



List of Covered Drugs or "Drug List"

2025 Formulary

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

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN. This formulary was updated on September 1, 2024.

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

For all other questions, please contact Member Services at **1-833-812-1800**, or for TTY users, **711**, Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays, or visit **www.anthem.com**.

Note to members:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Can the Part D Formulary change?

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

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.

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

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

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

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

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

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

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

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

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

How do I use the Part D Formulary?

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

Medical Condition

The formulary begins on page 13. 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 13, then look under the category name for your drug.

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 87. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

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

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

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

Are there any restrictions on my coverage?

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

These requirements and limits may include:

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 13. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online at www.anthem.com the prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back covers.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

For more information

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

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

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

Your plan's Part D Formulary

The formulary that begins on page 13 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 87.

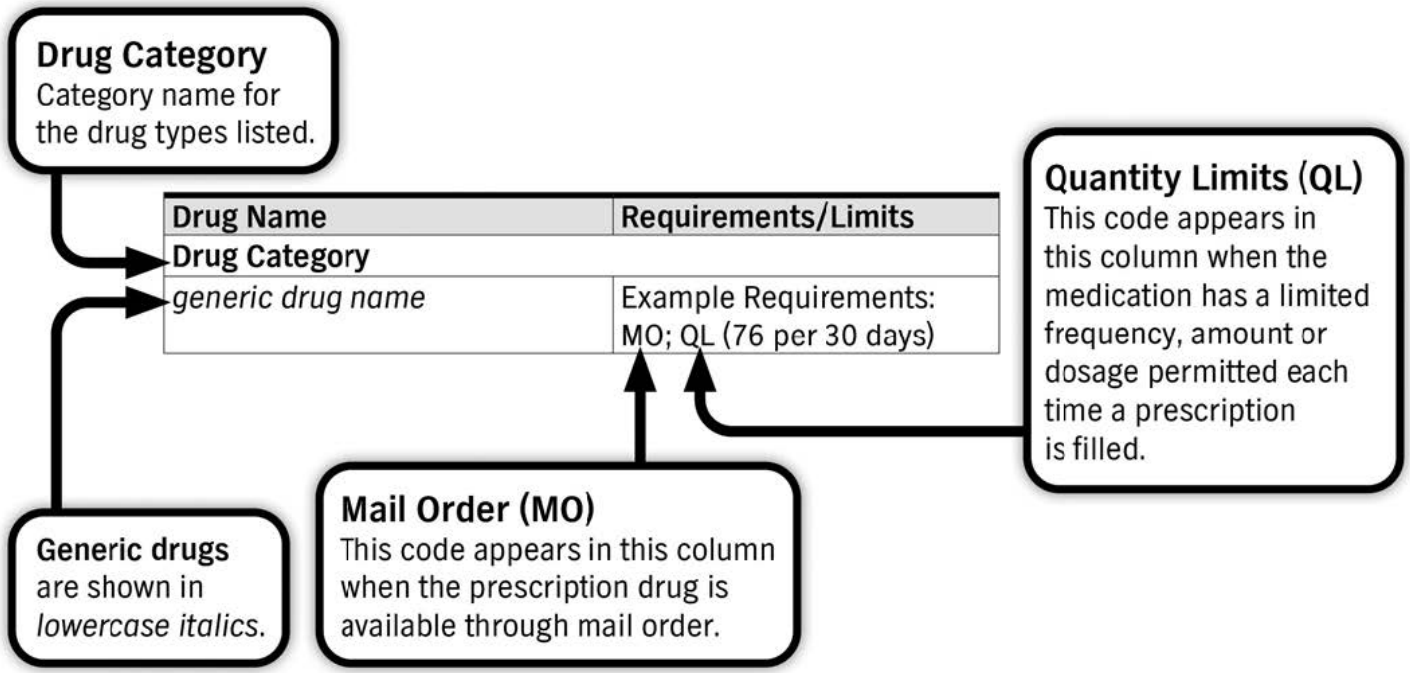
The **first column** of the chart lists the drug name. Brand name drugs are capitalized (e.g., HUMALOG) and generic drugs are listed in lowercase italics (e.g., *enalapril*).

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

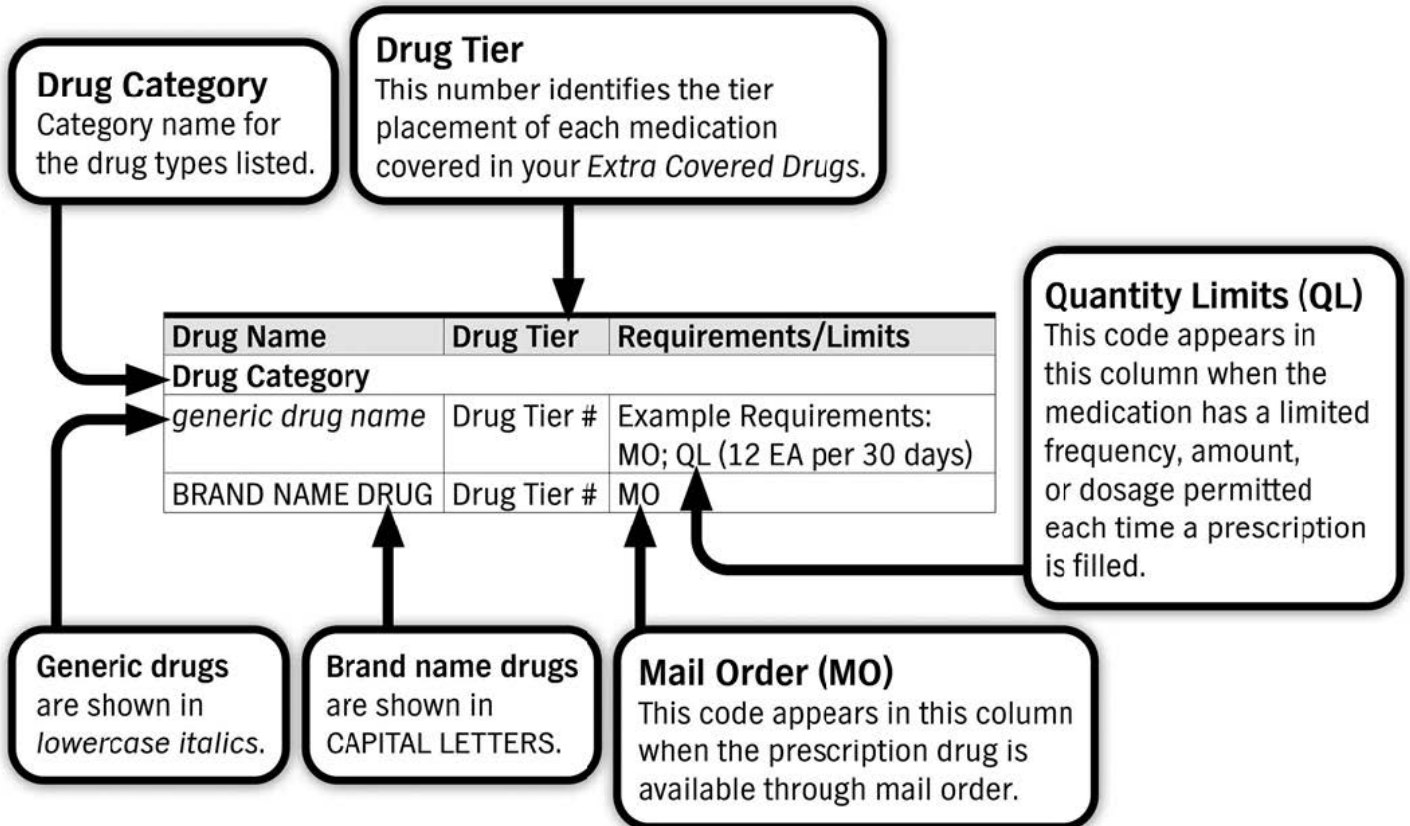
Tier Number	Tier Label
1	Preferred Generics
2	Generics
3	Preferred Drugs
4	Non-Preferred Drugs
5	Specialty Drugs

The **third column** tells you if your plan has any special requirements for coverage of your drug. The formulary chart legend, located on page 13, contains the list of special requirements which can be applied to drugs in your plan. The legend also gives you a description of the restriction and the code used in the drug chart to tell you that the restriction applies to a specific drug.

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



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



Select Generics for 2025

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

Legend

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Cardiovascular Agents			<i>enalapril maleate oral tablet</i> 10 mg, 2.5 mg, 20 mg, 5 mg	1	
<i>amlodipine besy-benazepril hcl oral capsule</i> 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1		<i>enalapril-hydrochlorothiazide oral tablet</i> 10-25 mg, 5-12.5 mg	1	
<i>atenolol oral tablet</i> 100 mg, 25 mg, 50 mg	1		<i>fosinopril sodium oral tablet</i> 10 mg, 20 mg, 40 mg	1	
<i>atenolol-chlorthalidone oral tablet</i> 100-25 mg, 50-25 mg	1		<i>furosemide oral tablet</i> 20 mg, 40 mg, 80 mg	1	
<i>atorvastatin calcium oral tablet</i> 10 mg, 20 mg, 40 mg, 80 mg	1	QL (30 per 30 days)	<i>hydrochlorothiazide oral capsule</i> 12.5 mg	1	
<i>benazepril hcl oral tablet</i> 10 mg, 20 mg, 40 mg, 5 mg	1		<i>hydrochlorothiazide oral tablet</i> 12.5 mg, 25 mg, 50 mg	1	
<i>benazepril-hydrochlorothiazide oral tablet</i> 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1		<i>irbesartan oral tablet</i> 150 mg, 300 mg, 75 mg	1	QL (30 per 30 days)
<i>bisoprolol fumarate oral tablet</i> 10 mg, 5 mg	1		<i>irbesartan-hydrochlorothiazide oral tablet</i> 150-12.5 mg, 300-12.5 mg	1	QL (30 per 30 days)
<i>bisoprolol-hydrochlorothiazide oral tablet</i> 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1		<i>lisinopril oral tablet</i> 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
<i>carvedilol oral tablet</i> 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1		<i>lisinopril-hydrochlorothiazide oral tablet</i> 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
<i>chlorthalidone oral tablet</i> 25 mg, 50 mg	1		<i>losartan potassium oral tablet</i> 100 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.

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
losartan potassium oral tablet 25 mg, 50 mg	1	QL (60 per 30 days)	alendronate sodium oral tablet 10 mg, 5 mg	1	QL (30 per 30 days)
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	QL (30 per 30 days)	alendronate sodium oral tablet 35 mg, 70 mg	1	QL (4 per 28 days)
lovastatin oral tablet 10 mg, 20 mg, 40 mg	1	QL (60 per 30 days)	glimepiride oral tablet 1 mg	1	QL (240 per 30 days)
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1		glimepiride oral tablet 2 mg	1	QL (120 per 30 days)
olmesartan medoxomil oral tablet 20 mg, 40 mg	1	QL (30 per 30 days)	glimepiride oral tablet 4 mg	1	QL (60 per 30 days)
olmesartan medoxomil oral tablet 5 mg	1	QL (60 per 30 days)	glipizide er oral tablet extended release 24 hour 10 mg	1	QL (60 per 30 days)
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	QL (30 per 30 days)	glipizide er oral tablet extended release 24 hour 2.5 mg	1	QL (240 per 30 days)
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1		glipizide er oral tablet extended release 24 hour 5 mg	1	QL (120 per 30 days)
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1		glipizide oral tablet 10 mg	1	QL (120 per 30 days)
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	QL (30 per 30 days)	glipizide oral tablet 5 mg	1	QL (240 per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	QL (30 per 30 days)	glipizide xl oral tablet extended release 24 hour 10 mg	1	QL (60 per 30 days)
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1		glipizide xl oral tablet extended release 24 hour 2.5 mg	1	QL (240 per 30 days)
valsartan oral tablet 160 mg	1	QL (60 per 30 days)	glipizide xl oral tablet extended release 24 hour 5 mg	1	QL (120 per 30 days)
valsartan oral tablet 320 mg	1	QL (30 per 30 days)	glipizide-metformin hcl oral tablet 2.5-250 mg	1	QL (240 per 30 days)
valsartan oral tablet 40 mg, 80 mg	1	QL (90 per 30 days)	glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg	1	QL (120 per 30 days)
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	QL (30 per 30 days)	metformin hcl er oral tablet extended release 24 hour 500 mg	1	QL (120 per 30 days)

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
<i>metformin hcl er oral tablet extended release 24 hour750 mg</i>	1	QL (60 per 30 days)
<i>metformin hcl oral tablet1000 mg</i>	1	QL (60 per 30 days)
<i>metformin hcl oral tablet500 mg</i>	1	QL (150 per 30 days)
<i>metformin hcl oral tablet850 mg</i>	1	QL (90 per 30 days)
<i>pioglitazone hcl oral tablet15 mg</i>	1	QL (90 per 30 days)
<i>pioglitazone hcl oral tablet30 mg</i>	1	QL (45 per 30 days)
<i>pioglitazone hcl oral tablet45 mg</i>	1	QL (30 per 30 days)

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

Covered Medications by Therapeutic Category - Part D Eligible Drugs

Legend

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

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

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

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

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

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

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

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

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

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

Part D Eligible Drugs

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>butalbital-apap-caff-cod</i>	2	PA; QL (180 per 30 days); NEDS
<i>butalbital-asa-caff-codeine</i>	2	PA; QL (180 per 30 days); NEDS
<i>butorphanol tartrate injection</i>	2	
<i>butorphanol tartrate nasal</i>	2	QL (5 per 30 days); NEDS
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	2	QL (60 per 30 days); MO
<i>celecoxib oral capsule 400 mg</i>	2	QL (30 per 30 days); MO
<i>codeine sulfate oral tablet</i>	3	QL (180 per 30 days); NEDS
<i>colchicine oral</i>	2	
<i>colchicine-probenecid</i>	2	MO
<i>diclofenac potassium oral tablet 50 mg</i>	2	MO
<i>diclofenac sodium er</i>	2	MO
<i>diclofenac sodium external gel 1 %</i>	2	QL (1000 per 30 days)
<i>diclofenac sodium external solution 1.5 %</i>	2	QL (300 per 30 days)
<i>diclofenac sodium oral</i>	2	MO
<i>diclofenac-misoprostol oral tablet delayed release</i>	2	MO
<i>diflunisal oral</i>	2	MO
<i>duramorph</i>	2	
<i>ec-naproxen</i>	1	MO
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	2	QL (180 per 30 days); NEDS
<i>etodolac er</i>	2	MO
<i>etodolac oral</i>	2	MO
<i>febuxostat</i>	2	ST; MO
<i>fenoprofen calcium oral tablet</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>fentanyl citrate buccal</i>	5	PA; QL (120 per 30 days); NEDS; S
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	PA; QL (15 per 30 days); NEDS
<i>flurbiprofen oral tablet 100 mg</i>	2	MO
GLYDO EXTERNAL PREFILLED SYRINGE	2	
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	2	QL (2700 per 30 days); NEDS
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	2	QL (180 per 30 days); NEDS
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	QL (50 per 10 days); NEDS
<i>hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	2	
<i>hydromorphone hcl oral liquid</i>	2	QL (720 per 30 days); NEDS
<i>hydromorphone hcl oral tablet</i>	2	QL (180 per 30 days); NEDS
<i>hydromorphone hcl pf injection solution 1 mg/ml, 4 mg/ml</i>	3	
<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml, 500 mg/50ml</i>	2	
IBU	1	MO
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>indomethacin er</i>	2	PA; MO	<i>methadone hcl oral solution</i>	2	QL (900 per 30 days); NEDS
<i>indomethacin oral capsule 25 mg, 50 mg</i>	2	PA; MO	<i>methadone hcl oral tablet</i>	2	PA; QL (180 per 30 days); NEDS
<i>ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml</i>	2	PA	<i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>	2	QL (180 per 30 days); NEDS
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	2	PA	<i>morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	2	
<i>ketorolac tromethamine oral</i>	2	PA	<i>morphine sulfate (pf) injection solution 10 mg/ml, 4 mg/ml, 5 mg/ml</i>	3	
<i>lidocaine external ointment 5 %</i>	2	PA; QL (150 per 30 days)	<i>morphine sulfate (pf) injection solution 8 mg/ml</i>	4	
<i>lidocaine external patch 5 %</i>	2	PA; QL (90 per 30 days)	<i>morphine sulfate (pf) intravenous solution 1 mg/ml, 2 mg/ml</i>	3	
<i>lidocaine hcl (pf) injection solution 1 %, 1.5 %</i>	2		<i>morphine sulfate (pf) intravenous solution 10 mg/ml</i>	2	
<i>lidocaine hcl external solution</i>	2	PA; QL (300 per 30 days)	<i>morphine sulfate (pf) intravenous solution 8 mg/ml</i>	4	
<i>lidocaine hcl injection solution 0.5 %, 1 %, 2 %</i>	2		<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>	4	PA; QL (60 per 30 days); NEDS
<i>lidocaine hcl mouth/throat</i>	2	PA; QL (300 per 30 days)	<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>	2	PA; QL (60 per 30 days); NEDS
<i>lidocaine hcl urethral/mucosal</i>	2		<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	2	PA; QL (90 per 30 days); NEDS
<i>lidocaine viscous hcl</i>	2		<i>morphine sulfate injection solution 2 mg/ml, 4 mg/ml</i>	3	
<i>lidocaine-prilocaine external cream</i>	2	QL (30 per 30 days)	<i>morphine sulfate intravenous solution 10 mg/ml, 50 mg/ml</i>	2	
<i>meclofenamate sodium oral</i>	2	MO			
<i>mefenamic acid oral</i>	2	MO			
<i>meloxicam oral tablet</i>	1	MO			
<i>meperidine hcl injection solution 25 mg/ml, 50 mg/ml</i>	4	PA			
METHADONE HCL INTENSOL	2	QL (180 per 30 days); NEDS			
<i>methadone hcl oral concentrate</i>	2	QL (180 per 30 days); NEDS			

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate intravenous solution 4 mg/ml</i>	3	
<i>morphine sulfate intravenous solution 8 mg/ml</i>	4	
<i>morphine sulfate oral solution</i>	2	QL (900 per 30 days); NEDS
<i>morphine sulfate oral tablet</i>	2	QL (180 per 30 days); NEDS
<i>nabumetone oral</i>	2	MO
<i>naproxen dr oral tablet delayed release 500 mg</i>	1	MO
<i>naproxen oral suspension</i>	2	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet delayed release</i>	1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>oxaprozin oral tablet</i>	2	MO
<i>oxycodone hcl oral capsule</i>	2	QL (180 per 30 days); NEDS
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	2	QL (180 per 30 days); NEDS
<i>oxycodone hcl oral solution</i>	2	QL (900 per 30 days); NEDS
<i>oxycodone hcl oral tablet</i>	2	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>	2	QL (180 per 30 days); NEDS
<i>pentazocine-naloxone hcl</i>	2	PA; QL (360 per 30 days); NEDS
<i>piroxicam oral</i>	2	MO
<i>probenecid oral</i>	2	MO
<i>salsalate oral</i>	2	MO
<i>sulindac oral tablet 150 mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>sulindac oral tablet 200 mg</i>	2	MO
<i>tolmetin sodium oral capsule</i>	2	MO
<i>tolmetin sodium oral tablet 600 mg</i>	2	MO
<i>tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	4	PA; QL (30 per 30 days); NEDS
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour</i>	2	PA; QL (30 per 30 days); NEDS
<i>tramadol hcl er</i>	2	PA; QL (30 per 30 days); NEDS
<i>tramadol hcl oral tablet 50 mg</i>	2	QL (240 per 30 days); NEDS
<i>tramadol-acetaminophen</i>	2	QL (40 per 5 days); NEDS
Antineoplastics		
<i>abiraterone acetate oral tablet 250 mg</i>	5	PA; QL (120 per 30 days); S
<i>abiraterone acetate oral tablet 500 mg</i>	5	PA; QL (60 per 30 days); S
ADRIAMYCIN INTRAVENOUS SOLUTION	4	B/D PA
<i>adriamycin intravenous solution reconstituted 10 mg</i>	2	B/D PA
ADRIAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	2	B/D PA
AKEEGA	5	PA; QL (60 per 30 days); S
ALECENSA	5	PA; QL (240 per 30 days); LA; S
ALUNBRIG ORAL TABLET 180 MG	5	PA; QL (30 per 30 days); LA; S

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (180 per 30 days); LA; S	BOSULIF ORAL CAPSULE 50 MG	5	PA; QL (30 per 30 days); LA; S
ALUNBRIG ORAL TABLET 90 MG	5	PA; QL (60 per 30 days); LA; S	BOSULIF ORAL TABLET 100 MG	5	PA; QL (120 per 30 days); S
ALUNBRIG ORAL TABLET THERAPY PACK	5	PA; QL (30 per 180 days); LA; S	BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; QL (30 per 30 days); S
<i>anastrozole oral</i>	2	QL (30 per 30 days); MO	BRAFTOVI ORAL CAPSULE 75 MG	5	PA; QL (180 per 30 days); LA; S
AUGTYRO	5	PA; QL (240 per 30 days); S	BRUKINSA	5	PA; QL (120 per 30 days); LA; S
AVASTIN	5	PA; LA; S	CABOMETYX	5	PA; QL (30 per 30 days); LA; S
AYVAKIT	5	PA; QL (30 per 30 days); LA; S	CALQUENCE	5	PA; QL (60 per 30 days); LA; S
<i>azacitidine</i>	5	PA; LA; S	CAPRELSA ORAL TABLET 100 MG	5	PA; QL (90 per 30 days); LA; S
BALVERSA ORAL TABLET 3 MG	5	PA; QL (90 per 30 days); LA; S	CAPRELSA ORAL TABLET 300 MG	5	PA; QL (30 per 30 days); LA; S
BALVERSA ORAL TABLET 4 MG	5	PA; QL (60 per 30 days); LA; S	<i>carboplatin intravenous solution</i>	2	B/D PA
BALVERSA ORAL TABLET 5 MG	5	PA; QL (30 per 30 days); LA; S	<i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml</i>	2	B/D PA
BAVENCIO	5	PA; LA; S	COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA; QL (56 per 28 days); LA; S
<i>bendamustine hcl intravenous solution</i>	5	B/D PA; S	COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA; QL (112 per 28 days); LA; S
BENDEKA	5	B/D PA; S	COMETRIQ (60 MG DAILY DOSE)	5	PA; QL (84 per 28 days); LA; S
BESREMI	5	PA; LA; S	COPIKTRA	5	PA; QL (60 per 30 days); LA; S
<i>bexarotene oral</i>	5	PA; QL (300 per 30 days); S	COTELLIC	5	PA; QL (90 per 30 days); LA; S
<i>bicalutamide</i>	2	QL (30 per 30 days)	<i>cyclophosphamide intravenous solution 500 mg/2.5ml, 500 mg/ml</i>	5	S
<i>bleomycin sulfate</i>	2	B/D PA	<i>cyclophosphamide oral capsule</i>	3	B/D PA
<i>bortezomib injection solution reconstituted 1 mg, 3.5 mg</i>	5	PA; S			
<i>bortezomib injection solution reconstituted 2.5 mg</i>	4	PA			
BOSULIF ORAL CAPSULE 100 MG	5	PA; QL (180 per 30 days); LA; S			

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Drug Name	Drug Tier	Requirements/ Limits
CYRAMZA	5	PA; LA; S
DARZALEX	5	PA; LA; S
DARZALEX FASPRO	5	PA; S
DAURISMO ORAL TABLET 100 MG	5	PA; QL (30 per 30 days); LA; S
DAURISMO ORAL TABLET 25 MG	5	PA; QL (60 per 30 days); LA; S
<i>decitabine</i>	5	S
<i>doxorubicin hcl intravenous solution</i>	4	B/D PA
<i>doxorubicin hcl intravenous solution reconstituted</i>	2	B/D PA
<i>doxorubicin hcl liposomal</i>	5	PA; S
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 7.5 MG	3	PA
ELIGARD SUBCUTANEOUS KIT 30 MG, 45 MG	4	PA
ELITEK	5	PA; S
EMCYT	4	
EMPLICITI	5	PA; LA; S
ENHERTU	5	PA; S
ERBITUX	5	PA; S
ERIVEDGE	5	PA; QL (30 per 30 days); LA; S
ERLEADA ORAL TABLET 240 MG	5	PA; QL (30 per 30 days); LA; S
ERLEADA ORAL TABLET 60 MG	5	PA; QL (120 per 30 days); LA; S
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	5	PA; QL (30 per 30 days); S
<i>erlotinib hcl oral tablet 25 mg</i>	5	PA; QL (90 per 30 days); S
<i>etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i>	2	B/D PA
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	5	PA; S

Drug Name	Drug Tier	Requirements/ Limits
<i>everolimus oral tablet soluble</i>	5	PA; S
<i>exemestane</i>	2	QL (60 per 30 days); MO
EXKIVITY	5	PA; QL (120 per 30 days); LA; S
FIRMAGON (240 MG DOSE)	5	PA; S
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	3	PA
<i>fluorouracil intravenous</i>	2	B/D PA
FOTIVDA	5	PA; QL (21 per 28 days); S
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; QL (84 per 28 days); LA; S
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; QL (21 per 28 days); LA; S
<i>fulvestrant intramuscular solution prefilled syringe</i>	4	PA
GAVRETO	5	PA; QL (120 per 30 days); LA; S
GAZYVA	5	PA; LA; S
<i>gefitinib</i>	5	PA; QL (60 per 30 days); S
<i>gemcitabine hcl intravenous solution 1 gm/10ml, 2 gm/20ml, 2 gm/52.6ml, 200 mg/2ml</i>	4	B/D PA
<i>gemcitabine hcl intravenous solution 1 gm/26.3ml, 200 mg/5.26ml</i>	2	B/D PA
<i>gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm</i>	2	B/D PA
<i>gemcitabine hcl intravenous solution reconstituted 200 mg</i>	4	B/D PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GILOTRIF	5	PA; QL (30 per 30 days); LA; S	INREBIC	5	PA; QL (120 per 30 days); LA; S
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	4	PA	<i>irinotecan hcl intravenous solution 100 mg/5ml</i>	4	
GLEOSTINE ORAL CAPSULE 100 MG	5	PA; S	<i>irinotecan hcl intravenous solution 300 mg/15ml, 40 mg/2ml</i>	2	
HERCEPTIN HYLECTA	5	B/D PA; S	<i>irinotecan hcl intravenous solution 500 mg/25ml</i>	2	B/D PA
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	5	B/D PA; S			
<i>hydroxyurea oral</i>	2		IWILFIN	5	PA; QL (240 per 30 days); S
IBRANCE	5	PA; QL (21 per 28 days); LA; S	JAKAFI	5	PA; QL (60 per 30 days); LA; S
ICLUSIG	5	PA; QL (30 per 30 days); LA; S	JAYPIRCA ORAL TABLET 100 MG	5	PA; QL (60 per 30 days); S
IDHIFA ORAL TABLET 100 MG	5	PA; QL (30 per 30 days); LA; S	JAYPIRCA ORAL TABLET 50 MG	5	PA; QL (30 per 30 days); S
IDHIFA ORAL TABLET 50 MG	5	PA; QL (60 per 30 days); LA; S	JEVTANA	5	PA; S
<i>imatinib mesylate oral tablet 100 mg</i>	5	PA; QL (90 per 30 days); S	KADCYLA	5	PA; S
<i>imatinib mesylate oral tablet 400 mg</i>	5	PA; QL (60 per 30 days); S	KEYTRUDA INTRAVENOUS SOLUTION	5	PA; S
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (90 per 30 days); LA; S	KISQALI (200 MG DOSE)	5	PA; QL (21 per 28 days); S
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30 per 30 days); LA; S	KISQALI (400 MG DOSE)	5	PA; QL (42 per 28 days); S
IMBRUVICA ORAL SUSPENSION	5	PA; QL (216 per 27 days); LA; S	KISQALI (600 MG DOSE)	5	PA; QL (63 per 28 days); S
IMBRUVICA ORAL TABLET 140 MG	5	PA; QL (90 per 30 days); LA; S	KISQALI FEMARA (200 MG DOSE)	5	PA; QL (49 per 28 days); S
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG	5	PA; QL (30 per 30 days); LA; S	KISQALI FEMARA (400 MG DOSE)	5	PA; QL (70 per 28 days); S
IMFINZI	5	PA; LA; S	KISQALI FEMARA (600 MG DOSE)	5	PA; QL (91 per 28 days); S
INLYTA ORAL TABLET 1 MG	5	PA; QL (180 per 30 days); LA; S	KRAZATI	5	PA; QL (180 per 30 days); S
INLYTA ORAL TABLET 5 MG	5	PA; QL (120 per 30 days); LA; S	KYPROLIS	5	PA; LA; S
INQOVI	5	PA; QL (5 per 28 days); LA; S	<i>lapatinib ditosylate</i>	5	PA; QL (180 per 30 days); S

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lenalidomide oral capsule 10 mg</i>	5	PA; QL (60 per 30 days); LA; S	LORBRENA ORAL TABLET 100 MG	5	PA; QL (30 per 30 days); LA; S
<i>lenalidomide oral capsule 15 mg, 2.5 mg, 20 mg, 25 mg</i>	5	PA; QL (30 per 30 days); LA; S	LORBRENA ORAL TABLET 25 MG	5	PA; QL (90 per 30 days); LA; S
<i>lenalidomide oral capsule 5 mg</i>	5	PA; QL (150 per 30 days); LA; S	LUMAKRAS ORAL TABLET 120 MG	5	PA; QL (240 per 30 days); LA; S
LENVIMA (10 MG DAILY DOSE)	5	PA; QL (30 per 30 days); LA; S	LUMAKRAS ORAL TABLET 320 MG	5	PA; QL (90 per 30 days); S
LENVIMA (12 MG DAILY DOSE)	5	PA; QL (90 per 30 days); LA; S	LUPRON DEPOT (1-MONTH)	5	PA; QL (1 per 28 days); S
LENVIMA (14 MG DAILY DOSE)	5	PA; QL (60 per 30 days); LA; S	LUPRON DEPOT (3-MONTH)	5	PA; QL (1 per 84 days); S
LENVIMA (18 MG DAILY DOSE)	5	PA; QL (90 per 30 days); LA; S	LUPRON DEPOT (4-MONTH)	5	PA; QL (1 per 112 days); S
LENVIMA (20 MG DAILY DOSE)	5	PA; QL (60 per 30 days); LA; S	LUPRON DEPOT (6-MONTH)	5	PA; QL (1 per 168 days); S
LENVIMA (24 MG DAILY DOSE)	5	PA; QL (90 per 30 days); LA; S	LYNPARZA ORAL TABLET	5	PA; QL (120 per 30 days); LA; S
LENVIMA (4 MG DAILY DOSE)	5	PA; QL (30 per 30 days); LA; S	LYSODREN	5	S
LENVIMA (8 MG DAILY DOSE)	5	PA; QL (60 per 30 days); LA; S	LYTGOBI (12 MG DAILY DOSE)	5	PA; S
<i>letrozole oral</i>	2	QL (30 per 30 days); MO	LYTGOBI (16 MG DAILY DOSE)	5	PA; S
<i>leucovorin calcium injection solution 100 mg/10ml</i>	2		LYTGOBI (20 MG DAILY DOSE)	5	PA; S
<i>leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 500 mg</i>	2	B/D PA	MATULANE	5	LA; S
<i>leucovorin calcium oral</i>	2		<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>	2	PA
LEUKERAN	5	S	<i>megestrol acetate oral tablet</i>	2	PA
<i>leuprolide acetate (3 month)</i>	4	PA	MEKINIST ORAL SOLUTION RECONSTITUTED	5	PA; QL (1200 per 30 days); S
<i>leuprolide acetate injection</i>	2	PA	MEKINIST ORAL TABLET 0.5 MG	5	PA; QL (90 per 30 days); LA; S
LONSURF	5	PA; S	MEKINIST ORAL TABLET 2 MG	5	PA; QL (30 per 30 days); LA; S

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Drug Name	Drug Tier	Requirements/Limits
MEKTOVI	5	PA; QL (180 per 30 days); LA; S
<i>mercaptopurine oral</i>	2	
<i>mesna</i>	2	
MESNEX ORAL	5	S
<i>mitomycin intravenous solution reconstituted 5 mg</i>	2	B/D PA
MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 5 MG	2	B/D PA
MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	5	B/D PA; S
NERLYNX	5	PA; QL (180 per 30 days); LA; S
<i>nilutamide</i>	5	QL (30 per 30 days); S
NINLARO	5	PA; QL (3 per 28 days); S
NUBEQA	5	PA; QL (120 per 30 days); LA; S
ODOMZO	5	PA; QL (30 per 30 days); LA; S
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA; QL (60 per 30 days); S
OGSIVEO ORAL TABLET 50 MG	5	PA; QL (180 per 30 days); S
OJEMDA ORAL SUSPENSION RECONSTITUTED	5	PA; QL (96 per 28 days); S
OJEMDA ORAL TABLET	5	PA; QL (24 per 28 days); S
OJJAARA	5	PA; QL (30 per 30 days); LA; S
ONUREG	5	PA; QL (14 per 28 days); LA; S
OPDIVO	5	PA; LA; S

Drug Name	Drug Tier	Requirements/Limits
ORGOVYX	5	PA; QL (30 per 28 days); LA; S
ORSERDU ORAL TABLET 345 MG	5	PA; QL (30 per 30 days); S
ORSERDU ORAL TABLET 86 MG	5	PA; QL (90 per 30 days); S
<i>oxaliplatin intravenous solution</i>	2	B/D PA
<i>oxaliplatin intravenous solution reconstituted</i>	5	B/D PA; S
<i>paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml</i>	2	B/D PA
<i>paclitaxel protein-bound part</i>	5	PA; S
PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/100ML	2	B/D PA
<i>pazopanib hcl</i>	5	PA; QL (120 per 30 days); S
PEMAZYRE	5	PA; QL (14 per 21 days); LA; S
PERJETA	5	PA; S
PHESGO	5	PA; S
PIQRAY (200 MG DAILY DOSE)	5	PA; QL (28 per 28 days); S
PIQRAY (250 MG DAILY DOSE)	5	PA; QL (56 per 28 days); S
PIQRAY (300 MG DAILY DOSE)	5	PA; QL (56 per 28 days); S
POMALYST	5	PA; QL (21 per 28 days); LA; S
POTELIGEO	5	B/D PA; LA; S
PURIXAN	5	PA; S
QINLOCK	5	PA; QL (90 per 30 days); S
RETEVMO ORAL CAPSULE 40 MG	5	PA; QL (180 per 30 days); S

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RETEVMO ORAL CAPSULE 80 MG	5	PA; QL (120 per 30 days); S	TABRECTA	5	PA; QL (120 per 30 days); S
REZLIDHIA	5	PA; QL (60 per 30 days); LA; S	TAFINLAR ORAL CAPSULE	5	PA; QL (120 per 30 days); LA; S
RIABNI	5	B/D PA; S	TAFINLAR ORAL TABLET SOLUBLE	5	PA; QL (900 per 30 days); S
RITUXAN HYCELA	5	B/D PA; LA; S	TAGRISSO	5	PA; QL (30 per 30 days); LA; S
RITUXAN INTRAVENOUS SOLUTION	5	B/D PA; LA; S	TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	5	PA; QL (30 per 30 days); S
<i>romidepsin intravenous solution reconstituted</i>	5	S	TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA; QL (30 per 30 days); LA; S
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; QL (150 per 30 days); LA; S	<i>tamoxifen citrate oral</i>	2	MO
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; QL (90 per 30 days); LA; S	TASIGNA	5	PA; QL (112 per 28 days); S
ROZLYTREK ORAL PACKET	5	PA; QL (360 per 30 days); LA; S	TAZVERIK	5	PA; QL (240 per 30 days); LA; S
RUBRACA	5	PA; QL (120 per 30 days); LA; S	TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML	5	PA; QL (20 per 21 days); LA; S
RYBREVANT	5	PA; S	TECENTRIQ INTRAVENOUS SOLUTION 840 MG/14ML	5	PA; QL (28 per 28 days); LA; S
RYDAPT	5	PA; QL (240 per 30 days); S	TECVAYLI	5	PA; S
RYLAZE	5	PA; S	TEPMETKO	5	PA; QL (60 per 30 days); LA; S
SARCLISA	5	PA; S	THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA; QL (30 per 30 days); S
SCEMBLIX ORAL TABLET 100 MG	5	PA; QL (120 per 30 days); S	THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PA; QL (60 per 30 days); S
SCEMBLIX ORAL TABLET 20 MG	5	PA; QL (60 per 30 days); S	TIBSOVO	5	PA; QL (60 per 30 days); LA; S
SCEMBLIX ORAL TABLET 40 MG	5	PA; QL (300 per 30 days); S	TICE BCG	3	B/D PA
SOLTAMOX	5	MO; S	<i>toremifene citrate</i>	4	QL (30 per 30 days)
<i>sorafenib tosylate</i>	5	PA; QL (120 per 30 days); S	<i>tretinoin oral</i>	5	S
SPRYCEL	5	PA; QL (30 per 30 days); S	TRODELVY	5	PA; S
STIVARGA	5	PA; QL (84 per 28 days); LA; S	TRUQAP	5	PA; QL (64 per 28 days); S
<i>sunitinib malate</i>	5	PA; QL (30 per 30 days); S			
TABLOID	4				

