3	B/D PA; S
ROMVIMZA	3	PA; QL (8 per 28 days); S
ROZLYTREK ORAL CAPSULE 100 MG	3	PA; QL (150 per 30 days); S
ROZLYTREK ORAL CAPSULE 200 MG	3	PA; QL (90 per 30 days); S
ROZLYTREK ORAL PACKET	3	PA; QL (360 per 30 days); S
RUBRACA	3	PA; QL (120 per 30 days); S
RYDAPT	3	PA; QL (240 per 30 days); S
RYLAZE	3	PA; S
SCEMBLIX ORAL TABLET 100 MG	3	PA; QL (120 per 30 days); S
SCEMBLIX ORAL TABLET 20 MG, 40 MG	3	PA; QL (60 per 30 days); S
SOLTAMOX	3	MO; S
<i>sorafenib tosylate</i>	3	PA; QL (120 per 30 days); S
STIVARGA	3	PA; QL (84 per 28 days); S
<i>sunitinib malate</i>	3	PA; QL (30 per 30 days); S

Drug Name	Drug Tier	Requirements/Limits
TABLOID	3	S
TABRECTA	3	PA; QL (120 per 30 days); S
TAFINLAR ORAL CAPSULE	3	PA; QL (120 per 30 days); S
TAFINLAR ORAL TABLET SOLUBLE	3	PA; QL (900 per 30 days); S
TAGRISSO	3	PA; QL (30 per 30 days); S
TALZENNA	3	PA; QL (30 per 30 days); S
<i>tamoxifen citrate oral</i>	1	MO
TAZVERIK	3	PA; QL (240 per 30 days); S
TECENTRIQ HYBREZA	3	PA; S
TECVAYLI	3	PA; S
TEPMETKO	3	PA; QL (60 per 30 days); S
THALOMID ORAL CAPSULE 100 MG	3	PA; QL (112 per 28 days); S
THALOMID ORAL CAPSULE 150 MG, 200 MG	3	PA; QL (60 per 30 days); S
THALOMID ORAL CAPSULE 50 MG	3	PA; QL (224 per 28 days); S
TIBSOVO	3	PA; QL (60 per 30 days); S
<i>toremifene citrate</i>	3	S
<i>tretinoin oral</i>	3	S
TRUQAP	3	PA; QL (64 per 28 days); S
TUKYSA	3	PA; QL (120 per 30 days); S
TURALIO ORAL CAPSULE 125 MG	3	PA; QL (120 per 30 days); S
VANFLYTA	3	PA; QL (56 per 28 days); S

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

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA ORAL TABLET 10 MG	2	PA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	3	PA; QL (180 per 30 days); S
VENCLEXTA ORAL TABLET 50 MG	3	PA; QL (30 per 30 days); S
VENCLEXTA STARTING PACK	3	PA; S
VERZENIO	3	PA; QL (56 per 28 days); S
VITRAKVI ORAL CAPSULE 100 MG	3	PA; QL (60 per 30 days); S
VITRAKVI ORAL CAPSULE 25 MG	3	PA; QL (180 per 30 days); S
VITRAKVI ORAL SOLUTION	3	PA; QL (300 per 30 days); S
VIZIMPRO	3	PA; QL (30 per 30 days); S
VONJO	3	PA; QL (120 per 30 days); S
VORANIGO ORAL TABLET 10 MG	3	PA; QL (60 per 30 days); S
VORANIGO ORAL TABLET 40 MG	3	PA; QL (30 per 30 days); S
WELIREG	3	PA; QL (90 per 30 days); S
XALKORI ORAL CAPSULE	3	PA; QL (120 per 30 days); S
XALKORI ORAL CAPSULE SPRINKLE 150 MG	3	PA; QL (180 per 30 days); S
XALKORI ORAL CAPSULE SPRINKLE 20 MG	3	PA; QL (240 per 30 days); S
XALKORI ORAL CAPSULE SPRINKLE 50 MG	3	PA; QL (120 per 30 days); S
XOSPATA	3	PA; QL (90 per 30 days); S

Drug Name	Drug Tier	Requirements/Limits
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	3	PA; QL (8 per 28 days); S
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	3	PA; QL (16 per 28 days); S
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA; QL (4 per 28 days); S
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA; QL (8 per 28 days); S
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	3	PA; QL (4 per 28 days); S
XPOVIO (60 MG TWICE WEEKLY)	3	PA; QL (24 per 28 days); S
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA; QL (8 per 28 days); S
XPOVIO (80 MG TWICE WEEKLY)	3	PA; QL (32 per 28 days); S
XTANDI ORAL CAPSULE	3	PA; QL (120 per 30 days); S
XTANDI ORAL TABLET 40 MG	3	PA; QL (120 per 30 days); S
XTANDI ORAL TABLET 80 MG	3	PA; QL (60 per 30 days); S
ZEJULA ORAL TABLET 100 MG	3	PA; QL (90 per 30 days); S
ZEJULA ORAL TABLET 200 MG, 300 MG	3	PA; QL (30 per 30 days); S
ZELBORAF	3	PA; QL (240 per 30 days); S
ZOLINZA	3	PA; QL (120 per 30 days); S
ZYDELIG	3	PA; QL (60 per 30 days); S

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

Drug Name	Drug Tier	Requirements/Limits
ZYKADIA ORAL TABLET	3	PA; QL (90 per 30 days); S
Blood Products And Modifiers		
<i>anagrelide hcl</i>	1	MO
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 40 MCG/ML	3	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 200 MCG/ML	3	PA; S
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 60 MCG/ML	2	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML	2	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	3	PA; S
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 60 MCG/0.3ML	3	PA
<i>aspirin-dipyridamole er</i>	1	QL (60 per 30 days); MO
BRILINTA	2	QL (60 per 30 days); MO
<i>cilostazol</i>	1	MO
CINRYZE	3	PA; S
<i>clopidogrel bisulfate oral tablet 300 mg</i>	1	QL (1 per 30 days)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
<i>dabigatran etexilate mesylate</i>	3	QL (60 per 30 days); MO
<i>dipyridamole oral</i>	1	PA; MO
DROXIA	2	MO
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	2	QL (74 per 180 days)
ELIQUIS ORAL TABLET	2	QL (60 per 30 days); MO
<i>eltrombopag olamine oral packet 12.5 mg</i>	3	PA; QL (360 per 30 days); S
<i>eltrombopag olamine oral packet 25 mg</i>	3	PA; QL (180 per 30 days); S
<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg</i>	3	PA; QL (30 per 30 days); S
<i>eltrombopag olamine oral tablet 50 mg</i>	3	PA; QL (90 per 30 days); S
<i>eltrombopag olamine oral tablet 75 mg</i>	3	PA; QL (60 per 30 days); S
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	1	QL (168 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	2	QL (56 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	2	QL (44.8 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	2	QL (16.8 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	2	QL (22.4 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	2	QL (33.6 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	3	QL (24 per 30 days); S
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	3	QL (15 per 30 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	3	QL (12 per 30 days); S
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	3	QL (18 per 30 days); S
FULPHILA	3	PA; QL (1.2 per 28 days); S
GRANIX	3	PA; S
<i>heparin (porcine) in nacl intravenous solution 12500-0.45 ut/250ml-%, 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%</i>	2	B/D PA
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1	B/D PA
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml</i>	1	B/D PA
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	3	PA; QL (18 per 30 days); S
<i>jantoven</i>	1	MO
<i>l-glutamine oral packet</i>	3	PA; S
LEUKINE INJECTION SOLUTION RECONSTITUTED	3	PA; S

Drug Name	Drug Tier	Requirements/Limits
NEULASTA ONPRO	3	PA; QL (1.2 per 28 days); S
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (1.2 per 28 days); S
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	3	PA; S
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	3	PA; S
NIVESTYM INJECTION SOLUTION	3	PA; S
<i>pentoxifylline er</i>	1	MO
<i>prasugrel hcl</i>	1	QL (30 per 30 days); MO
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	3	PA; S
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (18 per 30 days); S
<i>ticagrelor</i>	2	QL (60 per 30 days); MO
<i>tranexamic acid oral</i>	1	
UDENYCA	3	PA; QL (1.2 per 28 days); S
<i>warfarin sodium oral</i>	1	MO
XARELTO ORAL SUSPENSION RECONSTITUTED	2	QL (600 per 30 days); MO
XARELTO ORAL TABLET 10 MG, 20 MG	2	QL (30 per 30 days); MO

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
XARELTO ORAL TABLET 15 MG, 2.5 MG	2	QL (60 per 30 days); MO
XARELTO STARTER PACK	2	
ZARXIO	3	PA; S
ZIEXTENZO	3	PA; QL (1.2 per 28 days); S
Cardiovascular Agents		
acebutolol hcl oral	1	MO
acetazolamide oral	1	MO
aliskiren fumarate	1	MO
amiloride hcl oral	1	MO
amiloride-hydrochlorothiazide	1	MO
amiodarone hcl oral	1	MO
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg	1	QL (30 per 30 days); MO
amlodipine besy-benazepril hcl oral capsule 2.5-10 mg	1	QL (120 per 30 days); MO
amlodipine besy-benazepril hcl oral capsule 5-10 mg, 5-20 mg	1	QL (60 per 30 days); MO
amlodipine besylate oral	1	MO
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg	1	QL (30 per 30 days); MO
amlodipine besylate-valsartan oral tablet 5-160 mg	1	QL (60 per 30 days); MO
amlodipine-atorvastatin	1	QL (30 per 30 days); MO
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-40 mg	1	QL (30 per 30 days); MO

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

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
candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg	1	QL (30 per 30 days); MO
captopril oral tablet 100 mg	1	QL (120 per 30 days); MO
captopril oral tablet 12.5 mg, 25 mg, 50 mg	1	QL (180 per 30 days); MO
CARTIA XT	1	MO
carvedilol	1	MO
chlorthalidone oral tablet 25 mg, 50 mg	1	MO
cholestyramine light	1	MO
cholestyramine oral	1	MO
clonidine hcl oral	1	MO
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr	1	QL (12 per 28 days); MO
clonidine transdermal patch weekly 0.3 mg/24hr	1	QL (4 per 28 days); MO
colesevelam hcl	1	MO
colestipol hcl	1	MO
CORLANOR ORAL SOLUTION	3	PA; QL (560 per 28 days); MO
digox oral tablet 125 mcg	1	QL (30 per 30 days); MO
digox oral tablet 250 mcg	1	QL (60 per 30 days); MO
digoxin oral solution	1	MO
digoxin oral tablet 125 mcg	1	QL (30 per 30 days); MO
digoxin oral tablet 250 mcg	1	QL (60 per 30 days); MO
digoxin oral tablet 62.5 mcg	2	QL (30 per 30 days); MO
dilt-xr	1	MO
diltiazem hcl er beads	1	MO

Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	MO
diltiazem hcl er oral capsule extended release 12 hour	1	MO
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	MO
diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	MO
diltiazem hcl intravenous solution reconstituted	2	
diltiazem hcl oral tablet	1	MO
disopyramide phosphate oral	1	PA; MO
dofetilide	1	
doxazosin mesylate oral	1	MO
droxidopa oral capsule 100 mg	3	PA; QL (90 per 30 days)
droxidopa oral capsule 200 mg, 300 mg	3	PA; QL (180 per 30 days)
enalapril maleate oral tablet	1	MO
enalapril-hydrochlorothiazide oral tablet 10-25 mg	1	QL (60 per 30 days); MO
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	1	QL (120 per 30 days); MO
ENTRESTO ORAL CAPSULE SPRINKLE	2	QL (240 per 30 days); MO
eplerenone	1	MO
ezetimibe	1	QL (30 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ezetimibe-simvastatin	1	QL (30 per 30 days); MO	irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg	1	QL (60 per 30 days); MO
felodipine er	1	MO	irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg	1	QL (30 per 30 days); MO
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	MO	isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	2	QL (180 per 30 days); MO
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	MO	isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	MO
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	MO	isosorbide mononitrate	2	MO
fenofibric acid oral capsule delayed release	1	MO	isosorbide mononitrate er	1	MO
flecainide acetate	1	MO	isradipine	1	MO
fluvastatin sodium	1	QL (60 per 30 days); MO	ivabradine hcl	3	PA; QL (60 per 30 days); MO
fluvastatin sodium er	1	QL (30 per 30 days); MO	labetalol hcl oral	1	MO
fosinopril sodium	1	MO	lisinopril oral	1	MO
fosinopril sodium-hctz	1	MO	lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	1	QL (120 per 30 days); MO
furosemide injection	1		lisinopril-hydrochlorothiazide oral tablet 20-25 mg	1	QL (60 per 30 days); MO
furosemide oral solution 10 mg/ml	1	MO	losartan potassium oral tablet 100 mg	1	QL (30 per 30 days); MO
furosemide oral solution 8 mg/ml	1	MO	losartan potassium oral tablet 25 mg, 50 mg	1	QL (60 per 30 days); MO
furosemide oral tablet	1	MO	losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg	1	QL (30 per 30 days); MO
gemfibrozil oral	1	MO	losartan potassium-hctz oral tablet 50-12.5 mg	1	QL (60 per 30 days); MO
guanfacine hcl oral	1	PA; MO	lovastatin oral	1	QL (60 per 30 days); MO
hydralazine hcl injection	1		MATZIM LA	1	MO
hydralazine hcl oral	1	MO			
hydrochlorothiazide oral	1	MO			
icosapent ethyl	2	MO			
indapamide oral	1	MO			
irbesartan	1	QL (30 per 30 days); MO			

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

Drug Name	Drug Tier	Requirements/Limits
<i>methyldopa oral</i>	1	PA
<i>metolazone</i>	1	MO
<i>metoprolol succinate er</i>	1	MO
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	1	MO
<i>metoprolol-hydrochlorothiazide</i>	1	MO
<i>metyrosine</i>	3	S
<i>mexiletine hcl oral</i>	1	MO
<i>midodrine hcl</i>	1	
<i>minoxidil oral</i>	1	MO
<i>moexipril hcl</i>	1	MO
MULTAQ	2	QL (60 per 30 days); MO
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	MO
<i>nebivolol hcl</i>	1	MO
NEXLETOL	2	PA; QL (30 per 30 days); MO
NEXLIZET	2	PA; QL (30 per 30 days); MO
<i>niacin (antihyperlipidemic)</i>	1	
<i>niacin er (antihyperlipidemic)</i>	1	MO
<i>niacor</i>	1	
<i>nicardipine hcl oral</i>	1	MO
<i>nifedipine er</i>	1	MO
<i>nifedipine er osmotic release</i>	1	MO
<i>nifedipine oral</i>	1	PA; MO
<i>nimodipine oral capsule</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>nisoldipine er</i>	1	MO
NITRO-BID	2	MO
<i>nitroglycerin intravenous</i>	2	B/D PA
<i>nitroglycerin sublingual</i>	1	MO
<i>nitroglycerin transdermal patch 24 hour</i>	1	MO
<i>nitroglycerin translingual solution</i>	1	MO
NORPACE CR	3	PA; MO
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	1	QL (30 per 30 days); MO
<i>olmesartan medoxomil oral tablet 5 mg</i>	1	QL (60 per 30 days); MO
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg</i>	1	QL (60 per 30 days); MO
<i>olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg</i>	1	QL (30 per 30 days); MO
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg</i>	1	QL (60 per 30 days); MO
<i>olmesartan-amlodipine-hctz oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	QL (30 per 30 days); MO
<i>omega-3-acid ethyl esters</i>	1	MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	MO
<i>perindopril erbumine</i>	1	MO
<i>pindolol</i>	1	MO
<i>pitavastatin calcium</i>	3	QL (30 per 30 days); MO
<i>pravastatin sodium</i>	1	QL (30 per 30 days); MO
<i>prazosin hcl oral</i>	1	MO
<i>prevalite</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>propafenone hcl</i>	1	MO
<i>propafenone hcl er</i>	3	MO
<i>propranolol hcl er</i>	1	MO
<i>propranolol hcl oral solution</i>	1	MO
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	MO
<i>propranolol hcl oral tablet 60 mg</i>	1	MO
<i>quinapril hcl</i>	1	MO
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	1	QL (120 per 30 days); MO
<i>quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	1	QL (60 per 30 days); MO
<i>quinidine sulfate oral</i>	3	MO
<i>ramipril</i>	1	MO
<i>ranolazine er</i>	1	QL (60 per 30 days); MO
REPATHA	2	PA; QL (3 per 28 days)
REPATHA PUSHTRONEX SYSTEM	2	PA; QL (3.5 per 28 days)
REPATHA SURECLICK	2	PA; QL (3 per 28 days)
<i>rosuvastatin calcium oral</i>	1	QL (30 per 30 days); MO
<i>sacubitril-valsartan oral tablet 24-26 mg</i>	1	QL (180 per 30 days); MO
<i>sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg</i>	1	QL (60 per 30 days); MO
<i>simvastatin oral tablet</i>	1	QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg</i>	1	MO
<i>sotalol hcl (af) oral tablet 80 mg</i>	1	MO
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg</i>	1	MO
<i>sotalol hcl oral tablet 80 mg</i>	1	MO
<i>spironolactone oral tablet 100 mg, 50 mg</i>	1	MO
<i>spironolactone oral tablet 25 mg</i>	1	MO
<i>spironolactone-hctz</i>	1	MO
<i>telmisartan oral tablet 20 mg, 40 mg</i>	1	QL (30 per 30 days); MO
<i>telmisartan oral tablet 80 mg</i>	1	QL (60 per 30 days); MO
<i>telmisartan-amlodipine</i>	1	QL (30 per 30 days); MO
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg</i>	1	QL (60 per 30 days); MO
<i>telmisartan-hctz oral tablet 80-25 mg</i>	1	QL (30 per 30 days); MO
<i>terazosin hcl oral</i>	1	MO
TIADYLT ER	1	MO
<i>timolol maleate oral</i>	1	MO
<i>torseamide oral</i>	1	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil hcl er</i>	1	MO
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hctz oral tablet</i>	1	MO
<i>valsartan oral tablet 160 mg</i>	1	QL (60 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>valsartan oral tablet 320 mg</i>	1	QL (30 per 30 days); MO
<i>valsartan oral tablet 40 mg, 80 mg</i>	1	QL (90 per 30 days); MO
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg</i>	1	QL (60 per 30 days); MO
<i>valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg</i>	1	QL (30 per 30 days); MO
VECAMYL	3	MO
<i>verapamil hcl er oral capsule extended release 24 hour</i>	1	MO
<i>verapamil hcl er oral tablet extended release 120 mg</i>	1	MO
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	1	MO
<i>verapamil hcl oral</i>	1	MO
VERQUVO	3	PA; MO
Central Nervous System Agents		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	3	QL (2.4 per 56 days); S
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	3	QL (3.2 per 56 days); S
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	3	QL (1 per 28 days); MO; S
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3	QL (1 per 28 days); MO; S

Drug Name	Drug Tier	Requirements/Limits
<i>acamprosate calcium</i>	1	MO
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA; QL (1 per 28 days); MO
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	2	PA; QL (2 per 28 days); MO
<i>almotriptan malate</i>	2	QL (9 per 30 days)
<i>alprazolam er</i>	1	QL (90 per 30 days)
<i>alprazolam oral</i>	1	QL (120 per 30 days)
<i>alprazolam xr</i>	1	QL (90 per 30 days)
<i>amantadine hcl oral capsule</i>	1	MO
<i>amantadine hcl oral solution</i>	1	MO
<i>amantadine hcl oral tablet</i>	1	MO
<i>amitriptyline hcl oral</i>	1	PA; MO
<i>amoxapine</i>	1	PA; MO
<i>amphetamine-dextroamphet er</i>	1	PA; QL (30 per 30 days); MO
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	1	PA; QL (90 per 30 days); MO
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	1	PA; QL (60 per 30 days); MO
<i>apomorphine hcl subcutaneous</i>	3	PA; QL (60 per 30 days); S
APTOM ORAL TABLET 200 MG, 400 MG	3	PA; QL (30 per 30 days); MO; S
APTOM ORAL TABLET 600 MG, 800 MG	3	PA; QL (60 per 30 days); MO; S

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

Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole oral solution</i>	1	QL (900 per 30 days); MO
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	1	MO
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	1	QL (30 per 30 days); MO
<i>aripiprazole oral tablet dispersible 10 mg</i>	3	QL (90 per 30 days); MO
<i>aripiprazole oral tablet dispersible 15 mg</i>	3	QL (60 per 30 days); MO
ARISTADA INITIO	3	QL (4.8 per 365 days); S
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	3	QL (3.9 per 56 days); MO; S
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	3	QL (1.6 per 28 days); MO; S
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	3	QL (2.4 per 28 days); MO; S
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	3	QL (3.2 per 28 days); MO; S
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	1	PA; QL (30 per 30 days); MO
<i>armodafinil oral tablet 50 mg</i>	1	PA; QL (60 per 30 days); MO
<i>asenapine maleate sublingual tablet sublingual 10 mg</i>	3	QL (60 per 30 days); MO
<i>asenapine maleate sublingual tablet sublingual 2.5 mg</i>	1	QL (240 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
<i>asenapine maleate sublingual tablet sublingual 5 mg</i>	1	QL (120 per 30 days); MO
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL (60 per 30 days); MO
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	1	QL (30 per 30 days); MO
AUSTEDO	3	PA; QL (120 per 30 days); S
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 6 MG	3	PA; QL (60 per 30 days); S
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG	3	PA; QL (30 per 30 days); S
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	3	PA; S
AUVELITY	3	PA; QL (60 per 30 days); MO; S
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	3	PA; QL (4 per 28 days); S
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	3	PA; QL (4 per 28 days); S
BAC (BUTALBITAL-ACETAMIN-CAFF)	1	PA; QL (180 per 30 days)
<i>baclofen oral tablet</i>	1	
<i>benztropine mesylate oral</i>	1	PA; MO
BETASERON SUBCUTANEOUS KIT	3	PA; QL (15 per 30 days); S
BOTOX	3	PA

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

Drug Name	Drug Tier	Requirements/Limits
BRIVIACT INTRAVENOUS	3	PA
BRIVIACT ORAL SOLUTION	3	PA; QL (600 per 30 days); MO; S
BRIVIACT ORAL TABLET	3	PA; QL (60 per 30 days); MO; S
<i>bromocriptine mesylate oral</i>	1	MO
<i>buprenorphine hcl injection</i>	1	
<i>buprenorphine hcl sublingual</i>	1	NEDS
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	1	NEDS
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	1	QL (480 per 30 days); NEDS
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	1	QL (240 per 30 days); NEDS
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	1	QL (120 per 30 days); NEDS
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	1	QL (480 per 30 days); NEDS
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	1	QL (120 per 30 days); NEDS
<i>bupropion hcl er (smoking det)</i>	1	QL (60 per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	1	QL (120 per 30 days); MO
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	1	QL (60 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	1	QL (90 per 30 days); MO
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	1	QL (30 per 30 days); MO
<i>bupropion hcl oral tablet 100 mg</i>	1	QL (135 per 30 days); MO
<i>bupropion hcl oral tablet 75 mg</i>	1	QL (180 per 30 days); MO
<i>buspirone hcl oral</i>	1	
<i>butalbital-apap-cafeine oral capsule 50-300-40 mg</i>	1	PA; QL (180 per 30 days)
<i>butalbital-apap-cafeine oral tablet 50-325-40 mg</i>	1	PA; QL (180 per 30 days)
<i>butalbital-aspirin-cafeine oral capsule</i>	1	PA; QL (180 per 30 days)
CAPLYTA	3	QL (30 per 30 days); MO; S
<i>carbamazepine er</i>	1	MO
<i>carbamazepine oral</i>	1	MO
<i>carbidopa oral</i>	1	MO
<i>carbidopa-levodopa</i>	1	MO
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	MO
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	MO
<i>carisoprodol oral tablet 350 mg</i>	1	
<i>chlordiazepoxide hcl</i>	1	QL (120 per 30 days)

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
chlordiazepoxide-amitriptyline	1	PA; MO
chlorpromazine hcl injection	2	
chlorpromazine hcl oral concentrate 100 mg/ml	3	MO; S
chlorpromazine hcl oral concentrate 30 mg/ml	3	MO
chlorpromazine hcl oral tablet	1	MO
chlorzoxazone oral tablet 500 mg	1	PA
citalopram hydrobromide oral solution	1	QL (600 per 30 days); MO
citalopram hydrobromide oral tablet 10 mg	1	QL (120 per 30 days); MO
citalopram hydrobromide oral tablet 20 mg	1	QL (60 per 30 days); MO
citalopram hydrobromide oral tablet 40 mg	1	QL (30 per 30 days); MO
clobazam oral suspension 2.5 mg/ml	1	PA; QL (480 per 30 days); MO
clobazam oral tablet 10 mg	1	PA; QL (120 per 30 days); MO
clobazam oral tablet 20 mg	1	PA; QL (60 per 30 days); MO
clomipramine hcl oral	2	PA; MO
clonazepam oral	1	QL (90 per 30 days)
clonidine hcl er oral tablet extended release 12 hour	1	QL (120 per 30 days); MO
clorazepate dipotassium	1	
clozapine oral tablet 100 mg	1	QL (270 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
clozapine oral tablet 200 mg	1	QL (120 per 30 days)
clozapine oral tablet 25 mg	1	QL (1080 per 30 days)
clozapine oral tablet 50 mg	1	QL (540 per 30 days)
clozapine oral tablet dispersible 100 mg	1	QL (270 per 30 days)
clozapine oral tablet dispersible 12.5 mg	1	QL (2160 per 30 days)
clozapine oral tablet dispersible 150 mg	1	QL (180 per 30 days)
clozapine oral tablet dispersible 200 mg	3	QL (120 per 30 days)
clozapine oral tablet dispersible 25 mg	1	QL (1080 per 30 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG	3	PA; QL (60 per 30 days); MO; S
COBENFY ORAL CAPSULE 50-20 MG	3	PA; QL (60 per 30 days); S
COBENFY STARTER PACK	3	PA; S
cyclobenzaprine hcl oral tablet 10 mg	1	PA; QL (90 per 30 days)
cyclobenzaprine hcl oral tablet 5 mg	1	PA; QL (180 per 30 days)
dalfampridine er	2	PA; QL (60 per 30 days)
dantrolene sodium oral	1	
desipramine hcl oral	1	PA; MO
desvenlafaxine er	3	QL (30 per 30 days); MO
desvenlafaxine succinate er	1	MO
dexmethylphenidate hcl	1	QL (60 per 30 days); MO
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15	2	QL (30 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/ Limits
mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg		
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg	1	QL (60 per 30 days); MO
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	1	QL (120 per 30 days); MO
dextroamphetamine sulfate oral solution	1	QL (1920 per 30 days); MO
dextroamphetamine sulfate oral tablet 10 mg	1	QL (180 per 30 days); MO
dextroamphetamine sulfate oral tablet 5 mg	1	QL (90 per 30 days); MO
DIACOMIT ORAL CAPSULE 250 MG	3	PA; QL (360 per 30 days); S
DIACOMIT ORAL CAPSULE 500 MG	3	PA; QL (180 per 30 days); S
DIACOMIT ORAL PACKET 250 MG	3	PA; QL (360 per 30 days); S
DIACOMIT ORAL PACKET 500 MG	3	PA; QL (180 per 30 days); S
diazepam injection	1	
DIAZEPAM INTENSOL	1	PA; QL (240 per 30 days)
diazepam oral concentrate	1	PA; QL (240 per 30 days)
diazepam oral solution 5 mg/5ml	1	PA; QL (1200 per 30 days)
diazepam oral tablet 10 mg	1	PA; QL (120 per 30 days)
diazepam oral tablet 2 mg	1	PA; QL (600 per 30 days)
diazepam oral tablet 5 mg	1	PA; QL (240 per 30 days)
diazepam rectal	3	

