

Secure 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 August 1, 2025.

For more recent information or other questions, please contact Pharmacy Member Services at **1-833-409-1212**, or for TTY users, **711**, 24 hours a day, 7 days a week.

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 Blue Medicare Advantage. When it refers to “plan” or “your plan,” it means your Secure 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.blumedadvgrhs.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.

Table of Contents

What is the Secure Preferred (PPO) with Senior Rx Plus Part D formulary?	3
Can the Part D formulary change?	3
How do I use the Part D formulary?	5
What are generic drugs?	5
What are original biological products and how are they related to biosimilars?	5
Are there any restrictions on my coverage?	5
What if my drug is not on the Part D formulary?	6
How do I request an exception to the Secure Preferred (PPO) with Senior Rx Plus Part D formulary?	6
What can I do if my drug is not on the formulary or has a restriction?	7
For more information	7
Your plan's Part D formulary	8
Select Generics for 2026	9
Covered Medications by Therapeutic Category - Part D Eligible Drugs	11
Index of Drugs	83

What is the Secure 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.bluedadvgrhs.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.bluedadvgrhs.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 Secure 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.bluedadvgrhs.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 Secure 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 Secure 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 Secure 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 Secure 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.bluemedadvgrhs.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 Secure 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			lisinopril oral	1	
amlodipine besy-benazepril hcl	1		lisinopril-hydrochlorothiazide	1	
atenolol oral	1		losartan potassium oral tablet 100 mg	1	QL (30 per 30 days)
atenolol-chlorthalidone	1		losartan potassium oral tablet 25 mg, 50 mg	1	QL (60 per 30 days)
atorvastatin calcium oral	1	QL (30 per 30 days)	losartan potassium-hctz	1	QL (30 per 30 days)
benazepril hcl oral	1		lovastatin oral	1	QL (60 per 30 days)
benazepril-hydrochlorothiazide	1		metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1		olmesartan medoxomil oral tablet 20 mg, 40 mg	1	QL (30 per 30 days)
bisoprolol-hydrochlorothiazide	1		olmesartan medoxomil oral tablet 5 mg	1	QL (60 per 30 days)
carvedilol	1		pravastatin sodium	1	QL (30 per 30 days)
chlorthalidone oral tablet 25 mg, 50 mg	1		quinapril hcl	1	
enalapril maleate oral tablet	1		ramipril	1	
enalapril-hydrochlorothiazide	1		rosuvastatin calcium oral	1	QL (30 per 30 days)
fosinopril sodium	1		simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	QL (30 per 30 days)
furosemide oral tablet	1		trandolapril	1	
hydrochlorothiazide oral	1		valsartan oral tablet 160 mg	1	QL (60 per 30 days)
irbesartan	1	QL (30 per 30 days)			
irbesartan-hydrochlorothiazide	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
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)
metformin hcl er oral tablet extended release 24 hour 500 mg	1	QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
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.bluemedadvgrhs.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 gel 1 %	1	QL (1000 per 30 days)
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

Drug Name	Drug Tier	Requirements/Limits
GLYDO EXTERNAL PREFILLED SYRINGE	1	
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	1	QL (2700 per 30 days); NEDS
hydrocodone-acetaminophen oral tablet 10-325 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)

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 external patch 5 %	1	PA; QL (90 per 30 days)
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, 20 mg/ml	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	

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate (pf) intravenous solution 10 mg/ml	1	
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

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>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>oxaprozin oral tablet</i>	1	MO
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	1	QL (180 per 30 days); NEDS
<i>oxycodone hcl oral solution</i>	1	QL (900 per 30 days); NEDS
<i>oxycodone hcl oral tablet</i>	1	QL (180 per 30 days); NEDS
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (180 per 30 days); NEDS
<i>pentazocine-naloxone hcl</i>	1	PA; QL (360 per 30 days); NEDS
<i>piroxicam oral</i>	1	MO
<i>probenecid oral</i>	1	MO
<i>sulindac oral tablet 150 mg</i>	1	MO
<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)

Drug Name	Drug Tier	Requirements/Limits
AKEEGA	3	PA; QL (60 per 30 days); S
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

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>bortezomib injection solution reconstituted 2.5 mg</i>	3	
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	3	PA; QL (120 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 SUSPENSION	3	PA; QL (216 per 27 days); S
<i>fulvestrant intramuscular solution prefilled syringe</i>	3	PA; S	IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	3	PA; QL (30 per 30 days); S
GAVRETO	3	PA; QL (120 per 30 days); S	<i>imkeldi</i>	3	PA; QL (280 per 28 days); S
<i>gefitinib</i>	3	PA; QL (60 per 30 days); S	INLYTA ORAL TABLET 1 MG	3	PA; QL (180 per 30 days); S
GILOTRIF	3	PA; QL (30 per 30 days); S	INLYTA ORAL TABLET 5 MG	3	PA; QL (120 per 30 days); S
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	3	PA	INQOVI	3	PA; QL (5 per 28 days); S
GLEOSTINE ORAL CAPSULE 100 MG	3	PA; S	INREBIC	3	PA; QL (120 per 30 days); S
GOMEKLI ORAL CAPSULE 1 MG	3	PA; QL (240 per 30 days); S	ITOVEBI ORAL TABLET 3 MG	3	PA; QL (56 per 28 days); S
GOMEKLI ORAL CAPSULE 2 MG	3	PA; QL (120 per 30 days); S	ITOVEBI ORAL TABLET 9 MG	3	PA; QL (28 per 28 days); S
GOMEKLI ORAL TABLET SOLUBLE	3	PA; QL (240 per 30 days); S	IWILFIN	3	PA; QL (240 per 30 days); S
HERCEPTIN HYLECTA	3	B/D PA; S	JAKAFI	3	PA; QL (60 per 30 days); S
<i>hydroxyurea oral</i>	1		JAYPIRCA ORAL TABLET 100 MG	3	PA; QL (60 per 30 days); S
IBRANCE	3	PA; QL (21 per 28 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	KISQALI FEMARA (200 MG DOSE)	3	PA; QL (49 per 28 days); S
IMBRUVICA ORAL CAPSULE 140 MG	3	PA; QL (90 per 30 days); S	KISQALI FEMARA (400 MG DOSE)	3	PA; QL (70 per 28 days); S
IMBRUVICA ORAL CAPSULE 70 MG	3	PA; QL (30 per 30 days); S			

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Drug Name	Drug Tier	Requirements/Limits
KISQALI FEMARA (600 MG DOSE)	3	PA; QL (91 per 28 days); S
KRAZATI	3	PA; QL (180 per 30 days); S
<i>lapatinib ditosylate</i>	3	PA; QL (180 per 30 days); S
LAZCLUZE ORAL TABLET 240 MG	3	PA; QL (30 per 30 days); S
LAZCLUZE ORAL TABLET 80 MG	3	PA; QL (60 per 30 days); S
<i>lenalidomide oral capsule 10 mg</i>	3	PA; QL (60 per 30 days); S
<i>lenalidomide oral capsule 15 mg, 2.5 mg, 20 mg, 25 mg</i>	3	PA; QL (30 per 30 days); S
<i>lenalidomide oral capsule 5 mg</i>	3	PA; QL (150 per 30 days); S
LENVIMA (10 MG DAILY DOSE)	3	PA; QL (30 per 30 days); S
LENVIMA (12 MG DAILY DOSE)	3	PA; QL (90 per 30 days); S
LENVIMA (14 MG DAILY DOSE)	3	PA; QL (60 per 30 days); S
LENVIMA (18 MG DAILY DOSE)	3	PA; QL (90 per 30 days); S
LENVIMA (20 MG DAILY DOSE)	3	PA; QL (60 per 30 days); S
LENVIMA (24 MG DAILY DOSE)	3	PA; QL (90 per 30 days); S
LENVIMA (4 MG DAILY DOSE)	3	PA; QL (30 per 30 days); S
LENVIMA (8 MG DAILY DOSE)	3	PA; QL (60 per 30 days); S
<i>letrozole oral</i>	1	MO
<i>leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 500 mg</i>	1	B/D PA

Drug Name	Drug Tier	Requirements/Limits
<i>leucovorin calcium oral</i>	1	
LEUKERAN	3	S
<i>leuprolide acetate (3 month)</i>	3	PA
<i>leuprolide acetate injection</i>	1	PA
LONSURF	3	PA; S
LORBRENA ORAL TABLET 100 MG	3	PA; QL (30 per 30 days); S
LORBRENA ORAL TABLET 25 MG	3	PA; QL (90 per 30 days); S
LUMAKRAS ORAL TABLET 120 MG	3	PA; QL (240 per 30 days); S
LUMAKRAS ORAL TABLET 240 MG	3	PA; QL (120 per 30 days); S
LUMAKRAS ORAL TABLET 320 MG	3	PA; QL (90 per 30 days); S
LUPRON DEPOT (1-MONTH)	3	PA; QL (1 per 28 days); S
LUPRON DEPOT (3-MONTH)	3	PA; QL (1 per 84 days); S
LUPRON DEPOT (4-MONTH)	3	PA; QL (1 per 112 days); S
LUPRON DEPOT (6-MONTH)	3	PA; QL (1 per 180 days); S
LYNPARZA ORAL TABLET	3	PA; QL (120 per 30 days); S
LYSODREN	3	S
LYTGOBI (12 MG DAILY DOSE)	3	PA; QL (84 per 28 days); S
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
MATULANE	3	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>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
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
OJEMDA ORAL SUSPENSION RECONSTITUTED	3	PA; QL (96 per 28 days); S

Drug Name	Drug Tier	Requirements/Limits
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
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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
REVUFORJ ORAL TABLET 110 MG	3	PA; QL (120 per 30 days); S	TAFINLAR ORAL CAPSULE	3	PA; QL (120 per 30 days); S
REVUFORJ ORAL TABLET 160 MG	3	PA; QL (60 per 30 days); S	TAFINLAR ORAL TABLET SOLUBLE	3	PA; QL (900 per 30 days); S
REVUFORJ ORAL TABLET 25 MG	3	PA; QL (240 per 30 days); S	TAGRISSO	3	PA; QL (30 per 30 days); S
REZLIDHIA	3	PA; QL (60 per 30 days); S	TALZENNA	3	PA; QL (30 per 30 days); S
RITUXAN HYCELA	3	B/D PA; S	<i>tamoxifen citrate oral</i>	1	MO
ROMVIMZA	3	PA; QL (8 per 28 days); S	TAZVERIK	3	PA; QL (240 per 30 days); S
ROZLYTREK ORAL CAPSULE 100 MG	3	PA; QL (150 per 30 days); S	TECENTRIQ HYBREZA	3	PA; S
ROZLYTREK ORAL CAPSULE 200 MG	3	PA; QL (90 per 30 days); S	TECVAYLI	3	PA; S
ROZLYTREK ORAL PACKET	3	PA; QL (360 per 30 days); S	TEPMETKO	3	PA; QL (60 per 30 days); S
RUBRACA	3	PA; QL (120 per 30 days); S	THALOMID ORAL CAPSULE 100 MG	3	PA; QL (112 per 28 days); S
RYDAPT	3	PA; QL (240 per 30 days); S	THALOMID ORAL CAPSULE 150 MG, 200 MG	3	PA; QL (60 per 30 days); S
RYLAZE	3	PA; S	THALOMID ORAL CAPSULE 50 MG	3	PA; QL (224 per 28 days); S
SCEMBLIX ORAL TABLET 100 MG	3	PA; QL (120 per 30 days); S	TIBSOVO	3	PA; QL (60 per 30 days); S
SCEMBLIX ORAL TABLET 20 MG, 40 MG	3	PA; QL (60 per 30 days); S	<i>toremifene citrate</i>	3	S
SOLTAMOX	3	MO; S	<i>tretinoin oral</i>	3	S
<i>sorafenib tosylate</i>	3	PA; QL (120 per 30 days); S	TRUQAP	3	PA; QL (64 per 28 days); S
STIVARGA	3	PA; QL (84 per 28 days); S	TUKYSA	3	PA; QL (120 per 30 days); S
<i>sunitinib malate</i>	3	PA; QL (30 per 30 days); S	TURALIO ORAL CAPSULE 125 MG	3	PA; QL (120 per 30 days); S
TABLOID	3	S	VANFLYTA	3	PA; QL (56 per 28 days); S
TABRECTA	3	PA; QL (120 per 30 days); S	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

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Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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
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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 200 MCG/ML	3	PA; S	ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	2	QL (74 per 180 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 60 MCG/ML	2	PA	<i>eltrombopag olamine oral packet 12.5 mg</i>	3	PA; QL (360 per 30 days); S
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML	2	PA	<i>eltrombopag olamine oral packet 25 mg</i>	3	PA; QL (180 per 30 days); S
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	<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg</i>	3	PA; QL (30 per 30 days); S
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 60 MCG/0.3ML	3	PA	<i>eltrombopag olamine oral tablet 50 mg</i>	3	PA; QL (90 per 30 days); S
<i>aspirin-dipyridamole er</i>	1	QL (60 per 30 days); MO	<i>eltrombopag olamine oral tablet 75 mg</i>	3	PA; QL (60 per 30 days); S
BRILINTA	2	QL (60 per 30 days); MO	<i>enoxaparin sodium injection solution 300 mg/3ml</i>	1	QL (168 per 28 days)
<i>cilostazol</i>	1	MO	<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	2	QL (56 per 28 days)
CINRYZE	3	PA; S	<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	2	QL (44.8 per 28 days)
<i>clopidogrel bisulfate oral tablet 300 mg</i>	1	QL (1 per 30 days)	<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	2	QL (16.8 per 28 days)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	QL (30 per 30 days); MO	<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	2	QL (22.4 per 28 days)
<i>dabigatran etexilate mesylate</i>	3	QL (60 per 30 days); MO	<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	2	QL (33.6 per 28 days)
<i>dipyridamole oral</i>	1	PA; MO	EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
DROXIA	2	MO	<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	3	QL (24 per 30 days); S
ELIQUIS	2	QL (60 per 30 days); MO			

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Drug Name	Drug Tier	Requirements/Limits
<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
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

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

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
Cardiovascular Agents		
<i>acebutolol hcl oral</i>	1	MO
<i>acetazolamide oral</i>	1	MO
<i>aliskiren fumarate</i>	1	MO
<i>amiloride hcl oral</i>	1	MO
<i>amiloride-hydrochlorothiazide</i>	1	MO
<i>amiodarone hcl oral</i>	1	MO
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg</i>	1	QL (30 per 30 days); MO
<i>amlodipine besy-benazepril hcl oral capsule 2.5-10 mg</i>	1	QL (120 per 30 days); MO
<i>amlodipine besy-benazepril hcl oral capsule 5-10 mg, 5-20 mg</i>	1	QL (60 per 30 days); MO
<i>amlodipine besylate oral</i>	1	MO
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg</i>	1	QL (30 per 30 days); MO
<i>amlodipine besylate-valsartan oral tablet 5-160 mg</i>	1	QL (60 per 30 days); MO
<i>amlodipine-atorvastatin</i>	1	QL (30 per 30 days); MO
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-40 mg</i>	1	QL (30 per 30 days); MO
<i>amlodipine-olmesartan oral tablet 5-20 mg</i>	1	QL (60 per 30 days); MO
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg</i>	1	QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-valsartan-hctz oral tablet 5-160-12.5 mg</i>	1	QL (60 per 30 days); MO
<i>atenolol oral</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
<i>atorvastatin calcium oral</i>	1	QL (30 per 30 days); MO
<i>benazepril hcl oral</i>	1	MO
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	1	QL (60 per 30 days); MO
<i>benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	1	QL (30 per 30 days); MO
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	1	QL (120 per 30 days); MO
<i>betaxolol hcl oral</i>	1	MO
<i>bisoprolol fumarate oral</i>	1	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide injection</i>	1	
<i>bumetanide oral</i>	1	MO
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	1	QL (60 per 30 days); MO
<i>candesartan cilexetil oral tablet 32 mg</i>	1	QL (30 per 30 days); MO
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	1	QL (60 per 30 days); MO
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>	1	QL (30 per 30 days); MO
<i>captopril oral tablet 100 mg</i>	1	QL (120 per 30 days); MO
<i>captopril oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	QL (180 per 30 days); MO
<i>CARTIA XT</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
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	PA; QL (60 per 30 days); MO
digoxin oral solution	1	MO
digoxin oral tablet 125 mcg	1	QL (30 per 30 days); MO
digoxin oral tablet 250 mcg	1	PA; QL (60 per 30 days); MO
digoxin oral tablet 62.5 mcg	2	QL (30 per 30 days); MO
dilt-xr	1	MO
diltiazem hcl er beads	1	MO
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	MO
diltiazem hcl er oral capsule extended release 12 hour	1	MO
diltiazem hcl er oral capsule extended release	1	MO

Drug Name	Drug Tier	Requirements/Limits
24 hour 120 mg, 180 mg, 240 mg		
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
ENTRESTO ORAL TABLET 24-26 MG	2	QL (180 per 30 days); MO
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	2	QL (60 per 30 days); MO
eplerenone	1	MO
ezetimibe	1	QL (30 per 30 days); MO
ezetimibe-simvastatin	1	QL (30 per 30 days); MO
felodipine er	1	MO

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

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

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>nisoldipine er</i>	1	MO
NITRO-BID	2	MO

Drug Name	Drug Tier	Requirements/Limits
<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
<i>propafenone hcl</i>	1	MO
<i>propafenone hcl er</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<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>simvastatin oral tablet</i>	1	QL (30 per 30 days); MO
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg</i>	1	MO
<i>sotalol hcl (af) oral tablet 80 mg</i>	1	MO
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg</i>	1	MO
<i>sotalol hcl oral tablet 80 mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<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
<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

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
valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg	1	QL (30 per 30 days); MO
VECAMYL	3	MO
verapamil hcl er oral capsule extended release 24 hour	1	MO
verapamil hcl er oral tablet extended release 120 mg	1	MO
verapamil hcl er oral tablet extended release 180 mg, 240 mg	1	MO
verapamil hcl oral	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
acamprosate calcium	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

Drug Name	Drug Tier	Requirements/Limits
almotriptan malate	2	QL (9 per 30 days)
alprazolam er	1	QL (90 per 30 days)
alprazolam oral	1	QL (120 per 30 days)
alprazolam xr	1	QL (90 per 30 days)
amantadine hcl oral capsule	1	QL (120 per 30 days); MO
amantadine hcl oral solution	1	MO
amantadine hcl oral tablet	1	MO
amitriptyline hcl oral	1	PA; MO
amoxapine	1	PA; MO
amphetamine-dextroamphet er	1	PA; QL (30 per 30 days); MO
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	1	PA; QL (90 per 30 days); MO
amphetamine-dextroamphetamine oral tablet 30 mg	1	PA; QL (60 per 30 days); MO
apomorphine hcl subcutaneous	3	PA; QL (60 per 30 days); S
APTIOM ORAL TABLET 200 MG, 400 MG	3	PA; QL (30 per 30 days); MO; S
APTIOM ORAL TABLET 600 MG, 800 MG	3	PA; QL (60 per 30 days); MO; S
aripiprazole oral solution	1	QL (900 per 30 days); MO
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg	1	MO
aripiprazole oral tablet 20 mg, 30 mg	1	QL (30 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/ Limits
<i>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
<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

Drug Name	Drug Tier	Requirements/ Limits
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 10 mg, 20 mg</i>	1	
<i>baclofen oral tablet 15 mg, 5 mg</i>	1	QL (90 per 30 days)
<i>benztropine mesylate oral</i>	1	PA; MO
BETASERON SUBCUTANEOUS KIT	3	PA; QL (15 per 30 days); S
BOTOX	3	PA
BRIVIACT INTRAVENOUS	3	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

