



# List of Covered Drugs or "Drug List"

2025 Formulary

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

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

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

For all other questions, please contact Member Services at **1-833-848-8730**, or for TTY users, **711**, Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays, or visit **[www.anthem.com](http://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 3/1/2025. 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](http://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](http://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](http://www.anthem.com)

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

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

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

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover 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 3/1/2025. To get updated information about the drugs covered by your plan, please refer to your formulary online at [www.anthem.com](http://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 12. 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 12, 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 84. 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 12. 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](http://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](http://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](http://www.medicare.gov).

## Your plan's Part D Formulary

The formulary that begins on page 12 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 84.

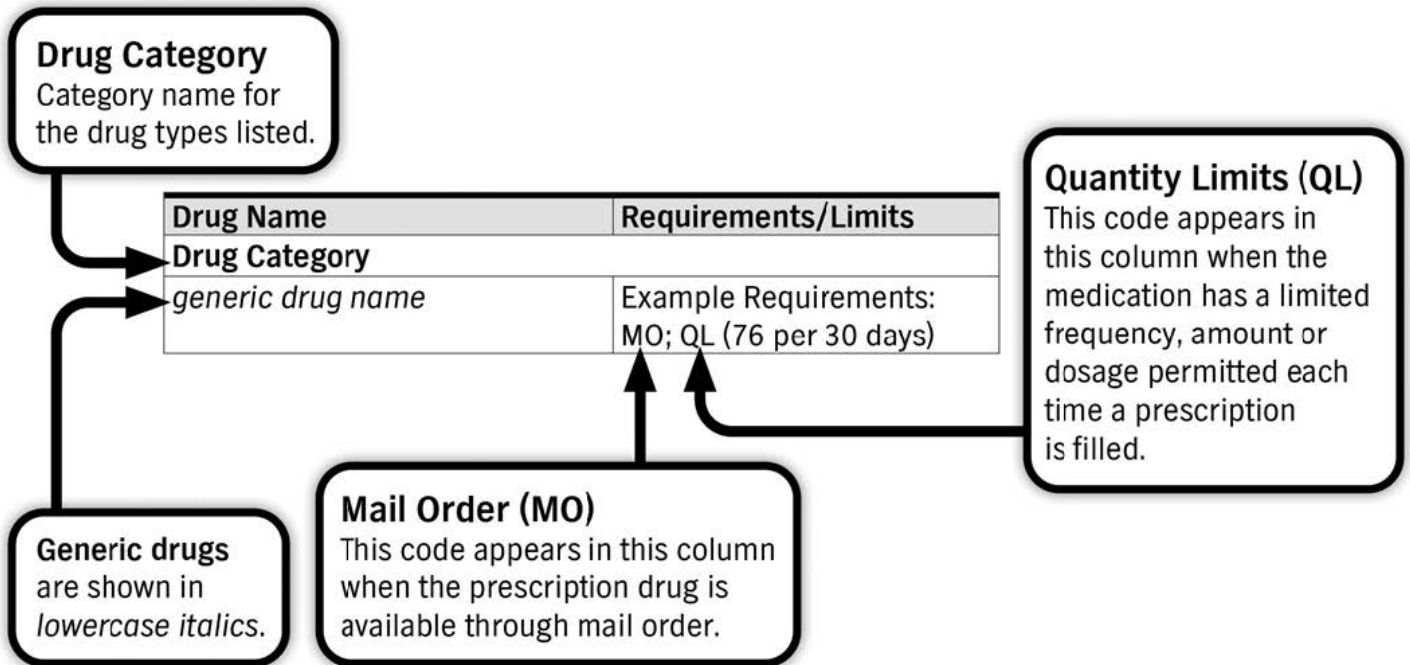
The **first column** of the chart lists the drug name. Brand name drugs are capitalized (e.g., HUMALOG) and generic drugs are listed in lowercase italics (e.g., *enalapril*).

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](http://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:

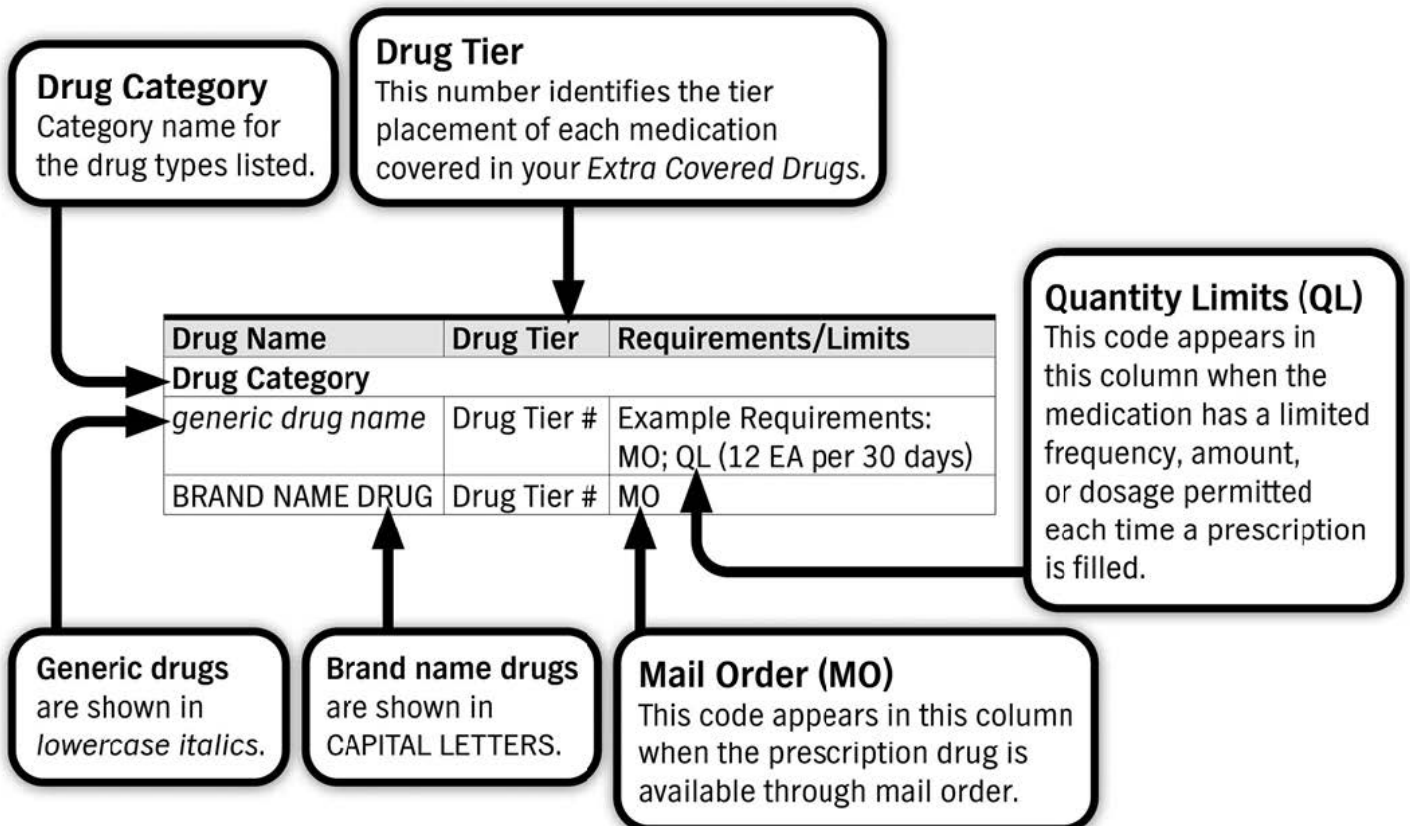
Tier Number	Tier Label
1	Generics
2	Preferred Drugs
3	Non-Preferred Drugs
4	Specialty Drugs

The **third column** tells you if your plan has any special requirements for coverage of your drug. The formulary chart legend, located on page 12, 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.

<b>Drug Name</b>	<b>Requirements/ Limits</b>	<b>Drug Name</b>	<b>Requirements/ Limits</b>
<b>Cardiovascular Agents</b>		<i>fosinopril sodium oral tablet</i> 10 mg, 20 mg, 40 mg	
<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		<i>furosemide oral tablet</i> 20 mg, 40 mg, 80 mg	
<i>atenolol oral tablet</i> 100 mg, 25 mg, 50 mg		<i>hydrochlorothiazide oral capsule</i> 12.5 mg	
<i>atenolol-chlorthalidone oral tablet</i> 100-25 mg, 50-25 mg		<i>hydrochlorothiazide oral tablet</i> 12.5 mg, 25 mg, 50 mg	
<i>atorvastatin calcium oral tablet</i> 10 mg, 20 mg, 40 mg, 80 mg	QL (30 per 30 days)	<i>irbesartan oral tablet</i> 150 mg, 300 mg, 75 mg	QL (30 per 30 days)
<i>benazepril hcl oral tablet</i> 10 mg, 20 mg, 40 mg, 5 mg		<i>irbesartan-hydrochlorothiazide oral tablet</i> 150-12.5 mg, 300-12.5 mg	QL (30 per 30 days)
<i>benazepril-hydrochlorothiazide oral tablet</i> 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg		<i>lisinopril oral tablet</i> 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	
<i>bisoprolol fumarate oral tablet</i> 10 mg, 5 mg		<i>lisinopril-hydrochlorothiazide oral tablet</i> 10-12.5 mg, 20-12.5 mg, 20-25 mg	
<i>bisoprolol-hydrochlorothiazide oral tablet</i> 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg		<i>losartan potassium oral tablet</i> 100 mg	QL (30 per 30 days)
<i>carvedilol oral tablet</i> 12.5 mg, 25 mg, 3.125 mg, 6.25 mg		<i>losartan potassium oral tablet</i> 25 mg, 50 mg	QL (60 per 30 days)
<i>chlorthalidone oral tablet</i> 25 mg, 50 mg		<i>losartan potassium-hctz oral tablet</i> 100-12.5 mg, 100-25 mg, 50-12.5 mg	QL (30 per 30 days)
<i>enalapril maleate oral tablet</i> 10 mg, 2.5 mg, 20 mg, 5 mg		<i>lovastatin oral tablet</i> 10 mg, 20 mg, 40 mg	QL (60 per 30 days)
<i>enalapril-hydrochlorothiazide oral tablet</i> 10-25 mg, 5-12.5 mg		<i>metoprolol tartrate oral tablet</i> 100 mg, 25 mg, 50 mg	
		<i>olmesartan medoxomil oral tablet</i> 20 mg, 40 mg	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.

<b>Drug Name</b>	<b>Requirements/ Limits</b>	<b>Drug Name</b>	<b>Requirements/ Limits</b>
olmesartan medoxomil oral tablet 5 mg	QL (60 per 30 days)	glipizide er oral tablet extended release 24 hour 5 mg	QL (120 per 30 days)
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	QL (30 per 30 days)	glipizide oral tablet 10 mg	QL (120 per 30 days)
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg		glipizide oral tablet 5 mg	QL (240 per 30 days)
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg		glipizide xl oral tablet extended release 24 hour 10 mg	QL (60 per 30 days)
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	QL (30 per 30 days)	glipizide xl oral tablet extended release 24 hour 2.5 mg	QL (240 per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	QL (30 per 30 days)	glipizide xl oral tablet extended release 24 hour 5 mg	QL (120 per 30 days)
trandolapril oral tablet 1 mg, 2 mg, 4 mg		glipizide-metformin hcl oral tablet 2.5-250 mg	QL (240 per 30 days)
valsartan oral tablet 160 mg	QL (60 per 30 days)	glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg	QL (120 per 30 days)
valsartan oral tablet 320 mg	QL (30 per 30 days)	metformin hcl er oral tablet extended release 24 hour 500 mg	QL (120 per 30 days)
valsartan oral tablet 40 mg, 80 mg	QL (90 per 30 days)	metformin hcl er oral tablet extended release 24 hour 750 mg	QL (60 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	QL (30 per 30 days)	metformin hcl oral tablet 1000 mg	QL (60 per 30 days)
<b>Endocrine And Metabolic Disorder Agents</b>			
alendronate sodium oral tablet 10 mg, 5 mg	QL (30 per 30 days)	metformin hcl oral tablet 500 mg	QL (150 per 30 days)
alendronate sodium oral tablet 35 mg, 70 mg	QL (4 per 28 days)	metformin hcl oral tablet 850 mg	QL (90 per 30 days)
glimepiride oral tablet 1 mg	QL (240 per 30 days)	pioglitazone hcl oral tablet 15 mg	QL (90 per 30 days)
glimepiride oral tablet 2 mg	QL (120 per 30 days)	pioglitazone hcl oral tablet 30 mg	QL (45 per 30 days)
glimepiride oral tablet 4 mg	QL (60 per 30 days)	pioglitazone hcl oral tablet 45 mg	QL (30 per 30 days)
glipizide er oral tablet extended release 24 hour 10 mg	QL (60 per 30 days)		
glipizide er oral tablet extended release 24 hour 2.5 mg	QL (240 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](http://www.anthem.com), or call the Pharmacy Member Services number listed on the front and back covers.

### Part D Eligible Drugs

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Analgesics And Anti-Inflammatory Agents</b>			<i>butalbital-asa-caff-codeine</i>	3	PA; QL (180 per 30 days); NEDS
<i>acetaminophen-codeine oral solution</i>	2	QL (900 per 30 days); NEDS	<i>butorphanol tartrate injection</i>	1	
<i>acetaminophen-codeine oral tablet</i>	2	QL (180 per 30 days); NEDS	<i>butorphanol tartrate nasal</i>	3	QL (5 per 30 days); NEDS
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO	<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	2	QL (60 per 30 days); MO
<i>buprenorphine transdermal</i>	3	PA; QL (4 per 28 days); NEDS	<i>celecoxib oral capsule 400 mg</i>	2	QL (30 per 30 days); MO
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	3	PA; QL (180 per 30 days); NEDS	<i>codeine sulfate oral tablet 15 mg, 30 mg</i>	2	QL (180 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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
codeine sulfate oral tablet 60 mg	3	QL (180 per 30 days); NEDS	solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml		
colchicine oral	1		hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	2	QL (180 per 30 days); NEDS
colchicine-probenecid	2	MO	hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	2	QL (50 per 10 days); NEDS
diclofenac potassium oral tablet 50 mg	2	MO	hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml	1	
diclofenac sodium er	1	MO	hydromorphone hcl oral liquid	3	QL (720 per 30 days); NEDS
diclofenac sodium external gel 1 %	2	QL (1000 per 30 days)	hydromorphone hcl oral tablet	2	QL (180 per 30 days); NEDS
diclofenac sodium external solution 1.5 %	1	QL (300 per 30 days)	hydromorphone hcl pf injection solution 1 mg/ml, 4 mg/ml	2	
diclofenac sodium oral	1	MO	hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml, 500 mg/50ml	3	
diclofenac-misoprostol oral tablet delayed release	3	MO	IBU	1	MO
diflunisal oral	2	MO	ibuprofen oral suspension 100 mg/5ml	1	
duramorph	3		ibuprofen oral tablet 400 mg, 600 mg, 800 mg	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	indomethacin er	2	PA; MO
etodolac er	2	MO	indomethacin oral capsule 25 mg, 50 mg	1	PA; MO
etodolac oral capsule	2	MO	ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml	1	PA
etodolac oral tablet	1	MO	ketorolac tromethamine intramuscular solution 60 mg/2ml	1	PA
febuxostat	2	ST; MO	ketorolac tromethamine oral	3	PA
fenoprofen calcium oral tablet	1	MO			
fentanyl citrate buccal lozenge on a handle	4	PA; QL (120 per 30 days); NEDS; S			
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	3	PA; QL (15 per 30 days); NEDS			
flurbiprofen oral tablet 100 mg	1	MO			
GLYDO EXTERNAL PREFILLED SYRINGE	1				
hydrocodone-acetaminophen oral	3	QL (2700 per 30 days); NEDS			

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
lidocaine external ointment 5 %	3	PA; QL (150 per 30 days)	morphine sulfate (pf) intravenous solution 1 mg/ml, 2 mg/ml	2	
lidocaine external patch 5 %	3	PA; QL (90 per 30 days)	morphine sulfate (pf) intravenous solution 10 mg/ml	1	
lidocaine hcl (pf) injection solution 1 %, 1.5 %	1		morphine sulfate (pf) intravenous solution 8 mg/ml	3	
lidocaine hcl external solution	1	PA; QL (300 per 30 days)	morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	3	PA; QL (60 per 30 days); NEDS
lidocaine hcl injection solution 0.5 %, 1 %, 2 %	1		morphine sulfate er oral tablet extended release 100 mg, 200 mg	2	PA; QL (60 per 30 days); NEDS
lidocaine hcl mouth/throat	1	PA; QL (300 per 30 days)	morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg	2	PA; QL (90 per 30 days); NEDS
lidocaine hcl urethral/mucosal	1		morphine sulfate injection solution 2 mg/ml, 4 mg/ml	2	
lidocaine viscous hcl	1		morphine sulfate intravenous solution 10 mg/ml, 50 mg/ml	1	
lidocaine-prilocaine external cream	3	QL (30 per 30 days)	morphine sulfate intravenous solution 4 mg/ml	2	
meloxicam oral tablet	1	MO	morphine sulfate intravenous solution 8 mg/ml	3	
meperidine hcl injection solution 25 mg/ml, 50 mg/ml	3	PA	morphine sulfate oral solution	2	QL (900 per 30 days); NEDS
METHADONE HCL INTENSOL	1	QL (180 per 30 days); NEDS	morphine sulfate oral tablet	2	QL (180 per 30 days); NEDS
methadone hcl oral concentrate	1	QL (180 per 30 days); NEDS	nabumetone oral	1	MO
methadone hcl oral solution	2	QL (900 per 30 days); NEDS	naproxen dr oral tablet delayed release 500 mg	1	MO
methadone hcl oral tablet	2	PA; QL (180 per 30 days); NEDS	naproxen oral suspension	1	MO
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	2	QL (180 per 30 days); NEDS	naproxen oral tablet	1	MO
morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml, 8 mg/ml	3				
morphine sulfate (pf) injection solution 10 mg/ml, 4 mg/ml, 5 mg/ml	2				

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<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>	3	MO
<i>oxycodone hcl oral capsule</i>	3	QL (180 per 30 days); NEDS
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	3	QL (180 per 30 days); NEDS
<i>oxycodone hcl oral solution</i>	3	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>	3	PA; QL (360 per 30 days); NEDS
<i>piroxicam oral</i>	2	MO
<i>probenecid oral</i>	2	MO
<i>salsalate oral</i>	1	MO
<i>sulindac oral</i>	1	MO
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour</i>	3	PA; QL (30 per 30 days); NEDS
<i>tramadol hcl er</i>	3	PA; QL (30 per 30 days); NEDS
<i>tramadol hcl oral tablet 50 mg</i>	1	QL (240 per 30 days); NEDS
<i>tramadol-acetaminophen</i>	2	QL (40 per 5 days); NEDS
<b>Antineoplastics</b>		
<i>abiraterone acetate oral tablet 250 mg</i>	4	PA; QL (120 per 30 days); S
<i>abiraterone acetate oral tablet 500 mg</i>	4	PA; QL (60 per 30 days); S