Drug Name	Drug Tier	Requirements/ Limits
dihydroergotamine mesylate injection	3	PA
dihydroergotamine mesylate nasal	3	PA; QL (8 per 28 days); S
DILANTIN ORAL CAPSULE 30 MG	3	PA; MO
dimethyl fumarate oral capsule delayed release 120 mg	3	PA; QL (14 per 7 days)
dimethyl fumarate oral capsule delayed release 240 mg	3	PA; QL (60 per 30 days); S
dimethyl fumarate starter pack oral capsule delayed release therapy pack	3	PA
disulfiram oral	1	MO
divalproex sodium er oral tablet extended release 24 hour	1	MO
divalproex sodium oral capsule delayed release sprinkle	1	MO
divalproex sodium oral tablet delayed release	1	MO
donepezil hcl oral tablet 10 mg, 5 mg	1	QL (30 per 30 days); MO
donepezil hcl oral tablet 23 mg	1	QL (30 per 30 days); MO
donepezil hcl oral tablet dispersible	1	QL (30 per 30 days); MO
doxepin hcl oral capsule	1	PA; MO
doxepin hcl oral concentrate	1	PA; MO
doxepin hcl oral tablet	1	QL (30 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED	3	QL (60 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/Limits
RELEASE SPRINKLE 20 MG, 60 MG		
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	3	QL (30 per 30 days); MO
<i>duloxetine hcl oral capsule delayed release particles 20 mg</i>	1	QL (180 per 30 days); MO
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	1	QL (120 per 30 days); MO
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	1	QL (90 per 30 days); MO
<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>	1	QL (60 per 30 days); MO
DYSPORT	3	PA
<i>eletriptan hydrobromide</i>	1	QL (9 per 30 days)
EMGALITY	2	PA; QL (2 per 28 days); MO
EMGALITY (300 MG DOSE)	2	PA; QL (3 per 28 days); MO
EMSAM	3	PA; QL (30 per 30 days); MO; S
<i>entacapone</i>	1	MO
EPIDIOLEX	3	PA; S
EPITOL	1	MO
EPRONTIA	3	PA; MO
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG	3	QL (480 per 30 days); MO
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG	3	QL (240 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG	3	QL (180 per 30 days); MO
ERGOMAR	3	S
<i>ergotamine-caffeine</i>	2	
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	1	QL (600 per 30 days); MO
<i>escitalopram oxalate oral tablet 10 mg</i>	1	QL (60 per 30 days); MO
<i>escitalopram oxalate oral tablet 20 mg</i>	1	QL (30 per 30 days); MO
<i>escitalopram oxalate oral tablet 5 mg</i>	1	QL (120 per 30 days); MO
<i>eslicarbazepine acetate oral tablet 200 mg, 400 mg</i>	3	QL (30 per 30 days); MO
<i>eslicarbazepine acetate oral tablet 600 mg, 800 mg</i>	3	QL (60 per 30 days); MO
<i>estazolam</i>	1	QL (30 per 30 days)
<i>eszopiclone</i>	1	QL (30 per 30 days)
<i>ethosuximide oral</i>	1	MO
FANAPT ORAL TABLET 1 MG	3	PA; QL (720 per 30 days); MO; S
FANAPT ORAL TABLET 10 MG, 12 MG	3	PA; QL (60 per 30 days); MO; S
FANAPT ORAL TABLET 2 MG	3	PA; QL (360 per 30 days); MO; S
FANAPT ORAL TABLET 4 MG	3	PA; QL (180 per 30 days); MO; S
FANAPT ORAL TABLET 6 MG	3	PA; QL (120 per 30 days); MO; S
FANAPT ORAL TABLET 8 MG	3	PA; QL (90 per 30 days); MO; S
FANAPT TITRATION PACK	3	PA

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Drug Name	Drug Tier	Requirements/ Limits
FANAPT TITRATION PACK A	3	PA
FANAPT TITRATION PACK B ORAL TABLET	3	PA
FANAPT TITRATION PACK C ORAL TABLET	3	PA
<i>felbamate oral suspension</i>	3	MO
<i>felbamate oral tablet</i>	2	MO
FETZIMA	3	PA; QL (30 per 30 days); MO
FETZIMA TITRATION	3	PA
<i> fingolimod hcl</i>	3	PA; QL (30 per 30 days)
FINTEPLA	3	PA; S
FIRDAPSE	3	PA; QL (300 per 30 days); S
<i> fluoxetine hcl oral capsule 10 mg</i>	1	MO
<i> fluoxetine hcl oral capsule 20 mg</i>	1	QL (120 per 30 days); MO
<i> fluoxetine hcl oral capsule 40 mg</i>	1	QL (60 per 30 days); MO
<i> fluoxetine hcl oral capsule delayed release</i>	1	QL (4 per 28 days); MO
<i> fluoxetine hcl oral solution</i>	1	QL (600 per 30 days); MO
<i> fluphenazine decanoate injection</i>	1	
<i> fluphenazine hcl injection</i>	1	
<i> fluphenazine hcl oral</i>	1	MO
<i> fluvoxamine maleate oral tablet 100 mg</i>	1	QL (90 per 30 days); MO
<i> fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	1	MO
FYCOMPA ORAL SUSPENSION	3	PA; QL (720 per 30 days); MO; S

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol lactate oral</i>	1	MO
<i>haloperidol oral</i>	1	MO
<i>imipramine hcl oral</i>	1	PA; MO
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	3	QL (3.5 per 180 days); S
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	3	QL (5 per 180 days); S
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	3	QL (0.75 per 28 days); S
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	3	QL (1 per 28 days); S
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	3	QL (1.5 per 28 days); S
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	3	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	3	QL (0.5 per 28 days); S
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	3	QL (0.88 per 84 days); S
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	3	QL (1.32 per 84 days); S
INVEGA TRINZA INTRAMUSCULAR	3	QL (1.75 per 84 days); S

Drug Name	Drug Tier	Requirements/Limits
SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML		
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	3	QL (2.63 per 84 days); S
KLOXXADO	3	
<i>lacosamide oral solution</i>	3	QL (1200 per 30 days); MO
<i>lacosamide oral tablet</i>	3	QL (60 per 30 days); MO
<i>lamotrigine er</i>	3	MO
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet chewable</i>	1	MO
<i>lamotrigine oral tablet dispersible</i>	2	MO
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	1	QL (180 per 30 days); MO
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	1	QL (120 per 30 days); MO
<i>levetiracetam oral solution</i>	1	MO
<i>levetiracetam oral tablet</i>	1	MO
LIBERVANT	3	QL (10 per 30 days)
<i>lithium</i>	2	MO
<i>lithium carbonate er</i>	1	MO
<i>lithium carbonate oral capsule 150 mg, 300 mg</i>	1	MO
<i>lithium carbonate oral capsule 600 mg</i>	1	MO
<i>lithium carbonate oral tablet</i>	1	MO
<i>lorazepam injection</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	1	PA; QL (60 per 30 days)
memantine hcl oral tablet 5 mg	1	PA; QL (90 per 30 days); MO
methocarbamol oral tablet 500 mg, 750 mg	1	
methsuximide	3	MO
methylphenidate hcl er (cd)	1	PA; QL (30 per 30 days); MO
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 60 mg	1	PA; QL (30 per 30 days); MO
methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg	1	PA; QL (60 per 30 days); MO
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg	1	PA; QL (30 per 30 days); MO
methylphenidate hcl er (osm) oral tablet extended release 36 mg	1	PA; QL (60 per 30 days); MO
methylphenidate hcl er oral tablet extended release	1	PA; QL (90 per 30 days); MO
methylphenidate hcl oral tablet	1	PA; QL (90 per 30 days); MO
midazolam hcl oral	1	
MIGERGOT	3	S
mirtazapine oral tablet 15 mg, 30 mg, 7.5 mg	1	MO
mirtazapine oral tablet 45 mg	1	QL (30 per 30 days); MO
mirtazapine oral tablet dispersible	1	QL (30 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>modafinil oral tablet 100 mg</i>	1	PA; QL (30 per 30 days); MO
<i>modafinil oral tablet 200 mg</i>	1	PA; QL (60 per 30 days); MO
<i>molindone hcl</i>	1	MO
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	1	
<i>naloxone hcl injection solution cartridge</i>	1	
<i>naloxone hcl injection solution prefilled syringe</i>	1	
<i>naloxone hcl nasal</i>	2	
<i>naltrexone hcl oral</i>	1	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	3	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	MO
<i>naratriptan hcl</i>	1	QL (9 per 30 days)
NAYZILAM	3	PA
<i>nefazodone hcl</i>	1	MO
NICOTROL NS	3	QL (120 per 30 days)
<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	1	MO
<i>nortriptyline hcl oral capsule 50 mg, 75 mg</i>	1	MO
<i>nortriptyline hcl oral solution</i>	1	MO
NUEDEXTA	3	PA; QL (60 per 30 days); MO; S
NUPLAZID ORAL CAPSULE	3	PA; QL (30 per 30 days); S
NUPLAZID ORAL TABLET 10 MG	3	PA; QL (30 per 30 days); S

Drug Name	Drug Tier	Requirements/Limits
NURTEC	2	PA; QL (16 per 30 days)
<i>olanzapine intramuscular</i>	1	QL (90 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	MO
<i>olanzapine oral tablet 20 mg</i>	1	QL (30 per 30 days); MO
<i>olanzapine oral tablet dispersible</i>	1	QL (30 per 30 days); MO
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>	1	QL (30 per 30 days); MO
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i>	1	QL (90 per 30 days); MO
OPIPZA ORAL FILM 10 MG, 5 MG	3	PA; QL (90 per 30 days); MO; S
OPIPZA ORAL FILM 2 MG	3	PA; QL (30 per 30 days); MO; S
<i>oxazepam</i>	1	QL (120 per 30 days)
<i>oxcarbazepine oral suspension</i>	2	MO
<i>oxcarbazepine oral tablet</i>	1	MO
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	2	QL (30 per 30 days); MO
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	2	QL (60 per 30 days); MO
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</i>	1	QL (30 per 30 days); MO
<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg</i>	1	QL (60 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl oral suspension</i>	3	QL (900 per 30 days); MO	<i>pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg</i>	3	PA; QL (30 per 30 days); MO
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	1	QL (45 per 30 days); MO	<i>pregabalin er oral tablet extended release 24 hour 330 mg</i>	3	PA; QL (60 per 30 days); MO
<i>paroxetine hcl oral tablet 20 mg</i>	1	QL (30 per 30 days); MO	<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>paroxetine hcl oral tablet 30 mg</i>	1	QL (60 per 30 days); MO	<i>pregabalin oral capsule 200 mg</i>	1	QL (90 per 30 days); MO
<i>perampanel</i>	3	PA; QL (30 per 30 days); MO	<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	QL (60 per 30 days); MO
<i>perphenazine oral</i>	1	MO	<i>pregabalin oral solution</i>	1	QL (900 per 30 days); MO
<i>perphenazine-amitriptyline</i>	1	PA; MO	<i>primidone oral</i>	1	MO
PERSERIS	3	QL (1 per 28 days); MO; S	<i>protriptyline hcl</i>	1	PA; MO
<i>phenelzine sulfate oral</i>	1	MO	<i>pyridostigmine bromide er oral tablet extended release</i>	1	
<i>phenobarbital oral elixir 20 mg/5ml</i>	3	PA; QL (3000 per 30 days); MO	<i>pyridostigmine bromide oral solution</i>	3	
<i>phenobarbital oral elixir 30 mg/7.5ml, 60 mg/15ml</i>	3	PA; MO	<i>pyridostigmine bromide oral tablet</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	PA; QL (120 per 30 days); MO	<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	1	QL (30 per 30 days); MO
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg</i>	2	PA; QL (210 per 30 days); MO	<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	1	QL (60 per 30 days); MO
PHENYTEK	3	MO	<i>quetiapine fumarate oral tablet 100 mg</i>	1	QL (240 per 30 days); MO
PHENYTOIN INFATABS	1	MO	<i>quetiapine fumarate oral tablet 150 mg</i>	1	QL (150 per 30 days); MO
<i>phenytoin oral</i>	1	MO	<i>quetiapine fumarate oral tablet 200 mg</i>	1	QL (120 per 30 days); MO
<i>phenytoin sodium extended</i>	1	MO			
<i>pimozide</i>	1	MO			
<i>pramipexole dihydrochloride</i>	1	MO			
<i>pramipexole dihydrochloride er</i>	3	MO			

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

Drug Name	Drug Tier	Requirements/ Limits
<i>quetiapine fumarate oral tablet 25 mg</i>	1	QL (960 per 30 days); MO
<i>quetiapine fumarate oral tablet 300 mg</i>	1	QL (80 per 30 days); MO
<i>quetiapine fumarate oral tablet 400 mg</i>	1	QL (60 per 30 days); MO
<i>quetiapine fumarate oral tablet 50 mg</i>	1	QL (480 per 30 days); MO
QULIPTA	2	PA; QL (30 per 30 days); MO
RALDESY	3	QL (1800 per 30 days); MO; S
<i>ramelteon</i>	1	QL (30 per 30 days)
<i>rasagiline mesylate oral</i>	1	MO
REGONOL INTRAVENOUS	2	
REXULTI	3	QL (30 per 30 days); MO; S
<i>riluzole</i>	1	
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg</i>	3	QL (2 per 28 days)
<i>risperidone microspheres er intramuscular suspension reconstituted er 50 mg</i>	3	QL (2 per 28 days); S
<i>risperidone oral solution</i>	1	QL (480 per 30 days); MO
<i>risperidone oral tablet 0.25 mg</i>	1	QL (1920 per 30 days); MO
<i>risperidone oral tablet 0.5 mg</i>	1	QL (960 per 30 days); MO
<i>risperidone oral tablet 1 mg</i>	1	QL (480 per 30 days); MO
<i>risperidone oral tablet 2 mg</i>	1	QL (240 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
<i>risperidone oral tablet 3 mg, 4 mg</i>	1	QL (120 per 30 days); MO
<i>risperidone oral tablet dispersible 0.25 mg</i>	1	QL (1920 per 30 days); MO
<i>risperidone oral tablet dispersible 0.5 mg</i>	1	QL (960 per 30 days); MO
<i>risperidone oral tablet dispersible 1 mg</i>	1	QL (480 per 30 days); MO
<i>risperidone oral tablet dispersible 2 mg</i>	1	QL (240 per 30 days); MO
<i>risperidone oral tablet dispersible 3 mg</i>	1	QL (150 per 30 days); MO
<i>risperidone oral tablet dispersible 4 mg</i>	1	QL (120 per 30 days); MO
<i>rivastigmine</i>	1	QL (30 per 30 days); MO
<i>rivastigmine tartrate</i>	1	QL (60 per 30 days); MO
<i>rizatriptan benzoate</i>	1	QL (12 per 30 days)
<i>ropinirole hcl</i>	1	MO
<i>ropinirole hcl er</i>	1	MO
ROWEEPRA ORAL TABLET 500 MG	1	MO
<i>rufinamide oral suspension</i>	3	PA; QL (2400 per 30 days); MO; S
<i>rufinamide oral tablet 200 mg</i>	3	PA; QL (480 per 30 days); MO
<i>rufinamide oral tablet 400 mg</i>	3	PA; QL (240 per 30 days); MO; S
RYKINDO	3	QL (2 per 28 days); S
SECUADO	3	QL (30 per 30 days); MO; S
<i>selegiline hcl oral</i>	1	MO
<i>sertraline hcl oral concentrate</i>	1	QL (300 per 30 days); MO

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Drug Name	Drug Tier	Requirements/Limits
<i>sertraline hcl oral tablet 100 mg</i>	1	QL (60 per 30 days); MO
<i>sertraline hcl oral tablet 25 mg</i>	1	QL (240 per 30 days); MO
<i>sertraline hcl oral tablet 50 mg</i>	1	QL (120 per 30 days); MO
<i>sodium oxybate</i>	3	PA; QL (540 per 30 days); S
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG	3	PA; QL (60 per 30 days); MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	3	PA; QL (120 per 30 days); MO
SUBVENITE	1	MO
<i>sumatriptan nasal</i>	1	QL (12 per 28 days)
<i>sumatriptan succinate oral</i>	1	QL (9 per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	1	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	1	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	1	QL (6 per 30 days)
SUNOSI	3	PA; QL (30 per 30 days); MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	3	PA; QL (60 per 30 days); MO; S
SYMPAZAN ORAL FILM 5 MG	3	PA; QL (30 per 30 days); MO; S
<i>tasimelteon</i>	3	PA; QL (30 per 30 days); S
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>teriflunomide</i>	3	PA; QL (30 per 30 days); S
<i>tetrabenazine oral tablet 12.5 mg</i>	3	PA; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	3	PA; QL (120 per 30 days)
<i>thioridazine hcl oral</i>	1	MO
<i>thiothixene oral</i>	1	MO
<i>tiagabine hcl</i>	1	MO
<i>tizanidine hcl oral tablet</i>	1	
<i>tolcapone</i>	3	PA; QL (180 per 30 days); MO; S
<i>topiramate oral capsule sprinkle</i>	1	MO
<i>topiramate oral solution</i>	3	MO
<i>topiramate oral tablet</i>	1	MO
<i>tranylcypromine sulfate</i>	1	MO
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1	MO
<i>trazodone hcl oral tablet 300 mg</i>	1	MO
<i>triazolam oral tablet 0.25 mg</i>	1	QL (30 per 30 days)
<i>trifluoperazine hcl oral</i>	1	MO
<i>trihexyphenidyl hcl oral solution</i>	1	PA; MO
<i>trihexyphenidyl hcl oral tablet</i>	1	MO
<i>trimipramine maleate oral</i>	1	MO
TRINTELLIX	3	QL (30 per 30 days); MO
UBRELVY ORAL TABLET 100 MG	2	PA; QL (16 per 30 days)
UBRELVY ORAL TABLET 50 MG	2	PA; QL (20 per 30 days)

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
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	3	QL (0.28 per 28 days); S	<i>varenicline tartrate oral tablet 1 mg, 1 mg (56 pack)</i>	3	QL (56 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	3	QL (0.35 per 28 days); S	<i>varenicline tartrate(continue)</i>	3	QL (56 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	3	QL (0.42 per 56 days); S	<i>venlafaxine besylate er</i>	3	QL (60 per 30 days); MO
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	3	QL (0.56 per 56 days); S	<i>venlafaxine hcl</i>	1	QL (90 per 30 days); MO
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	3	QL (0.7 per 56 days); S	<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	1	QL (30 per 30 days); MO
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	3	QL (0.14 per 28 days); S	<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg</i>	1	QL (180 per 30 days); MO
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	3	QL (0.21 per 28 days); S	<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	1	QL (90 per 30 days); MO
<i>valproic acid oral capsule</i>	1	MO	<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>	1	QL (30 per 30 days); MO
<i>valproic acid oral solution</i>	1	MO	VERSACLOZ	3	QL (600 per 30 days)
VALTOCO 10 MG DOSE	3	QL (10 per 30 days)	<i>vigabatrin oral packet</i>	3	PA; QL (150 per 25 days); S
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	3	QL (10 per 30 days)	<i>vigabatrin oral tablet</i>	3	PA; QL (180 per 30 days); S
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	3	QL (10 per 30 days)	VIGADRONE ORAL PACKET	3	PA; QL (150 per 25 days); S
VALTOCO 5 MG DOSE	3	QL (10 per 30 days)	VIGADRONE ORAL TABLET	3	PA; QL (180 per 30 days); S
<i>varenicline tartrate (starter)</i>	3		VIGPODER	3	PA; QL (150 per 25 days); S
<i>varenicline tartrate oral tablet 0.5 mg</i>	3	QL (60 per 30 days)	<i>vilazodone hcl</i>	3	QL (30 per 30 days); MO
			VRAYLAR ORAL CAPSULE	3	QL (30 per 30 days); MO; S
			VUMERITY	3	PA; QL (120 per 30 days); 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
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	3	PA; QL (56 per 28 days); MO; S
XCOPRI (350 MG DAILY DOSE)	3	PA; QL (56 per 28 days); MO; S
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	3	PA; QL (30 per 30 days); MO; S
XCOPRI ORAL TABLET 150 MG, 200 MG	3	PA; QL (60 per 30 days); MO; S
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	3	PA; QL (56 per 365 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG	3	PA; QL (56 per 365 days); S
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT	2	PA
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT	3	PA
<i>zaleplon oral capsule 10 mg</i>	1	QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	1	QL (30 per 30 days)
<i>ziprasidone hcl oral capsule 20 mg</i>	1	QL (240 per 30 days); MO
<i>ziprasidone hcl oral capsule 40 mg</i>	1	QL (120 per 30 days); MO
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	1	QL (60 per 30 days); MO
<i>ziprasidone mesylate</i>	3	QL (6 per 3 days)
<i>zolmitriptan nasal solution 2.5 mg</i>	1	
<i>zolmitriptan oral</i>	2	QL (9 per 30 days)

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

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

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

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Drug Name	Drug Tier	Requirements/ Limits
<i>clotrimazole mouth/throat troche</i>	1	QL (150 per 30 days)
<i>clotrimazole-betamethasone</i>	1	QL (120 per 30 days)
CROTAN	3	S
DENTA 5000 PLUS	2	MO
DENTAGEL	2	MO
<i>desonide external cream</i>	1	
<i>desonide external lotion</i>	1	
<i>desonide external ointment</i>	1	
<i>desoximetasone external cream</i>	1	QL (100 per 30 days)
<i>desoximetasone external gel</i>	1	
<i>desoximetasone external liquid</i>	3	
<i>desoximetasone external ointment</i>	1	
<i>diclofenac sodium external gel 3 %</i>	1	PA; QL (100 per 30 days)
<i>diflorasone diacetate external</i>	1	QL (60 per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	3	PA; QL (4.56 per 28 days); S
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	3	PA; QL (8 per 28 days); S
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	3	PA; QL (4.56 per 28 days); S
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	3	PA; QL (8 per 28 days); S

Drug Name	Drug Tier	Requirements/ Limits
<i>econazole nitrate external cream</i>	1	QL (90 per 30 days)
<i>ery</i>	1	
<i>erythromycin external gel</i>	1	
<i>erythromycin external solution</i>	1	
EUCRISA	3	
<i>fluocinolone acetonide body</i>	1	QL (120 per 30 days)
<i>fluocinolone acetonide external</i>	1	QL (120 per 30 days)
<i>fluocinolone acetonide scalp</i>	1	QL (120 per 30 days)
<i>fluocinonide emulsified base</i>	1	QL (240 per 30 days)
<i>fluocinonide external cream 0.05 %</i>	1	QL (240 per 30 days)
<i>fluocinonide external cream 0.1 %</i>	1	QL (120 per 30 days)
<i>fluocinonide external gel</i>	1	QL (240 per 30 days)
<i>fluocinonide external ointment</i>	1	QL (240 per 30 days)
<i>fluocinonide external solution</i>	1	QL (240 per 30 days)
<i>fluorouracil external cream 5 %</i>	1	QL (40 per 28 days)
<i>fluorouracil external solution</i>	1	QL (10 per 28 days)
<i>flurandrenolide external cream</i>	3	
<i>flurandrenolide external lotion</i>	3	
<i>fluticasone propionate external</i>	1	
<i>fraiche 5000 dental</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
gentamicin sulfate external	1	QL (30 per 30 days)
halobetasol propionate external cream	1	
halobetasol propionate external ointment	1	
hydrocortisone (perianal) external cream 1 %	1	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone butyr lipo base	3	
hydrocortisone butyrate external cream	1	
hydrocortisone butyrate external lotion	3	
hydrocortisone butyrate external ointment	1	
hydrocortisone butyrate external solution	1	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone valerate	1	
imiquimod external cream 5 %	1	QL (24 per 28 days)
isotretinoin oral	3	
JUST RIGHT 5000 DENTAL PASTE	2	MO
ketoconazole external cream	1	QL (120 per 30 days)
ketoconazole external foam	3	QL (100 per 30 days)
ketoconazole external shampoo 2 %	1	QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
KETODAN EXTERNAL FOAM	3	QL (100 per 30 days)
KLAYESTA	1	
KOURZEQ	1	
luliconazole	3	
malathion external	1	
methoxsalen rapid	3	
metronidazole external	1	
mometasone furoate external	1	
mupirocin calcium	1	QL (30 per 30 days)
mupirocin external	1	QL (120 per 30 days)
naftifine hcl external cream	1	
nitroglycerin rectal	3	QL (30 per 30 days)
NYAMYC	1	
nystatin external	1	
nystatin mouth/throat	1	
nystatin-triamcinolone	1	QL (120 per 30 days)
NYSTOP	1	
ORALONE	1	
oxiconazole nitrate	3	QL (60 per 30 days)
OXISTAT EXTERNAL LOTION	3	
PANRETIN	3	S
penciclovir	3	QL (5 per 30 days)
PERIOGARD	1	
permethrin external cream	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>pilocarpine hcl oral</i>	1	MO
<i>pimecrolimus</i>	1	PA; QL (100 per 30 days)
<i>podofilox external solution</i>	1	
PREVIDENT	3	MO
PREVIDENT 5000 BOOSTER PLUS	3	MO
PREVIDENT 5000 DRY MOUTH DENTAL GEL	3	MO
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL	3	
PREVIDENT 5000 KIDS	3	MO
PREVIDENT 5000 ORTHO DEFENSE	3	MO
PREVIDENT 5000 PLUS	3	MO
PREVIDENT 5000 SENSITIVE DENTAL GEL	3	
PROCTO-MED HC EXTERNAL	1	
PROCTOSOL HC EXTERNAL	1	
PROCTOZONE-HC EXTERNAL	1	
SANTYL	3	QL (30 per 30 days)
<i>selenium sulfide external lotion</i>	1	
<i>sf</i>	2	MO
<i>sf 5000 plus</i>	2	MO
<i>silver sulfadiazine external</i>	1	
<i>sodium fluoride 5000 plus</i>	2	MO
<i>sodium fluoride 5000 ppm dental cream</i>	2	MO
<i>sodium fluoride 5000 ppm dental gel</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>sodium fluoride dental cream</i>	2	MO
<i>sodium fluoride dental gel 1.1 %</i>	2	MO
<i>sodium fluoride mouth/throat</i>	2	MO
<i>spinosad</i>	3	
SSD (SILVER SULFADIAZINE)	1	
<i>sulfacetamide sodium (acne)</i>	1	
SULFAMYLON EXTERNAL CREAM	3	
<i>tacrolimus external ointment</i>	1	PA; QL (100 per 30 days)
<i>tazarotene external cream 0.1 %</i>	2	PA
<i>tazarotene external gel</i>	2	PA
<i>tretinoin external cream</i>	1	PA; QL (45 per 30 days)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	1	PA; QL (45 per 30 days)
<i>tretinoin external gel 0.05 %</i>	3	PA; QL (45 per 30 days)
<i>tretinoin microsphere</i>	3	PA; QL (50 per 30 days)
<i>tretinoin microsphere pump</i>	3	PA; QL (50 per 30 days)
<i>triamcinolone acetonide external cream</i>	1	QL (454 per 30 days)
<i>triamcinolone acetonide external lotion</i>	1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide mouth/throat</i>	1	