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Drug Name	Drug Tier	Requirements/Limits
<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
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	1	QL (90 per 30 days); MO
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	1	QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl oral tablet 100 mg</i>	1	QL (135 per 30 days); MO
<i>bupropion hcl oral tablet 75 mg</i>	1	QL (180 per 30 days); MO
<i>buspirone hcl oral</i>	1	
<i>butalbital-apap-cafeine oral capsule 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)
<i>chlordiazepoxide-amitriptyline</i>	1	PA; MO
<i>chlorpromazine hcl injection</i>	2	
<i>chlorpromazine hcl oral concentrate 100 mg/ml</i>	3	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
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)
clozapine oral tablet 200 mg	1	QL (120 per 30 days)
clozapine oral tablet 25 mg	1	QL (1080 per 30 days)
clozapine oral tablet 50 mg	1	QL (540 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
clozapine oral tablet dispersible 100 mg	1	QL (270 per 30 days)
clozapine oral tablet dispersible 12.5 mg	1	QL (2160 per 30 days)
clozapine oral tablet dispersible 150 mg	1	QL (180 per 30 days)
clozapine oral tablet dispersible 200 mg	3	QL (120 per 30 days)
clozapine oral tablet dispersible 25 mg	1	QL (1080 per 30 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG	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 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	2	QL (30 per 30 days); MO
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg	1	QL (60 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/ Limits
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	1	QL (120 per 30 days); MO
<i>dextroamphetamine sulfate oral solution</i>	1	QL (1920 per 30 days); MO
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	1	QL (180 per 30 days); MO
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	1	QL (90 per 30 days); MO
DIACOMIT ORAL CAPSULE 250 MG	3	PA; QL (360 per 30 days); 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
<i>diazepam injection</i>	1	
DIAZEPAM INTENSOL	1	PA; QL (240 per 30 days)
<i>diazepam oral concentrate</i>	1	PA; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	1	PA; QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg</i>	1	PA; QL (120 per 30 days)
<i>diazepam oral tablet 2 mg</i>	1	PA; QL (600 per 30 days)
<i>diazepam oral tablet 5 mg</i>	1	PA; QL (240 per 30 days)
<i>diazepam rectal</i>	3	
<i>dihydroergotamine mesylate injection</i>	3	PA
<i>dihydroergotamine mesylate nasal</i>	3	PA; QL (8 per 28 days); S
DILANTIN ORAL CAPSULE 30 MG	3	PA; MO

Drug Name	Drug Tier	Requirements/ Limits
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	3	PA; QL (14 per 7 days)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	3	PA; QL (60 per 30 days); S
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	3	PA
<i>disulfiram oral</i>	1	MO
<i>divalproex sodium er oral tablet extended release 24 hour</i>	1	MO
<i>divalproex sodium oral capsule delayed release sprinkle</i>	1	MO
<i>divalproex sodium oral tablet delayed release</i>	1	MO
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	QL (30 per 30 days); MO
<i>donepezil hcl oral tablet 23 mg</i>	1	QL (30 per 30 days); MO
<i>donepezil hcl oral tablet dispersible</i>	1	QL (30 per 30 days); MO
<i>doxepin hcl oral capsule</i>	1	PA; MO
<i>doxepin hcl oral concentrate</i>	1	PA; MO
<i>doxepin hcl oral tablet</i>	1	QL (30 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	3	QL (60 per 30 days); MO
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	3	QL (30 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>duloxetine hcl oral capsule delayed release particles 20 mg</i>	1	QL (180 per 30 days); MO
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	1	QL (120 per 30 days); MO
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	1	QL (90 per 30 days); MO
<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>	1	QL (60 per 30 days); MO
DYSPOET	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
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

Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate oral tablet 10 mg</i>	1	QL (60 per 30 days); MO
<i>escitalopram oxalate oral tablet 20 mg</i>	1	QL (30 per 30 days); MO
<i>escitalopram oxalate oral tablet 5 mg</i>	1	QL (120 per 30 days); MO
<i>eslicarbazepine acetate oral tablet 200 mg, 400 mg</i>	3	QL (30 per 30 days); MO
<i>eslicarbazepine acetate oral tablet 600 mg, 800 mg</i>	3	QL (60 per 30 days); MO
<i>estazolam</i>	1	QL (30 per 30 days)
<i>eszopiclone</i>	1	QL (30 per 30 days)
<i>ethosuximide oral</i>	1	MO
FANAPT ORAL TABLET 1 MG	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
FANAPT TITRATION PACK A	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

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Drug Name	Drug Tier	Requirements/Limits
<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
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	3	PA; QL (30 per 30 days); MO; S
FYCOMPA ORAL TABLET 2 MG	3	PA; QL (30 per 30 days); MO
<i>gabapentin oral capsule 100 mg, 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

Drug Name	Drug Tier	Requirements/Limits
<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	
<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

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Drug Name	Drug Tier	Requirements/Limits
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	3	QL (5 per 180 days); S
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	3	QL (0.75 per 28 days); S
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	3	QL (1 per 28 days); S
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	3	QL (1.5 per 28 days); S
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	3	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	3	QL (0.5 per 28 days); S
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	3	QL (0.88 per 84 days); S
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	3	QL (1.32 per 84 days); S
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	3	QL (1.75 per 84 days); S
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	3	QL (2.63 per 84 days); S
KLOXXADO	3	

Drug Name	Drug Tier	Requirements/Limits
<i>lacosamide oral solution</i>	3	QL (1200 per 30 days); MO
<i>lacosamide oral tablet</i>	3	QL (60 per 30 days); MO
<i>lamotrigine er</i>	3	MO
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet chewable</i>	1	MO
<i>lamotrigine oral tablet dispersible</i>	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	
LORAZEPAM INTENSOL	2	QL (150 per 30 days)
<i>lorazepam oral concentrate 1 mg/0.5ml</i>	1	QL (150 per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	2	QL (150 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam oral tablet 0.5 mg</i>	1	QL (120 per 30 days)
<i>lorazepam oral tablet 1 mg</i>	1	QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	QL (150 per 30 days)
<i>loxapine succinate oral</i>	1	MO
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	3	QL (30 per 30 days); MO
<i>lurasidone hcl oral tablet 80 mg</i>	3	QL (60 per 30 days); MO
LYBALVI	3	PA; QL (30 per 30 days); MO; S
MARPLAN	3	MO
MAYZENT ORAL TABLET 0.25 MG	3	PA; QL (120 per 30 days); 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
<i>memantine hcl er</i>	2	PA; QL (30 per 30 days); MO
<i>memantine hcl oral solution 2 mg/ml</i>	2	PA; QL (300 per 30 days); MO
<i>memantine hcl oral tablet 10 mg</i>	1	PA; QL (60 per 30 days); MO
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	1	PA; QL (60 per 30 days)
<i>memantine hcl oral tablet 5 mg</i>	1	PA; QL (90 per 30 days); MO
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>methsuximide</i>	3	MO
<i>methylphenidate hcl er (cd)</i>	1	PA; QL (30 per 30 days); MO
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 60 mg</i>	1	PA; QL (30 per 30 days); MO
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg</i>	1	PA; QL (60 per 30 days); MO
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg</i>	1	PA; QL (30 per 30 days); MO
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	1	PA; QL (60 per 30 days); MO
<i>methylphenidate hcl er oral tablet extended release</i>	1	PA; QL (90 per 30 days); MO
<i>methylphenidate hcl oral tablet</i>	1	PA; QL (90 per 30 days); MO
<i>midazolam hcl oral</i>	1	
MIGERGOT	3	S
<i>mirtazapine oral tablet 15 mg, 30 mg, 7.5 mg</i>	1	MO
<i>mirtazapine oral tablet 45 mg</i>	1	QL (30 per 30 days); MO
<i>mirtazapine oral tablet dispersible</i>	1	QL (30 per 30 days); MO
<i>modafinil oral tablet 100 mg</i>	1	PA; QL (30 per 30 days); MO
<i>modafinil oral tablet 200 mg</i>	1	PA; QL (60 per 30 days); MO
<i>molindone hcl</i>	1	MO

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>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	1		<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	MO
<i>naloxone hcl injection solution cartridge</i>	1		<i>olanzapine oral tablet 20 mg</i>	1	QL (30 per 30 days); MO
<i>naloxone hcl injection solution prefilled syringe</i>	1		<i>olanzapine oral tablet dispersible</i>	1	QL (30 per 30 days); MO
<i>naloxone hcl nasal</i>	2		<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>	1	QL (30 per 30 days); MO
<i>naltrexone hcl oral</i>	1		<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i>	1	QL (90 per 30 days); MO
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	3		OPIPZA ORAL FILM 10 MG, 5 MG	3	PA; QL (90 per 30 days); MO; S
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	MO	OPIPZA ORAL FILM 2 MG	3	PA; QL (30 per 30 days); MO; S
<i>naratriptan hcl</i>	1	QL (9 per 30 days)	<i>oxazepam</i>	1	QL (120 per 30 days)
NAYZILAM	3	PA	<i>oxcarbazepine oral suspension</i>	2	MO
<i>nefazodone hcl</i>	1	MO	<i>oxcarbazepine oral tablet</i>	1	MO
NICOTROL	3		<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	2	QL (30 per 30 days); MO
NICOTROL NS	3	QL (120 per 30 days)	<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	2	QL (60 per 30 days); MO
<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	1	MO	<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</i>	1	QL (30 per 30 days); MO
<i>nortriptyline hcl oral capsule 50 mg, 75 mg</i>	1	MO	<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg</i>	1	QL (60 per 30 days); MO
<i>nortriptyline hcl oral solution</i>	1	MO	<i>paroxetine hcl oral suspension</i>	3	QL (900 per 30 days); MO
NUDEXTA	3	PA; QL (60 per 30 days); MO; S	<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	1	QL (45 per 30 days); MO
NUPLAZID ORAL CAPSULE	3	PA; QL (30 per 30 days); S			
NUPLAZID ORAL TABLET 10 MG	3	PA; QL (30 per 30 days); S			
NURTEC	2	PA; QL (16 per 30 days)			
<i>olanzapine intramuscular</i>	1	QL (90 per 30 days)			

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>paroxetine hcl oral tablet 20 mg</i>	1	QL (30 per 30 days); MO
<i>paroxetine hcl oral tablet 30 mg</i>	1	QL (60 per 30 days); MO
<i>perphenazine oral</i>	1	MO
<i>perphenazine-amitriptyline</i>	1	PA; MO
PERSERIS	3	QL (1 per 28 days); MO; S
<i>phenelzine sulfate oral</i>	1	MO
<i>phenobarbital oral elixir 20 mg/5ml</i>	3	PA; QL (3000 per 30 days); MO
<i>phenobarbital oral elixir 30 mg/7.5ml, 60 mg/15ml</i>	3	PA; MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	PA; QL (120 per 30 days); MO
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg</i>	2	PA; QL (210 per 30 days); MO
PHENYTEK	3	MO
PHENYTOIN INFATABS	1	MO
<i>phenytoin oral</i>	1	MO
<i>phenytoin sodium extended</i>	1	MO
<i>pimozide</i>	1	MO
<i>pramipexole dihydrochloride</i>	1	MO
<i>pramipexole dihydrochloride er</i>	3	MO
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg</i>	3	PA; QL (30 per 30 days); MO
<i>pregabalin er oral tablet extended release 24 hour 330 mg</i>	3	PA; QL (60 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>pregabalin oral capsule 200 mg</i>	1	QL (90 per 30 days); MO
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	QL (60 per 30 days); MO
<i>pregabalin oral solution</i>	1	QL (900 per 30 days); MO
<i>primidone oral</i>	1	MO
<i>protriptyline hcl</i>	1	PA; MO
<i>pyridostigmine bromide er oral tablet extended release</i>	1	
<i>pyridostigmine bromide oral solution</i>	3	
<i>pyridostigmine bromide oral tablet</i>	1	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	1	QL (30 per 30 days); MO
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	1	QL (60 per 30 days); MO
<i>quetiapine fumarate oral tablet 100 mg</i>	1	QL (240 per 30 days); MO
<i>quetiapine fumarate oral tablet 150 mg</i>	1	QL (150 per 30 days); MO
<i>quetiapine fumarate oral tablet 200 mg</i>	1	QL (120 per 30 days); MO
<i>quetiapine fumarate oral tablet 25 mg</i>	1	QL (960 per 30 days); MO
<i>quetiapine fumarate oral tablet 300 mg</i>	1	QL (80 per 30 days); MO
<i>quetiapine fumarate oral tablet 400 mg</i>	1	QL (60 per 30 days); MO

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 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
<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

Drug Name	Drug Tier	Requirements/Limits
<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
<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

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Drug Name	Drug Tier	Requirements/Limits
<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)
<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

Drug Name	Drug Tier	Requirements/Limits
<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 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)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	3	QL (0.28 per 28 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	3	QL (0.35 per 28 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	3	QL (0.42 per 56 days); S

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 200 MG/0.56ML	3	QL (0.56 per 56 days); S	venlafaxine hcl er oral capsule extended release 24 hour 150 mg	1	QL (30 per 30 days); MO
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	3	QL (0.7 per 56 days); S	venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg	1	QL (180 per 30 days); MO
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	3	QL (0.14 per 28 days); S	venlafaxine hcl er oral capsule extended release 24 hour 75 mg	1	QL (90 per 30 days); MO
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	3	QL (0.21 per 28 days); S	venlafaxine hcl er oral tablet extended release 24 hour 225 mg	1	QL (30 per 30 days); MO
valproic acid oral capsule	1	MO	VERSACLOZ	3	QL (600 per 30 days)
valproic acid oral solution	1	MO	vigabatrin oral packet	3	PA; QL (150 per 25 days); S
VALTOCO 10 MG DOSE	3	QL (10 per 30 days)	vigabatrin oral tablet	3	PA; QL (180 per 30 days); S
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	3	QL (10 per 30 days)	VIGADRONE ORAL PACKET	3	PA; QL (150 per 25 days); S
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	3	QL (10 per 30 days)	VIGADRONE ORAL TABLET	3	PA; QL (180 per 30 days); S
VALTOCO 5 MG DOSE	3	QL (10 per 30 days)	VIGPODER	3	PA; QL (150 per 25 days); S
varenicline tartrate (starter)	3		vilazodone hcl	3	QL (30 per 30 days); MO
varenicline tartrate oral tablet 0.5 mg	3	QL (60 per 30 days)	VRAYLAR ORAL CAPSULE	3	QL (30 per 30 days); MO; S
varenicline tartrate oral tablet 1 mg, 1 mg (56 pack)	3	QL (56 per 28 days)	VUMERITY	3	PA; QL (120 per 30 days); S
varenicline tartrate(continue)	3	QL (56 per 28 days)	XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	3	PA; QL (56 per 28 days); MO; S
venlafaxine besylate er	3	QL (60 per 30 days); MO	XCOPRI (350 MG DAILY DOSE)	3	PA; QL (56 per 28 days); MO; S
venlafaxine hcl	1	QL (90 per 30 days); MO	XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	3	PA; QL (30 per 30 days); MO; S

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Drug Name	Drug Tier	Requirements/Limits
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)
<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

Drug Name	Drug Tier	Requirements/Limits
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	
<i>betamethasone dipropionate external cream</i>	1	
<i>betamethasone dipropionate external lotion</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
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	
clindamycin phos (twice-daily)	1	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	1	

Drug Name	Drug Tier	Requirements/Limits
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)
clotrimazole mouth/throat troche	1	QL (150 per 30 days)
clotrimazole-betamethasone	1	QL (120 per 30 days)
CROTAN	3	S

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Drug Name	Drug Tier	Requirements/ Limits
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
<i>econazole nitrate external</i>	1	QL (90 per 30 days)
<i>ery</i>	1	
<i>erythromycin external gel</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<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
<i>gentamicin sulfate external</i>	1	QL (30 per 30 days)
<i>halobetasol propionate external cream</i>	1	
<i>halobetasol propionate external ointment</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
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)
KETODAN EXTERNAL FOAM	3	QL (100 per 30 days)
KLAYESTA	1	
KOURZEQ	1	
luliconazole	3	

Drug Name	Drug Tier	Requirements/ Limits
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	
pilocarpine hcl oral	1	MO
pimecrolimus	1	PA; QL (100 per 30 days)
podofilox external solution	1	
PREVIDENT	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
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
<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

Drug Name	Drug Tier	Requirements/ Limits
<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	
TRIDERM EXTERNAL CREAM 0.5 %	1	QL (454 per 30 days)
VALCHLOR	3	PA; S
ZENATANE	2	
Electrolytes / Minerals / Metals / Vitamins		

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Drug Name	Drug Tier	Requirements/ Limits
<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	
<i>dextrose-nacl intravenous solution 5-0.9 %</i>	1	
<i>dextrose-sodium chloride intravenous solution 10-0.2 %</i>	2	

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

Drug Name	Drug Tier	Requirements/ Limits
potassium chloride oral packet	3	MO
potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	2	MO
potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l	1	
PREMASOL INTRAVENOUS SOLUTION 10 %	2	B/D PA
prenatal oral tablet 27-1 mg	3	
prenatal vit w/ ferrous fumarate-l methylfolate-folic acid	3	
PRENATAL VIT W/ IRON CARBONYL-FOLIC ACID	3	
PROSOL	2	B/D PA
sodium bicarbonate intravenous solution 7.5 %	1	
sodium chloride (pf)	1	
sodium chloride injection solution 2.5 meq/ml	1	
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %	1	
sodium fluoride oral tablet 2.2 (1 f) mg	1	MO
sodium fluoride oral tablet chewable	2	MO
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	3	
TRAVASOL	2	B/D PA
TROPHAMINE INTRAVENOUS SOLUTION 10 %	2	B/D PA

Endocrine And Metabolic Disorder Agents

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
acarbose oral	1	QL (90 per 30 days); MO
alendronate sodium oral solution	1	QL (300 per 28 days); MO
alendronate sodium oral tablet 10 mg	1	QL (30 per 30 days); MO
alendronate sodium oral tablet 35 mg, 70 mg	1	QL (4 per 28 days); MO
calcitonin (salmon) injection	3	B/D PA; S
calcitonin (salmon) nasal	1	QL (4 per 30 days); MO
calcitriol oral	1	MO
CHEMET	3	
cinacalcet hcl oral tablet 30 mg	1	B/D PA; QL (60 per 30 days)
cinacalcet hcl oral tablet 60 mg	3	B/D PA; QL (60 per 30 days)
cinacalcet hcl oral tablet 90 mg	3	B/D PA; QL (120 per 30 days)
CYCLOSET	3	ST; QL (180 per 30 days); MO
dapagliflozin propanediol	2	QL (30 per 30 days)
deferasirox oral tablet 90 mg	2	PA
deferasirox oral tablet soluble	3	PA
deferiprone	3	PA; S
diazoxide oral	3	MO
doxercalciferol oral	3	B/D PA; MO
FARXIGA	2	QL (30 per 30 days); MO
FERRIPROX ORAL SOLUTION	3	PA; S
FIASP FLEXTOUCH	2	MO
FIASP INJECTION	2	MO