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
TRUSELTIQ (100MG DAILY DOSE)	5	PA; QL (21 per 28 days); LA; S	VONJO	5	PA; QL (120 per 30 days); LA; S
TRUSELTIQ (125MG DAILY DOSE)	5	PA; QL (42 per 28 days); LA; S	WELIREG	5	PA; QL (90 per 30 days); LA; S
TRUSELTIQ (50MG DAILY DOSE)	5	PA; QL (42 per 28 days); LA; S	XALKORI ORAL CAPSULE	5	PA; QL (120 per 30 days); LA; S
TRUSELTIQ (75MG DAILY DOSE)	5	PA; QL (63 per 28 days); LA; S	XALKORI ORAL CAPSULE SPRINKLE 150 MG	5	PA; QL (180 per 30 days); LA; S
TUKYSA	5	PA; QL (120 per 30 days); LA; S	XALKORI ORAL CAPSULE SPRINKLE 20 MG	5	PA; QL (240 per 30 days); LA; S
TURALIO ORAL CAPSULE 125 MG	5	PA; QL (120 per 30 days); LA; S	XALKORI ORAL CAPSULE SPRINKLE 50 MG	5	PA; QL (120 per 30 days); LA; S
VANFLYTA	5	PA; QL (56 per 28 days); S	XOSPATA	5	PA; QL (90 per 30 days); LA; S
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	5	PA; S	XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA; QL (8 per 28 days); LA; S
VENCLEXTA ORAL TABLET 10 MG	3	PA; QL (60 per 30 days); LA	XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (4 per 28 days); LA; S
VENCLEXTA ORAL TABLET 100 MG	5	PA; QL (180 per 30 days); LA; S	XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (8 per 28 days); LA; S
VENCLEXTA ORAL TABLET 50 MG	5	PA; QL (30 per 30 days); LA; S	XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA; QL (4 per 28 days); LA; S
VENCLEXTA STARTING PACK	5	PA; LA; S	XPOVIO (60 MG TWICE WEEKLY)	5	PA; QL (24 per 28 days); LA; S
VERZENIO	5	PA; QL (56 per 28 days); LA; S	XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (8 per 28 days); LA; S
<i>vinblastine sulfate intravenous solution</i>	2	B/D PA	XPOVIO (80 MG TWICE WEEKLY)	5	PA; QL (32 per 28 days); LA; S
<i>vincristine sulfate intravenous</i>	2	B/D PA	XTANDI ORAL CAPSULE	5	PA; QL (120 per 30 days); LA; S
<i>vinorelbine tartrate</i>	2	B/D PA	XTANDI ORAL TABLET 40 MG	5	PA; QL (120 per 30 days); S
VITRAKVI ORAL CAPSULE 100 MG	5	PA; QL (60 per 30 days); LA; S	XTANDI ORAL TABLET 80 MG	5	PA; QL (60 per 30 days); S
VITRAKVI ORAL CAPSULE 25 MG	5	PA; QL (180 per 30 days); LA; S	YERVOY	5	PA; S
VITRAKVI ORAL SOLUTION	5	PA; QL (300 per 30 days); LA; S			
VIZIMPRO	5	PA; QL (30 per 30 days); LA; S			

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZEJULA ORAL CAPSULE	5	PA; QL (90 per 30 days); LA; S	<i>aspirin-dipyridamole er</i>	2	ST; QL (60 per 30 days); MO
ZEJULA ORAL TABLET 100 MG	5	PA; QL (90 per 30 days); S	BRILINTA	3	QL (60 per 30 days); MO
ZEJULA ORAL TABLET 200 MG, 300 MG	5	PA; QL (30 per 30 days); S	<i>cilostazol</i>	2	MO
ZELBORAF	5	PA; QL (240 per 30 days); LA; S	CINRYZE	5	PA; LA; S
ZEPZELCA	5	PA; S	<i>clopidogrel bisulfate oral tablet 300 mg</i>	2	QL (1 per 30 days)
ZOLINZA	5	PA; QL (120 per 30 days); S	<i>clopidogrel bisulfate oral tablet 75 mg</i>	2	QL (30 per 30 days); MO
ZYDELIG	5	PA; QL (60 per 30 days); LA; S	<i>dabigatran etexilate mesylate</i>	4	QL (60 per 30 days); MO
ZYKADIA ORAL TABLET	5	PA; QL (90 per 30 days); LA; S	<i>dipyridamole oral</i>	2	PA; MO
Blood Products And Modifiers			DROXIA	3	MO
<i>anagrelide hcl</i>	2	MO	ELIQUIS	3	QL (60 per 30 days); MO
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 40 MCG/ML	4	PA	ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	3	QL (74 per 180 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 60 MCG/ML	3	PA	ENDARI	5	PA; LA; S
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML	3	PA	<i>enoxaparin sodium injection solution 300 mg/3ml</i>	2	QL (168 per 28 days)
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	5	PA; S	<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	2	QL (56 per 28 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 60 MCG/0.3ML	4	PA	<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	2	QL (44.8 per 28 days)
			<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	2	QL (16.8 per 28 days)
			<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	2	QL (22.4 per 28 days)
			<i>enoxaparin sodium injection solution</i>	2	QL (33.6 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>prefilled syringe 60 mg/0.6ml</i>		
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	5	QL (24 per 30 days); S
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	2	QL (15 per 30 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	5	QL (12 per 30 days); S
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	5	QL (18 per 30 days); S
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML	4	
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	5	S
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 7500 UNIT/0.3ML	5	S
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	4	
FULPHILA	5	PA; QL (1.2 per 28 days); S
GRANIX	5	PA; S
<i>heparin (porcine) in nacl intravenous solution</i>	3	B/D PA

Drug Name	Drug Tier	Requirements/Limits
12500-0.45 ut/250ml-%, 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%		
<i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%</i>	2	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	2	B/D PA
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml</i>	2	B/D PA
<i>icatibant acetate</i>	5	PA; S
<i>jantoven</i>	1	MO
<i>l-glutamine oral packet</i>	5	S
LEUKINE INJECTION SOLUTION RECONSTITUTED	5	PA; S
NEULASTA ONPRO	5	PA; QL (1.2 per 28 days); S
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (1.2 per 28 days); S
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	5	PA; S
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	5	PA; S
NIVESTYM INJECTION SOLUTION	5	PA; S
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	4	PA
<i>pentoxifylline er</i>	2	MO
<i>plerixafor</i>	4	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>prasugrel hcl</i>	2	QL (30 per 30 days); MO
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	5	PA; S
PROMACTA ORAL PACKET 12.5 MG	5	PA; QL (360 per 30 days); LA; S
PROMACTA ORAL PACKET 25 MG	5	PA; QL (180 per 30 days); LA; S
PROMACTA ORAL TABLET 12.5 MG, 25 MG	5	PA; QL (30 per 30 days); LA; S
PROMACTA ORAL TABLET 50 MG	5	PA; QL (90 per 30 days); LA; S
PROMACTA ORAL TABLET 75 MG	5	PA; QL (60 per 30 days); LA; S
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; S
<i>tranexamic acid intravenous solution 1000 mg/10ml</i>	2	
<i>tranexamic acid oral</i>	2	
UDENYCA	5	PA; QL (12 per 28 days); S
<i>warfarin sodium oral</i>	1	MO
XARELTO ORAL SUSPENSION RECONSTITUTED	3	QL (600 per 30 days); MO
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 per 30 days); MO
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 per 30 days); MO
XARELTO STARTER PACK	3	
ZARXIO	5	PA; S
ZIEXTENZO	5	PA; QL (12 per 28 days); S

Drug Name	Drug Tier	Requirements/Limits
Cardiovascular Agents		
<i>acebutolol hcl oral</i>	2	MO
<i>acetazolamide oral</i>	2	MO
<i>aliskiren fumarate</i>	2	MO
<i>amiloride hcl oral</i>	2	MO
<i>amiloride-hydrochlorothiazide</i>	1	MO
<i>amiodarone hcl intravenous</i>	2	B/D PA
<i>amiodarone hcl oral</i>	2	MO
<i>amlodipine besy-benazepril hcl</i>	2	QL (30 per 30 days); MO
<i>amlodipine besylate oral</i>	1	MO
<i>amlodipine besylate-valsartan</i>	2	QL (30 per 30 days); MO
<i>amlodipine-atorvastatin</i>	2	QL (30 per 30 days); MO
<i>amlodipine-olmesartan</i>	2	QL (30 per 30 days); MO
<i>amlodipine-valsartan-hctz</i>	2	QL (30 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</i>	1	QL (30 per 30 days); MO
<i>betaxolol hcl oral</i>	2	MO
<i>bisoprolol fumarate oral</i>	2	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide injection</i>	2	
<i>bumetanide oral</i>	2	MO
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	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>candesartan cilexetil oral tablet 32 mg</i>	2	QL (30 per 30 days); MO
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	2	QL (60 per 30 days); MO
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>	2	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 (90 per 30 days); MO
<i>captopril-hydrochlorothiazide</i>	1	QL (60 per 30 days); MO
CARTIA XT	2	MO
<i>carvedilol</i>	1	MO
<i>carvedilol phosphate er</i>	2	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MO
<i>cholestyramine light</i>	2	MO
<i>cholestyramine oral</i>	2	MO
<i>clonidine</i>	2	QL (4 per 28 days); MO
<i>clonidine hcl oral</i>	1	MO
<i>colesevelam hcl</i>	2	MO
<i>colestipol hcl</i>	2	MO
CORLANOR ORAL SOLUTION	4	PA; QL (560 per 28 days); MO
CORLANOR ORAL TABLET	4	PA; QL (60 per 30 days); MO
<i>digox oral tablet 125 mcg</i>	2	QL (30 per 30 days); MO
<i>digox oral tablet 250 mcg</i>	2	PA; QL (60 per 30 days); MO
<i>digoxin oral solution</i>	2	MO
<i>digoxin oral tablet 125 mcg</i>	2	QL (30 per 30 days); MO
<i>digoxin oral tablet 250 mcg</i>	2	PA; QL (60 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
<i>digoxin oral tablet 62.5 mcg</i>	3	QL (30 per 30 days); MO
<i>dilt-xr</i>	2	MO
<i>diltiazem hcl er beads</i>	2	MO
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	2	MO
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	2	MO
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	2	MO
<i>diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	MO
<i>diltiazem hcl intravenous solution</i>	2	
<i>diltiazem hcl intravenous solution reconstituted</i>	3	
<i>diltiazem hcl oral</i>	1	MO
<i>disopyramide phosphate oral</i>	2	PA; MO
<i>dofetilide</i>	2	
<i>doxazosin mesylate oral</i>	2	MO
<i>droxidopa oral capsule 100 mg</i>	4	PA; QL (90 per 30 days)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	5	PA; QL (180 per 30 days); S
<i>enalapril maleate oral tablet</i>	1	MO
<i>enalapril-hydrochlorothiazide</i>	1	QL (60 per 30 days); MO
ENTRESTO ORAL TABLET 24-26 MG	3	QL (180 per 30 days); MO
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	3	QL (60 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>eplerenone</i>	2	MO
<i>ezetimibe</i>	2	QL (30 per 30 days); MO
<i>ezetimibe-simvastatin</i>	2	PA; QL (30 per 30 days); MO
<i>felodipine er</i>	2	MO
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	2	MO
<i>fenofibrate oral capsule 134 mg, 200 mg, 50 mg, 67 mg</i>	2	MO
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	2	MO
<i>fenofibrate oral tablet 40 mg</i>	4	MO
<i>fenofibric acid oral capsule delayed release</i>	2	MO
<i>flecainide acetate</i>	2	MO
<i>fluvastatin sodium</i>	2	QL (60 per 30 days); MO
<i>fluvastatin sodium er</i>	2	QL (30 per 30 days); MO
<i>fosinopril sodium</i>	1	MO
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg</i>	2	QL (60 per 30 days); MO
<i>fosinopril sodium-hctz oral tablet 20-12.5 mg</i>	2	QL (120 per 30 days); MO
<i>furosemide injection</i>	2	
<i>furosemide oral solution 10 mg/ml</i>	2	MO
<i>furosemide oral solution 8 mg/ml</i>	1	MO
<i>furosemide oral tablet</i>	1	MO
<i>gemfibrozil oral</i>	2	MO
<i>guanfacine hcl oral</i>	2	PA; MO
<i>hydralazine hcl injection</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>hydralazine hcl oral</i>	2	MO
<i>hydrochlorothiazide oral</i>	1	MO
<i>icosapent ethyl</i>	3	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>	2	QL (60 per 30 days); MO
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	2	QL (30 per 30 days); MO
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	3	QL (180 per 30 days); MO
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	MO
<i>isosorbide dinitrate oral tablet 40 mg</i>	5	MO; S
<i>isosorbide mononitrate</i>	2	MO
<i>isosorbide mononitrate er</i>	2	MO
<i>isradipine</i>	2	MO
<i>ivabradine hcl</i>	4	PA; QL (60 per 30 days); MO
<i>labetalol hcl intravenous solution</i>	2	
<i>labetalol hcl oral</i>	2	MO
<i>lisinopril oral</i>	1	MO
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	1	QL (30 per 30 days); MO
<i>lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg</i>	1	QL (120 per 30 days); MO
<i>lisinopril-hydrochlorothiazide oral tablet 20-25 mg</i>	1	QL (60 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
losartan potassium oral tablet 100 mg	1	QL (30 per 30 days); MO	nicardipine hcl oral	2	MO
losartan potassium oral tablet 25 mg, 50 mg	1	QL (60 per 30 days); MO	nifedipine er	2	MO
losartan potassium-hctz	1	QL (30 per 30 days); MO	nifedipine er osmotic release	2	MO
lovastatin oral	1	QL (60 per 30 days); MO	nifedipine oral	2	PA; MO
MATZIM LA	2	MO	nimodipine oral	2	
metolazone	2	MO	nisoldipine er	2	MO
metoprolol succinate er	2	MO	NITRO-BID	3	MO
metoprolol tartrate intravenous solution 5 mg/5ml	2		NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	5	MO; S
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	MO	nitroglycerin intravenous	3	B/D PA
metoprolol tartrate oral tablet 37.5 mg, 75 mg	2	MO	nitroglycerin sublingual	2	MO
metoprolol-hydrochlorothiazide	2	MO	nitroglycerin transdermal patch 24 hour	2	MO
metyrosine	5	S	nitroglycerin translingual solution	2	MO
mexiletine hcl oral	2	MO	NORPACE CR	4	PA; MO
midodrine hcl	2		olmesartan medoxomil oral tablet 20 mg, 40 mg	2	QL (30 per 30 days); MO
minoxidil oral	2	MO	olmesartan medoxomil oral tablet 5 mg	2	QL (60 per 30 days); MO
moexipril hcl	2	MO	olmesartan medoxomil-hctz	2	QL (30 per 30 days); MO
MULTAQ	3	QL (60 per 30 days); MO	olmesartan-amlodipine-hctz	2	QL (30 per 30 days); MO
nadolol oral tablet 20 mg, 40 mg, 80 mg	2	MO	omega-3-acid ethyl esters	2	MO
nebivolol hcl	2	MO	pacerone oral tablet 100 mg, 200 mg, 400 mg	2	MO
niacin (antihyperlipidemic)	2		perindopril erbumine	2	MO
niacin er (antihyperlipidemic)	2	MO	phenoxybenzamine hcl oral	5	S
niacor	2		pindolol	2	MO
nicardipine hcl intravenous	2		pitavastatin calcium	4	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>pravastatin sodium</i>	1	QL (30 per 30 days); MO	<i>sotalol hcl (af) oral tablet 80 mg</i>	1	MO
<i>prazosin hcl oral</i>	2	MO	<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg</i>	2	MO
<i>prevalite</i>	2	MO	<i>sotalol hcl oral tablet 80 mg</i>	1	MO
<i>propafenone hcl</i>	2	MO	<i>spironolactone oral tablet 100 mg, 50 mg</i>	2	MO
<i>propafenone hcl er</i>	4	MO	<i>spironolactone oral tablet 25 mg</i>	1	MO
<i>propranolol hcl er</i>	2	MO	<i>spironolactone-hctz</i>	2	MO
<i>propranolol hcl intravenous</i>	2		TAZTIA XT	2	MO
<i>propranolol hcl oral solution</i>	2	MO	<i>telmisartan oral tablet 20 mg, 40 mg</i>	2	QL (30 per 30 days); MO
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	MO	<i>telmisartan oral tablet 80 mg</i>	2	QL (60 per 30 days); MO
<i>propranolol hcl oral tablet 60 mg</i>	2	MO	<i>telmisartan-amlodipine</i>	2	QL (30 per 30 days); MO
<i>quinapril hcl</i>	1	MO	<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg</i>	2	QL (30 per 30 days); MO
<i>quinapril-hydrochlorothiazide</i>	2	QL (60 per 30 days); MO	<i>telmisartan-hctz oral tablet 80-12.5 mg</i>	2	QL (60 per 30 days); MO
<i>quinidine sulfate oral</i>	2	MO	<i>terazosin hcl oral</i>	1	MO
<i>ramipril</i>	1	MO	TIADYLT ER	2	MO
<i>ranolazine er</i>	2	PA; QL (60 per 30 days); MO	<i>timolol maleate oral</i>	2	MO
REPATHA	3	PA; QL (3 per 28 days)	<i>torseamide oral</i>	2	MO
REPATHA PUSHTRONEX SYSTEM	3	PA; QL (3.5 per 28 days)	<i>trandolapril</i>	1	MO
REPATHA SURECLICK	3	PA; QL (3 per 28 days)	<i>trandolapril-verapamil hcl er</i>	2	QL (30 per 30 days); MO
<i>rosuvastatin calcium oral</i>	1	QL (30 per 30 days); MO	<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	MO
<i>simvastatin oral tablet</i>	1	QL (30 per 30 days); MO	<i>triamterene-hctz oral tablet</i>	1	MO
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG	2	MO	<i>valsartan oral tablet 160 mg</i>	2	QL (60 per 30 days); MO
SORINE ORAL TABLET 80 MG	1	MO	<i>valsartan oral tablet 320 mg</i>	2	QL (30 per 30 days); MO
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg</i>	2	MO			

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

Drug Name	Drug Tier	Requirements/Limits
valsartan oral tablet 40 mg, 80 mg	2	QL (90 per 30 days); MO
valsartan-hydrochlorothiazide	1	QL (30 per 30 days); MO
VASCEPA	3	MO
VECAMYL	4	MO
verapamil hcl er oral capsule extended release 24 hour	2	MO
verapamil hcl er oral tablet extended release 120 mg	2	MO
verapamil hcl er oral tablet extended release 180 mg, 240 mg	1	MO
verapamil hcl intravenous	2	
verapamil hcl oral	1	MO
VERQUVO	4	PA; MO

Central Nervous System Agents

ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	5	QL (2.4 per 56 days); S
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	5	QL (3.2 per 56 days); S
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	5	QL (1 per 28 days); MO; S
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	QL (1 per 28 days); MO; S
acamprosate calcium	2	MO
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA; QL (1 per 28 days); MO

Drug Name	Drug Tier	Requirements/Limits
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	3	PA; QL (2 per 28 days); MO
almotriptan malate	2	QL (9 per 30 days)
alprazolam er	2	QL (90 per 30 days)
ALPRAZOLAM INTENSOL	3	QL (300 per 30 days)
alprazolam oral	2	QL (90 per 30 days)
alprazolam xr	2	QL (90 per 30 days)
amantadine hcl oral capsule	2	MO
amantadine hcl oral solution	2	MO
amantadine hcl oral tablet	2	MO
amitriptyline hcl oral	2	MO
amoxapine	2	PA; MO
amphetamine sulfate oral tablet 10 mg	4	PA; QL (180 per 30 days); MO
amphetamine sulfate oral tablet 5 mg	4	PA; QL (90 per 30 days); MO
amphetamine-dextroamphetamine er	2	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	2	PA; QL (90 per 30 days); MO
amphetamine-dextroamphetamine oral tablet 30 mg	2	PA; QL (60 per 30 days); MO
apomorphine hcl subcutaneous	5	PA; QL (60 per 30 days); S
APTIOM	5	ST; MO; S
aripiprazole oral solution	2	QL (900 per 30 days); MO

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Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	2	MO
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	2	QL (30 per 30 days); MO
<i>aripiprazole oral tablet dispersible 10 mg</i>	4	QL (90 per 30 days); MO
<i>aripiprazole oral tablet dispersible 15 mg</i>	4	QL (60 per 30 days); MO
ARISTADA INITIO	5	QL (4.8 per 365 days); S
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	5	QL (3.9 per 60 days); MO; S
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	5	QL (1.6 per 28 days); MO; S
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	5	QL (2.4 per 28 days); MO; S
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	5	QL (3.2 per 28 days); MO; S
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	2	PA; QL (30 per 30 days); MO
<i>armodafinil oral tablet 50 mg</i>	2	PA; QL (60 per 30 days); MO
<i>asenapine maleate sublingual tablet sublingual 10 mg</i>	4	QL (60 per 30 days); MO
<i>asenapine maleate sublingual tablet sublingual 2.5 mg</i>	2	QL (240 per 30 days); MO
<i>asenapine maleate sublingual tablet sublingual 5 mg</i>	2	QL (120 per 30 days); MO
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	2	QL (60 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	2	QL (30 per 30 days); MO
AUVELITY	5	PA; QL (60 per 30 days); MO; S
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	5	PA; QL (4 per 28 days); S
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	5	PA; QL (4 per 28 days); S
BAC	2	PA; QL (180 per 30 days)
<i>baclofen oral tablet 10 mg, 15 mg, 5 mg</i>	2	QL (90 per 30 days)
<i>baclofen oral tablet 20 mg</i>	2	QL (120 per 30 days)
<i>benztropine mesylate injection</i>	2	PA
<i>benztropine mesylate oral</i>	2	PA; MO
BETASERON SUBCUTANEOUS KIT	5	PA; QL (15 per 30 days); S
BOTOX	4	PA
BRIVIACT INTRAVENOUS	4	
BRIVIACT ORAL SOLUTION	5	QL (600 per 30 days); MO; S
BRIVIACT ORAL TABLET	5	QL (60 per 30 days); MO; S
<i>bromocriptine mesylate oral</i>	2	MO
<i>buprenorphine hcl injection</i>	2	
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	2	QL (240 per 30 days); NEDS
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	2	QL (60 per 30 days); NEDS

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	2	QL (60 per 30 days); NEDS	<i>butalbital-aspirin-caffeine oral capsule</i>	2	PA; QL (180 per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	2	QL (480 per 30 days); NEDS	CAPLYTA	5	QL (30 per 30 days); MO; S
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	2	QL (240 per 30 days); NEDS	<i>carbamazepine er</i>	2	MO
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	2	QL (120 per 30 days); NEDS	<i>carbamazepine oral suspension 100 mg/5ml</i>	2	MO
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	2	QL (480 per 30 days); NEDS	<i>carbamazepine oral tablet</i>	2	MO
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	2	QL (120 per 30 days); NEDS	<i>carbamazepine oral tablet chewable</i>	2	MO
<i>bupropion hcl er (smoking det)</i>	2	QL (60 per 30 days)	<i>carbidopa oral</i>	2	MO
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	2	QL (120 per 30 days); MO	<i>carbidopa-levodopa</i>	2	MO
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	2	QL (60 per 30 days); MO	<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	2	MO
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	2	QL (90 per 30 days); 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>	2	MO
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	2	QL (30 per 30 days); MO	<i>carisoprodol oral tablet 350 mg</i>	2	
<i>bupropion hcl oral tablet 100 mg</i>	2	QL (135 per 30 days); MO	<i>chlordiazepoxide hcl</i>	2	QL (120 per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	2	QL (180 per 30 days); MO	<i>chlordiazepoxide-amitriptyline</i>	2	PA; MO
<i>bupirone hcl oral</i>	2		<i>chlorpromazine hcl injection</i>	3	
<i>butalbital-apap-caffeine oral capsule</i>	2	PA; QL (180 per 30 days)	<i>chlorpromazine hcl oral concentrate</i>	4	MO
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	2	PA; QL (180 per 30 days)	<i>chlorpromazine hcl oral tablet</i>	2	MO
			<i>chlorzoxazone oral tablet 500 mg</i>	2	PA
			<i>citalopram hydrobromide oral solution</i>	2	QL (600 per 30 days); MO

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Drug Name	Drug Tier	Requirements/Limits
<i>citalopram hydrobromide oral tablet 10 mg</i>	1	QL (120 per 30 days); MO
<i>citalopram hydrobromide oral tablet 20 mg</i>	1	QL (60 per 30 days); MO
<i>citalopram hydrobromide oral tablet 40 mg</i>	1	QL (30 per 30 days); MO
<i>clobazam oral suspension</i>	2	PA; QL (480 per 30 days); MO
<i>clobazam oral tablet 10 mg</i>	2	PA; QL (120 per 30 days); MO
<i>clobazam oral tablet 20 mg</i>	2	PA; QL (60 per 30 days); MO
<i>clomipramine hcl oral</i>	2	PA; MO
<i>clonazepam oral tablet 0.5 mg</i>	2	QL (1200 per 30 days)
<i>clonazepam oral tablet 1 mg</i>	2	QL (600 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	QL (300 per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg</i>	2	QL (4800 per 30 days)
<i>clonazepam oral tablet dispersible 0.25 mg</i>	2	QL (2400 per 30 days)
<i>clonazepam oral tablet dispersible 0.5 mg</i>	2	QL (1200 per 30 days)
<i>clonazepam oral tablet dispersible 1 mg</i>	2	QL (600 per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	2	QL (300 per 30 days)
<i>clonidine hcl er oral tablet extended release 12 hour</i>	2	QL (120 per 30 days); MO
<i>clorazepate dipotassium</i>	2	
<i>clozapine oral tablet 100 mg</i>	2	QL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i>	2	QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine oral tablet 25 mg</i>	2	QL (1080 per 30 days)
<i>clozapine oral tablet 50 mg</i>	2	QL (540 per 30 days)
<i>clozapine oral tablet dispersible 100 mg</i>	2	QL (270 per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg</i>	2	QL (2160 per 30 days)
<i>clozapine oral tablet dispersible 150 mg</i>	2	QL (180 per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	5	QL (120 per 30 days); S
<i>clozapine oral tablet dispersible 25 mg</i>	2	QL (1080 per 30 days)
<i>cyclobenzaprine hcl oral</i>	2	PA
<i>dalfampridine er</i>	3	PA; QL (60 per 30 days)
<i>dantrolene sodium oral</i>	2	
<i>desipramine hcl oral</i>	2	PA; MO
<i>desvenlafaxine er</i>	4	QL (30 per 30 days); MO
<i>desvenlafaxine succinate er</i>	2	MO
<i>dexmethylphenidate hcl</i>	2	QL (60 per 30 days); MO
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	3	QL (30 per 30 days); MO
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i>	2	QL (60 per 30 days); MO
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	2	QL (120 per 30 days); MO
<i>dextroamphetamine sulfate oral solution</i>	2	QL (1920 per 30 days); MO

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Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	2	QL (180 per 30 days); MO
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	2	QL (90 per 30 days); MO
DIACOMIT ORAL CAPSULE 250 MG	5	PA; QL (360 per 30 days); LA; S
DIACOMIT ORAL CAPSULE 500 MG	5	PA; QL (180 per 30 days); LA; S
DIACOMIT ORAL PACKET 250 MG	5	PA; QL (360 per 30 days); LA; S
DIACOMIT ORAL PACKET 500 MG	5	PA; QL (180 per 30 days); LA; S
<i>diazepam injection</i>	2	
DIAZEPAM INTENSOL	2	QL (240 per 30 days)
<i>diazepam oral concentrate</i>	2	QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	2	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg</i>	2	QL (120 per 30 days)
<i>diazepam oral tablet 2 mg</i>	2	QL (600 per 30 days)
<i>diazepam oral tablet 5 mg</i>	2	QL (240 per 30 days)
<i>diazepam rectal</i>	2	
<i>dihydroergotamine mesylate injection</i>	4	PA
<i>dihydroergotamine mesylate nasal</i>	5	PA; QL (8 per 28 days); S
DILANTIN ORAL CAPSULE 30 MG	4	PA; MO
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	5	PA; QL (14 per 7 days); S
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	5	PA; QL (60 per 30 days); S
<i>dimethyl fumarate starter pack oral</i>	5	PA; S

Drug Name	Drug Tier	Requirements/Limits
<i>capsule delayed release therapy pack</i>		
<i>disulfiram oral</i>	2	MO
<i>divalproex sodium er oral tablet extended release 24 hour</i>	2	MO
<i>divalproex sodium oral capsule delayed release sprinkle</i>	2	MO
<i>divalproex sodium oral tablet delayed release</i>	2	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>	2	ST; QL (30 per 30 days); MO
<i>donepezil hcl oral tablet dispersible</i>	1	QL (30 per 30 days); MO
<i>doxepin hcl oral capsule</i>	2	PA; MO
<i>doxepin hcl oral concentrate</i>	2	PA; MO
<i>doxepin hcl oral tablet</i>	2	PA; QL (30 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	4	QL (60 per 30 days); MO
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	4	QL (30 per 30 days); MO
<i>duloxetine hcl oral capsule delayed release particles 20 mg</i>	2	QL (180 per 30 days); MO
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	2	QL (120 per 30 days); MO
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	2	QL (90 per 30 days); MO
<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>	2	QL (60 per 30 days); MO

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DYSPORT	4	PA	<i>ethosuximide oral</i>	2	MO
<i>eletriptan hydrobromide</i>	2	QL (9 per 30 days)	FANAPT ORAL TABLET 1 MG	5	PA; QL (720 per 30 days); S
EMGALITY	3	PA; QL (2 per 28 days); MO	FANAPT ORAL TABLET 10 MG, 12 MG	5	PA; QL (60 per 30 days); S
EMGALITY (300 MG DOSE)	3	PA; QL (3 per 28 days); MO	FANAPT ORAL TABLET 2 MG	5	PA; QL (360 per 30 days); S
EMSAM	5	PA; QL (30 per 30 days); MO; S	FANAPT ORAL TABLET 4 MG	5	PA; QL (180 per 30 days); S
<i>entacapone</i>	2	MO	FANAPT ORAL TABLET 6 MG	5	PA; QL (120 per 30 days); S
EPIDIOLEX	5	PA; LA; S	FANAPT ORAL TABLET 8 MG	5	PA; QL (90 per 30 days); S
EPITOL	2	MO	FANAPT TITRATION PACK	4	PA
EPRONTIA	4	PA; MO	<i>felbamate oral suspension</i>	5	MO; S
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG	4	QL (480 per 30 days); MO	<i>felbamate oral tablet</i>	2	MO
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG	4	QL (240 per 30 days); MO	FETZIMA	4	PA; QL (30 per 30 days); MO
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG	4	QL (180 per 30 days); MO	FETZIMA TITRATION	4	PA
<i>ergoloid mesylates oral</i>	2	PA; MO	<i> fingolimod hcl</i>	4	PA; QL (30 per 30 days)
ERGOMAR	5	S	FINTEPLA	5	PA; LA; S
<i>ergotamine-caffeine</i>	2		FIRDAPSE	5	PA; QL (240 per 30 days); LA; S
<i>escitalopram oxalate oral solution</i>	2	QL (600 per 30 days); MO	<i> fluoxetine hcl oral capsule 10 mg</i>	1	MO
<i>escitalopram oxalate oral tablet 10 mg</i>	2	QL (60 per 30 days); MO	<i> fluoxetine hcl oral capsule 20 mg</i>	1	QL (120 per 30 days); MO
<i>escitalopram oxalate oral tablet 20 mg</i>	2	QL (30 per 30 days); MO	<i> fluoxetine hcl oral capsule 40 mg</i>	1	QL (60 per 30 days); MO
<i>escitalopram oxalate oral tablet 5 mg</i>	2	QL (120 per 30 days); MO	<i> fluoxetine hcl oral capsule delayed release</i>	2	QL (4 per 28 days); MO
ESGIC ORAL CAPSULE	2	PA; QL (180 per 30 days)	<i> fluoxetine hcl oral solution</i>	2	QL (600 per 30 days); MO
<i>estazolam</i>	2	QL (30 per 30 days)	<i> fluphenazine decanoate injection</i>	2	
<i>eszopiclone</i>	2	QL (30 per 30 days)	<i> fluphenazine hcl injection</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
<i>fluphenazine hcl oral</i>	2	MO
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg</i>	2	QL (90 per 30 days); MO
<i>fluvoxamine maleate er oral capsule extended release 24 hour 150 mg</i>	2	QL (60 per 30 days); MO
<i>fluvoxamine maleate oral tablet 100 mg</i>	2	QL (90 per 30 days); MO
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	2	MO
<i>frovatriptan succinate</i>	2	QL (12 per 30 days)
FYCOMPA ORAL SUSPENSION	5	PA; QL (720 per 30 days); MO; S
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	5	PA; QL (30 per 30 days); MO; S
FYCOMPA ORAL TABLET 2 MG	4	PA; QL (30 per 30 days); MO
<i>gabapentin oral capsule 100 mg</i>	2	QL (1080 per 30 days); MO
<i>gabapentin oral capsule 300 mg</i>	2	QL (360 per 30 days); MO
<i>gabapentin oral capsule 400 mg</i>	2	QL (270 per 30 days); MO
<i>gabapentin oral solution</i>	2	QL (2160 per 30 days); MO
<i>gabapentin oral tablet 600 mg</i>	2	QL (180 per 30 days); MO
<i>gabapentin oral tablet 800 mg</i>	2	QL (120 per 30 days); MO
<i>galantamine hydrobromide er</i>	2	QL (30 per 30 days); MO
<i>galantamine hydrobromide oral solution</i>	2	QL (200 per 30 days); MO
<i>galantamine hydrobromide oral tablet</i>	2	QL (60 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
GILENYA ORAL CAPSULE 0.25 MG	5	PA; QL (30 per 30 days); S
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	5	PA; QL (30 per 30 days); S
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	5	PA; QL (12 per 28 days); S
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	PA; QL (30 per 30 days); S
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	PA; QL (12 per 28 days); S
<i>guanfacine hcl er</i>	2	QL (30 per 30 days); MO
<i>haloperidol decanoate intramuscular</i>	2	
<i>haloperidol lactate injection</i>	2	
<i>haloperidol lactate oral</i>	2	MO
<i>haloperidol oral</i>	2	MO
<i>imipramine hcl oral</i>	2	PA; MO
<i>imipramine pamoate oral capsule 125 mg, 150 mg</i>	2	PA; MO
INGREZZA ORAL CAPSULE 40 MG	5	PA; QL (60 per 30 days); S
INGREZZA ORAL CAPSULE 60 MG, 80 MG	5	PA; QL (30 per 30 days); S
INGREZZA ORAL CAPSULE SPRINKLE 40 MG	5	PA; QL (60 per 30 days); S
INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG	5	PA; QL (30 per 30 days); S
INGREZZA ORAL CAPSULE THERAPY PACK	5	PA; QL (56 per 365 days); S