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
ADRIAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	1	B/D PA
AKEEGA	4	PA; QL (60 per 30 days); S
ALECENSA	4	PA; QL (240 per 30 days); LA; S
ALUNBRIG ORAL TABLET 180 MG	4	PA; QL (30 per 30 days); LA; S
ALUNBRIG ORAL TABLET 30 MG	4	PA; QL (180 per 30 days); LA; S
ALUNBRIG ORAL TABLET 90 MG	4	PA; QL (60 per 30 days); LA; S
ALUNBRIG ORAL TABLET THERAPY PACK	4	PA; QL (30 per 180 days); LA; S
<i>anastrozole oral</i>	1	QL (30 per 30 days); MO
AUGTYRO ORAL CAPSULE 160 MG	4	PA; QL (60 per 30 days); S
AUGTYRO ORAL CAPSULE 40 MG	4	PA; QL (240 per 30 days); S
AVASTIN	4	PA; LA; S
AYVAKIT	4	PA; QL (30 per 30 days); LA; S
<i>azacitidine</i>	4	PA; LA; S
BALVERSA ORAL TABLET 3 MG	4	PA; QL (90 per 30 days); LA; S
BALVERSA ORAL TABLET 4 MG	4	PA; QL (60 per 30 days); LA; S
BALVERSA ORAL TABLET 5 MG	4	PA; QL (30 per 30 days); LA; S
BAVENCIO	4	PA; LA; S
<i>bendamustine hcl intravenous solution</i>	4	B/D PA; S
BENDEKA	4	B/D PA; S
BESREMI	4	PA; LA; S
<i>bexarotene oral</i>	4	PA; QL (300 per 30 days); S

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>bicalutamide</i>	2	QL (30 per 30 days)	COMETRIQ (60 MG DAILY DOSE)	4	PA; QL (84 per 28 days); LA; S
<i>bleomycin sulfate</i>	1	B/D PA	COPIKTRA	4	PA; QL (60 per 30 days); LA; S
<i>bortezomib injection solution reconstituted 1 mg, 3.5 mg</i>	4	PA; S	COTELLIC	4	PA; QL (90 per 30 days); LA; S
<i>bortezomib injection solution reconstituted 2.5 mg</i>	3	PA	<i>cyclophosphamide intravenous solution 500 mg/2.5ml, 500 mg/ml</i>	4	S
BOSULIF ORAL CAPSULE 100 MG	4	PA; QL (180 per 30 days); LA; S	<i>cyclophosphamide oral capsule</i>	2	B/D PA
BOSULIF ORAL CAPSULE 50 MG	4	PA; QL (30 per 30 days); LA; S	CYRAMZA	4	PA; LA; S
BOSULIF ORAL TABLET 100 MG	4	PA; QL (120 per 30 days); S	DANZITEN	4	PA; QL (112 per 28 days); S
BOSULIF ORAL TABLET 400 MG, 500 MG	4	PA; QL (30 per 30 days); S	DARZALEX	4	PA; LA; S
BRAFTOVI ORAL CAPSULE 75 MG	4	PA; QL (180 per 30 days); LA; S	DARZALEX FASPRO	4	PA; S
BRUKINSA	4	PA; QL (120 per 30 days); LA; S	<i>dasatinib</i>	4	PA; QL (30 per 30 days); S
CABOMETYX	4	PA; QL (30 per 30 days); LA; S	DAURISMO ORAL TABLET 100 MG	4	PA; QL (30 per 30 days); LA; S
CALQUENCE	4	PA; QL (60 per 30 days); LA; S	DAURISMO ORAL TABLET 25 MG	4	PA; QL (60 per 30 days); LA; S
CAPRELSA ORAL TABLET 100 MG	4	PA; QL (90 per 30 days); LA; S	<i>decitabine</i>	4	S
CAPRELSA ORAL TABLET 300 MG	4	PA; QL (30 per 30 days); LA; S	<i>doxorubicin hcl intravenous solution</i>	3	B/D PA
<i>carboplatin intravenous solution</i>	1	B/D PA	<i>doxorubicin hcl intravenous solution reconstituted</i>	1	B/D PA
<i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml</i>	1	B/D PA	<i>doxorubicin hcl liposomal</i>	4	PA; S
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	4	PA; QL (56 per 28 days); LA; S	ELITEK	4	PA; S
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	4	PA; QL (112 per 28 days); LA; S	EMPLICITI	4	PA; LA; S
			ENHERTU	4	PA; S
			ERBITUX	4	PA; S
			ERIVEDGE	4	PA; QL (30 per 30 days); LA; S
			ERLEADA ORAL TABLET 240 MG	4	PA; QL (30 per 30 days); LA; S

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ERLEADA ORAL TABLET 60 MG	4	PA; QL (120 per 30 days); LA; S
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	4	PA; QL (30 per 30 days); S
<i>erlotinib hcl oral tablet 25 mg</i>	4	PA; QL (90 per 30 days); S
<i>etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i>	1	B/D PA
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	4	PA; S
<i>everolimus oral tablet soluble</i>	4	PA; S
<i>exemestane</i>	3	QL (60 per 30 days); MO
EXKIVITY	4	PA; QL (120 per 30 days); LA; S
FIRMAGON (240 MG DOSE)	4	PA; S
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	2	PA
<i>fluorouracil intravenous</i>	1	B/D PA
FOTIVDA	4	PA; QL (21 per 28 days); S
FRUZAQLA ORAL CAPSULE 1 MG	4	PA; QL (84 per 28 days); LA; S
FRUZAQLA ORAL CAPSULE 5 MG	4	PA; QL (21 per 28 days); LA; S
<i>fulvestrant intramuscular solution prefilled syringe</i>	3	PA
GAVRETO	4	PA; QL (120 per 30 days); LA; S
GAZYVA	4	PA; LA; S
<i>gefitinib</i>	4	PA; QL (60 per 30 days); S
<i>gemcitabine hcl intravenous solution 1</i>	3	B/D PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>gm/10ml, 2 gm/20ml, 2 gm/52.6ml, 200 mg/2ml</i>		
<i>gemcitabine hcl intravenous solution 1 gm/26.3ml, 200 mg/5.26ml</i>	1	B/D PA
<i>gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm</i>	1	B/D PA
<i>gemcitabine hcl intravenous solution reconstituted 200 mg</i>	3	B/D PA
GILOTRIF	4	PA; QL (30 per 30 days); LA; S
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	3	PA
GLEOSTINE ORAL CAPSULE 100 MG	4	PA; S
HERCEPTIN HYLECTA	4	B/D PA; S
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	4	B/D PA; S
<i>hydroxyurea oral</i>	1	
IBRANCE	4	PA; QL (21 per 28 days); LA; S
ICLUSIG	4	PA; QL (30 per 30 days); LA; S
IDHIFA ORAL TABLET 100 MG	4	PA; QL (30 per 30 days); LA; S
IDHIFA ORAL TABLET 50 MG	4	PA; QL (60 per 30 days); LA; S
<i>imatinib mesylate oral tablet 100 mg</i>	4	PA; QL (90 per 30 days); S
<i>imatinib mesylate oral tablet 400 mg</i>	4	PA; QL (60 per 30 days); S
IMBRUVICA ORAL CAPSULE 140 MG	4	PA; QL (90 per 30 days); LA; S
IMBRUVICA ORAL CAPSULE 70 MG	4	PA; QL (30 per 30 days); LA; S
IMBRUVICA ORAL SUSPENSION	4	PA; QL (216 per 27 days); LA; S

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
IMBRUVICA ORAL TABLET 140 MG	4	PA; QL (90 per 30 days); LA; S	KISQALI (200 MG DOSE)	4	PA; QL (21 per 28 days); S
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG	4	PA; QL (30 per 30 days); LA; S	KISQALI (400 MG DOSE)	4	PA; QL (42 per 28 days); S
IMFINZI	4	PA; LA; S	KISQALI (600 MG DOSE)	4	PA; QL (63 per 28 days); S
<i>imkeldi</i>	4	PA; QL (280 per 28 days); S	KISQALI FEMARA (200 MG DOSE)	4	PA; QL (49 per 28 days); S
INLYTA ORAL TABLET 1 MG	4	PA; QL (180 per 30 days); LA; S	KISQALI FEMARA (400 MG DOSE)	4	PA; QL (70 per 28 days); S
INLYTA ORAL TABLET 5 MG	4	PA; QL (120 per 30 days); LA; S	KISQALI FEMARA (600 MG DOSE)	4	PA; QL (91 per 28 days); S
INQOVI	4	PA; QL (5 per 28 days); LA; S	KRAZATI	4	PA; QL (180 per 30 days); S
INREBIC	4	PA; QL (120 per 30 days); LA; S	KYPROLIS	4	PA; LA; S
<i>irinotecan hcl intravenous solution 100 mg/5ml</i>	3		<i>lapatinib ditosylate</i>	4	PA; QL (180 per 30 days); S
<i>irinotecan hcl intravenous solution 300 mg/15ml, 40 mg/2ml</i>	1		LAZCLUZE ORAL TABLET 240 MG	4	PA; QL (30 per 30 days); S
<i>irinotecan hcl intravenous solution 500 mg/25ml</i>	1	B/D PA	LAZCLUZE ORAL TABLET 80 MG	4	PA; QL (60 per 30 days); S
ITOVEBI ORAL TABLET 3 MG	4	PA; QL (56 per 28 days); S	<i>lenalidomide oral capsule 10 mg</i>	4	PA; QL (60 per 30 days); LA; S
ITOVEBI ORAL TABLET 9 MG	4	PA; QL (28 per 28 days); S	<i>lenalidomide oral capsule 15 mg, 2.5 mg, 20 mg, 25 mg</i>	4	PA; QL (30 per 30 days); LA; S
IWILFIN	4	PA; QL (240 per 30 days); S	<i>lenalidomide oral capsule 5 mg</i>	4	PA; QL (150 per 30 days); LA; S
JAKAFI	4	PA; QL (60 per 30 days); LA; S	LENVIMA (10 MG DAILY DOSE)	4	PA; QL (30 per 30 days); LA; S
JAYPIRCA ORAL TABLET 100 MG	4	PA; QL (60 per 30 days); S	LENVIMA (12 MG DAILY DOSE)	4	PA; QL (90 per 30 days); LA; S
JAYPIRCA ORAL TABLET 50 MG	4	PA; QL (30 per 30 days); S	LENVIMA (14 MG DAILY DOSE)	4	PA; QL (60 per 30 days); LA; S
JEVTANA	4	PA; S	LENVIMA (18 MG DAILY DOSE)	4	PA; QL (90 per 30 days); LA; S
KADCYLA	4	PA; S	LENVIMA (20 MG DAILY DOSE)	4	PA; QL (60 per 30 days); LA; S
KEYTRUDA INTRAVENOUS SOLUTION	4	PA; S	LENVIMA (24 MG DAILY DOSE)	4	PA; QL (90 per 30 days); LA; S

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
LENVIMA (4 MG DAILY DOSE)	4	PA; QL (30 per 30 days); LA; S
LENVIMA (8 MG DAILY DOSE)	4	PA; QL (60 per 30 days); LA; S
<i>letrozole oral</i>	1	QL (30 per 30 days); MO
<i>leucovorin calcium injection solution 100 mg/10ml</i>	1	
<i>leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 500 mg</i>	1	B/D PA
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 5 mg</i>	2	
<i>leucovorin calcium oral tablet 25 mg</i>	3	
<i>leuprolide acetate (3 month)</i>	3	PA
<i>leuprolide acetate injection</i>	3	PA
LONSURF	4	PA; S
LORBRENA ORAL TABLET 100 MG	4	PA; QL (30 per 30 days); LA; S
LORBRENA ORAL TABLET 25 MG	4	PA; QL (90 per 30 days); LA; S
LUMAKRAS ORAL TABLET 120 MG	4	PA; QL (240 per 30 days); LA; S
LUMAKRAS ORAL TABLET 240 MG	4	PA; QL (120 per 30 days); S
LUMAKRAS ORAL TABLET 320 MG	4	PA; QL (90 per 30 days); S
LUPRON DEPOT (1-MONTH)	4	PA; QL (1 per 28 days); S
LUPRON DEPOT (3-MONTH)	4	PA; QL (1 per 84 days); S
LUPRON DEPOT (4-MONTH)	4	PA; QL (1 per 112 days); S
LUPRON DEPOT (6-MONTH)	4	PA; QL (1 per 168 days); S

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
LYNPARZA ORAL TABLET	4	PA; QL (120 per 30 days); LA; S
LYSODREN	4	S
LYTGOBI (12 MG DAILY DOSE)	4	PA; S
LYTGOBI (16 MG DAILY DOSE)	4	PA; S
LYTGOBI (20 MG DAILY DOSE)	4	PA; S
MATULANE	4	LA; S
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>	2	PA
<i>megestrol acetate oral tablet</i>	2	PA
MEKINIST ORAL SOLUTION RECONSTITUTED	4	PA; QL (1200 per 30 days); S
MEKINIST ORAL TABLET 0.5 MG	4	PA; QL (90 per 30 days); LA; S
MEKINIST ORAL TABLET 2 MG	4	PA; QL (30 per 30 days); LA; S
MEKTOVI	4	PA; QL (180 per 30 days); LA; S
<i>mercaptopurine oral</i>	2	
<i>mesna intravenous</i>	1	
<i>mesna oral</i>	4	S
MESNEX ORAL	4	S
<i>mitomycin intravenous solution reconstituted 5 mg</i>	1	B/D PA
MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 5 MG	1	B/D PA
MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	4	B/D PA; S

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
NERLYNX	4	PA; QL (180 per 30 days); LA; S
<i>nilutamide</i>	4	QL (30 per 30 days); S
NINLARO	4	PA; QL (3 per 28 days); S
NUBEQA	4	PA; QL (120 per 30 days); LA; S
ODOMZO	4	PA; QL (30 per 30 days); LA; S
OGSIVEO ORAL TABLET 100 MG, 150 MG	4	PA; QL (60 per 30 days); S
OGSIVEO ORAL TABLET 50 MG	4	PA; QL (180 per 30 days); S
OJEMDA ORAL SUSPENSION RECONSTITUTED	4	PA; QL (96 per 28 days); S
OJEMDA ORAL TABLET	4	PA; QL (24 per 28 days); S
OJJAARA	4	PA; QL (30 per 30 days); LA; S
ONUREG	4	PA; QL (14 per 28 days); LA; S
OPDIVO	4	PA; LA; S
ORGOVYX	4	PA; QL (30 per 28 days); LA; S
ORSERDU ORAL TABLET 345 MG	4	PA; QL (30 per 30 days); S
ORSERDU ORAL TABLET 86 MG	4	PA; QL (90 per 30 days); S
<i>oxaliplatin intravenous solution</i>	1	B/D PA
<i>oxaliplatin intravenous solution reconstituted</i>	4	B/D PA; S
<i>paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml</i>	1	B/D PA
<i>paclitaxel protein-bound part</i>	4	PA; S

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/100ML	1	B/D PA
<i>pazopanib hcl</i>	4	PA; QL (120 per 30 days); S
PEMAZYRE	4	PA; QL (30 per 30 days); LA; S
PERJETA	4	PA; S
PHESGO	4	PA; S
PIQRAY (200 MG DAILY DOSE)	4	PA; QL (28 per 28 days); S
PIQRAY (250 MG DAILY DOSE)	4	PA; QL (56 per 28 days); S
PIQRAY (300 MG DAILY DOSE)	4	PA; QL (56 per 28 days); S
POMALYST	4	PA; QL (21 per 28 days); LA; S
POTELIGEO	4	B/D PA; LA; S
PURIXAN	4	PA; S
QINLOCK	4	PA; QL (90 per 30 days); S
RETEVMO ORAL CAPSULE 40 MG	4	PA; QL (180 per 30 days); S
RETEVMO ORAL CAPSULE 80 MG	4	PA; QL (120 per 30 days); S
RETEVMO ORAL TABLET 120 MG, 160 MG	4	PA; QL (60 per 30 days); S
RETEVMO ORAL TABLET 40 MG	4	PA; QL (180 per 30 days); S
RETEVMO ORAL TABLET 80 MG	4	PA; QL (120 per 30 days); S
REVUFORJ ORAL TABLET 110 MG	4	PA; QL (120 per 30 days); S
REVUFORJ ORAL TABLET 160 MG	4	PA; QL (60 per 30 days); S
REZLIDHIA	4	PA; QL (60 per 30 days); LA; S
RIABNI	4	B/D PA; S
RITUXAN HYCELA	4	B/D PA; LA; S