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
TRIDERM EXTERNAL CREAM 0.5 %	1	QL (454 per 30 days)
VALCHLOR	3	PA; S
ZENATANE	2	
Electrolytes / Minerals / Metals / Vitamins		
<i>carglumic acid oral tablet soluble</i>	3	PA; S
CLINIMIX E/DEXTROSE (2.75/5)	2	B/D PA
CLINIMIX E/DEXTROSE (4.25/10)	2	B/D PA
CLINIMIX E/DEXTROSE (4.25/5)	2	B/D PA
CLINIMIX E/DEXTROSE (5/15)	2	B/D PA
CLINIMIX E/DEXTROSE (5/20)	2	B/D PA
<i>clinimix e/dextrose (8/10)</i>	2	B/D PA
<i>clinimix e/dextrose (8/14)</i>	2	B/D PA
CLINIMIX/DEXTROSE (4.25/10)	2	B/D PA
CLINIMIX/DEXTROSE (4.25/5)	2	B/D PA
CLINIMIX/DEXTROSE (5/15)	2	B/D PA
CLINIMIX/DEXTROSE (5/20)	2	B/D PA
<i>clinimix/dextrose (6/5)</i>	2	B/D PA
<i>clinimix/dextrose (8/10)</i>	2	B/D PA
<i>clinimix/dextrose (8/14)</i>	2	B/D PA
CLINISOL SF	3	B/D PA
CLINOLIPID	3	B/D PA
<i>dextrose 5%/electrolyte #48</i>	2	
<i>dextrose intravenous solution 10 %, 5 %</i>	1	
<i>dextrose intravenous solution 250 mg/ml</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>dextrose-nacl intravenous solution 5-0.9 %</i>	1	
<i>dextrose-sodium chloride intravenous solution 10-0.2 %</i>	2	
<i>dextrose-sodium chloride intravenous solution 10-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i>	1	
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	2	MO
<i>glucose (dextrose) intravenous solution 50 %</i>	1	
INTRALIPID INTRAVENOUS EMULSION 20 %	3	B/D PA
INTRALIPID INTRAVENOUS EMULSION 30 %	2	B/D PA
ISOLYTE-P IN D5W	2	
ISOLYTE-S	2	
ISOLYTE-S PH 7.4	2	
<i>kcl (0.149%) in nacl intravenous solution 20-0.45 meq/l-%</i>	1	
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-l-%, 20-5-0.2 meq/l-l-%, 20-5-0.225 meq/l-l-%, 20-5-0.45 meq/l-l-%, 20-5-0.9 meq/l-l-%, 30-5-0.45 meq/l-l-%, 40-5-0.45 meq/l-l-%, 40-5-0.9 meq/l-l-%</i>	1	
<i>kcl-lactated ringers-d5w</i>	2	
KLOR-CON 10	1	MO
KLOR-CON M10	1	MO
KLOR-CON M15	1	MO
KLOR-CON M20	1	MO

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Drug Name	Drug Tier	Requirements/ Limits
KLOR-CON ORAL TABLET EXTENDED RELEASE	1	MO
KLOR-CON/EF	2	MO
<i>lactated ringers intravenous</i>	1	
<i>levocarnitine oral solution</i>	1	B/D PA; MO
<i>levocarnitine oral tablet</i>	2	B/D PA; MO
<i>levocarnitine sf</i>	1	B/D PA; MO
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	1	
<i>magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml</i>	2	
<i>multiple electro type 1 ph 5.5</i>	2	
<i>multiple electro type 1 ph 7.4</i>	2	
NUTRILIPID	3	B/D PA
PLENAMINE	3	B/D PA
<i>pnv-dha</i>	3	
<i>potassium chloride crys er</i>	1	MO
<i>potassium chloride er oral capsule extended release</i>	1	MO
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	MO
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	1	
<i>potassium chloride intravenous solution 10</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>meq/100ml, 20 meq/ 100ml, 40 meq/100ml</i>		
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	1	
<i>potassium chloride oral packet</i>	3	MO
<i>potassium chloride oral solution 10 %, 20 meq/ 15ml (10%), 40 meq/15ml (20%)</i>	2	MO
<i>potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l</i>	1	
PREMASOL INTRAVENOUS SOLUTION 10 %	2	B/D PA
<i>prenatal oral tablet 27-1 mg</i>	3	
<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>	3	
PRENATAL VIT W/ IRON CARBONYL-FOLIC ACID	3	
PROSOL	2	B/D PA
<i>sodium bicarbonate intravenous solution 7.5 %</i>	1	
<i>sodium chloride (pf)</i>	1	
<i>sodium chloride injection solution 2.5 meq/ml</i>	1	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	1	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	1	MO
<i>sodium fluoride oral tablet chewable</i>	2	MO
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	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
TRAVASOL	2	B/D PA
TROPHAMINE INTRAVENOUS SOLUTION 10 %	2	B/D PA
Endocrine And Metabolic Disorder Agents		
<i>acarbose oral</i>	1	QL (90 per 30 days); MO
<i>alendronate sodium oral solution</i>	1	QL (300 per 28 days); MO
<i>alendronate sodium oral tablet 10 mg</i>	1	QL (30 per 30 days); MO
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	QL (4 per 28 days); MO
<i>calcitonin (salmon) injection</i>	3	B/D PA; S
<i>calcitonin (salmon) nasal</i>	1	QL (4 per 30 days); MO
<i>calcitriol oral</i>	1	MO
CHEMET	3	
<i>cinacalcet hcl oral tablet 30 mg</i>	1	B/D PA; QL (60 per 30 days)
<i>cinacalcet hcl oral tablet 60 mg</i>	3	B/D PA; QL (60 per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	3	B/D PA; QL (120 per 30 days)
CYCLOSET	3	ST; QL (180 per 30 days); MO
<i>dapagliflozin propanediol</i>	2	QL (30 per 30 days)
<i>deferasirox oral tablet 90 mg</i>	2	PA
<i>deferasirox oral tablet soluble</i>	3	PA
<i>deferiprone</i>	3	PA; S
<i>diazoxide oral</i>	3	MO
<i>doxercalciferol oral</i>	3	B/D PA; MO

Drug Name	Drug Tier	Requirements/Limits
FARXIGA	2	QL (30 per 30 days); MO
FERRIPROX ORAL SOLUTION	3	PA; S
FIASP FLEXTOUCH	2	MO
FIASP INJECTION	2	MO
FIASP PENFILL	2	MO
FIASP PUMPCART	2	MO
FOSAMAX PLUS D	3	QL (4 per 28 days); MO
<i>glimepiride oral tablet 1 mg</i>	1	QL (240 per 30 days); MO
<i>glimepiride oral tablet 2 mg</i>	1	QL (120 per 30 days); MO
<i>glimepiride oral tablet 4 mg</i>	1	QL (60 per 30 days); MO
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	1	QL (60 per 30 days); MO
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	1	QL (240 per 30 days); MO
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	1	QL (120 per 30 days); MO
<i>glipizide oral tablet 10 mg</i>	1	QL (120 per 30 days); MO
<i>glipizide oral tablet 2.5 mg</i>	1	MO
<i>glipizide oral tablet 5 mg</i>	1	QL (240 per 30 days); MO
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	1	QL (240 per 30 days); MO
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 per 30 days); MO
<i>glucagon emergency injection kit</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>glyburide micronized oral tablet 1.5 mg</i>	1	QL (240 per 30 days); MO	INVOKANA	3	QL (30 per 30 days); MO
<i>glyburide micronized oral tablet 3 mg</i>	1	QL (120 per 30 days); MO	JANUMET	2	QL (60 per 30 days); MO
<i>glyburide micronized oral tablet 6 mg</i>	1	QL (60 per 30 days); MO	JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	2	QL (30 per 30 days); MO
<i>glyburide oral tablet 1.25 mg</i>	1	QL (480 per 30 days); MO	JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	2	QL (60 per 30 days); MO
<i>glyburide oral tablet 2.5 mg</i>	1	QL (240 per 30 days); MO	JANUVIA	2	QL (30 per 30 days); MO
<i>glyburide oral tablet 5 mg</i>	1	QL (120 per 30 days); MO	JARDIANCE	2	QL (30 per 30 days); MO
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	1	QL (240 per 30 days); MO	JENTADUETO	2	QL (60 per 30 days); MO
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 per 30 days); MO	JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	2	QL (60 per 30 days); MO
GLYXAMBI	2	QL (30 per 30 days); MO	JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	2	QL (30 per 30 days); MO
GVOKE HYPOPEN 1-PACK	2		KERENDIA	2	QL (30 per 30 days); MO
GVOKE HYPOPEN 2-PACK	2		KIONEX COMBINATION	1	
GVOKE KIT	2		LANTUS	2	QL (30 per 30 days); MO
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	2		LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL (30 per 30 days); MO
<i>ibandronate sodium intravenous</i>	1	B/D PA	<i>liraglutide</i>	2	PA; QL (9 per 30 days)
<i>ibandronate sodium oral</i>	1	QL (1 per 28 days); MO	LOKELMA ORAL PACKET 10 GM	2	QL (34 per 30 days); MO
<i>insulin aspart flexpen</i>	2	MO	LOKELMA ORAL PACKET 5 GM	2	QL (90 per 30 days); MO
<i>insulin aspart injection</i>	2	MO			
<i>insulin aspart penfill</i>	2	MO			
INVOKAMET	3	QL (60 per 30 days); MO			
INVOKAMET XR	3	QL (60 per 30 days); MO			

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Drug Name	Drug Tier	Requirements/ Limits
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	1	QL (120 per 30 days); MO
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	1	QL (60 per 30 days); MO
<i>metformin hcl oral tablet 1000 mg</i>	1	QL (60 per 30 days); MO
<i>metformin hcl oral tablet 500 mg</i>	1	QL (150 per 30 days); MO
<i>metformin hcl oral tablet 850 mg</i>	1	QL (90 per 30 days); MO
<i>miglitol</i>	2	QL (90 per 30 days); MO
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg</i>	1	QL (90 per 30 days); MO
<i>nateglinide oral tablet 60 mg</i>	1	QL (180 per 30 days); MO
NOVOLIN 70/30	2	MO
NOVOLIN 70/30 FLEXPEN	2	MO
NOVOLIN 70/30 FLEXPEN RELION	2	MO
NOVOLIN 70/30 RELION	2	MO
NOVOLIN N	2	MO
NOVOLIN N FLEXPEN	2	MO
NOVOLIN N FLEXPEN RELION	2	MO
NOVOLIN N RELION	2	MO
NOVOLIN R	2	MO
NOVOLIN R FLEXPEN	2	MO
NOVOLIN R FLEXPEN RELION	2	MO
NOVOLIN R RELION	2	MO

Drug Name	Drug Tier	Requirements/ Limits
NOVOLOG 70/30 FLEXPEN RELION	2	MO
NOVOLOG FLEXPEN RELION	2	MO
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	MO
NOVOLOG INJECTION	2	MO
NOVOLOG MIX 70/30	2	MO
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	MO
NOVOLOG MIX 70/30 RELION	2	MO
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	2	MO
NOVOLOG RELION INJECTION	2	MO
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	2	PA; QL (3 per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	2	PA; QL (3 per 28 days)
OZEMPIC (2 MG/DOSE)	2	PA; QL (3 per 28 days)
<i>paricalcitol oral</i>	1	B/D PA; MO
<i>pioglitazone hcl oral tablet 15 mg</i>	1	QL (90 per 30 days); MO
<i>pioglitazone hcl oral tablet 30 mg</i>	1	QL (45 per 30 days); MO
<i>pioglitazone hcl oral tablet 45 mg</i>	1	QL (30 per 30 days); MO
<i>pioglitazone hcl-glimepiride</i>	1	QL (30 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone hcl-metformin hcl</i>	1	QL (90 per 30 days); MO	SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL (11 per 30 days); MO; S
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; QL (1 per 180 days)	SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL (6 per 30 days); MO; S
<i>repaglinide oral tablet 0.5 mg</i>	1	QL (960 per 30 days); MO	SYNJARDY	2	QL (60 per 30 days); MO
<i>repaglinide oral tablet 1 mg</i>	1	QL (480 per 30 days); MO	SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	2	QL (60 per 30 days); MO
<i>repaglinide oral tablet 2 mg</i>	1	QL (240 per 30 days); MO	SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	2	QL (30 per 30 days); MO
<i>risedronate sodium oral tablet 150 mg</i>	1	QL (1 per 28 days); MO	<i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml</i>	3	PA; QL (3 per 28 days); S
<i>risedronate sodium oral tablet 30 mg</i>	1	QL (30 per 30 days)	<i>tolvaptan oral tablet 15 mg (hyponatremia)</i>	3	PA; QL (30 per 30 days); S
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	QL (4 per 28 days); MO	<i>tolvaptan oral tablet 15 mg, 30 mg</i>	3	PA; QL (120 per 30 days); S
<i>risedronate sodium oral tablet 5 mg</i>	1	QL (30 per 30 days); MO	<i>tolvaptan oral tablet 30 mg (hyponatremia)</i>	3	PA; QL (60 per 30 days); S
<i>risedronate sodium oral tablet delayed release</i>	1	QL (4 per 28 days); MO	TOUJEO MAX SOLOSTAR	2	QL (12 per 30 days); MO
RYBELSUS (FORMULATION R2) ORAL TABLET 1.5 MG	2	PA; QL (60 per 365 days)	TOUJEO SOLOSTAR	2	QL (13.5 per 30 days); MO
RYBELSUS (FORMULATION R2) ORAL TABLET 4 MG, 9 MG	2	PA; QL (30 per 30 days)	TRADJENTA	2	QL (30 per 30 days); MO
RYBELSUS ORAL TABLET 14 MG, 7 MG	2	PA; QL (30 per 30 days)	TRESIBA	2	QL (30 per 30 days); MO
RYBELSUS ORAL TABLET 3 MG	2	PA; QL (60 per 365 days)	TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	QL (30 per 30 days); MO
<i>sodium polystyrene sulfonate oral powder</i>	1				
SOLQUA	2	QL (15 per 25 days); MO			
SPS (SODIUM POLYSTYRENE SULF)	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
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	2	QL (18 per 30 days); MO
<i>trientine hcl</i>	3	PA; S
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	2	QL (30 per 30 days); MO
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	2	QL (60 per 30 days); MO
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; QL (2 per 28 days)
TYMLOS	3	PA; QL (1.56 per 28 days); S
VELTASSA ORAL PACKET 1 GM	3	QL (240 per 30 days); MO
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	3	QL (30 per 30 days); MO; S
VELTASSA ORAL PACKET 8.4 GM	3	QL (90 per 30 days); MO; S
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL (9 per 30 days)
XGEVA	3	PA; QL (5.1 per 28 days); S
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	2	QL (30 per 30 days); MO
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	2	QL (60 per 30 days); MO
<i>zoledronic acid intravenous concentrate</i>	1	PA
Gastrointestinal Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>alosetron hcl oral tablet 0.5 mg</i>	3	PA; QL (60 per 30 days); MO
<i>alosetron hcl oral tablet 1 mg</i>	3	PA; QL (60 per 30 days); MO; S
<i>aprepitant oral capsule 125 mg</i>	3	B/D PA; QL (5 per 30 days); S
<i>aprepitant oral capsule 40 mg</i>	1	B/D PA; QL (1 per 28 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	1	B/D PA; QL (15 per 30 days)
<i>aprepitant oral capsule 80 mg</i>	3	B/D PA; QL (10 per 30 days); S
<i>balsalazide disodium</i>	1	
<i>budesonide er oral tablet extended release 24 hour</i>	3	PA; S
<i>budesonide oral</i>	1	
<i>cimetidine hcl oral solution 300 mg/5ml</i>	1	MO
<i>cimetidine oral tablet 200 mg</i>	1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	MO
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/ 175ML	3	
COMPRO	1	
<i>constulose</i>	1	MO
CORTIFOAM EXTERNAL	3	
<i>dexlansoprazole</i>	3	QL (30 per 30 days); MO
<i>dicyclomine hcl oral capsule</i>	1	PA
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	1	PA
<i>dicyclomine hcl oral tablet 20 mg</i>	1	PA

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

Drug Name	Drug Tier	Requirements/ Limits
diphenoxylate-atropine oral liquid	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
dronabinol	1	B/D PA; QL (120 per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED	3	B/D PA; QL (15 per 30 days)
enulose	1	MO
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	1	QL (30 per 30 days); MO
esomeprazole sodium intravenous solution reconstituted 40 mg	1	
famotidine (pf)	1	
famotidine intravenous solution 200 mg/20ml, 40 mg/4ml	1	
famotidine oral suspension reconstituted	1	MO
famotidine oral tablet 20 mg, 40 mg	1	MO
famotidine premixed	1	
GATTEX	3	PA; S
GAVILYTE-C	1	
GAVILYTE-G	1	
GAVILYTE-N WITH FLAVOR PACK	1	
generlac	1	MO
glycopyrrolate injection solution	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	

Drug Name	Drug Tier	Requirements/ Limits
granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml	1	
granisetron hcl oral	3	B/D PA; QL (30 per 30 days); S
hydrocortisone oral	1	
hydrocortisone rectal enema	1	
hyoscyamine sulfate oral tablet	2	MO
hyoscyamine sulfate oral tablet dispersible	2	MO
hyoscyamine sulfate sublingual	2	MO
lactulose encephalopathy oral solution 10 gm/15ml	1	MO
lactulose oral solution	1	MO
lansoprazole oral capsule delayed release 15 mg	1	MO
lansoprazole oral capsule delayed release 30 mg	1	QL (30 per 30 days); MO
LINZESS	2	QL (30 per 30 days); MO
loperamide hcl oral capsule	1	
lubiprostone	1	QL (60 per 30 days); MO
meclizine hcl oral tablet 12.5 mg, 25 mg	1	PA
mesalamine er oral capsule extended release	3	MO
mesalamine er oral capsule extended release 24 hour	1	MO
mesalamine oral capsule delayed release	1	MO

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
mesalamine oral tablet delayed release 1.2 gm	1	MO
mesalamine oral tablet delayed release 800 mg	1	
mesalamine rectal	1	
mesalamine-cleanser	1	
methscopolamine bromide oral	1	
metoclopramide hcl injection	1	
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	1	
metoclopramide hcl oral tablet	1	
misoprostol oral	1	MO
MOVANTIK	2	QL (30 per 30 days)
na sulfate-k sulfate-mg sulf	2	
nizatidine oral capsule	1	MO
omeprazole oral capsule delayed release	1	MO
ondansetron hcl injection solution prefilled syringe	1	
ondansetron hcl oral solution	1	B/D PA; QL (450 per 30 days)
ondansetron hcl oral tablet 4 mg, 8 mg	1	B/D PA; QL (90 per 30 days)
ondansetron oral tablet dispersible 16 mg	1	B/D PA; QL (30 per 30 days)
ondansetron oral tablet dispersible 4 mg, 8 mg	1	B/D PA; QL (90 per 30 days)
opium	3	
pantoprazole sodium intravenous	1	

Drug Name	Drug Tier	Requirements/Limits
pantoprazole sodium oral tablet delayed release	1	MO
peg 3350-kcl-na bicarb-nacl	1	
peg-3350/electrolytes	1	
peg-3350/electrolytes/ascorbic acid	1	
peg-kcl-nacl-nasulf-na asc-c	1	
PLENVU	3	
prochlorperazine	1	
prochlorperazine maleate oral	1	MO
promethazine hcl injection	1	PA
promethazine hcl oral solution	1	PA
promethazine hcl oral tablet	1	PA
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	1	PA
rabeprazole sodium oral tablet delayed release	1	QL (30 per 30 days); MO
scopolamine	1	QL (10 per 28 days)
sucralfate oral	1	MO
sulfasalazine oral	1	MO
SUPREP BOWEL PREP KIT	2	
trimethobenzamide hcl oral	1	
ursodiol oral capsule 300 mg	1	MO
ursodiol oral tablet	1	MO
VOWST	3	PA; 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.

Drug Name	Drug Tier	Requirements/Limits
XERMELO	3	PA; QL (90 per 30 days); S
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
<i>betaine</i>	3	S
CREON	2	MO
<i>cromolyn sodium oral</i>	1	MO
CYSTAGON	2	PA
JAVYGTOR	3	PA; S
<i>miglustat</i>	3	PA; S
<i>nitisinone</i>	3	PA; S
PROLASTIN-C INTRAVENOUS SOLUTION	3	PA; S
RAVICTI	3	PA; QL (525 per 30 days); S
REVCOVI	3	PA; S
<i>sapropterin dihydrochloride oral packet</i>	3	PA; S
<i>sapropterin dihydrochloride oral tablet</i>	3	PA; S
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	3	PA; S
<i>sodium phenylbutyrate oral tablet</i>	3	PA
VYNDAMAX	3	PA; QL (30 per 30 days); S
YARGESA	3	PA; S
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 3000- 10000 UNIT, 5000-24000 UNIT	3	MO
ZENPEP ORAL CAPSULE DELAYED RELEASE	3	MO; S

Drug Name	Drug Tier	Requirements/Limits
PARTICLES 25000-79000 UNIT, 40000-126000 UNIT, 60000-189600 UNIT		
Genitourinary Agents		
<i>alfuzosin hcl er</i>	1	MO
<i>bethanechol chloride oral</i>	1	
CARDURA XL	3	MO
<i>clindamycin phosphate vaginal</i>	1	
<i>darifenacin hydrobromide er</i>	1	QL (30 per 30 days); MO
<i>dutasteride oral</i>	1	QL (30 per 30 days); MO
<i>dutasteride-tamsulosin hcl</i>	1	QL (30 per 30 days); MO
ELMIRON	3	S
<i>fesoterodine fumarate er</i>	2	QL (30 per 30 days); MO
<i>finasteride oral tablet 5 mg</i>	1	MO
<i>flavoxate hcl</i>	1	MO
GEMTESA	3	QL (30 per 30 days); MO
<i>metronidazole vaginal</i>	1	
<i>miconazole 3 vaginal suppository</i>	1	
<i>mirabegron er</i>	3	QL (30 per 30 days); MO
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	1	QL (60 per 30 days); MO
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	1	QL (30 per 30 days); MO
<i>oxybutynin chloride oral solution</i>	1	QL (600 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride oral tablet 2.5 mg</i>	1	QL (90 per 30 days); MO
<i>oxybutynin chloride oral tablet 5 mg</i>	1	QL (120 per 30 days); MO
<i>penicillamine oral tablet</i>	3	S
<i>potassium citrate er</i>	1	
<i>silodosin</i>	1	MO
<i>solifenacin succinate</i>	1	QL (30 per 30 days); MO
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	PA; QL (30 per 30 days); MO
<i>tamsulosin hcl</i>	1	MO
<i>terconazole</i>	1	
<i>tiopronin oral tablet</i>	3	PA; S
<i>tolterodine tartrate</i>	1	QL (60 per 30 days); MO
<i>tolterodine tartrate er</i>	1	QL (30 per 30 days); MO
<i>tropium chloride</i>	1	QL (60 per 30 days); MO
<i>tropium chloride er</i>	1	QL (30 per 30 days); MO
VANDAZOLE	1	
Hormonal Agents		
ABIGALE	1	PA; MO
ABIGALE LO	1	PA; MO
ACTHAR	3	PA; S
ACTHAR GEL SUBCUTANEOUS PEN- INJECTOR	3	PA; S
AFIRMELLE	1	MO
ALTAVERA	1	MO
<i>alyacen 1/35</i>	1	MO
<i>alyacen 7/7/7</i>	1	MO
AMETHIA	1	MO

Drug Name	Drug Tier	Requirements/Limits
AMETHYST	1	MO
APRI	1	MO
ARANELLE	1	MO
ARMOUR THYROID	2	PA; MO
ASHLYNA	1	MO
AUBRA EQ	1	MO
AUROVELA 1.5/30	1	MO
AUROVELA 1/20	1	MO
AUROVELA 24 FE	1	MO
AUROVELA FE 1.5/30	1	MO
AUROVELA FE 1/20	1	MO
AVIANE	1	MO
AYUNA	1	MO
AZURETTE	1	MO
BALZIVA	1	MO
BIJUVA	2	PA; MO
BLISOVI 24 FE	1	MO
BLISOVI FE 1.5/30	1	MO
BLISOVI FE 1/20	1	MO
<i>briellyn</i>	1	MO
<i>cabergoline</i>	1	
CAMILA	1	MO
CAMRESE	1	MO
CAMRESE LO	1	MO
CHARLOTTE 24 FE	1	MO
CHATEAL EQ	1	MO
CLIMARA PRO	2	PA; QL (4 per 28 days); MO
COMBIPATCH	2	PA; QL (8 per 28 days); MO
CRINONE	3	PA
CRYSELLE-28	1	MO

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
CYRED EQ	1	MO
<i>danazol oral</i>	2	
DASETTA 1/35 (28)	1	MO
DASETTA 7/7/7	1	MO
DAYSEE	1	MO
DEBLITANE	1	MO
DELYLA	1	MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	2	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	1	PA; MO
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	1	MO
<i>desmopressin ace spray refrig</i>	1	MO
<i>desmopressin acetate oral</i>	1	MO
<i>desmopressin acetate spray</i>	1	MO
<i>desogestrel-ethinyl estradiol oral tablet 0.15- 0.02/0.01 mg (21/5)</i>	1	MO
DEXAMETHASONE INTENSOL	2	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>dexamethasone oral tablet 2 mg, 4 mg, 6 mg</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>dexamethasone oral tablet therapy pack</i>	1	
<i>dexamethasone sod phos +rfid</i>	1	
<i>dexamethasone sod phosphate pf injection solution</i>	1	
<i>dexamethasone sodium phosphate injection</i>	1	
DOLISHALE	1	MO
DOTTI	1	PA; QL (8 per 28 days); MO
<i>drospiren-eth estrad- levomefol</i>	1	MO
<i>drospirenone-ethinyl estradiol</i>	1	MO
EGRIFTA SV	3	PA; S
ELINEST	1	MO
ELURYNG	1	MO
EMZAHH	1	MO
ENILLORING	1	MO
ENPRESSE-28	1	MO
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	1	MO
ERRIN	1	MO
ESTARYLLA	1	MO
<i>estradiol oral</i>	1	MO
<i>estradiol transdermal patch twice weekly</i>	1	PA; QL (8 per 28 days); MO
<i>estradiol transdermal patch weekly</i>	1	PA; QL (4 per 28 days); MO
<i>estradiol vaginal</i>	1	MO
<i>estradiol valerate intramuscular oil 20 mg/ ml, 40 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
estradiol-norethindrone acet	1	PA; MO
ethynodiol diac-eth estradiol	1	MO
etonogestrel-ethinyl estradiol	1	MO
FALMINA	1	MO
FEIRZA 1.5/30	1	MO
FEIRZA 1/20	1	MO
FINZALA	1	MO
fludrocortisone acetate oral	1	MO
FYAVOLV	1	PA; MO
GALBRIELA	1	MO
GALLIFREY	1	MO
GENOTROPIN MINIUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG	3	PA
GENOTROPIN MINIUICK SUBCUTANEOUS PREFILLED SYRINGE 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	3	PA; S
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG	3	PA; S
GENOTROPIN SUBCUTANEOUS CARTRIDGE 5 MG	3	PA
HAILEY 1.5/30	1	MO
HAILEY 24 FE	1	MO
HAILEY FE 1.5/30	1	MO
HAILEY FE 1/20	1	MO
HALOETTE	1	MO
HEATHER	1	MO

Drug Name	Drug Tier	Requirements/ Limits
HIDEX 6-DAY	1	
HUMATROPE INJECTION CARTRIDGE	3	PA; S
ICLEVIA	1	MO
IMVEXXY MAINTENANCE PACK	2	QL (18 per 28 days); MO
IMVEXXY STARTER PACK	2	QL (18 per 28 days); MO
INCASSIA	1	MO
INCRELEX	3	PA; S
INTROVALE	1	MO
ISIBLOOM	1	MO
JAIMESS	1	MO
JASMIEL	1	MO
JENCYCLA	1	MO
JINTELI	1	PA; MO
JOLESSA	1	MO
JULEBER	1	MO
JUNEL 1.5/30	1	MO
JUNEL 1/20	1	MO
JUNEL FE 1.5/30	1	MO
JUNEL FE 1/20	1	MO
JUNEL FE 24	1	MO
KAITLIB FE	1	MO
KALLIGA	1	MO
KARIVA	1	MO
KELNOR 1/35	1	MO
KELNOR 1/50	1	MO
KURVELO	1	MO
KYLEENA	2	
LARIN 1.5/30	1	MO
LARIN 1/20	1	MO
LARIN 24 FE	1	MO