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	5	QL (3.5 per 180 days); S	KESIMPTA	5	PA; QL (1.2 per 30 days); S
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	5	QL (5 per 180 days); S	<i>lacosamide intravenous</i>	5	S
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	5	QL (0.75 per 28 days); S	<i>lacosamide oral solution</i>	4	QL (1200 per 30 days); MO
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	5	QL (1 per 28 days); S	<i>lacosamide oral tablet</i>	4	QL (60 per 30 days); MO
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	5	QL (1.5 per 28 days); S	<i>lamotrigine er</i>	4	MO
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	QL (0.25 per 28 days)	<i>lamotrigine oral tablet</i>	2	MO
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	5	QL (0.5 per 28 days); S	<i>lamotrigine oral tablet chewable</i>	2	MO
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	5	QL (0.88 per 84 days); S	<i>lamotrigine oral tablet dispersible</i>	2	MO
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	5	QL (1.32 per 84 days); S	<i>lamotrigine starter kit-blue</i>	4	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	5	QL (1.75 per 84 days); S	<i>lamotrigine starter kit-orange</i>	4	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	5	QL (2.63 per 84 days); S	<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	2	QL (180 per 30 days); MO
			<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	2	QL (120 per 30 days); MO
			<i>levetiracetam intravenous</i>	2	
			<i>levetiracetam oral</i>	2	MO
			LIBERVANT	4	QL (10 per 30 days)
			<i>lithium</i>	3	MO
			<i>lithium carbonate er</i>	2	MO
			<i>lithium carbonate oral capsule 150 mg, 300 mg</i>	1	MO
			<i>lithium carbonate oral capsule 600 mg</i>	2	MO
			<i>lithium carbonate oral tablet</i>	2	MO
			<i>lorazepam injection</i>	2	
			LORAZEPAM INTENSOL	2	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	Drug Name	Drug Tier	Requirements/Limits
lorazepam oral concentrate	2	QL (150 per 30 days)	methylphenidate hcl er (cd)	2	PA; QL (30 per 30 days); MO
lorazepam oral tablet 0.5 mg, 1 mg	2	QL (90 per 30 days)	methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 60 mg	2	PA; QL (30 per 30 days); MO
lorazepam oral tablet 2 mg	2	QL (150 per 30 days)	methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg	2	PA; QL (60 per 30 days); MO
loxapine succinate oral	2	MO	methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 45 mg, 54 mg, 63 mg	2	PA; QL (30 per 30 days); MO
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg	4	QL (30 per 30 days); MO	methylphenidate hcl er (osm) oral tablet extended release 36 mg	2	PA; QL (60 per 30 days); MO
lurasidone hcl oral tablet 80 mg	4	QL (60 per 30 days); MO	methylphenidate hcl er oral tablet extended release	2	PA; QL (90 per 30 days); MO
LYBALVI	5	PA; QL (30 per 30 days); MO; S	methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg	2	PA; QL (30 per 30 days); MO
MARPLAN	4	MO	methylphenidate hcl er oral tablet extended release 24 hour 36 mg	2	PA; QL (60 per 30 days); MO
MAYZENT ORAL TABLET 0.25 MG	5	PA; QL (120 per 30 days); LA; S	methylphenidate hcl er oral solution 10 mg/5ml	2	PA; QL (900 per 30 days); MO
MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; QL (30 per 30 days); LA; S	methylphenidate hcl oral solution 5 mg/5ml	2	PA; QL (1800 per 30 days); MO
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	5	PA; LA; S	methylphenidate hcl oral tablet	2	PA; QL (90 per 30 days); MO
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	4	PA; LA	midazolam hcl oral	2	
memantine hcl er	2	PA; QL (30 per 30 days); MO	MIGERGOT	5	S
memantine hcl oral solution 2 mg/ml	2	PA; QL (300 per 30 days); MO	mirtazapine oral tablet 15 mg, 30 mg, 7.5 mg	2	MO
memantine hcl oral tablet 10 mg	2	PA; QL (60 per 30 days); MO	mirtazapine oral tablet 45 mg	2	QL (30 per 30 days); MO
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	2	PA; QL (60 per 30 days)			
memantine hcl oral tablet 5 mg	2	PA; QL (90 per 30 days); MO			
meprobamate	2	PA			
methocarbamol oral tablet 500 mg, 750 mg	2				
methsuximide	4	MO			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine oral tablet dispersible</i>	2	QL (30 per 30 days); MO	NUPLAZID ORAL CAPSULE	5	PA; QL (30 per 30 days); LA; S
<i>modafinil oral tablet 100 mg</i>	2	PA; QL (30 per 30 days); MO	NUPLAZID ORAL TABLET 10 MG	5	PA; QL (30 per 30 days); LA; S
<i>modafinil oral tablet 200 mg</i>	2	PA; QL (60 per 30 days); MO	NURTEC	5	PA; QL (16 per 30 days); S
<i>molindone hcl</i>	2	MO	<i>olanzapine intramuscular</i>	2	QL (90 per 30 days)
<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>	2	MO
<i>naloxone hcl injection solution cartridge</i>	1		<i>olanzapine oral tablet 20 mg</i>	2	QL (30 per 30 days); MO
<i>naloxone hcl injection solution prefilled syringe</i>	1		<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 5 mg</i>	2	MO
<i>naloxone hcl nasal</i>	3		<i>olanzapine oral tablet dispersible 20 mg</i>	2	QL (30 per 30 days); MO
<i>naltrexone hcl oral</i>	2		<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>	2	QL (30 per 30 days); MO
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	4		<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i>	2	QL (90 per 30 days); MO
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	MO	<i>orphenadrine citrate er</i>	2	
<i>naratriptan hcl</i>	2	QL (9 per 30 days)	<i>oxazepam</i>	2	QL (120 per 30 days)
NARCAN	3		<i>oxcarbazepine</i>	2	MO
NAYZILAM	4	PA	<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg</i>	2	QL (30 per 30 days); MO
<i>nefazodone hcl</i>	2	MO	<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	2	QL (60 per 30 days); MO
NICOTROL	4		<i>paliperidone er oral tablet extended release 24 hour 9 mg</i>	4	QL (30 per 30 days); MO
NICOTROL NS	4	QL (120 per 30 days)	<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</i>	2	QL (30 per 30 days); MO
<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	1	MO			
<i>nortriptyline hcl oral capsule 50 mg, 75 mg</i>	2	MO			
<i>nortriptyline hcl oral solution</i>	2	MO			
NUEDEXTA	5	PA; QL (60 per 30 days); MO; S			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg</i>	2	QL (60 per 30 days); MO	<i>pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg</i>	4	PA; QL (30 per 30 days); MO
<i>paroxetine hcl oral suspension</i>	4	QL (900 per 30 days); MO	<i>pregabalin er oral tablet extended release 24 hour 330 mg</i>	4	PA; QL (60 per 30 days); MO
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	2	QL (45 per 30 days); MO	<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	MO
<i>paroxetine hcl oral tablet 20 mg</i>	2	QL (30 per 30 days); MO	<i>pregabalin oral capsule 200 mg</i>	2	QL (90 per 30 days); MO
<i>paroxetine hcl oral tablet 30 mg</i>	2	QL (60 per 30 days); MO	<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	QL (60 per 30 days); MO
<i>perphenazine oral</i>	2	MO	<i>pregabalin oral solution</i>	2	QL (900 per 30 days); MO
<i>perphenazine-amitriptyline</i>	2	PA; MO	<i>primidone oral</i>	2	MO
PERSERIS	5	QL (1 per 28 days); MO; S	<i>protriptyline hcl</i>	2	PA; MO
PEXEVA ORAL TABLET 40 MG	4	QL (45 per 30 days); MO	<i>pyridostigmine bromide er</i>	2	
<i>phenelzine sulfate oral</i>	2	MO	<i>pyridostigmine bromide oral solution</i>	4	
<i>phenobarbital oral elixir</i>	2	PA; QL (3000 per 30 days); MO	<i>pyridostigmine bromide oral tablet</i>	2	
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg, 64.8 mg, 97.2 mg</i>	3	PA; QL (120 per 30 days); MO	<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	2	QL (30 per 30 days); MO
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg</i>	3	PA; QL (210 per 30 days); MO	<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	2	QL (60 per 30 days); MO
PHENYTEK	4	PA; MO	<i>quetiapine fumarate oral tablet 100 mg</i>	2	QL (240 per 30 days); MO
PHENYTOIN INFATABS	2	MO	<i>quetiapine fumarate oral tablet 150 mg</i>	2	QL (150 per 30 days); MO
<i>phenytoin oral</i>	2	MO	<i>quetiapine fumarate oral tablet 200 mg</i>	2	QL (120 per 30 days); MO
<i>phenytoin sodium extended</i>	2	MO	<i>quetiapine fumarate oral tablet 25 mg</i>	2	QL (960 per 30 days); MO
<i>pimozide</i>	2	MO	<i>quetiapine fumarate oral tablet 300 mg</i>	2	QL (80 per 30 days); MO
<i>pramipexole dihydrochloride</i>	2	MO			
<i>pramipexole dihydrochloride er</i>	4	MO			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
quetiapine fumarate oral tablet 400 mg	2	QL (60 per 30 days); MO	risperidone oral tablet dispersible 1 mg	2	QL (480 per 30 days); MO
quetiapine fumarate oral tablet 50 mg	2	QL (480 per 30 days); MO	risperidone oral tablet dispersible 2 mg	2	QL (240 per 30 days); MO
ramelteon	2	QL (30 per 30 days)	risperidone oral tablet dispersible 3 mg	2	QL (150 per 30 days); MO
rasagiline mesylate oral	2	MO	risperidone oral tablet dispersible 4 mg	2	QL (120 per 30 days); MO
REGONOL INTRAVENOUS	3		rivastigmine	2	QL (30 per 30 days); MO
RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	2	PA; QL (30 per 30 days); MO	rivastigmine tartrate	2	QL (60 per 30 days); MO
REXULTI	5	PA; QL (30 per 30 days); MO; S	rizatriptan benzoate	2	QL (12 per 30 days)
riluzole	2		ropinirole hcl	2	MO
risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg	4	QL (2 per 28 days)	ropinirole hcl er	2	MO
risperidone microspheres er intramuscular suspension reconstituted er 50 mg	5	QL (2 per 28 days); S	ROWEEPRA ORAL TABLET 500 MG	2	MO
risperidone oral solution	2	QL (480 per 30 days); MO	rufinamide oral suspension	5	PA; QL (2400 per 30 days); MO; S
risperidone oral tablet 0.25 mg	2	QL (1920 per 30 days); MO	rufinamide oral tablet 200 mg	4	PA; QL (480 per 30 days); MO
risperidone oral tablet 0.5 mg	2	QL (960 per 30 days); MO	rufinamide oral tablet 400 mg	5	PA; QL (240 per 30 days); MO; S
risperidone oral tablet 1 mg	2	QL (480 per 30 days); MO	RYTARY	4	ST; MO
risperidone oral tablet 2 mg	2	QL (240 per 30 days); MO	SAVELLA	4	PA; QL (60 per 30 days); MO
risperidone oral tablet 3 mg, 4 mg	2	QL (120 per 30 days); MO	SAVELLA TITRATION PACK	4	PA
risperidone oral tablet dispersible 0.25 mg	2	QL (1920 per 30 days); MO	SECUADO	5	PA; QL (30 per 30 days); MO; S
risperidone oral tablet dispersible 0.5 mg	2	QL (960 per 30 days); MO	selegiline hcl oral	2	MO
			sertraline hcl oral concentrate	2	QL (300 per 30 days); MO
			sertraline hcl oral tablet 100 mg	1	QL (60 per 30 days); MO
			sertraline hcl oral tablet 25 mg	1	QL (240 per 30 days); MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>sertraline hcl oral tablet 50 mg</i>	1	QL (120 per 30 days); MO	<i>teriflunomide</i>	5	PA; QL (30 per 30 days); S
<i>sodium oxybate</i>	5	PA; QL (540 per 30 days); LA; S	<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; QL (240 per 30 days); S
SPRAVATO (56 MG DOSE)	4	PA; QL (16 per 28 days)	<i>tetrabenazine oral tablet 25 mg</i>	5	PA; QL (120 per 30 days); S
SPRAVATO (84 MG DOSE)	5	PA; QL (24 per 28 days); S	<i>thioridazine hcl oral</i>	2	MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG	4	PA; QL (60 per 30 days); MO	<i>thiothixene oral</i>	2	MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	4	PA; QL (120 per 30 days); MO	<i>tiagabine hcl</i>	2	MO
SUBVENITE	2	PA; MO	<i>tizanidine hcl oral tablet</i>	2	
<i>sumatriptan nasal</i>	2		<i>tolcapone</i>	5	PA; QL (180 per 30 days); MO; S
<i>sumatriptan succinate oral</i>	2	QL (9 per 30 days)	<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 25 mg, 50 mg</i>	4	MO
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	2	QL (6 per 30 days)	<i>topiramate er oral capsule extended release 24 hour 100 mg</i>	5	QL (30 per 30 days); MO; S
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	2	QL (6 per 30 days)	<i>topiramate er oral capsule extended release 24 hour 25 mg, 50 mg</i>	4	QL (30 per 30 days); MO
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	2	QL (6 per 30 days)	<i>topiramate oral</i>	2	MO
SUNOSI	4	PA; QL (30 per 30 days); MO	<i>tranylcypromine sulfata</i>	2	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA; QL (60 per 30 days); MO; S	<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1	MO
SYMPAZAN ORAL FILM 5 MG	5	PA; QL (30 per 30 days); MO; S	<i>trazodone hcl oral tablet 300 mg</i>	2	MO
<i>tasimelteon</i>	5	PA; QL (30 per 30 days); S	<i>triazolam oral tablet 0.25 mg</i>	2	QL (30 per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	2	QL (30 per 30 days)	<i>trifluoperazine hcl oral</i>	2	MO
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	4	QL (30 per 30 days)	<i>trihexyphenidyl hcl oral solution</i>	2	PA; MO
			<i>trihexyphenidyl hcl oral tablet</i>	2	MO
			<i>trimipramine maleate oral</i>	2	MO
			TRINTELLIX	4	QL (30 per 30 days); MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
UBRELVY ORAL TABLET 100 MG	5	PA; QL (16 per 30 days); S	<i>varenicline tartrate oral tablet 1 mg, 1 mg (56 pack)</i>	4	PA; QL (56 per 28 days)
UBRELVY ORAL TABLET 50 MG	5	PA; QL (20 per 30 days); S	<i>venlafaxine besylate er</i>	4	QL (60 per 30 days); MO
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	5	QL (0.28 per 28 days); S	<i>venlafaxine hcl</i>	2	QL (90 per 30 days); MO
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	5	QL (0.35 per 28 days); S	<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	2	QL (30 per 30 days); MO
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	5	QL (0.42 per 56 days); S	<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg</i>	2	QL (180 per 30 days); MO
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	5	QL (0.56 per 56 days); S	<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	2	QL (90 per 30 days); MO
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	5	QL (0.7 per 56 days); S	<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>	2	QL (30 per 30 days); MO
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	5	QL (0.14 per 28 days); S	VERSACLOZ	4	QL (600 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	5	QL (0.21 per 28 days); S	<i>vigabatrin oral packet</i>	5	PA; QL (150 per 25 days); LA; S
<i>valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml</i>	2		<i>vigabatrin oral tablet</i>	5	PA; QL (180 per 30 days); LA; S
<i>valproic acid oral capsule</i>	2	MO	VIGADRONE ORAL PACKET	5	PA; QL (150 per 25 days); LA; S
<i>valproic acid oral solution</i>	2	MO	VIGADRONE ORAL TABLET	5	PA; QL (180 per 30 days); S
VALTOCO 10 MG DOSE	4		VIGPODER	5	PA; QL (150 per 25 days); S
VALTOCO 15 MG DOSE	4		VIIBRYD ORAL TABLET	4	ST; QL (30 per 30 days); MO
VALTOCO 20 MG DOSE	4		<i>vilazodone hcl</i>	4	QL (30 per 30 days); MO
VALTOCO 5 MG DOSE	4		VRAYLAR ORAL CAPSULE	5	PA; QL (30 per 30 days); MO; S
<i>varenicline tartrate (starter)</i>	4	PA	VUMERITY	5	PA; QL (120 per 30 days); LA; S
<i>varenicline tartrate oral tablet 0.5 mg</i>	4	PA; QL (60 per 30 days)	XCOPRI (250 MG DAILY DOSE) ORAL TABLET	5	PA; QL (56 per 28 days); MO; S

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Drug Name	Drug Tier	Requirements/ Limits
THERAPY PACK 100 & 150 MG		
XCOPRI (350 MG DAILY DOSE)	5	PA; QL (56 per 28 days); MO; S
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	5	PA; QL (30 per 30 days); MO; S
XCOPRI ORAL TABLET 150 MG, 200 MG	5	PA; QL (60 per 30 days); MO; S
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	4	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	5	PA; QL (56 per 365 days); S
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT	3	PA
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT	4	PA
<i>zaleplon oral capsule 10 mg</i>	2	QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	2	QL (30 per 30 days)
<i>ziprasidone hcl oral capsule 20 mg</i>	2	QL (240 per 30 days); MO
<i>ziprasidone hcl oral capsule 40 mg</i>	2	QL (120 per 30 days); MO
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	2	QL (60 per 30 days); MO
<i>ziprasidone mesylate</i>	4	QL (6 per 3 days)
<i>zolmitriptan oral</i>	2	QL (9 per 30 days)
<i>zolpidem tartrate er</i>	2	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>zolpidem tartrate oral tablet</i>	2	QL (30 per 30 days)
ZONISADE	4	PA; MO
<i>zonisamide oral</i>	2	MO
ZTALMY	5	QL (1100 per 30 days); S
ZURZUVAE	5	S
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	4	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	5	QL (2 per 28 days); S
Dermatological Agents		
ACCUTANE ORAL CAPSULE 20 MG, 30 MG, 40 MG	2	
<i>acitretin</i>	4	PA
<i>acyclovir external cream</i>	2	QL (5 per 30 days)
<i>acyclovir external ointment</i>	2	PA; QL (30 per 30 days)
<i>adapalene external cream</i>	2	PA
<i>adapalene external gel</i>	2	PA
<i>ala-cort external cream</i>	1	
<i>alclometasone dipropionate</i>	2	
<i>amcinonide external cream</i>	2	
<i>amcinonide external ointment</i>	3	
<i>ammonium lactate external</i>	2	
AMNESTEEM	2	
<i>azelaic acid external</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
benzoyl peroxide-erythromycin	2		clindamycin phosphate external gel	2	
betamethasone dipropionate aug	2		clindamycin phosphate external lotion	2	QL (120 per 30 days)
betamethasone dipropionate external	2		clindamycin phosphate external solution	2	QL (120 per 30 days)
betamethasone valerate external	2		clindamycin phosphate external swab	2	
bexarotene external	5	PA; QL (60 per 30 days); S	clindamycin-tretinoin	2	PA
calcipotriene external cream	2	QL (120 per 30 days)	clobetasol propionate e	2	QL (120 per 30 days)
calcipotriene external ointment	2	QL (120 per 30 days)	clobetasol propionate emulsion	2	QL (100 per 30 days)
calcipotriene external solution	2	QL (60 per 30 days)	clobetasol propionate external cream	2	QL (120 per 30 days)
calcipotriene-betameth diprop external ointment	2	QL (400 per 28 days)	clobetasol propionate external foam	2	QL (100 per 30 days)
CALCITRENE	2	QL (120 per 30 days)	clobetasol propionate external gel	2	QL (60 per 30 days)
calcitriol external	2	QL (800 per 28 days)	clobetasol propionate external lotion	2	
cevimeline hcl	2	MO	clobetasol propionate external ointment	2	QL (120 per 30 days)
chlorhexidine gluconate mouth/throat	1		clobetasol propionate external shampoo	2	
CICLODAN EXTERNAL SOLUTION	2		clobetasol propionate external solution	2	QL (50 per 30 days)
ciclopirox external	2		clorcortolone pivalate	2	
ciclopirox olamine external cream	2	QL (90 per 30 days)	CLODAN EXTERNAL SHAMPOO	2	
ciclopirox olamine external suspension	2		clotrimazole external cream	2	
CLARAVIS	2		clotrimazole external solution	2	
CLINDACIN	2	QL (100 per 30 days)	clotrimazole mouth/throat troche	2	QL (150 per 30 days)
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	2		clotrimazole-betamethasone	2	QL (120 per 30 days)
			CROTAN	4	

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>dapsone external</i>	4	
DENTA 5000 PLUS	2	MO
DENTAGEL	2	MO
<i>desonide external cream</i>	2	
<i>desonide external lotion</i>	2	
<i>desonide external ointment</i>	2	
<i>desoximetasone external cream</i>	2	QL (100 per 30 days)
<i>desoximetasone external gel</i>	2	
<i>desoximetasone external liquid</i>	4	
<i>desoximetasone external ointment</i>	2	
<i>diclofenac sodium external gel 3 %</i>	2	PA; QL (100 per 30 days)
<i>diflorasone diacetate external</i>	2	QL (60 per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	5	PA; QL (4.56 per 28 days); S
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	5	PA; QL (8 per 28 days); S
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA; QL (1.34 per 28 days); S
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	5	PA; QL (4.56 per 28 days); S
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA; QL (8 per 28 days); S
<i>econazole nitrate external</i>	2	QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>ery</i>	2	
<i>erythromycin external gel</i>	2	
<i>erythromycin external solution</i>	2	
<i>fluocinolone acetonide body</i>	2	QL (120 per 30 days)
<i>fluocinolone acetonide external</i>	2	QL (120 per 30 days)
<i>fluocinolone acetonide scalp</i>	2	QL (120 per 30 days)
<i>fluocinonide emulsified base</i>	2	QL (240 per 30 days)
<i>fluocinonide external cream 0.05 %</i>	2	QL (240 per 30 days)
<i>fluocinonide external cream 0.1 %</i>	2	QL (120 per 30 days)
<i>fluocinonide external gel</i>	2	QL (240 per 30 days)
<i>fluocinonide external ointment</i>	2	QL (240 per 30 days)
<i>fluocinonide external solution</i>	2	QL (240 per 30 days)
<i>fluorouracil external cream 5 %</i>	2	QL (40 per 28 days)
<i>fluorouracil external solution</i>	2	QL (10 per 28 days)
<i>flurandrenolide external cream</i>	5	S
<i>flurandrenolide external lotion</i>	4	
<i>flurandrenolide external ointment</i>	4	
<i>fluticasone propionate external</i>	2	
<i>gentamicin sulfate external</i>	2	QL (30 per 30 days)
<i>halobetasol propionate external cream</i>	2	

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>halobetasol propionate external ointment</i>	2		<i>ketoconazole external shampoo 2 %</i>	2	QL (120 per 30 days)
HALOG EXTERNAL OINTMENT	4		KETODAN EXTERNAL FOAM	4	QL (100 per 30 days)
<i>hydrocortisone (perianal) external cream 1 %</i>	2		KLAYESTA	2	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	1		KOURZEQ	2	
<i>hydrocortisone butyr lipo base</i>	5	S	<i>lindane external shampoo</i>	2	
<i>hydrocortisone butyrate external cream</i>	2		<i>luliconazole</i>	4	
<i>hydrocortisone butyrate external lotion</i>	4		<i>mafenide acetate external</i>	2	
<i>hydrocortisone butyrate external ointment</i>	2		<i>malathion external</i>	2	
<i>hydrocortisone butyrate external solution</i>	2		<i>methoxsalen rapid</i>	5	S
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1		<i>metronidazole external</i>	2	
<i>hydrocortisone external lotion 2.5 %</i>	2		<i>mometasone furoate external</i>	2	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1		<i>mupirocin calcium</i>	2	QL (30 per 30 days)
<i>hydrocortisone valerate</i>	2		<i>mupirocin external</i>	2	QL (120 per 30 days)
<i>imiquimod external cream 5 %</i>	2	QL (24 per 28 days)	MYORISAN	2	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 35 mg, 40 mg</i>	2		<i>naftifine hcl external cream</i>	2	
<i>isotretinoin oral capsule 25 mg</i>	5	S	<i>nitroglycerin rectal</i>	4	QL (30 per 30 days)
JUST RIGHT 5000 DENTAL PASTE	2	MO	NYAMYC	2	
<i>ketoconazole external cream</i>	2	QL (120 per 30 days)	<i>nystatin external</i>	2	
<i>ketoconazole external foam</i>	4	QL (100 per 30 days)	<i>nystatin mouth/throat</i>	2	
			<i>nystatin-triamcinolone</i>	2	QL (120 per 30 days)
			NYSTOP	2	
			ORALONE	2	
			<i>oxiconazole nitrate</i>	4	QL (60 per 30 days)
			OXISTAT EXTERNAL LOTION	4	
			PANDEL	4	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PANRETIN	5	S	<i>silver sulfadiazine external</i>	2	
<i>penciclovir</i>	4	QL (5 per 30 days)	<i>sodium fluoride 5000 plus</i>	2	MO
PERIOGARD	1		<i>sodium fluoride 5000 ppm dental cream</i>	2	MO
<i>permethrin external cream</i>	2		<i>sodium fluoride 5000 ppm dental gel</i>	2	MO
<i>pilocarpine hcl oral</i>	2	MO	<i>sodium fluoride dental cream</i>	2	MO
<i>pimecrolimus</i>	2	PA; QL (100 per 30 days)	<i>sodium fluoride dental gel 1.1 %</i>	2	MO
<i>podofilox external solution</i>	2		<i>sodium fluoride mouth/throat</i>	2	MO
PREVIDENT	4	MO	<i>spinosad</i>	4	
PREVIDENT 5000 BOOSTER PLUS	4	MO	SSD (SILVER SULFADIAZINE)	2	
PREVIDENT 5000 DRY MOUTH DENTAL GEL	4	MO	<i>sulfacetamide sodium (acne)</i>	2	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL	4		SULFAMYLON EXTERNAL CREAM	4	
PREVIDENT 5000 KIDS	4	MO	<i>tacrolimus external ointment</i>	2	PA; QL (100 per 30 days)
PREVIDENT 5000 ORTHO DEFENSE	4	MO	<i>tazarotene external cream</i>	2	PA
PREVIDENT 5000 PLUS	4	MO	<i>tazarotene external gel</i>	4	PA
PREVIDENT 5000 SENSITIVE DENTAL GEL	4		<i>tretinoin external cream</i>	2	PA; QL (45 per 30 days)
PROCTO-MED HC EXTERNAL	1		<i>tretinoin external gel 0.01 %, 0.025 %</i>	2	PA; QL (45 per 30 days)
PROCTOSOL HC EXTERNAL	1		<i>tretinoin external gel 0.05 %</i>	4	PA; QL (45 per 30 days)
PROCTOZONE-HC EXTERNAL	1		<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	4	PA; QL (50 per 30 days)
RECTIV	4	QL (30 per 30 days)	<i>tretinoin microsphere pump external gel 0.04 %, 0.1 %</i>	4	PA; QL (50 per 30 days)
SANTYL	4	QL (30 per 30 days)	<i>triamcinolone acetonide external aerosol solution</i>	2	
<i>selenium sulfide external lotion</i>	2				
<i>sf</i>	2	MO			
<i>sf 5000 plus</i>	2	MO			

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Drug Name	Drug Tier	Requirements/ Limits
<i>triamcinolone acetonide external cream</i>	1	QL (454 per 30 days)
<i>triamcinolone acetonide external lotion</i>	2	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>triamcinolone acetonide mouth/throat</i>	2	
TRIDERM EXTERNAL CREAM	1	QL (454 per 30 days)
VALCHLOR	5	PA; LA; S
ZENATANE	2	
Electrolytes / Minerals / Metals / Vitamins		
<i>carglumic acid oral tablet soluble</i>	5	PA; LA; S
CLINIMIX E/DEXTROSE (2.75/5)	3	B/D PA
CLINIMIX E/DEXTROSE (4.25/10)	3	B/D PA
CLINIMIX E/DEXTROSE (4.25/5)	3	B/D PA
CLINIMIX E/DEXTROSE (5/15)	3	B/D PA
CLINIMIX E/DEXTROSE (5/20)	3	B/D PA
<i>clinimix e/dextrose (8/10)</i>	3	B/D PA
<i>clinimix e/dextrose (8/14)</i>	3	B/D PA
CLINIMIX/DEXTROSE (4.25/10)	3	B/D PA
CLINIMIX/DEXTROSE (4.25/5)	3	B/D PA
CLINIMIX/DEXTROSE (5/15)	3	B/D PA
CLINIMIX/DEXTROSE (5/20)	3	B/D PA
<i>clinimix/dextrose (6/5)</i>	3	B/D PA
<i>clinimix/dextrose (8/10)</i>	3	B/D PA
<i>clinimix/dextrose (8/14)</i>	3	B/D PA

Drug Name	Drug Tier	Requirements/ Limits
CLINISOL SF	4	B/D PA
CLINOLIPID	2	B/D PA
<i>dextrose 5%/electrolyte #48</i>	3	
<i>dextrose in lactated ringers</i>	2	
<i>dextrose intravenous solution 10 %, 5 %, 50 %, 70 %</i>	2	
<i>dextrose intravenous solution 250 mg/ml</i>	3	
<i>dextrose-nacl intravenous solution 10-0.2 %</i>	3	
<i>dextrose-nacl intravenous solution 5-0.33 %, 5-0.45 %, 5-0.9 %</i>	2	
<i>dextrose-sodium chloride intravenous solution 10-0.2 %</i>	3	
<i>dextrose-sodium chloride intravenous solution 10-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.3 %, 5-0.45 %, 5-0.9 %</i>	2	
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	1	MO
INTRALIPID INTRAVENOUS EMULSION 20 %	4	B/D PA
INTRALIPID INTRAVENOUS EMULSION 30 %	3	B/D PA
ISOLYTE-P IN D5W	3	
ISOLYTE-S	3	
ISOLYTE-S PH 7.4	3	
<i>kcl (0.149%) in nacl intravenous solution 20-0.45 meq/l-%</i>	2	
<i>kcl in dextrose-nacl intravenous solution 10-</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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-%			potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%	2	
kcl-lactated ringers-d5w	3		potassium chloride intravenous solution 10 meq/100ml, 20 meq/100ml, 40 meq/100ml	4	
KLOR-CON 10	2	MO	potassium chloride intravenous solution 10 meq/50ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/50ml	2	
KLOR-CON M10	2	MO	potassium chloride oral packet	4	MO
KLOR-CON M15	2	MO	potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	2	MO
KLOR-CON M20	2	MO	potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l	2	
KLOR-CON ORAL TABLET EXTENDED RELEASE	2	MO	PREMASOL INTRAVENOUS SOLUTION 10 %	3	B/D PA
KLOR-CON/EF	1	MO	prenatal oral tablet 27-1 mg	4	
lactated ringers intravenous	2		prenatal vit w/ ferrous fumarate-l methylfolate-folic acid	4	
levocarnitine oral solution	2	B/D PA; MO	PRENATAL VIT W/ IRON CARBONYL-FOLIC ACID	4	
levocarnitine oral tablet	3	B/D PA; MO	PROSOL	3	B/D PA
levocarnitine sf	2	B/D PA; MO	ringers	2	
magnesium sulfate injection solution 50 %, 50 % (10ml syringe)	2		sodium bicarbonate intravenous solution 4.2 %, 7.5 %, 8.4 %	2	
magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml	3		sodium chloride (pf)	2	
multiple electro type 1 ph 5.5	3		sodium chloride injection solution 2.5 meq/ml	2	
multiple electro type 1 ph 7.4	3				
NUTRILIPID	4	B/D PA			
PLENAMINE	4	B/D PA			
pnv-dha	4				
potassium chloride cryser	2	MO			
potassium chloride er	2	MO			

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

Drug Name	Drug Tier	Requirements/ Limits
calcium acetate (phos binder)	2	MO
calcium acetate oral tablet 667 mg	2	MO
CHEMET	4	
cinacalcet hcl oral tablet 30 mg	2	B/D PA; QL (60 per 30 days)
cinacalcet hcl oral tablet 60 mg	4	B/D PA; QL (60 per 30 days)
cinacalcet hcl oral tablet 90 mg	5	B/D PA; QL (120 per 30 days); S
CYCLOSET	4	ST; QL (180 per 30 days); MO
deferasirox oral tablet 90 mg	3	PA
deferasirox oral tablet soluble 125 mg	4	PA
deferasirox oral tablet soluble 250 mg, 500 mg	5	PA; S
deferiprone oral tablet 1000 mg	5	PA; S
deferiprone oral tablet 500 mg	5	PA; LA; S
diazoxide oral	4	MO
doxercalciferol intravenous	2	B/D PA
doxercalciferol oral	4	B/D PA; MO
FARXIGA	3	QL (30 per 30 days); MO
FERRIPROX ORAL SOLUTION	5	PA; LA; S
FOSAMAX PLUS D	4	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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	1	QL (60 per 30 days); MO	<i>glyburide oral tablet 2.5 mg</i>	2	QL (240 per 30 days); MO
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	1	QL (240 per 30 days); MO	<i>glyburide oral tablet 5 mg</i>	2	QL (120 per 30 days); MO
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	1	QL (120 per 30 days); MO	<i>glyburide-metformin oral tablet 1.25-250 mg</i>	2	QL (240 per 30 days); MO
<i>glipizide oral tablet 10 mg</i>	1	QL (120 per 30 days); MO	<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	2	QL (120 per 30 days); MO
<i>glipizide oral tablet 2.5 mg</i>	1	MO	GLYXAMBI	3	QL (30 per 30 days); MO
<i>glipizide oral tablet 5 mg</i>	1	QL (240 per 30 days); MO	GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	4	
<i>glipizide xl oral tablet extended release 24 hour 10 mg</i>	1	QL (60 per 30 days); MO	HUMALOG INJECTION	3	MO
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i>	1	QL (240 per 30 days); MO	HUMALOG JUNIOR KWIKPEN	3	MO
<i>glipizide xl oral tablet extended release 24 hour 5 mg</i>	1	QL (120 per 30 days); MO	HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	MO
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	1	QL (240 per 30 days); MO	HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	MO
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 per 30 days); MO	HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	MO
GLUCAGEN HYPOKIT	3		HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	3	MO
GLUCAGON EMERGENCY INJECTION KIT	3		HUMULIN 70/30	3	MO
<i>glyburide micronized oral tablet 1.5 mg</i>	2	QL (240 per 30 days); MO	HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	MO
<i>glyburide micronized oral tablet 3 mg</i>	2	QL (120 per 30 days); MO	HUMULIN N	3	MO
<i>glyburide micronized oral tablet 6 mg</i>	2	QL (60 per 30 days); MO			
<i>glyburide oral tablet 1.25 mg</i>	2	QL (480 per 30 days); MO			