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
RITUXAN INTRAVENOUS SOLUTION	4	B/D PA; LA; S	TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	4	PA; QL (30 per 30 days); S
<i>romidepsin intravenous solution reconstituted</i>	4	S	TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	4	PA; QL (30 per 30 days); LA; S
ROZLYTREK ORAL CAPSULE 100 MG	4	PA; QL (150 per 30 days); LA; S	<i>tamoxifen citrate oral</i>	1	MO
ROZLYTREK ORAL CAPSULE 200 MG	4	PA; QL (90 per 30 days); LA; S	TASIGNA	4	PA; QL (112 per 28 days); S
ROZLYTREK ORAL PACKET	4	PA; QL (360 per 30 days); LA; S	TAZVERIK	4	PA; QL (240 per 30 days); LA; S
RUBRACA	4	PA; QL (120 per 30 days); LA; S	TECENTRIQ	4	PA; LA; S
RYBREVANT	4	PA; S	TECENTRIQ HYBREZA	4	PA; S
RYDAPT	4	PA; QL (240 per 30 days); S	TECVAYLI	4	PA; S
RYLAZE	4	PA; S	TEPMETKO	4	PA; QL (60 per 30 days); LA; S
SARCLISA	4	PA; S	THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PA; QL (30 per 30 days); S
SCSEMBLIX ORAL TABLET 100 MG	4	PA; QL (120 per 30 days); S	THALOMID ORAL CAPSULE 150 MG, 200 MG	4	PA; QL (60 per 30 days); S
SCSEMBLIX ORAL TABLET 20 MG	4	PA; QL (60 per 30 days); S	TIBSOVO	4	PA; QL (60 per 30 days); LA; S
SCSEMBLIX ORAL TABLET 40 MG	4	PA; QL (300 per 30 days); S	TICE BCG	2	B/D PA
SOLTAMOX	4	MO; S	<i>toremifene citrate</i>	3	QL (30 per 30 days)
<i>sorafenib tosylate</i>	4	PA; QL (120 per 30 days); S	<i>tretinoin oral</i>	4	S
STIVARGA	4	PA; QL (84 per 28 days); LA; S	TRODELVY	4	PA; S
<i>sunitinib malate</i>	4	PA; QL (30 per 30 days); S	TRUQAP	4	PA; QL (64 per 28 days); S
TABRECTA	4	PA; QL (120 per 30 days); S	TUKYSA	4	PA; QL (120 per 30 days); LA; S
TAFINLAR ORAL CAPSULE	4	PA; QL (120 per 30 days); LA; S	TURALIO ORAL CAPSULE 125 MG	4	PA; QL (120 per 30 days); LA; S
TAFINLAR ORAL TABLET SOLUBLE	4	PA; QL (900 per 30 days); S	VANFLYTA	4	PA; QL (56 per 28 days); S
TAGRISSO	4	PA; QL (30 per 30 days); LA; S	VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	4	PA; S
			VENCLEXTA ORAL TABLET 10 MG	2	PA; QL (60 per 30 days); LA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VENCLEXTA ORAL TABLET 100 MG	4	PA; QL (180 per 30 days); LA; S	XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	4	PA; QL (8 per 28 days); LA; S
VENCLEXTA ORAL TABLET 50 MG	4	PA; QL (30 per 30 days); LA; S	XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	4	PA; QL (4 per 28 days); LA; S
VENCLEXTA STARTING PACK	4	PA; LA; S	XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	4	PA; QL (8 per 28 days); LA; S
VERZENIO	4	PA; QL (56 per 28 days); LA; S	XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	4	PA; QL (4 per 28 days); LA; S
<i>vinblastine sulfate intravenous solution</i>	1	B/D PA	XPOVIO (60 MG TWICE WEEKLY)	4	PA; QL (24 per 28 days); LA; S
<i>vincristine sulfate intravenous</i>	1	B/D PA	XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	4	PA; QL (8 per 28 days); LA; S
<i>vinorelbine tartrate</i>	1	B/D PA	XPOVIO (80 MG TWICE WEEKLY)	4	PA; QL (32 per 28 days); LA; S
VITRAKVI ORAL CAPSULE 100 MG	4	PA; QL (60 per 30 days); LA; S	XTANDI ORAL CAPSULE	4	PA; QL (120 per 30 days); LA; S
VITRAKVI ORAL CAPSULE 25 MG	4	PA; QL (180 per 30 days); LA; S	XTANDI ORAL TABLET 40 MG	4	PA; QL (120 per 30 days); S
VITRAKVI ORAL SOLUTION	4	PA; QL (300 per 30 days); LA; S	XTANDI ORAL TABLET 80 MG	4	PA; QL (60 per 30 days); S
VIZIMPRO	4	PA; QL (30 per 30 days); LA; S	YERVOY	4	PA; S
VONJO	4	PA; QL (120 per 30 days); LA; S	ZEJULA ORAL TABLET 100 MG	4	PA; QL (90 per 30 days); S
VORANIGO ORAL TABLET 10 MG	4	PA; QL (60 per 30 days); S	ZEJULA ORAL TABLET 200 MG, 300 MG	4	PA; QL (30 per 30 days); S
VORANIGO ORAL TABLET 40 MG	4	PA; QL (30 per 30 days); S	ZELBORAF	4	PA; QL (240 per 30 days); LA; S
WELIREG	4	PA; QL (90 per 30 days); LA; S	ZEPZELCA	4	PA; S
XALKORI ORAL CAPSULE	4	PA; QL (120 per 30 days); LA; S	ZOLINZA	4	PA; QL (120 per 30 days); S
XALKORI ORAL CAPSULE SPRINKLE 150 MG	4	PA; QL (180 per 30 days); LA; S	ZYDELIG	4	PA; QL (60 per 30 days); LA; S
XALKORI ORAL CAPSULE SPRINKLE 20 MG	4	PA; QL (240 per 30 days); LA; S	ZYKADIA ORAL TABLET	4	PA; QL (90 per 30 days); LA; S
XALKORI ORAL CAPSULE SPRINKLE 50 MG	4	PA; QL (120 per 30 days); LA; S			
XOSPATA	4	PA; QL (90 per 30 days); LA; S			
			<b>Blood Products And Modifiers</b>		

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>anagrelide hcl</i>	2	MO
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 40 MCG/ML	3	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 60 MCG/ML	2	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML	2	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	4	PA; S
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 60 MCG/0.3ML	3	PA
<i>aspirin-dipyridamole er</i>	2	ST; QL (60 per 30 days); MO
BRILINTA	2	QL (60 per 30 days); MO
<i>cilostazol</i>	1	MO
CINRYZE	4	PA; LA; S
<i>clopidogrel bisulfate oral tablet 300 mg</i>	1	QL (1 per 30 days)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	QL (30 per 30 days); MO
<i>dabigatran etexilate mesylate</i>	3	QL (60 per 30 days); MO
<i>dipyridamole oral</i>	2	PA; MO
DROXIA	2	MO
ELIQUIS	2	QL (60 per 30 days); MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	2	QL (74 per 180 days)
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	1	QL (168 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	3	QL (56 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	3	QL (44.8 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	3	QL (16.8 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	3	QL (22.4 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	3	QL (33.6 per 28 days)
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	4	QL (24 per 30 days); S
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	3	QL (15 per 30 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	4	QL (12 per 30 days); S
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	4	QL (18 per 30 days); S

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FULPHILA	4	PA; QL (1.2 per 28 days); S	NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	3	PA
GRANIX	4	PA; S	<i>pentoxifylline er</i>	1	MO
<i>heparin (porcine) in nacl intravenous solution 12500-0.45 ut/250ml-%, 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%</i>	2	B/D PA	<i>plerixafor</i>	3	PA
<i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%</i>	1		<i>prasugrel hcl</i>	2	QL (30 per 30 days); MO
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	2	B/D PA	PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml</i>	2	B/D PA	PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	4	PA; S
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	4	PA; S	PROMACTA ORAL PACKET 12.5 MG	4	PA; QL (360 per 30 days); LA; S
<i>jantoven</i>	1	MO	PROMACTA ORAL PACKET 25 MG	4	PA; QL (180 per 30 days); LA; S
<i>l-glutamine oral packet</i>	4	PA; S	PROMACTA ORAL TABLET 12.5 MG, 25 MG	4	PA; QL (30 per 30 days); LA; S
LEUKINE INJECTION SOLUTION RECONSTITUTED	4	PA; S	PROMACTA ORAL TABLET 50 MG	4	PA; QL (90 per 30 days); LA; S
NEULASTA ONPRO	4	PA; QL (1.2 per 28 days); S	PROMACTA ORAL TABLET 75 MG	4	PA; QL (60 per 30 days); LA; S
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (1.2 per 28 days); S	SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; S
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	4	PA; S	<i>tranexamic acid intravenous solution 1000 mg/10ml</i>	1	
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	4	PA; S	<i>tranexamic acid oral</i>	2	
NIVESTYM INJECTION SOLUTION	4	PA; S	UDENYCA	4	PA; QL (1.2 per 28 days); S
			<i>warfarin sodium oral</i>	1	MO
			XARELTO ORAL SUSPENSION RECONSTITUTED	2	QL (600 per 30 days); MO
			XARELTO ORAL TABLET 10 MG, 20 MG	2	QL (30 per 30 days); MO
			XARELTO ORAL TABLET 15 MG, 2.5 MG	2	QL (60 per 30 days); MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
XARELTO STARTER PACK	2	
ZARXIO	4	PA; S
ZIEXTENZO	4	PA; QL (1.2 per 28 days); S
<b>Cardiovascular Agents</b>		
<i>acebutolol hcl oral</i>	1	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>	1	B/D PA
<i>amiodarone hcl oral</i>	1	MO
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg</i>	1	QL (30 per 30 days); MO
<i>amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-10 mg, 5-20 mg</i>	1	QL (60 per 30 days); MO
<i>amlodipine besylate oral</i>	1	MO
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg</i>	1	QL (30 per 30 days); MO
<i>amlodipine besylate-valsartan oral tablet 5-160 mg</i>	1	QL (60 per 30 days); MO
<i>amlodipine-atorvastatin</i>	2	QL (30 per 30 days); MO
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-40 mg</i>	1	QL (30 per 30 days); MO
<i>amlodipine-olmesartan oral tablet 5-20 mg</i>	1	QL (60 per 30 days); MO
<i>amlodipine-valsartan-hctz oral tablet 10-160-</i>	2	QL (30 per 30 days); MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg</i>		
<i>amlodipine-valsartan-hctz oral tablet 5-160-12.5 mg</i>	2	QL (60 per 30 days); MO
<i>atenolol oral</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
<i>atorvastatin calcium oral</i>	1	QL (30 per 30 days); MO
<i>benazepril hcl oral</i>	1	MO
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 5-6.25 mg</i>	1	QL (60 per 30 days); MO
<i>benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	1	QL (30 per 30 days); MO
<i>betaxolol hcl oral</i>	1	MO
<i>bisoprolol fumarate oral</i>	1	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
<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>	2	QL (120 per 30 days); MO
<i>captopril oral tablet 12.5 mg, 25 mg, 50 mg</i>	2	QL (180 per 30 days); MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
captopril-hydrochlorothiazide	1	QL (60 per 30 days); MO
CARTIA XT	1	MO
carvedilol	1	MO
chlorthalidone oral tablet 25 mg, 50 mg	1	MO
cholestyramine light	1	MO
cholestyramine oral	1	MO
clonidine hcl oral	1	MO
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr	3	QL (12 per 28 days); MO
clonidine transdermal patch weekly 0.3 mg/24hr	3	QL (4 per 28 days); MO
colesevelam hcl	3	MO
colestipol hcl	2	MO
CORLANOR ORAL SOLUTION	3	PA; QL (560 per 28 days); MO
digox oral tablet 125 mcg	2	QL (30 per 30 days); MO
digox oral tablet 250 mcg	2	PA; QL (60 per 30 days); MO
digoxin oral solution	3	MO
digoxin oral tablet 125 mcg	2	QL (30 per 30 days); MO
digoxin oral tablet 250 mcg	2	PA; QL (60 per 30 days); MO
digoxin oral tablet 62.5 mcg	3	QL (30 per 30 days); MO
dilt-xr	1	MO
diltiazem hcl er beads	1	MO
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	MO
diltiazem hcl er oral capsule extended release 12 hour	2	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	MO
diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg	1	MO
diltiazem hcl er oral tablet extended release 24 hour 420 mg	3	MO
diltiazem hcl intravenous solution	1	
diltiazem hcl intravenous solution reconstituted	2	
diltiazem hcl oral	1	MO
disopyramide phosphate oral	3	PA; MO
dofetilide	3	
doxazosin mesylate oral	1	MO
droxidopa oral capsule 100 mg	3	PA; QL (90 per 30 days)
droxidopa oral capsule 200 mg, 300 mg	4	PA; QL (180 per 30 days); S
enalapril maleate oral tablet	1	MO
enalapril-hydrochlorothiazide oral tablet 10-25 mg	1	QL (60 per 30 days); MO
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	1	QL (120 per 30 days); MO
ENTRESTO ORAL CAPSULE SPRINKLE	2	QL (240 per 30 days); MO
ENTRESTO ORAL TABLET 24-26 MG	2	QL (180 per 30 days); MO
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	2	QL (60 per 30 days); MO
epplerenone	2	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ezetimibe	2	QL (30 per 30 days); MO
ezetimibe-simvastatin	2	PA; QL (30 per 30 days); MO
felodipine er	1	MO
fenofibrate micronized oral capsule 130 mg, 200 mg, 43 mg, 67 mg	2	MO
fenofibrate micronized oral capsule 134 mg	1	MO
fenofibrate oral capsule 134 mg	1	MO
fenofibrate oral capsule 200 mg, 67 mg	2	MO
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	MO
fenofibric acid oral capsule delayed release	2	MO
flecainide acetate	1	MO
fluvastatin sodium	3	QL (60 per 30 days); MO
fluvastatin sodium er	3	QL (30 per 30 days); MO
fosinopril sodium	1	MO
fosinopril sodium-hctz oral tablet 10-12.5 mg	1	QL (60 per 30 days); MO
fosinopril sodium-hctz oral tablet 20-12.5 mg	1	QL (120 per 30 days); MO
furosemide injection	2	
furosemide oral solution 10 mg/ml, 8 mg/ml	1	MO
furosemide oral tablet	1	MO
gemfibrozil oral	1	MO
guanfacine hcl oral	1	PA; MO
hydralazine hcl injection	1	
hydralazine hcl oral	1	MO
hydrochlorothiazide oral	1	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
icosapent ethyl	2	MO
indapamide oral	1	MO
irbesartan	1	QL (30 per 30 days); MO
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg	1	QL (60 per 30 days); MO
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg	1	QL (30 per 30 days); MO
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	2	QL (180 per 30 days); MO
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	2	MO
isosorbide mononitrate	1	MO
isosorbide mononitrate er	1	MO
isradipine	2	MO
ivabradine hcl	3	PA; QL (60 per 30 days); MO
labetalol hcl intravenous solution	1	
labetalol hcl oral	1	MO
lisinopril oral	1	MO
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg	1	QL (30 per 30 days); MO
lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg	1	QL (120 per 30 days); MO
lisinopril-hydrochlorothiazide oral tablet 20-25 mg	1	QL (60 per 30 days); MO
losartan potassium oral tablet 100 mg	1	QL (30 per 30 days); MO
losartan potassium oral tablet 25 mg, 50 mg	1	QL (60 per 30 days); MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg	1	QL (30 per 30 days); MO
losartan potassium-hctz oral tablet 50-12.5 mg	1	QL (60 per 30 days); MO
lovastatin oral	1	QL (60 per 30 days); MO
MATZIM LA	3	MO
methyldopa oral tablet 500 mg	1	PA
metolazone	2	MO
metoprolol succinate er	1	MO
metoprolol tartrate intravenous solution 5 mg/5ml	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	MO
metoprolol tartrate oral tablet 37.5 mg, 75 mg	1	MO
metoprolol-hydrochlorothiazide	2	MO
metyrosine	4	S
mexiletine hcl oral	2	MO
midodrine hcl	2	
minoxidil oral	1	MO
moexipril hcl	1	MO
MULTAQ	2	QL (60 per 30 days); MO
nadolol oral tablet 20 mg, 40 mg, 80 mg	2	MO
nebivolol hcl	3	MO
niacin (antihyperlipidemic)	2	
niacin er (antihyperlipidemic)	3	MO
niacor	2	
nicardipine hcl intravenous	1	

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pitavastatin calcium</i>	3	QL (30 per 30 days); MO	<i>telmisartan oral tablet 80 mg</i>	1	QL (60 per 30 days); MO
<i>pravastatin sodium</i>	1	QL (30 per 30 days); MO	<i>telmisartan-amlodipine</i>	2	QL (30 per 30 days); MO
<i>prazosin hcl oral</i>	1	MO	<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg</i>	2	QL (60 per 30 days); MO
<i>prevalite</i>	2	MO	<i>telmisartan-hctz oral tablet 80-25 mg</i>	2	QL (30 per 30 days); MO
<i>propafenone hcl</i>	2	MO	<i>terazosin hcl oral</i>	1	MO
<i>propafenone hcl er</i>	3	MO	TIADYL ER	1	MO
<i>propranolol hcl er</i>	2	MO	<i>timolol maleate oral</i>	1	MO
<i>propranolol hcl intravenous</i>	1		<i>toremide oral</i>	1	MO
<i>propranolol hcl oral</i>	1	MO	<i>trandolapril</i>	1	MO
<i>quinapril hcl</i>	1	MO	<i>trandolapril-verapamil hcl er</i>	3	QL (30 per 30 days); MO
<i>quinapril-hydrochlorothiazide</i>	1	QL (60 per 30 days); MO	<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	MO
<i>quinidine sulfate oral</i>	1	MO	<i>triamterene-hctz oral tablet</i>	1	MO
<i>ramipril</i>	1	MO	<i>valsartan oral tablet 160 mg</i>	1	QL (60 per 30 days); MO
<i>ranolazine er</i>	2	PA; QL (60 per 30 days); MO	<i>valsartan oral tablet 320 mg</i>	1	QL (30 per 30 days); MO
REPATHA	2	PA; QL (3 per 28 days)	<i>valsartan oral tablet 40 mg, 80 mg</i>	1	QL (90 per 30 days); MO
REPATHA PUSHTRONEX SYSTEM	2	PA; QL (3.5 per 28 days)	<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg</i>	1	QL (60 per 30 days); MO
REPATHA SURECLICK	2	PA; QL (3 per 28 days)	<i>valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg</i>	1	QL (30 per 30 days); MO
<i>rosuvastatin calcium oral</i>	1	QL (30 per 30 days); MO	VASCEPA	2	MO
<i>simvastatin oral tablet</i>	1	QL (30 per 30 days); MO	VECAMYL	3	MO
<i>sotalol hcl (af)</i>	1	MO	<i>verapamil hcl er oral capsule extended release 24 hour 100 mg,</i>	1	MO
<i>sotalol hcl oral</i>	1	MO			
<i>spironolactone oral tablet 100 mg, 50 mg</i>	1	MO			
<i>spironolactone oral tablet 25 mg</i>	1	MO			
<i>spironolactone-hctz</i>	1	MO			
<i>telmisartan oral tablet 20 mg, 40 mg</i>	1	QL (30 per 30 days); MO			

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
120 mg, 200 mg, 240 mg, 300 mg		
verapamil hcl er oral capsule extended release 24 hour 180 mg, 360 mg	2	MO
verapamil hcl er oral tablet extended release	1	MO
verapamil hcl intravenous	1	
verapamil hcl oral	1	MO
VERQUVO	3	PA; MO
<b>Central Nervous System Agents</b>		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	4	QL (2.4 per 56 days); S
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	4	QL (3.2 per 56 days); S
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	4	QL (1 per 28 days); MO; S
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	4	QL (1 per 28 days); MO; S
acamprosate calcium	3	MO
AIMOVI G SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA; QL (1 per 28 days); MO
AIMOVI G SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	2	PA; QL (2 per 28 days); MO
almotriptan malate	3	QL (9 per 30 days)
alprazolam er	2	QL (90 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
alprazolam oral tablet	1	QL (120 per 30 days)
alprazolam oral tablet dispersible	3	QL (120 per 30 days)
alprazolam xr	2	QL (90 per 30 days)
amantadine hcl oral capsule	2	MO
amantadine hcl oral solution	1	MO
amantadine hcl oral tablet	2	MO
amitriptyline hcl oral	2	MO
amoxapine	2	PA; MO
amphetamine-dextroamphetamine er	3	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	4	PA; QL (60 per 30 days); S
APTIOM	4	ST; MO; S
aripiprazole oral solution	3	QL (900 per 30 days); MO
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg	3	MO
aripiprazole oral tablet 20 mg, 30 mg	3	QL (30 per 30 days); MO
aripiprazole oral tablet dispersible 10 mg	3	QL (90 per 30 days); MO
aripiprazole oral tablet dispersible 15 mg	3	QL (60 per 30 days); MO
ARISTADA INITIO	4	QL (4.8 per 365 days); S

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	4	QL (3.9 per 60 days); MO; S
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	4	QL (1.6 per 28 days); MO; S
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	4	QL (2.4 per 28 days); MO; S
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	4	QL (3.2 per 28 days); MO; S
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	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>	3	QL (60 per 30 days); MO
<i>asenapine maleate sublingual tablet sublingual 2.5 mg</i>	1	QL (240 per 30 days); MO
<i>asenapine maleate sublingual tablet sublingual 5 mg</i>	1	QL (120 per 30 days); MO
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	3	QL (60 per 30 days); MO
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	3	QL (30 per 30 days); MO
AUVELITY	4	PA; QL (60 per 30 days); MO; S
AVONEX PEN INTRAMUSCULAR AUTO- INJECTOR KIT	4	PA; QL (4 per 28 days); S
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	4	PA; QL (4 per 28 days); S