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

Drug Name	Drug Tier	Requirements/ Limits
LOW-OGESTREL	1	MO
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	3	PA; QL (1 per 28 days); S
LUTERA	1	MO
LYLEQ	1	MO
LYZA	1	MO
marlissa	1	MO
medroxyprogesterone acetate intramuscular	1	
medroxyprogesterone acetate oral	1	MO
MELEYA	1	MO
MENEST	3	PA; MO
methimazole oral	1	MO
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	1	
methylprednisolone oral	1	
methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg	1	
MIBELAS 24 FE	1	MO
MICROGESTIN 1.5/30	1	MO
MICROGESTIN 1/20	1	MO
MICROGESTIN FE 1.5/30	1	MO
MICROGESTIN FE 1/20	1	MO
mifepristone oral tablet 300 mg	3	PA; S
MILI	1	MO
MIMVEY	1	PA; MO
MIRENA (52 MG) INTRAUTERINE	2	

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Drug Name	Drug Tier	Requirements/Limits
INTRAUTERINE DEVICE 20 MCG/DAY		
MONO-LINYAH	1	MO
NECON 0.5/35 (28)	1	MO
NEXPLANON	2	
NIKKI	1	MO
NORA-BE	1	MO
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; S
<i>norelgestromin-eth estradiol</i>	1	MO
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	MO
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	1	MO
<i>norethin-eth estradiol-fe</i>	1	MO
<i>norethindron-ethinyl estrad-fe</i>	1	MO
<i>norethindrone acet-ethinyl est oral tablet</i>	1	MO
<i>norethindrone acetate oral</i>	1	MO
<i>norethindrone oral</i>	1	MO
<i>norethindrone-eth estradiol</i>	1	PA; MO
<i>norgestim-eth estrad triphasic</i>	1	MO
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	MO
NORLYROC	1	MO
NORTREL 0.5/35 (28)	1	MO
NORTREL 1/35 (21)	1	MO
NORTREL 1/35 (28)	1	MO

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

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Drug Name	Drug Tier	Requirements/Limits
SOLUTION RECONSTITUTED		
ORQUIDEA	1	MO
ORSYTHIA	1	MO
OSPHENA	2	MO
PHILITH	1	MO
PIMTREA	1	MO
PORTIA-28	1	MO
<i>prednisolone oral solution</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml</i>	1	
<i>prednisolone sodium phosphate oral tablet dispersible</i>	1	
PREDNISONE INTENSOL	2	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet 1 mg</i>	1	
<i>prednisone oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablet therapy pack 10 mg (21), 5 mg (21)</i>	1	
<i>prednisone oral tablet therapy pack 10 mg (48), 5 mg (48)</i>	1	
PREMARIN ORAL	2	PA; MO
PREMARIN VAGINAL	2	MO
PREMPHASE	2	PA; MO
PREMPRO	2	PA; MO
<i>progesterone oral</i>	1	MO
<i>propylthiouracil oral</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>raloxifene hcl</i>	1	QL (30 per 30 days); MO
RECLIPSEN	1	MO
REZDIFFRA	3	PA; QL (30 per 30 days); S
RIVELSA	1	MO
ROSYRAH	1	MO
SETLAKIN	1	MO
SHAROBEL	1	MO
SIGNIFOR	3	PA; S
SIMLIYA	1	MO
SIMPESSE	1	MO
SKYLA	2	
SOMAVERT	3	PA; S
SPRINTEC 28	1	MO
SRONYX	1	MO
SYEDA	1	MO
SYNAREL	3	PA; S
SYNTHROID	2	MO
TARINA 24 FE	1	MO
TARINA FE 1/20 EQ	1	MO
<i>testosterone cypionate intramuscular solution 100 mg/ml</i>	1	PA; MO
<i>testosterone cypionate intramuscular solution 200 mg/ml, 200 mg/ml (1 ml)</i>	1	MO
<i>testosterone enanthate intramuscular solution</i>	1	PA; MO
<i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i>	2	PA; QL (150 per 30 days); MO
<i>testosterone transdermal gel 10 mg/act (2%)</i>	2	PA; QL (120 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/Limits
testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)	2	PA; QL (300 per 30 days); MO
testosterone transdermal gel 20.25 mg/1.25gm (1.62%)	2	PA; QL (112.5 per 30 days); MO
testosterone transdermal solution	2	PA; QL (180 per 30 days); MO
TILIA FE	1	MO
TRI-ESTARYLLA	1	MO
TRI-LEGEST FE	1	MO
TRI-LINYAH	1	MO
TRI-LO-ESTARYLLA	1	MO
TRI-LO-MARZIA	1	MO
TRI-LO-MILI	1	MO
TRI-LO-SPRINTEC	1	MO
TRI-MILI	1	MO
TRI-NYMYO	1	MO
TRI-SPRINTEC	1	MO
TRI-VYLIBRA	1	MO
TRI-VYLIBRA LO	1	MO
triamcinolone acetanide injection suspension 40 mg/ml	1	
TRIVORA (28)	1	MO
TURQOZ	1	MO
TYDEMY	1	MO
UNITHROID	1	MO
VALTYA 1/50	1	MO
VELIVET	1	MO
VESTURA	1	MO
VIENVA	1	MO
viorele	1	MO

Drug Name	Drug Tier	Requirements/Limits
VOLNEA	1	MO
VYFEMLA	1	MO
VYLIBRA	1	MO
WERA	1	MO
WYMZYA FE	1	MO
XARAH FE	1	MO
XELRIA FE	1	MO
XULANE	1	MO
yuvaferm	1	MO
ZAFEMY	1	MO
ZOVIA 1/35 (28)	1	MO
ZUMANDIMINE	1	MO
Immunological Agents		
ABRYSVO	2	QL (1 per 365 days)
ACTHIB	2	
ACTIMMUNE	3	PA; S
ADACEL	2	
ARCALYST	3	PA; S
AREXVY	2	QL (1 per 365 days)
azathioprine oral tablet 50 mg	1	B/D PA
bcg vaccine injection solution reconstituted	2	
BENLYSTA	3	PA; S
BEXSERO	2	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COSENTYX (300 MG DOSE)	3	PA; QL (8 per 28 days); S	ENVARSUS XR	3	B/D PA
COSENTYX SENSOREADY (300 MG)	3	PA; QL (8 per 28 days); S	everolimus oral tablet 0.25 mg, 0.75 mg	3	B/D PA
COSENTYX SENSOREADY PEN	3	PA; QL (8 per 28 days); S	everolimus oral tablet 0.5 mg, 1 mg	3	B/D PA; S
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	3	PA; QL (8 per 28 days); S	GAMUNEX-C	3	PA; S
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	3	PA; QL (2 per 28 days); S	GARDASIL 9	2	
COSENTYX UNOREADY	3	PA; QL (8 per 28 days); S	GENGRAF ORAL CAPSULE 100 MG, 25 MG	1	B/D PA
cyclosporine modified	1	B/D PA	GENGRAF ORAL SOLUTION	1	B/D PA
cyclosporine oral capsule	2	B/D PA	HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	2	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	2		HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
ENBREL MINI	3	PA; QL (8 per 28 days); S	HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	2	B/D PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	3	PA; QL (4 per 28 days); S	HIBERIX INJECTION	2	
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	3	PA; QL (4.08 per 28 days); S	HUMIRA (1 PEN)	3	PA; QL (6 per 365 days); S
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	3	PA; QL (8 per 28 days); S	HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/ 0.4ML, 40 MG/0.8ML	3	PA; QL (4 per 28 days); S
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (8 per 28 days); S	HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/ 0.8ML	3	PA; QL (2 per 28 days); S
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	2	B/D PA	HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	3	PA; QL (2 per 28 days); S
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	2	B/D PA	HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	3	PA; QL (4 per 28 days); S

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA; QL (8 per 365 days); S	methotrexate sodium injection solution reconstituted	1	
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	3	PA; QL (6 per 365 days); S	methotrexate sodium oral	1	
HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA; QL (6 per 365 days); S	MRESVIA	2	QL (0.5 per 365 days)
HYPERRAB	3	S	mycophenolate mofetil oral capsule	1	B/D PA
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	2		mycophenolate mofetil oral suspension reconstituted	3	B/D PA
INFANRIX	2		mycophenolate mofetil oral tablet	1	B/D PA
IPOL	2		mycophenolate sodium	1	B/D PA
IXIARO	2		mycophenolic acid oral tablet delayed release 180 mg, 360 mg	1	B/D PA
JYLAMVO	3	ST	MYHIBBIN	3	B/D PA; S
JYNNEOS	2		OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML, 2.5 GM/50ML, 30 GM/300ML, 5 GM/100ML	3	PA; S
kedrab injection	2		OTEZLA ORAL TABLET	3	PA; QL (60 per 30 days); S
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2		OTEZLA ORAL TABLET THERAPY PACK	3	PA; S
leflunomide oral	1	QL (30 per 30 days); MO	PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
M-M-R II INJECTION	2		PEDVAX HIB INTRAMUSCULAR SUSPENSION	2	
MENQUADFI INTRAMUSCULAR SOLUTION	2		PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	3	S
MENVEO	2		PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	S
methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1				
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	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
TICOVAC	2	
TREMFYA CROHNS INDUCTION	3	PA; QL (4 per 28 days); S
TREMFYA ONE-PRESS	3	PA; QL (2 per 28 days); S
TREMFYA PEN	3	PA; QL (2 per 28 days); S
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (2 per 28 days); S
TREXALL	3	ST
TRUMENBA	2	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
TYENNE SUBCUTANEOUS	3	PA; QL (4 per 28 days); S
TYPHIM VI	2	
<i>ustekinumab subcutaneous solution</i>	3	PA; QL (0.5 per 28 days); S
<i>ustekinumab subcutaneous solution prefilled syringe 45 mg/ 0.5ml</i>	3	PA; QL (0.5 per 28 days); S
<i>ustekinumab subcutaneous solution prefilled syringe 90 mg/ ml</i>	3	PA; QL (1 per 28 days); S
VAQTA	2	
VARIVAX INJECTION	2	
VARIZIG INTRAMUSCULAR SOLUTION	2	
VAXCHORA	2	PA
VIMKUNYA	2	
VIVOTIF	2	
XATMEP	3	ST

Drug Name	Drug Tier	Requirements/Limits
XELJANZ ORAL SOLUTION	3	PA; QL (240 per 24 days); S
XELJANZ ORAL TABLET	3	PA; QL (60 per 30 days); S
XELJANZ XR	3	PA; QL (30 per 30 days); S
YF-VAX	2	
Infectious Disease Agents		
<i>abacavir sulfate oral solution</i>	1	QL (960 per 30 days)
<i>abacavir sulfate oral tablet</i>	1	QL (60 per 30 days)
<i>abacavir sulfate-lamivudine</i>	1	QL (30 per 30 days)
ABELCET	3	B/D PA
<i>acyclovir oral capsule</i>	1	MO
<i>acyclovir oral suspension 200 mg/5ml</i>	1	MO
<i>acyclovir oral suspension 800 mg/20ml</i>	1	
<i>acyclovir oral tablet</i>	1	MO
<i>acyclovir sodium intravenous solution</i>	1	B/D PA
<i>adefovir dipivoxil</i>	1	PA
<i>albendazole oral</i>	3	
<i>amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml</i>	1	
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension reconstituted</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate er</i>	1	

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

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

Drug Name	Drug Tier	Requirements/ Limits
azithromycin oral tablet 250 mg, 250 mg (6 pack)	1	
azithromycin oral tablet 500 mg, 500 mg (3 pack), 600 mg	1	
aztreonam	3	
BARACLUDE ORAL SOLUTION	3	S
BICILLIN C-R	2	
BICILLIN C-R 900/300	2	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
BIKTARVY ORAL TABLET 30-120-15 MG	3	QL (30 per 30 days); MO; S
BIKTARVY ORAL TABLET 50-200-25 MG	3	QL (30 per 30 days); S
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/ 2ML	3	QL (4 per 28 days); S
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/ 3ML	3	QL (6 per 28 days); S
cefaclor er	2	
cefaclor oral capsule	1	
cefaclor oral suspension reconstituted 250 mg/5ml	1	
cefadroxil	1	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg	1	

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

Drug Name	Drug Tier	Requirements/ Limits
cefazolin sodium intravenous solution reconstituted 1 gm	1	
cefazolin sodium-dextrose intravenous solution 3-4 gm/150ml-%	2	
cefazolin sodium-dextrose intravenous solution reconstituted 3-2 gm-%(50ml)	2	
cefdinir	1	
cefepime hcl injection solution reconstituted 1 gm	1	
cefepime hcl intravenous solution reconstituted 2 gm	1	
cefixime	1	
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	1	
cefoxitin sodium intravenous	1	
cefpodoxime proxetil	1	
cefprozil	1	
ceftazidime injection solution reconstituted 1 gm, 6 gm	1	
ceftazidime intravenous	1	
ceftriaxone sodium in dextrose	1	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	1	
ceftriaxone sodium intravenous	1	
cefuroxime axetil oral tablet 250 mg	1	

Drug Name	Drug Tier	Requirements/ Limits
cefuroxime axetil oral tablet 500 mg	1	
cefuroxime sodium injection solution reconstituted 750 mg	1	
cefuroxime sodium intravenous solution reconstituted 1.5 gm	1	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral capsule 750 mg	1	
cephalexin oral suspension reconstituted 125 mg/5ml	1	
cephalexin oral suspension reconstituted 250 mg/5ml	1	
cephalexin oral tablet	1	
chloroquine phosphate oral	1	MO
CIMDUO	3	QL (30 per 30 days); S
ciprofloxacin hcl oral tablet 250 mg, 500 mg	1	
ciprofloxacin hcl oral tablet 750 mg	1	
ciprofloxacin in d5w	1	
clarithromycin er	1	
clarithromycin oral	1	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	
clindamycin phosphate in d5w	1	
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml	1	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin phosphate injection solution 900 mg/6ml</i>	3	
COARTEM	3	
<i>colistimethate sodium (cba)</i>	1	
CRESEMBA ORAL	3	PA; S
<i>dapsone oral</i>	1	MO
<i>daptomycin intravenous solution reconstituted 500 mg</i>	3	S
<i>darunavir</i>	3	QL (60 per 30 days)
DELSTRIGO	3	QL (30 per 30 days); S
<i>demeclocycline hcl oral</i>	1	
DESCOVY	3	QL (30 per 30 days); S
<i>dicloxacillin sodium</i>	1	
DIFICID	3	PA; S
DOVATO	3	QL (30 per 30 days); S
DOXY 100	1	
<i>doxycycline hyclate intravenous</i>	1	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral suspension reconstituted</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
E.E.S. 400 ORAL TABLET	1	
EDURANT	3	QL (30 per 30 days); S
EDURANT PED	3	QL (180 per 30 days); S
<i>efavirenz oral tablet</i>	3	QL (30 per 30 days)
<i>efavirenz-emtricitab-tenofo df</i>	3	QL (30 per 30 days)
<i>efavirenz-lamivudine-tenofovir</i>	3	QL (30 per 30 days); S
<i>emtricitab-rilpivir-tenofof df</i>	3	QL (30 per 30 days); S
<i>emtricitabine</i>	1	QL (30 per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	3	QL (30 per 30 days); S
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	3	QL (30 per 30 days)
EMTRIVA ORAL SOLUTION	3	QL (850 per 30 days)
<i>entecavir</i>	1	
EPCLUSA ORAL PACKET 150-37.5 MG	3	PA; QL (30 per 30 days); S
EPCLUSA ORAL PACKET 200-50 MG	3	PA; QL (60 per 30 days); S
EPCLUSA ORAL TABLET 200-50 MG	3	PA; QL (60 per 30 days); S
EPCLUSA ORAL TABLET 400-100 MG	3	PA; QL (30 per 30 days); S
<i>ertapenem sodium</i>	3	
ERY-TAB	1	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
<i>erythromycin base oral</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	3	
erythromycin ethylsuccinate oral tablet	1	
erythromycin lactobionate	3	
erythromycin oral	1	
ethambutol hcl oral	1	
etravirine oral tablet 100 mg	3	QL (120 per 30 days)
etravirine oral tablet 200 mg	3	QL (60 per 30 days); S
EVOTAZ	3	QL (30 per 30 days); S
famciclovir oral tablet 125 mg, 250 mg	1	QL (60 per 30 days)
famciclovir oral tablet 500 mg	1	QL (21 per 7 days)
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ ML	3	PA; QL (1200 per 30 days)
FIRVANQ ORAL SOLUTION RECONSTITUTED 50 MG/ ML	3	QL (1200 per 30 days)
fluconazole in sodium chloride intravenous solution 200-0.9 mg/ 100ml-%, 400-0.9 mg/ 200ml-%	1	
fluconazole oral	1	
flucytosine oral	3	S
fosamprenavir calcium	3	QL (120 per 30 days)
fosfomycin tromethamine	1	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	3	QL (60 per 30 days); S

Drug Name	Drug Tier	Requirements/Limits
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%	1	
gentamicin in saline intravenous solution 2-0.9 mg/ml-%	2	
gentamicin sulfate injection solution 40 mg/ ml	1	
GENVOYA	3	QL (30 per 30 days); S
griseofulvin microsize oral	1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	
HARVONI	3	PA; QL (28 per 28 days); S
hydroxychloroquine sulfate oral tablet 200 mg	1	MO
imipenem-cilastatin	1	
IMPAVIDO	3	S
INTELENCE ORAL TABLET 25 MG	3	QL (480 per 30 days)
ISENTRESS HD	3	QL (60 per 30 days); S
ISENTRESS ORAL PACKET	3	QL (180 per 30 days); S
ISENTRESS ORAL TABLET	3	QL (120 per 30 days); S
ISENTRESS ORAL TABLET CHEWABLE 100 MG	3	QL (180 per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 25 MG	2	QL (720 per 30 days)
isoniazid oral syrup	1	MO
isoniazid oral tablet	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>itraconazole oral capsule</i>	1	PA
<i>ivermectin oral</i>	1	
JULUCA	3	QL (30 per 30 days); S
KALETRA ORAL SOLUTION	3	QL (480 per 30 days)
<i>ketoconazole oral</i>	1	
<i>lamivudine oral solution</i>	1	QL (960 per 30 days)
<i>lamivudine oral tablet 100 mg</i>	1	
<i>lamivudine oral tablet 150 mg</i>	1	QL (60 per 30 days)
<i>lamivudine oral tablet 300 mg</i>	1	QL (30 per 30 days)
<i>lamivudine-zidovudine</i>	1	QL (60 per 30 days)
<i>levofloxacin in d5w</i>	1	
<i>levofloxacin intravenous</i>	1	
<i>levofloxacin oral solution</i>	1	
<i>levofloxacin oral tablet</i>	1	
<i>linezolid in sodium chloride</i>	3	
<i>linezolid intravenous solution 600 mg/300ml</i>	3	
<i>linezolid oral suspension reconstituted</i>	3	PA; QL (1800 per 30 days); S
<i>linezolid oral tablet</i>	3	PA; QL (56 per 28 days)
LIVTENCITY	3	PA; S
<i>lopinavir-ritonavir oral solution</i>	1	QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	3	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	3	QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>maraviroc</i>	2	QL (120 per 30 days)
MAVYRET ORAL PACKET	3	PA; QL (180 per 30 days); S
MAVYRET ORAL TABLET	3	PA; QL (90 per 30 days); S
<i>mefloquine hcl</i>	1	MO
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	2	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate oral</i>	1	
<i>metronidazole intravenous solution 500 mg/100ml</i>	1	
<i>metronidazole oral</i>	1	
<i>miconazole sodium</i>	3	
<i>minocycline hcl oral</i>	1	
MONDOXYNE NL ORAL CAPSULE 100 MG	1	
<i>moxifloxacin hcl in nacl</i>	1	
<i>moxifloxacin hcl oral</i>	1	
<i>naftyllin sodium injection solution reconstituted 1 gm, 2 gm</i>	3	
<i>naftyllin sodium intravenous solution reconstituted 10 gm</i>	3	S
<i>neomycin sulfate oral</i>	1	
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	1	QL (30 per 30 days)
<i>nevirapine oral suspension</i>	1	QL (1200 per 30 days)
<i>nevirapine oral tablet</i>	1	QL (60 per 30 days)

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
nitazoxanide oral	3	QL (6 per 30 days)
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohydrate macro	1	
nitrofurantoin oral suspension 50 mg/10ml	3	S
NORVIR ORAL PACKET	3	QL (360 per 30 days)
NUZYRA ORAL	3	PA; S
nystatin oral tablet	1	
ODEFSEY	3	QL (30 per 30 days); S
ofloxacin oral tablet 300 mg, 400 mg	1	
oseltamivir phosphate oral capsule 30 mg	1	QL (168 per 365 days)
oseltamivir phosphate oral capsule 45 mg, 75 mg	1	QL (84 per 365 days)
oseltamivir phosphate oral suspension reconstituted	1	QL (1080 per 365 days)
oxacillin sodium in dextrose intravenous solution 2 gm/50ml	3	S
oxacillin sodium injection solution reconstituted 1 gm, 2 gm	1	
PAXLOVID (150/100)	1	QL (20 per 90 days)
PAXLOVID (300/100 & 150/100)	1	QL (11 per 90 days)
PAXLOVID (300/100)	1	QL (30 per 90 days)
penicillin g potassium in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml	3	

Drug Name	Drug Tier	Requirements/Limits
penicillin g potassium	1	
penicillin g sodium	3	S
penicillin v potassium	1	
pentamidine isethionate inhalation	1	B/D PA
pentamidine isethionate injection	1	
PFIZERPEN INJECTION SOLUTION RECONSTITUTED 20000000 UNIT	1	
PIFELTRO	3	QL (30 per 30 days); S
piperacillin sodium-tazobactam sodium intravenous solution reconstituted 13.5 (12-15) gm, 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-45) gm	1	
polymyxin b sulfate injection	1	
posaconazole oral suspension	3	PA; MO
posaconazole oral tablet delayed release	3	PA; MO; S
praziquantel oral	1	
PREVYMIS ORAL PACKET	3	PA; QL (120 per 30 days); S
PREVYMIS ORAL TABLET	3	PA; QL (30 per 30 days); S
PREZCOBIX	3	QL (30 per 30 days); S
PREZISTA ORAL SUSPENSION	3	QL (400 per 30 days); S
PREZISTA ORAL TABLET 150 MG	3	QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
PREZISTA ORAL TABLET 75 MG	3	QL (300 per 30 days)
PRIFTIN	2	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	2	
<i>pyrazinamide oral</i>	1	
<i>pyrimethamine oral</i>	3	PA; S
<i>quinine sulfate oral</i>	1	PA
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	2	QL (60 per 180 days)
RETROVIR INTRAVENOUS	2	
REYATAZ ORAL PACKET	3	QL (240 per 30 days)
<i>ribavirin oral capsule</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
<i>rifabutin</i>	1	
<i>rifampin intravenous</i>	3	
<i>rifampin oral</i>	1	
<i>rimantadine hcl</i>	1	
<i>ritonavir</i>	1	QL (360 per 30 days)
RUKOBIA	3	QL (60 per 30 days); MO; S
SELZENTRY ORAL SOLUTION	2	QL (1840 per 30 days)
SIRTURO	3	PA; S
<i>streptomycin sulfate intramuscular</i>	3	S
STRIBILD	3	QL (30 per 30 days); S
<i>sulfadiazine oral</i>	3	S

<i>sulfamethoxazole-trimethoprim oral suspension</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
SUNLENCA ORAL TABLET	3	QL (10 per 365 days); S
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG	3	QL (8 per 365 days); S
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	3	QL (10 per 365 days); S
SUNLENCA SUBCUTANEOUS	3	QL (3 per 168 days); MO; S
SYMTUZA	3	QL (30 per 30 days); S
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	1	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM	1	
TEFLARO	3	S
<i>tenofovir disoproxil fumarate</i>	1	QL (30 per 30 days)
<i>terbinafine hcl oral</i>	1	
<i>tetracycline hcl oral capsule</i>	1	
<i>tigecycline</i>	3	
<i>tinidazole oral</i>	1	
TIVICAY ORAL TABLET 50 MG	3	QL (60 per 30 days); S
TIVICAY PD	3	QL (360 per 30 days); S
<i>tobramycin sulfate injection solution</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
tobramycin sulfate injection solution reconstituted	3	S
TRECTOR	3	
trifluridine ophthalmic	1	
trimethoprim oral	1	
TRIUMEQ	3	QL (30 per 30 days); S
TRIUMEQ PD	3	QL (180 per 30 days)
TYBOST	2	QL (30 per 30 days)
valacyclovir hcl oral tablet 1 gm	1	QL (90 per 30 days)
valacyclovir hcl oral tablet 500 mg	1	QL (60 per 30 days)
valganciclovir hcl oral solution reconstituted	3	S
valganciclovir hcl oral tablet	2	
vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.25-5 gm/250ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%	2	
vancomycin hcl in nacl intravenous solution 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%	2	
vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml	2	
vancomycin hcl intravenous solution	1	

Drug Name	Drug Tier	Requirements/Limits
reconstituted 1 gm, 10 gm, 100 gm, 500 mg		
vancomycin hcl intravenous solution reconstituted 1.25 gm, 1.5 gm, 750 mg	2	
vancomycin hcl oral capsule 125 mg	1	PA; QL (240 per 30 days)
vancomycin hcl oral capsule 250 mg	3	PA; QL (240 per 30 days)
vancomycin hcl oral solution reconstituted 25 mg/ml	3	PA; QL (1200 per 30 days)
VEMLIDY	3	PA; QL (30 per 30 days); S
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG	3	PA; S
VIRACEPT ORAL TABLET 250 MG	3	QL (300 per 30 days); S
VIRACEPT ORAL TABLET 625 MG	3	QL (120 per 30 days); S
VIREAD ORAL POWDER	3	QL (240 per 30 days); S
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	3	QL (30 per 30 days); S
voriconazole intravenous	3	PA
voriconazole oral suspension reconstituted	3	PA; QL (300 per 30 days); S
voriconazole oral tablet 200 mg	3	PA; QL (60 per 30 days)
voriconazole oral tablet 50 mg	1	PA; QL (120 per 30 days)
VOSEVI	3	PA; QL (30 per 30 days); S
XIFAXAN ORAL TABLET 550 MG	3	PA; QL (84 per 28 days); MO; S

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

Drug Name	Drug Tier	Requirements/Limits
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	
<i>zidovudine oral capsule</i>	1	QL (180 per 30 days)
<i>zidovudine oral syrup</i>	1	QL (1920 per 30 days)
<i>zidovudine oral tablet</i>	1	QL (60 per 30 days)
ZIRGAN	3	
Miscellaneous Therapeutic Agents		
<i>acetic acid irrigation</i>	1	
ALCOHOL SWABS	1	MO
AUTOPEN	2	
BD PEN	2	
BD PEN MINI	2	
GAUZE STERILE PADS 2	1	MO
IGALMI SUBLINGUAL FILM 120 MCG	3	QL (30 per 30 days); S
IGALMI SUBLINGUAL FILM 180 MCG	3	QL (30 per 30 days)
INSULIN PEN NEEDLE: BD, EMBECTA	1	QL (200 per 30 days); MO
INSULIN SYRINGE: BD, EMBECTA	1	QL (200 per 30 days); MO
KOSELUGO	3	PA; S
METHERGINE ORAL	3	S
<i>methylergonovine maleate oral</i>	3	S
<i>neomycin-polymyxin b gu</i>	1	
NOVOPEN ECHO	2	
OMNIPOD 5 DEXG7G6 INTRO GEN 5	3	PA