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Drug Name	Drug Tier	Requirements/ Limits
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR	3	MO
HUMULIN R	3	MO
HUMULIN R U-500 (CONCENTRATED)	5	PA; MO; S
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; MO; S
<i>ibandronate sodium intravenous</i>	2	B/D PA
<i>ibandronate sodium oral</i>	2	QL (1 per 28 days); MO
<i>insulin lispro (1 unit dial)</i>	3	MO
<i>insulin lispro injection</i>	3	MO
<i>insulin lispro junior kwikpen</i>	3	MO
<i>insulin lispro prot & lispro</i>	3	MO
INVOKAMET	4	QL (60 per 30 days); MO
INVOKAMET XR	4	QL (60 per 30 days); MO
INVOKANA	4	QL (30 per 30 days); MO
JANUMET	3	QL (60 per 30 days); MO
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100- 1000 MG	3	QL (30 per 30 days); MO
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50- 1000 MG, 50-500 MG	3	QL (60 per 30 days); MO
JANUVIA	3	QL (30 per 30 days); MO
JARDIANCE	3	QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
JENTADUETO	3	QL (60 per 30 days); MO
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5- 1000 MG	3	QL (60 per 30 days); MO
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	3	QL (30 per 30 days); MO
KERENDIA	3	QL (30 per 30 days); MO
KIONEX ORAL SUSPENSION	2	
<i>lanthanum carbonate</i>	4	ST; MO
LANTUS	3	QL (30 per 30 days); MO
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	QL (30 per 30 days); MO
LOKELMA ORAL PACKET 10 GM	3	QL (34 per 30 days); MO
LOKELMA ORAL PACKET 5 GM	3	QL (90 per 30 days); MO
LYUMJEV	3	MO
LYUMJEV KWIKPEN	3	MO
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	1	QL (120 per 30 days); MO
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	1	QL (60 per 30 days); MO
<i>metformin hcl oral tablet 1000 mg</i>	1	QL (60 per 30 days); MO
<i>metformin hcl oral tablet 500 mg</i>	1	QL (150 per 30 days); MO
<i>metformin hcl oral tablet 850 mg</i>	1	QL (90 per 30 days); MO
<i>miglitol</i>	2	QL (90 per 30 days); MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MOUNJARO	3	PA; QL (2 per 28 days)	<i>repaglinide oral tablet 0.5 mg</i>	2	QL (960 per 30 days); MO
<i>nateglinide oral tablet 120 mg</i>	2	QL (90 per 30 days); MO	<i>repaglinide oral tablet 1 mg</i>	2	QL (480 per 30 days); MO
<i>nateglinide oral tablet 60 mg</i>	2	QL (180 per 30 days); MO	<i>repaglinide oral tablet 2 mg</i>	2	QL (240 per 30 days); MO
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	3	PA; QL (1.5 per 28 days)	<i>risedronate sodium oral tablet 150 mg</i>	2	QL (1 per 28 days); MO
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	3	PA; QL (3 per 28 days)	<i>risedronate sodium oral tablet 30 mg</i>	2	QL (30 per 30 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	3	PA; QL (3 per 28 days)	<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	2	QL (4 per 28 days); MO
OZEMPIC (2 MG/DOSE)	3	PA; QL (3 per 28 days)	<i>risedronate sodium oral tablet 5 mg</i>	2	QL (30 per 30 days); MO
<i>pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml</i>	2		<i>risedronate sodium oral tablet delayed release</i>	2	QL (4 per 28 days); MO
<i>pamidronate disodium intravenous solution 6 mg/ml</i>	3	B/D PA	RYBELSUS ORAL TABLET 14 MG, 7 MG	3	PA; QL (30 per 30 days)
<i>paricalcitol oral</i>	2	B/D PA; MO	RYBELSUS ORAL TABLET 3 MG	3	PA; QL (60 per 365 days)
<i>pioglitazone hcl oral tablet 15 mg</i>	1	QL (90 per 30 days); MO	<i>sevelamer carbonate oral packet 0.8 gm</i>	4	QL (540 per 30 days); MO
<i>pioglitazone hcl oral tablet 30 mg</i>	1	QL (45 per 30 days); MO	<i>sevelamer carbonate oral packet 2.4 gm</i>	4	QL (180 per 30 days); MO
<i>pioglitazone hcl oral tablet 45 mg</i>	1	QL (30 per 30 days); MO	<i>sevelamer carbonate oral tablet</i>	2	QL (540 per 30 days); MO
<i>pioglitazone hcl-glimepiride</i>	2	QL (30 per 30 days); MO	<i>sevelamer hcl oral tablet 400 mg</i>	2	ST; MO
<i>pioglitazone hcl-metformin hcl</i>	2	QL (90 per 30 days); MO	<i>sevelamer hcl oral tablet 800 mg</i>	4	ST; MO
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (1 per 180 days)	<i>sodium polystyrene sulfonate oral powder</i>	2	
			SOLIQUA	3	QL (15 per 25 days); MO
			SPS	2	
			SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	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
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; QL (6 per 30 days); MO; S
SYNJARDY	3	QL (60 per 30 days); MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10- 1000 MG, 12.5-1000 MG, 5- 1000 MG	3	QL (60 per 30 days); MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25- 1000 MG	3	QL (30 per 30 days); MO
<i>teriparatide</i>	5	PA; QL (3 per 28 days); S
<i>teriparatide (recombinant)</i>	5	PA; QL (3 per 28 days); S
<i>tolvaptan oral tablet 15 mg</i>	5	PA; QL (30 per 30 days); S
<i>tolvaptan oral tablet 30 mg</i>	5	PA; QL (60 per 30 days); S
TOUJEO MAX SOLOSTAR	3	QL (12 per 30 days); MO
TOUJEO SOLOSTAR	3	QL (13.5 per 30 days); MO
TRADJENTA	3	QL (30 per 30 days); MO
TRESIBA	3	QL (30 per 30 days); MO
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	QL (30 per 30 days); MO
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	3	QL (18 per 30 days); MO
<i>trientine hcl</i>	5	PA; S
TRIJARDY XR ORAL TABLET EXTENDED	3	QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
RELEASE 24 HOUR 10-5- 1000 MG, 25-5-1000 MG		
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5- 2.5-1000 MG, 5-2.5-1000 MG	3	QL (60 per 30 days); MO
TRULICITY	3	PA; QL (2 per 28 days)
TYMLOS	5	PA; QL (1.56 per 28 days); S
VELPHORO	5	QL (180 per 30 days); MO; S
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	5	QL (30 per 30 days); MO; S
VELTASSA ORAL PACKET 8.4 GM	5	QL (90 per 30 days); MO; S
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL (9 per 30 days)
XGEVA	5	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	3	QL (30 per 30 days); MO
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5- 1000 MG	3	QL (60 per 30 days); MO
<i>zoledronic acid intravenous concentrate</i>	2	PA
<i>zoledronic acid intravenous solution</i>	2	PA
Gastrointestinal Agents		
<i>alosetron hcl oral tablet 0.5 mg</i>	4	PA; QL (60 per 30 days); MO
<i>alosetron hcl oral tablet 1 mg</i>	5	PA; QL (60 per 30 days); MO; S
<i>aprepitant oral</i>	2	B/D PA; QL (15 per 30 days)

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>aprepitant oral capsule 125 mg</i>	5	B/D PA; QL (5 per 30 days); S	EMEND ORAL SUSPENSION RECONSTITUTED	4	B/D PA; QL (15 per 30 days)
<i>aprepitant oral capsule 40 mg</i>	2	B/D PA; QL (1 per 28 days)	<i>enulose</i>	2	MO
<i>aprepitant oral capsule 80 & 125 mg</i>	2	B/D PA; QL (15 per 30 days)	<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	2	ST; QL (30 per 30 days); MO
<i>aprepitant oral capsule 80 mg</i>	2	B/D PA; QL (10 per 30 days)	<i>esomeprazole sodium intravenous solution reconstituted 40 mg</i>	2	
<i>balsalazide disodium</i>	2		<i>famotidine (pf)</i>	2	
<i>budesonide er oral tablet extended release 24 hour</i>	4	PA	<i>famotidine intravenous solution 200 mg/20ml, 40 mg/4ml</i>	2	
<i>budesonide oral</i>	2		<i>famotidine oral suspension reconstituted</i>	2	MO
<i>cimetidine hcl oral solution 300 mg/5ml</i>	2	MO	<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>cimetidine oral tablet 200 mg</i>	2		<i>famotidine premixed</i>	2	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	2	MO	GATTEX	5	PA; LA; S
CLENPIQ	4		GAVILYTE-C	2	
COMPRO	2		GAVILYTE-G	2	
<i>constulose</i>	2	MO	GAVILYTE-N WITH FLAVOR PACK	2	
CORTIFOAM EXTERNAL	4		<i>generlac</i>	2	MO
<i>dexlansoprazole</i>	4	ST; QL (30 per 30 days); MO	<i>glycopyrrolate injection solution</i>	2	
<i>dicyclomine hcl oral capsule</i>	1		<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>dicyclomine hcl oral solution</i>	2		<i>granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml</i>	2	
<i>dicyclomine hcl oral tablet</i>	2		<i>granisetron hcl oral</i>	2	B/D PA; QL (30 per 30 days)
<i>diphenoxylate-atropine oral liquid</i>	1		<i>hydrocortisone oral</i>	2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	2		<i>hydrocortisone rectal enema</i>	2	
<i>dronabinol</i>	2	B/D PA; QL (120 per 30 days)			

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Drug Name	Drug Tier	Requirements/ Limits
hyoscyamine sulfate oral tablet	2	MO
hyoscyamine sulfate oral tablet dispersible	2	MO
hyoscyamine sulfate sublingual	2	MO
lactulose encephalopathy	2	MO
lactulose oral solution	2	MO
lansoprazole oral capsule delayed release 15 mg	2	MO
lansoprazole oral capsule delayed release 30 mg	2	QL (30 per 30 days); MO
LINZESS	3	QL (30 per 30 days); MO
loperamide hcl oral capsule	2	
lubiprostone	2	QL (60 per 30 days); MO
meclizine hcl oral tablet 12.5 mg, 25 mg	2	
mesalamine er oral capsule extended release	4	MO
mesalamine er oral capsule extended release 24 hour	2	MO
mesalamine oral capsule delayed release	2	MO
mesalamine oral tablet delayed release 1.2 gm	2	MO
mesalamine oral tablet delayed release 800 mg	2	
mesalamine rectal	2	
mesalamine-cleanser	2	
methscopolamine bromide oral	2	

Drug Name	Drug Tier	Requirements/ Limits
metoclopramide hcl injection	2	
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	2	
metoclopramide hcl oral tablet	1	
misoprostol oral	2	MO
MOVANTIK	3	QL (30 per 30 days)
na sulfate-k sulfate-mg sulf	3	
nizatidine oral capsule	2	MO
omeprazole oral capsule delayed release	2	MO
ondansetron hcl injection	2	
ondansetron hcl oral solution	2	B/D PA; QL (450 per 30 days)
ondansetron hcl oral tablet 4 mg, 8 mg	2	B/D PA; QL (90 per 30 days)
ondansetron oral tablet dispersible 16 mg	2	B/D PA; QL (30 per 30 days)
ondansetron oral tablet dispersible 4 mg, 8 mg	2	B/D PA; QL (90 per 30 days)
opium	2	
pantoprazole sodium intravenous	2	
pantoprazole sodium oral tablet delayed release	1	MO
peg 3350-kcl-na bicarb-nacl	2	
peg-3350/electrolytes	2	
peg-3350/electrolytes/ascorbic acid	2	
peg-kcl-nacl-nasulf-na asc-c	2	
PLENVU	4	

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Drug Name	Drug Tier	Requirements/ Limits
<i>prochlorperazine</i>	2	
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>	2	
<i>prochlorperazine maleate oral</i>	2	MO
<i>promethazine hcl injection</i>	2	
<i>promethazine hcl oral</i>	2	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	2	PA
PROMETHEGAN	2	PA
<i>rabeprazole sodium oral tablet delayed release</i>	2	QL (30 per 30 days); MO
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE)	5	PA; QL (18 per 30 days); S
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	5	PA; QL (12 per 30 days); S
SANCUSO	5	PA; QL (4 per 28 days); S
<i>scopolamine</i>	2	QL (10 per 28 days)
<i>sucrafate oral</i>	2	MO
<i>sulfasalazine oral</i>	2	MO
SUPREP BOWEL PREP KIT	3	
<i>trimethobenzamide hcl oral</i>	2	
<i>ursodiol oral capsule 300 mg</i>	2	MO
<i>ursodiol oral tablet</i>	2	MO
VOWST	5	PA; QL (12 per 30 days); S
XERMELO	5	PA; QL (90 per 30 days); LA; S

Drug Name	Drug Tier	Requirements/ Limits
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
<i>betaine</i>	5	LA; S
CREON	3	MO
<i>cromolyn sodium oral</i>	2	MO
CYSTAGON	3	PA; LA
FABRAZYME	5	PA; LA; S
JAVYGTOR	5	PA; S
LUMIZYME	5	PA; LA; S
<i>miglustat</i>	5	PA; LA; S
NAGLAZYME	5	PA; LA; S
<i>nitisinone</i>	5	PA; S
PROLASTIN-C	5	PA; LA; S
RAVICTI	5	PA; QL (525 per 30 days); LA; S
<i>sapropterin dihydrochloride oral packet</i>	5	PA; S
<i>sapropterin dihydrochloride oral tablet</i>	5	PA; S
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	5	PA; S
<i>sodium phenylbutyrate oral tablet</i>	5	PA; S
VPRIV	5	PA; S
YARGESA	5	PA; S
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 3000-10000 UNIT, 5000-24000 UNIT	4	MO
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 25000-79000 UNIT, 40000-126000 UNIT, 60000-189600 UNIT	5	MO; S

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Drug Name	Drug Tier	Requirements/Limits
Genitourinary Agents		
<i>alfuzosin hcl er</i>	2	MO
<i>bethanechol chloride oral</i>	2	
CARDURA XL	4	MO
CLEOCIN VAGINAL SUPPOSITORY	4	
<i>clindamycin phosphate vaginal</i>	2	
<i>darifenacin hydrobromide er</i>	2	QL (30 per 30 days); MO
<i>dutasteride oral</i>	2	QL (30 per 30 days); MO
<i>dutasteride-tamsulosin hcl</i>	2	QL (30 per 30 days); MO
ELMIRON	5	S
<i>fesoterodine fumarate er</i>	3	QL (30 per 30 days); MO
<i>finasteride oral tablet 5 mg</i>	2	MO
<i>flavoxate hcl</i>	2	MO
GEMTESA	4	QL (30 per 30 days); MO
<i>metronidazole vaginal</i>	2	
<i>miconazole 3 vaginal suppository</i>	2	
<i>mirabegron er</i>	4	QL (30 per 30 days); MO
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	4	QL (300 per 30 days); MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	4	QL (30 per 30 days); MO
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	2	QL (60 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	2	QL (30 per 30 days); MO
<i>oxybutynin chloride oral solution</i>	2	QL (600 per 30 days); MO
<i>oxybutynin chloride oral tablet 2.5 mg</i>	2	QL (90 per 30 days); MO
<i>oxybutynin chloride oral tablet 5 mg</i>	2	QL (120 per 30 days); MO
OXYTROL	4	ST; QL (8 per 28 days); MO
<i>penicillamine oral tablet</i>	5	S
<i>potassium citrate er</i>	2	
<i>silodosin</i>	2	MO
<i>solifenacin succinate</i>	2	QL (30 per 30 days); MO
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	2	PA; QL (30 per 30 days); MO
<i>tamsulosin hcl</i>	2	MO
<i>terconazole</i>	2	
<i>tiopronin oral tablet</i>	5	PA; S
<i>tolterodine tartrate</i>	2	QL (60 per 30 days); MO
<i>tolterodine tartrate er</i>	2	QL (30 per 30 days); MO
<i>tropium chloride</i>	2	QL (60 per 30 days); MO
<i>tropium chloride er</i>	2	QL (30 per 30 days); MO
VANDAZOLE	2	
Hormonal Agents		
ACTHAR	5	PA; LA; S
ACTHAR GEL	5	PA; S
AFIRMELLE	2	MO
ALTAVERA	2	MO
<i>alyacen 1/35</i>	2	MO
<i>alyacen 7/7/7</i>	2	MO

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

Drug Name	Drug Tier	Requirements/ Limits
<i>danazol oral</i>	2	
DASETTA 1/35	2	MO
DASETTA 7/7/7	2	MO
DAYSEE	2	MO
DEBLITANE	2	MO
DELYLA	2	MO
DEPO-ESTRADIOL	3	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	2	PA; MO
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	2	MO
<i>desmopressin ace spray refrig</i>	2	MO
<i>desmopressin acetate injection</i>	2	
<i>desmopressin acetate oral</i>	2	MO
<i>desmopressin acetate pf</i>	2	
<i>desmopressin acetate spray</i>	2	MO
<i>desogestrel-ethinyl estradiol</i>	2	MO
DEXAMETHASONE INTENSOL	3	
<i>dexamethasone oral elixir</i>	2	
<i>dexamethasone oral solution</i>	2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>dexamethasone oral tablet 2 mg, 4 mg, 6 mg</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>dexamethasone oral tablet therapy pack</i>	2	
<i>dexamethasone sod phos +rfid</i>	2	
<i>dexamethasone sod phosphate pf injection solution</i>	2	
<i>dexamethasone sodium phosphate injection</i>	2	
DOLISHALE	2	MO
DOTTI	2	PA; QL (8 per 28 days); MO
<i>drospiren-eth estrad-levomefol</i>	2	MO
<i>drospirenone-ethinyl estradiol</i>	2	MO
DUAVEE	4	PA; QL (30 per 30 days); MO
EGRIFTA SV	5	PA; LA; S
ELINEST	2	MO
ELURYNG	2	MO
EMZAHH	2	MO
ENILLORING	2	MO
ENPRESSE-28	2	MO
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	2	MO
ERRIN	2	MO
ESTARYLLA	2	MO
<i>estradiol oral</i>	1	MO
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm</i>	3	PA; MO
<i>estradiol transdermal patch twice weekly</i>	2	PA; QL (8 per 28 days); MO
<i>estradiol transdermal patch weekly</i>	2	PA; QL (4 per 28 days); MO
<i>estradiol vaginal</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	
<i>estradiol-norethindrone acet</i>	2	PA; MO
ESTRING	4	QL (1 per 90 days); MO
<i>ethynodiol diac-eth estradiol</i>	2	MO
<i>etonogestrel-ethinyl estradiol</i>	2	MO
EUTHYROX	1	MO
EVAMIST	3	PA; MO
FALMINA	2	MO
FEMRING	4	QL (1 per 90 days); MO
FEMYNOR	2	MO
FINZALA	2	MO
<i>fludrocortisone acetate oral</i>	2	MO
FYAVOLV	2	PA; MO
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	5	PA; S
GENOTROPIN SUBCUTANEOUS CARTRIDGE	5	PA; S
HAILEY 1.5/30	2	MO
HAILEY 24 FE	2	MO
HAILEY FE 1.5/30	2	MO
HAILEY FE 1/20	2	MO
HALOETTE	2	MO
HEATHER	2	MO
HIDEX 6-DAY	2	
HUMATROPE INJECTION CARTRIDGE	5	PA; S
ICLEVIA	2	MO

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Drug Name	Drug Tier	Requirements/ Limits
IMVEXXY MAINTENANCE PACK	3	QL (18 per 28 days); MO
IMVEXXY STARTER PACK	3	QL (18 per 28 days); MO
INCASSIA	2	MO
INCRELEX	5	PA; LA; S
INTROVALE	2	MO
ISIBLOOM	2	MO
JAIMIESS	2	MO
JASMIEL	2	MO
JENCYCLA	2	MO
JINTELI	2	PA; MO
JOLESSA	2	MO
JULEBER	2	MO
JUNEL 1.5/30	2	MO
JUNEL 1/20	2	MO
JUNEL FE 1.5/30	2	MO
JUNEL FE 1/20	2	MO
JUNEL FE 24	2	MO
KAITLIB FE	2	MO
KALLIGA	2	MO
KARIVA	2	MO
KELNOR 1/35	2	MO
KELNOR 1/50	2	MO
KURVELO	2	MO
KYLEENA	3	
<i>lanreotide acetate</i>	5	PA; S
LARIN 1.5/30	2	MO
LARIN 1/20	2	MO
LARIN 24 FE	2	MO
LARIN FE 1.5/30	2	MO
LARIN FE 1/20	2	MO
LAYOLIS FE	2	MO
LEENA	2	MO

Drug Name	Drug Tier	Requirements/ Limits
LESSINA	2	MO
LEVO-T	1	MO
LEVONEST	2	MO
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	2	MO
<i>levonorgest-eth est & eth est</i>	2	MO
<i>levonorgest-eth estrad 91-day</i>	2	MO
<i>levonorgestrel-ethinyl estrad</i>	2	MO
LEVORA 0.15/30 (28)	2	MO
<i>levothyroxine sodium oral tablet</i>	1	MO
LEVOXYL	1	MO
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	4	
<i>liothyronine sodium intravenous</i>	5	S
<i>liothyronine sodium oral</i>	2	MO
LO-ZUMANDIMINE	2	MO
LOESTRIN 1.5/30 (21)	2	MO
LOESTRIN FE 1.5/30	2	MO
LOESTRIN FE 1/20	2	MO
LOJAIMIESS	2	MO
LORYNA	2	MO
LOW-OGESTREL	2	MO
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	5	PA; QL (1 per 28 days); S
LUTERA	2	MO
LYLEQ	2	MO
LYZA	2	MO
<i>marlissa</i>	2	MO

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Drug Name	Drug Tier	Requirements/ Limits
MEDROL ORAL TABLET 2 MG	3	
MEDROL ORAL TABLET 32 MG	4	
<i>medroxyprogesterone acetate intramuscular</i>	2	
<i>medroxyprogesterone acetate oral</i>	1	MO
MENEST	4	PA; MO
<i>methimazole oral</i>	2	MO
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	2	
<i>methylprednisolone oral</i>	2	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg</i>	2	
MIBELAS 24 FE	2	MO
MICROGESTIN 1.5/30	2	MO
MICROGESTIN 1/20	2	MO
MICROGESTIN 24 FE	2	MO
MICROGESTIN FE 1.5/30	2	MO
MICROGESTIN FE 1/20	2	MO
<i>mifepristone oral tablet 300 mg</i>	5	PA; LA; S
MILI	2	MO
MILLIPRED ORAL TABLET	4	
MIMVEY	2	PA; MO
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	3	
MONO-LINYAH	2	MO
NECON 0.5/35 (28)	2	MO
NEXPLANON	3	
NIKKI	2	MO

Drug Name	Drug Tier	Requirements/ Limits
NORA-BE	2	MO
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; S
<i>norelgestromin-eth estradiol</i>	2	MO
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	2	MO
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	2	MO
<i>norethin-eth estradiol-fe</i>	2	MO
<i>norethindron-ethinyl estrad-fe</i>	2	MO
<i>norethindrone acet-ethinyl est oral tablet</i>	2	MO
<i>norethindrone acetate oral</i>	2	MO
<i>norethindrone oral</i>	2	MO
<i>norethindrone-eth estradiol</i>	2	PA; MO
<i>norgestim-eth estrad triphasic</i>	2	MO
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	2	MO
NORLYDA	2	MO
NORLYROC	2	MO
NORTREL 0.5/35 (28)	2	MO
NORTREL 1/35 (21)	2	MO
NORTREL 1/35 (28)	2	MO
NORTREL 7/7/7	2	MO
NP THYROID	2	PA; MO
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; LA; S
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; LA; S

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; LA; S	<i>prednicarbate external ointment</i>	2	
NYLIA 1/35	2	MO	<i>prednisolone oral solution</i>	2	
NYLIA 7/7/7	2	MO	<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	2	
OCELLA	2	MO	<i>prednisolone sodium phosphate oral tablet dispersible</i>	2	
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	2	PA	PREDNISONE INTENSOL	3	
<i>octreotide acetate injection solution 1000 mcg/ml</i>	4	PA	<i>prednisone oral solution</i>	2	
<i>octreotide acetate injection solution 500 mcg/ml</i>	5	PA; S	<i>prednisone oral tablet 1 mg</i>	2	
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml</i>	2	PA	<i>prednisone oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml</i>	5	PA; S	<i>prednisone oral tablet therapy pack 10 mg (21), 5 mg (21)</i>	1	
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA; LA; S	<i>prednisone oral tablet therapy pack 10 mg (48), 5 mg (48)</i>	2	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; LA; S	PREMARIN ORAL	3	PA; MO
ORSYTHIA	2	MO	PREMARIN VAGINAL	3	MO
OSPHENA	3	MO	PREMPHASE	3	PA; MO
<i>oxandrolone oral tablet 10 mg</i>	2	PA; QL (60 per 30 days)	PREMPRO	3	PA; MO
<i>oxandrolone oral tablet 2.5 mg</i>	2	PA; QL (240 per 30 days)	<i>progesterone oral</i>	2	MO
PHILITH	2	MO	<i>propylthiouracil oral</i>	2	MO
PIMTREA	2	MO	<i>raloxifene hcl</i>	2	QL (30 per 30 days); MO
PORTIA-28	2	MO	RECLIPSEN	2	MO
			RIVELSA	2	MO
			SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG	5	PA; LA; S
			SANDOSTATIN LAR DEPOT	5	PA; S

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

Drug Name	Drug Tier	Requirements/ Limits
<i>testosterone transdermal solution</i>	2	PA; QL (180 per 30 days); MO
TILIA FE	2	MO
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG	3	MO
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	3	MO
TRI FEMYNOR	2	MO
TRI-ESTARYLLA	2	MO
TRI-LEGEST FE	2	MO
TRI-LINYAH	2	MO
TRI-LO-ESTARYLLA	2	MO
TRI-LO-MARZIA	2	MO
TRI-LO-MILI	2	MO
TRI-LO-SPRINTEC	2	MO
TRI-MILI	2	MO
TRI-NYMYO	2	MO
TRI-SPRINTEC	2	MO
TRI-VYLIBRA	2	MO
TRI-VYLIBRA LO	2	MO
<i>triamcinolone acetone injection suspension 40 mg/ml</i>	2	
TRIVORA (28)	2	MO
TURQOZ	2	MO
TYBLUME ORAL TABLET CHEWABLE	2	MO
TYDEMY	2	MO
UNITHROID	1	MO
VELIVET	2	MO

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

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

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Drug Name	Drug Tier	Requirements/ Limits
everolimus oral tablet 0.5 mg, 1 mg	5	B/D PA; S
everolimus oral tablet 0.75 mg	4	B/D PA
GAMUNEX-C	5	PA; S
GARDASIL 9	3	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	2	B/D PA
GENGRAF ORAL SOLUTION	2	B/D PA
HAVRIX	3	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	B/D PA
HIBERIX INJECTION	3	
HUMIRA (2 PEN) SUBCUTANEOUS PEN- INJECTOR KIT 40 MG/ 0.4ML, 40 MG/0.8ML	5	PA; QL (4 per 28 days); S
HUMIRA (2 PEN) SUBCUTANEOUS PEN- INJECTOR KIT 80 MG/ 0.8ML	5	PA; QL (2 per 28 days); S
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/ 0.2ML	5	PA; QL (2 per 28 days); S
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/ 0.8ML	5	PA; QL (4 per 28 days); S
HUMIRA PEN SUBCUTANEOUS PEN- INJECTOR KIT	5	PA; QL (4 per 28 days); S
HUMIRA PEN-PEDIATRIC UC START	5	PA; QL (8 per 365 days); S
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	5	PA; QL (4 per 28 days); S

Drug Name	Drug Tier	Requirements/ Limits
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/ 0.8ML	5	PA; QL (6 per 365 days); S
HUMIRA-PSORIASIS/UEVIT STARTER	5	PA; QL (6 per 365 days); S
HYPERRAB	5	S
IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML	3	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
INFANRIX	3	
<i>infliximab</i>	5	PA; S
IPOL	3	
IXCHIQ	3	
IXIARO	3	
JYLAMVO	4	ST
JYNNEOS	3	B/D PA
<i>kedrab injection</i>	3	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
<i>leflunomide oral</i>	2	QL (30 per 30 days); MO
M-M-R II INJECTION	3	
MENACTRA INTRAMUSCULAR SOLUTION	3	
MENQUADFI INTRAMUSCULAR SOLUTION	3	
MENVEO	3	
<i>methotrexate oral</i>	2	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	2	
<i>methotrexate sodium injection solution reconstituted</i>	2	
<i>methotrexate sodium oral</i>	2	
MRESVIA	3	
<i>mycophenolate mofetil oral capsule</i>	2	B/D PA
<i>mycophenolate mofetil oral suspension reconstituted</i>	4	B/D PA
<i>mycophenolate mofetil oral tablet</i>	2	B/D PA
<i>mycophenolate sodium</i>	2	B/D PA
<i>mycophenolic acid oral tablet delayed release 180 mg, 360 mg</i>	2	B/D PA
MYHIBBIN	5	B/D PA; S
NULOJIX	5	PA; S
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML, 2.5 GM/50ML, 30 GM/300ML, 5 GM/100ML	5	PA; S
OTEZLA ORAL TABLET 30 MG	5	PA; QL (60 per 30 days); S
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	5	PA; S
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	3	

Drug Name	Drug Tier	Requirements/ Limits
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	S
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	S
PENBRAYA	3	
PENTACEL	3	
PREHEVBRIO	3	B/D PA
PRIORIX	3	
PROGRAF INTRAVENOUS	5	B/D PA; S
PROGRAF ORAL PACKET	4	B/D PA
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
QUADRACEL	3	
RABAVERT	3	
RECOMBIVAX HB	3	B/D PA
REMICADE	5	PA; S
REZUROCK	5	PA; LA; S
RIDAURA	5	MO; S
RINVOQ	5	PA; QL (30 per 30 days); S
RINVOQ LQ	5	PA; QL (360 per 30 days); S
ROTARIX	3	
ROTATEQ ORAL SOLUTION	3	
SANDIMMUNE ORAL SOLUTION	4	B/D PA
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	
<i>sirolimus oral solution</i>	4	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	2	B/D PA
<i>sirolimus oral tablet 2 mg</i>	4	B/D PA
SKYRIZI INTRAVENOUS	5	PA; QL (10 per 28 days); S
SKYRIZI PEN	5	PA; QL (6 per 365 days); S
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	5	PA; QL (1.2 per 56 days); S
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	5	PA; QL (2.4 per 56 days); S
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (6 per 365 days); S
STELARA INTRAVENOUS	5	PA; LA; S
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA; QL (1 per 28 days); LA; S
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (1 per 28 days); S
<i>tacrolimus oral</i>	2	B/D PA
TDVAX	3	
TENIVAC	3	
TICOVAC	3	
TREXALL	4	ST
TRUMENBA	3	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
VARIZIG INTRAMUSCULAR SOLUTION	3	

Drug Name	Drug Tier	Requirements/Limits
XATMEP	4	ST
YF-VAX	3	
Infectious Disease Agents		
<i>abacavir sulfate oral solution</i>	2	QL (960 per 30 days)
<i>abacavir sulfate oral tablet</i>	2	QL (60 per 30 days)
<i>abacavir sulfate-lamivudine</i>	2	QL (30 per 30 days)
ABELCET	4	B/D PA
<i>acyclovir oral</i>	2	MO
<i>acyclovir sodium intravenous solution</i>	2	B/D PA
<i>adefovir dipivoxil</i>	2	PA
<i>albendazole oral</i>	4	
<i>amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml</i>	2	
<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>	2	
<i>amoxicillin-pot clavulanate oral</i>	2	
<i>amphotericin b intravenous</i>	2	B/D PA
<i>amphotericin b liposome</i>	5	B/D PA; S
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125</i>	2	

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
mg, 2 gm, 250 mg, 500 mg			SUSPENSION PREFILLED SYRINGE		
ampicillin sodium intravenous	2		BIKTARVY ORAL TABLET 30-120-15 MG	5	QL (30 per 30 days); MO; S
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	2		BIKTARVY ORAL TABLET 50-200-25 MG	5	QL (30 per 30 days); S
ampicillin-sulbactam sodium intravenous	2		CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/ 2ML	5	QL (4 per 28 days); S
APTIVUS ORAL CAPSULE	5	QL (120 per 30 days); S	CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/ 3ML	5	QL (6 per 28 days); S
ARIKAYCE	5	LA; S	cefaclor er	3	
atazanavir sulfate oral capsule 150 mg, 200 mg	4	QL (60 per 30 days)	cefaclor oral capsule	2	
atazanavir sulfate oral capsule 300 mg	4	QL (30 per 30 days)	cefaclor oral suspension reconstituted 250 mg/ 5ml	2	
atovaquone oral	4	PA	cefadroxil	2	
atovaquone-proguanil hcl	2		cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg	2	
azithromycin intravenous	2		cefazolin sodium injection solution reconstituted 100 gm, 300 gm	3	
azithromycin oral packet	2		cefazolin sodium intravenous solution reconstituted 1 gm	2	
azithromycin oral suspension reconstituted	2		cefazolin sodium intravenous solution reconstituted 2 gm, 3 gm	3	
azithromycin oral tablet 250 mg, 250 mg (6 pack)	1		cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%	3	
azithromycin oral tablet 500 mg, 500 mg (3 pack), 600 mg	2		cefazolin sodium-dextrose intravenous solution reconstituted 1-	3	
aztreonam	2				
BARACLUDGE ORAL SOLUTION	5	PA; S			
BICILLIN C-R	3				
BICILLIN C-R 900/300	3				
BICILLIN L-A INTRAMUSCULAR	4				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
4 gm-%(50ml), 2-3 gm-%(50ml)			3.74 gm-%(50ml), 2-2.22 gm-%(50ml)		
cefdinir	2		cefuroxime axetil oral tablet 250 mg	1	
cefepime hcl injection solution reconstituted 1 gm	2		cefuroxime axetil oral tablet 500 mg	2	
cefepime hcl intravenous solution	3		cefuroxime sodium injection solution reconstituted 750 mg	2	
cefepime hcl intravenous solution reconstituted 100 gm	3		cefuroxime sodium intravenous solution reconstituted 1.5 gm	2	
cefepime hcl intravenous solution reconstituted 2 gm	2		cephalexin oral capsule 250 mg, 500 mg	1	
cefixime	2		cephalexin oral capsule 750 mg	2	
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	2		cephalexin oral suspension reconstituted 125 mg/ 5ml	1	
cefoxitin sodium intravenous	2		cephalexin oral suspension reconstituted 250 mg/ 5ml	2	
cefpodoxime proxetil	2		cephalexin oral tablet	1	
cefprozil	2		chloroquine phosphate oral	1	MO
ceftazidime injection solution reconstituted 1 gm, 6 gm	2		cidofovir intravenous	5	B/D PA; S
ceftazidime intravenous	2		CIMDUO	5	QL (30 per 30 days); S
ceftriaxone sodium in dextrose	2		CIPRO ORAL SUSPENSION RECONSTITUTED	4	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	2		ciprofloxacin hcl oral tablet 250 mg, 500 mg	1	
ceftriaxone sodium injection solution reconstituted 100 gm	3		ciprofloxacin hcl oral tablet 750 mg	2	
ceftriaxone sodium intravenous	2		ciprofloxacin in d5w	2	
ceftriaxone sodium-dextrose intravenous solution reconstituted 1-	3		clarithromycin er	2	
			clarithromycin oral	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
<i>clindamycin hcl oral</i>	2	
<i>clindamycin palmitate hcl</i>	2	
<i>clindamycin phosphate in d5w</i>	2	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 9000 mg/60ml</i>	2	
<i>clindamycin phosphate injection solution 900 mg/6ml</i>	4	
COARTEM	4	
<i>colistimethate sodium (cba)</i>	2	
COMPLERA	5	QL (30 per 30 days); S
<i>dapsone oral</i>	2	MO
<i>daptomycin intravenous solution reconstituted 500 mg</i>	5	S
<i>darunavir oral tablet 600 mg</i>	4	QL (60 per 30 days)
<i>darunavir oral tablet 800 mg</i>	5	QL (60 per 30 days); S
DELSTRIGO	5	QL (30 per 30 days); S
<i>demeclocycline hcl oral</i>	2	
DESCOVY	5	QL (30 per 30 days); S
<i>dicloxacillin sodium</i>	2	
DIFICID	5	PA; S
DOVATO	5	QL (30 per 30 days); S
DOXY 100	2	
<i>doxycycline</i>	4	
<i>doxycycline hyclate intravenous</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>doxycycline hyclate oral capsule</i>	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline monohydrate oral suspension reconstituted</i>	2	
<i>doxycycline monohydrate oral tablet</i>	2	
E.E.S. 400 ORAL TABLET	2	
EDURANT	5	QL (30 per 30 days); S
<i>efavirenz oral capsule 200 mg</i>	2	QL (120 per 30 days)
<i>efavirenz oral capsule 50 mg</i>	2	QL (360 per 30 days)
<i>efavirenz oral tablet</i>	4	QL (30 per 30 days)
<i>efavirenz-emtricitabine-tenofovir df</i>	4	QL (30 per 30 days)
<i>efavirenz-lamivudine-tenofovir</i>	4	QL (30 per 30 days)
<i>emtricitabine</i>	2	QL (30 per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 200-300 mg</i>	4	QL (30 per 30 days)
<i>emtricitabine-tenofovir df oral tablet 133-200 mg, 167-250 mg</i>	5	QL (30 per 30 days); S
EMTRIVA ORAL SOLUTION	4	QL (850 per 30 days)
<i>entecavir</i>	2	PA
EPCLUSA ORAL PACKET 150-37.5 MG	5	PA; QL (30 per 30 days); S
EPCLUSA ORAL PACKET 200-50 MG	5	PA; QL (60 per 30 days); S

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EPCLUSA ORAL TABLET 200-50 MG	5	PA; QL (60 per 30 days); S	FIRVANQ	4	QL (1200 per 30 days)
EPCLUSA ORAL TABLET 400-100 MG	5	PA; QL (30 per 30 days); S	<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	2	
<i>ertapenem sodium</i>	4		<i>fluconazole oral</i>	2	
ERY-TAB	2		<i>flucytosine oral</i>	5	S
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	4		<i>fosamprenavir calcium</i>	4	QL (120 per 30 days)
ERYTHROCIN STEARATE ORAL TABLET 250 MG	2		<i>fosfomycin tromethamine</i>	2	
<i>erythromycin base oral</i>	2		FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	5	QL (60 per 30 days); S
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	2		<i>ganciclovir sodium intravenous solution reconstituted</i>	5	B/D PA; S
<i>erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml</i>	4		<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>	2	
<i>erythromycin ethylsuccinate oral tablet</i>	2		<i>gentamicin in saline intravenous solution 2-0.9 mg/ml-%</i>	3	
<i>erythromycin lactobionate</i>	4		<i>gentamicin sulfate injection</i>	2	
<i>erythromycin oral</i>	2		GENVOYA	5	QL (30 per 30 days); S
<i>ethambutol hcl oral</i>	2		<i>griseofulvin microsize oral</i>	2	
<i>etravirine oral tablet 100 mg</i>	4	QL (120 per 30 days)	<i>griseofulvin ultramicrosize</i>	2	
<i>etravirine oral tablet 200 mg</i>	4	QL (60 per 30 days)	HARVONI	5	PA; QL (28 per 28 days); S
EVOTAZ	5	QL (30 per 30 days); S	<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	1	MO
<i>famciclovir oral tablet 125 mg, 250 mg</i>	2	QL (60 per 30 days)	<i>imipenem-cilastatin</i>	2	
<i>famciclovir oral tablet 500 mg</i>	2	QL (21 per 7 days)			