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BAC	1	PA; QL (180 per 30 days)
<i>baclofen oral tablet 10 mg, 15 mg, 5 mg</i>	1	QL (90 per 30 days)
<i>baclofen oral tablet 20 mg</i>	1	QL (120 per 30 days)
<i>benztropine mesylate injection</i>	1	PA
<i>benztropine mesylate oral</i>	1	PA; MO
BETASERON SUBCUTANEOUS KIT	4	PA; QL (15 per 30 days); S
BOTOX	3	PA
BRIVIACT INTRAVENOUS	3	
BRIVIACT ORAL SOLUTION	4	QL (600 per 30 days); MO; S
BRIVIACT ORAL TABLET	4	QL (60 per 30 days); MO; S
<i>bromocriptine mesylate oral</i>	3	MO
<i>buprenorphine hcl injection</i>	1	
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	1	QL (240 per 30 days); NEDS
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	1	QL (60 per 30 days); NEDS
<i>buprenorphine hcl- naloxone hcl sublingual film 12-3 mg</i>	3	QL (60 per 30 days); NEDS
<i>buprenorphine hcl- naloxone hcl sublingual film 2-0.5 mg</i>	3	QL (480 per 30 days); NEDS
<i>buprenorphine hcl- naloxone hcl sublingual film 4-1 mg</i>	3	QL (240 per 30 days); NEDS
<i>buprenorphine hcl- naloxone hcl sublingual film 8-2 mg</i>	3	QL (120 per 30 days); NEDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	1	QL (480 per 30 days); NEDS
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	1	QL (120 per 30 days); NEDS
<i>bupropion hcl er (smoking det)</i>	1	QL (60 per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	1	QL (120 per 30 days); MO
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	1	QL (60 per 30 days); MO
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	1	QL (90 per 30 days); MO
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	1	QL (30 per 30 days); MO
<i>bupropion hcl oral tablet 100 mg</i>	1	QL (135 per 30 days); MO
<i>bupropion hcl oral tablet 75 mg</i>	1	QL (180 per 30 days); MO
<i>bupirone hcl oral</i>	1	
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	3	PA; QL (180 per 30 days)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	PA; QL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	2	PA; QL (180 per 30 days)
CAPLYTA	4	QL (30 per 30 days); MO; S
<i>carbamazepine er</i>	3	MO
<i>carbamazepine oral suspension</i>	3	MO
<i>carbamazepine oral tablet</i>	1	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>carbamazepine oral tablet chewable</i>	1	MO
<i>carbidopa oral</i>	3	MO
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	MO
<i>carbidopa-levodopa oral tablet</i>	1	MO
<i>carbidopa-levodopa oral tablet dispersible</i>	2	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>	3	MO
<i>carisoprodol oral tablet 350 mg</i>	2	
<i>chlordiazepoxide hcl</i>	1	QL (120 per 30 days)
<i>chlordiazepoxide-amitriptyline</i>	3	PA; MO
<i>chlorpromazine hcl injection</i>	2	
<i>chlorpromazine hcl oral</i>	3	MO
<i>chlorzoxazone oral tablet 500 mg</i>	3	PA
<i>citalopram hydrobromide oral solution</i>	3	QL (600 per 30 days); MO
<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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clobazam oral suspension</i>	3	PA; QL (480 per 30 days); MO	<i>clozapine oral tablet dispersible 150 mg</i>	3	QL (180 per 30 days)
<i>clobazam oral tablet 10 mg</i>	3	PA; QL (120 per 30 days); MO	<i>clozapine oral tablet dispersible 200 mg</i>	4	QL (120 per 30 days); S
<i>clobazam oral tablet 20 mg</i>	3	PA; QL (60 per 30 days); MO	<i>clozapine oral tablet dispersible 25 mg</i>	2	QL (1080 per 30 days)
<i>clomipramine hcl oral</i>	3	PA; MO	COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG	4	PA; QL (60 per 30 days); MO; S
<i>clonazepam oral tablet 0.5 mg</i>	1	QL (1200 per 30 days)	COBENFY ORAL CAPSULE 50-20 MG	3	PA; QL (60 per 30 days)
<i>clonazepam oral tablet 1 mg</i>	1	QL (600 per 30 days)	COBENFY STARTER PACK	4	PA; S
<i>clonazepam oral tablet 2 mg</i>	1	QL (300 per 30 days)	<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	2	PA
<i>clonazepam oral tablet dispersible 0.125 mg</i>	2	QL (4800 per 30 days)	<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	3	PA
<i>clonazepam oral tablet dispersible 0.25 mg</i>	2	QL (2400 per 30 days)	<i>dalfampridine er</i>	2	PA; QL (60 per 30 days)
<i>clonazepam oral tablet dispersible 0.5 mg</i>	2	QL (1200 per 30 days)	<i>dantrolene sodium oral</i>	3	
<i>clonazepam oral tablet dispersible 1 mg</i>	2	QL (600 per 30 days)	<i>desipramine hcl oral</i>	3	PA; MO
<i>clonazepam oral tablet dispersible 2 mg</i>	2	QL (300 per 30 days)	<i>desvenlafaxine er</i>	3	QL (30 per 30 days); MO
<i>clonidine hcl er oral tablet extended release 12 hour</i>	1	QL (120 per 30 days); MO	<i>desvenlafaxine succinate er</i>	2	MO
<i>clorazepate dipotassium</i>	3		<i>dexmethylphenidate hcl</i>	2	QL (60 per 30 days); MO
<i>clozapine oral tablet 100 mg</i>	2	QL (270 per 30 days)	<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>clozapine oral tablet 200 mg</i>	2	QL (120 per 30 days)	<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i>	3	QL (60 per 30 days); MO
<i>clozapine oral tablet 25 mg</i>	2	QL (1080 per 30 days)	<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	3	QL (120 per 30 days); MO
<i>clozapine oral tablet 50 mg</i>	2	QL (540 per 30 days)	<i>dextroamphetamine sulfate oral solution</i>	3	QL (1920 per 30 days); MO
<i>clozapine oral tablet dispersible 100 mg</i>	3	QL (270 per 30 days)			
<i>clozapine oral tablet dispersible 12.5 mg</i>	3	QL (2160 per 30 days)			

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	3	QL (180 per 30 days); MO
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	3	QL (90 per 30 days); MO
DIACOMIT ORAL CAPSULE 250 MG	4	PA; QL (360 per 30 days); LA; S
DIACOMIT ORAL CAPSULE 500 MG	4	PA; QL (180 per 30 days); LA; S
DIACOMIT ORAL PACKET 250 MG	4	PA; QL (360 per 30 days); LA; S
DIACOMIT ORAL PACKET 500 MG	4	PA; QL (180 per 30 days); LA; S
<i>diazepam injection</i>	1	
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>	1	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg</i>	1	QL (120 per 30 days)
<i>diazepam oral tablet 2 mg</i>	1	QL (600 per 30 days)
<i>diazepam oral tablet 5 mg</i>	1	QL (240 per 30 days)
<i>diazepam rectal</i>	3	
<i>dihydroergotamine mesylate injection</i>	3	PA
<i>dihydroergotamine mesylate nasal</i>	4	PA; QL (8 per 28 days); S
DILANTIN ORAL CAPSULE 30 MG	3	PA; MO
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	4	PA; QL (14 per 7 days); S
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	4	PA; QL (60 per 30 days); S
<i>dimethyl fumarate starter pack oral</i>	4	PA; S

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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>	1	MO
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	QL (30 per 30 days); MO
<i>donepezil hcl oral tablet 23 mg</i>	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>	3	PA; QL (30 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	3	QL (60 per 30 days); MO
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	3	QL (30 per 30 days); MO
<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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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DYSPORT	3	PA
<i>eletriptan hydrobromide</i>	3	QL (9 per 30 days)
EMGALITY	2	PA; QL (2 per 28 days); MO
EMGALITY (300 MG DOSE)	2	PA; QL (3 per 28 days); MO
EMSAM	4	PA; QL (30 per 30 days); MO; S
<i>entacapone</i>	3	MO
EPIDIOLEX	4	PA; LA; S
EPITOL	1	MO
EPRONTIA	3	PA; MO
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG	3	QL (480 per 30 days); MO
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG	3	QL (240 per 30 days); MO
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG	3	QL (180 per 30 days); MO
ERGOMAR	4	S
<i>ergotamine-caffeine</i>	2	
<i>escitalopram oxalate oral solution</i>	3	QL (600 per 30 days); MO
<i>escitalopram oxalate oral tablet 10 mg</i>	1	QL (60 per 30 days); MO
<i>escitalopram oxalate oral tablet 20 mg</i>	1	QL (30 per 30 days); MO
<i>escitalopram oxalate oral tablet 5 mg</i>	1	QL (120 per 30 days); MO
<i>estazolam</i>	2	QL (30 per 30 days)
<i>eszopiclone</i>	3	QL (30 per 30 days)
<i>ethosuximide oral</i>	2	MO
FANAPT ORAL TABLET 1 MG	4	PA; QL (720 per 30 days); MO; S

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FANAPT ORAL TABLET 10 MG, 12 MG	4	PA; QL (60 per 30 days); MO; S
FANAPT ORAL TABLET 2 MG	4	PA; QL (360 per 30 days); MO; S
FANAPT ORAL TABLET 4 MG	4	PA; QL (180 per 30 days); MO; S
FANAPT ORAL TABLET 6 MG	4	PA; QL (120 per 30 days); MO; S
FANAPT ORAL TABLET 8 MG	4	PA; QL (90 per 30 days); MO; S
FANAPT TITRATION PACK	3	PA
<i>felbamate oral suspension</i>	4	MO; S
<i>felbamate oral tablet</i>	3	MO
FETZIMA	3	PA; QL (30 per 30 days); MO
FETZIMA TITRATION	3	PA
<i> fingolimod hcl</i>	3	PA; QL (30 per 30 days)
FINTEPLA	4	PA; LA; S
FIRDAPSE	4	PA; QL (300 per 30 days); LA; S
<i>fluoxetine hcl oral capsule 10 mg</i>	1	MO
<i>fluoxetine hcl oral capsule 20 mg</i>	1	QL (120 per 30 days); MO
<i>fluoxetine hcl oral capsule 40 mg</i>	1	QL (60 per 30 days); MO
<i>fluoxetine hcl oral capsule delayed release</i>	3	QL (4 per 28 days); MO
<i>fluoxetine hcl oral solution</i>	1	QL (600 per 30 days); MO
<i>fluphenazine decanoate injection</i>	3	
<i>fluphenazine hcl injection</i>	3	
<i>fluphenazine hcl oral</i>	1	MO
<i>fluvoxamine maleate oral tablet 100 mg</i>	2	QL (90 per 30 days); MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	2	MO
FYCOMPA ORAL SUSPENSION	4	PA; QL (720 per 30 days); MO; S
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	4	PA; QL (30 per 30 days); MO; S
FYCOMPA ORAL TABLET 2 MG	3	PA; QL (30 per 30 days); MO
<i>gabapentin oral capsule 100 mg</i>	1	QL (1080 per 30 days); MO
<i>gabapentin oral capsule 300 mg</i>	1	QL (360 per 30 days); MO
<i>gabapentin oral capsule 400 mg</i>	1	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>	3	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>	3	QL (60 per 30 days); MO
GILENYA ORAL CAPSULE 0.25 MG	4	PA; QL (30 per 30 days); S
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	4	PA; QL (30 per 30 days); S
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	4	PA; QL (12 per 28 days); S
GLATOPA SUBCUTANEOUS	4	PA; QL (30 per 30 days); S

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
SOLUTION PREFILLED SYRINGE 20 MG/ML		
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	4	PA; QL (12 per 28 days); S
<i>guanfacine hcl er</i>	3	QL (30 per 30 days); MO
<i>haloperidol decanoate intramuscular</i>	3	
<i>haloperidol lactate injection</i>	1	
<i>haloperidol lactate oral</i>	1	MO
<i>haloperidol oral</i>	1	MO
<i>imipramine hcl oral</i>	2	PA; MO
<i>imipramine pamoate oral capsule 125 mg, 150 mg</i>	3	PA; MO
INGREZZA ORAL CAPSULE 40 MG	4	PA; QL (60 per 30 days); S
INGREZZA ORAL CAPSULE 60 MG, 80 MG	4	PA; QL (30 per 30 days); S
INGREZZA ORAL CAPSULE SPRINKLE 40 MG	4	PA; QL (60 per 30 days); S
INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG	4	PA; QL (30 per 30 days); S
INGREZZA ORAL CAPSULE THERAPY PACK	4	PA; QL (56 per 365 days); S
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	4	QL (3.5 per 180 days); S
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	4	QL (5 per 180 days); S
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	4	QL (0.75 per 28 days); S