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 DEXG7G6 PODS GEN 5	3	PA
OMNIPOD 5 G7 INTRO (GEN 5)	3	PA
OMNIPOD 5 G7 PODS (GEN 5)	3	PA
OMNIPOD 5 LIBRE2 G6 INTRO G5	3	PA
OMNIPOD 5 LIBRE2 PLUS G6 PODS	3	PA
OMNIPOD CLASSIC PODS (GEN 3)	3	PA
OMNIPOD DASH INTRO (GEN 4)	3	PA
OMNIPOD DASH PODS (GEN 4)	3	PA
PHYSIOLYTE	3	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<i>sterile water for irrigation</i>	2	
SYNAGIS	3	PA; S
Ophthalmic Agents		
<i>acetazolamide er</i>	1	MO
<i>apraclonidine hcl</i>	1	
<i>atropine sulfate ophthalmic ointment</i>	2	MO
<i>atropine sulfate ophthalmic solution 1 %</i>	2	MO
<i>azelastine hcl ophthalmic</i>	1	
<i>bacitra-neomycin- polymyxin-hc</i>	1	
<i>bacitracin ophthalmic</i>	1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>bepotastine besilate</i>	1	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>betaxolol hcl ophthalmic</i>	1	MO
BETOPTIC-S	3	MO
<i>bimatoprost ophthalmic</i>	1	MO
<i>brimonidine tartrate ophthalmic</i>	1	MO
<i>brimonidine tartrate-timolol</i>	2	MO
<i>brinzolamide</i>	2	MO
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	3	
<i>carteolol hcl</i>	1	MO
<i>ciprofloxacin hcl ophthalmic</i>	1	
<i>cromolyn sodium ophthalmic</i>	1	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	1	MO
<i>cyclosporine ophthalmic</i>	2	QL (60 per 30 days); MO
CYSTARAN	3	S
<i>dexamethasone sodium phosphate ophthalmic</i>	1	
<i>diclofenac sodium ophthalmic</i>	1	
<i>difluprednate</i>	2	
<i>dorzolamide hcl ophthalmic</i>	1	MO
<i>dorzolamide hcl-timolol mal</i>	1	MO
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	1	MO
<i>epinastine hcl</i>	1	
<i>erythromycin ophthalmic</i>	1	QL (3.5 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>fluorometholone ophthalmic</i>	1	
<i>flurbiprofen sodium</i>	1	
<i>gatifloxacin ophthalmic</i>	1	
<i>gentamicin sulfate ophthalmic solution</i>	1	
ILEVRO	3	
INVELTYS	3	
<i>ketorolac tromethamine ophthalmic</i>	1	
<i>latanoprost ophthalmic</i>	1	MO
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	MO
<i>levofloxacin ophthalmic</i>	1	
LOTEMAX OPTHALMIC OINTMENT	3	
LOTEMAX SM	3	
<i>loteprednol etabonate ophthalmic gel</i>	1	
<i>loteprednol etabonate ophthalmic suspension 0.2 %</i>	3	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	1	
LUMIGAN OPTHALMIC SOLUTION 0.01 %	2	MO
MAXIDEX	3	
<i>methazolamide oral</i>	1	MO
MIEBO	2	QL (3 per 30 days); MO
<i>moxifloxacin hcl (2x day)</i>	3	
<i>moxifloxacin hcl ophthalmic solution</i>	2	
NATACYN	3	
NEO-POLYCIN	1	

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
NEO-POLYCIN HC	1	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-dexameth	1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic	1	
PHOSPHOLINE IODIDE	3	S
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	MO
POLYCIN	1	
polymyxin b-trimethoprim	1	
prednisolone acetate ophthalmic	1	
prednisolone sodium phosphate ophthalmic	2	
proparacaine hcl ophthalmic	1	
RESTASIS	2	QL (60 per 30 days); MO
RESTASIS MULTIDOSE OPTHALMIC EMULSION 0.05 %	2	QL (5.5 per 28 days); MO
RHOPRESSA	2	MO
ROCKLATAN	2	MO
SIMBRINZA	2	MO
sulfacetamide sodium ophthalmic	1	

Drug Name	Drug Tier	Requirements/ Limits
sulfacetamide-prednisolone ophthalmic solution	1	
tafluprost (pf)	3	MO
timolol maleate (once-daily)	1	MO
TIMOLOL MALEATE OCUDOSE	1	MO
timolol maleate ophthalmic gel forming solution	1	MO
timolol maleate ophthalmic solution 0.25 %	1	MO
timolol maleate ophthalmic solution 0.5 %	1	MO
timolol maleate pf ophthalmic solution 0.5 %	1	MO
TOBRADEX OPTHALMIC OINTMENT	2	
TOBRADEX ST	2	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
travoprost (bak free)	1	MO
VYZULTA	3	MO
XDEMVEY	3	PA; S
XIIDRA	2	QL (60 per 30 days); MO
ZYLET	2	
Otic Agents		
acetic acid otic	1	
CIPRO HC	3	
ciprofloxacin hcl otic	1	
ciprofloxacin-dexamethasone	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
CORTISPORIN-TC	3	
FLAC	1	
<i>fluocinolone acetonide otic</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<i>neomycin-polymyxin-hc otic</i>	1	
<i>ofloxacin otic</i>	1	
Respiratory Tract/Pulmonary Agents		
<i>acetylcysteine inhalation</i>	1	B/D PA
ADEMPAS	3	PA; QL (90 per 30 days); S
ADVAIR HFA	2	QL (12 per 30 days); MO
<i>albuterol sulfate hfa</i>	1	MO
<i>albuterol sulfate inhalation</i>	1	B/D PA; MO
<i>albuterol sulfate oral syrup</i>	1	MO
<i>albuterol sulfate oral tablet</i>	1	MO
ALYQ	3	PA; QL (60 per 30 days)
<i>ambrisentan</i>	3	PA; QL (30 per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	2	QL (60 per 30 days); MO
ARNUITY ELLIPTA	2	QL (30 per 30 days); MO
ATROVENT HFA	3	QL (26 per 30 days); MO
<i>azelastine hcl nasal solution 0.1 %, 137 mcg/ spray</i>	1	QL (30 per 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>azelastine-fluticasone</i>	1	QL (23 per 28 days)
<i>bosentan oral tablet</i>	3	PA; QL (60 per 30 days)
<i>bosentan oral tablet soluble</i>	3	PA; QL (120 per 30 days); S
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	2	QL (60 per 30 days); MO
<i>breynta</i>	2	QL (30.9 per 30 days); MO
BREZTRI AEROSPHERE	2	QL (10.7 per 30 days); MO
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	1	B/D PA; QL (120 per 30 days); MO
<i>budesonide inhalation suspension 1 mg/2ml</i>	1	B/D PA; QL (60 per 30 days); MO
<i>budesonide-formoterol fumarate</i>	2	QL (30.6 per 30 days); MO
<i>carbinoxamine maleate oral solution</i>	1	PA
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	PA
<i>carbinoxamine maleate oral tablet 6 mg</i>	3	PA; S
CAYSTON	3	PA; S
<i>cetirizine hcl oral solution</i>	1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	PA
COMBIVENT RESPIMAT	3	QL (8 per 30 days); MO
<i>cromolyn sodium inhalation</i>	1	B/D PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>ciproheptadine hcl oral syrup</i>	1	PA
<i>ciproheptadine hcl oral tablet</i>	1	
<i>desloratadine oral tablet</i>	1	
<i>desloratadine oral tablet dispersible</i>	2	
<i>diphenhydramine hcl injection</i>	1	
DULERA	3	QL (13 per 30 days); MO
ELIXOPHYLLIN	2	MO
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	1	QL (2 per 28 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	QL (2 per 28 days)
FASENRA PEN	3	PA; QL (1 per 28 days); S
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	3	PA; QL (0.5 per 28 days); S
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	3	PA; QL (1 per 28 days); S
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	QL (75 per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act</i>	2	QL (60 per 30 days); MO
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>	2	QL (240 per 30 days); MO
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	2	QL (12 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	2	QL (24 per 30 days); MO
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	2	QL (11 per 30 days); MO
<i>fluticasone propionate nasal</i>	1	QL (16 per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	QL (60 per 30 days); MO
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	1	QL (1 per 30 days); MO
<i>formoterol fumarate inhalation</i>	3	B/D PA; QL (120 per 30 days); MO
<i>hydroxyzine hcl intramuscular</i>	1	PA
<i>hydroxyzine hcl oral syrup</i>	1	PA
<i>hydroxyzine hcl oral tablet</i>	1	PA
<i>hydroxyzine pamoate oral</i>	1	PA
<i>ipratropium bromide inhalation</i>	1	B/D PA; MO
<i>ipratropium bromide nasal</i>	1	QL (30 per 30 days); MO
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	B/D PA; QL (540 per 30 days); MO
KALYDECO ORAL TABLET	3	PA; QL (60 per 30 days); S
<i>levalbuterol hcl inhalation nebulization</i>	1	B/D PA; QL (270 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>solution 0.31 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>		
<i>levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml</i>	1	B/D PA; QL (540 per 30 days); MO
<i>levalbuterol tartrate</i>	1	QL (45 per 30 days); MO
<i>levocetirizine dihydrochloride oral solution</i>	1	QL (300 per 30 days)
<i>levocetirizine dihydrochloride oral tablet</i>	1	QL (30 per 30 days)
<i>mometasone furoate nasal</i>	1	
<i>montelukast sodium oral</i>	1	MO
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (3 per 28 days); S
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA; QL (3 per 28 days); S
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	PA; QL (0.4 per 28 days); S
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; QL (3 per 28 days); S
OFEV	3	PA; QL (60 per 30 days); S
<i>olopatadine hcl nasal</i>	1	QL (31 per 30 days)
OPSUMIT	3	PA; QL (30 per 30 days); S
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	3	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	3	PA; S

Drug Name	Drug Tier	Requirements/Limits
ORKAMBI ORAL TABLET	3	PA; QL (120 per 30 days); S
<i>pirfenidone oral tablet 267 mg</i>	3	PA; QL (270 per 30 days); S
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	3	PA; QL (90 per 30 days); S
PULMICORT FLEXHALER	3	QL (2 per 30 days); MO
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	3	B/D PA; S
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	2	QL (11 per 30 days); MO
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	2	QL (22 per 30 days); MO
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML, 8 MG/20ML	3	PA; S
<i>roflumilast</i>	3	QL (30 per 30 days); MO
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	QL (60 per 30 days); MO
<i>sildenafil citrate intravenous</i>	3	PA; QL (1125 per 30 days); S
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA; QL (360 per 30 days)
SPIRIVA HANDIHALER	2	QL (30 per 30 days); MO
SPIRIVA RESPIMAT	2	QL (4 per 30 days); MO
STIOLTO RESPIMAT	2	QL (4 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>tadalafil (pah)</i>	3	PA; QL (60 per 30 days)
<i>terbutaline sulfate injection</i>	1	
<i>terbutaline sulfate oral</i>	1	MO
THEO-24	2	MO
<i>theophylline er</i>	1	MO
<i>theophylline oral</i>	1	MO
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	3	B/D PA; QL (280 per 28 days); S
TRACLEER ORAL TABLET SOLUBLE	3	PA; QL (120 per 30 days); S
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	2	QL (60 per 30 days); MO
<i>treprostinil</i>	3	PA; S
TRIKAFTA ORAL TABLET THERAPY PACK	3	PA; QL (84 per 28 days); S
TRIKAFTA ORAL THERAPY PACK	3	PA; QL (56 per 28 days); S
TYVASO	3	PA; QL (81.2 per 30 days); S
TYVASO DPI INSTITUTIONAL KIT	3	PA; S
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	3	PA; S
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	3	PA; S
TYVASO REFILL KIT	3	PA; QL (81.2 per 30 days); S

Drug Name	Drug Tier	Requirements/Limits
TYVASO STARTER KIT	3	PA; QL (81.2 per 365 days); S
<i>umeclidinium-vilanterol</i>	2	QL (60 per 30 days); MO
UPTRAVI ORAL	3	PA; QL (60 per 30 days); S
UPTRAVI TITRATION	3	PA; S
VENTAVIS	3	PA; QL (270 per 30 days); S
WINREVAIR	3	PA; S
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	QL (60 per 30 days); MO
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML	3	PA; QL (8 per 28 days); S
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	3	PA; QL (4 per 28 days); S
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	3	PA; QL (8 per 28 days); S
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	3	PA; QL (4 per 28 days); S
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; QL (8 per 28 days); S
<i>zafirlukast</i>	1	MO

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

Index of Drugs

Legend

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

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BLISOVI 24 FE	57	<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr</i>	11
BLISOVI FE 1.5/30	57	<i>buprenorphine transdermal patch weekly 20 mcg/hr</i>	11
BLISOVI FE 1/20	57	<i>buprenorphine transdermal patch weekly 5 mcg/hr, 7.5 mcg/hr</i>	11
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	63	<i>bupropion hcl er (smoking det)</i>	30
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	63	<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	30
<i>bortezomib injection solution reconstituted 1 mg</i>	14	<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	30
<i>bortezomib injection solution reconstituted 2.5 mg</i>	14	<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	30
<i>bosentan oral tablet</i>	79	<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	30
<i>bosentan oral tablet soluble</i>	79	<i>bupropion hcl oral tablet 100 mg</i>	30
BOSULIF ORAL CAPSULE 100 MG	15	<i>bupropion hcl oral tablet 75 mg</i>	30
BOSULIF ORAL CAPSULE 50 MG	15	<i>bupirone hcl oral</i>	30
BOSULIF ORAL TABLET 100 MG	15	<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	11
BOSULIF ORAL TABLET 400 MG, 500 MG	15	<i>butalbital-apap-cafeine oral capsule 50-300-40 mg</i>	30
BOTOX	29	<i>butalbital-apap-cafeine oral tablet 50-325-40 mg</i>	30
BRAFTOVI ORAL CAPSULE 75 MG	15	<i>butalbital-asa-caff-codeine</i>	11
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	79	<i>butalbital-aspirin-cafeine oral capsule</i>	30
<i>breyna</i>	79	<i>butorphanol tartrate nasal</i>	11
BREZTRI AEROSPHERE	79	C	
<i>briellyn</i>	57	CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML	68
BRILINTA	21		
<i>brimonidine tartrate ophthalmic</i>	77		
<i>brimonidine tartrate-timolol</i>	77		
<i>brinzolamide</i>	77		
BRIVIACT INTRAVENOUS	30		
BRIVIACT ORAL SOLUTION	30		
BRIVIACT ORAL TABLET	30		
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	77		
<i>bromocriptine mesylate oral</i>	30		
BRUKINSA ORAL CAPSULE	15		
BRUKINSA ORAL TABLET	15		
<i>budesonide er oral tablet extended release 24 hour</i>	53		

CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML	68	cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg	68
cabergoline	57	cefazolin sodium intravenous solution reconstituted 1 gm	69
CABOMETYX	15	cefazolin sodium-dextrose intravenous solution 3-4 gm/150ml-%	69
calcipotriene external cream	43	cefazolin sodium-dextrose intravenous solution reconstituted 3-2 gm-%(50ml)	69
calcipotriene external ointment	43	cefdinir	69
calcipotriene external solution	43	cefepime hcl injection solution reconstituted 1 gm	69
calcitonin (salmon) injection	49	cefepime hcl intravenous solution reconstituted 2 gm	69
calcitonin (salmon) nasal	49	cefixime	69
CALCITRENE	43	cefotetan disodium injection solution reconstituted 1 gm, 2 gm	69
calcitriol external	43	cefoxitin sodium intravenous	69
calcitriol oral	49	cefpodoxime proxetil	69
CALQUENCE	15	cefprozil	69
CAMILA	57	ceftazidime injection solution reconstituted 1 gm, 6 gm	69
CAMRESE	57	ceftazidime intravenous	69
CAMRESE LO	57	ceftriaxone sodium in dextrose	69
candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg	23	ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	69
candesartan cilexetil oral tablet 32 mg	23	ceftriaxone sodium intravenous	69
candesartan cilexetil-hctz oral tablet 16-12.5 mg	23	cefuroxime axetil oral tablet 250 mg	69
candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg	24	cefuroxime axetil oral tablet 500 mg	69
CAPLYTA	30	cefuroxime sodium injection solution reconstituted 750 mg	69
CAPRELSA ORAL TABLET 100 MG	15	cefuroxime sodium intravenous solution reconstituted 1.5 gm	69
CAPRELSA ORAL TABLET 300 MG	15	celecoxib oral capsule 100 mg, 200 mg, 50 mg	11
captopril oral tablet 100 mg	24	celecoxib oral capsule 400 mg	12
captopril oral tablet 12.5 mg, 25 mg, 50 mg	24	cephalexin oral capsule 250 mg, 500 mg	69
carbamazepine er	30	cephalexin oral capsule 750 mg	69
carbamazepine oral	30	cephalexin oral suspension reconstituted 125 mg/ 5ml	69
carbidopa oral	30	cephalexin oral suspension reconstituted 250 mg/ 5ml	69
carbidopa-levodopa	30	cephalexin oral tablet	69
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	30	cetirizine hcl oral solution	79
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	30	cevimeline hcl	43
carbinoxamine maleate oral solution	79	CHARLOTTE 24 FE	57
carbinoxamine maleate oral tablet 4 mg	79	CHATEAL EQ	57
carbinoxamine maleate oral tablet 6 mg	79	CHEMET	49
CARDURA XL	56	chlordiazepoxide hcl	30
carglumic acid oral tablet soluble	47	chlordiazepoxide-amitriptyline	31
carisoprodol oral tablet 350 mg	30	chlorhexidine gluconate mouth/throat	43
carteolol hcl	77	chloroquine phosphate oral	69
CARTIA XT	24	chlorpromazine hcl injection	31
carvedilol	9	chlorpromazine hcl oral concentrate 100 mg/ml	31
CAYSTON	79		
cefaclor er	68		
cefaclor oral capsule	68		
cefaclor oral suspension reconstituted 250 mg/ 5ml	68		
cefadroxil	68		

chlorpromazine hcl oral concentrate 30 mg/ml	31	clindamycin phosphate injection solution 900 mg/6ml	70
chlorpromazine hcl oral tablet	31	clindamycin phosphate vaginal	56
chlorthalidone oral tablet 25 mg, 50 mg	9	clindamycin-tretinoin	43
chlorzoxazone oral tablet 500 mg	31	CLINIMIX E/DEXTROSE (2.75/5)	47
cholestyramine light	24	CLINIMIX E/DEXTROSE (4.25/10)	47
cholestyramine oral	24	CLINIMIX E/DEXTROSE (4.25/5)	47
CICLODAN EXTERNAL SOLUTION	43	CLINIMIX E/DEXTROSE (5/15)	47
ciclopirox external	43	CLINIMIX E/DEXTROSE (5/20)	47
ciclopirox olamine external cream	43	clinimix e/dextrose (8/10)	47
ciclopirox olamine external suspension	43	clinimix e/dextrose (8/14)	47
cilostazol	21	CLINIMIX/DEXTROSE (4.25/10)	47
CIMDUO	69	CLINIMIX/DEXTROSE (4.25/5)	47
cimetidine hcl oral solution 300 mg/5ml	53	CLINIMIX/DEXTROSE (5/15)	47
cimetidine oral tablet 200 mg	53	CLINIMIX/DEXTROSE (5/20)	47
cimetidine oral tablet 300 mg, 400 mg, 800 mg	53	clinimix/dextrose (6/5)	47
cinacalcet hcl oral tablet 30 mg	49	clinimix/dextrose (8/10)	47
cinacalcet hcl oral tablet 60 mg	49	clinimix/dextrose (8/14)	47
cinacalcet hcl oral tablet 90 mg	49	CLINISOL SF	47
CINRYZE	21	CLINOLIPID	47
CIPRO HC	78	clobazam oral suspension 2.5 mg/ml	31
ciprofloxacin hcl ophthalmic	77	clobazam oral tablet 10 mg	31
ciprofloxacin hcl oral tablet 250 mg, 500 mg	69	clobazam oral tablet 20 mg	31
ciprofloxacin hcl oral tablet 750 mg	69	clobetasol propionate e	43
ciprofloxacin hcl otic	78	clobetasol propionate emulsion	43
ciprofloxacin in d5w	69	clobetasol propionate external cream 0.05 %	43
ciprofloxacin-dexamethasone	78	clobetasol propionate external foam	43
citalopram hydrobromide oral solution	31	clobetasol propionate external gel	43
citalopram hydrobromide oral tablet 10 mg	31	clobetasol propionate external lotion	43
citalopram hydrobromide oral tablet 20 mg	31	clobetasol propionate external ointment	43
citalopram hydrobromide oral tablet 40 mg	31	clobetasol propionate external shampoo	43
CLARAVIS	43	clobetasol propionate external solution	43
clarithromycin er	69	CLODAN EXTERNAL SHAMPOO	43
clarithromycin oral	69	clomipramine hcl oral	31
clemastine fumarate oral tablet 2.68 mg	79	clonazepam oral	31
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML	53	clonidine hcl er oral tablet extended release 12 hour	31
CLIMARA PRO	57	clonidine hcl oral	24
CLINDACIN	43	clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr	24
clindamycin hcl oral	69	clonidine transdermal patch weekly 0.3 mg/24hr ...	24
clindamycin palmitate hcl	69	clopidogrel bisulfate oral tablet 300 mg	21
clindamycin phos (once-daily)	43	clopidogrel bisulfate oral tablet 75 mg	21
clindamycin phos (twice-daily)	43	clorazepate dipotassium	31
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	43	clotrimazole external cream	43
clindamycin phosphate external gel	43	clotrimazole external solution	43
clindamycin phosphate external lotion	43	clotrimazole mouth/throat troche	44
clindamycin phosphate external solution	43	clotrimazole-betamethasone	44
clindamycin phosphate external swab	43	clozapine oral tablet 100 mg	31
clindamycin phosphate in d5w	69	clozapine oral tablet 200 mg	31
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml	69	clozapine oral tablet 25 mg	31
		clozapine oral tablet 50 mg	31

clozapine oral tablet dispersible 100 mg	31	cyclosporine ophthalmic	77
clozapine oral tablet dispersible 12.5 mg	31	cyclosporine oral capsule	64
clozapine oral tablet dispersible 150 mg	31	cyproheptadine hcl oral syrup	80
clozapine oral tablet dispersible 200 mg	31	cyproheptadine hcl oral tablet	80
clozapine oral tablet dispersible 25 mg	31	CYRED EQ	58
COARTEM	70	CYSTAGON	56
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG	31	CYSTARAN	77
COBENFY ORAL CAPSULE 50-20 MG	31	D	
COBENFY STARTER PACK	31	dabigatran etexilate mesylate	21
codeine sulfate oral tablet	12	dalfampridine er	31
colchicine oral capsule	12	danazol oral	58
colchicine oral tablet	12	dantrolene sodium oral	31
colchicine-probenecid	12	DANZITEN	15
colesevelam hcl	24	dapagliflozin propanediol	49
colestipol hcl	24	dapsone oral	70
colistimethate sodium (cba)	70	DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 ...	64
COMBIPATCH	57	daptomycin intravenous solution reconstituted 500	
COMBIVENT RESPIMAT	79	mg	70
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	15	darifenacin hydrobromide er	56
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG		darunavir	70
& 80 MG	15	DARZALEX FASPRO	15
COMETRIQ (60 MG DAILY DOSE)	15	dasatinib	15
COMPRO	53	DASETTA 1/35 (28)	58
constulose	53	DASETTA 7/7/7	58
COPIKTRA	15	DAURISMO ORAL TABLET 100 MG	15
CORLANOR ORAL SOLUTION	24	DAURISMO ORAL TABLET 25 MG	15
CORTIFOAM EXTERNAL	53	DAYSEE	58
CORTISPORIN-TC	79	DEBLITANE	58
COSENTYX (300 MG DOSE)	64	deferasirox oral tablet 90 mg	49
COSENTYX SENSOREADY (300 MG)	64	deferasirox oral tablet soluble	49
COSENTYX SENSOREADY PEN	64	deferiprone	49
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED		DELSTRIGO	70
SYRINGE 150 MG/ML	64	DELYLA	58
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED		demeclocycline hcl oral	70
SYRINGE 75 MG/0.5ML	64	DENTA 5000 PLUS	44
COSENTYX UNOREADY	64	DENTAGEL	44
COTELLIC	15	DEPO-SUBQ PROVERA 104 SUBCUTANEOUS	
CREON	56	SUSPENSION PREFILLED SYRINGE	58
CRESEMBA ORAL	70	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100	
CRINONE	57	MG/ML	58
cromolyn sodium inhalation	79	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200	
cromolyn sodium ophthalmic	77	MG/ML	58
cromolyn sodium oral	56	DESCOVY	70
CROTAN	44	desipramine hcl oral	31
CRYSSELLE-28	57	desloratadine oral tablet	80
cyclobenzaprine hcl oral tablet 10 mg	31	desloratadine oral tablet dispersible	80
cyclobenzaprine hcl oral tablet 5 mg	31	desmopressin ace spray refrig	58
cyclopentolate hcl ophthalmic solution 1 %	77	desmopressin acetate oral	58
cyclophosphamide oral capsule	15	desmopressin acetate spray	58
CYCLOSET	49	desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01	
cyclosporine modified	64	mg (21/5)	58
		desonide external cream	44

desonide external lotion	44	diazoxide oral	49
desonide external ointment	44	diclofenac potassium oral tablet 50 mg	12
desoximetasone external cream	44	diclofenac sodium er	12
desoximetasone external gel	44	diclofenac sodium external gel 3 %	44
desoximetasone external liquid	44	diclofenac sodium external solution 1.5 %	12
desoximetasone external ointment	44	diclofenac sodium ophthalmic	77
desvenlafaxine er	31	diclofenac sodium oral	12
desvenlafaxine succinate er	31	diclofenac-misoprostol oral tablet delayed release	12
DEXAMETHASONE INTENSOL	58	dicloxacillin sodium	70
dexamethasone oral elixir	58	dicyclomine hcl oral capsule	53
dexamethasone oral solution	58	dicyclomine hcl oral solution 10 mg/5ml	53
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	58	dicyclomine hcl oral tablet 20 mg	53
dexamethasone oral tablet 2 mg, 4 mg, 6 mg	58	DIFICID	70
dexamethasone oral tablet therapy pack	58	diflorasone diacetate external	44
dexamethasone sod phos +rfid	58	diflunisal oral	12
dexamethasone sod phosphate pf injection solution	58	difluprednate	77
dexamethasone sodium phosphate injection	58	digox oral tablet 125 mcg	24
dexamethasone sodium phosphate ophthalmic	77	digox oral tablet 250 mcg	24
dexlansoprazole	53	digoxin oral solution	24
dexmethylphenidate hcl	31	digoxin oral tablet 125 mcg	24
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	31-32	digoxin oral tablet 250 mcg	24
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg	32	digoxin oral tablet 62.5 mcg	24
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	32	dihydroergotamine mesylate injection	32
dextroamphetamine sulfate oral solution	32	dihydroergotamine mesylate nasal	32
dextroamphetamine sulfate oral tablet 10 mg	32	DILANTIN ORAL CAPSULE 30 MG	32
dextroamphetamine sulfate oral tablet 5 mg	32	dilt-xr	24
dextrose 5%/electrolyte #48	47	diltiazem hcl er beads	24
dextrose intravenous solution 10 %, 5 %	47	diltiazem hcl er coated beads oral capsule extended release 24 hour	24
dextrose intravenous solution 250 mg/ml	47	diltiazem hcl er oral capsule extended release 12 hour	24
dextrose-nacl intravenous solution 5-0.9 %	47	diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	24
dextrose-sodium chloride intravenous solution 10-0.2 %	47	diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	24
dextrose-sodium chloride intravenous solution 10-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.33 %, 5-0.45 %, 5-0.9 %	47	diltiazem hcl intravenous solution reconstituted	24
DIACOMIT ORAL CAPSULE 250 MG	32	diltiazem hcl oral tablet	24
DIACOMIT ORAL CAPSULE 500 MG	32	dimethyl fumarate oral capsule delayed release 120 mg	32
DIACOMIT ORAL PACKET 250 MG	32	dimethyl fumarate oral capsule delayed release 240 mg	32
DIACOMIT ORAL PACKET 500 MG	32	dimethyl fumarate starter pack oral capsule delayed release therapy pack	32
diazepam injection	32	diphenhydramine hcl injection	80
DIAZEPAM INTENSOL	32	diphenoxylate-atropine oral liquid	54
diazepam oral concentrate	32	diphenoxylate-atropine oral tablet 2.5-0.025 mg	54
diazepam oral solution 5 mg/5ml	32	dipyridamole oral	21
diazepam oral tablet 10 mg	32	disopyramide phosphate oral	24
diazepam oral tablet 2 mg	32	disulfiram oral	32
diazepam oral tablet 5 mg	32	divalproex sodium er oral tablet extended release 24 hour	32
diazepam rectal	32		