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Drug Name	Drug Tier	Requirements/ Limits
INTELENCE ORAL TABLET 25 MG	4	QL (480 per 30 days)
ISENTRESS HD	5	QL (60 per 30 days); S
ISENTRESS ORAL PACKET	5	QL (180 per 30 days); S
ISENTRESS ORAL TABLET	5	QL (120 per 30 days); S
ISENTRESS ORAL TABLET CHEWABLE 100 MG	4	QL (180 per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	QL (720 per 30 days)
<i>isoniazid injection</i>	2	
<i>isoniazid oral syrup</i>	2	MO
<i>isoniazid oral tablet</i>	1	MO
<i>itraconazole oral capsule</i>	2	PA
<i>ivermectin oral</i>	2	PA
JULUCA	5	QL (30 per 30 days); S
<i>ketoconazole oral</i>	2	
LAGEVRIO	5	QL (40 per 90 days); S
<i>lamivudine oral solution</i>	2	QL (960 per 30 days)
<i>lamivudine oral tablet 100 mg</i>	2	
<i>lamivudine oral tablet 150 mg</i>	2	QL (60 per 30 days)
<i>lamivudine oral tablet 300 mg</i>	2	QL (30 per 30 days)
<i>lamivudine-zidovudine</i>	2	QL (60 per 30 days)
<i>ledipasvir-sofosbuvir</i>	5	PA; QL (28 per 28 days); S
<i>levofloxacin in d5w</i>	2	
<i>levofloxacin intravenous</i>	2	
<i>levofloxacin oral solution</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>levofloxacin oral tablet</i>	1	
LEXIVA ORAL SUSPENSION	4	QL (1800 per 30 days)
<i>lincomycin hcl injection</i>	2	
<i>linezolid in sodium chloride</i>	4	
<i>linezolid intravenous solution 600 mg/300ml</i>	2	
<i>linezolid oral suspension reconstituted</i>	5	PA; QL (1800 per 30 days); S
<i>linezolid oral tablet</i>	4	PA; QL (56 per 28 days)
LIVTENCITY	5	PA; S
<i>lopinavir-ritonavir oral solution</i>	2	QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	4	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	4	QL (120 per 30 days)
<i>maraviroc</i>	4	QL (120 per 30 days)
MAVYRET ORAL PACKET	5	PA; QL (180 per 30 days); S
MAVYRET ORAL TABLET	5	PA; QL (90 per 30 days); S
<i>mefloquine hcl</i>	2	MO
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	2	
<i>methenamine hippurate</i>	2	
<i>methenamine mandelate oral</i>	2	
<i>metronidazole intravenous solution 500 mg/100ml</i>	2	
<i>metronidazole oral</i>	2	
<i>micafungin sodium</i>	5	S
<i>minocycline hcl oral</i>	2	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MONDOXYNE NL ORAL CAPSULE 100 MG	2		oseltamivir phosphate oral suspension reconstituted	2	QL (1080 per 365 days)
moxifloxacin hcl in nacl	2		oxacillin sodium in dextrose intravenous solution 1 gm/50ml	3	
moxifloxacin hcl oral	2		oxacillin sodium in dextrose intravenous solution 2 gm/50ml	5	S
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	4		oxacillin sodium injection solution reconstituted 1 gm, 2 gm	2	
nafcillin sodium intravenous solution reconstituted 10 gm	5	S	oxacillin sodium intravenous	4	
neomycin sulfate oral	2		paromomycin sulfate oral	2	
nevirapine er oral tablet extended release 24 hour 400 mg	2	QL (30 per 30 days)	PAXLOVID (150/100)	2	QL (20 per 90 days)
nevirapine oral suspension	2	QL (1200 per 30 days)	PAXLOVID (300/100)	2	QL (30 per 90 days)
nevirapine oral tablet	2	QL (60 per 30 days)	penicillin g pot in dextrose	4	
nitazoxanide oral	4	QL (6 per 30 days)	penicillin g potassium	2	
nitrofurantoin macrocrystal oral	2		penicillin g sodium	2	
nitrofurantoin monohyd macro	2		penicillin v potassium	1	
nitrofurantoin oral suspension 25 mg/5ml, 50 mg/10ml	5	S	pentamidine isethionate inhalation	2	B/D PA
NORVIR ORAL PACKET	4	QL (360 per 30 days)	pentamidine isethionate injection	2	
NUZYRA ORAL	5	PA; S	PFIZERPEN	2	
nystatin oral tablet	2		PIFELTRO	5	QL (30 per 30 days); S
ODEFSEY	5	QL (30 per 30 days); S	piperacillin sod-tazobactam	2	
ofloxacin oral tablet 300 mg, 400 mg	2		polymyxin b sulfate injection	2	
oseltamivir phosphate oral capsule 30 mg	2	QL (168 per 365 days)	posaconazole oral	5	PA; MO; S
oseltamivir phosphate oral capsule 45 mg, 75 mg	2	QL (84 per 365 days)	praziquantel oral	2	
			PREVYMIS ORAL	5	PA; QL (30 per 30 days); S

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Drug Name	Drug Tier	Requirements/Limits
PREZCOBIX	5	QL (30 per 30 days); S
PREZISTA ORAL SUSPENSION	5	QL (400 per 30 days); S
PREZISTA ORAL TABLET 150 MG	4	QL (180 per 30 days)
PREZISTA ORAL TABLET 75 MG	4	QL (300 per 30 days)
PRIFTIN	3	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	3	
<i>pyrazinamide oral</i>	2	
<i>pyrimethamine oral</i>	5	PA; S
<i>quinine sulfate oral</i>	2	PA
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	3	QL (60 per 180 days)
RETROVIR INTRAVENOUS	3	
REYATAZ ORAL PACKET	4	QL (240 per 30 days)
<i>ribavirin oral capsule</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	
<i>rifabutin</i>	2	
<i>rifampin intravenous</i>	4	
<i>rifampin oral</i>	2	
<i>rimantadine hcl</i>	2	
<i>ritonavir</i>	2	QL (360 per 30 days)
RUKOBIA	5	QL (60 per 30 days); MO; S
SELZENTRY ORAL SOLUTION	3	QL (1840 per 30 days)
SELZENTRY ORAL TABLET 25 MG	3	QL (240 per 30 days)
SELZENTRY ORAL TABLET 75 MG	5	QL (60 per 30 days); S

Drug Name	Drug Tier	Requirements/Limits
SIRTURO	5	PA; LA; S
<i>sofosbuvir-velpatasvir</i>	5	PA; QL (30 per 30 days); S
<i>streptomycin sulfate intramuscular</i>	5	S
STRIBILD	5	QL (30 per 30 days); S
<i>sulfadiazine oral</i>	5	S
<i>sulfamethoxazole-trimethoprim intravenous</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/ 5ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
SUNLENCA ORAL	5	LA; S
SUNLENCA SUBCUTANEOUS	5	QL (3 per 168 days); MO; S
SUPRAX ORAL SUSPENSION RECONSTITUTED 200 MG/ 5ML, 500 MG/5ML	4	
SUPRAX ORAL TABLET CHEWABLE	4	
SYMTUZA	5	QL (30 per 30 days); S
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	2	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM	2	
TEFLARO	5	S
<i>tenofovir disoproxil fumarate</i>	2	QL (30 per 30 days)
<i>terbinafine hcl oral</i>	2	
<i>tetracycline hcl oral capsule</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
tigecycline	5	S	100ml-%, 750-5 mg/ 150ml-%		
tinidazole oral	2				
TIVICAY ORAL TABLET 10 MG	4	QL (120 per 30 days)	vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%	3	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	QL (60 per 30 days); S			
TIVICAY PD	5	QL (360 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	3	
tobramycin sulfate injection solution	2				
tobramycin sulfate injection solution reconstituted	5	S			
TRECTOR	4		vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 5 gm, 500 mg	2	
trifluridine ophthalmic	2				
trimethoprim oral	2				
TRIUMEQ	5	QL (30 per 30 days); S	vancomycin hcl intravenous solution reconstituted 1.25 gm, 1.5 gm, 750 mg	3	
TRIUMEQ PD	5	QL (180 per 30 days); S			
TRIZIVIR	5	QL (60 per 30 days); S	vancomycin hcl oral capsule 125 mg	2	PA; QL (240 per 30 days)
TROGARZO	5	PA; QL (23.94 per 28 days); LA; S	vancomycin hcl oral capsule 250 mg	4	PA; QL (240 per 30 days)
TYBOST	3	QL (30 per 30 days)	vancomycin hcl oral solution reconstituted 25 mg/ml	4	PA; QL (1200 per 30 days)
valacyclovir hcl oral tablet 1 gm	2	QL (90 per 30 days)	VEMLIDY	5	PA; QL (30 per 30 days); S
valacyclovir hcl oral tablet 500 mg	2	QL (60 per 30 days)	VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG	5	PA; S
valganciclovir hcl oral solution reconstituted	5	S	VIRACEPT ORAL TABLET 250 MG	5	QL (300 per 30 days); S
valganciclovir hcl oral tablet	3		VIRACEPT ORAL TABLET 625 MG	5	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 mg/	3		VIREAD ORAL POWDER	5	QL (240 per 30 days); S
			VIREAD ORAL TABLET 150 MG, 250 MG	5	QL (30 per 30 days); S

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Drug Name	Drug Tier	Requirements/ Limits
VIREAD ORAL TABLET 200 MG	4	QL (30 per 30 days)
<i>voriconazole intravenous</i>	4	PA
<i>voriconazole oral suspension reconstituted</i>	5	PA; QL (300 per 30 days); S
<i>voriconazole oral tablet 200 mg</i>	5	PA; QL (60 per 30 days); S
<i>voriconazole oral tablet 50 mg</i>	2	PA; QL (120 per 30 days)
VOSEVI	5	PA; QL (30 per 30 days); S
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (84 per 28 days); MO; S
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	4	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	4	
<i>zidovudine oral capsule</i>	2	QL (180 per 30 days)
<i>zidovudine oral syrup</i>	2	QL (1920 per 30 days)
<i>zidovudine oral tablet</i>	2	QL (60 per 30 days)
ZIRGAN	4	
ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML	5	S
Miscellaneous Therapeutic Agents		
<i>acetic acid irrigation</i>	2	
<i>acetylcysteine intravenous</i>	2	
ALCOHOL SWABS	1	MO
<i>atropine sulfate injection solution 0.4 mg/ml</i>	2	
AUTOPEN	3	
BD PEN	3	

Drug Name	Drug Tier	Requirements/ Limits
BD PEN MINI	3	
GAUZE STERILE PADS 2	1	MO
IGALMI	4	QL (30 per 30 days)
INPEN 100-BLUE-LILLY-HUMALOG	3	
INPEN 100-BLUE-NOVOLOG-FIASP	3	
INPEN 100-GREY-LILLY-HUMALOG	5	S
INPEN 100-GREY-NOVOLOG-FIASP	5	S
INPEN 100-PINK-LILLY-HUMALOG	5	S
INPEN 100-PINK-NOVOLOG-FIASP	3	
INSULIN PEN NEEDLE	2	QL (200 per 30 days); MO
INSULIN SYRINGE	2	QL (200 per 30 days); MO
KOSELUGO	5	PA; S
<i>lactated ringers irrigation</i>	2	
<i>mannitol intravenous solution 20 %, 25 %</i>	2	
METHERGINE ORAL	5	S
<i>methylergonovine maleate oral</i>	5	S
<i>neomycin-polymyxin b gu</i>	2	
NOVOPEN ECHO	3	
PHYSIOLYTE	4	
<i>ringers irrigation</i>	2	
<i>sodium chloride irrigation solution 0.9 %</i>	2	
<i>sterile water for irrigation</i>	3	
SYNAGIS	5	PA; S

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Drug Name	Drug Tier	Requirements/ Limits
TIS-U-SOL	2	
Ophthalmic Agents		
acetazolamide er	2	MO
ak-poly-bac	2	
ALOCRIAL	4	
ALOMIDE	4	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	MO
ALREX	4	
apraclonidine hcl	2	
atropine sulfate ophthalmic ointment	3	MO
atropine sulfate ophthalmic solution 1 %	3	MO
azelastine hcl ophthalmic	2	
bacitra-neomycin- polymyxin-hc	2	
bacitracin ophthalmic	2	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	2	
bepotastine besilate	2	
betaxolol hcl ophthalmic	2	MO
BETOPTIC-S	4	MO
bimatoprost ophthalmic	2	MO
brimonidine tartrate ophthalmic	2	MO
brimonidine tartrate- timolol	3	MO
brinzolamide	3	MO
bromfenac sodium (once-daily)	2	
bromfenac sodium ophthalmic solution 0.07 %	4	
carteolol hcl	1	MO

Drug Name	Drug Tier	Requirements/ Limits
ciprofloxacin hcl ophthalmic	2	
cromolyn sodium ophthalmic	2	
cyclopentolate hcl ophthalmic solution 1 %	2	MO
cyclosporine ophthalmic	3	QL (60 per 30 days); MO
CYSTARAN	5	LA; S
dexamethasone sodium phosphate ophthalmic	2	
diclofenac sodium ophthalmic	2	
difluprednate	3	
dorzolamide hcl ophthalmic	2	MO
dorzolamide hcl-timolol mal	2	MO
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	2	MO
epinastine hcl	2	
erythromycin ophthalmic	2	QL (3.5 per 30 days)
FLAREX	4	
fluorometholone ophthalmic	2	
flurbiprofen sodium	1	
FML FORTE	4	
gatifloxacin ophthalmic	2	
GENTAK OPHTHALMIC OINTMENT	2	
gentamicin sulfate ophthalmic solution	2	
ILEVRO	4	
INVELTYS	4	
IOPIDINE OPHTHALMIC SOLUTION 1 %	4	

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Drug Name	Drug Tier	Requirements/ Limits
<i>ketorolac tromethamine ophthalmic</i>	2	
<i>latanoprost ophthalmic</i>	1	MO
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	2	MO
<i>levofloxacin ophthalmic</i>	2	
LOTEMAX OPHTHALMIC OINTMENT	4	
LOTEMAX SM	4	
<i>loteprednol etabonate ophthalmic gel</i>	2	
<i>loteprednol etabonate ophthalmic suspension 0.2 %</i>	4	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	2	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	MO
MAXIDEX	4	
<i>methazolamide oral</i>	2	MO
<i>moxifloxacin hcl (2x day)</i>	4	
<i>moxifloxacin hcl ophthalmic solution</i>	3	
NATACYN	4	
NEO-POLYCIN	2	
NEO-POLYCIN HC	2	
<i>neomycin-bacitracin zn-polymyx</i>	2	
<i>neomycin-polymyxin-dexameth</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	2	
NEVANAC	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>ofloxacin ophthalmic</i>	2	
<i>olopatadine hcl ophthalmic</i>	2	
PHOSPHOLINE IODIDE	5	S
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	2	MO
POLYCIN	2	
<i>polymyxin b-trimethoprim</i>	1	
PRED MILD	4	
<i>prednisolone acetate ophthalmic</i>	2	
<i>prednisolone sodium phosphate ophthalmic</i>	3	
<i>proparacaine hcl ophthalmic</i>	2	
RESTASIS	3	QL (60 per 30 days); MO
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	QL (5.5 per 28 days); MO
RHOPRESSA	3	MO
ROCKLATAN	3	MO
SIMBRINZA	3	MO
<i>sulfacetamide sodium ophthalmic</i>	2	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	2	
<i>tafluprost (pf)</i>	4	MO
<i>timolol maleate (once-daily)</i>	2	MO
TIMOLOL MALEATE OCUDOSE	2	MO
<i>timolol maleate ophthalmic gel forming solution</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate ophthalmic solution 0.25 %</i>	1	MO
<i>timolol maleate ophthalmic solution 0.5 %</i>	2	MO
<i>timolol maleate pf ophthalmic solution 0.5 %</i>	2	MO
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX ST	3	
<i>tobramycin ophthalmic</i>	2	
<i>tobramycin-dexamethasone</i>	2	
<i>travoprost (bak free)</i>	2	MO
VYZULTA	4	MO
XDEMVI	5	LA; S
XIIDRA	3	QL (60 per 30 days); MO
ZYLET	3	
Otic Agents		
<i>acetic acid otic</i>	2	
CIPRO HC	4	
<i>ciprofloxacin hcl otic</i>	2	
<i>ciprofloxacin-dexamethasone</i>	2	
CORTISPORIN-TC	4	
FLAC	2	
<i>fluocinolone acetonide otic</i>	2	
<i>hydrocortisone-acetic acid</i>	2	
<i>neomycin-polymyxin-hc otic</i>	2	
<i>ofloxacin otic</i>	2	
Respiratory Tract/Pulmonary Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>acetylcysteine inhalation</i>	2	B/D PA
ADEMPAS	5	PA; QL (90 per 30 days); LA; S
ADVAIR HFA	3	QL (12 per 30 days); MO
<i>albuterol sulfate hfa</i>	2	MO
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>	2	B/D PA; QL (360 per 30 days); MO
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>	2	B/D PA; MO
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	2	B/D PA; QL (60 per 30 days); MO
<i>albuterol sulfate oral syrup</i>	1	MO
<i>albuterol sulfate oral tablet</i>	2	MO
ALYQ	5	PA; QL (60 per 30 days); S
<i>ambrisentan</i>	5	PA; QL (30 per 30 days); LA; S
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	3	QL (60 per 30 days); MO
<i>arformoterol tartrate</i>	4	B/D PA; QL (120 per 30 days); MO
ARNUIITY ELLIPTA	3	QL (30 per 30 days); MO
ATROVENT HFA	4	QL (26 per 30 days); MO
<i>azelastine hcl nasal</i>	2	QL (30 per 25 days)
<i>azelastine-fluticasone</i>	2	QL (23 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>bosentan</i>	5	PA; QL (60 per 30 days); LA; S	<i>diphenhydramine hcl injection</i>	2	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	3	QL (60 per 30 days); MO	DULERA	4	QL (13 per 30 days); MO
<i>breyna</i>	2	QL (30.9 per 30 days); MO	ELIXOPHYLLIN	3	MO
BREZTRI AEROSPHERE	3	QL (10.7 per 30 days); MO	<i>epinephrine (anaphylaxis)</i>	2	
BRONCHITOL	5	PA; LA; S	<i>epinephrine injection solution 0.3 mg/0.3ml</i>	2	QL (2 per 28 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	2	B/D PA; QL (120 per 30 days); MO	<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	2	QL (2 per 28 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>	2	B/D PA; QL (60 per 30 days); MO	<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	2	QL (75 per 30 days)
<i>budesonide-formoterol fumarate</i>	2	QL (30.6 per 30 days); MO	<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act</i>	3	QL (60 per 30 days); MO
<i>carbinoxamine maleate oral solution</i>	2	PA	<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>	3	QL (240 per 30 days); MO
<i>carbinoxamine maleate oral tablet 4 mg</i>	2	PA	<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	3	QL (12 per 30 days); MO
<i>carbinoxamine maleate oral tablet 6 mg</i>	5	PA; S	<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	3	QL (24 per 30 days); MO
CAYSTON	5	PA; LA; S	<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	3	QL (11 per 30 days); MO
<i>cetirizine hcl oral solution</i>	2		<i>fluticasone propionate nasal</i>	1	QL (16 per 30 days)
<i>clemastine fumarate oral tablet 2.68 mg</i>	2	PA	<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	2	QL (60 per 30 days); MO
COMBIVENT RESPIMAT	4	QL (8 per 30 days); MO	<i>fluticasone-salmeterol inhalation aerosol</i>	2	QL (1 per 30 days); MO
<i>cromolyn sodium inhalation</i>	2	B/D PA; MO			
<i>cyproheptadine hcl oral syrup</i>	2	PA			
<i>cyproheptadine hcl oral tablet</i>	2				
<i>desloratadine</i>	2				

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
powder breath activated 113-14 mcg/ act, 232-14 mcg/act, 55- 14 mcg/act			mometasone furoate nasal	2	
formoterol fumarate inhalation	4	B/D PA; QL (120 per 30 days); MO	montelukast sodium oral	2	MO
hydroxyzine hcl intramuscular	2		NUCALA SUBCUTANEOUS SOLUTION AUTO- INJECTOR	5	PA; QL (3 per 28 days); LA; S
hydroxyzine hcl oral syrup	2	QL (2880 per 28 days)	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; QL (3 per 28 days); LA; S
hydroxyzine hcl oral tablet 10 mg, 25 mg	2	QL (120 per 30 days)	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	5	PA; QL (0.4 per 28 days); LA; S
hydroxyzine hcl oral tablet 50 mg	2	QL (240 per 30 days)	NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; QL (3 per 28 days); LA; S
hydroxyzine pamoate oral	2	QL (120 per 30 days)	OFEV	5	PA; QL (60 per 30 days); S
ipratropium bromide inhalation	2	B/D PA; MO	olopatadine hcl nasal	2	QL (31 per 30 days)
ipratropium bromide nasal	2	QL (30 per 30 days); MO	OMNARIS	4	ST; QL (13 per 30 days)
ipratropium-albuterol	2	B/D PA; QL (540 per 30 days); MO	OPSUMIT	5	PA; QL (30 per 30 days); LA; S
KALYDECO ORAL TABLET	5	PA; QL (60 per 30 days); S	ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	3	PA; LA
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	2	B/D PA; QL (270 per 30 days); MO	ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA; LA; S
levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml	2	B/D PA; QL (540 per 30 days); MO	ORKAMBI ORAL TABLET	5	PA; QL (120 per 30 days); S
levalbuterol tartrate	2	QL (45 per 30 days); MO	pirfenidone oral tablet 267 mg	5	PA; QL (270 per 30 days); S
levocetirizine dihydrochloride oral solution	2	QL (300 per 30 days)	pirfenidone oral tablet 534 mg, 801 mg	5	PA; QL (90 per 30 days); S
levocetirizine dihydrochloride oral tablet	2	QL (30 per 30 days)	PULMICORT FLEXHALER	4	QL (2 per 30 days); MO
			PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	B/D PA; S

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	3	QL (11 per 30 days); MO	TRACLEER ORAL TABLET SOLUBLE	5	PA; QL (120 per 30 days); LA; S
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	3	QL (22 per 30 days); MO	TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	3	QL (60 per 30 days); MO
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML	5	PA; LA; S	<i>treprostinil</i>	5	PA; LA; S
<i>roflumilast</i>	4	PA; QL (30 per 30 days); MO	TRIKAFTA ORAL TABLET THERAPY PACK	5	PA; QL (84 per 28 days); LA; S
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	QL (60 per 30 days); MO	TRIKAFTA ORAL THERAPY PACK	5	PA; QL (56 per 28 days); S
<i>sildenafil citrate intravenous</i>	5	PA; QL (1125 per 30 days); S	TUDORZA PRESSAIR	4	QL (1 per 30 days); MO
<i>sildenafil citrate oral tablet 20 mg</i>	2	PA; QL (360 per 30 days)	TYVASO	5	PA; QL (81.2 per 30 days); S
SPIRIVA HANDIHALER	3	QL (30 per 30 days); MO	TYVASO REFILL KIT	5	PA; QL (81.2 per 30 days); S
SPIRIVA RESPIMAT	3	QL (4 per 30 days); MO	TYVASO STARTER KIT	5	PA; QL (81.2 per 365 days); S
STIOLTO RESPIMAT	3	QL (4 per 30 days); MO	UPTRAVI ORAL	5	PA; QL (60 per 30 days); LA; S
SYMBICORT	3	QL (30.6 per 30 days); MO	UPTRAVI TITRATION	5	PA; LA; S
<i>tadalafil (pah)</i>	5	PA; QL (60 per 30 days); S	VENTAVIS	5	PA; QL (270 per 30 days); S
<i>terbutaline sulfate injection</i>	2		<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	2	QL (60 per 30 days); MO
<i>terbutaline sulfate oral</i>	2	MO	XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML	5	PA; QL (8 per 28 days); LA; S
THEO-24	3	MO	XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	5	PA; QL (4 per 28 days); LA; S
<i>theophylline er</i>	2	MO	XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	5	PA; QL (8 per 28 days); LA; S
<i>theophylline oral</i>	2	MO			
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	5	B/D PA; QL (280 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
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA; QL (4 per 28 days); LA; S
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; QL (8 per 28 days); LA; S
<i>zafirlukast</i>	2	MO
ZETONNA	4	ST; QL (6.1 per 30 days)

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

Legend

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

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

A	
<i>abacavir sulfate oral solution</i>	70
<i>abacavir sulfate oral tablet</i>	70
<i>abacavir sulfate-lamivudine</i>	70
ABELCET	70
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	31
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	31
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	31
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	31
<i>abiraterone acetate oral tablet 250 mg</i>	16
<i>abiraterone acetate oral tablet 500 mg</i>	16
ABRYSVO	67
<i>acamprosate calcium</i>	31
<i>acarbose oral</i>	52
ACCUTANE ORAL CAPSULE 20 MG, 30 MG, 40 MG ...	45
<i>acebutolol hcl oral</i>	26
<i>acetaminophen-codeine #2</i>	13
<i>acetaminophen-codeine #3</i>	13
<i>acetaminophen-codeine #4</i>	13
<i>acetaminophen-codeine oral solution</i>	13
<i>acetaminophen-codeine oral tablet</i>	13
<i>acetazolamide er</i>	80
<i>acetazolamide oral</i>	26
<i>acetic acid irrigation</i>	79
<i>acetic acid otic</i>	82
<i>acetylcysteine inhalation</i>	82
<i>acetylcysteine intravenous</i>	79
<i>acitretin</i>	45
ACTHAR	60
ACTHAR GEL	60
ACTHIB	67
ACTIMMUNE	67
<i>acyclovir external cream</i>	45
<i>acyclovir external ointment</i>	45
<i>acyclovir oral</i>	70
<i>acyclovir sodium intravenous solution</i>	70
ADACEL	67
<i>adapalene external cream</i>	45
<i>adapalene external gel</i>	45
<i>adefovir dipivoxil</i>	70
ADEMPAS	82
ADRIAMYCIN INTRAVENOUS SOLUTION	16
<i>adriamycin intravenous solution reconstituted 10 mg</i>	16
ADRIAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	16
ADVAIR HFA	82
AFIRMELLE	60
AIMOVIQ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	31
AIMOVIQ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	31
<i>ak-poly-bac</i>	80
AKEEGA	16
<i>ala-cort external cream</i>	45
<i>albendazole oral</i>	70
<i>albuterol sulfate hfa</i>	82
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>	82
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>	82
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	82
<i>albuterol sulfate oral syrup</i>	82
<i>albuterol sulfate oral tablet</i>	82
<i>alclometasone dipropionate</i>	45
ALCOHOL SWABS	79
ALECENSA	16
<i>alendronate sodium oral solution</i>	52
<i>alendronate sodium oral tablet 10 mg</i>	52
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	52
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	11
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	11
<i>alfuzosin hcl er</i>	60
<i>aliskiren fumarate</i>	26
<i>allopurinol oral tablet 100 mg, 300 mg</i>	13
<i>almotriptan malate</i>	31
ALOCRIL	80
ALOMIDE	80
<i>alosetron hcl oral tablet 0.5 mg</i>	56
<i>alosetron hcl oral tablet 1 mg</i>	56
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	80

<i>alprazolam er</i>	31	<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	31
ALPRAZOLAM INTENSOL	31	<i>amphotericin b intravenous</i>	70
<i>alprazolam oral</i>	31	<i>amphotericin b liposome</i>	70
<i>alprazolam xr</i>	31	<i>ampicillin oral capsule 500 mg</i>	70
ALREX	80	<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg</i>	70-71
ALTAVERA	60	<i>ampicillin sodium intravenous</i>	71
ALUNBRIG ORAL TABLET 180 MG	16	<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	71
ALUNBRIG ORAL TABLET 30 MG	17	<i>ampicillin-sulbactam sodium intravenous</i>	71
ALUNBRIG ORAL TABLET 90 MG	17	<i>anagrelide hcl</i>	24
ALUNBRIG ORAL TABLET THERAPY PACK	17	<i>anastrozole oral</i>	17
<i>alyacen 1/35</i>	60	ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	82
<i>alyacen 7/7/7</i>	60	<i>apomorphine hcl subcutaneous</i>	31
ALYQ	82	<i>apraclonidine hcl</i>	80
<i>amantadine hcl oral capsule</i>	31	<i>aprepitant oral</i>	56
<i>amantadine hcl oral solution</i>	31	<i>aprepitant oral capsule 125 mg</i>	57
<i>amantadine hcl oral tablet</i>	31	<i>aprepitant oral capsule 40 mg</i>	57
<i>ambrisentan</i>	82	<i>aprepitant oral capsule 80 & 125 mg</i>	57
<i>amcinonide external cream</i>	45	<i>aprepitant oral capsule 80 mg</i>	57
<i>amcinonide external ointment</i>	45	APRI	61
AMETHIA	61	APTOM	31
AMETHYST	61	APTIVUS ORAL CAPSULE	71
<i>amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml</i>	70	ARANELLE	61
<i>amiloride hcl oral</i>	26	ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 40 MCG/ML	24
<i>amiloride-hydrochlorothiazide</i>	26	ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 60 MCG/ML	24
<i>amiodarone hcl intravenous</i>	26	ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML	24
<i>amiodarone hcl oral</i>	26	ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	24
<i>amitriptyline hcl oral</i>	31	ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 60 MCG/0.3ML	24
<i>amlodipine besy-benazepril hcl</i>	26	ARCALYST	67
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	10	AREXVY	67
<i>amlodipine besylate oral</i>	26	<i>arformoterol tartrate</i>	82
<i>amlodipine besylate-valsartan</i>	26	ARIKAYCE	71
<i>amlodipine-atorvastatin</i>	26	<i>aripiprazole oral solution</i>	31
<i>amlodipine-olmesartan</i>	26	<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	32
<i>amlodipine-valsartan-hctz</i>	26	<i>aripiprazole oral tablet 20 mg, 30 mg</i>	32
<i>ammonium lactate external</i>	45	<i>aripiprazole oral tablet dispersible 10 mg</i>	32
AMNESTEEM	45	<i>aripiprazole oral tablet dispersible 15 mg</i>	32
<i>amoxapine</i>	31	ARISTADA INITIO	32
<i>amoxicillin oral capsule</i>	70	ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	32
<i>amoxicillin oral suspension reconstituted</i>	70	ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	32
<i>amoxicillin oral tablet</i>	70		
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	70		
<i>amoxicillin-pot clavulanate er</i>	70		
<i>amoxicillin-pot clavulanate oral</i>	70		
<i>amphetamine sulfate oral tablet 10 mg</i>	31		
<i>amphetamine sulfate oral tablet 5 mg</i>	31		
<i>amphetamine-dextroamphet er</i>	31		
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	31		

ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	32	AYUNA	61
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	32	AYVAKIT	17
armodafinil oral tablet 150 mg, 200 mg, 250 mg ...	32	azacitidine	17
armodafinil oral tablet 50 mg	32	azathioprine oral tablet 50 mg	67
ARMOUR THYROID	61	azelaic acid external	45
ARNUITY ELLIPTA	82	azelastine hcl nasal	82
ASCOMP-CODEINE	13	azelastine hcl ophthalmic	80
asenapine maleate sublingual tablet sublingual 10 mg	32	azelastine-fluticasone	82
asenapine maleate sublingual tablet sublingual 2.5 mg	32	azithromycin intravenous	71
asenapine maleate sublingual tablet sublingual 5 mg	32	azithromycin oral packet	71
ASHLYNA	61	azithromycin oral suspension reconstituted	71
aspirin-dipyridamole er	24	azithromycin oral tablet 250 mg, 250 mg (6 pack)	71
atazanavir sulfate oral capsule 150 mg, 200 mg ...	71	azithromycin oral tablet 500 mg, 500 mg (3 pack), 600 mg	71
atazanavir sulfate oral capsule 300 mg	71	aztreonam	71
atenolol oral	26	AZURETTE	61
atenolol oral tablet 100 mg, 25 mg, 50 mg	10	B	
atenolol-chlorthalidone	26	BAC	32
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	10	bacitra-neomycin-polymyxin-hc	80
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg	32	bacitracin ophthalmic	80
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	32	bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	80
atorvastatin calcium oral	26	baclofen oral tablet 10 mg, 15 mg, 5 mg	32
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	10	baclofen oral tablet 20 mg	32
atovaquone oral	71	balsalazide disodium	57
atovaquone-proguanil hcl	71	BALVERSA ORAL TABLET 3 MG	17
atropine sulfate injection solution 0.4 mg/ml	79	BALVERSA ORAL TABLET 4 MG	17
atropine sulfate ophthalmic ointment	80	BALVERSA ORAL TABLET 5 MG	17
atropine sulfate ophthalmic solution 1 %	80	BALZIVA	61
ATROVENT HFA	82	BARACLUDGE ORAL SOLUTION	71
AUBRA EQ	61	BAVENCIO	17
AUGTYRO	17	bcg vaccine injection solution reconstituted	67
AUROVELA 1.5/30	61	BD PEN	79
AUROVELA 1/20	61	BD PEN MINI	79
AUROVELA 24 FE	61	benazepril hcl oral	26
AUROVELA FE 1.5/30	61	benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	10
AUROVELA FE 1/20	61	benazepril-hydrochlorothiazide	26
AURYXIA	52	benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	10
AUTOPEN	79	bendamustine hcl intravenous solution	17
AUVELITY	32	BENDEKA	17
AVASTIN	17	BENLYSTA	67
AVIANE	61	benzoyl peroxide-erythromycin	46
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	32	benztropine mesylate injection	32
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	32	benztropine mesylate oral	32
		bepotastine besilate	80
		BESREMI	17
		betaine	59
		betamethasone dipropionate aug	46
		betamethasone dipropionate external	46
		betamethasone valerate external	46

BETASERON SUBCUTANEOUS KIT	32	BRIVIACT ORAL TABLET	32
<i>betaxolol hcl ophthalmic</i>	80	<i>bromfenac sodium (once-daily)</i>	80
<i>betaxolol hcl oral</i>	26	<i>bromfenac sodium ophthalmic solution 0.07 %</i>	80
<i>bethanechol chloride oral</i>	60	<i>bromocriptine mesylate oral</i>	32
BETOPTIC-S	80	BRONCHITOL	83
<i>bexarotene external</i>	46	BRUKINSA	17
<i>bexarotene oral</i>	17	<i>budesonide er oral tablet extended release 24</i>	
BEXSERO	67	<i>hour</i>	57
<i>bicalutamide</i>	17	<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5</i>	
BICILLIN C-R	71	<i>mg/2ml</i>	83
BICILLIN C-R 900/300	71	<i>budesonide inhalation suspension 1 mg/2ml</i>	83
BICILLIN L-A INTRAMUSCULAR SUSPENSION		<i>budesonide oral</i>	57
PREFILLED SYRINGE	71	<i>budesonide-formoterol fumarate</i>	83
BIJUVA	61	<i>bumetanide injection</i>	26
BIKTARVY ORAL TABLET 30-120-15 MG	71	<i>bumetanide oral</i>	26
BIKTARVY ORAL TABLET 50-200-25 MG	71	<i>buprenorphine hcl injection</i>	32
<i>bimatoprost ophthalmic</i>	80	<i>buprenorphine hcl sublingual tablet sublingual 2</i>	
<i>bisoprolol fumarate oral</i>	26	<i>mg</i>	32
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	10	<i>buprenorphine hcl sublingual tablet sublingual 8</i>	
<i>bisoprolol-hydrochlorothiazide</i>	26	<i>mg</i>	32
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25</i>		<i>buprenorphine hcl-naloxone hcl sublingual film 12-</i>	
<i>mg, 2.5-6.25 mg, 5-6.25 mg</i>	10	<i>3 mg</i>	33
<i>bleomycin sulfate</i>	17	<i>buprenorphine hcl-naloxone hcl sublingual film 2-</i>	
BLISOVI 24 FE	61	<i>0.5 mg</i>	33
BLISOVI FE 1.5/30	61	<i>buprenorphine hcl-naloxone hcl sublingual film 4-1</i>	
BLISOVI FE 1/20	61	<i>mg</i>	33
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5		<i>buprenorphine hcl-naloxone hcl sublingual film 8-2</i>	
LF-MCG/0.5	67	<i>mg</i>	33
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED		<i>buprenorphine hcl-naloxone hcl sublingual tablet</i>	
SYRINGE	67	<i>sublingual 2-0.5 mg</i>	33
<i>bortezomib injection solution reconstituted 1 mg,</i>		<i>buprenorphine hcl-naloxone hcl sublingual tablet</i>	
<i>3.5 mg</i>	17	<i>sublingual 8-2 mg</i>	33
<i>bortezomib injection solution reconstituted 2.5</i>		<i>buprenorphine transdermal patch weekly 10 mcg/</i>	
<i>mg</i>	17	<i>hr, 15 mcg/hr</i>	13
<i>bosentan</i>	83	<i>buprenorphine transdermal patch weekly 20 mcg/</i>	
BOSULIF ORAL CAPSULE 100 MG	17	<i>hr</i>	13
BOSULIF ORAL CAPSULE 50 MG	17	<i>buprenorphine transdermal patch weekly 5 mcg/</i>	
BOSULIF ORAL TABLET 100 MG	17	<i>hr, 7.5 mcg/hr</i>	13
BOSULIF ORAL TABLET 400 MG, 500 MG	17	<i>bupropion hcl er (smoking det)</i>	33
BOTOX	32	<i>bupropion hcl er (sr) oral tablet extended release</i>	
BRAFTOVI ORAL CAPSULE 75 MG	17	<i>12 hour 100 mg</i>	33
BREO ELLIPTA INHALATION AEROSOL POWDER		<i>bupropion hcl er (sr) oral tablet extended release</i>	
BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/		<i>12 hour 150 mg, 200 mg</i>	33
ACT, 50-25 MCG/INH	83	<i>bupropion hcl er (xl) oral tablet extended release</i>	
<i>breyana</i>	83	<i>24 hour 150 mg</i>	33
BREZTRI AEROSPHERE	83	<i>bupropion hcl er (xl) oral tablet extended release</i>	
<i>briellyn</i>	61	<i>24 hour 300 mg</i>	33
BRILINTA	24	<i>bupropion hcl oral tablet 100 mg</i>	33
<i>brimonidine tartrate ophthalmic</i>	80	<i>bupropion hcl oral tablet 75 mg</i>	33
<i>brimonidine tartrate-timolol</i>	80	<i>buspironone hcl oral</i>	33
<i>brinzolamide</i>	80	<i>butalbital-apap-caff-cod</i>	14
BRIVIACT INTRAVENOUS	32	<i>butalbital-apap-caffeine oral capsule</i>	33
BRIVIACT ORAL SOLUTION	32		