Drug Name	Drug Tier	Requirements/Limits
FIASP PENFILL	2	MO
FIASP PUMPCART	2	MO
FOSAMAX PLUS D	3	QL (4 per 28 days); MO
glimepiride oral tablet 1 mg	1	QL (240 per 30 days); MO
glimepiride oral tablet 2 mg	1	QL (120 per 30 days); MO
glimepiride oral tablet 4 mg	1	QL (60 per 30 days); MO
glipizide er oral tablet extended release 24 hour 10 mg	1	QL (60 per 30 days); MO
glipizide er oral tablet extended release 24 hour 2.5 mg	1	QL (240 per 30 days); MO
glipizide er oral tablet extended release 24 hour 5 mg	1	QL (120 per 30 days); MO
glipizide oral tablet 10 mg	1	QL (120 per 30 days); MO
glipizide oral tablet 2.5 mg	1	MO
glipizide oral tablet 5 mg	1	QL (240 per 30 days); MO
glipizide-metformin hcl oral tablet 2.5-250 mg	1	QL (240 per 30 days); MO
glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg	1	QL (120 per 30 days); MO
glucagon emergency injection kit	2	
glyburide micronized oral tablet 1.5 mg	1	QL (240 per 30 days); MO
glyburide micronized oral tablet 3 mg	1	QL (120 per 30 days); MO
glyburide micronized oral tablet 6 mg	1	QL (60 per 30 days); MO

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 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		JYNARQUE ORAL TABLET	3	PA; QL (120 per 30 days); S
GVOKE HYPOPEN 2-PACK	2		KERENDIA ORAL TABLET 10 MG, 20 MG	2	QL (30 per 30 days); MO
GVOKE KIT	2		KIONEX COMBINATION	1	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	2		LANTUS	2	QL (30 per 30 days); MO
<i>ibandronate sodium intravenous</i>	1	B/D PA	LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL (30 per 30 days); MO
<i>ibandronate sodium oral</i>	1	QL (1 per 28 days); MO	<i>liraglutide</i>	2	PA; QL (9 per 30 days)
<i>insulin aspart flexpen</i>	2	MO	LOKELMA ORAL PACKET 10 GM	2	QL (34 per 30 days); MO
<i>insulin aspart injection</i>	2	MO	LOKELMA ORAL PACKET 5 GM	2	QL (90 per 30 days); MO
<i>insulin aspart penfill</i>	2	MO	<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	1	QL (120 per 30 days); MO
INVOKAMET	3	QL (60 per 30 days); MO	<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	1	QL (60 per 30 days); MO
INVOKAMET XR	3	QL (60 per 30 days); MO			
INVOKANA	3	QL (30 per 30 days); MO			
JANUMET	2	QL (60 per 30 days); MO			
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	2	QL (30 per 30 days); MO			

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>metformin hcl oral tablet 1000 mg</i>	1	QL (60 per 30 days); MO	NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	MO
<i>metformin hcl oral tablet 500 mg</i>	1	QL (150 per 30 days); MO	NOVOLOG INJECTION	2	MO
<i>metformin hcl oral tablet 850 mg</i>	1	QL (90 per 30 days); MO	NOVOLOG MIX 70/30	2	MO
<i>miglitol</i>	2	QL (90 per 30 days); MO	NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	MO
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; QL (2 per 28 days)	NOVOLOG MIX 70/30 RELION	2	MO
<i>nateglinide oral tablet 120 mg</i>	1	QL (90 per 30 days); MO	NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	2	MO
<i>nateglinide oral tablet 60 mg</i>	1	QL (180 per 30 days); MO	NOVOLOG RELION INJECTION	2	MO
NOVOLIN 70/30	2	MO	OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	2	PA; QL (3 per 28 days)
NOVOLIN 70/30 FLEXPEN	2	MO	OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	2	PA; QL (3 per 28 days)
NOVOLIN 70/30 FLEXPEN RELION	2	MO	OZEMPIC (2 MG/DOSE)	2	PA; QL (3 per 28 days)
NOVOLIN 70/30 RELION	2	MO	<i>paricalcitol oral</i>	1	B/D PA; MO
NOVOLIN N	2	MO	<i>pioglitazone hcl oral tablet 15 mg</i>	1	QL (90 per 30 days); MO
NOVOLIN N FLEXPEN	2	MO	<i>pioglitazone hcl oral tablet 30 mg</i>	1	QL (45 per 30 days); MO
NOVOLIN N FLEXPEN RELION	2	MO	<i>pioglitazone hcl oral tablet 45 mg</i>	1	QL (30 per 30 days); MO
NOVOLIN N RELION	2	MO	<i>pioglitazone hcl-glimepiride</i>	1	QL (30 per 30 days); MO
NOVOLIN R	2	MO	<i>pioglitazone hcl-metformin hcl</i>	1	QL (90 per 30 days); MO
NOVOLIN R FLEXPEN	2	MO			
NOVOLIN R FLEXPEN RELION	2	MO			
NOVOLIN R RELION	2	MO			
NOVOLOG 70/30 FLEXPEN RELION	2	MO			
NOVOLOG FLEXPEN RELION	2	MO			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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</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 30 mg</i>	3	PA; QL (60 per 30 days); S
<i>risedronate sodium oral tablet 5 mg</i>	1	QL (30 per 30 days); MO	TOUJEO MAX SOLOSTAR	2	QL (12 per 30 days); MO
<i>risedronate sodium oral tablet delayed release</i>	1	QL (4 per 28 days); MO	TOUJEO SOLOSTAR	2	QL (13.5 per 30 days); MO
RYBELSUS (FORMULATION R2) ORAL TABLET 1.5 MG	2	PA; QL (60 per 365 days)	TRADJENTA	2	QL (30 per 30 days); MO
RYBELSUS (FORMULATION R2) ORAL TABLET 4 MG, 9 MG	2	PA; QL (30 per 30 days)	TRESIBA	2	QL (30 per 30 days); MO
RYBELSUS ORAL TABLET 14 MG, 7 MG	2	PA; QL (30 per 30 days)	TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	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 200 UNIT/ML	2	QL (18 per 30 days); MO
<i>sodium polystyrene sulfonate oral powder</i>	1		<i>trientine hcl</i>	3	PA; S
SOLQUA	2	QL (15 per 25 days); MO			
SPS (SODIUM POLYSTYRENE SULF)	1				
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL (11 per 30 days); MO; S			

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
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
zoledronic acid intravenous concentrate	1	PA
Gastrointestinal Agents		
alosetron hcl oral tablet 0.5 mg	3	PA; QL (60 per 30 days); MO
alosetron hcl oral tablet 1 mg	3	PA; QL (60 per 30 days); MO; S

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

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Drug Name	Drug Tier	Requirements/ Limits
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	
granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml	1	

Drug Name	Drug Tier	Requirements/ Limits
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	1	MO
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
mesalamine oral tablet delayed release 1.2 gm	1	MO
mesalamine oral tablet delayed release 800 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	Drug Name	Drug Tier	Requirements/ Limits
mesalamine rectal	1		peg-3350/electrolytes	1	
mesalamine-cleanser	1		peg-3350/electrolytes/ ascorbic acid	1	
methscopolamine bromide oral	1		peg-kcl-nacl-nasulf-na asc-c	1	
metoclopramide hcl injection	1		PLENVU	3	
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	1		prochlorperazine	1	
metoclopramide hcl oral tablet	1		prochlorperazine maleate oral	1	MO
misoprostol oral	1	MO	promethazine hcl injection	1	PA
MOVANTI	2	QL (30 per 30 days)	promethazine hcl oral solution	1	PA
na sulfate-k sulfate-mg sulf	2		promethazine hcl oral tablet	1	PA
nizatidine oral capsule	1	MO	PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	1	PA
omeprazole oral capsule delayed release	1	MO	rabeprazole sodium oral tablet delayed release	1	QL (30 per 30 days); MO
ondansetron hcl injection solution prefilled syringe	1		scopolamine	1	QL (10 per 28 days)
ondansetron hcl oral solution	1	B/D PA; QL (450 per 30 days)	sucralfate oral	1	MO
ondansetron hcl oral tablet 4 mg, 8 mg	1	B/D PA; QL (90 per 30 days)	sulfasalazine oral	1	MO
ondansetron oral tablet dispersible 16 mg	1	B/D PA; QL (30 per 30 days)	SUPREP BOWEL PREP KIT	2	
ondansetron oral tablet dispersible 4 mg, 8 mg	1	B/D PA; QL (90 per 30 days)	trimethobenzamide hcl oral	1	
opium	3		ursodiol oral capsule 300 mg	1	MO
pantoprazole sodium intravenous	1		ursodiol oral tablet	1	MO
pantoprazole sodium oral tablet delayed release	1	MO	VOWST	3	PA; QL (12 per 30 days); S
peg 3350-kcl-na bicarb- nacl	1		XERMELO	3	PA; QL (90 per 30 days); S
			Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
			betaine	3	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
CREON	2	MO
cromolyn sodium oral	1	MO
CYSTAGON	2	PA
JAVYGTOR	3	PA; S
miglustat	3	PA; S
nitisinone	3	PA; S
PROLASTIN-C INTRAVENOUS SOLUTION	3	PA; S
RAVICTI	3	PA; QL (525 per 30 days); S
REVCOVI	3	PA; S
sapropterin dihydrochloride oral packet	3	PA; S
sapropterin dihydrochloride oral tablet	3	PA; S
sodium phenylbutyrate oral powder 3 gm/tsp	3	PA; S
sodium phenylbutyrate oral tablet	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 PARTICLES 25000-79000 UNIT, 40000-126000 UNIT, 60000-189600 UNIT	3	MO; S
Genitourinary Agents		
alfuzosin hcl er	1	MO

Drug Name	Drug Tier	Requirements/ Limits
bethanechol chloride oral	1	
CARDURA XL	3	MO
clindamycin phosphate vaginal	1	
darifenacin hydrobromide er	1	QL (30 per 30 days); MO
dutasteride oral	1	QL (30 per 30 days); MO
dutasteride-tamsulosin hcl	1	QL (30 per 30 days); MO
ELMIRON	3	S
fesoterodine fumarate er	2	QL (30 per 30 days); MO
finasteride oral tablet 5 mg	1	MO
flavoxate hcl	1	MO
GEMTESA	3	QL (30 per 30 days); MO
metronidazole vaginal	1	
miconazole 3 vaginal suppository	1	
mirabegron er	3	QL (30 per 30 days); MO
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg	1	QL (60 per 30 days); MO
oxybutynin chloride er oral tablet extended release 24 hour 5 mg	1	QL (30 per 30 days); MO
oxybutynin chloride oral solution	1	QL (600 per 30 days); MO
oxybutynin chloride oral tablet 2.5 mg	1	QL (90 per 30 days); MO
oxybutynin chloride oral tablet 5 mg	1	QL (120 per 30 days); MO
penicillamine oral tablet	3	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>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 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
AMETHYST	1	MO
APRI	1	MO
ARANELLE	1	MO
ARMOUR THYROID	2	PA; MO
ASHLYNA	1	MO

Drug Name	Drug Tier	Requirements/ Limits
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
CYRED EQ	1	MO
<i>danazol oral</i>	2	
DASETTA 1/35 (28)	1	MO
DASETTA 7/7/7	1	MO
DAYSEE	1	MO

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DEBLITANE	1	MO	dexamethasone sodium phosphate injection	1	
DELYLA	1	MO	DOLISHALE	1	MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	2		DOTTI	1	PA; QL (8 per 28 days); MO
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	1	PA; MO	drospiren-eth estrad-levomefol	1	MO
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	1	MO	drospirenone-ethinyl estradiol	1	MO
desmopressin ace spray refrig	1	MO	EGRIFTA SV	3	PA; S
desmopressin acetate oral	1	MO	ELINEST	1	MO
desmopressin acetate spray	1	MO	ELURYNG	1	MO
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1	MO	EMZAHH	1	MO
DEXAMETHASONE INTENSOL	2		ENILLORING	1	MO
dexamethasone oral elixir	1		ENPRESSE-28	1	MO
dexamethasone oral solution	1		ENSKYCE ORAL TABLET 0.15-30 MG-MCG	1	MO
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1		ERRIN	1	MO
dexamethasone oral tablet 2 mg, 4 mg, 6 mg	1		ESTARYLLA	1	MO
dexamethasone oral tablet therapy pack	1		estradiol oral	1	MO
dexamethasone sod phos +rfid	1		estradiol transdermal patch twice weekly	1	PA; QL (8 per 28 days); MO
dexamethasone sod phosphate pf injection solution	1		estradiol transdermal patch weekly	1	PA; QL (4 per 28 days); MO
			estradiol vaginal	1	MO
			estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	1	
			estradiol-norethindrone acet	1	PA; MO
			ethynodiol diac-eth estradiol	1	MO
			etonogestrel-ethinyl estradiol	1	MO
			FALMINA	1	MO
			FEIRZA 1.5/30	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
FEIRZA 1/20	1	MO
FINZALA	1	MO
<i>fludrocortisone acetate oral</i>	1	MO
FYAVOLV	1	PA; MO
GALBRIELA	1	MO
GALLIFREY	1	MO
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG	3	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	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
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

Drug Name	Drug Tier	Requirements/ Limits
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
LARIN FE 1.5/30	1	MO
LARIN FE 1/20	1	MO
LAYOLIS FE	1	MO
LEENA	1	MO
LESSINA	1	MO
<i>levo-t</i>	1	MO
LEVONEST	1	MO

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Drug Name	Drug Tier	Requirements/ Limits
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	
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
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

Drug Name	Drug Tier	Requirements/ Limits
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 INTRAUTERINE DEVICE 20 MCG/DAY	2	
MONO-LINYAH	1	MO
NECON 0.5/35 (28)	1	MO
NEXPLANON	2	
NIKKI	1	MO
NORA-BE	1	MO

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
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; S	NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; S
norelgestromin-eth estradiol	1	MO	NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	MO	NYLIA 1/35	1	MO
norethin ace-eth estrad-fe oral tablet chewable	1	MO	NYLIA 7/7/7	1	MO
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg	1	MO	OCELLA	1	MO
norethindron-ethinyl estrad-fe	1	MO	octreotide acetate injection solution 100 mcg/ml	1	PA
norethindrone acet-ethinyl est oral tablet	1	MO	octreotide acetate injection solution 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml	3	PA
norethindrone acetate oral	1	MO	octreotide acetate injection solution 500 mcg/ml	3	PA; S
norethindrone oral	1	MO	octreotide acetate intramuscular	3	PA; S
norethindrone-eth estradiol	1	PA; MO	octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml	3	PA
norgestim-eth estrad triphasic	1	MO	octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml	3	PA; S
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	MO	OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA; S
NORLYROC	1	MO	OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; S
NORTREL 0.5/35 (28)	1	MO	ORSYTHIA	1	MO
NORTREL 1/35 (21)	1	MO	OSPHENA	2	MO
NORTREL 1/35 (28)	1	MO	PHILITH	1	MO
NORTREL 7/7/7	1	MO			
NP THYROID	1	PA; MO			
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; S			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PIMTREA	1	MO	ROSYRAH	1	MO
PORTIA-28	1	MO	SETLAKIN	1	MO
<i>prednisolone oral solution</i>	1		SHAROBEL	1	MO
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml</i>	1		SIGNIFOR	3	PA; S
<i>prednisolone sodium phosphate oral tablet dispersible</i>	1		SIMLIYA	1	MO
PREDNISONO INTENSOL	2		SIMPESSE	1	MO
<i>prednisone oral solution</i>	1		SKYLA	2	
<i>prednisone oral tablet 1 mg</i>	1		SOMAVERT	3	PA; S
<i>prednisone oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1		SPRINTEC 28	1	MO
<i>prednisone oral tablet therapy pack 10 mg (21), 5 mg (21)</i>	1		SRONYX	1	MO
<i>prednisone oral tablet therapy pack 10 mg (48), 5 mg (48)</i>	1		SYEDA	1	MO
PREMARIN ORAL	2	PA; MO	SYNAREL	3	PA; S
PREMARIN VAGINAL	2	MO	SYNTHROID	2	MO
PREMPHASE	2	PA; MO	TARINA 24 FE	1	MO
PREMPRO	2	PA; MO	TARINA FE 1/20 EQ	1	MO
<i>progesterone oral</i>	1	MO	<i>testosterone cypionate intramuscular solution 100 mg/ml</i>	1	PA; MO
<i>propylthiouracil oral</i>	1	MO	<i>testosterone cypionate intramuscular solution 200 mg/ml, 200 mg/ml (1 ml)</i>	1	MO
<i>raloxifene hcl</i>	1	QL (30 per 30 days); MO	<i>testosterone enanthate intramuscular solution</i>	1	PA; MO
RECLIPSEN	1	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
REZDIFFRA	3	PA; QL (30 per 30 days); S	<i>testosterone transdermal gel 10 mg/act (2%)</i>	2	PA; QL (120 per 30 days); MO
RIVELSA	1	MO	<i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	2	PA; QL (300 per 30 days); MO
			<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%)</i>	2	PA; QL (112.5 per 30 days); MO

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Drug Name	Drug Tier	Requirements/Limits
<i>testosterone transdermal solution</i>	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
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	
TRIVORA (28)	1	MO
TURQOZ	1	MO
TYDEMY	1	MO
UNITHROID	1	MO
VALTYA 1/50	1	MO
VELIVET	1	MO
VESTURA	1	MO
VIENVA	1	MO
<i>viorele</i>	1	MO
VOLNEA	1	MO
VYFEMLA	1	MO
VYLIBRA	1	MO
WERA	1	MO
WYMZYA FE	1	MO
XARAH FE	1	MO

Drug Name	Drug Tier	Requirements/Limits
XELRIA FE	1	MO
XULANE	1	MO
<i>yuvafem</i>	1	MO
ZAFEMY	1	MO
ZOVIA 1/35 (28)	1	MO
ZUMANDIMINE	1	MO
Immunological Agents		
ABRYSVO	2	QL (1 per 365 days)
ACTHIB	2	
ACTIMMUNE	3	PA; S
ADACEL	2	
ARCALYST	3	PA; S
AREXVY	2	QL (1 per 365 days)
<i>azathioprine oral tablet 50 mg</i>	1	B/D PA
<i>bcg vaccine injection solution reconstituted</i>	2	
BENLYSTA	3	PA; S
BEXSERO	2	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
COSENTYX (300 MG DOSE)	3	PA; QL (8 per 28 days); S
COSENTYX SENSOREADY (300 MG)	3	PA; QL (8 per 28 days); S
COSENTYX SENSOREADY PEN	3	PA; QL (8 per 28 days); S

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Drug Name	Drug Tier	Requirements/Limits
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	3	PA; QL (8 per 28 days); S
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	3	PA; QL (2 per 28 days); S
COSENTYX UNOREADY	3	PA; QL (8 per 28 days); S
<i>cyclosporine modified</i>	1	B/D PA
<i>cyclosporine oral capsule</i>	2	B/D PA
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	2	
ENBREL MINI	3	PA; QL (8 per 28 days); S
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	3	PA; QL (4 per 28 days); S
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	3	PA; QL (4.08 per 28 days); S
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	3	PA; QL (8 per 28 days); S
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (8 per 28 days); S
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	2	B/D PA
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	2	B/D PA
ENVARUSUS XR	3	B/D PA
<i>everolimus oral tablet 0.25 mg, 0.75 mg</i>	3	B/D PA
<i>everolimus oral tablet 0.5 mg, 1 mg</i>	3	B/D PA; S

Drug Name	Drug Tier	Requirements/Limits
GAMUNEX-C	3	PA; S
GARDASIL 9	2	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	1	B/D PA
GENGRAF ORAL SOLUTION	1	B/D PA
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	2	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	2	B/D PA
HIBERIX INJECTION	2	
HUMIRA (1 PEN)	3	PA; QL (6 per 365 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
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/ 0.8ML	3	PA; QL (2 per 28 days); S
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	3	PA; QL (2 per 28 days); S
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	3	PA; QL (4 per 28 days); S
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA; QL (8 per 365 days); S
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	3	PA; QL (6 per 365 days); S