<i>divalproex sodium oral capsule delayed release sprinkle</i>	32	DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	44
<i>divalproex sodium oral tablet delayed release</i>	32	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	44
<i>dofetilide</i>	24	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	44
DOLISHALE	58	<i>duramorph</i>	12
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	32	<i>dutasteride oral</i>	56
<i>donepezil hcl oral tablet 23 mg</i>	32	<i>dutasteride-tamsulosin hcl</i>	56
<i>donepezil hcl oral tablet dispersible</i>	32	DYSPORT	33
<i>dorzolamide hcl ophthalmic</i>	77	E	
<i>dorzolamide hcl-timolol mal</i>	77	E.E.S. 400 ORAL TABLET	70
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	77	<i>econazole nitrate external cream</i>	44
DOTTI	58	EDURANT	70
DOVATO	70	EDURANT PED	70
<i>doxazosin mesylate oral</i>	24	<i>efavirenz oral tablet</i>	70
<i>doxepin hcl oral capsule</i>	32	<i>efavirenz-emtricitab-tenofo df</i>	70
<i>doxepin hcl oral concentrate</i>	32	<i>efavirenz-lamivudine-tenofovir</i>	70
<i>doxepin hcl oral tablet</i>	32	EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	47
<i>doxercalciferol oral</i>	49	EGRIFTA SV	58
<i>doxorubicin hcl liposomal intravenous suspension</i>	15	<i>eletriptan hydrobromide</i>	33
DOXY 100	70	ELIGARD SUBCUTANEOUS KIT 22.5 MG, 7.5 MG	15
<i>doxycycline hyclate intravenous</i>	70	ELIGARD SUBCUTANEOUS KIT 30 MG, 45 MG	15
<i>doxycycline hyclate oral capsule</i>	70	ELINEST	58
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	70	ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	21
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	70	ELIQUIS ORAL TABLET	21
<i>doxycycline monohydrate oral suspension reconstituted</i>	70	ELIXOPHYLLIN	80
<i>doxycycline monohydrate oral tablet</i>	70	ELMIRON	56
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	32-33	<i>eltrombopag olamine oral packet 12.5 mg</i>	21
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	33	<i>eltrombopag olamine oral packet 25 mg</i>	21
<i>dronabinol</i>	54	<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg</i>	21
<i>drospiren-eth estrad-levomefol</i>	58	<i>eltrombopag olamine oral tablet 50 mg</i>	21
<i>drospirenone-ethinyl estradiol</i>	58	<i>eltrombopag olamine oral tablet 75 mg</i>	21
DROXIA	21	ELURYNG	58
<i>droxidopa oral capsule 100 mg</i>	24	EMEND ORAL SUSPENSION RECONSTITUTED	54
<i>droxidopa oral capsule 200 mg, 300 mg</i>	24	EMGALITY	33
DULERA	80	EMGALITY (300 MG DOSE)	33
<i>duloxetine hcl oral capsule delayed release particles 20 mg</i>	33	EMSAM	33
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	33	<i>emtricitab-rilpivir-tenofov df</i>	70
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	33	<i>emtricitabine</i>	70
<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>	33	<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	70
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	44	<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	70
		EMTRIVA ORAL SOLUTION	70
		EMZAAH	58
		<i>enalapril maleate oral tablet</i>	9
		<i>enalapril-hydrochlorothiazide</i>	9
		<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	24

<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	24	EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG	33
ENBREL MINI	64	EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG	33
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML ...	64	ERGOMAR	33
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	64	<i>ergotamine-caffeine</i>	33
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	64	ERIVEDGE	15
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	64	ERLEADA ORAL TABLET 240 MG	15
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	12	ERLEADA ORAL TABLET 60 MG	15
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	64	<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	15
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	64	<i>erlotinib hcl oral tablet 25 mg</i>	15
ENILLORING	58	ERRIN	58
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	21	<i>ertapenem sodium</i>	70
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	21	<i>ery</i>	44
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	21	ERY-TAB	70
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	21	ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	70
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	21	<i>erythromycin base oral</i>	70
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	21	<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	71
ENPRESSE-28	58	<i>erythromycin ethylsuccinate oral tablet</i>	71
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	58	<i>erythromycin external gel</i>	44
<i>entacapone</i>	33	<i>erythromycin external solution</i>	44
<i>entecavir</i>	70	<i>erythromycin lactobionate</i>	71
ENTRESTO ORAL CAPSULE SPRINKLE	24	<i>erythromycin ophthalmic</i>	77
<i>enulose</i>	54	<i>erythromycin oral</i>	71
ENVARUSUS XR	64	<i>escitalopram oxalate oral solution 5 mg/5ml</i>	33
EPCLUSA ORAL PACKET 150-37.5 MG	70	<i>escitalopram oxalate oral tablet 10 mg</i>	33
EPCLUSA ORAL PACKET 200-50 MG	70	<i>escitalopram oxalate oral tablet 20 mg</i>	33
EPCLUSA ORAL TABLET 200-50 MG	70	<i>escitalopram oxalate oral tablet 5 mg</i>	33
EPCLUSA ORAL TABLET 400-100 MG	70	<i>eslicarbazepine acetate oral tablet 200 mg, 400 mg</i>	33
EPIDIOLEX	33	<i>eslicarbazepine acetate oral tablet 600 mg, 800 mg</i>	33
<i>epinastine hcl</i>	77	<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	54
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	80	<i>esomeprazole sodium intravenous solution reconstituted 40 mg</i>	54
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	80	ESTARYLLA	58
EPITOL	33	<i>estazolam</i>	33
<i>eplerenone</i>	24	<i>estradiol oral</i>	58
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	22	<i>estradiol transdermal patch twice weekly</i>	58
EPRONTIA	33	<i>estradiol transdermal patch weekly</i>	58
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG	33	<i>estradiol vaginal</i>	58
		<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	58
		<i>estradiol-norethindrone acet</i>	59
		<i>eszopiclone</i>	33
		<i>ethambutol hcl oral</i>	71
		<i>ethosuximide oral</i>	33
		<i>ethynodiol diac-eth estradiol</i>	59
		<i>etodolac er</i>	12

etodolac oral	12	fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 800 mcg	12
etonogestrel-ethinyl estradiol	59	fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	12
etravirine oral tablet 100 mg	71	FERRIPROX ORAL SOLUTION	49
etravirine oral tablet 200 mg	71	fesoterodine fumarate er	56
EUCRISA	44	FETZIMA	34
EULEXIN	15	FETZIMA TITRATION	34
everolimus oral tablet 0.25 mg, 0.75 mg	64	FIASP FLEXTOUCH	49
everolimus oral tablet 0.5 mg, 1 mg	64	FIASP INJECTION	49
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	15	FIASP PENFILL	49
everolimus oral tablet soluble	15	FIASP PUMPCART	49
EVOTAZ	71	finasteride oral tablet 5 mg	56
exemestane	15	fingolimod hcl	34
ezetimibe	24	FINTEPLA	34
ezetimibe-simvastatin	25	FINZALA	59
F		FIRDAPSE	34
FALMINA	59	FIRMAGON (240 MG DOSE)	15
famciclovir oral tablet 125 mg, 250 mg	71	FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	15
famciclovir oral tablet 500 mg	71	FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML	71
famotidine (pf)	54	FIRVANQ ORAL SOLUTION RECONSTITUTED 50 MG/ML	71
famotidine intravenous solution 200 mg/20ml, 40 mg/4ml	54	FLAC	79
famotidine oral suspension reconstituted	54	flavoxate hcl	56
famotidine oral tablet 20 mg, 40 mg	54	flecainide acetate	25
famotidine premixed	54	fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	71
FANAPT ORAL TABLET 1 MG	33	fluconazole oral	71
FANAPT ORAL TABLET 10 MG, 12 MG	33	flucytosine oral	71
FANAPT ORAL TABLET 2 MG	33	fludrocortisone acetate oral	59
FANAPT ORAL TABLET 4 MG	33	flunisolide nasal solution 25 mcg/act (0.025%)	80
FANAPT ORAL TABLET 6 MG	33	fluocinolone acetonide body	44
FANAPT ORAL TABLET 8 MG	33	fluocinolone acetonide external	44
FANAPT TITRATION PACK	33	fluocinolone acetonide otic	79
FANAPT TITRATION PACK A	34	fluocinolone acetonide scalp	44
FANAPT TITRATION PACK B ORAL TABLET	34	fluocinonide emulsified base	44
FANAPT TITRATION PACK C ORAL TABLET	34	fluocinonide external cream 0.05 %	44
FARXIGA	49	fluocinonide external cream 0.1 %	44
FASENRA PEN	80	fluocinonide external gel	44
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	80	fluocinonide external ointment	44
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	80	fluocinonide external solution	44
febuxostat	12	fluorometholone ophthalmic	77
FEIRZA 1.5/30	59	fluorouracil external cream 5 %	44
FEIRZA 1/20	59	fluorouracil external solution	44
felbamate oral suspension	34	fluoxetine hcl oral capsule 10 mg	34
felbamate oral tablet	34	fluoxetine hcl oral capsule 20 mg	34
felodipine er	25	fluoxetine hcl oral capsule 40 mg	34
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	25	fluoxetine hcl oral capsule delayed release	34
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	25	fluoxetine hcl oral solution	34
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	25	fluphenazine decanoate injection	34
fenofibric acid oral capsule delayed release	25		

<i>fluphenazine hcl injection</i>	34	<i>furosemide oral solution 8 mg/ml</i>	25
<i>fluphenazine hcl oral</i>	34	<i>furosemide oral tablet</i>	9
<i>flurandrenolide external cream</i>	44	FUZEON SUBCUTANEOUS SOLUTION	
<i>flurandrenolide external lotion</i>	44	RECONSTITUTED	71
<i>flurbiprofen oral tablet 100 mg</i>	12	FYAVOLV	59
<i>flurbiprofen sodium</i>	77	FYCOMPA ORAL SUSPENSION	34
<i>fluticasone propionate diskus inhalation aerosol</i>		G	
<i>powder breath activated 100 mcg/act, 50 mcg/</i>		<i>gabapentin oral capsule 100 mg, 400 mg</i>	34
<i>act</i>	80	<i>gabapentin oral capsule 300 mg</i>	34
<i>fluticasone propionate diskus inhalation aerosol</i>		<i>gabapentin oral solution</i>	34
<i>powder breath activated 250 mcg/act</i>	80	<i>gabapentin oral tablet 600 mg</i>	34
<i>fluticasone propionate external</i>	44	<i>gabapentin oral tablet 800 mg</i>	34
<i>fluticasone propionate hfa inhalation aerosol 110</i>		<i>galantamine hydrobromide er</i>	34
<i>mcg/act</i>	80	<i>galantamine hydrobromide oral solution</i>	34
<i>fluticasone propionate hfa inhalation aerosol 220</i>		<i>galantamine hydrobromide oral tablet</i>	34
<i>mcg/act</i>	80	GALBRIELA	59
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/</i>		GALLIFREY	59
<i>act</i>	80	GAMUNEX-C	64
<i>fluticasone propionate nasal</i>	80	GARDASIL 9	64
<i>fluticasone-salmeterol inhalation aerosol powder</i>		<i>gatifloxacin ophthalmic</i>	77
<i>breath activated 100-50 mcg/act, 250-50 mcg/act,</i>		GATTEX	54
<i>500-50 mcg/act</i>	80	GAUZE STERILE PADS 2	76
<i>fluticasone-salmeterol inhalation aerosol powder</i>		GAVILYTE-C	54
<i>breath activated 113-14 mcg/act, 232-14 mcg/act, 55-</i>		GAVILYTE-G	54
<i>14 mcg/act</i>	80	GAVILYTE-N WITH FLAVOR PACK	54
<i>fluvastatin sodium</i>	25	GAVRETO	16
<i>fluvastatin sodium er</i>	25	<i>gefitinib</i>	16
<i>fluvoxamine maleate oral tablet 100 mg</i>	34	<i>gemfibrozil oral</i>	25
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	34	GEMTESA	56
<i>fondaparinux sodium subcutaneous solution 10 mg/</i>		<i>generlac</i>	54
<i>0.8ml</i>	22	GENGRAF ORAL CAPSULE 100 MG, 25 MG	64
<i>fondaparinux sodium subcutaneous solution 2.5 mg/</i>		GENGRAF ORAL SOLUTION	64
<i>0.5ml</i>	22	GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED	
<i>fondaparinux sodium subcutaneous solution 5 mg/</i>		SYRINGE 0.2 MG	59
<i>0.4ml</i>	22	GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED	
<i>fondaparinux sodium subcutaneous solution 7.5 mg/</i>		SYRINGE 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6	
<i>0.6ml</i>	22	MG, 1.8 MG, 2 MG	59
<i>formoterol fumarate inhalation</i>	80	GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG ...	59
FOSAMAX PLUS D	49	GENOTROPIN SUBCUTANEOUS CARTRIDGE 5 MG	59
<i>fosamprenavir calcium</i>	71	<i>gentamicin in saline intravenous solution 0.8-0.9 mg/</i>	
<i>fosfomycin tromethamine</i>	71	<i>ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-</i>	
<i>fosinopril sodium</i>	9	<i>%</i>	71
<i>fosinopril sodium-hctz</i>	25	<i>gentamicin in saline intravenous solution 2-0.9 mg/</i>	
FOTIVDA	15	<i>ml-%</i>	71
<i>fraiche 5000 dental</i>	44	<i>gentamicin sulfate external</i>	45
FRUZAQLA ORAL CAPSULE 1 MG	15	<i>gentamicin sulfate injection solution 40 mg/ml</i>	71
FRUZAQLA ORAL CAPSULE 5 MG	16	<i>gentamicin sulfate ophthalmic solution</i>	77
FULPHILA	22	GENVOYA	71
<i>fulvestrant intramuscular solution prefilled</i>		GILENYA ORAL CAPSULE 0.25 MG	34
<i>syringe</i>	16	GILOTTRIF	16
<i>furosemide injection</i>	25	<i>glatiramer acetate subcutaneous solution prefilled</i>	
<i>furosemide oral solution 10 mg/ml</i>	25	<i>syringe 20 mg/ml</i>	34

<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	34	GVOKE KIT	50
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	34	GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	50
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	34	H	
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	16	HAILEY 1.5/30	59
GLEOSTINE ORAL CAPSULE 100 MG	16	HAILEY 24 FE	59
<i>glimepiride oral tablet 1 mg</i>	10	HAILEY FE 1.5/30	59
<i>glimepiride oral tablet 2 mg</i>	10	HAILEY FE 1/20	59
<i>glimepiride oral tablet 4 mg</i>	10	<i>halobetasol propionate external cream</i>	45
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	10	<i>halobetasol propionate external ointment</i>	45
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	10	HALOETTE	59
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	10	<i>haloperidol decanoate intramuscular</i>	34
<i>glipizide oral tablet 10 mg</i>	10	<i>haloperidol lactate injection</i>	34
<i>glipizide oral tablet 2.5 mg</i>	49	<i>haloperidol lactate oral</i>	35
<i>glipizide oral tablet 5 mg</i>	10	<i>haloperidol oral</i>	35
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	10	HARVONI	71
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	10	HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	64
<i>glucagon emergency injection kit</i>	49	HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	64
<i>glucose (dextrose) intravenous solution 50 %</i>	47	HEATHER	59
<i>glyburide micronized oral tablet 1.5 mg</i>	50	<i>heparin (porcine) in nacl intravenous solution 12500-0.45 ut/250ml-%, 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%</i>	22
<i>glyburide micronized oral tablet 3 mg</i>	50	<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	22
<i>glyburide micronized oral tablet 6 mg</i>	50	<i>heparin sodium (porcine) pf injection solution 1000 unit/ml</i>	22
<i>glyburide oral tablet 1.25 mg</i>	50	HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	64
<i>glyburide oral tablet 2.5 mg</i>	50	HERCEPTIN HYLECTA	16
<i>glyburide oral tablet 5 mg</i>	50	HERNEXEOS	16
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	50	HIBERIX INJECTION	64
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	50	HIDEX 6-DAY	59
<i>glycopyrrolate injection solution</i>	54	HUMATROPE INJECTION CARTRIDGE	59
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	54	HUMIRA (1 PEN)	64
GLYDO EXTERNAL PREFILLED SYRINGE	12	HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	64
GLYXAMBI	50	HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	64
GOMEKLI ORAL CAPSULE 1 MG	16	HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	64
GOMEKLI ORAL CAPSULE 2 MG	16	HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	64
GOMEKLI ORAL TABLET SOLUBLE	16	HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS AUTO-INJECTOR KIT	65
<i>granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml</i>	54	HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	65
<i>granisetron hcl oral</i>	54	HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	65
GRANIX	22	<i>hydralazine hcl injection</i>	25
<i>griseofulvin microsize oral</i>	71	<i>hydralazine hcl oral</i>	25
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	71		
<i>guanfacine hcl er</i>	34		
<i>guanfacine hcl oral</i>	25		
GVOKE HYPOPEN 1-PACK	50		
GVOKE HYPOPEN 2-PACK	50		

<i>hydrochlorothiazide oral</i>	9	ILEVRO	77
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	12	<i>imatinib mesylate oral tablet 100 mg</i>	16
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	12	<i>imatinib mesylate oral tablet 400 mg</i>	16
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	12	IMBRUVICA ORAL CAPSULE 140 MG	16
<i>hydrocortisone (perianal) external cream 1 %</i>	45	IMBRUVICA ORAL CAPSULE 70 MG	16
<i>hydrocortisone (perianal) external cream 2.5 %</i>	45	IMBRUVICA ORAL SUSPENSION	16
<i>hydrocortisone butyr lipo base</i>	45	IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG ...	16
<i>hydrocortisone butyrate external cream</i>	45	<i>imipenem-cilastatin</i>	71
<i>hydrocortisone butyrate external lotion</i>	45	<i>imipramine hcl oral</i>	35
<i>hydrocortisone butyrate external ointment</i>	45	<i>imiquimod external cream 5 %</i>	45
<i>hydrocortisone butyrate external solution</i>	45	<i>imkeldi</i>	16
<i>hydrocortisone external cream 1 %, 2.5 %</i>	45	IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	65
<i>hydrocortisone external lotion 2.5 %</i>	45	IMPAVIDO	71
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	45	IMVEXXY MAINTENANCE PACK	59
<i>hydrocortisone oral</i>	54	IMVEXXY STARTER PACK	59
<i>hydrocortisone rectal enema</i>	54	INCASSIA	59
<i>hydrocortisone valerate</i>	45	INCRELEX	59
<i>hydrocortisone-acetic acid</i>	79	<i>indapamide oral</i>	25
<i>hydromorphone hcl oral liquid</i>	12	<i>indomethacin er</i>	12
<i>hydromorphone hcl oral tablet</i>	12	<i>indomethacin oral capsule 25 mg, 50 mg</i>	12
<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml</i>	12	INFANRIX	65
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	71	INLYTA ORAL TABLET 1 MG	16
<i>hydroxyurea oral</i>	16	INLYTA ORAL TABLET 5 MG	16
<i>hydroxyzine hcl intramuscular</i>	80	INQOVI	16
<i>hydroxyzine hcl oral syrup</i>	80	INREBIC	16
<i>hydroxyzine hcl oral tablet</i>	80	<i>insulin aspart flexpen</i>	50
<i>hydroxyzine pamoate oral</i>	80	<i>insulin aspart injection</i>	50
<i>hyoscyamine sulfate oral tablet</i>	54	<i>insulin aspart penfill</i>	50
<i>hyoscyamine sulfate oral tablet dispersible</i>	54	INSULIN PEN NEEDLE: BD, EMBECTA	76
<i>hyoscyamine sulfate sublingual</i>	54	INSULIN SYRINGE: BD, EMBECTA	76
HYPERRAB	65	INTELENCE ORAL TABLET 25 MG	71
I		INTRALIPID INTRAVENOUS EMULSION 20 %	47
<i>ibandronate sodium intravenous</i>	50	INTRALIPID INTRAVENOUS EMULSION 30 %	47
<i>ibandronate sodium oral</i>	50	INTROVALE	59
IBRANCE	16	INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	35
IBTROZI	16	INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	35
<i>ibu oral tablet 400 mg, 600 mg</i>	12	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	35
<i>ibuprofen oral suspension</i>	12	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	35
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	12	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	35
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	22	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	35
ICLEVIA	59	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	35
ICLUSIG	16	INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	35
<i>icosapent ethyl</i>	25		
IDHIFA ORAL TABLET 100 MG	16		
IDHIFA ORAL TABLET 50 MG	16		
IGALMI SUBLINGUAL FILM 120 MCG	76		
IGALMI SUBLINGUAL FILM 180 MCG	76		

INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	35	JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	50
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	35	JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	50
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	35	JANUVIA	50
INVELTYS	77	JARDIANCE	50
INVOKAMET	50	JASMIEL	59
INVOKAMET XR	50	JAVYGTOR	56
INVOKANA	50	JAYPIRCA ORAL TABLET 100 MG	16
IPOL	65	JAYPIRCA ORAL TABLET 50 MG	16
<i>ipratropium bromide inhalation</i>	80	JENCYCLA	59
<i>ipratropium bromide nasal</i>	80	JENTADUETO	50
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	80	JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	50
<i>irbesartan</i>	9	JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	50
<i>irbesartan-hydrochlorothiazide</i>	9	JEVTANA	16
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	25	JINTELI	59
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	25	JOLESSA	59
ISENTRESS HD	71	JULEBER	59
ISENTRESS ORAL PACKET	71	JULUCA	72
ISENTRESS ORAL TABLET	71	JUNEL 1.5/30	59
ISENTRESS ORAL TABLET CHEWABLE 100 MG	71	JUNEL 1/20	59
ISENTRESS ORAL TABLET CHEWABLE 25 MG	71	JUNEL FE 1.5/30	59
ISIBLOOM	59	JUNEL FE 1/20	59
ISOLYTE-P IN D5W	47	JUNEL FE 24	59
ISOLYTE-S	47	JUST RIGHT 5000 DENTAL PASTE	45
ISOLYTE-S PH 7.4	47	JYLAMVO	65
<i>isoniazid oral syrup</i>	71	JYNNEOS	65
<i>isoniazid oral tablet</i>	71	K	
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	25	KAITLIB FE	59
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	25	KALETRA ORAL SOLUTION	72
<i>isosorbide mononitrate</i>	25	KALLIGA	59
<i>isosorbide mononitrate er</i>	25	KALYDECO ORAL TABLET	80
<i>isotretinoin oral</i>	45	KARIVA	59
<i>isradipine</i>	25	<i>kcl (0.149%) in nacl intravenous solution 20-0.45 meq/ l-%</i>	47
ITOVEBI ORAL TABLET 3 MG	16	<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.225 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%- %</i>	47
ITOVEBI ORAL TABLET 9 MG	16	<i>kcl-lactated ringers-d5w</i>	47
<i>itraconazole oral capsule</i>	72	<i>kedrab injection</i>	65
<i>ivabradine hcl</i>	25	KELNOR 1/35	59
<i>ivermectin oral</i>	72	KELNOR 1/50	59
IWILFIN	16	KERENDIA	50
IXIARO	65	<i>ketoconazole external cream</i>	45
J		<i>ketoconazole external foam</i>	45
JAIMIESS	59	<i>ketoconazole external shampoo 2 %</i>	45
JAKAFI	16	<i>ketoconazole oral</i>	72
<i>jantoven</i>	22	KETODAN EXTERNAL FOAM	45
JANUMET	50		