<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	33	<i>carbidopa-levodopa</i>	33
<i>butalbital-asa-caff-codeine</i>	14	<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	33
<i>butalbital-aspirin-caffeine oral capsule</i>	33	<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>	33
<i>butorphanol tartrate injection</i>	14	<i>carbinoxamine maleate oral solution</i>	83
<i>butorphanol tartrate nasal</i>	14	<i>carbinoxamine maleate oral tablet 4 mg</i>	83
BYDUREON BCISE	52	<i>carbinoxamine maleate oral tablet 6 mg</i>	83
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	52	<i>carboplatin intravenous solution</i>	17
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	52	CARDURA XL	60
C		<i>carglumic acid oral tablet soluble</i>	50
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML	71	<i>carisoprodol oral tablet 350 mg</i>	33
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML	71	<i>carteolol hcl</i>	80
<i>cabergoline</i>	61	CARTIA XT	27
CABOMETYX	17	<i>carvedilol</i>	27
<i>calcipotriene external cream</i>	46	<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	10
<i>calcipotriene external ointment</i>	46	<i>carvedilol phosphate er</i>	27
<i>calcipotriene external solution</i>	46	CAYSTON	83
<i>calcipotriene-betameth diprop external ointment</i>	46	<i>cefaclor er</i>	71
<i>calcitonin (salmon) injection</i>	52	<i>cefaclor oral capsule</i>	71
<i>calcitonin (salmon) nasal</i>	52	<i>cefaclor oral suspension reconstituted 250 mg/5ml</i>	71
CALCITRENE	46	<i>cefadroxil</i>	71
<i>calcitriol external</i>	46	<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg</i>	71
<i>calcitriol intravenous solution 1 mcg/ml</i>	52	<i>cefazolin sodium injection solution reconstituted 100 gm, 300 gm</i>	71
<i>calcitriol oral</i>	52	<i>cefazolin sodium intravenous solution reconstituted 1 gm</i>	71
<i>calcium acetate (phos binder)</i>	52	<i>cefazolin sodium intravenous solution reconstituted 2 gm, 3 gm</i>	71
<i>calcium acetate oral tablet 667 mg</i>	52	<i>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%</i>	71
CALQUENCE	17	<i>cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml)</i>	71-7
CAMILA	61	<i>cefdinir</i>	72
CAMRESE	61	<i>cefepime hcl injection solution reconstituted 1 gm</i>	72
CAMRESE LO	61	<i>cefepime hcl intravenous solution</i>	72
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	26	<i>cefepime hcl intravenous solution reconstituted 100 gm</i>	72
<i>candesartan cilexetil oral tablet 32 mg</i>	27	<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	72
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	27	<i>cefixime</i>	72
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>	27	<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	72
CAPLYTA	33	<i>cefoxitin sodium intravenous</i>	72
CAPRELSA ORAL TABLET 100 MG	17	<i>cefpodoxime proxetil</i>	72
CAPRELSA ORAL TABLET 300 MG	17	<i>cefprozil</i>	72
<i>captopril oral tablet 100 mg</i>	27		
<i>captopril oral tablet 12.5 mg, 25 mg, 50 mg</i>	27		
<i>captopril-hydrochlorothiazide</i>	27		
<i>carbamazepine er</i>	33		
<i>carbamazepine oral suspension 100 mg/5ml</i>	33		
<i>carbamazepine oral tablet</i>	33		
<i>carbamazepine oral tablet chewable</i>	33		
<i>carbidopa oral</i>	33		

ceftazidime injection solution reconstituted 1 gm, 6 gm	72	cimetidine oral tablet 300 mg, 400 mg, 800 mg	57
ceftazidime intravenous	72	cinacalcet hcl oral tablet 30 mg	52
ceftriaxone sodium in dextrose	72	cinacalcet hcl oral tablet 60 mg	52
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	72	cinacalcet hcl oral tablet 90 mg	52
ceftriaxone sodium injection solution reconstituted 100 gm	72	CINRYZE	24
ceftriaxone sodium intravenous	72	CIPRO HC	82
ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-(50ml), 2-2.22 gm- %(50ml)	72	CIPRO ORAL SUSPENSION RECONSTITUTED	72
cefuroxime axetil oral tablet 250 mg	72	ciprofloxacin hcl ophthalmic	80
cefuroxime axetil oral tablet 500 mg	72	ciprofloxacin hcl oral tablet 250 mg, 500 mg	72
cefuroxime sodium injection solution reconstituted 750 mg	72	ciprofloxacin hcl oral tablet 750 mg	72
cefuroxime sodium intravenous solution reconstituted 1.5 gm	72	ciprofloxacin hcl otic	82
celecoxib oral capsule 100 mg, 200 mg, 50 mg	14	ciprofloxacin in d5w	72
celecoxib oral capsule 400 mg	14	ciprofloxacin-dexamethasone	82
cephalexin oral capsule 250 mg, 500 mg	72	cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml	17
cephalexin oral capsule 750 mg	72	citalopram hydrobromide oral solution	33
cephalexin oral suspension reconstituted 125 mg/ 5ml	72	citalopram hydrobromide oral tablet 10 mg	34
cephalexin oral suspension reconstituted 250 mg/ 5ml	72	citalopram hydrobromide oral tablet 20 mg	34
cephalexin oral tablet	72	citalopram hydrobromide oral tablet 40 mg	34
cetirizine hcl oral solution	83	CLARAVIS	46
cevimeline hcl	46	clarithromycin er	72
CHARLOTTE 24 FE	61	clarithromycin oral	72
CHATEAL EQ	61	clemastine fumarate oral tablet 2.68 mg	83
CHEMET	52	CLENPIQ	57
chlordiazepoxide hcl	33	CLEOCIN VAGINAL SUPPOSITORY	60
chlordiazepoxide-amitriptyline	33	CLIMARA PRO	61
chlorhexidine gluconate mouth/throat	46	CLINDACIN	46
chloroquine phosphate oral	72	clindamycin hcl oral	73
chlorpromazine hcl injection	33	clindamycin palmitate hcl	73
chlorpromazine hcl oral concentrate	33	clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	46
chlorpromazine hcl oral tablet	33	clindamycin phosphate external gel	46
chlorthalidone oral tablet 25 mg, 50 mg	27	clindamycin phosphate external lotion	46
chlorthalidone oral tablet 25 mg, 50 mg	10	clindamycin phosphate external solution	46
chlorzoxazone oral tablet 500 mg	33	clindamycin phosphate external swab	46
cholestyramine light	27	clindamycin phosphate in d5w	73
cholestyramine oral	27	clindamycin phosphate injection solution 300 mg/ 2ml, 600 mg/4ml, 900 mg/60ml	73
CICLODAN EXTERNAL SOLUTION	46	clindamycin phosphate injection solution 900 mg/ 6ml	73
ciclopirox external	46	clindamycin phosphate vaginal	60
ciclopirox olamine external cream	46	clindamycin-tretinoin	46
ciclopirox olamine external suspension	46	CLINIMIX E/DEXTROSE (2.75/5)	50
cidofovir intravenous	72	CLINIMIX E/DEXTROSE (4.25/10)	50
cilostazol	24	CLINIMIX E/DEXTROSE (4.25/5)	50
CIMDUO	72	CLINIMIX E/DEXTROSE (5/15)	50
cimetidine hcl oral solution 300 mg/5ml	57	CLINIMIX E/DEXTROSE (5/20)	50
cimetidine oral tablet 200 mg	57	clinimix e/dextrose (8/10)	50
		clinimix e/dextrose (8/14)	50
		CLINIMIX/DEXTROSE (4.25/10)	50
		CLINIMIX/DEXTROSE (4.25/5)	50
		CLINIMIX/DEXTROSE (5/15)	50
		CLINIMIX/DEXTROSE (5/20)	50

<i>clanimix/dextrose (6/5)</i>	50	<i>colestipol hcl</i>	27
<i>clanimix/dextrose (8/10)</i>	50	<i>colistimethate sodium (cba)</i>	73
<i>clanimix/dextrose (8/14)</i>	50	COMBIPATCH	61
CLINISOL SF	50	COMBIVENT RESPIMAT	83
CLINOLIPID	50	COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 &	17
<i>clobazam oral suspension</i>	34	20 MG	17
<i>clobazam oral tablet 10 mg</i>	34	COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG	17
<i>clobazam oral tablet 20 mg</i>	34	& 80 MG	17
<i>clobetasol propionate e</i>	46	COMETRIQ (60 MG DAILY DOSE)	17
<i>clobetasol propionate emulsion</i>	46	COMPLERA	73
<i>clobetasol propionate external cream</i>	46	COMPRO	57
<i>clobetasol propionate external foam</i>	46	<i>constulose</i>	57
<i>clobetasol propionate external gel</i>	46	COPIKTRA	17
<i>clobetasol propionate external lotion</i>	46	CORLANOR ORAL SOLUTION	27
<i>clobetasol propionate external ointment</i>	46	CORLANOR ORAL TABLET	27
<i>clobetasol propionate external shampoo</i>	46	CORTIFOAM EXTERNAL	57
<i>clobetasol propionate external solution</i>	46	CORTISPORIN-TC	82
<i>clocortolone pivalate</i>	46	COSENTYX (300 MG DOSE)	67
CLODAN EXTERNAL SHAMPOO	46	COSENTYX SENSOREADY (300 MG)	67
<i>clomipramine hcl oral</i>	34	COSENTYX SENSOREADY PEN	67
<i>clonazepam oral tablet 0.5 mg</i>	34	COSENTYX SUBCUTANEOUS SOLUTION PREFILLED	67
<i>clonazepam oral tablet 1 mg</i>	34	SYRINGE 150 MG/ML	67
<i>clonazepam oral tablet 2 mg</i>	34	COSENTYX SUBCUTANEOUS SOLUTION PREFILLED	67
<i>clonazepam oral tablet dispersible 0.125 mg</i>	34	SYRINGE 75 MG/0.5ML	67
<i>clonazepam oral tablet dispersible 0.25 mg</i>	34	COTELLIC	17
<i>clonazepam oral tablet dispersible 0.5 mg</i>	34	CREON	59
<i>clonazepam oral tablet dispersible 1 mg</i>	34	CRINONE	61
<i>clonazepam oral tablet dispersible 2 mg</i>	34	<i>cromolyn sodium inhalation</i>	83
<i>clonidine</i>	27	<i>cromolyn sodium ophthalmic</i>	80
<i>clonidine hcl er oral tablet extended release 12</i>	34	<i>cromolyn sodium oral</i>	59
<i>hour</i>	34	CROTAN	46
<i>clonidine hcl oral</i>	27	CRYSELLE-28	61
<i>clopidogrel bisulfate oral tablet 300 mg</i>	24	<i>cyclobenzaprine hcl oral</i>	34
<i>clopidogrel bisulfate oral tablet 75 mg</i>	24	<i>cyclopentolate hcl ophthalmic solution 1 %</i>	80
<i>clorazepate dipotassium</i>	34	<i>cyclophosphamide intravenous solution 500 mg/</i>	17
<i>clotrimazole external cream</i>	46	<i>2.5ml, 500 mg/ml</i>	17
<i>clotrimazole external solution</i>	46	<i>cyclophosphamide oral capsule</i>	17
<i>clotrimazole mouth/throat troche</i>	46	CYCLOSET	52
<i>clotrimazole-betamethasone</i>	46	<i>cyclosporine intravenous</i>	67
<i>clozapine oral tablet 100 mg</i>	34	<i>cyclosporine modified</i>	67
<i>clozapine oral tablet 200 mg</i>	34	<i>cyclosporine ophthalmic</i>	80
<i>clozapine oral tablet 25 mg</i>	34	<i>cyclosporine oral capsule</i>	67
<i>clozapine oral tablet 50 mg</i>	34	<i>cyproheptadine hcl oral syrup</i>	83
<i>clozapine oral tablet dispersible 100 mg</i>	34	<i>cyproheptadine hcl oral tablet</i>	83
<i>clozapine oral tablet dispersible 12.5 mg</i>	34	CYRAMZA	18
<i>clozapine oral tablet dispersible 150 mg</i>	34	CYRED EQ	61
<i>clozapine oral tablet dispersible 200 mg</i>	34	CYSTAGON	59
<i>clozapine oral tablet dispersible 25 mg</i>	34	CYSTARAN	80
COARTEM	73	D	
<i>codeine sulfate oral tablet</i>	14	<i>dabigatran etexilate mesylate</i>	24
<i>colchicine oral</i>	14	<i>dalfampridine er</i>	34
<i>colchicine-probenecid</i>	14	<i>danazol oral</i>	61
<i>colesevelam hcl</i>	27	<i>dantrolene sodium oral</i>	34

<i>dapsone external</i>	47	DEXAMETHASONE INTENSOL	61
<i>dapsone oral</i>	73	<i>dexamethasone oral elixir</i>	61
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	67	<i>dexamethasone oral solution</i>	61
<i>daptomycin intravenous solution reconstituted 500 mg</i>	73	<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	61
<i>darifenacin hydrobromide er</i>	60	<i>dexamethasone oral tablet 2 mg, 4 mg, 6 mg</i>	61
<i>darunavir oral tablet 600 mg</i>	73	<i>dexamethasone oral tablet therapy pack</i>	62
<i>darunavir oral tablet 800 mg</i>	73	<i>dexamethasone sod phos +rfid</i>	62
DARZALEX	18	<i>dexamethasone sod phosphate pf injection solution</i>	62
DARZALEX FASPRO	18	<i>dexamethasone sodium phosphate injection</i>	62
DASETTA 1/35	61	<i>dexamethasone sodium phosphate ophthalmic</i>	80
DASETTA 7/7/7	61	<i>dexlansoprazole</i>	57
DAURISMO ORAL TABLET 100 MG	18	<i>dexmethylphenidate hcl</i>	34
DAURISMO ORAL TABLET 25 MG	18	<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	34
DAYSEE	61	<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i>	34
DEBLITANE	61	<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	34
<i>decitabine</i>	18	<i>dextroamphetamine sulfate oral solution</i>	34
<i>deferasirox oral tablet 90 mg</i>	52	<i>dextroamphetamine sulfate oral tablet 10 mg</i>	35
<i>deferasirox oral tablet soluble 125 mg</i>	52	<i>dextroamphetamine sulfate oral tablet 5 mg</i>	35
<i>deferasirox oral tablet soluble 250 mg, 500 mg</i>	52	<i>dextrose 5%/electrolyte #48</i>	50
<i>deferiprone oral tablet 1000 mg</i>	52	<i>dextrose in lactated ringers</i>	50
<i>deferiprone oral tablet 500 mg</i>	52	<i>dextrose intravenous solution 10 %, 5 %, 50 %, 70 %</i>	50
DELSTRIGO	73	<i>dextrose intravenous solution 250 mg/ml</i>	50
DELYLA	61	<i>dextrose-nacl intravenous solution 10-0.2 %</i>	50
<i>demeclocycline hcl oral</i>	73	<i>dextrose-nacl intravenous solution 5-0.33 %, 5-0.45 %, 5-0.9 %</i>	50
DENTA 5000 PLUS	47	<i>dextrose-sodium chloride intravenous solution 10-0.2 %</i>	50
DENTAGEL	47	<i>dextrose-sodium chloride intravenous solution 10-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.3 %, 5-0.45 %, 5-0.9 %</i>	50
DEPO-ESTRADIOL	61	DIACOMIT ORAL CAPSULE 250 MG	35
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	61	DIACOMIT ORAL CAPSULE 500 MG	35
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	61	DIACOMIT ORAL PACKET 250 MG	35
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	61	DIACOMIT ORAL PACKET 500 MG	35
DESCOVY	73	<i>diazepam injection</i>	35
<i>desipramine hcl oral</i>	34	DIAZEPAM INTENSOL	35
<i>desloratadine</i>	83	<i>diazepam oral concentrate</i>	35
<i>desmopressin ace spray refrig</i>	61	<i>diazepam oral solution 5 mg/5ml</i>	35
<i>desmopressin acetate injection</i>	61	<i>diazepam oral tablet 10 mg</i>	35
<i>desmopressin acetate oral</i>	61	<i>diazepam oral tablet 2 mg</i>	35
<i>desmopressin acetate pf</i>	61	<i>diazepam oral tablet 5 mg</i>	35
<i>desmopressin acetate spray</i>	61	<i>diazepam rectal</i>	35
<i>desogestrel-ethinyl estradiol</i>	61	<i>diazoxide oral</i>	52
<i>desonide external cream</i>	47	<i>diclofenac potassium oral tablet 50 mg</i>	14
<i>desonide external lotion</i>	47	<i>diclofenac sodium er</i>	14
<i>desonide external ointment</i>	47		
<i>desoximetasone external cream</i>	47		
<i>desoximetasone external gel</i>	47		
<i>desoximetasone external liquid</i>	47		
<i>desoximetasone external ointment</i>	47		
<i>desvenlafaxine er</i>	34		
<i>desvenlafaxine succinate er</i>	34		

diclofenac sodium external gel 1 %.....	14	divalproex sodium er oral tablet extended release	
diclofenac sodium external gel 3 %.....	47	24 hour	35
diclofenac sodium external solution 1.5 %.....	14	divalproex sodium oral capsule delayed release	
diclofenac sodium ophthalmic	80	sprinkle	35
diclofenac sodium oral	14	divalproex sodium oral tablet delayed release	35
diclofenac-misoprostol oral tablet delayed		dofetilide	27
release	14	DOLISHALE	62
dicloxacillin sodium	73	donepezil hcl oral tablet 10 mg, 5 mg	35
dicyclomine hcl oral capsule	57	donepezil hcl oral tablet 23 mg	35
dicyclomine hcl oral solution	57	donepezil hcl oral tablet dispersible	35
dicyclomine hcl oral tablet	57	dorzolamide hcl ophthalmic	80
DIFICID	73	dorzolamide hcl-timolol mal	80
diflorasone diacetate external	47	dorzolamide hcl-timolol mal pf ophthalmic solution	
diflunisal oral	14	2-0.5 %	80
difluprednate	80	DOTTI	62
digox oral tablet 125 mcg	27	DOVATO	73
digox oral tablet 250 mcg	27	doxazosin mesylate oral	27
digoxin oral solution	27	doxepin hcl oral capsule	35
digoxin oral tablet 125 mcg	27	doxepin hcl oral concentrate	35
digoxin oral tablet 250 mcg	27	doxepin hcl oral tablet	35
digoxin oral tablet 62.5 mcg	27	doxercalciferol intravenous	52
dihydroergotamine mesylate injection	35	doxercalciferol oral	52
dihydroergotamine mesylate nasal	35	doxorubicin hcl intravenous solution	18
DILANTIN ORAL CAPSULE 30 MG	35	doxorubicin hcl intravenous solution	
dilt-xr	27	reconstituted	18
diltiazem hcl er beads	27	doxorubicin hcl liposomal	18
diltiazem hcl er coated beads oral capsule		DOXY 100	73
extended release 24 hour	27	doxycycline	73
diltiazem hcl er oral capsule extended release 12		doxycycline hyclate intravenous	73
hour	27	doxycycline hyclate oral capsule	73
diltiazem hcl er oral capsule extended release 24		doxycycline hyclate oral tablet 100 mg, 20 mg	73
hour 120 mg, 180 mg, 240 mg	27	doxycycline monohydrate oral capsule 100 mg, 50	
diltiazem hcl er oral tablet extended release 24 hour		mg	73
180 mg, 240 mg, 300 mg, 360 mg, 420 mg	27	doxycycline monohydrate oral suspension	
diltiazem hcl intravenous solution	27	reconstituted	73
diltiazem hcl intravenous solution		doxycycline monohydrate oral tablet	73
reconstituted	27	DRIZALMA SPRINKLE ORAL CAPSULE DELAYED	
diltiazem hcl oral	27	RELEASE SPRINKLE 20 MG, 60 MG	35
dimethyl fumarate oral capsule delayed release		DRIZALMA SPRINKLE ORAL CAPSULE DELAYED	
120 mg	35	RELEASE SPRINKLE 30 MG, 40 MG	35
dimethyl fumarate oral capsule delayed release		dronabinol	57
240 mg	35	drosipren-eth estrad-levomefol	62
dimethyl fumarate starter pack oral capsule		drosiprenone-ethinyl estradiol	62
delayed release therapy pack	35	DROXIA	24
diphenhydramine hcl injection	83	droxidopa oral capsule 100 mg	27
diphenoxylate-atropine oral liquid	57	droxidopa oral capsule 200 mg, 300 mg	27
diphenoxylate-atropine oral tablet 2.5-0.025		DUAVEE	62
mg	57	DULERA	83
diphtheria-tetanus toxoids dt	67	duloxetine hcl oral capsule delayed release	
dipyridamole oral	24	particles 20 mg	35
disopyramide phosphate oral	27	duloxetine hcl oral capsule delayed release	
disulfiram oral	35	particles 30 mg	35

<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	35	EMZAHH	62
<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>	35	<i>enalapril maleate oral tablet</i>	27
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	47	<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	10
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	47	<i>enalapril-hydrochlorothiazide</i>	27
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	47	<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	10
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	47	ENBREL MINI	67
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	47	ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	67
<i>duramorph</i>	14	ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	67
<i>dutasteride oral</i>	60	ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	67
<i>dutasteride-tamsulosin hcl</i>	60	ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	67
DYSPORT	36	ENDARI	24
E		ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	14
E.E.S. 400 ORAL TABLET	73	ENGERIX-B INJECTION SUSPENSION 20 MCG/ML ...	67
<i>ec-naproxen</i>	14	ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	67
<i>econazole nitrate external</i>	47	ENHERTU	18
EDURANT	73	ENILLORING	62
<i>efavirenz oral capsule 200 mg</i>	73	<i>enoxaparin sodium injection solution 300 mg/3ml</i>	24
<i>efavirenz oral capsule 50 mg</i>	73	<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	24
<i>efavirenz oral tablet</i>	73	<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	24
<i>efavirenz-emtricitab-tenofo df</i>	73	<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	24
<i>efavirenz-lamivudine-tenofovir</i>	73	<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	24
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	50	<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	24-25
EGRIFTA SV	62	ENPRESSE-28	62
<i>eletriptan hydrobromide</i>	36	ENSKYCE ORAL TABLET 0.15-30 MG-MCG	62
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 7.5 MG	18	<i>entacapone</i>	36
ELIGARD SUBCUTANEOUS KIT 30 MG, 45 MG	18	<i>entecavir</i>	73
ELINEST	62	ENTRESTO ORAL TABLET 24-26 MG	27
ELIQUIS	24	ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	27
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	24	<i>enulose</i>	57
ELITEK	18	ENVARUSUS XR	67
ELIXOPHYLLIN	83	EPCLUSA ORAL PACKET 150-37.5 MG	73
ELMIRON	60	EPCLUSA ORAL PACKET 200-50 MG	73
ELURYNG	62	EPCLUSA ORAL TABLET 200-50 MG	74
EMCYT	18	EPCLUSA ORAL TABLET 400-100 MG	74
EMEND ORAL SUSPENSION RECONSTITUTED	57	EPIDIOLEX	36
EMGALITY	36	<i>epinastine hcl</i>	80
EMGALITY (300 MG DOSE)	36	<i>epinephrine (anaphylaxis)</i>	83
EMPLICITI	18	<i>epinephrine injection solution 0.3 mg/0.3ml</i>	83
EMSAM	36		
<i>emtricitabine</i>	73		
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 200-300 mg</i>	73		
<i>emtricitabine-tenofovir df oral tablet 133-200 mg, 167-250 mg</i>	73		
EMTRIVA ORAL SOLUTION	73		

epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	83	estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	62
EPITOL	36	estradiol transdermal patch twice weekly	62
eplerenone	28	estradiol transdermal patch weekly	62
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	25	estradiol vaginal	62
EPRONTIA	36	estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	62
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG	36	estradiol-norethindrone acet	62
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG	36	ESTRING	62
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG	36	eszopiclone	36
ERBITUX	18	ethambutol hcl oral	74
ergoloid mesylates oral	36	ethosuximide oral	36
ERGOMAR	36	ethynodiol diac-eth estradiol	62
ergotamine-caffeine	36	etodolac er	14
ERIVEDGE	18	etodolac oral	14
ERLEADA ORAL TABLET 240 MG	18	etonogestrel-ethinyl estradiol	62
ERLEADA ORAL TABLET 60 MG	18	etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml	18
erlotinib hcl oral tablet 100 mg, 150 mg	18	etravirine oral tablet 100 mg	74
erlotinib hcl oral tablet 25 mg	18	etravirine oral tablet 200 mg	74
ERRIN	62	EUTHYROX	62
ertapenem sodium	74	EVAMIST	62
ery	47	everolimus oral tablet 0.25 mg	67
ERY-TAB	74	everolimus oral tablet 0.5 mg, 1 mg	68
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	74	everolimus oral tablet 0.75 mg	68
ERYTHROCIN STEARATE ORAL TABLET 250 MG	74	everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	18
erythromycin base oral	74	everolimus oral tablet soluble	18
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	74	EVOTAZ	74
erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	74	exemestane	18
erythromycin ethylsuccinate oral tablet	74	EXKIVITY	18
erythromycin external gel	47	ezetimibe	28
erythromycin external solution	47	ezetimibe-simvastatin	28
erythromycin lactobionate	74	F	
erythromycin ophthalmic	80	FABRAZYME	59
erythromycin oral	74	FALMINA	62
escitalopram oxalate oral solution	36	famciclovir oral tablet 125 mg, 250 mg	74
escitalopram oxalate oral tablet 10 mg	36	famciclovir oral tablet 500 mg	74
escitalopram oxalate oral tablet 20 mg	36	famotidine (pf)	57
escitalopram oxalate oral tablet 5 mg	36	famotidine intravenous solution 200 mg/20ml, 40 mg/4ml	57
ESGIC ORAL CAPSULE	36	famotidine oral suspension reconstituted	57
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	57	famotidine oral tablet 20 mg, 40 mg	57
esomeprazole sodium intravenous solution reconstituted 40 mg	57	famotidine premixed	57
ESTARYLLA	62	FANAPT ORAL TABLET 1 MG	36
estazolam	36	FANAPT ORAL TABLET 10 MG, 12 MG	36
estradiol oral	62	FANAPT ORAL TABLET 2 MG	36
		FANAPT ORAL TABLET 4 MG	36
		FANAPT ORAL TABLET 6 MG	36
		FANAPT ORAL TABLET 8 MG	36
		FANAPT TITRATION PACK	36
		FARXIGA	52

febuxostat	14	fluorouracil external solution	47
felbamate oral suspension	36	fluorouracil intravenous	18
felbamate oral tablet	36	fluoxetine hcl oral capsule 10 mg	36
felodipine er	28	fluoxetine hcl oral capsule 20 mg	36
FEMRING	62	fluoxetine hcl oral capsule 40 mg	36
FEMYNOR	62	fluoxetine hcl oral capsule delayed release	36
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	28	fluoxetine hcl oral solution	36
fenofibrate oral capsule 134 mg, 200 mg, 50 mg, 67 mg	28	fluphenazine decanoate injection	36
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	28	fluphenazine hcl injection	36
fenofibrate oral tablet 40 mg	28	fluphenazine hcl oral	37
fenofibric acid oral capsule delayed release	28	flurandrenolide external cream	47
fenopropfen calcium oral tablet	14	flurandrenolide external lotion	47
fentanyl citrate buccal	14	flurandrenolide external ointment	47
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	14	flurbiprofen oral tablet 100 mg	14
FERRIPROX ORAL SOLUTION	52	flurbiprofen sodium	80
fesoterodine fumarate er	60	fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/ act	83
FETZIMA	36	fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act	83
FETZIMA TITRATION	36	fluticasone propionate external	47
finasteride oral tablet 5 mg	60	fluticasone propionate hfa inhalation aerosol 110 mcg/act	83
fingolimod hcl	36	fluticasone propionate hfa inhalation aerosol 220 mcg/act	83
FINTEPLA	36	fluticasone propionate hfa inhalation aerosol 44 mcg/act	83
FINZALA	62	fluticasone propionate nasal	83
FIRDAPSE	36	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	83
FIRMAGON (240 MG DOSE)	18	fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	83-84
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	18	fluvastatin sodium	28
FIRVANQ	74	fluvastatin sodium er	28
FLAC	82	fluvoxamine maleate er oral capsule extended release 24 hour 100 mg	37
FLAREX	80	fluvoxamine maleate er oral capsule extended release 24 hour 150 mg	37
flavoxate hcl	60	fluvoxamine maleate oral tablet 100 mg	37
flecainide acetate	28	fluvoxamine maleate oral tablet 25 mg, 50 mg ...	37
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	74	FML FORTE	80
fluconazole oral	74	fondaparinux sodium subcutaneous solution 10 mg/ 0.8ml	25
flucytosine oral	74	fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	25
fludrocortisone acetate oral	62	fondaparinux sodium subcutaneous solution 5 mg/ 0.4ml	25
flunisolide nasal solution 25 mcg/act (0.025%)	83	fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml	25
fluocinolone acetonide body	47	formoterol fumarate inhalation	84
fluocinolone acetonide external	47	FOSAMAX PLUS D	52
fluocinolone acetonide otic	82		
fluocinolone acetonide scalp	47		
fluocinonide emulsified base	47		
fluocinonide external cream 0.05 %	47		
fluocinonide external cream 0.1 %	47		
fluocinonide external gel	47		
fluocinonide external ointment	47		
fluocinonide external solution	47		
fluorometholone ophthalmic	80		
fluorouracil external cream 5 %	47		

<i>fosamprenavir calcium</i>	74	GAVILYTE-G	57
<i>fosfomycin tromethamine</i>	74	GAVILYTE-N WITH FLAVOR PACK	57
<i>fosinopril sodium</i>	28	GAVRETO	18
<i>fosinopril sodium oral tablet</i> 10 mg, 20 mg, 40 mg	10	GAZYVA	18
<i>fosinopril sodium-hctz oral tablet</i> 10-12.5 mg	28	<i>gefitinib</i>	18
<i>fosinopril sodium-hctz oral tablet</i> 20-12.5 mg	28	<i>gemcitabine hcl intravenous solution</i> 1 gm/10ml, 2 gm/20ml, 2 gm/52.6ml, 200 mg/2ml	18
FOTIVDA	18	<i>gemcitabine hcl intravenous solution</i> 1 gm/26.3ml, 200 mg/5.26ml	18
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML	25	<i>gemcitabine hcl intravenous solution reconstituted</i> 1 gm, 2 gm	18
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	25	<i>gemcitabine hcl intravenous solution reconstituted</i> 200 mg	18
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 7500 UNIT/0.3ML ..	25	<i>gemfibrozil oral</i>	28
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	25	GEMTESA	60
<i>frovatriptan succinate</i>	37	<i>generlac</i>	57
FRUZAQLA ORAL CAPSULE 1 MG	18	GENGRAF ORAL CAPSULE 100 MG, 25 MG	68
FRUZAQLA ORAL CAPSULE 5 MG	18	GENGRAF ORAL SOLUTION	68
FULPHILA	25	GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	62
<i>fulvestrant intramuscular solution prefilled syringe</i>	18	GENOTROPIN SUBCUTANEOUS CARTRIDGE	62
<i>furosemide injection</i>	28	GENTAK OPHTHALMIC OINTMENT	80
<i>furosemide oral solution</i> 10 mg/ml	28	<i>gentamicin in saline intravenous solution</i> 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%	74
<i>furosemide oral solution</i> 8 mg/ml	28	<i>gentamicin in saline intravenous solution</i> 2-0.9 mg/ml-%	74
<i>furosemide oral tablet</i>	28	<i>gentamicin sulfate external</i>	47
<i>furosemide oral tablet</i> 20 mg, 40 mg, 80 mg	10	<i>gentamicin sulfate injection</i>	74
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	74	<i>gentamicin sulfate ophthalmic solution</i>	80
FYAVOLV	62	GENVOYA	74
FYCOMPA ORAL SUSPENSION	37	GILENYA ORAL CAPSULE 0.25 MG	37
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	37	GILOTRIF	19
FYCOMPA ORAL TABLET 2 MG	37	<i>glatiramer acetate subcutaneous solution prefilled syringe</i> 20 mg/ml	37
G		<i>glatiramer acetate subcutaneous solution prefilled syringe</i> 40 mg/ml	37
<i>gabapentin oral capsule</i> 100 mg	37	GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	37
<i>gabapentin oral capsule</i> 300 mg	37	GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	37
<i>gabapentin oral capsule</i> 400 mg	37	GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	19
<i>gabapentin oral solution</i>	37	GLEOSTINE ORAL CAPSULE 100 MG	19
<i>gabapentin oral tablet</i> 600 mg	37	<i>glimepiride oral tablet</i> 1 mg	52
<i>gabapentin oral tablet</i> 800 mg	37	<i>glimepiride oral tablet</i> 2 mg	52
<i>galantamine hydrobromide er</i>	37	<i>glimepiride oral tablet</i> 4 mg	52
<i>galantamine hydrobromide oral solution</i>	37	<i>glimepiride oral tablet</i> 1 mg	11
<i>galantamine hydrobromide oral tablet</i>	37	<i>glimepiride oral tablet</i> 2 mg	11
GAMUNEX-C	68	<i>glimepiride oral tablet</i> 4 mg	11
<i>ganciclovir sodium intravenous solution reconstituted</i>	74	<i>glipizide er oral tablet extended release</i> 24 hour 10 mg	53
GARDASIL 9	68	<i>glipizide er oral tablet extended release</i> 24 hour 2.5 mg	53
<i>gatifloxacin ophthalmic</i>	80		
GATTEX	57		
GAUZE STERILE PADS 2	79		
GAVILYTE-C	57		

glipizide er oral tablet extended release 24 hour 5 mg	53	guanfacine hcl oral	28
glipizide er oral tablet extended release 24 hour 10 mg	11	GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	53
glipizide er oral tablet extended release 24 hour 2.5 mg	11	H	
glipizide er oral tablet extended release 24 hour 5 mg	11	HAILEY 1.5/30	62
glipizide oral tablet 10 mg	53	HAILEY 24 FE	62
glipizide oral tablet 2.5 mg	53	HAILEY FE 1.5/30	62
glipizide oral tablet 5 mg	53	HAILEY FE 1/20	62
glipizide oral tablet 10 mg	11	halobetasol propionate external cream	47
glipizide oral tablet 5 mg	11	halobetasol propionate external ointment	48
glipizide xl oral tablet extended release 24 hour 10 mg	53	HALOETTE	62
glipizide xl oral tablet extended release 24 hour 2.5 mg	53	HALOG EXTERNAL OINTMENT	48
glipizide xl oral tablet extended release 24 hour 5 mg	53	haloperidol decanoate intramuscular	37
glipizide xl oral tablet extended release 24 hour 10 mg	11	haloperidol lactate injection	37
glipizide xl oral tablet extended release 24 hour 2.5 mg	11	haloperidol lactate oral	37
glipizide xl oral tablet extended release 24 hour 5 mg	11	haloperidol oral	37
glipizide-metformin hcl oral tablet 2.5-250 mg	53	HARVONI	74
glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg	53	HAVRIX	68
glipizide-metformin hcl oral tablet 2.5-250 mg	11	HEATHER	62
glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg	11	heparin (porcine) in nacl intravenous solution 12500-0.45 ut/250ml-%, 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%	25
GLUCAGEN HYPOKIT	53	heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%	25
GLUCAGON EMERGENCY INJECTION KIT	53	heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	25
glyburide micronized oral tablet 1.5 mg	53	heparin sodium (porcine) pf injection solution 1000 unit/ml	25
glyburide micronized oral tablet 3 mg	53	HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	68
glyburide micronized oral tablet 6 mg	53	HERCEPTIN HYLECTA	19
glyburide oral tablet 1.25 mg	53	HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	19
glyburide oral tablet 2.5 mg	53	HIBERIX INJECTION	68
glyburide oral tablet 5 mg	53	HIDEX 6-DAY	62
glyburide-metformin oral tablet 1.25-250 mg	53	HUMALOG INJECTION	53
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	53	HUMALOG JUNIOR KWIKPEN	53
glycopyrrolate injection solution	57	HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	53
glycopyrrolate oral tablet 1 mg, 2 mg	57	HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	53
GLYDO EXTERNAL PREFILLED SYRINGE	14	HUMALOG MIX 75/25	53
GLYXAMBI	53	HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	53
granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml	57	HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	53
granisetron hcl oral	57	HUMATROPE INJECTION CARTRIDGE	62
GRANIX	25	HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	68
griseofulvin microsize oral	74	HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	68
griseofulvin ultramicrosize	74		
guanfacine hcl er	37		

HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	68	<i>hydromorphone hcl pf injection solution 1 mg/ml, 4 mg/ml</i>	14
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	68	<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml, 500 mg/50ml</i>	14
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT ...	68	<i>hydroxychloroquine sulfate oral tablet 200 mg</i> ...	74
HUMIRA PEN-PEDIATRIC UC START	68	<i>hydroxyurea oral</i>	19
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	68	<i>hydroxyzine hcl intramuscular</i>	84
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	68	<i>hydroxyzine hcl oral syrup</i>	84
HUMIRA-PSORIASIS/UEVEIT STARTER	68	<i>hydroxyzine hcl oral tablet 10 mg, 25 mg</i>	84
HUMULIN 70/30	53	<i>hydroxyzine hcl oral tablet 50 mg</i>	84
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	53	<i>hydroxyzine pamoate oral</i>	84
HUMULIN N	53	<i>hyoscyamine sulfate oral tablet</i>	58
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	54	<i>hyoscyamine sulfate oral tablet dispersible</i>	58
HUMULIN R	54	<i>hyoscyamine sulfate sublingual</i>	58
HUMULIN R U-500 (CONCENTRATED)	54	HYPERRAB	68
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	54	I	
<i>hydralazine hcl injection</i>	28	<i>ibandronate sodium intravenous</i>	54
<i>hydralazine hcl oral</i>	28	<i>ibandronate sodium oral</i>	54
<i>hydrochlorothiazide oral</i>	28	IBRANCE	19
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	10	IBU	14
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	10	<i>ibuprofen oral suspension</i>	14
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	14	<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> ...	14
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	14	<i>icatibant acetate</i>	25
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	14	ICLEVIA	62
<i>hydrocortisone (perianal) external cream 1 %</i>	48	ICLUSIG	19
<i>hydrocortisone (perianal) external cream 2.5 %</i> ...	48	<i>icosapent ethyl</i>	28
<i>hydrocortisone butyr lipo base</i>	48	IDHIFA ORAL TABLET 100 MG	19
<i>hydrocortisone butyrate external cream</i>	48	IDHIFA ORAL TABLET 50 MG	19
<i>hydrocortisone butyrate external lotion</i>	48	IGALMI	79
<i>hydrocortisone butyrate external ointment</i>	48	ILEVRO	80
<i>hydrocortisone butyrate external solution</i>	48	<i>imatinib mesylate oral tablet 100 mg</i>	19
<i>hydrocortisone external cream 1 %, 2.5 %</i>	48	<i>imatinib mesylate oral tablet 400 mg</i>	19
<i>hydrocortisone external lotion 2.5 %</i>	48	IMBRUVICA ORAL CAPSULE 140 MG	19
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	48	IMBRUVICA ORAL CAPSULE 70 MG	19
<i>hydrocortisone oral</i>	57	IMBRUVICA ORAL SUSPENSION	19
<i>hydrocortisone rectal enema</i>	57	IMBRUVICA ORAL TABLET 140 MG	19
<i>hydrocortisone valerate</i>	48	IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG	19
<i>hydrocortisone-acetic acid</i>	82	IMFINZI	19
<i>hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	14	<i>imipenem-cilastatin</i>	74
<i>hydromorphone hcl oral liquid</i>	14	<i>imipramine hcl oral</i>	37
<i>hydromorphone hcl oral tablet</i>	14	<i>imipramine pamoate oral capsule 125 mg, 150 mg</i>	37
		<i>imiquimod external cream 5 %</i>	48
		IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML	68
		IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	68
		IMVEXXY MAINTENANCE PACK	63
		IMVEXXY STARTER PACK	63
		INCASSIA	63
		INCRELEX	63
		<i>indapamide oral</i>	28

<i>indomethacin er</i>	15	INVOKAMET	54
<i>indomethacin oral capsule 25 mg, 50 mg</i>	15	INVOKAMET XR	54
INFANRIX	68	INVOKANA	54
<i>infliximab</i>	68	IOPIDINE OPHTHALMIC SOLUTION 1 %	80
INGREZZA ORAL CAPSULE 40 MG	37	IPOL	68
INGREZZA ORAL CAPSULE 60 MG, 80 MG	37	<i>ipratropium bromide inhalation</i>	84
INGREZZA ORAL CAPSULE SPRINKLE 40 MG	37	<i>ipratropium bromide nasal</i>	84
INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG	37	<i>ipratropium-albuterol</i>	84
INGREZZA ORAL CAPSULE THERAPY PACK	37	<i>irbesartan</i>	28
INLYTA ORAL TABLET 1 MG	19	<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	10
INLYTA ORAL TABLET 5 MG	19	<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	28
INPEN 100-BLUE-LILLY-HUMALOG	79	<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	28
INPEN 100-BLUE-NOVOLOG-FIASP	79	<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	10
INPEN 100-GREY-LILLY-HUMALOG	79	<i>irinotecan hcl intravenous solution 100 mg/5ml</i> ...	19
INPEN 100-GREY-NOVOLOG-FIASP	79	<i>irinotecan hcl intravenous solution 300 mg/15ml, 40 mg/2ml</i>	19
INPEN 100-PINK-LILLY-HUMALOG	79	<i>irinotecan hcl intravenous solution 500 mg/ 25ml</i>	19
INPEN 100-PINK-NOVOLOG-FIASP	79	ISENTRESS HD	75
INQOVI	19	ISENTRESS ORAL PACKET	75
INREBIC	19	ISENTRESS ORAL TABLET	75
<i>insulin lispro (1 unit dial)</i>	54	ISENTRESS ORAL TABLET CHEWABLE 100 MG	75
<i>insulin lispro injection</i>	54	ISENTRESS ORAL TABLET CHEWABLE 25 MG	75
<i>insulin lispro junior kwikpen</i>	54	ISIBLOOM	63
<i>insulin lispro prot & lispro</i>	54	ISOLYTE-P IN D5W	50
INSULIN PEN NEEDLE	79	ISOLYTE-S	50
INSULIN SYRINGE	79	ISOLYTE-S PH 7.4	50
INTELENCE ORAL TABLET 25 MG	75	<i>isoniazid injection</i>	75
INTRALIPID INTRAVENOUS EMULSION 20 %	50	<i>isoniazid oral syrup</i>	75
INTRALIPID INTRAVENOUS EMULSION 30 %	50	<i>isoniazid oral tablet</i>	75
INTROVALE	63	<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	28
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	38	<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	28
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	38	<i>isosorbide dinitrate oral tablet 40 mg</i>	28
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	38	<i>isosorbide mononitrate</i>	28
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	38	<i>isosorbide mononitrate er</i>	28
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	38	<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 35 mg, 40 mg</i>	48
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	38	<i>isotretinoin oral capsule 25 mg</i>	48
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	38	<i>isradipine</i>	28
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	38	<i>itraconazole oral capsule</i>	75
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	38	<i>ivabradine hcl</i>	28
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	38	<i>ivermectin oral</i>	75
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	38	IWILFIN	19
INVELTYS	80	IXCHIQ	68
		IXIARO	68
		J	
		JAIMIESS	63
		JAKAFI	19

<i>jantoven</i>	25	<i>ketoconazole oral</i>	75
JANUMET	54	KETODAN EXTERNAL FOAM	48
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	54	<i>ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml</i>	15
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	54	<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	15
JANUVIA	54	<i>ketorolac tromethamine ophthalmic</i>	81
JARDIANCE	54	<i>ketorolac tromethamine oral</i>	15
JASMIEL	63	KEYTRUDA INTRAVENOUS SOLUTION	19
JAVYGTOR	59	KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	68
JAYPIRCA ORAL TABLET 100 MG	19	KIONEX ORAL SUSPENSION	54
JAYPIRCA ORAL TABLET 50 MG	19	KISQALI (200 MG DOSE)	19
JENCYCLA	63	KISQALI (400 MG DOSE)	19
JENTADUETO	54	KISQALI (600 MG DOSE)	19
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	54	KISQALI FEMARA (200 MG DOSE)	19
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	54	KISQALI FEMARA (400 MG DOSE)	19
JEVTANA	19	KISQALI FEMARA (600 MG DOSE)	19
JINTELI	63	KLAYESTA	48
JOLESSA	63	KLOR-CON 10	51
JULEBER	63	KLOR-CON M10	51
JULUCA	75	KLOR-CON M15	51
JUNEL 1.5/30	63	KLOR-CON M20	51
JUNEL 1/20	63	KLOR-CON ORAL TABLET EXTENDED RELEASE	51
JUNEL FE 1.5/30	63	KLOR-CON/EF	51
JUNEL FE 1/20	63	KOSELUGO	79
JUNEL FE 24	63	KOURZEQ	48
JUST RIGHT 5000 DENTAL PASTE	48	KRAZATI	19
JYLAMVO	68	KURVELO	63
JYNNEOS	68	KYLEENA	63
K		KYPROLIS	19
KADCYLA	19	L	
KAITLIB FE	63	<i>l-glutamine oral packet</i>	25
KALLIGA	63	<i>labetalol hcl intravenous solution</i>	28
KALYDECO ORAL TABLET	84	<i>labetalol hcl oral</i>	28
KARIVA	63	<i>lacosamide intravenous</i>	38
<i>kcl (0.149%) in nacl intravenous solution 20-0.45 meq/l-%</i>	50	<i>lacosamide oral solution</i>	38
<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>	50-51	<i>lacosamide oral tablet</i>	38
<i>kcl-lactated ringers-d5w</i>	51	<i>lactated ringers intravenous</i>	51
<i>kedrab injection</i>	68	<i>lactated ringers irrigation</i>	79
KELNOR 1/35	63	<i>lactulose encephalopathy</i>	58
KELNOR 1/50	63	<i>lactulose oral solution</i>	58
KERENDIA	54	LAGEVRIO	75
KESIMPTA	38	<i>lamivudine oral solution</i>	75
<i>ketoconazole external cream</i>	48	<i>lamivudine oral tablet 100 mg</i>	75
<i>ketoconazole external foam</i>	48	<i>lamivudine oral tablet 150 mg</i>	75
<i>ketoconazole external shampoo 2 %</i>	48	<i>lamivudine oral tablet 300 mg</i>	75
		<i>lamivudine-zidovudine</i>	75
		<i>lamotrigine er</i>	38
		<i>lamotrigine oral tablet</i>	38
		<i>lamotrigine oral tablet chewable</i>	38
		<i>lamotrigine oral tablet dispersible</i>	38
		<i>lamotrigine starter kit-blue</i>	38

<i>lamotrigine starter kit-orange</i>	38	<i>levetiracetam intravenous</i>	38
<i>lanreotide acetate</i>	63	<i>levetiracetam oral</i>	38
<i>lansoprazole oral capsule delayed release 15 mg</i>	58	LEVO-T	63
<i>lansoprazole oral capsule delayed release 30 mg</i>	58	<i>levobunolol hcl ophthalmic solution 0.5 %</i>	81
<i>lanthanum carbonate</i>	54	<i>levocarnitine oral solution</i>	51
LANTUS	54	<i>levocarnitine oral tablet</i>	51
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	54	<i>levocarnitine sf</i>	51
<i>lapatinib ditosylate</i>	19	<i>levocetirizine dihydrochloride oral solution</i>	84
LARIN 1.5/30	63	<i>levocetirizine dihydrochloride oral tablet</i>	84
LARIN 1/20	63	<i>levofloxacin in d5w</i>	75
LARIN 24 FE	63	<i>levofloxacin intravenous</i>	75
LARIN FE 1.5/30	63	<i>levofloxacin ophthalmic</i>	81
LARIN FE 1/20	63	<i>levofloxacin oral solution</i>	75
<i>latanoprost ophthalmic</i>	81	<i>levofloxacin oral tablet</i>	75
LAYOLIS FE	63	LEVONEST	63
<i>ledipasvir-sofosbuvir</i>	75	<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	63
LEENA	63	<i>levonorgest-eth est & eth est</i>	63
<i>leflunomide oral</i>	68	<i>levonorgest-eth estrad 91-day</i>	63
<i>lenalidomide oral capsule 10 mg</i>	20	<i>levonorgestrel-ethinyl estrad</i>	63
<i>lenalidomide oral capsule 15 mg, 2.5 mg, 20 mg, 25 mg</i>	20	LEVORA 0.15/30 (28)	63
<i>lenalidomide oral capsule 5 mg</i>	20	<i>levothyroxine sodium oral tablet</i>	63
LENVIMA (10 MG DAILY DOSE)	20	LEVOXYL	63
LENVIMA (12 MG DAILY DOSE)	20	LEXIVA ORAL SUSPENSION	75
LENVIMA (14 MG DAILY DOSE)	20	LIBERVANT	38
LENVIMA (18 MG DAILY DOSE)	20	<i>lidocaine external ointment 5 %</i>	15
LENVIMA (20 MG DAILY DOSE)	20	<i>lidocaine external patch 5 %</i>	15
LENVIMA (24 MG DAILY DOSE)	20	<i>lidocaine hcl (pf) injection solution 1 %, 1.5 %</i>	15
LENVIMA (4 MG DAILY DOSE)	20	<i>lidocaine hcl external solution</i>	15
LENVIMA (8 MG DAILY DOSE)	20	<i>lidocaine hcl injection solution 0.5 %, 1 %, 2 %</i>	15
LESSINA	63	<i>lidocaine hcl mouth/throat</i>	15
<i>letrozole oral</i>	20	<i>lidocaine hcl urethral/mucosal</i>	15
<i>leucovorin calcium injection solution 100 mg/10ml</i>	20	<i>lidocaine viscous hcl</i>	15
<i>leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 500 mg</i>	20	<i>lidocaine-prilocaine external cream</i>	15
<i>leucovorin calcium oral</i>	20	LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	63
LEUKERAN	20	<i>lincomycin hcl injection</i>	75
LEUKINE INJECTION SOLUTION RECONSTITUTED ..	25	<i>lindane external shampoo</i>	48
<i>leuprolide acetate (3 month)</i>	20	<i>linezolid in sodium chloride</i>	75
<i>leuprolide acetate injection</i>	20	<i>linezolid intravenous solution 600 mg/300ml</i>	75
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	84	<i>linezolid oral suspension reconstituted</i>	75
<i>levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml</i>	84	<i>linezolid oral tablet</i>	75
<i>levalbuterol tartrate</i>	84	LINZESS	58
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	38	<i>liothyronine sodium intravenous</i>	63
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	38	<i>liothyronine sodium oral</i>	63
		<i>lisinopril oral</i>	28
		<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	10
		<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	28
		<i>lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg</i>	28

<i>lisinopril-hydrochlorothiazide oral tablet 20-25 mg</i>	28	LUMIZYME	59
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	10	LUPRON DEPOT (1-MONTH)	20
<i>lithium</i>	38	LUPRON DEPOT (3-MONTH)	20
<i>lithium carbonate er</i>	38	LUPRON DEPOT (4-MONTH)	20
<i>lithium carbonate oral capsule 150 mg, 300 mg</i>	38	LUPRON DEPOT (6-MONTH)	20
<i>lithium carbonate oral capsule 600 mg</i>	38	LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	63
<i>lithium carbonate oral tablet</i>	38	<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	39
LIVTENCITY	75	<i>lurasidone hcl oral tablet 80 mg</i>	39
LO-ZUMANDIMINE	63	LUTERA	63
LOESTRIN 1.5/30 (21)	63	LYBALVI	39
LOESTRIN FE 1.5/30	63	LYLEQ	63
LOESTRIN FE 1/20	63	LYNPARZA ORAL TABLET	20
LOJAIMIESS	63	LYSODREN	20
LOKELMA ORAL PACKET 10 GM	54	LYTGOBI (12 MG DAILY DOSE)	20
LOKELMA ORAL PACKET 5 GM	54	LYTGOBI (16 MG DAILY DOSE)	20
LONSURF	20	LYTGOBI (20 MG DAILY DOSE)	20
<i>loperamide hcl oral capsule</i>	58	LYUMJEV	54
<i>lopinavir-ritonavir oral solution</i>	75	LYUMJEV KWIKPEN	54
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	75	LYZA	63
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	75	M	
<i>lorazepam injection</i>	38	M-M-R II INJECTION	68
LORAZEPAM INTENSOL	38	<i>mafenide acetate external</i>	48
<i>lorazepam oral concentrate</i>	39	<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	51
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	39	<i>magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml</i>	51
LORBRENA ORAL TABLET 100 MG	20	<i>malathion external</i>	48
LORBRENA ORAL TABLET 25 MG	20	<i>mannitol intravenous solution 20 %, 25 %</i>	79
LORYNA	63	<i>maraviroc</i>	75
<i>losartan potassium oral tablet 100 mg</i>	29	<i>marlissa</i>	63
<i>losartan potassium oral tablet 25 mg, 50 mg</i>	29	MARPLAN	39
<i>losartan potassium oral tablet 100 mg</i>	10	MATULANE	20
<i>losartan potassium oral tablet 25 mg, 50 mg</i>	11	MATZIM LA	29
<i>losartan potassium-hctz</i>	29	MAVYRET ORAL PACKET	75
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	11	MAVYRET ORAL TABLET	75
LOTEMAX OPHTHALMIC OINTMENT	81	MAXIDEX	81
LOTEMAX SM	81	MAYZENT ORAL TABLET 0.25 MG	39
<i>loteprednol etabonate ophthalmic gel</i>	81	MAYZENT ORAL TABLET 1 MG, 2 MG	39
<i>loteprednol etabonate ophthalmic suspension 0.2 %</i>	81	MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	39
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	81	MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	39
<i>lovastatin oral</i>	29	<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	58
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	11	<i>meclofenamate sodium oral</i>	15
LOW-OGESTREL	63	MEDROL ORAL TABLET 2 MG	64
<i>loxapine succinate oral</i>	39	MEDROL ORAL TABLET 32 MG	64
<i>lubiprostone</i>	58	<i>medroxyprogesterone acetate intramuscular</i>	64
<i>luliconazole</i>	48	<i>medroxyprogesterone acetate oral</i>	64
LUMAKRAS ORAL TABLET 120 MG	20	<i>mefenamic acid oral</i>	15
LUMAKRAS ORAL TABLET 320 MG	20	<i>mefloquine hcl</i>	75
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	81		

megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	20	methazolamide oral	81
megestrol acetate oral tablet	20	methenamine hippurate	75
MEKINIST ORAL SOLUTION RECONSTITUTED	20	methenamine mandelate oral	75
MEKINIST ORAL TABLET 0.5 MG	20	METHERGINE ORAL	79
MEKINIST ORAL TABLET 2 MG	20	methimazole oral	64
MEKTOVI	21	methocarbamol oral tablet 500 mg, 750 mg	39
meloxicam oral tablet	15	methotrexate oral	68
memantine hcl er	39	methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	68
memantine hcl oral solution 2 mg/ml	39	methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	69
memantine hcl oral tablet 10 mg	39	methotrexate sodium injection solution reconstituted	69
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	39	methotrexate sodium oral	69
memantine hcl oral tablet 5 mg	39	methoxsalen rapid	48
MENACTRA INTRAMUSCULAR SOLUTION	68	methscopolamine bromide oral	58
MENEST	64	methsuximide	39
MENQUADFI INTRAMUSCULAR SOLUTION	68	methylergonovine maleate oral	79
MENVEO	68	methylphenidate hcl er (cd)	39
meperidine hcl injection solution 25 mg/ml, 50 mg/ml	15	methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 60 mg	39
meprobamate	39	methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg	39
mercaptopurine oral	21	methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 45 mg, 54 mg, 63 mg	39
meropenem intravenous solution reconstituted 1 gm, 500 mg	75	methylphenidate hcl er (osm) oral tablet extended release 36 mg	39
mesalamine er oral capsule extended release 24 hour	58	methylphenidate hcl er oral tablet extended release	39
mesalamine er oral capsule extended release 24 hour	58	methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg	39
mesalamine oral capsule delayed release	58	methylphenidate hcl er oral tablet extended release 24 hour 36 mg	39
mesalamine oral tablet delayed release 1.2 gm	58	methylphenidate hcl oral solution 10 mg/5ml	39
mesalamine oral tablet delayed release 800 mg	58	methylphenidate hcl oral solution 5 mg/5ml	39
mesalamine rectal	58	methylphenidate hcl oral tablet	39
mesalamine-cleanser	58	methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	64
mesna	21	methylprednisolone oral	64
MESNEX ORAL	21	methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg	64
metformin hcl er oral tablet extended release 24 hour 500 mg	54	metoclopramide hcl injection	58
metformin hcl er oral tablet extended release 24 hour 750 mg	54	metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	58
metformin hcl er oral tablet extended release 24 hour 500 mg	11	metoclopramide hcl oral tablet	58
metformin hcl er oral tablet extended release 24 hour 750 mg	12	metolazone	29
metformin hcl oral tablet 1000 mg	54	metoprolol succinate er	29
metformin hcl oral tablet 500 mg	54	metoprolol tartrate intravenous solution 5 mg/5ml	29
metformin hcl oral tablet 850 mg	54	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	29
metformin hcl oral tablet 1000 mg	12	metoprolol tartrate oral tablet 37.5 mg, 75 mg	29
metformin hcl oral tablet 500 mg	12		
metformin hcl oral tablet 850 mg	12		
METHADONE HCL INTENSOL	15		
methadone hcl oral concentrate	15		
methadone hcl oral solution	15		
methadone hcl oral tablet	15		

metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	11	morphine sulfate (pf) injection solution 8 mg/ml	15
metoprolol-hydrochlorothiazide	29	morphine sulfate (pf) intravenous solution 1 mg/ml, 2 mg/ml	15
metronidazole external	48	morphine sulfate (pf) intravenous solution 10 mg/ml	15
metronidazole intravenous solution 500 mg/100ml	75	morphine sulfate (pf) intravenous solution 8 mg/ml	15
metronidazole oral	75	morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	15
metronidazole vaginal	60	morphine sulfate er oral tablet extended release 100 mg, 200 mg	15
metyrosine	29	morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg	15
mexiletine hcl oral	29	morphine sulfate injection solution 2 mg/ml, 4 mg/ml	15
MIBELAS 24 FE	64	morphine sulfate intravenous solution 10 mg/ml, 50 mg/ml	15
micafungin sodium	75	morphine sulfate intravenous solution 4 mg/ml ...	16
miconazole 3 vaginal suppository	60	morphine sulfate intravenous solution 8 mg/ml ...	16
MICROGESTIN 1.5/30	64	morphine sulfate oral solution	16
MICROGESTIN 1/20	64	morphine sulfate oral tablet	16
MICROGESTIN 24 FE	64	MOUNJARO	55
MICROGESTIN FE 1.5/30	64	MOVANTIK	58
MICROGESTIN FE 1/20	64	moxifloxacin hcl (2x day)	81
midazolam hcl oral	39	moxifloxacin hcl in nacl	76
midodrine hcl	29	moxifloxacin hcl ophthalmic solution	81
mifepristone oral tablet 300 mg	64	moxifloxacin hcl oral	76
MIGERGOT	39	MRESVIA	69
miglitol	54	MULTAQ	29
miglustat	59	multiple electro type 1 ph 5.5	51
MILI	64	multiple electro type 1 ph 7.4	51
MILLIPRED ORAL TABLET	64	mupirocin calcium	48
MIMVEY	64	mupirocin external	48
minocycline hcl oral	75	MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 5 MG	21
minoxidil oral	29	MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	21
mirabegron er	60	mycophenolate mofetil oral capsule	69
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	64	mycophenolate mofetil oral suspension reconstituted	69
mirtazapine oral tablet 15 mg, 30 mg, 7.5 mg	39	mycophenolate mofetil oral tablet	69
mirtazapine oral tablet 45 mg	39	mycophenolate sodium	69
mirtazapine oral tablet dispersible	40	mycophenolic acid oral tablet delayed release 180 mg, 360 mg	69
misoprostol oral	58	MYHIBBIN	69
mitomycin intravenous solution reconstituted 5 mg	21	MYORISAN	48
modafinil oral tablet 100 mg	40	MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	60
modafinil oral tablet 200 mg	40	MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	60
moexipril hcl	29		
molindone hcl	40		
mometasone furoate external	48		
mometasone furoate nasal	84		
MONDOXYNE NL ORAL CAPSULE 100 MG	76		
MONO-LINYAH	64		
montelukast sodium oral	84		
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	15		
morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml	15		
morphine sulfate (pf) injection solution 10 mg/ml, 4 mg/ml, 5 mg/ml	15		

N		NEUPOGEN INJECTION SOLUTION PREFILLED	
<i>na sulfate-k sulfate-mg sulf</i>	58	SYRINGE	25
<i>nabumetone oral</i>	16	NEVANAC	81
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	29	<i>nevirapine er oral tablet extended release 24 hour</i>	
<i>nafcillin sodium injection solution reconstituted 1</i>		<i>400 mg</i>	76
<i>gm, 2 gm</i>	76	<i>nevirapine oral suspension</i>	76
<i>nafcillin sodium intravenous solution reconstituted</i>		<i>nevirapine oral tablet</i>	76
<i>10 gm</i>	76	NEXPLANON	64
<i>naftifine hcl external cream</i>	48	<i>niacin (antihyperlipidemic)</i>	29
NAGLAZYME	59	<i>niacin er (antihyperlipidemic)</i>	29
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/</i>		<i>niacor</i>	29
<i>10ml</i>	40	<i>nicardipine hcl intravenous</i>	29
<i>naloxone hcl injection solution cartridge</i>	40	<i>nicardipine hcl oral</i>	29
<i>naloxone hcl injection solution prefilled</i>		NICOTROL	40
<i>syringe</i>	40	NICOTROL NS	40
<i>naloxone hcl nasal</i>	40	<i>nifedipine er</i>	29
<i>naltrexone hcl oral</i>	40	<i>nifedipine er osmotic release</i>	29
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY		<i>nifedipine oral</i>	29
PACK	40	NIKKI	64
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24		<i>nilutamide</i>	21
HOUR	40	<i>nimodipine oral</i>	29
<i>naproxen dr oral tablet delayed release 500</i>		NINLARO	21
<i>mg</i>	16	<i>nisoldipine er</i>	29
<i>naproxen oral suspension</i>	16	<i>nitazoxanide oral</i>	76
<i>naproxen oral tablet</i>	16	<i>nitisinone</i>	59
<i>naproxen oral tablet delayed release</i>	16	NITRO-BID	29
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	16	NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/	
<i>naratriptan hcl</i>	40	<i>HR, 0.8 MG/HR</i>	29
NARCAN	40	<i>nitrofurantoin macrocrystal oral</i>	76
NATACYN	81	<i>nitrofurantoin monohyd macro</i>	76
<i>nateglinide oral tablet 120 mg</i>	55	<i>nitrofurantoin oral suspension 25 mg/5ml, 50 mg/</i>	
<i>nateglinide oral tablet 60 mg</i>	55	<i>10ml</i>	76
NAYZILAM	40	<i>nitroglycerin intravenous</i>	29
<i>nebivolol hcl</i>	29	<i>nitroglycerin rectal</i>	48
NECON 0.5/35 (28)	64	<i>nitroglycerin sublingual</i>	29
<i>nefazodone hcl</i>	40	<i>nitroglycerin transdermal patch 24 hour</i>	29
NEO-POLYCIN	81	<i>nitroglycerin translingual solution</i>	29
NEO-POLYCIN HC	81	NIVESTYM INJECTION SOLUTION	25
<i>neomycin sulfate oral</i>	76	NIVESTYM INJECTION SOLUTION PREFILLED	
<i>neomycin-bacitracin zn-polymyx</i>	81	SYRINGE	25
<i>neomycin-polymyxin b gu</i>	79	<i>nizatidine oral capsule</i>	58
<i>neomycin-polymyxin-dexameth</i>	81	NORA-BE	64
<i>neomycin-polymyxin-gramicidin ophthalmic solution</i>		NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION	
<i>1.75-10000-.025</i>	81	PEN-INJECTOR	64
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-</i>		<i>norelgestromin-eth estradiol</i>	64
<i>10000-1</i>	81	<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg,</i>	
<i>neomycin-polymyxin-hc otic</i>	82	<i>1.5-30 mg-mcg</i>	64
NERLYNX	21	<i>norethin ace-eth estrad-fe oral tablet</i>	
NEULASTA ONPRO	25	<i>chewable</i>	64
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED		<i>norethin-eth estradiol-fe</i>	64
SYRINGE	25	<i>norethindron-ethinyl estrad-fe</i>	64
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480		<i>norethindrone acet-ethinyl est oral tablet</i>	64
MCG/1.6ML	25	<i>norethindrone acetate oral</i>	64

norethindrone oral	64	octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	65
norethindrone-eth estradiol	64	octreotide acetate injection solution 1000 mcg/ ml	65
norgestim-eth estrad triphasic	64	octreotide acetate injection solution 500 mcg/ ml	65
norgestimate-eth estradiol oral tablet 0.25-35 mg- mcg	64	octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml	65
NORLYDA	64	octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml	65
NORLYROC	64	ODEFSEY	76
NORPACE CR	29	ODOMZO	21
NORTREL 0.5/35 (28)	64	OFEV	84
NORTREL 1/35 (21)	64	ofloxacin ophthalmic	81
NORTREL 1/35 (28)	64	ofloxacin oral tablet 300 mg, 400 mg	76
NORTREL 7/7/7	64	ofloxacin otic	82
nortriptyline hcl oral capsule 10 mg, 25 mg	40	OGSIVEO ORAL TABLET 100 MG, 150 MG	21
nortriptyline hcl oral capsule 50 mg, 75 mg	40	OGSIVEO ORAL TABLET 50 MG	21
nortriptyline hcl oral solution	40	OJEMDA ORAL SUSPENSION RECONSTITUTED	21
NORVIR ORAL PACKET	76	OJEMDA ORAL TABLET	21
NOVOPEN ECHO	79	OJJAARA	21
NP THYROID	64	olanzapine intramuscular	40
NUBEQA	21	olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg	40
NUCALA SUBCUTANEOUS SOLUTION AUTO- INJECTOR	84	olanzapine oral tablet 20 mg	40
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	84	olanzapine oral tablet dispersible 10 mg, 15 mg, 5 mg	40
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	84	olanzapine oral tablet dispersible 20 mg	40
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	84	olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12- 50 mg, 6-50 mg	40
NUEDEXTA	40	olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6- 25 mg	40
NULOJIX	69	olmesartan medoxomil oral tablet 20 mg, 40 mg	29
NUPLAZID ORAL CAPSULE	40	olmesartan medoxomil oral tablet 5 mg	29
NUPLAZID ORAL TABLET 10 MG	40	olmesartan medoxomil oral tablet 20 mg, 40 mg	11
NURTEC	40	olmesartan medoxomil oral tablet 5 mg	11
NUTRILIPID	51	olmesartan medoxomil-hctz	29
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	64	olmesartan-amlodipine-hctz	29
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	64	olopatadine hcl nasal	84
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	65	olopatadine hcl ophthalmic	81
NUZYRA ORAL	76	omega-3-acid ethyl esters	29
NYAMYC	48	omeprazole oral capsule delayed release	58
NYLIA 1/35	65	OMNARIS	84
NYLIA 7/7/7	65	OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	65
nystatin external	48	OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	65
nystatin mouth/throat	48	ondansetron hcl injection	58
nystatin oral tablet	76	ondansetron hcl oral solution	58
nystatin-triamcinolone	48	ondansetron hcl oral tablet 4 mg, 8 mg	58
NYSTOP	48	ondansetron oral tablet dispersible 16 mg	58
●			
OCELLA	65		
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML, 2.5 GM/50ML, 30 GM/300ML, 5 GM/ 100ML	69		

<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i> ...	58	<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	16
ONUREG	21	OXYTROL	60
OPDIVO	21	OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	55
<i>opium</i>	58	OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	55
OPSUMIT	84	OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	55
ORALONE	48	OZEMPIC (2 MG/DOSE)	55
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	84	P	
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	84	<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	29
ORGOVYX	21	<i>paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml</i>	21
ORKAMBI ORAL TABLET	84	<i>paclitaxel protein-bound part</i>	21
<i>orphenadrine citrate er</i>	40	<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg</i>	40
ORSERDU ORAL TABLET 345 MG	21	<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	40
ORSERDU ORAL TABLET 86 MG	21	<i>paliperidone er oral tablet extended release 24 hour 9 mg</i>	40
ORSYTHIA	65	<i>pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml</i>	55
<i>oseltamivir phosphate oral capsule 30 mg</i>	76	<i>pamidronate disodium intravenous solution 6 mg/ml</i>	55
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	76	PANDEL	48
<i>oseltamivir phosphate oral suspension reconstituted</i>	76	PANRETIN	49
OSPHENA	65	<i>pantoprazole sodium intravenous</i>	58
OTEZLA ORAL TABLET 30 MG	69	<i>pantoprazole sodium oral tablet delayed release</i>	58
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	69	PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/100ML	21
<i>oxacillin sodium in dextrose intravenous solution 1 gm/50ml</i>	76	<i>paricalcitol oral</i>	55
<i>oxacillin sodium in dextrose intravenous solution 2 gm/50ml</i>	76	<i>paromomycin sulfate oral</i>	76
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	76	<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</i>	40
<i>oxacillin sodium intravenous</i>	76	<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg</i>	41
<i>oxaliplatin intravenous solution</i>	21	<i>paroxetine hcl oral suspension</i>	41
<i>oxaliplatin intravenous solution reconstituted</i>	21	<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	41
<i>oxandrolone oral tablet 10 mg</i>	65	<i>paroxetine hcl oral tablet 20 mg</i>	41
<i>oxandrolone oral tablet 2.5 mg</i>	65	<i>paroxetine hcl oral tablet 30 mg</i>	41
<i>oxaprozin oral tablet</i>	16	PAXLOVID (150/100)	76
<i>oxazepam</i>	40	PAXLOVID (300/100)	76
<i>oxcarbazepine</i>	40	<i>pazopanib hcl</i>	21
<i>oxiconazole nitrate</i>	48	PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	69
OXISTAT EXTERNAL LOTION	48	PEDVAX HIB INTRAMUSCULAR SUSPENSION	69
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	60	<i>peg 3350-kcl-na bicarb-nacl</i>	58
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	60	<i>peg-3350/electrolytes</i>	58
<i>oxybutynin chloride oral solution</i>	60	<i>peg-3350/electrolytes/ascorbat</i>	58
<i>oxybutynin chloride oral tablet 2.5 mg</i>	60	<i>peg-kcl-nacl-nasulf-na asc-c</i>	58
<i>oxybutynin chloride oral tablet 5 mg</i>	60		
<i>oxycodone hcl oral capsule</i>	16		
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	16		
<i>oxycodone hcl oral solution</i>	16		
<i>oxycodone hcl oral tablet</i>	16		

PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	69	<i>pioglitazone hcl-glimepiride</i>	55
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	69	<i>pioglitazone hcl-metformin hcl</i>	55
PEMAZYRE	21	<i>piperacillin sod-tazobactam</i>	76
PENBRAYA	69	PIQRAY (200 MG DAILY DOSE)	21
<i>penciclovir</i>	49	PIQRAY (250 MG DAILY DOSE)	21
<i>penicillamine oral tablet</i>	60	PIQRAY (300 MG DAILY DOSE)	21
<i>penicillin g pot in dextrose</i>	76	<i>pirfenidone oral tablet 267 mg</i>	84
<i>penicillin g potassium</i>	76	<i>pirfenidone oral tablet 534 mg, 801 mg</i>	84
<i>penicillin g sodium</i>	76	<i>piroxicam oral</i>	16
<i>penicillin v potassium</i>	76	<i>pitavastatin calcium</i>	29
PENTACEL	69	PLENAMINE	51
<i>pentamidine isethionate inhalation</i>	76	PLENVU	58
<i>pentamidine isethionate injection</i>	76	<i>plerixafor</i>	25
<i>pentazocine-naloxone hcl</i>	16	<i>pnv-dha</i>	51
<i>pentoxifylline er</i>	25	<i>podofilox external solution</i>	49
<i>perindopril erbumine</i>	29	POLYCIN	81
PERIOGARD	49	<i>polymyxin b sulfate injection</i>	76
PERJETA	21	<i>polymyxin b-trimethoprim</i>	81
<i>permethrin external cream</i>	49	POMALYST	21
<i>perphenazine oral</i>	41	PORTIA-28	65
<i>perphenazine-amitriptyline</i>	41	<i>posaconazole oral</i>	76
PERSERIS	41	<i>potassium chloride crys er</i>	51
PEXEVA ORAL TABLET 40 MG	41	<i>potassium chloride er</i>	51
PFIZERPEN	76	<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	51
<i>phenelzine sulfate oral</i>	41	<i>potassium chloride intravenous solution 10 meq/100ml, 20 meq/100ml, 40 meq/100ml</i>	51
<i>phenobarbital oral elixir</i>	41	<i>potassium chloride intravenous solution 10 meq/50ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/50ml</i> ...	51
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg, 64.8 mg, 97.2 mg</i>	41	<i>potassium chloride oral packet</i>	51
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg</i>	41	<i>potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	51
<i>phenoxybenzamine hcl oral</i>	29	<i>potassium citrate er</i>	60
PHENYTEK	41	<i>potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l</i>	51
PHENYTOIN INFATABS	41	POTELIGEO	21
<i>phenytoin oral</i>	41	<i>pramipexole dihydrochloride</i>	41
<i>phenytoin sodium extended</i>	41	<i>pramipexole dihydrochloride er</i>	41
PHESGO	21	<i>prasugrel hcl</i>	26
PHILITH	65	<i>pravastatin sodium</i>	30
PHOSPHOLINE IODIDE	81	<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	11
PHYSIOLYTE	79	<i>praziquantel oral</i>	76
PIFELTRO	76	<i>prazosin hcl oral</i>	30
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i> ...	81	PRED MILD	81
<i>pilocarpine hcl oral</i>	49	<i>prednicarbate external ointment</i>	65
<i>pimecrolimus</i>	49	<i>prednisolone acetate ophthalmic</i>	81
<i>pimozide</i>	41	<i>prednisolone oral solution</i>	65
PIMTREA	65	<i>prednisolone sodium phosphate ophthalmic</i>	81
<i>pindolol</i>	29	<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	65
<i>pioglitazone hcl oral tablet 15 mg</i>	55		
<i>pioglitazone hcl oral tablet 30 mg</i>	55		
<i>pioglitazone hcl oral tablet 45 mg</i>	55		
<i>pioglitazone hcl oral tablet 15 mg</i>	12		
<i>pioglitazone hcl oral tablet 30 mg</i>	12		
<i>pioglitazone hcl oral tablet 45 mg</i>	12		

<i>prednisolone sodium phosphate oral tablet dispersible</i>	65	<i>prochlorperazine maleate oral</i>	59
PREDNISONE INTENSOL	65	PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	26
<i>prednisone oral solution</i>	65	PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	26
<i>prednisone oral tablet 1 mg</i>	65	PROCTO-MED HC EXTERNAL	49
<i>prednisone oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	65	PROCTOSOL HC EXTERNAL	49
<i>prednisone oral tablet therapy pack 10 mg (21), 5 mg (21)</i>	65	PROCTOZONE-HC EXTERNAL	49
<i>prednisone oral tablet therapy pack 10 mg (48), 5 mg (48)</i>	65	<i>progesterone oral</i>	65
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg</i>	41	PROGRAF INTRAVENOUS	69
<i>pregabalin er oral tablet extended release 24 hour 330 mg</i>	41	PROGRAF ORAL PACKET	69
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	41	PROLASTIN-C	59
<i>pregabalin oral capsule 200 mg</i>	41	PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	55
<i>pregabalin oral capsule 225 mg, 300 mg</i>	41	PROMACTA ORAL PACKET 12.5 MG	26
<i>pregabalin oral solution</i>	41	PROMACTA ORAL PACKET 25 MG	26
PREHEVBRIO	69	PROMACTA ORAL TABLET 12.5 MG, 25 MG	26
PREMARIN ORAL	65	PROMACTA ORAL TABLET 50 MG	26
PREMARIN VAGINAL	65	PROMACTA ORAL TABLET 75 MG	26
PREMASOL INTRAVENOUS SOLUTION 10 %	51	<i>promethazine hcl injection</i>	59
PREMPHASE	65	<i>promethazine hcl oral</i>	59
PREMPRO	65	<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	59
<i>prenatal oral tablet 27-1 mg</i>	51	PROMETHEGAN	59
<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>	51	<i>propafenone hcl</i>	30
PRENATAL VIT W/ IRON CARBONYL-FOLIC ACID	51	<i>propafenone hcl er</i>	30
<i>prevalite</i>	30	<i>proparacaine hcl ophthalmic</i>	81
PREVIDENT	49	<i>propranolol hcl er</i>	30
PREVIDENT 5000 BOOSTER PLUS	49	<i>propranolol hcl intravenous</i>	30
PREVIDENT 5000 DRY MOUTH DENTAL GEL	49	<i>propranolol hcl oral solution</i>	30
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL ...	49	<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	30
PREVIDENT 5000 KIDS	49	<i>propranolol hcl oral tablet 60 mg</i>	30
PREVIDENT 5000 ORTHO DEFENSE	49	<i>propylthiouracil oral</i>	65
PREVIDENT 5000 PLUS	49	PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	69
PREVIDENT 5000 SENSITIVE DENTAL GEL	49	PROSOL	51
PREVYMIS ORAL	76	<i>protriptyline hcl</i>	41
PREZCOBIX	77	PULMICORT FLEXHALER	84
PREZISTA ORAL SUSPENSION	77	PULMOZYME INHALATION SOLUTION 2.5 MG/ 2.5ML	84
PREZISTA ORAL TABLET 150 MG	77	PURIXAN	21
PREZISTA ORAL TABLET 75 MG	77	<i>pyrazinamide oral</i>	77
PRIFTIN	77	<i>pyridostigmine bromide er</i>	41
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	77	<i>pyridostigmine bromide oral solution</i>	41
<i>primidone oral</i>	41	<i>pyridostigmine bromide oral tablet</i>	41
PRIORIX	69	<i>pyrimethamine oral</i>	77
<i>probenecid oral</i>	16	Q	
<i>prochlorperazine</i>	59	QINLOCK	21
<i>prochlorperazine edisylate injection solution 10 mg/ 2ml</i>	59	QUADRACEL	69
		<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	41

<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	41	RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	81
<i>quetiapine fumarate oral tablet 100 mg</i>	41	RETEVMO ORAL CAPSULE 40 MG	21
<i>quetiapine fumarate oral tablet 150 mg</i>	41	RETEVMO ORAL CAPSULE 80 MG	22
<i>quetiapine fumarate oral tablet 200 mg</i>	41	RETROVIR INTRAVENOUS	77
<i>quetiapine fumarate oral tablet 25 mg</i>	41	REXULTI	42
<i>quetiapine fumarate oral tablet 300 mg</i>	41	REYATAZ ORAL PACKET	77
<i>quetiapine fumarate oral tablet 400 mg</i>	42	REZLIDHIA	22
<i>quetiapine fumarate oral tablet 50 mg</i>	42	REZUROCK	69
<i>quinapril hcl</i>	30	RHOPRESSA	81
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	11	RIABNI	22
<i>quinapril-hydrochlorothiazide</i>	30	<i>ribavirin oral capsule</i>	77
<i>quinidine sulfate oral</i>	30	<i>ribavirin oral tablet 200 mg</i>	77
<i>quinine sulfate oral</i>	77	RIDAURA	69
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	85	<i>rifabutin</i>	77
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	85	<i>rifampin intravenous</i>	77
R		<i>rifampin oral</i>	77
RABAVERT	69	<i>riluzole</i>	42
<i>rabeprazole sodium oral tablet delayed release</i>	59	<i>rimantadine hcl</i>	77
<i>raloxifene hcl</i>	65	<i>ringers</i>	51
<i>ramelteon</i>	42	<i>ringers irrigation</i>	79
<i>ramipril</i>	30	RINVOQ	69
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	11	RINVOQ LQ	69
<i>ranolazine er</i>	30	<i>risedronate sodium oral tablet 150 mg</i>	55
<i>rasagiline mesylate oral</i>	42	<i>risedronate sodium oral tablet 30 mg</i>	55
RAVICTI	59	<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	55
RECLIPSEN	65	<i>risedronate sodium oral tablet 5 mg</i>	55
RECOMBIVAX HB	69	<i>risedronate sodium oral tablet delayed release</i>	55
RECTIV	49	<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg</i>	42
REGONOL INTRAVENOUS	42	<i>risperidone microspheres er intramuscular suspension reconstituted er 50 mg</i>	42
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	77	<i>risperidone oral solution</i>	42
RELEXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	42	<i>risperidone oral tablet 0.25 mg</i>	42
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE)	59	<i>risperidone oral tablet 0.5 mg</i>	42
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	59	<i>risperidone oral tablet 1 mg</i>	42
REMICADE	69	<i>risperidone oral tablet 2 mg</i>	42
REMODULIN INJECTION SOLUTION 100 MG/20ML, 200 MG/20ML, 50 MG/20ML	85	<i>risperidone oral tablet 3 mg, 4 mg</i>	42
<i>repaglinide oral tablet 0.5 mg</i>	55	<i>risperidone oral tablet dispersible 0.25 mg</i>	42
<i>repaglinide oral tablet 1 mg</i>	55	<i>risperidone oral tablet dispersible 0.5 mg</i>	42
<i>repaglinide oral tablet 2 mg</i>	55	<i>risperidone oral tablet dispersible 1 mg</i>	42
REPATHA	30	<i>risperidone oral tablet dispersible 2 mg</i>	42
REPATHA PUSHTRONEX SYSTEM	30	<i>risperidone oral tablet dispersible 3 mg</i>	42
REPATHA SURECLICK	30	<i>risperidone oral tablet dispersible 4 mg</i>	42
RESTASIS	81	<i>ritonavir</i>	77
		RITUXAN HYCELA	22
		RITUXAN INTRAVENOUS SOLUTION	22
		<i>rivastigmine</i>	42
		<i>rivastigmine tartrate</i>	42
		RIVELSA	65

<i>rizatriptan benzoate</i>	42	<i>sertraline hcl oral concentrate</i>	42
ROCKLATAN	81	<i>sertraline hcl oral tablet 100 mg</i>	42
<i>roflumilast</i>	85	<i>sertraline hcl oral tablet 25 mg</i>	42
<i>romidepsin intravenous solution reconstituted</i>	22	<i>sertraline hcl oral tablet 50 mg</i>	43
<i>ropinirole hcl</i>	42	SETLAKIN	66
<i>ropinirole hcl er</i>	42	<i>sevelamer carbonate oral packet 0.8 gm</i>	55
<i>rosuvastatin calcium oral</i>	30	<i>sevelamer carbonate oral packet 2.4 gm</i>	55
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40</i>		<i>sevelamer carbonate oral tablet</i>	55
<i>mg, 5 mg</i>	11	<i>sevelamer hcl oral tablet 400 mg</i>	55
ROTARIX	69	<i>sevelamer hcl oral tablet 800 mg</i>	55
ROTATEQ ORAL SOLUTION	69	<i>sf</i>	49
ROWEEPRA ORAL TABLET 500 MG	42	<i>sf 5000 plus</i>	49
ROZLYTREK ORAL CAPSULE 100 MG	22	SHAROBEL	66
ROZLYTREK ORAL CAPSULE 200 MG	22	SHINGRIX INTRAMUSCULAR SUSPENSION	
ROZLYTREK ORAL PACKET	22	RECONSTITUTED 50 MCG/0.5ML	69
RUBRACA	22	SIGNIFOR	66
<i>rufinamide oral suspension</i>	42	<i>sildenafil citrate intravenous</i>	85
<i>rufinamide oral tablet 200 mg</i>	42	<i>sildenafil citrate oral tablet 20 mg</i>	85
<i>rufinamide oral tablet 400 mg</i>	42	<i>silodosin</i>	60
RUKOBIA	77	<i>silver sulfadiazine external</i>	49
RYBELSUS ORAL TABLET 14 MG, 7 MG	55	SIMBRINZA	81
RYBELSUS ORAL TABLET 3 MG	55	SIMLIYA	66
RYBREVANT	22	SIMPESSE	66
RYDAPT	22	<i>simvastatin oral tablet</i>	30
RYLAZE	22	<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5</i>	
RYTARY	42	<i>mg</i>	11
S		<i>sirolimus oral solution</i>	69
SAIZEN INJECTION SOLUTION RECONSTITUTED 5		<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	70
MG	65	<i>sirolimus oral tablet 2 mg</i>	70
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED		SIRTURO	77
SYRINGE	26	SKYLA	66
<i>salsalate oral</i>	16	SKYRIZI INTRAVENOUS	70
SANCUSO	59	SKYRIZI PEN	70
SANDIMMUNE ORAL SOLUTION	69	SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180	
SANDOSTATIN LAR DEPOT	65	MG/1.2ML	70
SANTYL	49	SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360	
<i>sapropterin dihydrochloride oral packet</i>	59	MG/2.4ML	70
<i>sapropterin dihydrochloride oral tablet</i>	59	SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED	
SARCLISA	22	SYRINGE	70
SAVELLA	42	<i>sodium bicarbonate intravenous solution 4.2 %, 7.5</i>	
SAVELLA TITRATION PACK	42	<i>%, 8.4 %</i>	51
SCSEMBLIX ORAL TABLET 100 MG	22	<i>sodium chloride (pf)</i>	51
SCSEMBLIX ORAL TABLET 20 MG	22	<i>sodium chloride injection solution 2.5 meq/ml</i>	51
SCSEMBLIX ORAL TABLET 40 MG	22	<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3</i>	
<i>scopolamine</i>	59	<i>%, 4 meq/ml, 5 %</i>	52
SECUADO	42	<i>sodium chloride irrigation solution 0.9 %</i>	79
<i>selegiline hcl oral</i>	42	<i>sodium fluoride 5000 plus</i>	49
<i>selenium sulfide external lotion</i>	49	<i>sodium fluoride 5000 ppm dental cream</i>	49
SELZENTRY ORAL SOLUTION	77	<i>sodium fluoride 5000 ppm dental gel</i>	49
SELZENTRY ORAL TABLET 25 MG	77	<i>sodium fluoride dental cream</i>	49
SELZENTRY ORAL TABLET 75 MG	77	<i>sodium fluoride dental gel 1.1 %</i>	49
SEREVENT DISKUS INHALATION AEROSOL POWDER		<i>sodium fluoride mouth/throat</i>	49
BREATH ACTIVATED 50 MCG/ACT	85	<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	52

sodium fluoride oral tablet chewable	52	sulfamethoxazole-trimethoprim oral suspension	
sodium oxybate	43	200-40 mg/5ml	77
sodium phenylbutyrate oral powder 3 gm/tsp ...	59	sulfamethoxazole-trimethoprim oral tablet	77
sodium phenylbutyrate oral tablet	59	SULFAMYLON EXTERNAL CREAM	49
sodium polystyrene sulfonate oral powder	55	sulfasalazine oral	59
sofosbuvir-velpatasvir	77	sulindac oral tablet 150 mg	16
solifenacin succinate	60	sulindac oral tablet 200 mg	16
SOLQUA	55	sumatriptan nasal	43
SOLTAMOX	22	sumatriptan succinate oral	43
SOMATULINE DEPOT	66	sumatriptan succinate refill subcutaneous solution	
SOMAVERT	66	cartridge	43
sorafenib tosylate	22	sumatriptan succinate subcutaneous solution 6	
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG	30	mg/0.5ml	43
SORINE ORAL TABLET 80 MG	30	sumatriptan succinate subcutaneous solution auto-	
sotalol hcl (af) oral tablet 120 mg, 160 mg	30	injector	43
sotalol hcl (af) oral tablet 80 mg	30	sunitinib malate	22
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg ...	30	SUNLENCA ORAL	77
sotalol hcl oral tablet 80 mg	30	SUNLENCA SUBCUTANEOUS	77
spinosad	49	SUNOSI	43
SPIRIVA HANDIHALER	85	SUPRAX ORAL SUSPENSION RECONSTITUTED 200 MG/	
SPIRIVA RESPIMAT	85	5ML, 500 MG/5ML	77
spironolactone oral tablet 100 mg, 50 mg	30	SUPRAX ORAL TABLET CHEWABLE	77
spironolactone oral tablet 25 mg	30	SUPREP BOWEL PREP KIT	59
spironolactone-hctz	30	SYEDA	66
SPRAVATO (56 MG DOSE)	43	SYMBICORT	85
SPRAVATO (84 MG DOSE)	43	SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-	
SPRINTEC 28	66	INJECTOR	55
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE		SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-	
1000 MG, 250 MG, 500 MG	43	INJECTOR	56
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE		SYMPAZAN ORAL FILM 10 MG, 20 MG	43
750 MG	43	SYMPAZAN ORAL FILM 5 MG	43
SPRYCEL	22	SYMTUZA	77
SPS	55	SYNAGIS	79
SRONYX	66	SYNAREL	66
SSD (SILVER SULFADIAZINE)	49	SYNJARDY	56
STELARA INTRAVENOUS	70	SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24	
STELARA SUBCUTANEOUS SOLUTION 45 MG/		HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	56
0.5ML	70	SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24	
STELARA SUBCUTANEOUS SOLUTION PREFILLED		HOUR 25-1000 MG	56
SYRINGE	70	SYNTHROID	66
sterile water for irrigation	79	T	
STIOLTO RESPIMAT	85	TABLOID	22
STIVARGA	22	TABRECTA	22
streptomycin sulfate intramuscular	77	tacrolimus external ointment	49
STRIBILD	77	tacrolimus oral	70
SUBVENITE	43	tadalafil (pah)	85
sucralfate oral	59	tadalafil oral tablet 2.5 mg, 5 mg	60
sulfacetamide sodium (acne)	49	TAFINLAR ORAL CAPSULE	22
sulfacetamide sodium ophthalmic	81	TAFINLAR ORAL TABLET SOLUBLE	22
sulfacetamide-prednisolone ophthalmic		tafluprost (pf)	81
solution	81	TAGRISSE	22
sulfadiazine oral	77	TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	22
sulfamethoxazole-trimethoprim intravenous	77		

TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	22	testosterone transdermal gel 20.25 mg/1.25gm (1.62%)	66
tamoxifen citrate oral	22	testosterone transdermal solution	66
tamsulosin hcl	60	tetrabenazine oral tablet 12.5 mg	43
TAPERDEX 6-DAY	66	tetrabenazine oral tablet 25 mg	43
TARINA 24 FE	66	tetracycline hcl oral capsule	77
TARINA FE 1/20 EQ	66	THALOMID ORAL CAPSULE 100 MG, 50 MG	22
TASIGNA	22	THALOMID ORAL CAPSULE 150 MG, 200 MG	22
tasimelteon	43	THEO-24	85
tazarotene external cream	49	theophylline er	85
tazarotene external gel	49	theophylline oral	85
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	77	thioridazine hcl oral	43
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM	77	thiothixene oral	43
TAZTIA XT	30	TIADYLT ER	30
TAZVERIK	22	tiagabine hcl	43
TDVAX	70	TIBSOVO	22
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML	22	TICE BCG	22
TECENTRIQ INTRAVENOUS SOLUTION 840 MG/14ML	22	TICOVAC	70
TECVAYLI	22	tigecycline	78
TEFLARO	77	TILIA FE	66
telmisartan oral tablet 20 mg, 40 mg	30	timolol maleate (once-daily)	81
telmisartan oral tablet 80 mg	30	TIMOLOL MALEATE OCUDOSE	81
telmisartan-amlodipine	30	timolol maleate ophthalmic gel forming solution	81
telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg	30	timolol maleate ophthalmic solution 0.25 %	82
telmisartan-hctz oral tablet 80-12.5 mg	30	timolol maleate ophthalmic solution 0.5 %	82
temazepam oral capsule 15 mg, 30 mg	43	timolol maleate oral	30
temazepam oral capsule 22.5 mg, 7.5 mg	43	timolol maleate pf ophthalmic solution 0.5 %	82
TENIVAC	70	tinidazole oral	78
tenofovir disoproxil fumarate	77	tiopronin oral tablet	60
TEPMETKO	22	TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG	66
terazosin hcl oral	30	TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	66
terbinafine hcl oral	77	TIS-U-SOL	80
terbutaline sulfate injection	85	TIVICAY ORAL TABLET 10 MG	78
terbutaline sulfate oral	85	TIVICAY ORAL TABLET 25 MG, 50 MG	78
terconazole	60	TIVICAY PD	78
teriflunomide	43	tizanidine hcl oral tablet	43
teriparatide	56	TOBRADEX OPHTHALMIC OINTMENT	82
teriparatide (recombinant)	56	TOBRADEX ST	82
testosterone cypionate intramuscular solution 100 mg/ml	66	tobramycin inhalation nebulization solution 300 mg/5ml	85
testosterone cypionate intramuscular solution 200 mg/ml, 200 mg/ml (1 ml)	66	tobramycin ophthalmic	82
testosterone enanthate intramuscular solution ...	66	tobramycin sulfate injection solution	78
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)	66	tobramycin sulfate injection solution reconstituted	78
testosterone transdermal gel 10 mg/act (2%)	66	tobramycin-dexamethasone	82
testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)	66	tolcapone	43
		tolmetin sodium oral capsule	16

tolmetin sodium oral tablet 600 mg	16	tretinoin microsphere pump external gel 0.04 %, 0.1 %	49
tolterodine tartrate	60	tretinoin oral	22
tolterodine tartrate er	60	TREXALL	70
tolvaptan oral tablet 15 mg	56	TRI FEMYNOR	66
tolvaptan oral tablet 30 mg	56	TRI-ESTARYLLA	66
topiramate er oral capsule er 24 hour sprinkle 100 mg, 25 mg, 50 mg	43	TRI-LEGEST FE	66
topiramate er oral capsule extended release 24 hour 100 mg	43	TRI-LINYAH	66
topiramate er oral capsule extended release 24 hour 25 mg, 50 mg	43	TRI-LO-ESTARYLLA	66
topiramate oral	43	TRI-LO-MARZIA	66
toremifene citrate	22	TRI-LO-MILI	66
torseamide oral	30	TRI-LO-SPRINTEC	66
TOUJEO MAX SOLOSTAR	56	TRI-MILI	66
TOUJEO SOLOSTAR	56	TRI-NYMYO	66
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	52	TRI-SPRINTEC	66
TRACLEER ORAL TABLET SOLUBLE	85	TRI-VYLIBRA	66
TRADJENTA	56	TRI-VYLIBRA LO	66
tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	16	triamcinolone acetonide external aerosol solution	49
tramadol hcl (er biphasic) oral tablet extended release 24 hour	16	triamcinolone acetonide external cream	50
tramadol hcl er	16	triamcinolone acetonide external lotion	50
tramadol hcl oral tablet 50 mg	16	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	50
tramadol-acetaminophen	16	triamcinolone acetonide injection suspension 40 mg/ml	66
trandolapril	30	triamcinolone acetonide mouth/throat	50
trandolapril oral tablet 1 mg, 2 mg, 4 mg	11	triamterene-hctz oral capsule 37.5-25 mg	30
trandolapril-verapamil hcl er	30	triamterene-hctz oral tablet	30
tranexamic acid intravenous solution 1000 mg/10ml	26	triazolam oral tablet 0.25 mg	43
tranexamic acid oral	26	TRIDERM EXTERNAL CREAM	50
tranylcypramine sulfate	43	trientine hcl	56
TRAVASOL	52	trifluoperazine hcl oral	43
travoprost (bak free)	82	trifluridine ophthalmic	78
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	43	trihexyphenidyl hcl oral solution	43
trazodone hcl oral tablet 300 mg	43	trihexyphenidyl hcl oral tablet	43
TRECATOR	78	TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	56
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	85	TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	56
treprostinil	85	TRIKAFTA ORAL TABLET THERAPY PACK	85
TRESIBA	56	TRIKAFTA ORAL THERAPY PACK	85
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	56	trimethobenzamide hcl oral	59
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	56	trimethoprim oral	78
tretinoin external cream	49	trimipramine maleate oral	43
tretinoin external gel 0.01 %, 0.025 %	49	TRINTELLIX	43
tretinoin external gel 0.05 %	49	TRIUMEQ	78
tretinoin microsphere external gel 0.04 %, 0.1 %	49	TRIUMEQ PD	78
		TRIVORA (28)	66
		TRIZIVIR	78
		TRODELVY	22
		TROGARZO	78
		TROPHAMINE INTRAVENOUS SOLUTION 10 %	52
		trospium chloride	60

<i>trospium chloride er</i>	60	<i>valproic acid oral capsule</i>	44
TRULICITY	56	<i>valproic acid oral solution</i>	44
TRUMENBA	70	<i>valsartan oral tablet 160 mg</i>	30
TRUQAP	22	<i>valsartan oral tablet 320 mg</i>	30
TRUSELTIQ (100MG DAILY DOSE)	23	<i>valsartan oral tablet 40 mg, 80 mg</i>	31
TRUSELTIQ (125MG DAILY DOSE)	23	<i>valsartan oral tablet160 mg</i>	11
TRUSELTIQ (50MG DAILY DOSE)	23	<i>valsartan oral tablet320 mg</i>	11
TRUSELTIQ (75MG DAILY DOSE)	23	<i>valsartan oral tablet40 mg, 80 mg</i>	11
TUDORZA PRESSAIR	85	<i>valsartan-hydrochlorothiazide</i>	31
TUKYSA	23	<i>valsartan-hydrochlorothiazide oral tablet160-12.5</i>	
TURALIO ORAL CAPSULE 125 MG	23	<i>mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5</i>	
TURQOZ	66	<i>mg</i>	11
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED		VALTOCO 10 MG DOSE	44
SYRINGE	70	VALTOCO 15 MG DOSE	44
TYBLUME ORAL TABLET CHEWABLE	66	VALTOCO 20 MG DOSE	44
TYBOST	78	VALTOCO 5 MG DOSE	44
TYDEMY	66	<i>vancomycin hcl in dextrose intravenous solution 1-</i>	
TYMLOS	56	<i>5 gm/200ml-%, 1.25-5 gm/250ml-%, 1.5-5 gm/300ml-</i>	
TYPHIM VI	70	<i>%, 500-5 mg/100ml-%, 750-5 mg/150ml-%</i>	78
TYVASO	85	<i>vancomycin hcl in nacl intravenous solution 1-0.9</i>	
TYVASO REFILL KIT	85	<i>gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/</i>	
TYVASO STARTER KIT	85	<i>150ml-%</i>	78
U		<i>vancomycin hcl intravenous solution 1000 mg/</i>	
UBRELVY ORAL TABLET 100 MG	44	<i>200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/</i>	
UBRELVY ORAL TABLET 50 MG	44	<i>350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/</i>	
UDENYCA	26	<i>150ml</i>	78
UNITHROID	66	<i>vancomycin hcl intravenous solution reconstituted</i>	
UPTRAVI ORAL	85	<i>1 gm, 10 gm, 100 gm, 5 gm, 500 mg</i>	78
UPTRAVI TITRATION	85	<i>vancomycin hcl intravenous solution reconstituted</i>	
<i>ursodiol oral capsule 300 mg</i>	59	<i>1.25 gm, 1.5 gm, 750 mg</i>	78
<i>ursodiol oral tablet</i>	59	<i>vancomycin hcl oral capsule 125 mg</i>	78
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED		<i>vancomycin hcl oral capsule 250 mg</i>	78
SYRINGE 100 MG/0.28ML	44	<i>vancomycin hcl oral solution reconstituted 25 mg/</i>	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED		<i>ml</i>	78
SYRINGE 125 MG/0.35ML	44	VANDAZOLE	60
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED		VANFLYTA	23
SYRINGE 150 MG/0.42ML	44	VAQTA	70
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED		<i>varenicline tartrate (starter)</i>	44
SYRINGE 200 MG/0.56ML	44	<i>varenicline tartrate oral tablet 0.5 mg</i>	44
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED		<i>varenicline tartrate oral tablet 1 mg, 1 mg (56</i>	
SYRINGE 250 MG/0.7ML	44	<i>pack)</i>	44
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED		VARIVAX	70
SYRINGE 50 MG/0.14ML	44	VARIZIG INTRAMUSCULAR SOLUTION	70
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED		VASCEPA	31
SYRINGE 75 MG/0.21ML	44	VECAMYL	31
V		VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400	
<i>valacyclovir hcl oral tablet 1 gm</i>	78	<i>MG/20ML</i>	23
<i>valacyclovir hcl oral tablet 500 mg</i>	78	VELIVET	66
VALCHLOR	50	VELPHORO	56
<i>valganciclovir hcl oral solution reconstituted</i>	78	VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	56
<i>valganciclovir hcl oral tablet</i>	78	VELTASSA ORAL PACKET 8.4 GM	56
<i>valproate sodium intravenous solution 100 mg/ml,</i>		VEMLIDY	78
<i>500 mg/5ml</i>	44	VENCLEXTA ORAL TABLET 10 MG	23

VENCLEXTA ORAL TABLET 100 MG	23	<i>voriconazole oral suspension reconstituted</i>	79
VENCLEXTA ORAL TABLET 50 MG	23	<i>voriconazole oral tablet 200 mg</i>	79
VENCLEXTA STARTING PACK	23	<i>voriconazole oral tablet 50 mg</i>	79
<i>venlafaxine besylate er</i>	44	VOSEVI	79
<i>venlafaxine hcl</i>	44	VOWST	59
<i>venlafaxine hcl er oral capsule extended release</i>		VPRIV	59
<i>24 hour 150 mg</i>	44	VRAYLAR ORAL CAPSULE	44
<i>venlafaxine hcl er oral capsule extended release</i>		VUMERITY	44
<i>24 hour 37.5 mg</i>	44	VYFEMLA	67
<i>venlafaxine hcl er oral capsule extended release</i>		VYLIBRA	67
<i>24 hour 75 mg</i>	44	VYZULTA	82
<i>venlafaxine hcl er oral tablet extended release 24</i>		W	
<i>hour 225 mg</i>	44	<i>warfarin sodium oral</i>	26
VENTAVIS	85	WELIREG	23
<i>verapamil hcl er oral capsule extended release 24</i>		WERA	67
<i>hour</i>	31	<i>wixela inhub inhalation aerosol powder breath</i>	
<i>verapamil hcl er oral tablet extended release 120</i>		<i>activated 100-50 mcg/act, 250-50 mcg/act, 500-50</i>	
<i>mg</i>	31	<i>mcg/act</i>	85
<i>verapamil hcl er oral tablet extended release 180</i>		WYMZYA FE	67
<i>mg, 240 mg</i>	31	X	
<i>verapamil hcl intravenous</i>	31	XALKORI ORAL CAPSULE	23
<i>verapamil hcl oral</i>	31	XALKORI ORAL CAPSULE SPRINKLE 150 MG	23
VERQUVO	31	XALKORI ORAL CAPSULE SPRINKLE 20 MG	23
VERSACLOZ	44	XALKORI ORAL CAPSULE SPRINKLE 50 MG	23
VERZENIO	23	XARELTO ORAL SUSPENSION RECONSTITUTED	26
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED		XARELTO ORAL TABLET 10 MG, 20 MG	26
750 MG	78	XARELTO ORAL TABLET 15 MG, 2.5 MG	26
VICTOZA SUBCUTANEOUS SOLUTION PEN-		XARELTO STARTER PACK	26
INJECTOR	56	XATMEP	70
VIENVA	67	XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY	
<i>vigabatrin oral packet</i>	44	PACK 100 & 150 MG	44-45
<i>vigabatrin oral tablet</i>	44	XCOPRI (350 MG DAILY DOSE)	45
VIGADRONE ORAL PACKET	44	XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	45
VIGADRONE ORAL TABLET	44	XCOPRI ORAL TABLET 150 MG, 200 MG	45
VIGPODER	44	XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG	
VIIBRYD ORAL TABLET	44	& 14 X 25 MG	45
<i>vilazodone hcl</i>	44	XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG	
<i>vinblastine sulfate intravenous solution</i>	23	& 14 X 200 MG, 14 X 50 MG & 14 X 100 MG ...	45
<i>vincristine sulfate intravenous</i>	23	XDEMZY	82
<i>vinorelbine tartrate</i>	23	XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED	
<i>viorele</i>	67	100 UNIT, 50 UNIT	45
VIRACEPT ORAL TABLET 250 MG	78	XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED	
VIRACEPT ORAL TABLET 625 MG	78	200 UNIT	45
VIREAD ORAL POWDER	78	XERMELO	59
VIREAD ORAL TABLET 150 MG, 250 MG	78	XGEVA	56
VIREAD ORAL TABLET 200 MG	79	XIFAXAN ORAL TABLET 550 MG	79
VITRAKVI ORAL CAPSULE 100 MG	23	XIGDUO XR ORAL TABLET EXTENDED RELEASE 24	
VITRAKVI ORAL CAPSULE 25 MG	23	HOUR 10-1000 MG, 10-500 MG, 5-500 MG	56
VITRAKVI ORAL SOLUTION	23	XIGDUO XR ORAL TABLET EXTENDED RELEASE 24	
VIZIMPRO	23	HOUR 2.5-1000 MG, 5-1000 MG	56
VOLNEA	67	XIIDRA	82
VONJO	23	XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK	
<i>voriconazole intravenous</i>	79	1 X 40 MG	79

XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	79	ZEJULA ORAL TABLET 100 MG	24
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML	85	ZEJULA ORAL TABLET 200 MG, 300 MG	24
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	85	ZELBORAF	24
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	85	ZENATANE	50
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	86	ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 3000-10000 UNIT, 5000-24000 UNIT	59
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	86	ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 25000-79000 UNIT, 40000-126000 UNIT, 60000-189600 UNIT	59
XOSPATA	23	ZEPZELCA	24
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	23	ZETONNA	86
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	23	<i>zidovudine oral capsule</i>	79
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	23	<i>zidovudine oral syrup</i>	79
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	23	<i>zidovudine oral tablet</i>	79
XPOVIO (60 MG TWICE WEEKLY)	23	ZIEXTENZO	26
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	23	<i>ziprasidone hcl oral capsule 20 mg</i>	45
XPOVIO (80 MG TWICE WEEKLY)	23	<i>ziprasidone hcl oral capsule 40 mg</i>	45
XTANDI ORAL CAPSULE	23	<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	45
XTANDI ORAL TABLET 40 MG	23	<i>ziprasidone mesylate</i>	45
XTANDI ORAL TABLET 80 MG	23	ZIRGAN	79
XULANE	67	<i>zoledronic acid intravenous concentrate</i>	56
Y		<i>zoledronic acid intravenous solution</i>	56
YARGESA	59	ZOLINZA	24
YERVOY	23	<i>zolmitriptan oral</i>	45
YF-VAX	70	<i>zolpidem tartrate er</i>	45
<i>yuvaferm</i>	67	<i>zolpidem tartrate oral tablet</i>	45
Z		ZONISADE	45
ZAFEMY	67	<i>zonisamide oral</i>	45
<i>zafirlukast</i>	86	ZOVIA 1/35 (28)	67
<i>zaleplon oral capsule 10 mg</i>	45	ZTALMY	45
<i>zaleplon oral capsule 5 mg</i>	45	ZUMANDIMINE	67
ZARXIO	26	ZURZUVAE	45
ZEJULA ORAL CAPSULE	24	ZYDELIG	24
		ZYKADIA ORAL TABLET	24
		ZYLET	82
		ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	45
		ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	45
		ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML ...	79

Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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This formulary was updated on September 1, 2024.

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

For all other questions, please contact Member Services at **1-833-812-1800**, or for TTY users, **711**, Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays, or visit **www.anthem.com**.