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Drug Name	Drug Tier	Requirements/ Limits
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA; QL (6 per 365 days); S
HYPERRAB	3	S
IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML	2	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	
INFANRIX	2	
IPOL	2	
IXCHIQ	2	
IXIARO	2	
JYLAMVO	3	ST
JYNNEOS	2	
<i>kedrab injection</i>	2	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
<i>leflunomide oral</i>	1	QL (30 per 30 days); MO
M-M-R II INJECTION	2	
MENQUADFI INTRAMUSCULAR SOLUTION	2	
MENVEO	2	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution reconstituted</i>	1	

<i>methotrexate sodium oral</i>	1	
MRESVIA	2	QL (0.5 per 365 days)
<i>mycophenolate mofetil oral capsule</i>	1	B/D PA
<i>mycophenolate mofetil oral suspension reconstituted</i>	3	B/D PA
<i>mycophenolate mofetil oral tablet</i>	1	B/D PA
<i>mycophenolate sodium</i>	1	B/D PA
<i>mycophenolic acid oral tablet delayed release 180 mg, 360 mg</i>	1	B/D PA
MYHIBBIN	3	B/D PA; S
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML, 2.5 GM/50ML, 30 GM/300ML, 5 GM/100ML	3	PA; S
OTEZLA ORAL TABLET	3	PA; QL (60 per 30 days); S
OTEZLA ORAL TABLET THERAPY PACK	3	PA; S
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	2	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	3	S
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	S
PENBRAYA	2	
PENTACEL	2	
PRIORIX	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
PROGRAF INTRAVENOUS	3	B/D PA; S
PROGRAF ORAL PACKET	3	B/D PA
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	2	
QUADRACEL	2	
RABAVERT	2	
RECOMBIVAX HB	2	B/D PA
REZUROCK	3	PA; S
RIDAURA	3	MO; S
RINVOQ	3	PA; QL (30 per 30 days); S
RINVOQ LQ	3	PA; QL (360 per 30 days); S
ROTARIX ORAL SUSPENSION	2	
ROTATEQ ORAL SOLUTION	2	
SANDIMMUNE ORAL SOLUTION	3	B/D PA
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	2	PA; QL (0.5 per 28 days)
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	3	PA; QL (1 per 28 days); S
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/ 0.5ML	2	
SIMLANDI (1 PEN)	3	PA; QL (4 per 28 days); S
SIMLANDI (1 SYRINGE)	3	PA; QL (4 per 28 days); S
SIMLANDI (2 PEN)	3	PA; QL (4 per 28 days); S

Drug Name	Drug Tier	Requirements/Limits
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	3	PA; QL (2 per 28 days); S
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	3	PA; QL (4 per 28 days); S
<i>sirolimus oral solution</i>	3	B/D PA
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	1	B/D PA
<i>sirolimus oral tablet 2 mg</i>	3	B/D PA
SKYRIZI INTRAVENOUS	3	PA; QL (10 per 28 days); S
SKYRIZI PEN	3	PA; QL (6 per 365 days); S
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	3	PA; QL (1.2 per 56 days); S
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	3	PA; QL (2.4 per 56 days); S
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (6 per 365 days); S
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	3	PA; QL (0.5 per 28 days); S
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	3	PA; QL (0.5 per 28 days); S
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	3	PA; QL (1 per 28 days); S
<i>tacrolimus oral</i>	1	B/D PA
TENIVAC	2	
TICOVAC	2	
TREMFYA CROHNS INDUCTION	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
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
XELJANZ ORAL SOLUTION	3	PA; QL (240 per 24 days); S
XELJANZ ORAL TABLET	3	PA; QL (60 per 30 days); S

Drug Name	Drug Tier	Requirements/Limits
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	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	1	
<i>amoxicillin-pot clavulanate oral tablet</i>	1	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>amphotericin b intravenous</i>	1	B/D PA
<i>amphotericin b liposome</i>	3	B/D PA; S
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	1	
<i>ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm</i>	1	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	1	
<i>ampicillin-sulbactam sodium intravenous</i>	1	
APTIVUS ORAL CAPSULE	3	QL (120 per 30 days); S
ARIKAYCE	3	S
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	3	QL (60 per 30 days); S
<i>atazanavir sulfate oral capsule 300 mg</i>	3	QL (30 per 30 days); S
<i>atovaquone oral</i>	3	PA
<i>atovaquone-proguanil hcl</i>	1	
<i>azithromycin intravenous</i>	1	
<i>azithromycin oral packet</i>	1	
<i>azithromycin oral suspension reconstituted</i>	1	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack)</i>	1	
<i>azithromycin oral tablet 500 mg, 500 mg (3 pack), 600 mg</i>	1	
<i>aztreonam</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
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
<i>cefaclor er</i>	2	
<i>cefaclor oral capsule</i>	1	
<i>cefaclor oral suspension reconstituted 250 mg/5ml</i>	1	
<i>cefadroxil</i>	1	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg</i>	1	
<i>cefazolin sodium intravenous solution reconstituted 1 gm</i>	1	
<i>cefazolin sodium-dextrose intravenous solution 3-4 gm/150ml-%</i>	2	
<i>cefazolin sodium-dextrose intravenous</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
solution reconstituted 3-2 gm-%(50ml)		
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	
cefuroxime axetil oral tablet 500 mg	1	
cefuroxime sodium injection solution reconstituted 750 mg	1	
cefuroxime sodium intravenous solution reconstituted 1.5 gm	1	

Drug Name	Drug Tier	Requirements/ Limits
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	
clindamycin phosphate injection solution 900 mg/6ml	3	
COARTEM	3	
colistimethate sodium (cba)	1	
CRESEMBA ORAL	3	PA; S
dapsone oral	1	MO

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

Drug Name	Drug Tier	Requirements/ Limits
daptomycin intravenous solution reconstituted 500 mg	3	S
darunavir	3	QL (60 per 30 days)
DELSTRIGO	3	QL (30 per 30 days); S
demeclocycline hcl oral	1	
DESCOVY	3	QL (30 per 30 days); S
dicloxacillin sodium	1	
DIFICID	3	PA; S
DOVATO	3	QL (30 per 30 days); S
DOXY 100	1	
doxycycline hyclate intravenous	1	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral suspension reconstituted	1	
doxycycline monohydrate oral tablet	1	
E.E.S. 400 ORAL TABLET	1	
EDURANT	3	QL (30 per 30 days); S
efavirenz oral tablet	3	QL (30 per 30 days)
efavirenz-emtricitab-tenofo df	3	QL (30 per 30 days)
efavirenz-lamivudine-tenofovir	3	QL (30 per 30 days); S

Drug Name	Drug Tier	Requirements/ Limits
emtricitab-rilpivir-tenofovd	3	QL (30 per 30 days); S
emtricitabine	1	QL (30 per 30 days)
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	3	QL (30 per 30 days); S
emtricitabine-tenofovir df oral tablet 200-300 mg	3	QL (30 per 30 days)
EMTRIVA ORAL SOLUTION	3	QL (850 per 30 days)
entecavir	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
ertapenem sodium	3	
ERY-TAB	1	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
erythromycin base oral	1	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	3	
erythromycin ethylsuccinate oral tablet	1	
erythromycin lactobionate	3	
erythromycin oral	1	
ethambutol hcl oral	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>etravirine oral tablet 100 mg</i>	3	QL (120 per 30 days)
<i>etravirine oral tablet 200 mg</i>	3	QL (60 per 30 days); S
EVOTAZ	3	QL (30 per 30 days); S
<i>famciclovir oral tablet 125 mg, 250 mg</i>	1	QL (60 per 30 days)
<i>famciclovir oral tablet 500 mg</i>	1	QL (21 per 7 days)
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ ML	3	PA; QL (1200 per 30 days)
FIRVANQ ORAL SOLUTION RECONSTITUTED 50 MG/ ML	3	QL (1200 per 30 days)
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/ 100ml-%, 400-0.9 mg/ 200ml-%</i>	1	
<i>fluconazole oral</i>	1	
<i>flucytosine oral</i>	3	S
<i>fosamprenavir calcium</i>	3	QL (120 per 30 days)
<i>fosfomycin tromethamine</i>	1	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	3	QL (60 per 30 days); S
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	1	
<i>gentamicin in saline intravenous solution 2-0.9 mg/ml-%</i>	2	
<i>gentamicin sulfate injection solution 40 mg/ ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
GENVOYA	3	QL (30 per 30 days); S
<i>griseofulvin microsize oral</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
HARVONI	3	PA; QL (28 per 28 days); S
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	1	MO
<i>imipenem-cilastatin</i>	1	
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)
<i>isoniazid oral syrup</i>	1	MO
<i>isoniazid oral tablet</i>	1	MO
<i>itraconazole oral capsule</i>	1	PA
<i>ivermectin oral</i>	1	PA
JULUCA	3	QL (30 per 30 days); S
KALETRA ORAL SOLUTION	3	QL (480 per 30 days)
<i>ketoconazole oral</i>	1	
<i>lamivudine oral solution</i>	1	QL (960 per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
lamivudine oral tablet 100 mg	1	
lamivudine oral tablet 150 mg	1	QL (60 per 30 days)
lamivudine oral tablet 300 mg	1	QL (30 per 30 days)
lamivudine-zidovudine	1	QL (60 per 30 days)
levofloxacin in d5w	1	
levofloxacin intravenous	1	
levofloxacin oral solution	1	
levofloxacin oral tablet	1	
linezolid in sodium chloride	3	
linezolid intravenous solution 600 mg/300ml	3	
linezolid oral suspension reconstituted	3	PA; QL (1800 per 30 days); S
linezolid oral tablet	3	PA; QL (56 per 28 days)
LIVTENCITY	3	PA; S
lopinavir-ritonavir oral solution	1	QL (480 per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg	3	QL (300 per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg	3	QL (120 per 30 days)
maraviroc	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
mefloquine hcl	1	MO
meropenem intravenous solution reconstituted 1 gm, 500 mg	2	

Drug Name	Drug Tier	Requirements/ Limits
methenamine hippurate	1	
methenamine mandelate oral	1	
metronidazole intravenous solution 500 mg/100ml	1	
metronidazole oral	1	
micafungin sodium	3	
minocycline hcl oral	1	
MONDOXYNE NL ORAL CAPSULE 100 MG	1	
moxifloxacin hcl in nacl	1	
moxifloxacin hcl oral	1	
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	3	
nafcillin sodium intravenous solution reconstituted 10 gm	3	S
neomycin sulfate oral	1	
nevirapine er oral tablet extended release 24 hour 400 mg	1	QL (30 per 30 days)
nevirapine oral suspension	1	QL (1200 per 30 days)
nevirapine oral tablet	1	QL (60 per 30 days)
nitazoxanide oral	3	QL (6 per 30 days)
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohyd macro	1	
nitrofurantoin oral suspension 50 mg/10ml	3	S
NORVIR ORAL PACKET	3	QL (360 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
NUZYRA ORAL	3	PA; S
<i>nystatin oral tablet</i>	1	
ODEFSEY	3	QL (30 per 30 days); S
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
<i>oseltamivir phosphate oral capsule 30 mg</i>	1	QL (168 per 365 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	1	QL (84 per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	1	QL (1080 per 365 days)
<i>oxacillin sodium in dextrose intravenous solution 2 gm/50ml</i>	3	S
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	1	
PAXLOVID (150/100)	1	QL (20 per 90 days)
PAXLOVID (300/100 & 150/100)	1	QL (11 per 90 days)
PAXLOVID (300/100)	1	QL (30 per 90 days)
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	3	
<i>penicillin g potassium</i>	1	
<i>penicillin g sodium</i>	3	S
<i>penicillin v potassium</i>	1	
<i>pentamidine isethionate inhalation</i>	1	B/D PA
<i>pentamidine isethionate injection</i>	1	
PFIZERPEN INJECTION SOLUTION	1	

Drug Name	Drug Tier	Requirements/Limits
RECONSTITUTED 20000000 UNIT		
PIFELTRO	3	QL (30 per 30 days); S
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	1	
<i>polymyxin b sulfate injection</i>	1	
<i>posaconazole oral suspension</i>	3	PA; MO
<i>posaconazole oral tablet delayed release</i>	3	PA; MO; S
<i>praziquantel oral</i>	1	
PREVYMIS ORAL PACKET	3	PA; QL (120 per 30 days); S
PREVYMIS ORAL TABLET	3	PA; QL (30 per 30 days); S
PREZCOBIX ORAL TABLET 800-150 MG	3	QL (30 per 30 days); S
PREZISTA ORAL SUSPENSION	3	QL (400 per 30 days); S
PREZISTA ORAL TABLET 150 MG	3	QL (180 per 30 days)
PREZISTA ORAL TABLET 75 MG	3	QL (300 per 30 days)
PRIFTIN	2	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	2	
<i>pyrazinamide oral</i>	1	
<i>pyrimethamine oral</i>	3	PA; S
<i>quinine sulfate oral</i>	1	PA

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Drug Name	Drug Tier	Requirements/Limits
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

Drug Name	Drug Tier	Requirements/Limits
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	
<i>tobramycin sulfate injection solution reconstituted</i>	3	S
TRECATOR	3	
<i>trifluridine ophthalmic</i>	1	
<i>trimethoprim oral</i>	1	
TRIUMEQ	3	QL (30 per 30 days); S
TRIUMEQ PD	3	QL (180 per 30 days)
TYBOST	2	QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
valacyclovir hcl oral tablet 1 gm	1	QL (90 per 30 days)	VEMLIDY	3	PA; QL (30 per 30 days); S
valacyclovir hcl oral tablet 500 mg	1	QL (60 per 30 days)	VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG	3	PA; S
valganciclovir hcl oral solution reconstituted	3	S	VIRACEPT ORAL TABLET 250 MG	3	QL (300 per 30 days); S
valganciclovir hcl oral tablet	2		VIRACEPT ORAL TABLET 625 MG	3	QL (120 per 30 days); S
vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.25-5 gm/250ml-%, 1.5-5 gm/300ml-%, 500-5 gm/100ml-%	2		VIREAD ORAL POWDER	3	QL (240 per 30 days); S
vancomycin hcl in nacl intravenous solution 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%	2		VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	3	QL (30 per 30 days); S
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		voriconazole intravenous	3	PA
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 500 mg	1		voriconazole oral suspension reconstituted	3	PA; QL (300 per 30 days); S
vancomycin hcl intravenous solution reconstituted 1.25 gm, 1.5 gm, 750 mg	2		voriconazole oral tablet 200 mg	3	PA; QL (60 per 30 days)
vancomycin hcl oral capsule 125 mg	1	PA; QL (240 per 30 days)	voriconazole oral tablet 50 mg	1	PA; QL (120 per 30 days)
vancomycin hcl oral capsule 250 mg	3	PA; QL (240 per 30 days)	VOSEVI	3	PA; QL (30 per 30 days); S
vancomycin hcl oral solution reconstituted 25 mg/ml	3	PA; QL (1200 per 30 days)	XIFAXAN ORAL TABLET 550 MG	3	PA; QL (84 per 28 days); MO; S
			XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	
			XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	
			zidovudine oral capsule	1	QL (180 per 30 days)
			zidovudine oral syrup	1	QL (1920 per 30 days)
			zidovudine oral tablet	1	QL (60 per 30 days)
			ZIRGAN	3	
Miscellaneous Therapeutic Agents					

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

Drug Name	Drug Tier	Requirements/Limits
<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
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

Drug Name	Drug Tier	Requirements/Limits
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	
<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	

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
cromolyn sodium ophthalmic	1	
cyclopentolate hcl ophthalmic solution 1 %	1	MO
cyclosporine ophthalmic	2	QL (60 per 30 days); MO
CYSTARAN	3	S
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
difluprednate	2	
dorzolamide hcl ophthalmic	1	MO
dorzolamide hcl-timolol mal	1	MO
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	1	MO
epinastine hcl	1	
erythromycin ophthalmic	1	QL (3.5 per 30 days)
fluorometholone ophthalmic	1	
flurbiprofen sodium	1	
gatifloxacin ophthalmic	1	
gentamicin sulfate ophthalmic solution	1	
ILEVRO	3	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
latanoprost ophthalmic	1	MO
levobunolol hcl ophthalmic solution 0.5 %	1	MO
levofloxacin ophthalmic	1	

Drug Name	Drug Tier	Requirements/ Limits
LOTEMAX OPTHALMIC OINTMENT	3	
LOTEMAX SM	3	
loteprednol etabonate ophthalmic gel	1	
loteprednol etabonate ophthalmic suspension 0.2 %	3	
loteprednol etabonate ophthalmic suspension 0.5 %	1	
LUMIGAN OPTHALMIC SOLUTION 0.01 %	2	MO
MAXIDEX	3	
methazolamide oral	1	MO
MIEBO	2	QL (3 per 30 days); MO
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic solution	2	
NATACYN	3	
NEO-POLYCIN	1	
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

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>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	MO
POLYCIN	1	
<i>polymyxin b-trimethoprim</i>	1	
<i>prednisolone acetate ophthalmic</i>	1	
<i>prednisolone sodium phosphate ophthalmic</i>	2	
<i>proparacaine hcl ophthalmic</i>	1	
RESTASIS	2	QL (60 per 30 days); MO
RESTASIS MULTIDOSE OPTHALMIC EMULSION 0.05 %	2	QL (5.5 per 28 days); MO
RHOPRESSA	2	MO
ROCKLATAN	2	MO
SIMBRINZA	2	MO
<i>sulfacetamide sodium ophthalmic</i>	1	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	1	
<i>tafluprost (pf)</i>	3	MO
<i>timolol maleate (once-daily)</i>	1	MO
TIMOLOL MALEATE OCUDOSE	1	MO
<i>timolol maleate ophthalmic gel forming solution</i>	1	MO
<i>timolol maleate ophthalmic solution 0.25 %</i>	1	MO
<i>timolol maleate ophthalmic solution 0.5 %</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate pf ophthalmic solution 0.5 %</i>	1	MO
TOBRADEX OPTHALMIC OINTMENT	2	
TOBRADEX ST	2	
<i>tobramycin ophthalmic</i>	1	
<i>tobramycin-dexamethasone</i>	1	
<i>travoprost (bak free)</i>	1	MO
VYZULTA	3	MO
XDEMVEY	3	PA; S
XIIDRA	2	QL (60 per 30 days); MO
ZYLET	2	
Otic Agents		
<i>acetic acid otic</i>	1	
CIPRO HC	3	
<i>ciprofloxacin hcl otic</i>	1	
<i>ciprofloxacin-dexamethasone</i>	1	
CORTISPORIN-TC	3	
FLAC	1	
<i>fluocinolone acetonide otic</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<i>neomycin-polymyxin-hc otic</i>	1	
<i>ofloxacin otic</i>	1	
Respiratory Tract/Pulmonary Agents		
<i>acetylcysteine inhalation</i>	1	B/D PA
ADEMPAS	3	PA; QL (90 per 30 days); S
ADVAIR HFA	2	QL (12 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>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)
<i>azelastine-fluticasone</i>	1	QL (23 per 28 days)
<i>bosentan</i>	3	PA; QL (60 per 30 days)
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>breyna</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

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide inhalation suspension 1 mg/2ml</i>	1	B/D PA; QL (60 per 30 days); MO
<i>budesonide-formoterol fumarate</i>	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
<i>cypheptadine hcl oral syrup</i>	1	PA
<i>cypheptadine 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