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	4	QL (1 per 28 days); S
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	4	QL (1.5 per 28 days); S
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	3	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	4	QL (0.5 per 28 days); S
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	4	QL (0.88 per 84 days); S
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	4	QL (1.32 per 84 days); S
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	4	QL (1.75 per 84 days); S
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	4	QL (2.63 per 84 days); S
<i>lacosamide intravenous</i>	4	S
<i>lacosamide oral solution</i>	3	QL (1200 per 30 days); MO
<i>lacosamide oral tablet</i>	3	QL (60 per 30 days); MO
<i>lamotrigine er</i>	3	MO
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet chewable</i>	1	MO
<i>lamotrigine oral tablet dispersible</i>	3	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>lamotrigine starter kit- blue</i>	3	
<i>lamotrigine starter kit- orange</i>	3	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	1	QL (180 per 30 days); MO
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	1	QL (120 per 30 days); MO
<i>levetiracetam intravenous</i>	1	
<i>levetiracetam oral solution</i>	1	MO
<i>levetiracetam oral tablet</i>	1	MO
LIBERVANT	3	QL (10 per 30 days)
<i>lithium</i>	2	MO
<i>lithium carbonate er</i>	1	MO
<i>lithium carbonate oral capsule 150 mg, 300 mg</i>	1	MO
<i>lithium carbonate oral capsule 600 mg</i>	1	MO
<i>lithium carbonate oral tablet</i>	1	MO
<i>lorazepam injection</i>	1	
LORAZEPAM INTENSOL	1	QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	1	QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg</i>	1	QL (120 per 30 days)
<i>lorazepam oral tablet 1 mg</i>	1	QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	QL (150 per 30 days)
<i>loxapine succinate oral</i>	2	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	3	QL (30 per 30 days); MO	<i>methylphenidate hcl er oral tablet extended release</i>	3	PA; QL (90 per 30 days); MO
<i>lurasidone hcl oral tablet 80 mg</i>	3	QL (60 per 30 days); MO	<i>methylphenidate hcl oral solution 10 mg/5ml</i>	2	PA; QL (900 per 30 days); MO
LYBALVI	4	PA; QL (30 per 30 days); MO; S	<i>methylphenidate hcl oral solution 5 mg/5ml</i>	2	PA; QL (1800 per 30 days); MO
MARPLAN	3	MO	<i>methylphenidate hcl oral tablet</i>	2	PA; QL (90 per 30 days); MO
<i>memantine hcl er</i>	2	PA; QL (30 per 30 days); MO	<i>midazolam hcl oral</i>	1	
<i>memantine hcl oral solution 2 mg/ml</i>	2	PA; QL (300 per 30 days); MO	MIGERGOT	4	S
<i>memantine hcl oral tablet 10 mg</i>	1	PA; QL (60 per 30 days); MO	<i>mirtazapine oral tablet 15 mg, 30 mg, 7.5 mg</i>	2	MO
<i>memantine hcl oral tablet 28 x 5 mg &amp; 21 x 10 mg</i>	1	PA; QL (60 per 30 days)	<i>mirtazapine oral tablet 45 mg</i>	2	QL (30 per 30 days); MO
<i>memantine hcl oral tablet 5 mg</i>	1	PA; QL (90 per 30 days); MO	<i>mirtazapine oral tablet dispersible</i>	2	QL (30 per 30 days); MO
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	3		<i>modafinil oral tablet 100 mg</i>	2	PA; QL (30 per 30 days); MO
<i>methsuximide</i>	3	MO	<i>modafinil oral tablet 200 mg</i>	2	PA; QL (60 per 30 days); MO
<i>methylphenidate hcl er (cd)</i>	3	PA; QL (30 per 30 days); MO	<i>molindone hcl</i>	3	MO
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 60 mg</i>	3	PA; QL (30 per 30 days); MO	<i>naloxone hcl injection solution 0.4 mg/ml</i>	1	
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg</i>	3	PA; QL (60 per 30 days); MO	<i>naloxone hcl injection solution 4 mg/10ml</i>	1	
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg</i>	3	PA; QL (30 per 30 days); MO	<i>naloxone hcl injection solution cartridge</i>	1	
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	3	PA; QL (60 per 30 days); MO	<i>naloxone hcl injection solution prefilled syringe</i>	1	
			<i>naloxone hcl nasal</i>	2	
			<i>naltrexone hcl oral</i>	2	
			NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	3	
			NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>naratriptan hcl</i>	3	QL (9 per 30 days)
NAYZILAM	3	PA
<i>nefazodone hcl</i>	2	MO
NICOTROL	3	
NICOTROL NS	3	QL (120 per 30 days)
<i>nortriptyline hcl oral capsule</i>	1	MO
<i>nortriptyline hcl oral solution</i>	3	MO
NUEDEXTA	4	PA; QL (60 per 30 days); MO; S
NUPLAZID ORAL CAPSULE	4	PA; QL (30 per 30 days); LA; S
NUPLAZID ORAL TABLET 10 MG	4	PA; QL (30 per 30 days); LA; S
NURTEC	2	PA; QL (16 per 30 days)
<i>olanzapine intramuscular</i>	3	QL (90 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i>	2	MO
<i>olanzapine oral tablet 20 mg</i>	2	QL (30 per 30 days); MO
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 5 mg</i>	3	MO
<i>olanzapine oral tablet dispersible 20 mg</i>	3	QL (30 per 30 days); MO
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>	3	QL (30 per 30 days); MO
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i>	3	QL (90 per 30 days); MO
oxazepam	3	QL (120 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>oxcarbazepine oral suspension</i>	3	MO
<i>oxcarbazepine oral tablet</i>	2	MO
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	3	QL (30 per 30 days); MO
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	3	QL (60 per 30 days); MO
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</i>	3	QL (30 per 30 days); MO
<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg</i>	3	QL (60 per 30 days); MO
<i>paroxetine hcl oral suspension</i>	3	QL (900 per 30 days); MO
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	1	QL (45 per 30 days); MO
<i>paroxetine hcl oral tablet 20 mg</i>	1	QL (30 per 30 days); MO
<i>paroxetine hcl oral tablet 30 mg</i>	1	QL (60 per 30 days); MO
<i>perphenazine oral</i>	3	MO
<i>perphenazine-amitriptyline</i>	3	PA; MO
PERSERIS	4	QL (1 per 28 days); MO; S
<i>phenelzine sulfate oral</i>	2	MO
<i>phenobarbital oral elixir</i>	3	PA; QL (3000 per 30 days); MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	PA; QL (120 per 30 days); MO
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg</i>	2	PA; QL (210 per 30 days); MO
PHENYTEK	3	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
PHENYTOIN INFATABS	2	MO
<i>phenytoin oral</i>	2	MO
<i>phenytoin sodium extended</i>	1	MO
<i>pimozide</i>	2	MO
<i>pramipexole dihydrochloride</i>	1	MO
<i>pramipexole dihydrochloride er</i>	3	MO
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg</i>	3	PA; QL (30 per 30 days); MO
<i>pregabalin er oral tablet extended release 24 hour 330 mg</i>	3	PA; QL (60 per 30 days); MO
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	MO
<i>pregabalin oral capsule 200 mg</i>	2	QL (90 per 30 days); MO
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	QL (60 per 30 days); MO
<i>pregabalin oral solution</i>	2	QL (900 per 30 days); MO
<i>primidone oral</i>	1	MO
<i>protriptyline hcl</i>	3	PA; MO
<i>pyridostigmine bromide er</i>	2	
<i>pyridostigmine bromide oral solution</i>	3	
<i>pyridostigmine bromide oral tablet</i>	2	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	3	QL (30 per 30 days); MO
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	3	QL (60 per 30 days); MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>quetiapine fumarate oral tablet 100 mg</i>	1	QL (240 per 30 days); MO
<i>quetiapine fumarate oral tablet 150 mg</i>	1	QL (150 per 30 days); MO
<i>quetiapine fumarate oral tablet 200 mg</i>	1	QL (120 per 30 days); MO
<i>quetiapine fumarate oral tablet 25 mg</i>	1	QL (960 per 30 days); MO
<i>quetiapine fumarate oral tablet 300 mg</i>	1	QL (80 per 30 days); MO
<i>quetiapine fumarate oral tablet 400 mg</i>	1	QL (60 per 30 days); MO
<i>quetiapine fumarate oral tablet 50 mg</i>	1	QL (480 per 30 days); MO
QULIPTA	2	PA; QL (30 per 30 days); MO
<i>ramelteon</i>	2	QL (30 per 30 days)
<i>rasagiline mesylate oral</i>	3	MO
REGONOL INTRAVENOUS	2	
REXULTI	4	QL (30 per 30 days); MO; S
<i>riluzole</i>	3	
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg</i>	3	QL (2 per 28 days)
<i>risperidone microspheres er intramuscular suspension reconstituted er 50 mg</i>	4	QL (2 per 28 days); S
<i>risperidone oral solution</i>	2	QL (480 per 30 days); MO
<i>risperidone oral tablet 0.25 mg</i>	1	QL (1920 per 30 days); MO
<i>risperidone oral tablet 0.5 mg</i>	1	QL (960 per 30 days); MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SAVELLA TITRATION PACK	3	PA
SECUADO	4	QL (30 per 30 days); MO; S
<i>selegiline hcl oral</i>	2	MO
<i>sertraline hcl oral concentrate</i>	3	QL (300 per 30 days); MO
<i>sertraline hcl oral tablet 100 mg</i>	1	QL (60 per 30 days); MO
<i>sertraline hcl oral tablet 25 mg</i>	1	QL (240 per 30 days); MO
<i>sertraline hcl oral tablet 50 mg</i>	1	QL (120 per 30 days); MO
<i>sodium oxybate</i>	4	PA; QL (540 per 30 days); LA; S
SPRAVATO (56 MG DOSE)	3	PA; QL (16 per 28 days)
SPRAVATO (84 MG DOSE)	4	PA; QL (24 per 28 days); S
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG	3	PA; QL (60 per 30 days); MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	3	PA; QL (120 per 30 days); MO
SUBVENITE	1	MO
SUBVENITE STARTER KIT-BLUE	3	
SUBVENITE STARTER KIT-GREEN	3	
SUBVENITE STARTER KIT-ORANGE	3	
<i>sumatriptan nasal</i>	3	
<i>sumatriptan succinate oral</i>	1	QL (9 per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	3	QL (6 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	3	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	3	QL (6 per 30 days)
SUNOSI	3	PA; QL (30 per 30 days); MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	4	PA; QL (60 per 30 days); MO; S
SYMPAZAN ORAL FILM 5 MG	4	PA; QL (30 per 30 days); MO; S
<i>tasimelteon</i>	4	PA; QL (30 per 30 days); S
<i>temazepam oral capsule 15 mg, 30 mg</i>	3	QL (30 per 30 days)
<i>teriflunomide</i>	4	PA; QL (30 per 30 days); S
<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA; QL (240 per 30 days); S
<i>tetrabenazine oral tablet 25 mg</i>	4	PA; QL (120 per 30 days); S
<i>thioridazine hcl oral</i>	2	MO
<i>thiothixene oral</i>	3	MO
<i>tiagabine hcl</i>	3	MO
<i>tizanidine hcl oral tablet</i>	1	
<i>tolcapone</i>	4	PA; QL (180 per 30 days); MO; S
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 25 mg, 50 mg</i>	3	MO
<i>topiramate oral capsule sprinkle</i>	3	MO
<i>topiramate oral tablet</i>	1	MO
<i>tranylcypromine sulfate</i>	3	MO
<i>trazodone hcl oral</i>	1	MO
<i>triazolam oral tablet 0.25 mg</i>	2	QL (30 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>trifluoperazine hcl oral</i>	2	MO
<i>trihexyphenidyl hcl oral solution</i>	2	PA; MO
<i>trihexyphenidyl hcl oral tablet</i>	2	MO
<i>trimipramine maleate oral</i>	3	MO
TRINTELLIX	3	QL (30 per 30 days); MO
UBRELVY ORAL TABLET 100 MG	2	PA; QL (16 per 30 days)
UBRELVY ORAL TABLET 50 MG	2	PA; QL (20 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	4	QL (0.28 per 28 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	4	QL (0.35 per 28 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	4	QL (0.42 per 56 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	4	QL (0.56 per 56 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	4	QL (0.7 per 56 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	4	QL (0.14 per 28 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	4	QL (0.21 per 28 days); S
<i>valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml</i>	1	
<i>valproic acid oral capsule</i>	2	MO
<i>valproic acid oral solution</i>	1	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
VALTOCO 10 MG DOSE	3		VIGPODER	4	PA; QL (150 per 25 days); S
VALTOCO 15 MG DOSE	3				
VALTOCO 20 MG DOSE	3		VIIBRYD ORAL TABLET	3	ST; QL (30 per 30 days); MO
VALTOCO 5 MG DOSE	3		<i>vilazodone hcl</i>	3	QL (30 per 30 days); MO
<i>varenicline tartrate (starter)</i>	3	PA	VRAYLAR ORAL CAPSULE	4	QL (30 per 30 days); MO; S
<i>varenicline tartrate oral tablet 0.5 mg</i>	3	PA; QL (60 per 30 days)			
<i>varenicline tartrate oral tablet 1 mg, 1 mg (56 pack)</i>	3	PA; QL (56 per 28 days)	XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	4	PA; QL (56 per 28 days); MO; S
<i>varenicline tartrate(continue)</i>	3	PA; QL (56 per 28 days)	XCOPRI (350 MG DAILY DOSE)	4	PA; QL (56 per 28 days); MO; S
<i>venlafaxine besylate er</i>	3	QL (60 per 30 days); MO	XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	4	PA; QL (30 per 30 days); MO; S
<i>venlafaxine hcl</i>	2	QL (90 per 30 days); MO	XCOPRI ORAL TABLET 150 MG, 200 MG	4	PA; QL (60 per 30 days); MO; S
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	1	QL (30 per 30 days); MO	XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	3	PA; QL (56 per 365 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg</i>	1	QL (180 per 30 days); MO	XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG	4	PA; QL (56 per 365 days); S
<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	1	QL (90 per 30 days); MO	XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT	2	PA
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>	3	QL (30 per 30 days); MO			
VERSACLOZ	3	QL (600 per 30 days)	XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT	3	PA
<i>vigabatrin oral packet</i>	4	PA; QL (150 per 25 days); LA; S			
<i>vigabatrin oral tablet</i>	4	PA; QL (180 per 30 days); LA; S	<i>zaleplon oral capsule 10 mg</i>	1	QL (60 per 30 days)
VIGADRONE ORAL PACKET	4	PA; QL (150 per 25 days); LA; S	<i>zaleplon oral capsule 5 mg</i>	1	QL (30 per 30 days)
VIGADRONE ORAL TABLET	4	PA; QL (180 per 30 days); S	<i>ziprasidone hcl oral capsule 20 mg</i>	3	QL (240 per 30 days); MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>ziprasidone hcl oral capsule 40 mg</i>	3	QL (120 per 30 days); MO
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	3	QL (60 per 30 days); MO
<i>ziprasidone mesylate</i>	3	QL (6 per 3 days)
<i>zolmitriptan nasal solution 2.5 mg</i>	1	
<i>zolmitriptan oral</i>	3	QL (9 per 30 days)
<i>zolpidem tartrate er</i>	3	QL (30 per 30 days)
<i>zolpidem tartrate oral tablet</i>	1	QL (30 per 30 days)
ZONISADE	3	PA; MO
<i>zonisamide oral</i>	1	MO
ZTALMY	4	QL (1100 per 30 days); S
ZURZUVAE	4	S
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	3	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	4	QL (2 per 28 days); S
<b>Dermatological Agents</b>		
ACCUTANE ORAL CAPSULE 20 MG, 30 MG, 40 MG	3	
<i>acitretin</i>	3	PA
<i>acyclovir external ointment</i>	3	PA; QL (30 per 30 days)
<i>adapalene external cream</i>	3	PA
<i>adapalene external gel 0.1 %</i>	1	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>adapalene external gel 0.3 %</i>	3	PA
<i>ala-cort external cream</i>	1	
<i>alclometasone dipropionate</i>	2	
<i>amcinonide external cream</i>	3	
<i>amcinonide external ointment</i>	2	
<i>ammonium lactate external</i>	1	
AMNESTEEM	3	
<i>azelaic acid external</i>	3	
<i>benzoyl peroxide-erythromycin</i>	2	
<i>betamethasone dipropionate aug external cream</i>	1	
<i>betamethasone dipropionate aug external gel</i>	2	
<i>betamethasone dipropionate aug external lotion</i>	2	
<i>betamethasone dipropionate aug external ointment</i>	2	
<i>betamethasone dipropionate external</i>	2	
<i>betamethasone valerate external cream</i>	2	
<i>betamethasone valerate external foam</i>	3	
<i>betamethasone valerate external lotion</i>	2	
<i>betamethasone valerate external ointment</i>	2	
<i>bexarotene external</i>	4	PA; QL (60 per 30 days); S

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>calcipotriene external cream</i>	3	QL (120 per 30 days)
<i>calcipotriene external ointment</i>	2	QL (120 per 30 days)
<i>calcipotriene external solution</i>	3	QL (60 per 30 days)
CALCITRENE	2	QL (120 per 30 days)
<i>calcitriol external</i>	3	QL (800 per 28 days)
<i>cevimeline hcl</i>	3	MO
<i>chlorhexidine gluconate mouth/throat</i>	1	
CICLODAN EXTERNAL SOLUTION	2	
<i>ciclopirox external</i>	2	
<i>ciclopirox olamine external cream</i>	2	QL (90 per 30 days)
<i>ciclopirox olamine external suspension</i>	2	
CLARAVIS	3	
CLINDACIN	3	QL (100 per 30 days)
<i>clindamycin phosphobenzoyl perox external gel 1-5 %, 1.2-5 %</i>	3	
<i>clindamycin phosphate external gel</i>	2	
<i>clindamycin phosphate external lotion</i>	2	QL (120 per 30 days)
<i>clindamycin phosphate external solution</i>	2	QL (120 per 30 days)
<i>clindamycin phosphate external swab</i>	2	
<i>clindamycin-tretinoin</i>	1	PA
<i>clobetasol propionate e</i>	2	QL (120 per 30 days)
<i>clobetasol propionate emulsion</i>	3	QL (100 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>clobetasol propionate external cream</i>	2	QL (120 per 30 days)
<i>clobetasol propionate external foam</i>	3	QL (100 per 30 days)
<i>clobetasol propionate external gel</i>	2	QL (60 per 30 days)
<i>clobetasol propionate external lotion</i>	3	
<i>clobetasol propionate external ointment</i>	2	QL (120 per 30 days)
<i>clobetasol propionate external shampoo</i>	3	
<i>clobetasol propionate external solution</i>	2	QL (50 per 30 days)
CLODAN EXTERNAL SHAMPOO	3	
<i>clotrimazole external cream</i>	1	
<i>clotrimazole external solution</i>	2	
<i>clotrimazole mouth/throat troche</i>	2	QL (150 per 30 days)
<i>clotrimazole-betamethasone external cream</i>	2	QL (120 per 30 days)
<i>clotrimazole-betamethasone external lotion</i>	3	QL (120 per 30 days)
CROTAN	3	
<i>dapsone external gel 5 %</i>	3	
DENTA 5000 PLUS	1	MO
DENTAGEL	1	MO
<i>desonide external cream</i>	3	
<i>desonide external lotion</i>	3	
<i>desonide external ointment</i>	2	
<i>desoximetasone external cream</i>	3	QL (100 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>desoximetasone external gel</i>	3		<i>fluocinolone acetonide scalp</i>	3	QL (120 per 30 days)
<i>desoximetasone external liquid</i>	3		<i>fluocinonide emulsified base</i>	2	QL (240 per 30 days)
<i>desoximetasone external ointment</i>	3		<i>fluocinonide external cream 0.05 %</i>	1	QL (240 per 30 days)
<i>diclofenac sodium external gel 3 %</i>	3	PA; QL (100 per 30 days)	<i>fluocinonide external cream 0.1 %</i>	2	QL (120 per 30 days)
<i>diflorasone diacetate external</i>	3	QL (60 per 30 days)	<i>fluocinonide external gel</i>	2	QL (240 per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	4	PA; QL (4.56 per 28 days); S	<i>fluocinonide external ointment</i>	2	QL (240 per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	4	PA; QL (8 per 28 days); S	<i>fluocinonide external solution</i>	2	QL (240 per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	4	PA; QL (1.34 per 28 days); S	<i>fluorouracil external cream 5 %</i>	2	QL (40 per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	4	PA; QL (4.56 per 28 days); S	<i>fluorouracil external solution 2 %</i>	1	QL (10 per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	4	PA; QL (8 per 28 days); S	<i>fluorouracil external solution 5 %</i>	2	QL (10 per 28 days)
<i>econazole nitrate external</i>	2	QL (90 per 30 days)	<i>flurandrenolide external cream</i>	4	S
<i>ery</i>	2		<i>flurandrenolide external lotion</i>	3	
<i>erythromycin external gel</i>	2		<i>fluticasone propionate external cream</i>	2	
<i>erythromycin external solution</i>	2		<i>fluticasone propionate external lotion</i>	3	
<i>fluocinolone acetonide body</i>	3	QL (120 per 30 days)	<i>fluticasone propionate external ointment</i>	2	
<i>fluocinolone acetonide external</i>	3	QL (120 per 30 days)	<i>fraiche 5000 dental gel 1.1 % dental</i>	1	
			<i>gentamicin sulfate external</i>	2	QL (30 per 30 days)
			<i>halobetasol propionate external cream</i>	3	
			<i>halobetasol propionate external ointment</i>	3	
			HALOG EXTERNAL OINTMENT	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
hydrocortisone (perianal) external cream 1 %	2	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone butyr lipo base	4	S
hydrocortisone butyrate external cream	3	
hydrocortisone butyrate external lotion	3	
hydrocortisone butyrate external ointment	3	
hydrocortisone butyrate external solution	2	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external lotion 2.5 %	2	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone valerate	3	
imiquimod external cream 5 %	2	QL (24 per 28 days)
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 35 mg, 40 mg	3	
isotretinoin oral capsule 25 mg	4	S
JUST RIGHT 5000 DENTAL PASTE	1	MO
ketoconazole external cream	2	QL (120 per 30 days)
ketoconazole external foam	3	QL (100 per 30 days)
ketoconazole external shampoo 2 %	1	QL (120 per 30 days)
KETODAN EXTERNAL FOAM	3	QL (100 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
KLAYESTA	2	
KOURZEQ	2	
luliconazole	3	
mafenide acetate external	3	
malathion external	3	
methoxsalen rapid	4	S
metronidazole external	3	
mometasone furoate external	1	
mupirocin calcium	3	QL (30 per 30 days)
mupirocin external	1	QL (120 per 30 days)
MYORISAN	3	
naftifine hcl external cream	3	
nitroglycerin rectal	3	QL (30 per 30 days)
NYAMYC	2	
nystatin external cream	1	
nystatin external ointment	1	
nystatin external powder	2	
nystatin mouth/throat	1	
nystatin-triamcinolone	3	QL (120 per 30 days)
NYSTOP	1	
ORALONE	2	
oxiconazole nitrate	3	QL (60 per 30 days)
OXISTAT EXTERNAL LOTION	3	
PANRETIN	4	S
penciclovir	3	QL (5 per 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>sodium fluoride 5000 ppm dental cream</i>	1	MO
<i>sodium fluoride 5000 ppm dental gel</i>	1	MO
<i>sodium fluoride dental cream</i>	1	MO
<i>sodium fluoride dental gel 1.1 %</i>	1	MO
<i>sodium fluoride mouth/throat</i>	1	MO
<i>spinosad</i>	3	
SSD (SILVER SULFADIAZINE)	1	
<i>sulfacetamide sodium (acne)</i>	3	
SULFAMYLON EXTERNAL CREAM	3	
<i>tacrolimus external ointment</i>	3	PA; QL (100 per 30 days)
<i>tazarotene external cream 0.1 %</i>	3	PA
<i>tazarotene external gel</i>	3	PA
<i>tretinoin external cream</i>	2	PA; QL (45 per 30 days)
<i>tretinoin external gel</i>	3	PA; QL (45 per 30 days)
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	3	PA; QL (50 per 30 days)
<i>tretinoin microsphere pump external gel 0.04 %, 0.1 %</i>	3	PA; QL (50 per 30 days)
<i>triamcinolone acetonide external aerosol solution</i>	3	
<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>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>triamcinolone acetonide mouth/throat</i>	2	
TRIDERM EXTERNAL CREAM 0.1 %	1	QL (454 per 30 days)
TRIDERM EXTERNAL CREAM 0.5 %	1	QL (454 per 30 days)
VALCHLOR	4	PA; LA; S
ZENATANE	3	
<b>Electrolytes / Minerals / Metals / Vitamins</b>		
<i>carglumic acid oral tablet soluble</i>	4	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>	2	B/D PA
<i>clinimix e/dextrose (8/14)</i>	2	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>	2	B/D PA
<i>clinimix/dextrose (8/10)</i>	2	B/D PA
<i>clinimix/dextrose (8/14)</i>	2	B/D PA
CLINISOL SF	3	B/D PA
CLINOLIPID	1	B/D PA
<i>dextrose 5%/electrolyte #48</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>dextrose in lactated ringers</i>	1	
<i>dextrose intravenous solution 10 %, 5 %</i>	3	
<i>dextrose intravenous solution 250 mg/ml</i>	2	
<i>dextrose intravenous solution 50 %, 70 %</i>	1	
<i>dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.9 %</i>	3	
<i>dextrose-sodium chloride intravenous solution 5-0.3 %, 5-0.33 %</i>	1	
<i>dextrose-sodium chloride intravenous solution 5-0.45 %</i>	2	
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	1	MO
INTRALIPID	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>	3	
<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>	3	
<i>kcl-lactated ringers-d5w</i>	2	
KLOR-CON 10	1	MO
KLOR-CON M10	1	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
KLOR-CON M15	1	MO
KLOR-CON M20	1	MO
KLOR-CON ORAL TABLET EXTENDED RELEASE	1	MO
KLOR-CON/EF	1	MO
<i>lactated ringers intravenous</i>	1	
<i>levocarnitine oral solution</i>	2	B/D PA; MO
<i>levocarnitine oral tablet</i>	2	B/D PA; MO
<i>levocarnitine sf</i>	2	B/D PA; MO
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	2	
<i>magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml</i>	2	
<i>multiple electro type 1 ph 5.5</i>	3	
<i>multiple electro type 1 ph 7.4</i>	3	
NUTRILIPID	3	B/D PA
PLENAMINE	3	B/D PA
<i>pnv-dha</i>	3	
<i>potassium chloride crys er</i>	1	MO
<i>potassium chloride er</i>	1	MO
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%</i>	3	
<i>potassium chloride in nacl intravenous solution 40-0.9 meq/l-%</i>	1	
<i>potassium chloride intravenous solution 10 meq/100ml, 20 meq/ 100ml, 40 meq/100ml</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>potassium chloride intravenous solution 10 meq/50ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/ 50ml</i>	1	
<i>potassium chloride oral packet</i>	3	MO
<i>potassium chloride oral solution 10 %, 20 meq/ 15ml (10%), 40 meq/15ml (20%)</i>	3	MO
<i>potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l</i>	3	
PREMASOL INTRAVENOUS SOLUTION 10 %	3	B/D PA
<i>prenatal oral tablet 27-1 mg</i>	3	
<i>prenatal vit w/ ferrous fumarate-l methylfolate- folic acid</i>	3	
PRENATAL VIT W/ IRON CARBONYL-FOLIC ACID	3	
PROSOL	3	B/D PA
<i>ringers</i>	1	
<i>sodium bicarbonate intravenous solution 4.2 %, 7.5 %, 8.4 %</i>	1	
<i>sodium chloride (pf)</i>	1	
<i>sodium chloride injection solution 2.5 meq/ml</i>	1	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	3	
<i>sodium chloride intravenous solution 4 meq/ml</i>	1	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	1	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sodium fluoride oral tablet chewable</i>	1	MO
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	3	
TRAVASOL	3	B/D PA
TROPHAMINE INTRAVENOUS SOLUTION 10 %	2	B/D PA
<b>Endocrine And Metabolic Disorder Agents</b>		
<i>acarbose oral</i>	1	QL (90 per 30 days); MO
<i>alendronate sodium oral solution</i>	1	QL (300 per 28 days); MO
<i>alendronate sodium oral tablet 10 mg</i>	1	QL (30 per 30 days); MO
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	QL (4 per 28 days); MO
BYDUREON BCISE	2	PA; QL (4 per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL (2.4 per 30 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL (1.2 per 30 days)
<i>calcitonin (salmon) injection</i>	4	B/D PA; S
<i>calcitonin (salmon) nasal</i>	2	QL (4 per 30 days); MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	B/D PA
<i>calcitriol oral capsule</i>	1	B/D PA; MO
<i>calcitriol oral solution</i>	3	B/D PA; MO
CHEMET	3	
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	3	B/D PA; QL (60 per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	4	B/D PA; QL (120 per 30 days); S