<i>ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml</i>	12	LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	50
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	12	<i>lapatinib ditosylate</i>	17
<i>ketorolac tromethamine ophthalmic</i>	77	LARIN 1.5/30	59
<i>ketorolac tromethamine oral</i>	12	LARIN 1/20	59
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	65	LARIN 24 FE	59
KIONEX COMBINATION	50	LARIN FE 1.5/30	60
KISQALI (200 MG DOSE)	16	LARIN FE 1/20	60
KISQALI (400 MG DOSE)	16	<i>latanoprost ophthalmic</i>	77
KISQALI (600 MG DOSE)	16	LAYOLIS FE	60
KISQALI FEMARA (200 MG DOSE)	17	LAZCLUZE ORAL TABLET 240 MG	17
KISQALI FEMARA (400 MG DOSE)	17	LAZCLUZE ORAL TABLET 80 MG	17
KISQALI FEMARA (600 MG DOSE)	17	LEENA	60
KLAYESTA	45	<i>leflunomide oral</i>	65
KLOR-CON 10	47	<i>lenalidomide oral capsule 10 mg</i>	17
KLOR-CON M10	47	<i>lenalidomide oral capsule 15 mg, 2.5 mg, 20 mg, 25 mg</i>	17
KLOR-CON M15	47	<i>lenalidomide oral capsule 5 mg</i>	17
KLOR-CON M20	47	LENVIMA (10 MG DAILY DOSE)	17
KLOR-CON ORAL TABLET EXTENDED RELEASE	48	LENVIMA (12 MG DAILY DOSE)	17
KLOR-CON/EF	48	LENVIMA (14 MG DAILY DOSE)	17
KLOXXADO	35	LENVIMA (18 MG DAILY DOSE)	17
KOSELUGO	76	LENVIMA (20 MG DAILY DOSE)	17
KOURZEQ	45	LENVIMA (24 MG DAILY DOSE)	17
KRAZATI	17	LENVIMA (4 MG DAILY DOSE)	17
KURVELO	59	LENVIMA (8 MG DAILY DOSE)	17
KYLEENA	59	LESSINA	60
L		<i>letrozole oral</i>	17
<i>l-glutamine oral packet</i>	22	<i>leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 500 mg</i>	17
<i>labetalol hcl oral</i>	25	<i>leucovorin calcium oral</i>	17
<i>lacosamide oral solution</i>	35	LEUKERAN	17
<i>lacosamide oral tablet</i>	35	LEUKINE INJECTION SOLUTION RECONSTITUTED	22
<i>lactated ringers intravenous</i>	48	<i>leuprolide acetate (3 month)</i>	17
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	54	<i>leuprolide acetate injection</i>	17
<i>lactulose oral solution</i>	54	<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	80-81
<i>lamivudine oral solution</i>	72	<i>levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml</i>	81
<i>lamivudine oral tablet 100 mg</i>	72	<i>levalbuterol tartrate</i>	81
<i>lamivudine oral tablet 150 mg</i>	72	<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	35
<i>lamivudine oral tablet 300 mg</i>	72	<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	35
<i>lamivudine-zidovudine</i>	72	<i>levetiracetam oral solution</i>	35
<i>lamotrigine er</i>	35	<i>levetiracetam oral tablet</i>	35
<i>lamotrigine oral tablet</i>	35	<i>levo-t</i>	60
<i>lamotrigine oral tablet chewable</i>	35	<i>levobunolol hcl ophthalmic solution 0.5 %</i>	77
<i>lamotrigine oral tablet dispersible</i>	35	<i>levocarnitine oral solution</i>	48
<i>lansoprazole oral capsule delayed release 15 mg</i>	54	<i>levocarnitine oral tablet</i>	48
<i>lansoprazole oral capsule delayed release 30 mg</i>	54	<i>levocarnitine sf</i>	48
LANTUS	50	<i>levocetirizine dihydrochloride oral solution</i>	81

levocetirizine dihydrochloride oral tablet	81	LOESTRIN FE 1/20	60
levofloxacin in d5w	72	LOJAIMI ESS	60
levofloxacin intravenous	72	LOKELMA ORAL PACKET 10 GM	50
levofloxacin ophthalmic	77	LOKELMA ORAL PACKET 5 GM	50
levofloxacin oral solution	72	LONSURF	17
levofloxacin oral tablet	72	loperamide hcl oral capsule	54
LEVONEST	60	lopinavir-ritonavir oral solution	72
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	60	lopinavir-ritonavir oral tablet 100-25 mg	72
levonorgest-eth est & eth est	60	lopinavir-ritonavir oral tablet 200-50 mg	72
levonorgest-eth estrad 91-day	60	lorazepam injection	35
levonorgestrel-ethinyl estrad	60	LORAZEPAM INTENSOL	36
LEVORA 0.15/30 (28)	60	lorazepam oral concentrate 1 mg/0.5ml	36
levothyroxine sodium oral tablet	60	lorazepam oral concentrate 2 mg/ml	36
LEVOXYL	60	lorazepam oral tablet 0.5 mg	36
LIBERVANT	35	lorazepam oral tablet 1 mg	36
lidocaine external ointment 5 %	12	lorazepam oral tablet 2 mg	36
lidocaine external patch 5 %	12	LORBRENA ORAL TABLET 100 MG	17
lidocaine hcl (pf) injection solution 1 %	13	LORBRENA ORAL TABLET 25 MG	17
lidocaine hcl external solution	13	LORYNA	60
lidocaine hcl injection solution 0.5 %	13	losartan potassium oral tablet 100 mg	9
lidocaine hcl mouth/throat	13	losartan potassium oral tablet 25 mg, 50 mg	9
lidocaine hcl urethral/mucosal	13	losartan potassium-hctz	9
lidocaine viscous hcl	13	losartan potassium-hctz oral tablet 100-12.5 mg, 100- 25 mg	25
lidocaine-prilocaine external cream	13	losartan potassium-hctz oral tablet 50-12.5 mg	25
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	60	LOTEMAX OPHTHALMIC OINTMENT	77
linezolid in sodium chloride	72	LOTEMAX SM	77
linezolid intravenous solution 600 mg/300ml	72	loteprednol etabonate ophthalmic gel	77
linezolid oral suspension reconstituted	72	loteprednol etabonate ophthalmic suspension 0.2 %	77
linezolid oral tablet	72	loteprednol etabonate ophthalmic suspension 0.5 %	77
LINZESS	54	lovastatin oral	9
LIOMNY	60	LOW-OGESTREL	60
liothyronine sodium intravenous	60	loxapine succinate oral	36
liothyronine sodium oral	60	lubiprostone	54
liraglutide	50	luliconazole	45
lisinopril oral	9	LUMAKRAS ORAL TABLET 120 MG	17
lisinopril-hydrochlorothiazide	9	LUMAKRAS ORAL TABLET 240 MG	17
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	25	LUMAKRAS ORAL TABLET 320 MG	17
lisinopril-hydrochlorothiazide oral tablet 20-25 mg	25	LUMIGAN OPHTHALMIC SOLUTION 0.01 %	77
lithium	35	LUPRON DEPOT (1-MONTH)	17
lithium carbonate er	35	LUPRON DEPOT (3-MONTH)	17
lithium carbonate oral capsule 150 mg, 300 mg	35	LUPRON DEPOT (4-MONTH)	17
lithium carbonate oral capsule 600 mg	35	LUPRON DEPOT (6-MONTH)	17
lithium carbonate oral tablet	35	LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	60
LIVTENCITY	72	lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg	36
LO-ZUMANDIMINE	60	lurasidone hcl oral tablet 80 mg	36
LOESTRIN 1.5/30 (21)	60	LUTERA	60
LOESTRIN 1/20 (21)	60	LYBALVI	36
LOESTRIN FE 1.5/30	60		

LYLEQ	60	mercaptopurine oral suspension	18
LYNPARZA ORAL TABLET	17	mercaptopurine oral tablet	18
LYSODREN	17	meropenem intravenous solution reconstituted 1 gm, 500 mg	72
LYTGOBI (12 MG DAILY DOSE)	17	mesalamine er oral capsule extended release	54
LYTGOBI (16 MG DAILY DOSE)	17	mesalamine er oral capsule extended release 24 hour	54
LYTGOBI (20 MG DAILY DOSE)	17	mesalamine oral capsule delayed release	54
LYZA	60	mesalamine oral tablet delayed release 1.2 gm	55
M		mesalamine oral tablet delayed release 800 mg	55
M-M-R II INJECTION	65	mesalamine rectal	55
magnesium sulfate injection solution 50 %, 50 % (10ml syringe)	48	mesalamine-cleanser	55
magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml	48	mesna oral	18
malathion external	45	metformin hcl er oral tablet extended release 24 hour 500 mg	10
maraviroc	72	metformin hcl er oral tablet extended release 24 hour 750 mg	10
marlissa	60	metformin hcl oral tablet 1000 mg	10
MARPLAN	36	metformin hcl oral tablet 500 mg	10
MATULANE	18	metformin hcl oral tablet 850 mg	10
MATZIM LA	25	methadone hcl oral solution	13
MAVYRET ORAL PACKET	72	methadone hcl oral tablet	13
MAVYRET ORAL TABLET	72	methazolamide oral	77
MAXIDEX	77	methenamine hippurate	72
MAYZENT ORAL TABLET 0.25 MG	36	methenamine mandelate oral	72
MAYZENT ORAL TABLET 1 MG, 2 MG	36	METHERGINE ORAL	76
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	36	methimazole oral	60
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	36	methocarbamol oral tablet 500 mg, 750 mg	36
meclizine hcl oral tablet 12.5 mg, 25 mg	54	methotrexate sodium (pf) injection solution 1 gm/ 40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	65
medroxyprogesterone acetate intramuscular	60	methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	65
medroxyprogesterone acetate oral	60	methotrexate sodium injection solution reconstituted	65
mefloquine hcl	72	methotrexate sodium oral	65
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	18	methoxsalen rapid	45
megestrol acetate oral tablet	18	methscopolamine bromide oral	55
MEKINIST ORAL SOLUTION RECONSTITUTED	18	methsuximide	36
MEKINIST ORAL TABLET 0.5 MG	18	methyldopa oral	26
MEKINIST ORAL TABLET 2 MG	18	methylergonovine maleate oral	76
MEKTOVI	18	methylphenidate hcl er (cd)	36
MELEYA	60	methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 60 mg	36
meloxicam oral tablet	13	methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg	36
memantine hcl er	36	methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg	36
memantine hcl oral solution 2 mg/ml	36	methylphenidate hcl er (osm) oral tablet extended release 36 mg	36
memantine hcl oral tablet 10 mg	36	methylphenidate hcl er oral tablet extended release	36
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	36	methylphenidate hcl oral tablet	36
memantine hcl oral tablet 5 mg	36		
MENEST	60		
MENQUADFI INTRAMUSCULAR SOLUTION	65		
MENVEO	65		
meperidine hcl injection solution 25 mg/ml, 50 mg/ ml	13		

methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	60	mometasone furoate external	45
methylprednisolone oral	60	mometasone furoate nasal	81
methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg	60	MONDOXYNE NL ORAL CAPSULE 100 MG	72
metoclopramide hcl injection	55	MONO-LINYAH	61
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	55	montelukast sodium oral	81
metoclopramide hcl oral tablet	55	morphine sulfate (concentrate) oral solution 100 mg/5ml	13
metolazone	26	morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml	13
metoprolol succinate er	26	morphine sulfate (pf) injection solution 10 mg/ml, 4 mg/ml, 5 mg/ml	13
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	9	morphine sulfate (pf) injection solution 8 mg/ml	13
metoprolol tartrate oral tablet 37.5 mg, 75 mg	26	morphine sulfate (pf) intravenous solution 1 mg/ml, 2 mg/ml	13
metoprolol-hydrochlorothiazide	26	morphine sulfate (pf) intravenous solution 10 mg/ml	13
metronidazole external	45	morphine sulfate (pf) intravenous solution 8 mg/ml	13
metronidazole intravenous solution 500 mg/100ml	72	morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	13
metronidazole oral	72	morphine sulfate er oral tablet extended release 100 mg, 200 mg	13
metronidazole vaginal	56	morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg	13
metirosine	26	morphine sulfate injection solution 2 mg/ml, 4 mg/ml	13
mexiletine hcl oral	26	morphine sulfate intravenous solution 10 mg/ml, 50 mg/ml	13
MIBELAS 24 FE	60	morphine sulfate intravenous solution 2 mg/ml, 4 mg/ml	13
micafungin sodium	72	morphine sulfate intravenous solution 8 mg/ml	13
miconazole 3 vaginal suppository	56	morphine sulfate oral solution	13
MICROGESTIN 1.5/30	60	morphine sulfate oral tablet	13
MICROGESTIN 1/20	60	MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	51
MICROGESTIN FE 1.5/30	60	MOVANTIK	55
MICROGESTIN FE 1/20	60	moxifloxacin hcl (2x day)	77
midazolam hcl oral	36	moxifloxacin hcl in nacl	72
midodrine hcl	26	moxifloxacin hcl ophthalmic solution	77
MIEBO	77	moxifloxacin hcl oral	72
mifepristone oral tablet 300 mg	60	MRESVIA	65
MIGERGOT	36	MULTAQ	26
miglitol	51	multiple electro type 1 ph 5.5	48
miglustat	56	multiple electro type 1 ph 7.4	48
MILI	60	mupirocin calcium	45
MIMVEY	60	mupirocin external	45
minocycline hcl oral	72	mycophenolate mofetil oral capsule	65
minoxidil oral	26	mycophenolate mofetil oral suspension reconstituted	65
mirabegron er	56	mycophenolate mofetil oral tablet	65
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	60-61	mycophenolate sodium	65
mirtazapine oral tablet 15 mg, 30 mg, 7.5 mg	36		
mirtazapine oral tablet 45 mg	36		
mirtazapine oral tablet dispersible	36		
misoprostol oral	55		
modafinil oral tablet 100 mg	37		
modafinil oral tablet 200 mg	37		
MODEYSO	18		
moexipril hcl	26		
molindone hcl	37		

mycophenolic acid oral tablet delayed release 180 mg, 360 mg	65	NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	22
MYHIBBIN	65	nevirapine er oral tablet extended release 24 hour 400 mg	72
N		nevirapine oral suspension	72
na sulfate-k sulfate-mg sulf	55	nevirapine oral tablet	72
nabumetone oral	13	NEXLETOL	26
nadolol oral tablet 20 mg, 40 mg, 80 mg	26	NEXLIZET	26
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	72	NEXPLANON	61
nafcillin sodium intravenous solution reconstituted 10 gm	72	niacin (antihyperlipidemic)	26
naftifine hcl external cream	45	niacin er (antihyperlipidemic)	26
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	37	niacor	26
naloxone hcl injection solution cartridge	37	nicardipine hcl oral	26
naloxone hcl injection solution prefilled syringe	37	NICOTROL NS	37
naloxone hcl nasal	37	nifedipine er	26
naltrexone hcl oral	37	nifedipine er osmotic release	26
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	37	nifedipine oral	26
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	37	NIKKI	61
naproxen dr oral tablet delayed release 500 mg	13	nilotinib hcl	18
naproxen oral suspension	13	nilutamide	18
naproxen oral tablet	13	nimodipine oral capsule	26
naproxen oral tablet delayed release	13	NINLARO	18
naproxen sodium oral tablet 275 mg, 550 mg	13	nisoldipine er	26
naratriptan hcl	37	nitazoxanide oral	73
NATACYN	77	nitisinone	56
nateglinide oral tablet 120 mg	51	NITRO-BID	26
nateglinide oral tablet 60 mg	51	nitrofurantoin macrocrystal oral	73
NAYZILAM	37	nitrofurantoin monohyd macro	73
nebivolol hcl	26	nitrofurantoin oral suspension 50 mg/10ml	73
NECON 0.5/35 (28)	61	nitroglycerin intravenous	26
nefazodone hcl	37	nitroglycerin rectal	45
NEO-POLYCIN	77	nitroglycerin sublingual	26
NEO-POLYCIN HC	78	nitroglycerin transdermal patch 24 hour	26
neomycin sulfate oral	72	nitroglycerin translingual solution	26
neomycin-bacitracin zn-polymyx	78	NIVESTYM INJECTION SOLUTION	22
neomycin-polymyxin b gu	76	nizatidine oral capsule	55
neomycin-polymyxin-dexameth	78	NORA-BE	61
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	78	NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION PEN-INJECTOR	61
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	78	norelgestromin-eth estradiol	61
neomycin-polymyxin-hc otic	79	norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	61
NERLYNX	18	norethin ace-eth estrad-fe oral tablet chewable	61
NEULASTA ONPRO	22	norethin-eth estradiol-fe	61
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	22	norethindron-ethinyl estrad-fe	61
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	22	norethindrone acet-ethinyl est oral tablet	61
		norethindrone acetate oral	61
		norethindrone oral	61
		norethindrone-eth estradiol	61
		norgestim-eth estrad triphasic	61
		norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	61

NORLYROC	61	NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION	
NORPACE CR	26	PEN-INJECTOR	61
NORTREL 0.5/35 (28)	61	NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION	
NORTREL 1/35 (21)	61	PEN-INJECTOR	61
NORTREL 1/35 (28)	61	NUZYRA ORAL	73
NORTREL 7/7/7	61	NYAMYC	45
<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	37	NYLIA 1/35	61
<i>nortriptyline hcl oral capsule 50 mg, 75 mg</i>	37	NYLIA 7/7/7	61
<i>nortriptyline hcl oral solution</i>	37	<i>nystatin external</i>	45
NORVIR ORAL PACKET	73	<i>nystatin mouth/throat</i>	45
NOVOLIN 70/30	51	<i>nystatin oral tablet</i>	73
NOVOLIN 70/30 FLEXPEN	51	<i>nystatin-triamcinolone</i>	45
NOVOLIN 70/30 FLEXPEN RELION	51	NYSTOP	45
NOVOLIN 70/30 RELION	51	●	
NOVOLIN N	51	OCELLA	61
NOVOLIN N FLEXPEN	51	OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/	
NOVOLIN N FLEXPEN RELION	51	20ML, 2.5 GM/50ML, 30 GM/300ML, 5 GM/100ML	65
NOVOLIN N RELION	51	<i>octreotide acetate injection solution 100 mcg/ml</i>	61
NOVOLIN R	51	<i>octreotide acetate injection solution 1000 mcg/ml,</i>	
NOVOLIN R FLEXPEN	51	<i>200 mcg/ml, 50 mcg/ml</i>	61
NOVOLIN R FLEXPEN RELION	51	<i>octreotide acetate injection solution 500 mcg/ml</i>	61
NOVOLIN R RELION	51	<i>octreotide acetate intramuscular</i>	61
NOVOLOG 70/30 FLEXPEN RELION	51	<i>octreotide acetate subcutaneous solution prefilled</i>	
NOVOLOG FLEXPEN RELION	51	<i>syringe 100 mcg/ml, 50 mcg/ml</i>	61
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-		<i>octreotide acetate subcutaneous solution prefilled</i>	
INJECTOR	51	<i>syringe 500 mcg/ml</i>	61
NOVOLOG INJECTION	51	ODEFSEY	73
NOVOLOG MIX 70/30	51	ODOMZO	18
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS		OFEV	81
SUSPENSION PEN-INJECTOR	51	<i>ofloxacin ophthalmic</i>	78
NOVOLOG MIX 70/30 RELION	51	<i>ofloxacin oral tablet 300 mg, 400 mg</i>	73
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION		<i>ofloxacin otic</i>	79
CARTRIDGE	51	OGSIVEO ORAL TABLET 100 MG, 150 MG	18
NOVOLOG RELION INJECTION	51	OGSIVEO ORAL TABLET 50 MG	18
NOVOPEN ECHO	76	OJEMDA ORAL SUSPENSION RECONSTITUTED	18
NP THYROID	61	OJEMDA ORAL TABLET	18
NUBEQA	18	OJJAARA	18
NUCALA SUBCUTANEOUS SOLUTION AUTO-		<i>olanzapine intramuscular</i>	37
INJECTOR	81	<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5</i>	
NUCALA SUBCUTANEOUS SOLUTION PREFILLED		<i>mg</i>	37
SYRINGE 100 MG/ML	81	<i>olanzapine oral tablet 20 mg</i>	37
NUCALA SUBCUTANEOUS SOLUTION PREFILLED		<i>olanzapine oral tablet dispersible</i>	37
SYRINGE 40 MG/0.4ML	81	<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-</i>	
NUCALA SUBCUTANEOUS SOLUTION		<i>50 mg, 6-50 mg</i>	37
RECONSTITUTED	81	<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25</i>	
NUEDEXTA	37	<i>mg</i>	37
NUPLAZID ORAL CAPSULE	37	<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	9
NUPLAZID ORAL TABLET 10 MG	37	<i>olmesartan medoxomil oral tablet 5 mg</i>	9
NURTEC	37	<i>olmesartan medoxomil-hctz oral tablet 20-12.5</i>	
NUTRILIPID	48	<i>mg</i>	26
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION		<i>olmesartan medoxomil-hctz oral tablet 40-12.5 mg,</i>	
PEN-INJECTOR	61	<i>40-25 mg</i>	26

<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg</i>	26	<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	73
<i>olmesartan-amlodipine-hctz oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	26	<i>oxaprozin oral tablet</i>	14
<i>olopatadine hcl nasal</i>	81	<i>oxazepam</i>	37
<i>olopatadine hcl ophthalmic</i>	78	<i>oxcarbazepine oral suspension</i>	37
<i>omega-3-acid ethyl esters</i>	26	<i>oxcarbazepine oral tablet</i>	37
<i>omeprazole oral capsule delayed release</i>	55	<i>oxiconazole nitrate</i>	45
OMNIPOD 5 DEXG7G6 INTRO GEN 5	76	OXISTAT EXTERNAL LOTION	45
OMNIPOD 5 DEXG7G6 PODS GEN 5	76	<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	56
OMNIPOD 5 G7 INTRO (GEN 5)	76	<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	56
OMNIPOD 5 G7 PODS (GEN 5)	76	<i>oxybutynin chloride oral solution</i>	56
OMNIPOD 5 LIBRE2 G6 INTRO G5	76	<i>oxybutynin chloride oral tablet 2.5 mg</i>	57
OMNIPOD 5 LIBRE2 PLUS G6 PODS	76	<i>oxybutynin chloride oral tablet 5 mg</i>	57
OMNIPOD CLASSIC PODS (GEN 3)	76	<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	14
OMNIPOD DASH INTRO (GEN 4)	76	<i>oxycodone hcl oral solution</i>	14
OMNIPOD DASH PODS (GEN 4)	76	<i>oxycodone hcl oral tablet</i>	14
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	61	<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	14
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	61-62	OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	51
<i>ondansetron hcl injection solution prefilled syringe</i>	55	OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	51
<i>ondansetron hcl oral solution</i>	55	OZEMPIC (2 MG/DOSE)	51
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	55	P	
<i>ondansetron oral tablet dispersible 16 mg</i>	55	<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	26
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	55	<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	37
ONUREG	18	<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	37
OPIPZA ORAL FILM 10 MG, 5 MG	37	PANRETIN	45
OPIPZA ORAL FILM 2 MG	37	<i>pantoprazole sodium intravenous</i>	55
<i>opium</i>	55	<i>pantoprazole sodium oral tablet delayed release</i>	55
OPSUMIT	81	<i>paricalcitol oral</i>	51
ORALONE	45	<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</i>	37
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	81	<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg</i>	37
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	81	<i>paroxetine hcl oral suspension</i>	38
ORGOVYX	18	<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	38
ORKAMBI ORAL TABLET	81	<i>paroxetine hcl oral tablet 20 mg</i>	38
ORQUIDEA	62	<i>paroxetine hcl oral tablet 30 mg</i>	38
ORSERDU ORAL TABLET 345 MG	18	PAXLOVID (150/100)	73
ORSERDU ORAL TABLET 86 MG	18	PAXLOVID (300/100 & 150/100)	73
ORSYTHIA	62	PAXLOVID (300/100)	73
<i>oseltamivir phosphate oral capsule 30 mg</i>	73	<i>pazopanib hcl</i>	18
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	73	PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	65
<i>oseltamivir phosphate oral suspension reconstituted</i>	73	PEDVAX HIB INTRAMUSCULAR SUSPENSION	65
OSPHENA	62	<i>peg 3350-kcl-na bicarb-nacl</i>	55
OTEZLA ORAL TABLET	65		
OTEZLA ORAL TABLET THERAPY PACK	65		
<i>oxacillin sodium in dextrose intravenous solution 2 gm/50ml</i>	73		

peg-3350/electrolytes	55	pioglitazone hcl oral tablet 15 mg	10
peg-3350/electrolytes/ascorbat	55	pioglitazone hcl oral tablet 30 mg	10
peg-kcl-nacl-nasulf-na asc-c	55	pioglitazone hcl oral tablet 45 mg	10
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML ..	65	pioglitazone hcl-glimepiride	51
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED		pioglitazone hcl-metformin hcl	52
SYRINGE	65	piperacillin sod-tazobactam so intravenous solution	
PEMAZYRE	18	reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3-0.375	
PENBRAYA	66	gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5)	
penciclovir	45	gm	73
penicillamine oral tablet	57	PIQRAY (200 MG DAILY DOSE)	18
penicillin g pot in dextrose intravenous solution 40000		PIQRAY (250 MG DAILY DOSE)	18
unit/ml, 60000 unit/ml	73	PIQRAY (300 MG DAILY DOSE)	18
penicillin g potassium	73	pirfenidone oral tablet 267 mg	81
penicillin g sodium	73	pirfenidone oral tablet 534 mg, 801 mg	81
penicillin v potassium	73	piroxicam oral	14
penmenvy	66	pitavastatin calcium	26
PENTACEL	66	PLENAMINE	48
pentamidine isethionate inhalation	73	PLENVU	55
pentamidine isethionate injection	73	pnv-dha	48
pentazocine-naloxone hcl	14	podofilox external solution	46
pentoxifylline er	22	POLYCIN	78
perampanel	38	polymyxin b sulfate injection	73
perindopril erbumine	26	polymyxin b-trimethoprim	78
PERIOGARD	45	POMALYST	18
permethrin external cream	45	PORTIA-28	62
perphenazine oral	38	posaconazole oral suspension	73
perphenazine-amitriptyline	38	posaconazole oral tablet delayed release	73
PERSERIS	38	potassium chloride crys er	48
PFIZERPEN INJECTION SOLUTION RECONSTITUTED		potassium chloride er oral capsule extended	
20000000 UNIT	73	release	48
phenelzine sulfate oral	38	potassium chloride er oral tablet extended release	
phenobarbital oral elixir 20 mg/5ml	38	10 meq, 20 meq, 8 meq	48
phenobarbital oral elixir 30 mg/7.5ml, 60 mg/		potassium chloride in nacl intravenous solution 20-	
15ml	38	0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%	48
phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60		potassium chloride intravenous solution 10 meq/	
mg, 64.8 mg, 97.2 mg	38	100ml, 20 meq/100ml, 40 meq/100ml	48
phenobarbital oral tablet 16.2 mg, 32.4 mg	38	potassium chloride intravenous solution 2 meq/ml, 2	
PHENYTEK	38	meq/ml (20 ml)	48
PHENYTOIN INFATABS	38	potassium chloride oral packet	48
phenytoin oral	38	potassium chloride oral solution 10 %, 20 meq/15ml	
phenytoin sodium extended	38	(10%), 40 meq/15ml (20%)	48
PHESGO	18	potassium citrate er	57
PHILITH	62	potassium cl in dextrose 5% intravenous solution 10	
PHOSPHOLINE IODIDE	78	meq/l, 20 meq/l	48
PHYSIOLYTE	76	pramipexole dihydrochloride	38
PIFELTRO	73	pramipexole dihydrochloride er	38
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	78	prasugrel hcl	22
pilocarpine hcl oral	46	pravastatin sodium	9
pimecrolimus	46	praziquantel oral	73
pimozide	38	prazosin hcl oral	26
PIMTREA	62	prednisolone acetate ophthalmic	78
pindolol	26	prednisolone oral solution	62

<i>prednisolone sodium phosphate ophthalmic</i>	78	<i>probenecid oral</i>	14
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml</i>	62	<i>prochlorperazine</i>	55
<i>prednisolone sodium phosphate oral tablet dispersible</i>	62	<i>prochlorperazine maleate oral</i>	55
<i>PREDNISON</i> INTENSOL	62	PROCIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	22
<i>prednisone oral solution</i>	62	PROCIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	22
<i>prednisone oral tablet 1 mg</i>	62	PROCTO-MED HC EXTERNAL	46
<i>prednisone oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	62	PROCTOSOL HC EXTERNAL	46
<i>prednisone oral tablet therapy pack 10 mg (21), 5 mg (21)</i>	62	PROCTOZONE-HC EXTERNAL	46
<i>prednisone oral tablet therapy pack 10 mg (48), 5 mg (48)</i>	62	<i>progesterone oral</i>	62
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg</i>	38	PROGRAF INTRAVENOUS	66
<i>pregabalin er oral tablet extended release 24 hour 330 mg</i>	38	PROGRAF ORAL PACKET	66
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	38	PROLASTIN-C INTRAVENOUS SOLUTION	56
<i>pregabalin oral capsule 200 mg</i>	38	PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	52
<i>pregabalin oral capsule 225 mg, 300 mg</i>	38	<i>promethazine hcl injection</i>	55
<i>pregabalin oral solution</i>	38	<i>promethazine hcl oral solution</i>	55
<i>PREMARIN ORAL</i>	62	<i>promethazine hcl oral tablet</i>	55
<i>PREMARIN VAGINAL</i>	62	PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	55
<i>PREMASOL INTRAVENOUS SOLUTION 10 %</i>	48	<i>propafenone hcl</i>	27
<i>PREMPHASE</i>	62	<i>propafenone hcl er</i>	27
<i>PREMPRO</i>	62	<i>proparacaine hcl ophthalmic</i>	78
<i>prenatal oral tablet 27-1 mg</i>	48	<i>propranolol hcl er</i>	27
<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>	48	<i>propranolol hcl oral solution</i>	27
<i>PRENATAL VIT W/ IRON CARBONYL-FOLIC ACID</i>	48	<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	27
<i>prevalite</i>	26	<i>propranolol hcl oral tablet 60 mg</i>	27
<i>PREVIDENT</i>	46	<i>propylthiouracil oral</i>	62
<i>PREVIDENT 5000 BOOSTER PLUS</i>	46	PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	66
<i>PREVIDENT 5000 DRY MOUTH DENTAL GEL</i>	46	PROSOL	48
<i>PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL</i>	46	<i>protriptyline hcl</i>	38
<i>PREVIDENT 5000 KIDS</i>	46	PULMICORT FLEXHALER	81
<i>PREVIDENT 5000 ORTHO DEFENSE</i>	46	PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML ...	81
<i>PREVIDENT 5000 PLUS</i>	46	PURIXAN	18
<i>PREVIDENT 5000 SENSITIVE DENTAL GEL</i>	46	<i>pyrazinamide oral</i>	74
<i>PREVYMIS ORAL PACKET</i>	73	<i>pyridostigmine bromide er oral tablet extended release</i>	38
<i>PREVYMIS ORAL TABLET</i>	73	<i>pyridostigmine bromide oral solution</i>	38
<i>PREZCOBIX</i>	73	<i>pyridostigmine bromide oral tablet</i>	38
<i>PREZISTA ORAL SUSPENSION</i>	73	<i>pyrimethamine oral</i>	74
<i>PREZISTA ORAL TABLET 150 MG</i>	73	Q	
<i>PREZISTA ORAL TABLET 75 MG</i>	74	<i>QINLOCK</i>	18
<i>PRIFTIN</i>	74	<i>QUADRACEL</i>	66
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	74	<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	38
<i>primidone oral</i>	38	<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	38
<i>PRIORIX</i>	66	<i>quetiapine fumarate oral tablet 100 mg</i>	38
		<i>quetiapine fumarate oral tablet 150 mg</i>	38