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
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
<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

Drug Name	Drug Tier	Requirements/Limits
<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 solution 0.31 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	1	B/D PA; QL (270 per 30 days); MO
<i>levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml</i>	1	B/D PA; QL (540 per 30 days); MO
<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

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
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
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 REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	2	QL (11 per 30 days); MO
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	2	QL (22 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 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
<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

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>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
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

Drug Name	Drug Tier	Requirements/Limits
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

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

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

A	ADEMPAS	78	
<i>abacavir sulfate oral solution</i>	67	ADVAIR HFA	78
<i>abacavir sulfate oral tablet</i>	67	AFIRMELLE	57
<i>abacavir sulfate-lamivudine</i>	67	AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	
ABELCET	67	140 MG/ML	28
ABIGALE LO	57	AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE		70 MG/ML	28
720 MG/2.4ML	28	AKEEGA	14
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE		<i>ala-cort external cream 1 %</i>	42
960 MG/3.2ML	28	<i>albendazole oral</i>	67
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED		<i>albuterol sulfate hfa</i>	79
SYRINGE	28	<i>albuterol sulfate inhalation</i>	79
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION		<i>albuterol sulfate oral syrup</i>	79
RECONSTITUTED ER	28	<i>albuterol sulfate oral tablet</i>	79
<i>abiraterone acetate oral tablet 250 mg</i>	14	<i>alclometasone dipropionate</i>	42
<i>abiraterone acetate oral tablet 500 mg</i>	14	ALCOHOL SWABS	76
ABIRTEGA	14	ALECENSA	14
ABRYSVO	63	<i>alendronate sodium oral solution</i>	49
<i>acamprosate calcium</i>	28	<i>alendronate sodium oral tablet 10 mg</i>	49
<i>acarbose oral</i>	49	<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	10
<i>acebutolol hcl oral</i>	23	<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	10
<i>acetaminophen-codeine oral solution</i>	11	<i>alfuzosin hcl er</i>	56
<i>acetaminophen-codeine oral tablet</i>	11	<i>aliskiren fumarate</i>	23
<i>acetazolamide er</i>	76	<i>allopurinol oral tablet 100 mg, 300 mg</i>	11
<i>acetazolamide oral</i>	23	<i>almotriptan malate</i>	28
<i>acetic acid irrigation</i>	76	<i>alosetron hcl oral tablet 0.5 mg</i>	53
<i>acetic acid otic</i>	78	<i>alosetron hcl oral tablet 1 mg</i>	53
<i>acetylcysteine inhalation</i>	78	<i>alprazolam er</i>	28
<i>acitretin</i>	42	<i>alprazolam oral</i>	28
ACTHAR	57	<i>alprazolam xr</i>	28
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR	57	ALTAVERA	57
ACTHIB	63	ALUNBRIG ORAL TABLET 180 MG	14
ACTIMMUNE	63	ALUNBRIG ORAL TABLET 30 MG	14
<i>acyclovir external ointment</i>	42	ALUNBRIG ORAL TABLET 90 MG	14
<i>acyclovir oral capsule</i>	67	ALUNBRIG ORAL TABLET THERAPY PACK	14
<i>acyclovir oral suspension 200 mg/5ml</i>	67	<i>alyacen 1/35</i>	57
<i>acyclovir oral suspension 800 mg/20ml</i>	67	<i>alyacen 7/7/7</i>	57
<i>acyclovir oral tablet</i>	67	ALYQ	79
<i>acyclovir sodium intravenous solution</i>	67	<i>amantadine hcl oral capsule</i>	28
ADACEL	63	<i>amantadine hcl oral solution</i>	28
<i>adapalene external cream</i>	42	<i>amantadine hcl oral tablet</i>	28
<i>adapalene external gel</i>	42	<i>ambrisentan</i>	79
<i>adefovir dipivoxil</i>	67	AMETHIA	57

AMETHYST	57	ampicillin-sulbactam sodium intravenous	68
amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml	67	anagrelide hcl	20
amiloride hcl oral	23	anastrozole oral	14
amiloride-hydrochlorothiazide	23	ANORO ELLIPTA INHALATION AEROSOL POWDER	
amiodarone hcl oral	23	BREATH ACTIVATED 62.5-25 MCG/ACT	79
amitriptyline hcl oral	28	apomorphine hcl subcutaneous	28
amlodipine besy-benazepril hcl	9	apraclonidine hcl	76
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg	23	aprepitant oral	53
amlodipine besy-benazepril hcl oral capsule 2.5-10 mg	23	aprepitant oral capsule 125 mg	53
amlodipine besy-benazepril hcl oral capsule 5-10 mg, 5-20 mg	23	aprepitant oral capsule 40 mg	53
amlodipine besylate oral	23	aprepitant oral capsule 80 & 125 mg	53
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg	23	aprepitant oral capsule 80 mg	53
amlodipine besylate-valsartan oral tablet 5-160 mg	23	APRI	57
amlodipine-atorvastatin	23	APTOM ORAL TABLET 200 MG, 400 MG	28
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-40 mg	23	APTOM ORAL TABLET 600 MG, 800 MG	28
amlodipine-olmesartan oral tablet 5-20 mg	23	APTIVUS ORAL CAPSULE	68
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg	23	ARANELLE	57
amlodipine-valsartan-hctz oral tablet 5-160-12.5 mg	23	ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 40 MCG/ML	20
ammonium lactate external	42	ARANESP (ALBUMIN FREE) INJECTION SOLUTION 200 MCG/ML	21
AMNESTEEM	42	ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 60 MCG/ML	21
amoxapine	28	ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML	21
amoxicillin oral capsule	67	ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	21
amoxicillin oral suspension reconstituted	67	ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 60 MCG/0.3ML	21
amoxicillin oral tablet	67	ARCALYST	63
amoxicillin oral tablet chewable 125 mg, 250 mg ...	67	AREXVY	63
amoxicillin-pot clavulanate er	67	ARIKAYCE	68
amoxicillin-pot clavulanate oral suspension reconstituted	67	aripiprazole oral solution	28
amoxicillin-pot clavulanate oral tablet	67	aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg	28
amphetamine-dextroamphet er	28	aripiprazole oral tablet 20 mg, 30 mg	28
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	28	aripiprazole oral tablet dispersible 10 mg	29
amphetamine-dextroamphetamine oral tablet 30 mg	28	aripiprazole oral tablet dispersible 15 mg	29
amphotericin b intravenous	68	ARISTADA INITIO	29
amphotericin b liposome	68	ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	29
ampicillin oral capsule 500 mg	68	ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	29
ampicillin sodium injection solution reconstituted 1 gm, 125 mg	68	ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	29
ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm	68	ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	29
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	68	armodafinil oral tablet 150 mg, 200 mg, 250 mg	29
		armodafinil oral tablet 50 mg	29
		ARMOUR THYROID	57
		ARNUITY ELLIPTA	79

asenapine maleate sublingual tablet sublingual 10 mg	29	azelastine hcl ophthalmic	76
asenapine maleate sublingual tablet sublingual 2.5 mg	29	azelastine-fluticasone	79
asenapine maleate sublingual tablet sublingual 5 mg	29	azithromycin intravenous	68
ASHLYNA	57	azithromycin oral packet	68
aspirin-dipyridamole er	21	azithromycin oral suspension reconstituted	68
atazanavir sulfate oral capsule 150 mg, 200 mg ...	68	azithromycin oral tablet 250 mg, 250 mg (6 pack)	68
atazanavir sulfate oral capsule 300 mg	68	azithromycin oral tablet 500 mg, 500 mg (3 pack), 600 mg	68
atenolol oral	9	aztreonam	68
atenolol-chlorthalidone	9	AZURETTE	57
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg	29	B	
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	29	BAC (BUTALBITAL-ACETAMIN-CAFF)	29
atorvastatin calcium oral	9	bacitra-neomycin-polymyxin-hc	76
atovaquone oral	68	bacitracin ophthalmic	76
atovaquone-proguanil hcl	68	bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	76
atropine sulfate ophthalmic ointment	76	baclofen oral tablet 10 mg, 20 mg	29
atropine sulfate ophthalmic solution 1 %	76	baclofen oral tablet 15 mg, 5 mg	29
ATROVENT HFA	79	balsalazide disodium	53
AUBRA EQ	57	BALVERSA ORAL TABLET 3 MG	14
AUGTYRO ORAL CAPSULE 160 MG	14	BALVERSA ORAL TABLET 4 MG	14
AUGTYRO ORAL CAPSULE 40 MG	14	BALVERSA ORAL TABLET 5 MG	14
AUROVELA 1.5/30	57	BALZIVA	57
AUROVELA 1/20	57	BARACLUDE ORAL SOLUTION	68
AUROVELA 24 FE	57	bcg vaccine injection solution reconstituted	63
AUROVELA FE 1.5/30	57	BD PEN	76
AUROVELA FE 1/20	57	BD PEN MINI	76
AUSTEDO	29	benazepril hcl oral	9
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 6 MG	29	benazepril-hydrochlorothiazide	9
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG	29	benazepril-hydrochlorothiazide oral tablet 10-12.5 mg	23
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 24 & 30 MG	29	benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	23
AUTOPEN	76	benazepril-hydrochlorothiazide oral tablet 5-6.25 mg	23
AUVELITY	29	BENLYSTA	63
AVASTIN	14	benzoyl peroxide-erythromycin	42
AVIANE	57	benztropine mesylate oral	29
AVMAPKI FAKZYNJA CO-PACK	14	bepotastine besilate	76
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	29	BESREMI	14
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	29	betaine	55
AYUNA	57	betamethasone dipropionate aug	42
AYVAKIT	14	betamethasone dipropionate external cream	42
azathioprine oral tablet 50 mg	63	betamethasone dipropionate external lotion	42
azelaic acid external	42	betamethasone dipropionate external ointment ...	43
azelastine hcl nasal solution 0.1 %, 137 mcg/spray ...	79	betamethasone valerate external	43
		BETASERON SUBCUTANEOUS KIT	29
		betaxolol hcl ophthalmic	76
		betaxolol hcl oral	23
		bethanechol chloride oral	56
		BETOPTIC-S	76

<i>bexarotene external</i>	43	<i>budesonide inhalation suspension 1 mg/2ml</i>	79
<i>bexarotene oral</i>	14	<i>budesonide oral</i>	53
BEXSERO	63	<i>budesonide-formoterol fumarate</i>	79
<i>bicalutamide</i>	14	<i>bumetanide injection</i>	23
BICILLIN C-R	68	<i>bumetanide oral</i>	23
BICILLIN C-R 900/300	68	<i>buprenorphine hcl injection</i>	30
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	68	<i>buprenorphine hcl sublingual</i>	30
BIJUVA	57	<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	30
BIKTARVY ORAL TABLET 30-120-15 MG	68	<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	30
BIKTARVY ORAL TABLET 50-200-25 MG	68	<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	30
<i>bimatoprost ophthalmic</i>	76	<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	30
<i>bisoprolol fumarate oral</i>	23	<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	30
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	9	<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	30
<i>bisoprolol-hydrochlorothiazide</i>	9	<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr</i>	11
BLISOVI 24 FE	57	<i>buprenorphine transdermal patch weekly 20 mcg/hr</i>	11
BLISOVI FE 1.5/30	57	<i>buprenorphine transdermal patch weekly 5 mcg/hr, 7.5 mcg/hr</i>	11
BLISOVI FE 1/20	57	<i>bupropion hcl er (smoking det)</i>	30
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	63	<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	30
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	63	<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	30
<i>bortezomib injection solution reconstituted 1 mg</i>	14	<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	30
<i>bortezomib injection solution reconstituted 2.5 mg</i>	15	<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	30
<i>bosentan</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-caffeine oral capsule 50-300-40 mg</i>	30
BOTOX	29	<i>butalbital-apap-caffeine 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-caffeine 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	CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML	68
<i>brimonidine tartrate ophthalmic</i>	76	<i>cabergoline</i>	57
<i>brimonidine tartrate-timolol</i>	76		
<i>brinzolamide</i>	76		
BRIVIACT INTRAVENOUS	29		
BRIVIACT ORAL SOLUTION	29		
BRIVIACT ORAL TABLET	29		
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	76		
<i>bromocriptine mesylate oral</i>	30		
BRUKINSA	15		
<i>budesonide er oral tablet extended release 24 hour</i>	53		
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	79		

CABOMETYX	15	cefazolin sodium-dextrose intravenous solution 3-4 gm/150ml-%	68
calcipotriene external cream	43	cefazolin sodium-dextrose intravenous solution reconstituted 3-2 gm-%(50ml)	68-69
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	ceftazidime injection solution reconstituted 1 gm, 6 gm	69
CAMILA	57	ceftazidime intravenous	69
CAMRESE	57	ceftriaxone sodium in dextrose	69
CAMRESE LO	57	ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	69
candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg	23	ceftriaxone sodium intravenous	69
candesartan cilexetil oral tablet 32 mg	23	cefuroxime axetil oral tablet 250 mg	69
candesartan cilexetil-hctz oral tablet 16-12.5 mg	23	cefuroxime axetil oral tablet 500 mg	69
candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg	23	cefuroxime sodium injection solution reconstituted 750 mg	69
CAPLYTA	30	cefuroxime sodium intravenous solution reconstituted 1.5 gm	69
CAPRELSA ORAL TABLET 100 MG	15	celecoxib oral capsule 100 mg, 200 mg, 50 mg	11
CAPRELSA ORAL TABLET 300 MG	15	celecoxib oral capsule 400 mg	12
captopril oral tablet 100 mg	23	cephalexin oral capsule 250 mg, 500 mg	69
captopril oral tablet 12.5 mg, 25 mg, 50 mg	23	cephalexin oral capsule 750 mg	69
carbamazepine er	30	cephalexin oral suspension reconstituted 125 mg/5ml	69
carbamazepine oral	30	cephalexin oral suspension reconstituted 250 mg/5ml	69
carbidopa oral	30	cephalexin oral tablet	69
carbidopa-levodopa	30	cetirizine hcl oral solution	79
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	30	cevimeline hcl	43
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	CHARLOTTE 24 FE	57
carbinoxamine maleate oral solution	79	CHATEAL EQ	57
carbinoxamine maleate oral tablet 4 mg	79	CHEMET	49
carbinoxamine maleate oral tablet 6 mg	79	chlordiazepoxide hcl	30
CARDURA XL	56	chlordiazepoxide-amitriptyline	30
carglumic acid oral tablet soluble	47	chlorhexidine gluconate mouth/throat	43
carisoprodol oral tablet 350 mg	30	chloroquine phosphate oral	69
carteolol hcl	76	chlorpromazine hcl injection	30
CARTIA XT	23	chlorpromazine hcl oral concentrate 100 mg/ml	30
carvedilol	9	chlorpromazine hcl oral concentrate 30 mg/ml	31
CAYSTON	79	chlorpromazine hcl oral tablet	31
cefaclor er	68	chlorthalidone oral tablet 25 mg, 50 mg	9
cefaclor oral capsule	68	chlorzoxazone oral tablet 500 mg	31
cefaclor oral suspension reconstituted 250 mg/5ml	68		
cefadroxil	68		
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg	68		
cefazolin sodium intravenous solution reconstituted 1 gm	68		

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	76	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	43
clindamycin phosphate external solution	43	clotrimazole-betamethasone	43
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
clindamycin phosphate injection solution 900 mg/ 6ml	69	clozapine oral tablet 50 mg	31
clindamycin phosphate vaginal	56	clozapine oral tablet dispersible 100 mg	31
clindamycin-tretinoin	43	clozapine oral tablet dispersible 12.5 mg	31
CLINIMIX E/DEXTROSE (2.75/5)	47	clozapine oral tablet dispersible 150 mg	31
		clozapine oral tablet dispersible 200 mg	31
		clozapine oral tablet dispersible 25 mg	31

COARTEM	69	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	<i>dabigatran etexilate mesylate</i>	21
codeine sulfate oral tablet	12	<i>dalfampridine er</i>	31
colchicine oral capsule	12	<i>danazol oral</i>	57
colchicine oral tablet	12	<i>dantrolene sodium oral</i>	31
colchicine-probenecid	12	DANZITEN	15
colesevelam hcl	24	<i>dapagliflozin propanediol</i>	49
colestipol hcl	24	<i>dapsone oral</i>	69
colistimethate sodium (cba)	69	DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 ...	64
COMBIPATCH	57	<i>daptomycin intravenous solution reconstituted 500</i>	
COMBIVENT RESPIMAT	79	<i>mg</i>	70
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	15	<i>darifenacin hydrobromide er</i>	56
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	15	<i>darunavir</i>	70
COMETRIQ (60 MG DAILY DOSE)	15	DARZALEX FASPRO	15
COMPRO	53	<i>dasatinib</i>	15
<i>constulose</i>	53	DASETTA 1/35 (28)	57
COPIKTRA	15	DASETTA 7/7/7	57
CORLANOR ORAL SOLUTION	24	DAURISMO ORAL TABLET 100 MG	15
CORTIFOAM EXTERNAL	53	DAURISMO ORAL TABLET 25 MG	15
CORTISPORIN-TC	78	DAYSEE	57
COSENTYX (300 MG DOSE)	63	DEBLITANE	58
COSENTYX SENSOREADY (300 MG)	63	<i>deferasirox oral tablet 90 mg</i>	49
COSENTYX SENSOREADY PEN	63	<i>deferasirox oral tablet soluble</i>	49
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED		<i>deferiprone</i>	49
SYRINGE 150 MG/ML	64	DELSTRIGO	70
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED		DELYLA	58
SYRINGE 75 MG/0.5ML	64	<i>demeclocycline hcl oral</i>	70
COSENTYX UNOREADY	64	DENTA 5000 PLUS	44
COTELLIC	15	DENTAGEL	44
CREON	56	DEPO-SUBQ PROVERA 104 SUBCUTANEOUS	
CRESEMBA ORAL	69	SUSPENSION PREFILLED SYRINGE	58
CRINONE	57	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100	
<i>cromolyn sodium inhalation</i>	79	MG/ML	58
<i>cromolyn sodium ophthalmic</i>	77	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200	
<i>cromolyn sodium oral</i>	56	MG/ML	58
CROTAN	43	DESCOVY	70
CRYSSELLE-28	57	<i>desipramine hcl oral</i>	31
<i>cyclobenzaprine hcl oral tablet 10 mg</i>	31	<i>desloratadine oral tablet</i>	79
<i>cyclobenzaprine hcl oral tablet 5 mg</i>	31	<i>desloratadine oral tablet dispersible</i>	79
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	77	<i>desmopressin ace spray refrig</i>	58
<i>cyclophosphamide oral capsule</i>	15	<i>desmopressin acetate oral</i>	58
CYCLOSET	49	<i>desmopressin acetate spray</i>	58
<i>cyclosporine modified</i>	64	<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01</i>	
<i>cyclosporine ophthalmic</i>	77	<i>mg (21/5)</i>	58
<i>cyclosporine oral capsule</i>	64	<i>desonide external cream</i>	44
<i>cyproheptadine hcl oral syrup</i>	79	<i>desonide external lotion</i>	44
<i>cyproheptadine hcl oral tablet</i>	79	<i>desonide external ointment</i>	44
CYRED EQ	57	<i>desoximetasone external cream</i>	44
		<i>desoximetasone external gel</i>	44
		<i>desoximetasone external liquid</i>	44