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CYCLOSET	3	ST; QL (180 per 30 days); MO
<i>deferasirox oral tablet 90 mg</i>	2	PA
<i>deferasirox oral tablet soluble 125 mg</i>	3	PA
<i>deferasirox oral tablet soluble 250 mg, 500 mg</i>	4	PA; S
<i>deferiprone oral tablet 1000 mg</i>	4	PA; S
<i>deferiprone oral tablet 500 mg</i>	4	PA; LA; S
<i>diazoxide oral</i>	3	MO
<i>doxercalciferol intravenous</i>	1	B/D PA
<i>doxercalciferol oral</i>	3	B/D PA; MO
FARXIGA	2	QL (30 per 30 days); MO
FERRIPROX ORAL SOLUTION	4	PA; LA; S
FOSAMAX PLUS D	3	QL (4 per 28 days); MO
<i>glimepiride oral tablet 1 mg</i>	1	QL (240 per 30 days); MO
<i>glimepiride oral tablet 2 mg</i>	1	QL (120 per 30 days); MO
<i>glimepiride oral tablet 4 mg</i>	1	QL (60 per 30 days); MO
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	1	QL (60 per 30 days); MO
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	1	QL (240 per 30 days); MO
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	1	QL (120 per 30 days); MO
<i>glipizide oral tablet 10 mg</i>	1	QL (120 per 30 days); MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
glipizide oral tablet 2.5 mg	1	MO	HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	MO
glipizide oral tablet 5 mg	1	QL (240 per 30 days); MO	HUMALOG MIX 75/25	2	MO
glipizide-metformin hcl oral tablet 2.5-250 mg	1	QL (240 per 30 days); MO	HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	MO
glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg	1	QL (120 per 30 days); MO	HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	2	MO
GLUCAGEN HYPOKIT	2		HUMULIN 70/30	2	MO
glucagon emergency injection kit	2		HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	MO
glyburide micronized oral tablet 1.5 mg	1	QL (240 per 30 days); MO	HUMULIN N	2	MO
glyburide micronized oral tablet 3 mg	1	QL (120 per 30 days); MO	HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	MO
glyburide micronized oral tablet 6 mg	1	QL (60 per 30 days); MO	HUMULIN R	2	MO
glyburide oral tablet 1.25 mg	1	QL (480 per 30 days); MO	HUMULIN R U-500 (CONCENTRATED)	4	PA; MO; S
glyburide oral tablet 2.5 mg	1	QL (240 per 30 days); MO	HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; MO; S
glyburide oral tablet 5 mg	1	QL (120 per 30 days); MO	<i>ibandronate sodium intravenous</i>	1	B/D PA
glyburide-metformin oral tablet 1.25-250 mg	1	QL (240 per 30 days); MO	<i>ibandronate sodium oral</i>	1	QL (1 per 28 days); MO
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	QL (120 per 30 days); MO	INVOKAMET	3	QL (60 per 30 days); MO
GLYXAMBI	2	QL (30 per 30 days); MO	INVOKAMET XR	3	QL (60 per 30 days); MO
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	3		INVOKANA	3	QL (30 per 30 days); MO
HUMALOG INJECTION	2	MO			
HUMALOG JUNIOR KWIKPEN	2	MO			
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	MO			

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
JANUMET	2	QL (60 per 30 days); MO	<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	1	QL (120 per 30 days); MO
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	2	QL (30 per 30 days); MO	<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	1	QL (60 per 30 days); MO
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	2	QL (60 per 30 days); MO	<i>metformin hcl oral tablet 1000 mg</i>	1	QL (60 per 30 days); MO
JANUVIA	2	QL (30 per 30 days); MO	<i>metformin hcl oral tablet 500 mg</i>	1	QL (150 per 30 days); MO
JARDIANCE	2	QL (30 per 30 days); MO	<i>metformin hcl oral tablet 850 mg</i>	1	QL (90 per 30 days); MO
JENTADUETO	2	QL (60 per 30 days); MO	<i>miglitol</i>	3	QL (90 per 30 days); MO
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	2	QL (60 per 30 days); MO	MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; QL (2 per 28 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	2	QL (30 per 30 days); MO	<i>nateglinide oral tablet 120 mg</i>	2	QL (90 per 30 days); MO
KERENDIA	2	QL (30 per 30 days); MO	<i>nateglinide oral tablet 60 mg</i>	2	QL (180 per 30 days); MO
KIONEX COMBINATION	2		OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	2	PA; QL (1.5 per 28 days)
LANTUS	2	QL (30 per 30 days); MO	OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	2	PA; QL (3 per 28 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL (30 per 30 days); MO	OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	2	PA; QL (3 per 28 days)
<i>liraglutide</i>	1	PA; QL (9 per 30 days)	OZEMPIC (2 MG/DOSE)	2	PA; QL (3 per 28 days)
LOKELMA ORAL PACKET 10 GM	2	QL (34 per 30 days); MO	<i>pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml</i>	1	
LOKELMA ORAL PACKET 5 GM	2	QL (90 per 30 days); MO			
LYUMJEV	2	MO			
LYUMJEV KWIKPEN	2	MO			

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>pamidronate disodium intravenous solution 6 mg/ml</i>	2	B/D PA
<i>paricalcitol oral</i>	3	B/D PA; MO
<i>pioglitazone hcl oral tablet 15 mg</i>	1	QL (90 per 30 days); MO
<i>pioglitazone hcl oral tablet 30 mg</i>	1	QL (45 per 30 days); MO
<i>pioglitazone hcl oral tablet 45 mg</i>	1	QL (30 per 30 days); MO
<i>pioglitazone hcl-glimepiride</i>	3	QL (30 per 30 days); MO
<i>pioglitazone hcl-metformin hcl</i>	3	QL (90 per 30 days); MO
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; QL (1 per 180 days)
<i>repaglinide oral tablet 0.5 mg</i>	1	QL (960 per 30 days); MO
<i>repaglinide oral tablet 1 mg</i>	1	QL (480 per 30 days); MO
<i>repaglinide oral tablet 2 mg</i>	1	QL (240 per 30 days); MO
<i>risedronate sodium oral tablet 150 mg</i>	3	QL (1 per 28 days); MO
<i>risedronate sodium oral tablet 30 mg</i>	3	QL (30 per 30 days)
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	3	QL (4 per 28 days); MO
<i>risedronate sodium oral tablet 5 mg</i>	3	QL (30 per 30 days); MO
<i>risedronate sodium oral tablet delayed release</i>	3	QL (4 per 28 days); MO
RYBELSUS ORAL TABLET 14 MG, 7 MG	2	PA; QL (30 per 30 days)
RYBELSUS ORAL TABLET 3 MG	2	PA; QL (60 per 365 days)
<i>sodium polystyrene sulfonate oral powder</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
SOLIQUA	2	QL (15 per 25 days); MO
SPS (SODIUM POLYSTYRENE SULF)	2	
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; QL (11 per 30 days); MO; S
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; QL (6 per 30 days); MO; S
SYNJARDY	2	QL (60 per 30 days); MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	2	QL (60 per 30 days); MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	2	QL (30 per 30 days); MO
<i>teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml, 620 mcg/2.48ml</i>	4	PA; QL (3 per 28 days); S
<i>tolvaptan oral tablet 15 mg</i>	4	PA; QL (30 per 30 days); S
<i>tolvaptan oral tablet 30 mg</i>	4	PA; QL (60 per 30 days); S
TOUJEO MAX SOLOSTAR	2	QL (12 per 30 days); MO
TOUJEO SOLOSTAR	2	QL (13.5 per 30 days); MO
TRADJENTA	2	QL (30 per 30 days); MO
TRESIBA	2	QL (30 per 30 days); MO
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	QL (30 per 30 days); MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	2	QL (18 per 30 days); MO
<i>trientine hcl</i>	4	PA; S
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	2	QL (30 per 30 days); MO
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	2	QL (60 per 30 days); MO
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; QL (2 per 28 days)
TYMLOS	4	PA; QL (1.56 per 28 days); S
VELTASSA ORAL PACKET 1 GM	4	QL (240 per 30 days); MO; S
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	4	QL (30 per 30 days); MO; S
VELTASSA ORAL PACKET 8.4 GM	4	QL (90 per 30 days); MO; S
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL (9 per 30 days)
XGEVA	4	PA; QL (5.1 per 28 days); S
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	2	QL (30 per 30 days); MO
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	2	QL (60 per 30 days); MO
<i>zoledronic acid intravenous concentrate</i>	1	PA
<i>zoledronic acid intravenous solution</i>	1	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Gastrointestinal Agents</b>		
<i>alosetron hcl oral tablet 0.5 mg</i>	3	PA; QL (60 per 30 days); MO
<i>alosetron hcl oral tablet 1 mg</i>	4	PA; QL (60 per 30 days); MO; S
<i>aprepitant oral</i>	2	B/D PA; QL (15 per 30 days)
<i>aprepitant oral capsule 125 mg</i>	4	B/D PA; QL (5 per 30 days); S
<i>aprepitant oral capsule 40 mg</i>	2	B/D PA; QL (1 per 28 days)
<i>aprepitant oral capsule 80 &amp; 125 mg</i>	2	B/D PA; QL (15 per 30 days)
<i>aprepitant oral capsule 80 mg</i>	2	B/D PA; QL (10 per 30 days)
<i>balsalazide disodium</i>	3	
<i>budesonide er oral tablet extended release 24 hour</i>	3	PA
<i>budesonide oral</i>	3	
<i>cimetidine hcl oral solution 300 mg/5ml</i>	2	MO
<i>cimetidine oral tablet 200 mg</i>	2	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	2	MO
CLENPIQ	3	
COMPRO	3	
<i>constulose</i>	1	MO
CORTIFOAM EXTERNAL	3	
<i>dexlansoprazole</i>	3	ST; QL (30 per 30 days); MO
<i>dicyclomine hcl oral capsule</i>	1	
<i>dicyclomine hcl oral solution</i>	3	
<i>dicyclomine hcl oral tablet</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>diphenoxylate-atropine oral liquid</i>	2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	2	
<i>dronabinol</i>	3	B/D PA; QL (120 per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED	3	B/D PA; QL (15 per 30 days)
<i>enulose</i>	1	MO
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	3	ST; QL (30 per 30 days); MO
<i>esomeprazole magnesium oral packet 10 mg</i>	3	ST; QL (30 per 30 days); MO
<i>esomeprazole sodium intravenous solution reconstituted 40 mg</i>	1	
<i>famotidine (pf)</i>	1	
<i>famotidine intravenous solution 200 mg/20ml, 40 mg/4ml</i>	1	
<i>famotidine oral suspension reconstituted</i>	3	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>famotidine premixed</i>	1	
GATTEX	4	PA; LA; S
GAVILYTE-C	1	
GAVILYTE-G	1	
GAVILYTE-N WITH FLAVOR PACK	1	
<i>generlac</i>	1	MO
<i>glycopyrrolate injection solution</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
mesalamine oral tablet delayed release 1.2 gm	2	MO	pantoprazole sodium oral tablet delayed release	1	MO
mesalamine oral tablet delayed release 800 mg	2		peg 3350-kcl-na bicarb-nacl	1	
mesalamine rectal enema	2		peg-3350/electrolytes	1	
mesalamine rectal suppository	3		peg-3350/electrolytes/ascorbat	1	
mesalamine-cleanser	1		peg-kcl-nacl-nasulf-na asc-c	1	
methscopolamine bromide oral	3		PLENVU	3	
metoclopramide hcl injection	1		prochlorperazine	3	
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	1		prochlorperazine edisylate injection solution 10 mg/2ml	1	
metoclopramide hcl oral tablet	1		prochlorperazine maleate oral	1	MO
misoprostol oral	2	MO	promethazine hcl injection	1	
MOVANTIK	2	QL (30 per 30 days)	promethazine hcl oral solution	1	
na sulfate-k sulfate-mg sulf	2		promethazine hcl oral tablet	1	
nizatidine oral capsule	2	MO	promethazine hcl rectal suppository 12.5 mg, 25 mg	3	PA
omeprazole oral capsule delayed release	1	MO	PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	3	PA
ondansetron hcl injection	1		rabeprazole sodium oral tablet delayed release	2	QL (30 per 30 days); MO
ondansetron hcl oral solution	3	B/D PA; QL (450 per 30 days)	RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE)	4	PA; QL (18 per 30 days); S
ondansetron hcl oral tablet 4 mg, 8 mg	2	B/D PA; QL (90 per 30 days)	RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	4	PA; QL (12 per 30 days); S
ondansetron oral tablet dispersible 16 mg	2	B/D PA; QL (30 per 30 days)	scopolamine	3	QL (10 per 28 days)
ondansetron oral tablet dispersible 4 mg, 8 mg	2	B/D PA; QL (90 per 30 days)			
opium	1				
pantoprazole sodium intravenous	1				

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sucralfate oral suspension</i>	3	MO
<i>sucralfate oral tablet</i>	1	MO
<i>sulfasalazine oral</i>	1	MO
SUPREP BOWEL PREP KIT	2	
<i>trimethobenzamide hcl oral</i>	3	
<i>ursodiol oral capsule 300 mg</i>	2	MO
<i>ursodiol oral tablet</i>	2	MO
VOWST	4	PA; QL (12 per 30 days); S
XERMELO	4	PA; QL (90 per 30 days); LA; S

**Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment**

<i>betaine</i>	4	LA; S
CREON	2	MO
<i>cromolyn sodium oral</i>	3	MO
CYSTAGON	2	PA; LA
FABRAZYME	4	PA; LA; S
JAVYGTOR	4	PA; S
LUMIZYME	4	PA; LA; S
<i>miglustat</i>	4	PA; LA; S
NAGLAZYME	4	PA; LA; S
<i>nitisinone</i>	4	PA; S
PROLASTIN-C INTRAVENOUS SOLUTION	4	PA; LA; S
RAVICTI	4	PA; QL (525 per 30 days); LA; S
<i>sapropterin dihydrochloride oral packet</i>	4	PA; S
<i>sapropterin dihydrochloride oral tablet</i>	4	PA; S
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	4	PA; S

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sodium phenylbutyrate oral tablet</i>	4	PA; S
VPRIV	4	PA; S
YARGESA	4	PA; S
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 3000-10000 UNIT, 5000-24000 UNIT	3	MO
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 25000-79000 UNIT, 40000-126000 UNIT, 60000-189600 UNIT	4	MO; S