<i>quetiapine fumarate oral tablet 200 mg</i>	38	REVUFORJ ORAL TABLET 25 MG	19
<i>quetiapine fumarate oral tablet 25 mg</i>	39	REXULTI	39
<i>quetiapine fumarate oral tablet 300 mg</i>	39	REYATAZ ORAL PACKET	74
<i>quetiapine fumarate oral tablet 400 mg</i>	39	REZDIFFRA	62
<i>quetiapine fumarate oral tablet 50 mg</i>	39	REZLIDHIA	19
<i>quinapril hcl</i>	9	REZUROCK	66
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	27	RHOPRESSA	78
<i>quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	27	<i>ribavirin oral capsule</i>	74
<i>quinidine sulfate oral</i>	27	<i>ribavirin oral tablet 200 mg</i>	74
<i>quinine sulfate oral</i>	74	RIDAURA	66
QULIPTA	39	<i>rifabutin</i>	74
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	81	<i>rifampin intravenous</i>	74
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	81	<i>rifampin oral</i>	74
R		<i>riluzole</i>	39
RABAVERT	66	<i>rimantadine hcl</i>	74
<i>rabeprazole sodium oral tablet delayed release</i> ...	55	RINVOQ	66
RALDESY	39	RINVOQ LQ	66
<i>raloxifene hcl</i>	62	<i>risedronate sodium oral tablet 150 mg</i>	52
<i>ramelteon</i>	39	<i>risedronate sodium oral tablet 30 mg</i>	52
<i>ramipril</i>	9	<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	52
<i>ranolazine er</i>	27	<i>risedronate sodium oral tablet 5 mg</i>	52
<i>rasagiline mesylate oral</i>	39	<i>risedronate sodium oral tablet delayed release</i>	52
RAVICTI	56	<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg</i>	39
RECLIPSEN	62	<i>risperidone microspheres er intramuscular suspension reconstituted er 50 mg</i>	39
RECOMBIVAX HB	66	<i>risperidone oral solution</i>	39
REGONOL INTRAVENOUS	39	<i>risperidone oral tablet 0.25 mg</i>	39
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	74	<i>risperidone oral tablet 0.5 mg</i>	39
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML, 8 MG/20ML ...	81	<i>risperidone oral tablet 1 mg</i>	39
<i>repaglinide oral tablet 0.5 mg</i>	52	<i>risperidone oral tablet 2 mg</i>	39
<i>repaglinide oral tablet 1 mg</i>	52	<i>risperidone oral tablet 3 mg, 4 mg</i>	39
<i>repaglinide oral tablet 2 mg</i>	52	<i>risperidone oral tablet dispersible 0.25 mg</i>	39
REPATHA	27	<i>risperidone oral tablet dispersible 0.5 mg</i>	39
REPATHA PUSHTRONEX SYSTEM	27	<i>risperidone oral tablet dispersible 1 mg</i>	39
REPATHA SURECLICK	27	<i>risperidone oral tablet dispersible 2 mg</i>	39
RESTASIS	78	<i>risperidone oral tablet dispersible 3 mg</i>	39
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	78	<i>risperidone oral tablet dispersible 4 mg</i>	39
RETEVMO ORAL CAPSULE 40 MG	18	<i>ritonavir</i>	74
RETEVMO ORAL CAPSULE 80 MG	18	RITUXAN HYCELA	19
RETEVMO ORAL TABLET 120 MG, 160 MG	18	<i>rivastigmine</i>	39
RETEVMO ORAL TABLET 40 MG	19	<i>rivastigmine tartrate</i>	39
RETEVMO ORAL TABLET 80 MG	19	RIVELSA	62
RETROVIR INTRAVENOUS	74	<i>rizatriptan benzoate</i>	39
REVCovi	56	ROCKLATAN	78
REVUFORJ ORAL TABLET 110 MG	19	<i>roflumilast</i>	81
REVUFORJ ORAL TABLET 160 MG	19	ROMVIMZA	19
		<i>ropinirole hcl</i>	39
		<i>ropinirole hcl er</i>	39
		<i>rosuvastatin calcium oral</i>	9
		ROSYRAH	62

ROTARIX ORAL SUSPENSION	66	SHINGRIX INTRAMUSCULAR SUSPENSION	
ROTATEQ ORAL SOLUTION	66	RECONSTITUTED 50 MCG/0.5ML	66
ROWEEPRA ORAL TABLET 500 MG	39	SIGNIFOR	62
ROZLYTREK ORAL CAPSULE 100 MG	19	<i>sildenafil citrate intravenous</i>	81
ROZLYTREK ORAL CAPSULE 200 MG	19	<i>sildenafil citrate oral tablet 20 mg</i>	81
ROZLYTREK ORAL PACKET	19	<i>silodosin</i>	57
RUBRACA	19	<i>silver sulfadiazine external</i>	46
<i>rufinamide oral suspension</i>	39	SIMBRINZA	78
<i>rufinamide oral tablet 200 mg</i>	39	SIMLANDI (1 PEN)	66
<i>rufinamide oral tablet 400 mg</i>	39	SIMLANDI (1 SYRINGE)	66
RUKOBIA	74	SIMLANDI (2 PEN)	66
RYBELSUS (FORMULATION R2) ORAL TABLET 1.5		SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED	
MG	52	SYRINGE KIT 20 MG/0.2ML	66
RYBELSUS (FORMULATION R2) ORAL TABLET 4 MG, 9		SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED	
MG	52	SYRINGE KIT 40 MG/0.4ML	66
RYBELSUS ORAL TABLET 14 MG, 7 MG	52	SIMLIYA	62
RYBELSUS ORAL TABLET 3 MG	52	SIMPESSE	62
RYDAPT	19	<i>simvastatin oral tablet</i>	27
RYKINDO	39	<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> ...	9
RYLAZE	19	<i>sirolimus oral solution</i>	66
S		<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	66
<i>sacubitril-valsartan oral tablet 24-26 mg</i>	27	<i>sirolimus oral tablet 2 mg</i>	66
<i>sacubitril-valsartan oral tablet 49-51 mg, 97-103</i>		SIRTURO	74
<i>mg</i>	27	SKYLA	62
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED		SKYRIZI INTRAVENOUS	66
SYRINGE	22	SKYRIZI PEN	66
SANDIMMUNE ORAL SOLUTION	66	SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180	
SANTYL	46	MG/12ML	66
<i>sapropterin dihydrochloride oral packet</i>	56	SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360	
<i>sapropterin dihydrochloride oral tablet</i>	56	MG/2.4ML	66
SCEMBLIX ORAL TABLET 100 MG	19	SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED	
SCEMBLIX ORAL TABLET 20 MG, 40 MG	19	SYRINGE	66
scopolamine	55	<i>sodium bicarbonate intravenous solution 7.5 %</i>	48
SECUADO	39	<i>sodium chloride (pf)</i>	48
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED		<i>sodium chloride injection solution 2.5 meq/ml</i>	48
SYRINGE 45 MG/0.5ML	66	<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3</i>	
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED		<i>%, 5 %</i>	48
SYRINGE 90 MG/ML	66	<i>sodium chloride irrigation solution 0.9 %</i>	76
<i>selegiline hcl oral</i>	39	<i>sodium fluoride 5000 plus</i>	46
<i>selenium sulfide external lotion</i>	46	<i>sodium fluoride 5000 ppm dental cream</i>	46
SELZENTRY ORAL SOLUTION	74	<i>sodium fluoride 5000 ppm dental gel</i>	46
SEREVENT DISKUS INHALATION AEROSOL POWDER		<i>sodium fluoride dental cream</i>	46
BREATH ACTIVATED 50 MCG/ACT	81	<i>sodium fluoride dental gel 1.1 %</i>	46
<i>sertraline hcl oral concentrate</i>	39	<i>sodium fluoride mouth/throat</i>	46
<i>sertraline hcl oral tablet 100 mg</i>	40	<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	48
<i>sertraline hcl oral tablet 25 mg</i>	40	<i>sodium fluoride oral tablet chewable</i>	48
<i>sertraline hcl oral tablet 50 mg</i>	40	<i>sodium oxybate</i>	40
SETLAKIN	62	<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	56
<i>sf</i>	46	<i>sodium phenylbutyrate oral tablet</i>	56
<i>sf 5000 plus</i>	46	<i>sodium polystyrene sulfonate oral powder</i>	52
SHAROBEL	62	<i>solifenacin succinate</i>	57
		SOLQUA	52

SOLTAMOX	19	SUNLENCA ORAL TABLET	74
SOMAVERT	62	SUNLENCA ORAL TABLET THERAPY PACK 4 X 300	
<i>sorafenib tosylate</i>	19	MG	74
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg</i>	27	SUNLENCA ORAL TABLET THERAPY PACK 5 X 300	
<i>sotalol hcl (af) oral tablet 80 mg</i>	27	MG	74
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg</i>	27	SUNLENCA SUBCUTANEOUS	74
<i>sotalol hcl oral tablet 80 mg</i>	27	SUNOSI	40
<i>spinosad</i>	46	SUPREP BOWEL PREP KIT	55
SPIRIVA HANDIHALER	81	SYEDA	62
SPIRIVA RESPIMAT	81	SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-	
<i>spironolactone oral tablet 100 mg, 50 mg</i>	27	INJECTOR	52
<i>spironolactone oral tablet 25 mg</i>	27	SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-	
<i>spironolactone-hctz</i>	27	INJECTOR	52
SPRINTEC 28	62	SYMPAZAN ORAL FILM 10 MG, 20 MG	40
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000		SYMPAZAN ORAL FILM 5 MG	40
MG, 250 MG, 500 MG	40	SYMTUZA	74
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750		SYNAGIS	76
MG	40	SYNAREL	62
SPS (SODIUM POLYSTYRENE SULF)	52	SYNJARDY	52
SRONYX	62	SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24	
SSD (SILVER SULFADIAZINE)	46	HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	52
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML ...	66	SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24	
STELARA SUBCUTANEOUS SOLUTION PREFILLED		HOUR 25-1000 MG	52
SYRINGE 45 MG/0.5ML	66	SYNTHROID	62
STELARA SUBCUTANEOUS SOLUTION PREFILLED		T	
SYRINGE 90 MG/ML	66	TABLOID	19
<i>sterile water for irrigation</i>	76	TABRECTA	19
STIOLTO RESPIMAT	81	<i>tacrolimus external ointment</i>	46
STIVARGA	19	<i>tacrolimus oral</i>	66
<i>streptomycin sulfate intramuscular</i>	74	<i>tadalafil (pah)</i>	82
STRIBILD	74	<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	57
SUBVENITE	40	TAFINLAR ORAL CAPSULE	19
<i>sucralfate oral</i>	55	TAFINLAR ORAL TABLET SOLUBLE	19
<i>sulfacetamide sodium (acne)</i>	46	<i>tafluprost (pf)</i>	78
<i>sulfacetamide sodium ophthalmic</i>	78	TAGRISSO	19
<i>sulfacetamide-prednisolone ophthalmic solution</i> ...	78	TALZENNA	19
<i>sulfadiazine oral</i>	74	<i>tamoxifen citrate oral</i>	19
<i>sulfamethoxazole-trimethoprim oral suspension</i> ...	74	<i>tamsulosin hcl</i>	57
<i>sulfamethoxazole-trimethoprim oral tablet</i>	74	TARINA 24 FE	62
SULFAMYLON EXTERNAL CREAM	46	TARINA FE 1/20 EQ	62
<i>sulfasalazine oral</i>	55	<i>tasimelteon</i>	40
<i>sulindac oral tablet 150 mg</i>	14	<i>tazarotene external cream 0.1 %</i>	46
<i>sulindac oral tablet 200 mg</i>	14	<i>tazarotene external gel</i>	46
<i>sumatriptan nasal</i>	40	TAZICEF INJECTION SOLUTION RECONSTITUTED 1	
<i>sumatriptan succinate oral</i>	40	GM	74
<i>sumatriptan succinate refill subcutaneous solution</i>		TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2	
<i>cartridge</i>	40	GM, 6 GM	74
<i>sumatriptan succinate subcutaneous solution 6 mg/</i>		TAZVERIK	19
<i>0.5ml</i>	40	TECENTRIQ HYBREZA	19
<i>sumatriptan succinate subcutaneous solution auto-</i>		TECVAYLI	19
<i>injector</i>	40	TEFLARO	74
<i>sunitinib malate</i>	19	<i>telmisartan oral tablet 20 mg, 40 mg</i>	27

telmisartan oral tablet 80 mg	27	timolol maleate ophthalmic solution 0.5 %.....	78
telmisartan-amlodipine	27	timolol maleate oral	27
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg	27	timolol maleate pf ophthalmic solution 0.5 %	78
telmisartan-hctz oral tablet 80-25 mg	27	tinidazole oral	74
temazepam oral capsule 15 mg, 30 mg	40	tiopronin oral tablet	57
TENIVAC	66	TIVICAY ORAL TABLET 50 MG	74
tenofovir disoproxil fumarate	74	TIVICAY PD	74
TEPMETKO	19	tizanidine hcl oral tablet	40
terazosin hcl oral	27	TOBRADEX OPHTHALMIC OINTMENT	78
terbinafine hcl oral	74	TOBRADEX ST	78
terbutaline sulfate injection	82	tobramycin inhalation nebulization solution 300 mg/5ml	82
terbutaline sulfate oral	82	tobramycin ophthalmic	78
terconazole	57	tobramycin sulfate injection solution	74
teriflunomide	40	tobramycin sulfate injection solution reconstituted	75
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml	52	tobramycin-dexamethasone	78
testosterone cypionate intramuscular solution 100 mg/ml	62	tolcapone	40
testosterone cypionate intramuscular solution 200 mg/ml, 200 mg/ml (1 ml)	62	tolterodine tartrate	57
testosterone enanthate intramuscular solution	62	tolterodine tartrate er	57
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)	62	tolvaptan oral tablet 15 mg (hyponatremia)	52
testosterone transdermal gel 10 mg/act (2%)	62	tolvaptan oral tablet 15 mg, 30 mg	52
testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)	63	tolvaptan oral tablet 30 mg (hyponatremia)	52
testosterone transdermal gel 20.25 mg/1.25gm (1.62%)	63	topiramate oral capsule sprinkle	40
testosterone transdermal solution	63	topiramate oral solution	40
tetrabenazine oral tablet 12.5 mg	40	topiramate oral tablet	40
tetrabenazine oral tablet 25 mg	40	toremifene citrate	19
tetracycline hcl oral capsule	74	torsemide oral	27
THALOMID ORAL CAPSULE 100 MG	19	TOUJEO MAX SOLOSTAR	52
THALOMID ORAL CAPSULE 150 MG, 200 MG	19	TOUJEO SOLOSTAR	52
THALOMID ORAL CAPSULE 50 MG	19	TPN ELECTROLYTES INTRAVENOUS CONCENTRATE ...	48
THEO-24	82	TRACLEER ORAL TABLET SOLUBLE	82
theophylline er	82	TRADJENTA	52
theophylline oral	82	tramadol hcl (er biphasic) oral tablet extended release 24 hour	14
thioridazine hcl oral	40	tramadol hcl er	14
thiothixene oral	40	tramadol hcl oral tablet 50 mg	14
TIADYL ER	27	tramadol-acetaminophen	14
tiagabine hcl	40	trandolapril	10
TIBSOVO	19	trandolapril-verapamil hcl er	27
ticagrelor	22	tranexamic acid oral	22
TICOVAC	67	tranylcypromine sulfate	40
tigecycline	74	TRAVASOL	49
TILIA FE	63	travoprost (bak free)	78
timolol maleate (once-daily)	78	trazodone hcl oral tablet 100 mg, 150 mg, 50 mg ...	40
TIMOLOL MALEATE OCUDOSE	78	trazodone hcl oral tablet 300 mg	40
timolol maleate ophthalmic gel forming solution	78	TRECTOR	75
timolol maleate ophthalmic solution 0.25 %	78	TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	82
		TREMFYA CROHNS INDUCTION	67
		TREMFYA ONE-PRESS	67

TREMFYA PEN	67	<i>trimipramine maleate oral</i>	40
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	67	TRINTELLIX	40
<i>treprostinil</i>	82	TRIUMEQ	75
TRESIBA	52	TRIUMEQ PD	75
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	52	TRIVORA (28)	63
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	53	TROPHAMINE INTRAVENOUS SOLUTION 10 %	49
<i>tretinoin external cream</i>	46	<i>trospium chloride</i>	57
<i>tretinoin external gel 0.01 %, 0.025 %</i>	46	<i>trospium chloride er</i>	57
<i>tretinoin external gel 0.05 %</i>	46	TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	53
<i>tretinoin microsphere</i>	46	TRUMENBA	67
<i>tretinoin microsphere pump</i>	46	TRUQAP	19
<i>tretinoin oral</i>	19	TUKYSA	19
TREXALL	67	TURALIO ORAL CAPSULE 125 MG	19
TRI-ESTARYLLA	63	TURQOZ	63
TRI-LEGEST FE	63	TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	67
TRI-LINYAH	63	TYBOST	75
TRI-LO-ESTARYLLA	63	TYDEMY	63
TRI-LO-MARZIA	63	TYENNE SUBCUTANEOUS	67
TRI-LO-MILI	63	TYMLOS	53
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TRI-SPRINTEC	63	TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	82
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TRI-VYLIBRA LO	63	TYVASO REFILL KIT	82
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<i>triamcinolone acetonide external lotion</i>	46	U	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	46	UBRELVY ORAL TABLET 100 MG	40
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	63	UBRELVY ORAL TABLET 50 MG	40
<i>triamcinolone acetonide mouth/throat</i>	46	UDENYCA	22
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	27	<i>umeclidinium-vilanterol</i>	82
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<i>trientine hcl</i>	53	<i>ursodiol oral capsule 300 mg</i>	55
<i>trifluoperazine hcl oral</i>	40	<i>ursodiol oral tablet</i>	55
<i>trifluridine ophthalmic</i>	75	<i>ustekinumab subcutaneous solution</i>	67
<i>trihexyphenidyl hcl oral solution</i>	40	<i>ustekinumab subcutaneous solution prefilled syringe 45 mg/0.5ml</i>	67
<i>trihexyphenidyl hcl oral tablet</i>	40	<i>ustekinumab subcutaneous solution prefilled syringe 90 mg/ml</i>	67
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TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	53	UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	41
TRIKAFTA ORAL TABLET THERAPY PACK	82	UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	41
TRIKAFTA ORAL THERAPY PACK	82		
<i>trimethobenzamide hcl oral</i>	55		
<i>trimethoprim oral</i>	75		

UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	41	varenicline tartrate oral tablet 1 mg, 1 mg (56 pack)	41
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	41	varenicline tartrate(continue)	41
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	41	VARIVAX INJECTION	67
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	41	VARIZIG INTRAMUSCULAR SOLUTION	67
V		VAXCHORA	67
valacyclovir hcl oral tablet 1 gm	75	VECAMYL	28
valacyclovir hcl oral tablet 500 mg	75	VELIVET	63
VALCHLOR	47	VELTASSA ORAL PACKET 1 GM	53
valganciclovir hcl oral solution reconstituted	75	VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	53
valganciclovir hcl oral tablet	75	VELTASSA ORAL PACKET 8.4 GM	53
valproic acid oral capsule	41	VEMLIDY	75
valproic acid oral solution	41	VENCLEXTA ORAL TABLET 10 MG	20
valsartan oral tablet 160 mg	10	VENCLEXTA ORAL TABLET 100 MG	20
valsartan oral tablet 320 mg	10	VENCLEXTA ORAL TABLET 50 MG	20
valsartan oral tablet 40 mg, 80 mg	10	VENCLEXTA STARTING PACK	20
valsartan-hydrochlorothiazide	10	venlafaxine besylate er	41
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg	28	venlafaxine hcl	41
valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg	28	venlafaxine hcl er oral capsule extended release 24 hour 150 mg	41
VALTOCO 10 MG DOSE	41	venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg	41
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	41	venlafaxine hcl er oral capsule extended release 24 hour 75 mg	41
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	41	venlafaxine hcl er oral tablet extended release 24 hour 225 mg	41
VALTOCO 5 MG DOSE	41	VENTAVIS	82
VALTYA 1/50	63	verapamil hcl er oral capsule extended release 24 hour	28
vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.25-5 gm/250ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%	75	verapamil hcl er oral tablet extended release 120 mg	28
vancomycin hcl in nacl intravenous solution 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%	75	verapamil hcl er oral tablet extended release 180 mg, 240 mg	28
vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml	75	verapamil hcl oral	28
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 500 gm	75	VERQUVO	28
vancomycin hcl intravenous solution reconstituted 1.25 gm, 1.5 gm, 750 mg	75	VERSACLOZ	41
vancomycin hcl oral capsule 125 mg	75	VERZENIO	20
vancomycin hcl oral capsule 250 mg	75	VESTURA	63
vancomycin hcl oral solution reconstituted 25 mg/ml	75	VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG	75
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VAQTA	67	vigabatrin oral packet	41
varenicline tartrate (starter)	41	vigabatrin oral tablet	41
varenicline tartrate oral tablet 0.5 mg	41	VIGADRONE ORAL PACKET	41
		VIGADRONE ORAL TABLET	41
		VIGPODER	41
		vilazodone hcl	41
		VIMKUNYA	67
		viorele	63
		VIRACEPT ORAL TABLET 250 MG	75

VIRACEPT ORAL TABLET 625 MG	75	XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG	
VIREAD ORAL POWDER	75	& 14 X200 MG, 14 X 50 MG & 14 X100 MG	42
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	75	XDEMVI	78
VITRAKVI ORAL CAPSULE 100 MG	20	XELJANZ ORAL SOLUTION	67
VITRAKVI ORAL CAPSULE 25 MG	20	XELJANZ ORAL TABLET	67
VITRAKVI ORAL SOLUTION	20	XELJANZ XR	67
VIVOTIF	67	XELRIA FE	63
VIZIMPRO	20	XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED	
VOLNEA	63	100 UNIT, 50 UNIT	42
VONJO	20	XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED	
VORANIGO ORAL TABLET 10 MG	20	200 UNIT	42
VORANIGO ORAL TABLET 40 MG	20	XERMELO	56
<i>voriconazole intravenous</i>	75	XGEVA	53
<i>voriconazole oral suspension reconstituted</i>	75	XIFAXAN ORAL TABLET 550 MG	75
<i>voriconazole oral tablet 200 mg</i>	75	XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	
<i>voriconazole oral tablet 50 mg</i>	75	10-1000 MG, 10-500 MG, 5-500 MG	53
VOSEVI	75	XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	
VOWST	55	2.5-1000 MG, 5-1000 MG	53
VRAYLAR ORAL CAPSULE	41	XIIDRA	78
VUMERITY	41	XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK	
VYFEMLA	63	1 X 40 MG	76
VYLIBRA	63	XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK	
VYNDAMAX	56	1 X 80 MG	76
VYZULTA	78	XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	
W		150 MG/ML, 300 MG/2ML	82
<i>warfarin sodium oral</i>	22	XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	
WELIREG	20	75 MG/0.5ML	82
WERA	63	XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	
WINREVAIR	82	150 MG/ML, 300 MG/2ML	82
<i>wixela inhub inhalation aerosol powder breath</i>		XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	
<i>activated 100-50 mcg/act, 250-50 mcg/act, 500-50</i>		75 MG/0.5ML	82
<i>mcg/act</i>	82	XOLAIR SUBCUTANEOUS SOLUTION	
WYMZYA FE	63	RECONSTITUTED	82
X		XOSPATA	20
XALKORI ORAL CAPSULE	20	XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY	
XALKORI ORAL CAPSULE SPRINKLE 150 MG	20	PACK 50 MG	20
XALKORI ORAL CAPSULE SPRINKLE 20 MG	20	XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY	
XALKORI ORAL CAPSULE SPRINKLE 50 MG	20	PACK 10 MG	20
XARAH FE	63	XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY	
XARELTO ORAL SUSPENSION RECONSTITUTED	22	PACK 40 MG	20
XARELTO ORAL TABLET 10 MG, 20 MG	22	XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY	
XARELTO ORAL TABLET 15 MG, 2.5 MG	23	PACK 40 MG	20
XARELTO STARTER PACK	23	XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY	
XATMEP	67	PACK 60 MG	20
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY		XPOVIO (60 MG TWICE WEEKLY)	20
PACK 100 & 150 MG	42	XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY	
XCOPRI (350 MG DAILY DOSE)	42	PACK 40 MG	20
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	42	XPOVIO (80 MG TWICE WEEKLY)	20
XCOPRI ORAL TABLET 150 MG, 200 MG	42	XTANDI ORAL CAPSULE	20
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG		XTANDI ORAL TABLET 40 MG	20
& 14 X 25 MG	42	XTANDI ORAL TABLET 80 MG	20
		XULANE	63

Y			
YARGESA	56	ziprasidone hcl oral capsule 20 mg	42
YF-VAX	67	ziprasidone hcl oral capsule 40 mg	42
yuvaferm	63	ziprasidone hcl oral capsule 60 mg, 80 mg	42
Z		ziprasidone mesylate	42
ZAFEMY	63	ZIRGAN	76
zafirlukast	82	zoledronic acid intravenous concentrate	53
zaleplon oral capsule 10 mg	42	ZOLINZA	20
zaleplon oral capsule 5 mg	42	zolmitriptan nasal solution 2.5 mg	42
ZARXIO	23	zolmitriptan oral	42
ZEJULA ORAL TABLET 100 MG	20	zolpidem tartrate er	42
ZEJULA ORAL TABLET 200 MG, 300 MG	20	zolpidem tartrate oral tablet	42
ZELBORAF	20	ZONISADE	42
ZENATANE	47	zonisamide oral	42
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES		ZOVIA 1/35 (28)	63
10000-32000 UNIT, 15000-47000 UNIT, 20000-63000		ZTALMY	42
UNIT, 3000-10000 UNIT, 5000-24000 UNIT	56	ZUMANDIMINE	63
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES		ZURZUVAE	42
25000-79000 UNIT, 40000-126000 UNIT, 60000-189600		ZYDELIG	20
UNIT	56	ZYKADIA ORAL TABLET	21
zidovudine oral capsule	76	ZYLET	78
zidovudine oral syrup	76	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION	
zidovudine oral tablet	76	RECONSTITUTED 210 MG, 300 MG	42
ZIEXTENZO	23	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION	
		RECONSTITUTED 405 MG	42

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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For more recent information or other questions, please contact Pharmacy Member Services at **1-833-409-1228**, or for TTY users, **711**, 24 hours a day, 7 days a week, or visit **www.anthem.com**.