desoximetasone external ointment	44	diclofenac sodium external solution 1.5 %	12
desvenlafaxine er	31	diclofenac sodium ophthalmic	77
desvenlafaxine succinate er	31	diclofenac sodium oral	12
DEXAMETHASONE INTENSOL	58	diclofenac-misoprostol oral tablet delayed release	12
dexamethasone oral elixir	58	dicloxacillin sodium	70
dexamethasone oral solution	58	dicyclomine hcl oral capsule	53
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	58	dicyclomine hcl oral solution 10 mg/5ml	53
dexamethasone oral tablet 2 mg, 4 mg, 6 mg	58	dicyclomine hcl oral tablet 20 mg	53
dexamethasone oral tablet therapy pack	58	DIFICID	70
dexamethasone sod phos +rfid	58	diflorasone diacetate external	44
dexamethasone sod phosphate pf injection solution	58	diflunisal oral	12
dexamethasone sodium phosphate injection	58	difluprednate	77
dexamethasone sodium phosphate ophthalmic	77	digox oral tablet 125 mcg	24
dexlansoprazole	53	digox oral tablet 250 mcg	24
dexmethylphenidate hcl	31	digoxin oral solution	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	digoxin oral tablet 125 mcg	24
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg	31	digoxin oral tablet 250 mcg	24
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	32	digoxin oral tablet 62.5 mcg	24
dextroamphetamine sulfate oral solution	32	dihydroergotamine mesylate injection	32
dextroamphetamine sulfate oral tablet 10 mg	32	dihydroergotamine mesylate nasal	32
dextroamphetamine sulfate oral tablet 5 mg	32	DILANTIN ORAL CAPSULE 30 MG	32
dextrose 5%/electrolyte #48	47	dilt-xr	24
dextrose intravenous solution 10 %, 5 %	47	diltiazem hcl er beads	24
dextrose intravenous solution 250 mg/ml	47	diltiazem hcl er coated beads oral capsule extended release 24 hour	24
dextrose-nacl intravenous solution 5-0.9 %	47	diltiazem hcl er oral capsule extended release 12 hour	24
dextrose-sodium chloride intravenous solution 10-0.2 %	47	diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 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 er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	24
DIACOMIT ORAL CAPSULE 250 MG	32	diltiazem hcl intravenous solution reconstituted	24
DIACOMIT ORAL CAPSULE 500 MG	32	diltiazem hcl oral tablet	24
DIACOMIT ORAL PACKET 250 MG	32	dimethyl fumarate oral capsule delayed release 120 mg	32
DIACOMIT ORAL PACKET 500 MG	32	dimethyl fumarate oral capsule delayed release 240 mg	32
diazepam injection	32	dimethyl fumarate starter pack oral capsule delayed release therapy pack	32
DIAZEPAM INTENSOL	32	diphenhydramine hcl injection	79
diazepam oral concentrate	32	diphenoxylate-atropine oral liquid	53
diazepam oral solution 5 mg/5ml	32	diphenoxylate-atropine oral tablet 2.5-0.025 mg	54
diazepam oral tablet 10 mg	32	dipyridamole oral	21
diazepam oral tablet 2 mg	32	disopyramide phosphate oral	24
diazepam oral tablet 5 mg	32	disulfiram oral	32
diazepam rectal	32	divalproex sodium er oral tablet extended release 24 hour	32
diazoxide oral	49	divalproex sodium oral capsule delayed release sprinkle	32
diclofenac potassium oral tablet 50 mg	12	divalproex sodium oral tablet delayed release	32
diclofenac sodium er	12	dofetilide	24
diclofenac sodium external gel 1 %	12		
diclofenac sodium external gel 3 %	44		

DOLISHALE	58	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED	
donepezil hcl oral tablet 10 mg, 5 mg	32	SYRINGE 300 MG/2ML	44
donepezil hcl oral tablet 23 mg	32	duramorph	12
donepezil hcl oral tablet dispersible	32	dutasteride oral	56
dorzolamide hcl ophthalmic	77	dutasteride-tamsulosin hcl	56
dorzolamide hcl-timolol mal	77	DYSPORT	33
dorzolamide hcl-timolol mal pf ophthalmic solution		E	
2-0.5 %	77	E.E.S. 400 ORAL TABLET	70
DOTTI	58	econazole nitrate external	44
DOVATO	70	EDURANT	70
doxazosin mesylate oral	24	efavirenz oral tablet	70
doxepin hcl oral capsule	32	efavirenz-emtricitab-tenofo df	70
doxepin hcl oral concentrate	32	efavirenz-lamivudine-tenofovir	70
doxepin hcl oral tablet	32	EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	47
doxercalciferol oral	49	EGRIFTA SV	58
doxorubicin hcl liposomal intravenous		eletriptan hydrobromide	33
suspension	15	ELIGARD SUBCUTANEOUS KIT 22.5 MG, 7.5 MG	15
DOXY 100	70	ELIGARD SUBCUTANEOUS KIT 30 MG, 45 MG	15
doxycycline hyclate intravenous	70	ELINEST	58
doxycycline hyclate oral capsule	70	ELIQUIS	21
doxycycline hyclate oral tablet 100 mg, 20 mg	70	ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY	
doxycycline monohydrate oral capsule 100 mg, 50		PACK	21
mg	70	ELIXOPHYLLIN	79
doxycycline monohydrate oral suspension		ELMIRON	56
reconstituted	70	eltrombopag olamine oral packet 12.5 mg	21
doxycycline monohydrate oral tablet	70	eltrombopag olamine oral packet 25 mg	21
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE		eltrombopag olamine oral tablet 12.5 mg, 25 mg	21
SPRINKLE 20 MG, 60 MG	32	eltrombopag olamine oral tablet 50 mg	21
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE		eltrombopag olamine oral tablet 75 mg	21
SPRINKLE 30 MG, 40 MG	32	ELURYNG	58
dronabinol	54	EMEND ORAL SUSPENSION RECONSTITUTED	54
drospiren-eth estrad-levomefol	58	EMGALITY	33
drospirenone-ethinyl estradiol	58	EMGALITY (300 MG DOSE)	33
DROXIA	21	EMSAM	33
droxidopa oral capsule 100 mg	24	emtricitab-rilpivir-tenofov df	70
droxidopa oral capsule 200 mg, 300 mg	24	emtricitabine	70
DULERA	79	emtricitabine-tenofovir df oral tablet 100-150 mg, 133-	
duloxetine hcl oral capsule delayed release particles		200 mg, 167-250 mg	70
20 mg	33	emtricitabine-tenofovir df oral tablet 200-300	
duloxetine hcl oral capsule delayed release particles		mg	70
30 mg	33	EMTRIVA ORAL SOLUTION	70
duloxetine hcl oral capsule delayed release particles		EMZAHH	58
40 mg	33	enalapril maleate oral tablet	9
duloxetine hcl oral capsule delayed release particles		enalapril-hydrochlorothiazide	9
60 mg	33	enalapril-hydrochlorothiazide oral tablet 10-25	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR		mg	24
200 MG/1.14ML	44	enalapril-hydrochlorothiazide oral tablet 5-12.5	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR		mg	24
300 MG/2ML	44	ENBREL MINI	64
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED		ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML ...	64
SYRINGE 200 MG/1.14ML	44	ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	
		25 MG/0.5ML	64

ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	ERGOMAR	33
50 MG/ML	ergotamine-caffeine	33
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	ERIVEDGE	15
64	ERLEADA ORAL TABLET 240 MG	15
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	ERLEADA ORAL TABLET 60 MG	15
12	erlotinib hcl oral tablet 100 mg, 150 mg	15
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	erlotinib hcl oral tablet 25 mg	15
64	ERRIN	58
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	ertapenem sodium	70
64	ery	44
ENILLORING	ERY-TAB	70
58	ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	70
enoxaparin sodium injection solution 300 mg/3ml	erythromycin base oral	70
21	erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	70
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml	erythromycin ethylsuccinate oral tablet	70
21	erythromycin external gel	44
enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml	erythromycin external solution	44
21	erythromycin lactobionate	70
enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml	erythromycin ophthalmic	77
21	erythromycin oral	70
enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml	escitalopram oxalate oral solution 5 mg/5ml	33
21	escitalopram oxalate oral tablet 10 mg	33
enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml	escitalopram oxalate oral tablet 20 mg	33
21	escitalopram oxalate oral tablet 5 mg	33
ENPRESSE-28	eslicarbazepine acetate oral tablet 200 mg, 400 mg	33
58	eslicarbazepine acetate oral tablet 600 mg, 800 mg	33
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	54
58	esomeprazole sodium intravenous solution reconstituted 40 mg	54
entacapone	ESTARYLLA	58
33	estazolam	33
entecavir	estradiol oral	58
70	estradiol transdermal patch twice weekly	58
ENTRESTO ORAL CAPSULE SPRINKLE	estradiol transdermal patch weekly	58
24	estradiol vaginal	58
ENTRESTO ORAL TABLET 24-26 MG	estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	58
24	estradiol-norethindrone acet	58
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	eszopiclone	33
24	ethambutol hcl oral	70
enulose	ethosuximide oral	33
54	ethynodiol diac-eth estradiol	58
ENVARUSUS XR	etodolac er	12
64	etodolac oral	12
EPCLUSA ORAL PACKET 150-37.5 MG	etonogestrel-ethinyl estradiol	58
70	etravirine oral tablet 100 mg	71
EPCLUSA ORAL PACKET 200-50 MG	etravirine oral tablet 200 mg	71
70		
EPCLUSA ORAL TABLET 200-50 MG		
70		
EPCLUSA ORAL TABLET 400-100 MG		
70		
EPIDIOLEX		
33		
epinastine hcl		
77		
epinephrine injection solution 0.3 mg/0.3ml		
79		
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml		
79		
EPITOL		
33		
eplerenone		
24		
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML		
21		
EPRONTIA		
33		
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG		
33		
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG		
33		
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG		
33		

EUCRISA	44	FETZIMA	33
EULEXIN	15	FETZIMA TITRATION	33
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	finngolimod hcl	34
ezetimibe	24	FINTEPLA	34
ezetimibe-simvastatin	24	FINZALA	59
F		FIRDAPSE	34
FALMINA	58	FIRMAGON (240 MG DOSE)	15
famciclovir oral tablet 125 mg, 250 mg	71	FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED	
famciclovir oral tablet 500 mg	71	80 MG	15
famotidine (pf)	54	FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/	
famotidine intravenous solution 200 mg/20ml, 40 mg/		ML	71
4ml	54	FIRVANQ ORAL SOLUTION RECONSTITUTED 50 MG/	
famotidine oral suspension reconstituted	54	ML	71
famotidine oral tablet 20 mg, 40 mg	54	FLAC	78
famotidine premixed	54	flavoxate hcl	56
FANAPT ORAL TABLET 1 MG	33	flecainide acetate	25
FANAPT ORAL TABLET 10 MG, 12 MG	33	fluconazole in sodium chloride intravenous solution	
FANAPT ORAL TABLET 2 MG	33	200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	71
FANAPT ORAL TABLET 4 MG	33	fluconazole oral	71
FANAPT ORAL TABLET 6 MG	33	flucytosine oral	71
FANAPT ORAL TABLET 8 MG	33	fludrocortisone acetate oral	59
FANAPT TITRATION PACK	33	flunisolide nasal solution 25 mcg/act (0.025%)	80
FANAPT TITRATION PACK A	33	fluocinolone acetonide body	44
FARXIGA	49	fluocinolone acetonide external	44
FASENRA PEN	79	fluocinolone acetonide otic	78
FASENRA SUBCUTANEOUS SOLUTION PREFILLED		fluocinolone acetonide scalp	44
SYRINGE 10 MG/0.5ML	80	fluocinonide emulsified base	44
FASENRA SUBCUTANEOUS SOLUTION PREFILLED		fluocinonide external cream 0.05 %	44
SYRINGE 30 MG/ML	80	fluocinonide external cream 0.1 %	44
febuxostat	12	fluocinonide external gel	44
FEIRZA 1.5/30	58	fluocinonide external ointment	44
FEIRZA 1/20	59	fluocinonide external solution	44
felbamate oral suspension	33	fluorometholone ophthalmic	77
felbamate oral tablet	33	fluorouracil external cream 5 %	44
felodipine er	24	fluorouracil external solution	44
fenofibrate micronized oral capsule 130 mg, 134 mg,		fluoxetine hcl oral capsule 10 mg	34
200 mg, 43 mg, 67 mg	25	fluoxetine hcl oral capsule 20 mg	34
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	25	fluoxetine hcl oral capsule 40 mg	34
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54		fluoxetine hcl oral capsule delayed release	34
mg	25	fluoxetine hcl oral solution	34
fenofibric acid oral capsule delayed release	25	fluphenazine decanoate injection	34
fentanyl citrate buccal lozenge on a handle 1200 mcg,		fluphenazine hcl injection	34
1600 mcg, 200 mcg, 400 mcg, 800 mcg	12	fluphenazine hcl oral	34
fentanyl transdermal patch 72 hour 100 mcg/hr, 12		flurandrenolide external cream	44
mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	12	flurandrenolide external lotion	44
FERRIPROX ORAL SOLUTION	49	flurbiprofen oral tablet 100 mg	12
fesoterodine fumarate er	56	flurbiprofen sodium	77

<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act</i>	80	FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	34
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>	80	FYCOMPA ORAL TABLET 2 MG	34
<i>fluticasone propionate external</i>	44	G	
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	80	<i>gabapentin oral capsule 100 mg, 400 mg</i>	34
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	80	<i>gabapentin oral capsule 300 mg</i>	34
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	80	<i>gabapentin oral solution</i>	34
<i>fluticasone propionate nasal</i>	80	<i>gabapentin oral tablet 600 mg</i>	34
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	80	<i>gabapentin oral tablet 800 mg</i>	34
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	80	<i>galantamine hydrobromide er</i>	34
<i>fluvastatin sodium</i>	25	<i>galantamine hydrobromide oral solution</i>	34
<i>fluvastatin sodium er</i>	25	<i>galantamine hydrobromide oral tablet</i>	34
<i>fluvoxamine maleate oral tablet 100 mg</i>	34	GALBRIELA	59
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	34	GALLIFREY	59
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	21	GAMUNEX-C	64
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	22	GARDASIL 9	64
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	22	<i>gatifloxacin ophthalmic</i>	77
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	22	GATTEX	54
<i>formoterol fumarate inhalation</i>	80	GAUZE STERILE PADS 2	76
FOSAMAX PLUS D	49	GAVILYTE-C	54
<i>fosamprenavir calcium</i>	71	GAVILYTE-G	54
<i>fosfomycin tromethamine</i>	71	GAVILYTE-N WITH FLAVOR PACK	54
<i>fosinopril sodium</i>	9	GAVRETO	16
<i>fosinopril sodium-hctz</i>	25	<i>gefitinib</i>	16
FOTIVDA	15	<i>gemfibrozil oral</i>	25
<i>fraiche 5000 dental</i>	44	GEMTESA	56
FRUZAQLA ORAL CAPSULE 1 MG	15	<i>generlac</i>	54
FRUZAQLA ORAL CAPSULE 5 MG	16	GENGRAF ORAL CAPSULE 100 MG, 25 MG	64
FULPHILA	22	GENGRAF ORAL SOLUTION	64
<i>fulvestrant intramuscular solution prefilled syringe</i>	16	GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG	59
<i>furosemide injection</i>	25	GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	59
<i>furosemide oral solution 10 mg/ml</i>	25	GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG	59
<i>furosemide oral solution 8 mg/ml</i>	25	GENOTROPIN SUBCUTANEOUS CARTRIDGE 5 MG	59
<i>furosemide oral tablet</i>	9	<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	71
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	71	<i>gentamicin in saline intravenous solution 2-0.9 mg/ml-%</i>	71
FYAVOLV	59	<i>gentamicin sulfate external</i>	44
FYCOMPA ORAL SUSPENSION	34	<i>gentamicin sulfate injection solution 40 mg/ml</i>	71
		<i>gentamicin sulfate ophthalmic solution</i>	77
		GENVOYA	71
		GILENYA ORAL CAPSULE 0.25 MG	34
		GILOTRIF	16
		<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	34
		<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	34

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
glimepiride oral tablet 1 mg	10	HAILEY FE 1.5/30	59
glimepiride oral tablet 2 mg	10	HAILEY FE 1/20	59
glimepiride oral tablet 4 mg	10	halobetasol propionate external cream	44
glipizide er oral tablet extended release 24 hour 10 mg	10	halobetasol propionate external ointment	44
glipizide er oral tablet extended release 24 hour 2.5 mg	10	HALOETTE	59
glipizide er oral tablet extended release 24 hour 5 mg	10	haloperidol decanoate intramuscular	34
glipizide oral tablet 10 mg	10	haloperidol lactate injection	34
glipizide oral tablet 2.5 mg	49	haloperidol lactate oral	34
glipizide oral tablet 5 mg	10	haloperidol oral	34
glipizide-metformin hcl oral tablet 2.5-250 mg	10	HARVONI	71
glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg	10	HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	64
glucagon emergency injection kit	49	HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	64
glucose (dextrose) intravenous solution 50 %	47	HEATHER	59
glyburide micronized oral tablet 1.5 mg	49	heparin (porcine) in nacl intravenous solution 12500-0.45 ut/250ml-%, 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%	22
glyburide micronized oral tablet 3 mg	49	heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	22
glyburide micronized oral tablet 6 mg	49	heparin sodium (porcine) pf injection solution 1000 unit/ml	22
glyburide oral tablet 1.25 mg	50	HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	64
glyburide oral tablet 2.5 mg	50	HERCEPTIN HYLECTA	16
glyburide oral tablet 5 mg	50	HIBERIX INJECTION	64
glyburide-metformin oral tablet 1.25-250 mg	50	HIDEX 6-DAY	59
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	50	HUMATROPE INJECTION CARTRIDGE	59
glycopyrrolate injection solution	54	HUMIRA (1 PEN)	64
glycopyrrolate oral tablet 1 mg, 2 mg	54	HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	64
GLYDO EXTERNAL PREFILLED SYRINGE	12	HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	64
GLYXAMBI	50	HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	64
GOMEKLI ORAL CAPSULE 1 MG	16	HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	64
GOMEKLI ORAL CAPSULE 2 MG	16	HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS AUTO-INJECTOR KIT	64
GOMEKLI ORAL TABLET SOLUBLE	16	HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	64
granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml	54	HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	65
granisetron hcl oral	54	hydralazine hcl injection	25
GRANIX	22	hydralazine hcl oral	25
griseofulvin microsize oral	71	hydrochlorothiazide oral	9
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	71		
guanfacine hcl er	34		
guanfacine hcl oral	25		
GVOKE HYPOPEN 1-PACK	50		
GVOKE HYPOPEN 2-PACK	50		
GVOKE KIT	50		

<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 400 mg</i>	16
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	12	IMBRUVICA ORAL CAPSULE 140 MG	16
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	12	IMBRUVICA ORAL CAPSULE 70 MG	16
<i>hydrocortisone (perianal) external cream 1 %</i>	45	IMBRUVICA ORAL SUSPENSION	16
<i>hydrocortisone (perianal) external cream 2.5 %</i>	45	IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG ...	16
<i>hydrocortisone butyr lipo base</i>	45	<i>imipenem-cilastatin</i>	71
<i>hydrocortisone butyrate external cream</i>	45	<i>imipramine hcl oral</i>	34
<i>hydrocortisone butyrate external lotion</i>	45	<i>imiquimod external cream 5 %</i>	45
<i>hydrocortisone butyrate external ointment</i>	45	<i>imkeldi</i>	16
<i>hydrocortisone butyrate external solution</i>	45	IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/ 2ML	65
<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>	78	<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	34
<i>ibu oral tablet 400 mg, 600 mg</i>	12	INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	35
<i>ibuprofen oral suspension</i>	12	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	35
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	12	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	35
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	22	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	35
ICLEVIA	59	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	35
ICLUSIG	16	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	35
<i>icosapent ethyl</i>	25	INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	35
IDHIFA ORAL TABLET 100 MG	16		
IDHIFA ORAL TABLET 50 MG	16		
IGALMI SUBLINGUAL FILM 120 MCG	76		
IGALMI SUBLINGUAL FILM 180 MCG	76		
ILEVRO	77		
<i>imatinib mesylate oral tablet 100 mg</i>	16		