**Genitourinary Agents**

<i>alfuzosin hcl er</i>	1	MO
<i>bethanechol chloride oral</i>	2	
CARDURA XL	3	MO
<i>clindamycin phosphate vaginal</i>	3	
<i>darifenacin hydrobromide er</i>	3	QL (30 per 30 days); MO
<i>dutasteride oral</i>	2	QL (30 per 30 days); MO
<i>dutasteride-tamsulosin hcl</i>	3	QL (30 per 30 days); MO
ELMIRON	4	S
<i>fesoterodine fumarate er</i>	3	QL (30 per 30 days); MO
<i>finasteride oral tablet 5 mg</i>	1	MO
<i>flavoxate hcl</i>	2	MO
GEMTESA	3	QL (30 per 30 days); MO
<i>metronidazole vaginal</i>	2	
<i>miconazole 3 vaginal suppository</i>	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mirabegron er</i>	3	QL (30 per 30 days); MO
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	3	QL (300 per 30 days); MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	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
<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>	1	QL (600 per 30 days); MO
<i>oxybutynin chloride oral tablet 2.5 mg</i>	1	QL (90 per 30 days); MO
<i>oxybutynin chloride oral tablet 5 mg</i>	1	QL (120 per 30 days); MO
<i>penicillamine oral tablet</i>	4	S
<i>potassium citrate er</i>	2	
<i>silodosin</i>	3	MO
<i>solifenacin succinate</i>	3	QL (30 per 30 days); MO
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	PA; QL (30 per 30 days); MO
<i>tamsulosin hcl</i>	1	MO
<i>terconazole</i>	2	
<i>tiopronin oral tablet</i>	4	PA; S
<i>tolterodine tartrate</i>	3	QL (60 per 30 days); MO
<i>tolterodine tartrate er</i>	3	QL (30 per 30 days); MO
<i>tropium chloride</i>	3	QL (60 per 30 days); MO
<i>tropium chloride er</i>	3	QL (30 per 30 days); MO
VANAZOLE	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Hormonal Agents</b>		
ACTHAR	4	PA; LA; S
ACTHAR GEL	4	PA; S
AFIRMELLE	2	MO
ALTAVERA	2	MO
<i>alyacen 1/35</i>	2	MO
<i>alyacen 7/7/7</i>	2	MO
AMETHIA	2	MO
AMETHYST	2	MO
APRI	2	MO
ARANELLE	2	MO
ARMOUR THYROID	2	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	2	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	1	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
CHATEAL EQ	2	MO
CLIMARA PRO	2	PA; QL (4 per 28 days); MO
COMBIPATCH	2	PA; QL (8 per 28 days); MO
CRINONE	3	PA
CRYSELLE-28	2	MO
CYRED EQ	2	MO
<i>danazol oral</i>	3	
DASETTA 1/35 (28)	2	MO
DASETTA 7/7/7	2	MO
DAYSEE	2	MO
DEBLITANE	2	MO
DELYLA	2	MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	2	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	1	PA; MO
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	1	MO
<i>desmopressin ace spray refrig</i>	3	MO
<i>desmopressin acetate injection</i>	1	
<i>desmopressin acetate oral</i>	2	MO
<i>desmopressin acetate pf</i>	1	
<i>desmopressin acetate spray</i>	3	MO
<i>desogestrel-ethinyl estradiol</i>	2	MO
DEXAMETHASONE INTENSOL	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>dexamethasone oral elixir</i>	3	
<i>dexamethasone oral solution</i>	3	
<i>dexamethasone oral tablet</i>	1	
<i>dexamethasone oral tablet therapy pack</i>	3	
<i>dexamethasone sod phos +rfid</i>	1	
<i>dexamethasone sod phosphate pf injection solution</i>	1	
<i>dexamethasone sodium phosphate injection</i>	1	
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
EGRIFTA SV	4	PA; LA; S
ELINEST	2	MO
ELURYNG	2	MO
EMZAHH	2	MO
ENILLORING	3	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>	2	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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	3	
<i>estradiol-norethindrone acet</i>	3	PA; MO
<i>ethynodiol diac-eth estradiol</i>	2	MO
<i>etonogestrel-ethinyl estradiol</i>	3	MO
EUTHYROX	1	MO
FALMINA	2	MO
FINZALA	1	MO
<i>fludrocortisone acetate oral</i>	2	MO
FYAVOLV	2	PA; MO
GALLIFREY	2	MO
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	3	MO
HEATHER	2	MO
HIDEX 6-DAY	3	
ICLEVIA	2	MO
IMVEXXY MAINTENANCE PACK	2	QL (18 per 28 days); MO
IMVEXXY STARTER PACK	2	QL (18 per 28 days); MO
INCASSIA	2	MO
INCRELEX	4	PA; LA; S
INTROVALE	2	MO
ISIBLOOM	2	MO
JAIMIESS	2	MO
JASMIEL	2	MO
JENCYCLA	2	MO
JINTELI	2	PA; MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
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	2	
<i>lanreotide acetate</i>	4	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
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 &amp; 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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>levothyroxine sodium oral tablet</i>	1	MO
LEVOXYL	1	MO
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	3	
<i>liothyronine sodium intravenous</i>	4	S
<i>liothyronine sodium oral</i>	1	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	4	PA; QL (1 per 28 days); S
LUTERA	2	MO
LYLEQ	2	MO
LYZA	2	MO
<i>marlissa</i>	2	MO
<i>medroxyprogesterone acetate intramuscular</i>	2	
<i>medroxyprogesterone acetate oral</i>	1	MO
MENEST	3	PA; MO
<i>methimazole oral</i>	1	MO
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	1	
<i>methylprednisolone oral</i>	2	
<i>methylprednisolone sodium succ injection</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>solution reconstituted 1000 mg, 125 mg, 40 mg</i>		
MIBELAS 24 FE	1	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>	4	PA; LA; S
MILI	2	MO
MIMVEY	3	PA; MO
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	2	
MONO-LINYAH	2	MO
NECON 0.5/35 (28)	2	MO
NEXPLANON	2	
NIKKI	2	MO
NORA-BE	2	MO
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	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>	1	MO
<i>norethin-eth estradiol-fe</i>	2	MO
<i>norethindron-ethinyl estrad-fe</i>	1	MO
<i>norethindrone acet-ethinyl est oral tablet</i>	2	MO
<i>norethindrone acetate oral</i>	2	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<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
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	1	PA; MO
NYLIA 1/35	2	MO
NYLIA 7/7/7	2	MO
OCELLA	2	MO
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	3	PA
<i>octreotide acetate injection solution 500 mcg/ml</i>	4	PA; S
<i>octreotide acetate intramuscular</i>	4	PA; S
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml</i>	3	PA
<i>octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml</i>	4	PA; S
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; LA; S
OMNITROPE SUBCUTANEOUS	4	PA; LA; S

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
SOLUTION RECONSTITUTED		
ORSYTHIA	2	MO
OSPHENA	2	MO
<i>oxandrolone oral tablet 10 mg</i>	2	PA; QL (60 per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>	2	PA; QL (240 per 30 days)
PHILITH	2	MO
PIMTREA	2	MO
PORTIA-28	2	MO
<i>prednisolone oral solution</i>	3	
<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>	3	
<i>prednisolone sodium phosphate oral tablet dispersible</i>	3	
PREDNISONO INTENSOL	2	
<i>prednisone oral solution</i>	2	
<i>prednisone oral tablet</i>	1	
<i>prednisone oral tablet therapy pack</i>	1	
PREMARIN ORAL	2	PA; MO
PREMARIN VAGINAL	2	MO
PREMPHASE	2	PA; MO
PREMPRO	2	PA; MO
<i>progesterone oral</i>	2	MO
<i>propylthiouracil oral</i>	2	MO
<i>raloxifene hcl</i>	2	QL (30 per 30 days); MO
RECLIPSEN	2	MO
RIVELSA	2	MO
SANDOSTATIN LAR DEPOT	4	PA; S

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SETLAKIN	2	MO
SHAROBEL	2	MO
SIGNIFOR	4	PA; LA; S
SIMLIYA	2	MO
SIMPESSE	2	MO
SKYLA	2	
SOMATULINE DEPOT	4	PA; S
SOMAVERT	4	PA; LA; S
SPRINTEC 28	2	MO
SRONYX	2	MO
SYEDA	2	MO
SYNAREL	4	PA; S
SYNTHROID	2	MO
TARINA 24 FE	2	MO
TARINA FE 1/20 EQ	2	MO
<i>testosterone cypionate intramuscular solution 100 mg/ml</i>	1	PA; MO
<i>testosterone cypionate intramuscular solution 200 mg/ml, 200 mg/ml (1 ml)</i>	1	MO
<i>testosterone enanthate intramuscular solution</i>	3	PA; MO
<i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i>	3	PA; QL (150 per 30 days); MO
<i>testosterone transdermal gel 10 mg/act (2%)</i>	3	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>	3	PA; QL (300 per 30 days); MO
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%)</i>	3	PA; QL (112.5 per 30 days); MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>testosterone transdermal solution</i>	3	PA; QL (180 per 30 days); MO
TILIA FE	1	MO
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG	2	MO
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 13 MCG/ML, 175 MCG/ML, 200 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 62.5 MCG/ML	2	MO
TRI-ESTARYLLA	2	MO
TRI-LEGEST FE	1	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 acetonide injection suspension 40 mg/ml</i>	1	
TRIVORA (28)	2	MO
TURQOZ	2	MO
TYDEMY	2	MO
UNITHROID	1	MO
VELIVET	2	MO
VIENVA	2	MO
<i>viorele</i>	2	MO
VOLNEA	2	MO
VYFEMLA	2	MO
VYLIBRA	2	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
WERA	2	MO
WYMZYA FE	2	MO
XULANE	3	MO
<i>yuvafem</i>	3	MO
ZAFEMY	3	MO
ZOVIA 1/35 (28)	2	MO
ZUMANDIMINE	2	MO
<b>Immunological Agents</b>		
ABRYSCO	2	
ACTHIB	2	
ACTIMMUNE	4	PA; LA; S
ADACEL	2	
ARCALYST	4	PA; S
AREXVY	2	
<i>azathioprine oral tablet 50 mg</i>	1	B/D PA
<i>bcg vaccine injection solution reconstituted</i>	2	
BENLYSTA	4	PA; S
BEXSERO	2	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
COSENTYX (300 MG DOSE)	4	PA; QL (8 per 28 days); LA; S
COSENTYX SENSOREADY (300 MG)	4	PA; QL (8 per 28 days); LA; S
COSENTYX SENSOREADY PEN	4	PA; QL (8 per 28 days); LA; S
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	4	PA; QL (8 per 28 days); LA; S

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML	2	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	
INFANRIX	2	
<i>infliximab</i>	4	PA; S
IPOL	2	
IXCHIQ	2	
IXIARO	2	
JYLAMVO	3	ST
JYNNEOS	2	
<i>kedrab injection</i>	2	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
<i>leflunomide oral</i>	2	QL (30 per 30 days); MO
M-M-R II INJECTION	2	
MENACTRA INTRAMUSCULAR SOLUTION	2	
MENQUADFI INTRAMUSCULAR SOLUTION	2	
MENVEO	2	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution reconstituted</i>	1	
<i>methotrexate sodium oral</i>	1	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
PROGRAF INTRAVENOUS	4	B/D PA; S
PROGRAF ORAL PACKET	3	B/D PA
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	2	
QUADRACEL	2	
RABAVERT	2	
RECOMBIVAX HB	2	B/D PA
REMICADE	4	PA; S
REZUROCK	4	PA; LA; S
RIDAURA	4	MO; S
RINVOQ	4	PA; QL (30 per 30 days); S
RINVOQ LQ	4	PA; QL (360 per 30 days); S
ROTARIX	2	
ROTATEQ ORAL SOLUTION	2	
SANDIMMUNE ORAL SOLUTION	3	B/D PA
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	2	
<i>sirolimus oral</i>	3	B/D PA
SKYRIZI INTRAVENOUS	4	PA; QL (10 per 28 days); S
SKYRIZI PEN	4	PA; QL (6 per 365 days); S
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	4	PA; QL (1.2 per 56 days); S
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	4	PA; QL (2.4 per 56 days); S
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (6 per 365 days); S

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
STELARA INTRAVENOUS	4	PA; LA; S
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	4	PA; QL (1 per 28 days); LA; S
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (1 per 28 days); S
<i>tacrolimus oral</i>	3	B/D PA
TDVAX	2	
TENIVAC	2	
TICOVAC	2	
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL (2 per 28 days); S
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (2 per 28 days); S
TREXALL	3	ST
TRUMENBA	2	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
VARIZIG INTRAMUSCULAR SOLUTION	2	
VAXCHORA	2	
XATMEP	3	ST
XELJANZ ORAL SOLUTION	4	PA; QL (240 per 24 days); S
XELJANZ ORAL TABLET	4	PA; QL (60 per 30 days); S
XELJANZ XR	4	PA; QL (30 per 30 days); S

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
amoxicillin-pot clavulanate oral tablet chewable 400-57 mg	2	
amphotericin b intravenous	3	B/D PA
amphotericin b liposome	4	B/D PA; S
ampicillin oral capsule 500 mg	1	
ampicillin sodium injection solution reconstituted 1 gm, 125 mg	3	
ampicillin sodium injection solution reconstituted 2 gm, 250 mg, 500 mg	1	
ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm	3	
ampicillin sodium intravenous solution reconstituted 2 gm	1	
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	3	
ampicillin-sulbactam sodium intravenous	3	
APTIVUS ORAL CAPSULE	4	QL (120 per 30 days); S
ARIKAYCE	4	LA; S
atazanavir sulfate oral capsule 150 mg, 200 mg	3	QL (60 per 30 days)
atazanavir sulfate oral capsule 300 mg	3	QL (30 per 30 days)
atovaquone oral	3	PA
atovaquone-proguanil hcl	3	
azithromycin intravenous	3	

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
cefadroxil oral suspension reconstituted	2		cefotetan disodium injection solution reconstituted 1 gm, 2 gm	3	
cefadroxil oral tablet	3		cefoxitin sodium intravenous	3	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg	3		cefpodoxime proxetil oral suspension reconstituted	3	
cefazolin sodium injection solution reconstituted 100 gm, 300 gm	2		cefpodoxime proxetil oral tablet	2	
cefazolin sodium intravenous solution reconstituted 1 gm	3		cefprozil oral suspension reconstituted	2	
cefazolin sodium intravenous solution reconstituted 2 gm, 3 gm	2		cefprozil oral tablet	1	
cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%, 3-4 gm/150ml-%	2		ceftazidime injection solution reconstituted 1 gm, 6 gm	3	
cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml)	2		ceftazidime intravenous	1	
cefdinir	1		ceftriaxone sodium in dextrose	1	
cefepime hcl injection solution reconstituted 1 gm	3		ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	1	
cefepime hcl intravenous solution	2		ceftriaxone sodium injection solution reconstituted 100 gm	2	
cefepime hcl intravenous solution reconstituted 100 gm	2		ceftriaxone sodium intravenous	1	
cefepime hcl intravenous solution reconstituted 2 gm	3		ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)	2	
cefixime oral capsule	2		cefuroxime axetil oral tablet	1	
cefixime oral suspension reconstituted	3		cefuroxime sodium injection solution reconstituted 750 mg	3	
			cefuroxime sodium intravenous solution reconstituted 1.5 gm	3	
			cephalexin oral capsule	1	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
cephalexin oral suspension reconstituted	1	
cephalexin oral tablet	2	
chloroquine phosphate oral	1	MO
cidofovir intravenous	4	B/D PA; S
CIMDUO	4	QL (30 per 30 days); S
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	
ciprofloxacin in d5w intravenous solution 200 mg/100ml	3	
ciprofloxacin in d5w intravenous solution 400 mg/200ml	1	
clarithromycin er	2	
clarithromycin oral suspension reconstituted	3	
clarithromycin oral tablet	2	
clindamycin hcl oral	1	
clindamycin palmitate hcl	3	
clindamycin phosphate in d5w	3	
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml	3	
clindamycin phosphate injection solution 9000 mg/60ml	1	
COARTEM	3	
colistimethate sodium (cba)	3	
COMPLERA	4	QL (30 per 30 days); S

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
dapsone oral	2	MO
daptomycin	4	S
darunavir oral tablet 600 mg	3	QL (60 per 30 days)
darunavir oral tablet 800 mg	4	QL (60 per 30 days); S
DELSTRIGO	4	QL (30 per 30 days); S
demeclocycline hcl oral	3	
DESCOVY	4	QL (30 per 30 days); S
dicloxacillin sodium	2	
DIFICID	4	PA; S
DOVATO	4	QL (30 per 30 days); S
DOXY 100	3	
doxycycline hyclate intravenous	3	
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg, 20 mg	2	
doxycycline monohydrate oral capsule 100 mg, 50 mg	3	
doxycycline monohydrate oral suspension reconstituted	2	
doxycycline monohydrate oral tablet	2	
E.E.S. 400 ORAL TABLET	2	
EDURANT	4	QL (30 per 30 days); S
efavirenz oral tablet	3	QL (30 per 30 days)
efavirenz-emtricitab-tenofo df	3	QL (30 per 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>efavirenz-lamivudine-tenofovir</i>	3	QL (30 per 30 days)	<i>etravirine oral tablet 100 mg</i>	3	QL (120 per 30 days)
<i>emtricitabine</i>	1	QL (30 per 30 days)	<i>etravirine oral tablet 200 mg</i>	3	QL (60 per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 200-300 mg</i>	3	QL (30 per 30 days)	EVOTAZ	4	QL (30 per 30 days); S
<i>emtricitabine-tenofovir df oral tablet 133-200 mg, 167-250 mg</i>	4	QL (30 per 30 days); S	<i>famciclovir oral tablet 125 mg, 250 mg</i>	2	QL (60 per 30 days)
EMTRIVA ORAL SOLUTION	3	QL (850 per 30 days)	<i>famciclovir oral tablet 500 mg</i>	2	QL (21 per 7 days)
<i>entecavir</i>	3	PA	FIRVANQ	3	QL (1200 per 30 days)
EPCLUSA ORAL PACKET 150-37.5 MG	4	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>	3	
EPCLUSA ORAL PACKET 200-50 MG	4	PA; QL (60 per 30 days); S	<i>fluconazole oral suspension reconstituted</i>	2	
EPCLUSA ORAL TABLET 200-50 MG	4	PA; QL (60 per 30 days); S	<i>fluconazole oral tablet</i>	1	
EPCLUSA ORAL TABLET 400-100 MG	4	PA; QL (30 per 30 days); S	<i>flucytosine oral</i>	4	S
<i>ertapenem sodium</i>	3		<i>fosamprenavir calcium</i>	3	QL (120 per 30 days)
ERY-TAB	3		<i>fosfomycin tromethamine</i>	1	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3		FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	4	QL (60 per 30 days); S
<i>erythromycin base oral</i>	3		<i>ganciclovir sodium intravenous solution reconstituted</i>	4	B/D PA; S
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>	3		<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>	3	
<i>erythromycin ethylsuccinate oral tablet</i>	2		<i>gentamicin in saline intravenous solution 2-0.9 mg/ml-%</i>	2	
<i>erythromycin lactobionate</i>	3				
<i>erythromycin oral</i>	3				
<i>ethambutol hcl oral</i>	2				