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

<i>ketoconazole oral</i>	71	LANTUS	50
KETODAN EXTERNAL FOAM	45	LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN- INJECTOR	50
<i>ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml</i>	12	<i>lapatinib ditosylate</i>	17
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	12	LARIN 1.5/30	59
<i>ketorolac tromethamine ophthalmic</i>	77	LARIN 1/20	59
<i>ketorolac tromethamine oral</i>	12	LARIN 24 FE	59
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	65	LARIN FE 1.5/30	59
KIONEX COMBINATION	50	LARIN FE 1/20	59
KISQALI (200 MG DOSE)	16	<i>latanoprost ophthalmic</i>	77
KISQALI (400 MG DOSE)	16	LAYOLIS FE	59
KISQALI (600 MG DOSE)	16	LAZCLUZE ORAL TABLET 240 MG	17
KISQALI FEMARA (200 MG DOSE)	16	LAZCLUZE ORAL TABLET 80 MG	17
KISQALI FEMARA (400 MG DOSE)	16	LEENA	59
KISQALI FEMARA (600 MG DOSE)	17	<i>leflunomide oral</i>	65
KLAYESTA	45	<i>lenalidomide oral capsule 10 mg</i>	17
KLOR-CON 10	47	<i>lenalidomide oral capsule 15 mg, 2.5 mg, 20 mg, 25 mg</i>	17
KLOR-CON M10	47	<i>lenalidomide oral capsule 5 mg</i>	17
KLOR-CON M15	47	LENVIMA (10 MG DAILY DOSE)	17
KLOR-CON M20	47	LENVIMA (12 MG DAILY DOSE)	17
KLOR-CON ORAL TABLET EXTENDED RELEASE	47	LENVIMA (14 MG DAILY DOSE)	17
KLOR-CON/EF	47	LENVIMA (18 MG DAILY DOSE)	17
KLOXXADO	35	LENVIMA (20 MG DAILY DOSE)	17
KOSELUGO	76	LENVIMA (24 MG DAILY DOSE)	17
KOURZEQ	45	LENVIMA (4 MG DAILY DOSE)	17
KRAZATI	17	LENVIMA (8 MG DAILY DOSE)	17
KURVELO	59	LESSINA	59
KYLEENA	59	<i>letrozole oral</i>	17
L		<i>leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 500 mg</i>	17
<i>l-glutamine oral packet</i>	22	<i>leucovorin calcium oral</i>	17
<i>labetalol hcl oral</i>	25	LEUKERAN	17
<i>lacosamide oral solution</i>	35	LEUKINE INJECTION SOLUTION RECONSTITUTED	22
<i>lacosamide oral tablet</i>	35	<i>leuprolide acetate (3 month)</i>	17
<i>lactated ringers intravenous</i>	47	<i>leuprolide acetate injection</i>	17
<i>lactulose encephalopathy oral solution 10 gm/ 15ml</i>	54	<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	80
<i>lactulose oral solution</i>	54	<i>levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml</i>	80
<i>lamivudine oral solution</i>	71	<i>levalbuterol tartrate</i>	80
<i>lamivudine oral tablet 100 mg</i>	72	<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	35
<i>lamivudine oral tablet 150 mg</i>	72	<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	35
<i>lamivudine oral tablet 300 mg</i>	72	<i>levetiracetam oral solution</i>	35
<i>lamivudine-zidovudine</i>	72	<i>levetiracetam oral tablet</i>	35
<i>lamotrigine er</i>	35	levo-t	59
<i>lamotrigine oral tablet</i>	35	<i>levobunolol hcl ophthalmic solution 0.5 %</i>	77
<i>lamotrigine oral tablet chewable</i>	35	<i>levocarnitine oral solution</i>	48
<i>lamotrigine oral tablet dispersible</i>	35	<i>levocarnitine oral tablet</i>	48
<i>lansoprazole oral capsule delayed release 15 mg</i>	54	<i>levocarnitine sf</i>	48
<i>lansoprazole oral capsule delayed release 30 mg</i>	54		

levocetirizine dihydrochloride oral solution	80	LOESTRIN FE 1/20	60
levocetirizine dihydrochloride oral tablet	80	LOJAIMI ESS	60
levofloxacin in d5w	72	LOKELMA ORAL PACKET 10 GM	50
levofloxacin intravenous	72	LOKELMA ORAL PACKET 5 GM	50
levofloxacin ophthalmic	77	LONSURF	17
levofloxacin oral solution	72	loperamide hcl oral capsule	54
levofloxacin oral tablet	72	lopinavir-ritonavir oral solution	72
LEVONEST	59	lopinavir-ritonavir oral tablet 100-25 mg	72
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	60	lopinavir-ritonavir oral tablet 200-50 mg	72
levonorgest-eth est & eth est	60	lorazepam injection	35
levonorgest-eth estrad 91-day	60	LORAZEPAM INTENSOL	35
levonorgestrel-ethinyl estrad	60	lorazepam oral concentrate 1 mg/0.5ml	35
LEVORA 0.15/30 (28)	60	lorazepam oral concentrate 2 mg/ml	35
levothyroxine sodium oral tablet	60	lorazepam oral tablet 0.5 mg	36
LEVOXYL	60	lorazepam oral tablet 1 mg	36
LIBERVANT	35	lorazepam oral tablet 2 mg	36
lidocaine external ointment 5 %	12	LORBRENA ORAL TABLET 100 MG	17
lidocaine external patch 5 %	13	LORBRENA ORAL TABLET 25 MG	17
lidocaine hcl (pf) injection solution 1 %	13	LORYNA	60
lidocaine hcl external solution	13	losartan potassium oral tablet 100 mg	9
lidocaine hcl injection solution 0.5 %	13	losartan potassium oral tablet 25 mg, 50 mg	9
lidocaine hcl mouth/throat	13	losartan potassium-hctz	9
lidocaine hcl urethral/mucosal	13	losartan potassium-hctz oral tablet 100-12.5 mg, 100- 25 mg	25
lidocaine viscous hcl	13	losartan potassium-hctz oral tablet 50-12.5 mg	25
lidocaine-prilocaine external cream	13	LOTEMAX OPHTHALMIC OINTMENT	77
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	60	LOTEMAX SM	77
linezolid in sodium chloride	72	loteprednol etabonate ophthalmic gel	77
linezolid intravenous solution 600 mg/300ml	72	loteprednol etabonate ophthalmic suspension 0.2 %	77
linezolid oral suspension reconstituted	72	loteprednol etabonate ophthalmic suspension 0.5 %	77
linezolid oral tablet	72	lovastatin oral	9
LINZESS	54	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	54
M		mesalamine oral tablet delayed release 800 mg	54
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	17	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	25
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		

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

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	60
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	37
naloxone hcl nasal	37	NICOTROL NS	37
naltrexone hcl oral	37	nifedipine er	26
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	37	nifedipine er osmotic release	26
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	37	nifedipine oral	26
naproxen dr oral tablet delayed release 500 mg	13	NIKKI	60
naproxen oral suspension	13	nilotinib hcl	18
naproxen oral tablet	13	nilutamide	18
naproxen oral tablet delayed release	13	nimodipine oral capsule	26
naproxen sodium oral tablet 275 mg, 550 mg	14	NINLARO	18
naratriptan hcl	37	nisoldipine er	26
NATACYN	77	nitazoxanide oral	72
nateglinide oral tablet 120 mg	51	nitisinone	56
nateglinide oral tablet 60 mg	51	NITRO-BID	26
NAYZILAM	37	nitrofurantoin macrocrystal oral	72
nebivolol hcl	26	nitrofurantoin monohyd macro	72
NECON 0.5/35 (28)	60	nitrofurantoin oral suspension 50 mg/10ml	72
nefazodone hcl	37	nitroglycerin intravenous	26
NEO-POLYCIN	77	nitroglycerin rectal	45
NEO-POLYCIN HC	77	nitroglycerin sublingual	26
neomycin sulfate oral	72	nitroglycerin transdermal patch 24 hour	26
neomycin-bacitracin zn-polymyx	77	nitroglycerin translingual solution	26
neomycin-polymyxin b gu	76	NIVESTYM INJECTION SOLUTION	22
neomycin-polymyxin-dexameth	77	nizatidine oral capsule	55
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	77	NORA-BE	60
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	77	NORDITROPIN FLEXPLO SUBCUTANEOUS SOLUTION	
neomycin-polymyxin-hc otic	78	PEN-INJECTOR	61
NERLYNX	18	norelgestromin-eth estradiol	61
NEULASTA ONPRO	22	norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	61
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	22	norethin ace-eth estrad-fe oral tablet chewable	61
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	22	norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg	61
		norethindron-ethinyl estrad-fe	61
		norethindrone acet-ethinyl est oral tablet	61
		norethindrone acetate oral	61
		norethindrone oral	61
		norethindrone-eth estradiol	61
		norgestim-eth estrad triphasic	61

<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	61	NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION	
NORLYROC	61	PEN-INJECTOR	61
NORPACE CR	26	NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION	
NORTREL 0.5/35 (28)	61	PEN-INJECTOR	61
NORTREL 1/35 (21)	61	NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION	
NORTREL 1/35 (28)	61	PEN-INJECTOR	61
NORTREL 7/7/7	61	NUZYRA ORAL	73
<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	37	NYAMYC	45
<i>nortriptyline hcl oral capsule 50 mg, 75 mg</i>	37	NYLIA 1/35	61
<i>nortriptyline hcl oral solution</i>	37	NYLIA 7/7/7	61
NORVIR ORAL PACKET	72	<i>nystatin external</i>	45
NOVOLIN 70/30	51	<i>nystatin mouth/throat</i>	45
NOVOLIN 70/30 FLEXPEN	51	<i>nystatin oral tablet</i>	73
NOVOLIN 70/30 FLEXPEN RELION	51	<i>nystatin-triamcinolone</i>	45
NOVOLIN 70/30 RELION	51	NYSTOP	45
NOVOLIN N	51	●	
NOVOLIN N FLEXPEN	51	OCELLA	61
NOVOLIN N FLEXPEN RELION	51	OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/	
NOVOLIN N RELION	51	20ML, 2.5 GM/50ML, 30 GM/300ML, 5 GM/100ML	65
NOVOLIN R	51	<i>octreotide acetate injection solution 100 mcg/ml</i>	61
NOVOLIN R FLEXPEN	51	<i>octreotide acetate injection solution 1000 mcg/ml,</i>	
NOVOLIN R FLEXPEN RELION	51	<i>200 mcg/ml, 50 mcg/ml</i>	61
NOVOLIN R RELION	51	<i>octreotide acetate injection solution 500 mcg/ml</i>	61
NOVOLOG 70/30 FLEXPEN RELION	51	<i>octreotide acetate intramuscular</i>	61
NOVOLOG FLEXPEN RELION	51	<i>octreotide acetate subcutaneous solution prefilled</i>	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-		<i>syringe 100 mcg/ml, 50 mcg/ml</i>	61
INJECTOR	51	<i>octreotide acetate subcutaneous solution prefilled</i>	
NOVOLOG INJECTION	51	<i>syringe 500 mcg/ml</i>	61
NOVOLOG MIX 70/30	51	ODEFSEY	73
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS		ODOMZO	18
SUSPENSION PEN-INJECTOR	51	OFEV	81
NOVOLOG MIX 70/30 RELION	51	<i>ofloxacin ophthalmic</i>	77
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION		<i>ofloxacin oral tablet 300 mg, 400 mg</i>	73
CARTRIDGE	51	<i>ofloxacin otic</i>	78
NOVOLOG RELION INJECTION	51	OGSIVEO ORAL TABLET 100 MG, 150 MG	18
NOVOPEN ECHO	76	OGSIVEO ORAL TABLET 50 MG	18
NP THYROID	61	OJEMDA ORAL SUSPENSION RECONSTITUTED	18
NUBEQA	18	OJEMDA ORAL TABLET	18
NUCALA SUBCUTANEOUS SOLUTION AUTO-		OJJAARA	18
INJECTOR	80	<i>olanzapine intramuscular</i>	37
NUCALA SUBCUTANEOUS SOLUTION PREFILLED		<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5</i>	
SYRINGE 100 MG/ML	81	<i>mg</i>	37
NUCALA SUBCUTANEOUS SOLUTION PREFILLED		<i>olanzapine oral tablet 20 mg</i>	37
SYRINGE 40 MG/0.4ML	81	<i>olanzapine oral tablet dispersible</i>	37
NUCALA SUBCUTANEOUS SOLUTION		<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-</i>	
RECONSTITUTED	81	<i>50 mg, 6-50 mg</i>	37
NUEDEXTA	37	<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25</i>	
NUPLAZID ORAL CAPSULE	37	<i>mg</i>	37
NUPLAZID ORAL TABLET 10 MG	37	<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	9
NURTEC	37	<i>olmesartan medoxomil oral tablet 5 mg</i>	9
NUTRILIPID	48	<i>olmesartan medoxomil-hctz oral tablet 20-12.5</i>	
		<i>mg</i>	26

<i>olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg</i>	26	<i>oxacillin sodium in dextrose intravenous solution 2 gm/50ml</i>	73
<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>	77	<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>	56
OMNIPOD 5 LIBRE2 PLUS G6 PODS	76	<i>oxybutynin chloride oral tablet 5 mg</i>	56
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	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>	37
ORGOVYX	18	<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	37
ORKAMBI ORAL TABLET	81	<i>paroxetine hcl oral tablet 20 mg</i>	38
ORSERDU ORAL TABLET 345 MG	18	<i>paroxetine hcl oral tablet 30 mg</i>	38
ORSERDU ORAL TABLET 86 MG	18	PAXLOVID (150/100)	73
ORSYTHIA	61	PAXLOVID (300/100 & 150/100)	73
<i>oseltamivir phosphate oral capsule 30 mg</i>	73	PAXLOVID (300/100)	73
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	73	<i>pazopanib hcl</i>	18
<i>oseltamivir phosphate oral suspension reconstituted</i>	73	PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	65
OSPHENA	61		
OTEZLA ORAL TABLET	65		
OTEZLA ORAL TABLET THERAPY PACK	65		

PEDVAX HIB INTRAMUSCULAR SUSPENSION	65	pioglitazone hcl oral tablet 15 mg	10
peg 3350-kcl-na bicarb-nacl	55	pioglitazone hcl oral tablet 30 mg	10
peg-3350/electrolytes	55	pioglitazone hcl oral tablet 45 mg	10
peg-3350/electrolytes/ascorbat	55	pioglitazone hcl-glimepiride	51
peg-kcl-nacl-nasulf-na asc-c	55	pioglitazone hcl-metformin hcl	51
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML ...	65	piperacillin sod-tazobactam so intravenous solution	
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED		reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3-0.375	
SYRINGE	65	gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5)	
PEMAZYRE	18	gm	73
PENBRAYA	65	PIQRAY (200 MG DAILY DOSE)	18
penciclovir	45	PIQRAY (250 MG DAILY DOSE)	18
penicillamine oral tablet	56	PIQRAY (300 MG DAILY DOSE)	18
penicillin g pot in dextrose intravenous solution 40000		pirfenidone oral tablet 267 mg	81
unit/ml, 60000 unit/ml	73	pirfenidone oral tablet 534 mg, 801 mg	81
penicillin g potassium	73	piroxicam oral	14
penicillin g sodium	73	pitavastatin calcium	26
penicillin v potassium	73	PLENAMINE	48
PENTACEL	65	PLENVU	55
pentamidine isethionate inhalation	73	pnv-dha	48
pentamidine isethionate injection	73	podofilox external solution	45
pentazocine-naloxone hcl	14	POLYCIN	78
pentoxifylline er	22	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	61	potassium cl in dextrose 5% intravenous solution 10	
PHOSPHOLINE IODIDE	77	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	45	pravastatin sodium	9
pimecrolimus	45	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	PROCRT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	22
<i>prednisone oral solution</i>	62	PROCRT 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>	26
<i>PREMPHASE</i>	62	<i>propafenone hcl er</i>	26
<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>	45	<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>	73
<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 ORAL TABLET 800-150 MG</i>	73	<i>pyridostigmine bromide oral tablet</i>	38
<i>PREZISTA ORAL SUSPENSION</i>	73	<i>pyrimethamine oral</i>	73
<i>PREZISTA ORAL TABLET 150 MG</i>	73	Q	
<i>PREZISTA ORAL TABLET 75 MG</i>	73	<i>QINLOCK</i>	18
<i>PRIFTIN</i>	73	<i>QUADRACEL</i>	66
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	73	<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>	65	<i>quetiapine fumarate oral tablet 100 mg</i>	38
		<i>quetiapine fumarate oral tablet 150 mg</i>	38

quetiapine fumarate oral tablet 200 mg	38	REVUFORJ ORAL TABLET 25 MG	19
quetiapine fumarate oral tablet 25 mg	38	REXULTI	39
quetiapine fumarate oral tablet 300 mg	38	REYATAZ ORAL PACKET	74
quetiapine fumarate oral tablet 400 mg	38	REZDIFFRA	62
quetiapine fumarate oral tablet 50 mg	39	REZLIDHIA	19
quinapril hcl	9	REZUROCK	66
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg	27	RHOPRESSA	78
quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	27	ribavirin oral capsule	74
quinidine sulfate oral	27	ribavirin oral tablet 200 mg	74
quinine sulfate oral	73	RIDAURA	66
QULIPTA	39	rifabutin	74
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	81	rifampin intravenous	74
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	81	rifampin oral	74
R		riluzole	39
RABAVERT	66	rimantadine hcl	74
rabeprazole sodium oral tablet delayed release ...	55	RINVOQ	66
RALDESY	39	RINVOQ LQ	66
raloxifene hcl	62	risedronate sodium oral tablet 150 mg	52
ramelteon	39	risedronate sodium oral tablet 30 mg	52
ramipril	9	risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	52
ranolazine er	27	risedronate sodium oral tablet 5 mg	52
rasagiline mesylate oral	39	risedronate sodium oral tablet delayed release	52
RAVICTI	56	risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg	39
RECLIPSEN	62	risperidone microspheres er intramuscular suspension reconstituted er 50 mg	39
RECOMBIVAX HB	66	risperidone oral solution	39
REGONOL INTRAVENOUS	39	risperidone oral tablet 0.25 mg	39
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	74	risperidone oral tablet 0.5 mg	39
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML	81	risperidone oral tablet 1 mg	39
repaglinide oral tablet 0.5 mg	52	risperidone oral tablet 2 mg	39
repaglinide oral tablet 1 mg	52	risperidone oral tablet 3 mg, 4 mg	39
repaglinide oral tablet 2 mg	52	risperidone oral tablet dispersible 0.25 mg	39
REPATHA	27	risperidone oral tablet dispersible 0.5 mg	39
REPATHA PUSHTRONEX SYSTEM	27	risperidone oral tablet dispersible 1 mg	39
REPATHA SURECLICK	27	risperidone oral tablet dispersible 2 mg	39
RESTASIS	78	risperidone oral tablet dispersible 3 mg	39
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	78	risperidone oral tablet dispersible 4 mg	39
RETEVMO ORAL CAPSULE 40 MG	18	ritonavir	74
RETEVMO ORAL CAPSULE 80 MG	18	RITUXAN HYCELA	19
RETEVMO ORAL TABLET 120 MG, 160 MG	18	rivastigmine	39
RETEVMO ORAL TABLET 40 MG	18	rivastigmine tartrate	39
RETEVMO ORAL TABLET 80 MG	18	RIVELSA	62
RETROVIR INTRAVENOUS	74	rizatriptan benzoate	39
REVCovi	56	ROCKLATAN	78
REVUFORJ ORAL TABLET 110 MG	19	roflumilast	81
REVUFORJ ORAL TABLET 160 MG	19	ROMVIMZA	19
		ropinirole hcl	39
		ropinirole hcl er	39
		rosuvastatin calcium oral	9
		ROSYRAH	62

ROTARIX ORAL SUSPENSION	66	<i>sildenafil citrate oral tablet 20 mg</i>	81
ROTATEQ ORAL SOLUTION	66	<i>silodosin</i>	57
ROWEEPRA ORAL TABLET 500 MG	39	<i>silver sulfadiazine external</i>	46
ROZLYTREK ORAL CAPSULE 100 MG	19	SIMBRINZA	78
ROZLYTREK ORAL CAPSULE 200 MG	19	SIMLANDI (1 PEN)	66
ROZLYTREK ORAL PACKET	19	SIMLANDI (1 SYRINGE)	66
RUBRACA	19	SIMLANDI (2 PEN)	66
<i>rufinamide oral suspension</i>	39	SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED	
<i>rufinamide oral tablet 200 mg</i>	39	SYRINGE KIT 20 MG/0.2ML	66
<i>rufinamide oral tablet 400 mg</i>	39	SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED	
RUKOBIA	74	SYRINGE KIT 40 MG/0.4ML	66
RYBELSUS (FORMULATION R2) ORAL TABLET 1.5		SIMLIYA	62
MG	52	SIMPESSE	62
RYBELSUS (FORMULATION R2) ORAL TABLET 4 MG, 9		<i>simvastatin oral tablet</i>	27
MG	52	<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> ...	9
RYBELSUS ORAL TABLET 14 MG, 7 MG	52	<i>sirolimus oral solution</i>	66
RYBELSUS ORAL TABLET 3 MG	52	<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	66
RYDAPT	19	<i>sirolimus oral tablet 2 mg</i>	66
RYKINDO	39	SIRTURO	74
RYLAZE	19	SKYLA	62
S		SKYRIZI INTRAVENOUS	66
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED		SKYRIZI PEN	66
SYRINGE	22	SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180	
SANDIMMUNE ORAL SOLUTION	66	MG/1.2ML	66
SANTYL	46	SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360	
<i>sapropterin dihydrochloride oral packet</i>	56	MG/2.4ML	66
<i>sapropterin dihydrochloride oral tablet</i>	56	SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED	
SCEMBLIX ORAL TABLET 100 MG	19	SYRINGE	66
SCEMBLIX ORAL TABLET 20 MG, 40 MG	19	<i>sodium bicarbonate intravenous solution 7.5 %</i>	48
<i>scopolamine</i>	55	<i>sodium chloride (pf)</i>	48
SECUADO	39	<i>sodium chloride injection solution 2.5 meq/ml</i>	48
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED		<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3</i>	
SYRINGE 45 MG/0.5ML	66	<i>%, 5 %</i>	48
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED		<i>sodium chloride irrigation solution 0.9 %</i>	76
SYRINGE 90 MG/ML	66	<i>sodium fluoride 5000 plus</i>	46
<i>selegiline hcl oral</i>	39	<i>sodium fluoride 5000 ppm dental cream</i>	46
<i>selenium sulfide external lotion</i>	46	<i>sodium fluoride 5000 ppm dental gel</i>	46
SELZENTRY ORAL SOLUTION	74	<i>sodium fluoride dental cream</i>	46
SEREVENT DISKUS INHALATION AEROSOL POWDER		<i>sodium fluoride dental gel 1.1 %</i>	46
BREATH ACTIVATED 50 MCG/ACT	81	<i>sodium fluoride mouth/throat</i>	46
<i>sertraline hcl oral concentrate</i>	39	<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	48
<i>sertraline hcl oral tablet 100 mg</i>	39	<i>sodium fluoride oral tablet chewable</i>	48
<i>sertraline hcl oral tablet 25 mg</i>	39	<i>sodium oxybate</i>	40
<i>sertraline hcl oral tablet 50 mg</i>	39	<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	56
SETLAKIN	62	<i>sodium phenylbutyrate oral tablet</i>	56
<i>sf</i>	46	<i>sodium polystyrene sulfonate oral powder</i>	52
<i>sf 5000 plus</i>	46	<i>solifenacin succinate</i>	57
SHAROBEL	62	SOLIQUA	52
SHINGRIX INTRAMUSCULAR SUSPENSION		SOLTAMOX	19
RECONSTITUTED 50 MCG/0.5ML	66	SOMAVERT	62
SIGNIFOR	62	<i>sorafenib tosylate</i>	19
<i>sildenafil citrate intravenous</i>	81	<i>sotalol hcl (af) oral tablet 120 mg, 160 mg</i>	27

<i>sotalol hcl (af) oral tablet 80 mg</i>	27	SUNLENCA ORAL TABLET THERAPY PACK 5 X 300	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg</i>	27	MG	74
<i>sotalol hcl oral tablet 80 mg</i>	27	SUNLENCA SUBCUTANEOUS	74
<i>spinosad</i>	46	SUNOSI	40
SPIRIVA HANDIHALER	81	SUPREP BOWEL PREP KIT	55
SPIRIVA RESPIMAT	81	SYEDA	62
<i>spironolactone oral tablet 100 mg, 50 mg</i>	27	SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-	
<i>spironolactone oral tablet 25 mg</i>	27	INJECTOR	52
<i>spironolactone-hctz</i>	27	SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-	
SPRINTEC 28	62	INJECTOR	52
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000		SYMPAZAN ORAL FILM 10 MG, 20 MG	40
MG, 250 MG, 500 MG	40	SYMPAZAN ORAL FILM 5 MG	40
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750		SYMTUZA	74
MG	40	SYNAGIS	76
SPS (SODIUM POLYSTYRENE SULF)	52	SYNAREL	62
SRONYX	62	SYNJARDY	52
SSD (SILVER SULFADIAZINE)	46	SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML ...	66	HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	52
STELARA SUBCUTANEOUS SOLUTION PREFILLED		SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24	
SYRINGE 45 MG/0.5ML	66	HOUR 25-1000 MG	52
STELARA SUBCUTANEOUS SOLUTION PREFILLED		SYNTHROID	62
SYRINGE 90 MG/ML	66	T	
<i>sterile water for irrigation</i>	76	TABLOID	19
STIOLTO RESPIMAT	81	TABRECTA	19
STIVARGA	19	<i>tacrolimus external ointment</i>	46
<i>streptomycin sulfate intramuscular</i>	74	<i>tacrolimus oral</i>	66
STRIBILD	74	<i>tadalafil (pah)</i>	81
SUBVENITE	40	<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	57
<i>sucrafate oral</i>	55	TAFINLAR ORAL CAPSULE	19
<i>sulfacetamide sodium (acne)</i>	46	TAFINLAR ORAL TABLET SOLUBLE	19
<i>sulfacetamide sodium ophthalmic</i>	78	<i>tafluprost (pf)</i>	78
<i>sulfacetamide-prednisolone ophthalmic solution</i>	78	TAGRISSE	19
<i>sulfadiazine oral</i>	74	TALZENNA	19
<i>sulfamethoxazole-trimethoprim oral suspension</i> ...	74	<i>tamoxifen citrate oral</i>	19
<i>sulfamethoxazole-trimethoprim oral tablet</i>	74	<i>tamsulosin hcl</i>	57
SULFAMYLON EXTERNAL CREAM	46	TARINA 24 FE	62
<i>sulfasalazine oral</i>	55	TARINA FE 1/20 EQ	62
<i>sulindac oral tablet 150 mg</i>	14	<i>tasimelteon</i>	40
<i>sulindac oral tablet 200 mg</i>	14	<i>tazarotene external cream 0.1 %</i>	46
<i>sumatriptan nasal</i>	40	<i>tazarotene external gel</i>	46
<i>sumatriptan succinate oral</i>	40	TAZICEF INJECTION SOLUTION RECONSTITUTED 1	
<i>sumatriptan succinate refill subcutaneous solution</i>		GM	74
<i>cartridge</i>	40	TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2	
<i>sumatriptan succinate subcutaneous solution 6 mg/</i>		GM, 6 GM	74
<i>0.5ml</i>	40	TAZVERIK	19
<i>sumatriptan succinate subcutaneous solution auto-</i>		TECENTRIQ HYBREZA	19
<i>injector</i>	40	TECVAYLI	19
<i>sunitinib malate</i>	19	TEFLARO	74
SUNLENCA ORAL TABLET	74	<i>telmisartan oral tablet 20 mg, 40 mg</i>	27
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300		<i>telmisartan oral tablet 80 mg</i>	27
MG	74	<i>telmisartan-amlodipine</i>	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	81	tobramycin inhalation nebulization solution 300 mg/5ml	81
terbutaline sulfate oral	81	tobramycin ophthalmic	78
terconazole	57	tobramycin sulfate injection solution	74
teriflunomide	40	tobramycin sulfate injection solution reconstituted	74
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	52
testosterone transdermal gel 10 mg/act (2%)	62	tolvaptan oral tablet 30 mg	52
testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)	62	topiramate oral capsule sprinkle	40
testosterone transdermal gel 20.25 mg/1.25gm (1.62%)	62	topiramate oral tablet	40
testosterone transdermal solution	63	toremifene citrate	19
tetrabenazine oral tablet 12.5 mg	40	torsemide oral	27
tetrabenazine oral tablet 25 mg	40	TOUJEO MAX SOLOSTAR	52
tetracycline hcl oral capsule	74	TOUJEO SOLOSTAR	52
THALOMID ORAL CAPSULE 100 MG	19	TPN ELECTROLYTES INTRAVENOUS CONCENTRATE ...	48
THALOMID ORAL CAPSULE 150 MG, 200 MG	19	TRACLEER ORAL TABLET SOLUBLE	81
THALOMID ORAL CAPSULE 50 MG	19	TRADJENTA	52
THEO-24	81	tramadol hcl (er biphasic) oral tablet extended release 24 hour	14
theophylline er	81	tramadol hcl er	14
theophylline oral	81	tramadol hcl oral tablet 50 mg	14
thioridazine hcl oral	40	tramadol-acetaminophen	14
thiothixene oral	40	trandolapril	9
TIADYLT ER	27	trandolapril-verapamil hcl er	27
tiagabine hcl	40	tranexamic acid oral	22
TIBSOVO	19	tranylcypromine sulfate	40
ticagrelor	22	TRAVASOL	48
TICOVAC	66	travoprost (bak free)	78
tigecycline	74	trazodone hcl oral tablet 100 mg, 150 mg, 50 mg ...	40
TILIA FE	63	trazodone hcl oral tablet 300 mg	40
timolol maleate (once-daily)	78	TRECTOR	74
TIMOLOL MALEATE OCUDOSE	78	TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	81
timolol maleate ophthalmic gel forming solution ...	78	TREMFYA CROHNS INDUCTION	66
timolol maleate ophthalmic solution 0.25 %	78	TREMFYA ONE-PRESS	67
timolol maleate ophthalmic solution 0.5 %	78	TREMFYA PEN	67
timolol maleate oral	27	TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	67
		treprostinil	82

TRESIBA	52	TRIVORA (28)	63
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	52	TROPHAMINE INTRAVENOUS SOLUTION 10 %	48
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	52	<i>trospium chloride</i>	57
<i>tretinoin external cream</i>	46	<i>trospium chloride er</i>	57
<i>tretinoin external gel 0.01 %, 0.025 %</i>	46	TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	53
<i>tretinoin external gel 0.05 %</i>	46	TRUMENBA	67
<i>tretinoin microsphere</i>	46	TRUQAP	19
<i>tretinoin microsphere pump</i>	46	TUKYSA	19
<i>tretinoin oral</i>	19	TURALIO ORAL CAPSULE 125 MG	19
TREXALL	67	TURQOZ	63
TRI-ESTARYLLA	63	TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	67
TRI-LEGEST FE	63	TYBOST	74
TRI-LINYAH	63	TYDEMY	63
TRI-LO-ESTARYLLA	63	TYENNE SUBCUTANEOUS	67
TRI-LO-MARZIA	63	TYMLOS	53
TRI-LO-MILI	63	TYPHIM VI	67
TRI-LO-SPRINTEC	63	TYVASO	82
TRI-MILI	63	TYVASO DPI INSTITUTIONAL KIT	82
TRI-NYMYO	63	TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	82
TRI-SPRINTEC	63	TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	82
TRI-VYLIBRA	63	TYVASO REFILL KIT	82
TRI-VYLIBRA LO	63	TYVASO STARTER KIT	82
<i>triamcinolone acetonide external cream</i>	46	U	
<i>triamcinolone acetonide external lotion</i>	46	UBRELVY ORAL TABLET 100 MG	40
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	46	UBRELVY ORAL TABLET 50 MG	40
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	63	UDENYCA	22
<i>triamcinolone acetonide mouth/throat</i>	46	<i>umeclidinium-vilanterol</i>	82
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	27	UNITHROID	63
<i>triamterene-hctz oral tablet</i>	27	UPTRAVI ORAL	82
<i>triazolam oral tablet 0.25 mg</i>	40	UPTRAVI TITRATION	82
TRIDERM EXTERNAL CREAM 0.5 %	46	<i>ursodiol oral capsule 300 mg</i>	55
<i>trientine hcl</i>	52	<i>ursodiol oral tablet</i>	55
<i>trifluoperazine hcl oral</i>	40	<i>ustekinumab subcutaneous solution</i>	67
<i>trifluridine ophthalmic</i>	74	<i>ustekinumab subcutaneous solution prefilled syringe 45 mg/0.5ml</i>	67
<i>trihexyphenidyl hcl oral solution</i>	40	<i>ustekinumab subcutaneous solution prefilled syringe 90 mg/ml</i>	67
<i>trihexyphenidyl hcl oral tablet</i>	40	UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	40
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	53	UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	40
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 150 MG/0.42ML	40
TRIKAFTA ORAL TABLET THERAPY PACK	82	UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	41
TRIKAFTA ORAL THERAPY PACK	82	UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	41
<i>trimethobenzamide hcl oral</i>	55		
<i>trimethoprim oral</i>	74		
<i>trimipramine maleate oral</i>	40		
TRINTELLIX	40		
TRIUMEQ	74		
TRIUMEQ PD	74		

UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	41	VARIZIG INTRAMUSCULAR SOLUTION	67
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	41	VAXCHORA	67
V		VECAMYL	28
valacyclovir hcl oral tablet 1 gm	75	VELIVET	63
valacyclovir hcl oral tablet 500 mg	75	VELTASSA ORAL PACKET 1 GM	53
VALCHLOR	46	VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	53
valganciclovir hcl oral solution reconstituted	75	VELTASSA ORAL PACKET 8.4 GM	53
valganciclovir hcl oral tablet	75	VEMLIDY	75
valproic acid oral capsule	41	VENCLEXTA ORAL TABLET 10 MG	19
valproic acid oral solution	41	VENCLEXTA ORAL TABLET 100 MG	19
valsartan oral tablet 160 mg	9	VENCLEXTA ORAL TABLET 50 MG	20
valsartan oral tablet 320 mg	10	VENCLEXTA STARTING PACK	20
valsartan oral tablet 40 mg, 80 mg	10	venlafaxine besylate er	41
valsartan-hydrochlorothiazide	10	venlafaxine hcl	41
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg	27	venlafaxine hcl er oral capsule extended release 24 hour 150 mg	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 37.5 mg	41
VALTOCO 10 MG DOSE	41	venlafaxine hcl er oral capsule extended release 24 hour 75 mg	41
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	41	venlafaxine hcl er oral tablet extended release 24 hour 225 mg	41
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	41	VENTAVIS	82
VALTOCO 5 MG DOSE	41	verapamil hcl er oral capsule extended release 24 hour	28
VALTYA 1/50	63	verapamil hcl er oral tablet extended release 120 mg	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 180 mg, 240 mg	28
vancomycin hcl in nacl intravenous solution 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%	75	verapamil hcl oral	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	VERQUVO	28
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 500 gm	75	VERSACLOZ	41
vancomycin hcl intravenous solution reconstituted 1.25 gm, 1.5 gm, 750 mg	75	VERZENIO	20
vancomycin hcl oral capsule 125 mg	75	VESTURA	63
vancomycin hcl oral capsule 250 mg	75	VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG	75
vancomycin hcl oral solution reconstituted 25 mg/ml	75	VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	53
VANDAZOLE	57	VIENVA	63
VANFLYTA	19	vigabatrin oral packet	41
VAQTA	67	vigabatrin oral tablet	41
varenicline tartrate (starter)	41	VIGADRONE ORAL PACKET	41
varenicline tartrate oral tablet 0.5 mg	41	VIGADRONE ORAL TABLET	41
varenicline tartrate oral tablet 1 mg, 1 mg (56 pack)	41	VIGPODER	41
varenicline tartrate(continue)	41	vilazodone hcl	41
VARIVAX INJECTION	67	VIMKUNYA	67
		viorele	63
		VIRACEPT ORAL TABLET 250 MG	75
		VIRACEPT ORAL TABLET 625 MG	75
		VIREAD ORAL POWDER	75
		VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	75
		VITRAKVI ORAL CAPSULE 100 MG	20

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

Z

ZAFEMY	63	ziprasidone hcl oral capsule 60 mg, 80 mg	42
zafirlukast	82	ziprasidone mesylate	42
zaleplon oral capsule 10 mg	42	ZIRGAN	75
zaleplon oral capsule 5 mg	42	zoledronic acid intravenous concentrate	53
ZARXIO	22	ZOLINZA	20
ZEJULA ORAL TABLET 100 MG	20	zolmitriptan nasal solution 2.5 mg	42
ZEJULA ORAL TABLET 200 MG, 300 MG	20	zolmitriptan oral	42
ZELBORAF	20	zolpidem tartrate er	42
ZENATANE	46	zolpidem tartrate oral tablet	42
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 3000-10000 UNIT, 5000-24000 UNIT	56	ZONISADE	42
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 25000-79000 UNIT, 40000-126000 UNIT, 60000-189600 UNIT	56	zonisamide oral	42
zidovudine oral capsule	75	ZOVIA 1/35 (28)	63
zidovudine oral syrup	75	ZTALMY	42
zidovudine oral tablet	75	ZUMANDIMINE	63
ZIEXTENZO	22	ZURZUVAE	42
ziprasidone hcl oral capsule 20 mg	42	ZYDELIG	20
ziprasidone hcl oral capsule 40 mg	42	ZYKADIA ORAL TABLET	20
		ZYLET	78
		ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	42
		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: Մատչելի 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 به صورت 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 fòma 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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This formulary was updated on August 1, 2025.

For more recent information or other questions, please contact Pharmacy Member Services at **1-833-409-1212**, or for TTY users, **711**, 24 hours a day, 7 days a week.