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>gentamicin sulfate injection solution 10 mg/ml</i>	1	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	3	
GENVOYA	4	QL (30 per 30 days); S
<i>griseofulvin microsize oral</i>	3	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	3	
HARVONI	4	PA; QL (28 per 28 days); S
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	1	MO
<i>imipenem-cilastatin</i>	3	
INTELENCE ORAL TABLET 25 MG	3	QL (480 per 30 days)
ISENTRESS HD	4	QL (60 per 30 days); S
ISENTRESS ORAL PACKET	4	QL (180 per 30 days); S
ISENTRESS ORAL TABLET	4	QL (120 per 30 days); S
ISENTRESS ORAL TABLET CHEWABLE 100 MG	3	QL (180 per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 25 MG	2	QL (720 per 30 days)
<i>isoniazid injection</i>	1	
<i>isoniazid oral syrup</i>	3	MO
<i>isoniazid oral tablet</i>	1	MO
<i>itraconazole oral capsule</i>	3	PA
<i>ivermectin oral</i>	2	PA
JULUCA	4	QL (30 per 30 days); S
<i>ketoconazole oral</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LAGEVRIO	4	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>	3	QL (60 per 30 days)
<i>lamivudine oral tablet 300 mg</i>	3	QL (30 per 30 days)
<i>lamivudine-zidovudine</i>	3	QL (60 per 30 days)
<i>levofloxacin in d5w intravenous solution 250 mg/50ml</i>	1	
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	3	
<i>levofloxacin intravenous</i>	3	
<i>levofloxacin oral solution</i>	3	
<i>levofloxacin oral tablet</i>	1	
<i>lincomycin hcl injection</i>	1	
<i>linezolid in sodium chloride</i>	3	
<i>linezolid intravenous solution 600 mg/300ml</i>	3	
<i>linezolid oral suspension reconstituted</i>	4	PA; QL (1800 per 30 days); S
<i>linezolid oral tablet</i>	3	PA; QL (56 per 28 days)
LIVTENCITY	4	PA; S
<i>lopinavir-ritonavir oral solution</i>	3	QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	3	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	3	QL (120 per 30 days)
<i>maraviroc</i>	3	QL (120 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mefloquine hcl</i>	1	MO
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	2	
<i>methenamine hippurate</i>	2	
<i>methenamine mandelate oral</i>	1	
<i>metronidazole intravenous solution 500 mg/100ml</i>	1	
<i>metronidazole oral capsule</i>	3	
<i>metronidazole oral tablet</i>	1	
<i>micafungin sodium</i>	4	S
<i>minocycline hcl oral capsule</i>	1	
<i>minocycline hcl oral tablet</i>	3	
MONDOXYNE NL ORAL CAPSULE 100 MG	3	
<i>moxifloxacin hcl in nacl</i>	3	
<i>moxifloxacin hcl oral</i>	2	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	3	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	4	S
<i>neomycin sulfate oral</i>	1	
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	3	QL (30 per 30 days)
<i>nevirapine oral suspension</i>	3	QL (1200 per 30 days)
<i>nevirapine oral tablet</i>	2	QL (60 per 30 days)
<i>nitazoxanide oral</i>	3	QL (6 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nitrofurantoin macrocrystal oral</i>	2	
<i>nitrofurantoin monohyd macro</i>	2	
<i>nitrofurantoin oral suspension 25 mg/5ml, 50 mg/10ml</i>	4	S
NORVIR ORAL PACKET	3	QL (360 per 30 days)
NUZYRA ORAL	4	PA; S
<i>nystatin oral tablet</i>	2	
ODEFSEY	4	QL (30 per 30 days); S
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	2	
<i>oseltamivir phosphate oral capsule 30 mg</i>	2	QL (168 per 365 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	2	QL (84 per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	2	QL (1080 per 365 days)
<i>oxacillin sodium in dextrose intravenous solution 1 gm/50ml</i>	2	
<i>oxacillin sodium in dextrose intravenous solution 2 gm/50ml</i>	4	S
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	3	
<i>oxacillin sodium intravenous</i>	3	
PAXLOVID (150/100)	1	QL (20 per 90 days)
PAXLOVID (300/100)	1	QL (30 per 90 days)
<i>penicillin g pot in dextrose</i>	3	
<i>penicillin g potassium</i>	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>penicillin g sodium</i>	3	
<i>penicillin v potassium oral solution reconstituted</i>	1	
<i>penicillin v potassium oral tablet</i>	1	
<i>pentamidine isethionate inhalation</i>	2	B/D PA
<i>pentamidine isethionate injection</i>	3	
PFIZERPEN	3	
PIFELTRO	4	QL (30 per 30 days); S
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	3	
<i>polymyxin b sulfate injection</i>	3	
<i>posaconazole oral</i>	4	PA; MO; S
<i>praziquantel oral</i>	3	
PREVYMIS ORAL TABLET	4	PA; QL (30 per 30 days); S
PREZCOBIX	4	QL (30 per 30 days); S
PREZISTA ORAL SUSPENSION	4	QL (400 per 30 days); S
PREZISTA ORAL TABLET 150 MG	3	QL (180 per 30 days)
PREZISTA ORAL TABLET 75 MG	3	QL (300 per 30 days)
PRIFTIN	2	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	2	
<i>pyrazinamide oral</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pyrimethamine oral</i>	4	PA; S
<i>quinine sulfate oral</i>	3	PA
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	2	QL (60 per 180 days)
RETROVIR INTRAVENOUS	2	
REYATAZ ORAL PACKET	3	QL (240 per 30 days)
<i>ribavirin oral capsule</i>	2	
<i>ribavirin oral tablet 200 mg</i>	3	
<i>rifabutin</i>	3	
<i>rifampin intravenous</i>	3	
<i>rifampin oral</i>	2	
<i>rimantadine hcl</i>	2	
<i>ritonavir</i>	2	QL (360 per 30 days)
RUKOBIA	4	QL (60 per 30 days); MO; S
SELZENTRY ORAL SOLUTION	2	QL (1840 per 30 days)
SELZENTRY ORAL TABLET 25 MG	2	QL (240 per 30 days)
SELZENTRY ORAL TABLET 75 MG	4	QL (60 per 30 days); S
SIRTURO	4	PA; LA; S
<i>streptomycin sulfate intramuscular</i>	4	S
STRIBILD	4	QL (30 per 30 days); S
<i>sulfadiazine oral</i>	4	S
<i>sulfamethoxazole-trimethoprim intravenous</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
SUNLENCA ORAL	4	LA; S
SUNLENCA SUBCUTANEOUS	4	QL (3 per 168 days); MO; S
SYMTUZA	4	QL (30 per 30 days); S
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	3	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM	1	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 6 GM	3	
TEFLARO	4	S
<i>tenofovir disoproxil fumarate</i>	3	QL (30 per 30 days)
<i>terbinafine hcl oral</i>	1	
<i>tetracycline hcl oral capsule</i>	3	
<i>tigecycline</i>	4	S
<i>tinidazole oral</i>	2	
TIVICAY ORAL TABLET 10 MG	3	QL (120 per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	4	QL (60 per 30 days); S
TIVICAY PD	4	QL (360 per 30 days); S
<i>tobramycin sulfate injection solution</i>	3	
<i>tobramycin sulfate injection solution reconstituted</i>	4	S
TRECTOR	3	
<i>trifluridine ophthalmic</i>	2	
<i>trimethoprim oral</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
TRIUMEQ	4	QL (30 per 30 days); S
TRIUMEQ PD	4	QL (180 per 30 days); S
TROGARZO	4	PA; QL (23.94 per 28 days); LA; S
TYBOST	2	QL (30 per 30 days)
<i>valacyclovir hcl oral tablet 1 gm</i>	2	QL (90 per 30 days)
<i>valacyclovir hcl oral tablet 500 mg</i>	2	QL (60 per 30 days)
<i>valganciclovir hcl oral solution reconstituted</i>	4	S
<i>valganciclovir hcl oral tablet</i>	2	
<i>vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.25-5 gm/250ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%</i>	2	
<i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%</i>	2	
<i>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</i>	2	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 500 mg, 750 mg</i>	3	
<i>vancomycin hcl intravenous solution</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
reconstituted 1.25 gm, 1.5 gm		
vancomycin hcl intravenous solution reconstituted 5 gm	1	
vancomycin hcl oral capsule	3	PA; QL (240 per 30 days)
vancomycin hcl oral solution reconstituted 25 mg/ml	3	PA; QL (1200 per 30 days)
VEMLIDY	4	PA; QL (30 per 30 days); S
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG	4	PA; S
VIRACEPT ORAL TABLET 250 MG	4	QL (300 per 30 days); S
VIRACEPT ORAL TABLET 625 MG	4	QL (120 per 30 days); S
VIREAD ORAL POWDER	4	QL (240 per 30 days); S
VIREAD ORAL TABLET 150 MG, 250 MG	4	QL (30 per 30 days); S
VIREAD ORAL TABLET 200 MG	3	QL (30 per 30 days)
voriconazole intravenous	3	PA
voriconazole oral suspension reconstituted	4	PA; QL (300 per 30 days); S
voriconazole oral tablet 200 mg	4	PA; QL (60 per 30 days); S
voriconazole oral tablet 50 mg	3	PA; QL (120 per 30 days)
VOSEVI	4	PA; QL (30 per 30 days); S
XIFAXAN ORAL TABLET 550 MG	4	PA; QL (84 per 28 days); MO; S
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	
zidovudine oral capsule	3	QL (180 per 30 days)
zidovudine oral syrup	2	QL (1920 per 30 days)
zidovudine oral tablet	2	QL (60 per 30 days)
ZIRGAN	3	
ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML	4	S
<b>Miscellaneous Therapeutic Agents</b>		
acetic acid irrigation	1	
acetylcysteine intravenous	1	
ALCOHOL SWABS	1	MO
AUTOPEN	2	
BD PEN	2	
BD PEN MINI	2	
GAUZE STERILE PADS 2	1	MO
IGALMI	3	QL (30 per 30 days)
INPEN 100-BLUE-LILLY-HUMALOG	2	
INPEN 100-BLUE-NOVOLOG-FIASP	2	
INPEN 100-GREY-LILLY-HUMALOG	4	S
INPEN 100-GREY-NOVOLOG-FIASP	4	S
INPEN 100-PINK-LILLY-HUMALOG	4	S
INPEN 100-PINK-NOVOLOG-FIASP	2	
INSULIN PEN NEEDLE	1	QL (200 per 30 days); MO
INSULIN SYRINGE	1	QL (200 per 30 days); MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KOSELUGO	4	PA; S
<i>lactated ringers irrigation</i>	1	
<i>mannitol intravenous solution 20 %, 25 %</i>	1	
METHERGINE ORAL	4	S
<i>methylergonovine maleate oral</i>	4	S
<i>neomycin-polymyxin b gu</i>	1	
NOVOPEN ECHO	2	
PHYSIOLYTE	3	
<i>ringers irrigation</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	3	
<i>sterile water for irrigation</i>	2	
SYNAGIS	4	PA; S
TIS-U-SOL	1	

### **Ophthalmic Agents**

<i>acetazolamide er</i>	3	MO
<i>ak-poly-bac</i>	1	
ALREX	3	
<i>apraclonidine hcl</i>	2	
<i>atropine sulfate ophthalmic ointment</i>	2	MO
<i>atropine sulfate ophthalmic solution 1 %</i>	2	MO
<i>azelastine hcl ophthalmic</i>	2	
<i>bacitra-neomycin-polymyxin-hc</i>	2	
<i>bacitracin ophthalmic</i>	2	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>bepotastine besilate</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>betaxolol hcl ophthalmic</i>	1	MO
BETOPTIC-S	3	MO
<i>bimatoprost ophthalmic</i>	3	MO
<i>brimonidine tartrate ophthalmic</i>	2	MO
<i>brimonidine tartrate-timolol</i>	2	MO
<i>brinzolamide</i>	2	MO
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	3	
<i>carteolol hcl</i>	1	MO
<i>ciprofloxacin hcl ophthalmic</i>	1	
<i>cromolyn sodium ophthalmic</i>	1	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	1	MO
<i>cyclosporine ophthalmic</i>	2	QL (60 per 30 days); MO
CYSTARAN	4	LA; S
<i>dexamethasone sodium phosphate ophthalmic</i>	1	
<i>diclofenac sodium ophthalmic</i>	1	
<i>difluprednate</i>	2	
<i>dorzolamide hcl ophthalmic</i>	1	MO
<i>dorzolamide hcl-timolol mal</i>	1	MO
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	3	MO
<i>epinastine hcl</i>	2	
<i>erythromycin ophthalmic</i>	1	QL (3.5 per 30 days)
<i>fluorometholone ophthalmic</i>	2	
<i>flurbiprofen sodium</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>gatifloxacin ophthalmic</i>	3		<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	
GENTAK OPHTHALMIC OINTMENT	1		<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	2	
<i>gentamicin sulfate ophthalmic solution</i>	1		<i>ofloxacin ophthalmic</i>	1	
ILEVRO	3		<i>olopatadine hcl ophthalmic solution 0.1 %</i>	3	
INVELTYS	3		<i>olopatadine hcl ophthalmic solution 0.2 %</i>	2	
<i>ketorolac tromethamine ophthalmic</i>	1		PHOSPHOLINE IODIDE	4	S
<i>latanoprost ophthalmic</i>	1	MO	<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	2	MO
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	MO	POLYCIN	1	
<i>levofloxacin ophthalmic</i>	3		<i>polymyxin b-trimethoprim</i>	1	
LOTEMAX OPHTHALMIC OINTMENT	3		<i>prednisolone acetate ophthalmic</i>	1	
LOTEMAX SM	3		<i>prednisolone sodium phosphate ophthalmic</i>	3	
<i>loteprednol etabonate ophthalmic gel</i>	1		<i>proparacaine hcl ophthalmic</i>	2	
<i>loteprednol etabonate ophthalmic suspension 0.2 %</i>	3		RESTASIS	3	QL (60 per 30 days); MO
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	2		RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	2	QL (5.5 per 28 days); MO
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	2	MO	RHOPRESSA	3	MO
MAXIDEX	3		ROCKLATAN	3	MO
<i>methazolamide oral</i>	3	MO	SIMBRINZA	2	MO
<i>moxifloxacin hcl (2x day)</i>	3		<i>sulfacetamide sodium ophthalmic</i>	1	
<i>moxifloxacin hcl ophthalmic solution</i>	2		<i>sulfacetamide-prednisolone ophthalmic solution</i>	1	
NEO-POLYCIN	2		<i>tafluprost (pf)</i>	3	MO
NEO-POLYCIN HC	2				
<i>neomycin-bacitracin zn-polymyx</i>	2				
<i>neomycin-polymyxin-dexameth</i>	1				

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>timolol maleate (once-daily)</i>	1	MO
TIMOLOL MALEATE OCUDOSE	1	MO
<i>timolol maleate ophthalmic gel forming solution</i>	1	MO
<i>timolol maleate ophthalmic solution 0.25 %</i>	1	MO
<i>timolol maleate ophthalmic solution 0.5 %</i>	1	MO
<i>timolol maleate pf ophthalmic solution 0.5 %</i>	1	MO
TOBRADEX OPHTHALMIC OINTMENT	3	
<i>tobramycin ophthalmic</i>	1	
<i>tobramycin-dexamethasone</i>	2	
<i>travoprost (bak free)</i>	2	MO
VYZULTA	3	MO
XDEMVI	4	LA; S
ZYLET	2	
<b>Otic Agents</b>		
<i>acetic acid otic</i>	1	
CIPRO HC	3	
<i>ciprofloxacin hcl otic</i>	1	
<i>ciprofloxacin-dexamethasone</i>	1	
CORTISPORIN-TC	3	
FLAC	3	
<i>fluocinolone acetonide otic</i>	3	
<i>hydrocortisone-acetic acid</i>	2	
<i>neomycin-polymyxin-hc otic</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ofloxacin otic</i>	1	
<b>Respiratory Tract/Pulmonary Agents</b>		
<i>acetylcysteine inhalation</i>	2	B/D PA
ADEMPAS	4	PA; QL (90 per 30 days); LA; S
ADVAIR HFA	2	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>	1	B/D PA; QL (360 per 30 days); MO
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 2.5 mg/0.5ml</i>	1	B/D PA; MO
<i>albuterol sulfate oral syrup</i>	1	MO
<i>albuterol sulfate oral tablet</i>	3	MO
ALYQ	4	PA; QL (60 per 30 days); S
<i>ambriasantan</i>	4	PA; QL (30 per 30 days); LA; S
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	2	QL (60 per 30 days); MO
ARNUITY ELLIPTA	2	QL (30 per 30 days); MO
ATROVENT HFA	3	QL (26 per 30 days); MO
<i>azelastine hcl nasal</i>	2	QL (30 per 25 days)
<i>azelastine-fluticasone</i>	3	QL (23 per 28 days)
<i>bosentan</i>	4	PA; QL (60 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.

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ELIXOPHYLLIN	2	MO
<i>epinephrine (anaphylaxis)</i>	1	
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	2	QL (2 per 28 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	2	QL (2 per 28 days)
<i>fluticasone nasal solution 25 mcg/act (0.025%)</i>	2	QL (75 per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act</i>	2	QL (60 per 30 days); MO
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>	2	QL (240 per 30 days); MO
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	2	QL (12 per 30 days); MO
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	2	QL (24 per 30 days); MO
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	2	QL (11 per 30 days); MO
<i>fluticasone propionate nasal</i>	1	QL (16 per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	2	QL (60 per 30 days); MO
<i>formoterol fumarate inhalation</i>	3	B/D PA; QL (120 per 30 days); MO
<i>hydroxyzine hcl intramuscular</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydroxyzine hcl oral syrup</i>	2	QL (2880 per 28 days)	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL (3 per 28 days); LA; S
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg</i>	1	QL (120 per 30 days)	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA; QL (3 per 28 days); LA; S
<i>hydroxyzine hcl oral tablet 50 mg</i>	1	QL (240 per 30 days)	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	PA; QL (0.4 per 28 days); LA; S
<i>hydroxyzine pamoate oral</i>	2	QL (120 per 30 days)	NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; QL (3 per 28 days); LA; S
<i>ipratropium bromide inhalation</i>	1	B/D PA; MO	OFEV	4	PA; QL (60 per 30 days); S
<i>ipratropium bromide nasal</i>	1	QL (30 per 30 days); MO	<i>olopatadine hcl nasal</i>	3	QL (31 per 30 days)
<i>ipratropium-albuterol</i>	1	B/D PA; QL (540 per 30 days); MO	OPSUMIT	4	PA; QL (30 per 30 days); LA; S
KALYDECO ORAL TABLET	4	PA; QL (60 per 30 days); S	ORKAMBI ORAL TABLET	4	PA; QL (120 per 30 days); S
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	3	B/D PA; QL (270 per 30 days); MO	<i>pirfenidone oral tablet 267 mg</i>	4	PA; QL (270 per 30 days); S
<i>levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml</i>	3	B/D PA; QL (540 per 30 days); MO	<i>pirfenidone oral tablet 534 mg, 801 mg</i>	4	PA; QL (90 per 30 days); S
<i>levalbuterol tartrate</i>	3	QL (45 per 30 days); MO	PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	4	B/D PA; S
<i>levocetirizine dihydrochloride oral solution</i>	2	QL (300 per 30 days)	QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	2	QL (11 per 30 days); MO
<i>levocetirizine dihydrochloride oral tablet</i>	1	QL (30 per 30 days)	QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	2	QL (22 per 30 days); MO
<i>mometasone furoate nasal</i>	1		REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML	4	PA; LA; S
<i>montelukast sodium oral packet</i>	3	MO	<i>roflumilast</i>	3	PA; QL (30 per 30 days); MO
<i>montelukast sodium oral tablet</i>	1	MO			
<i>montelukast sodium oral tablet chewable</i>	1	MO			

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

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

## Legend

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

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

<b>A</b>		ADEMPAS .....	80
<i>abacavir sulfate oral solution</i> .....	68	ADRIAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG .....	15
<i>abacavir sulfate oral tablet</i> .....	68	ADVAIR HFA .....	80
<i>abacavir sulfate-lamivudine</i> .....	68	AFIRMELLE .....	59
ABELCET .....	68	AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML .....	30
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML .....	30	AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML .....	30
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML .....	30	<i>ak-poly-bac</i> .....	78
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE .....	30	AKEEGA .....	15
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER .....	30	<i>ala-cort external cream</i> .....	44
<i>abiraterone acetate oral tablet 250 mg</i> .....	15	<i>albendazole oral</i> .....	68
<i>abiraterone acetate oral tablet 500 mg</i> .....	15	<i>albuterol sulfate hfa</i> .....	80
ABRYSVO .....	65	<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i> ....	80
<i>acamprosate calcium</i> .....	30	<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 2.5 mg/0.5ml</i> .....	80
<i>acarbose oral</i> .....	51	<i>albuterol sulfate oral syrup</i> .....	80
ACCUTANE ORAL CAPSULE 20 MG, 30 MG, 40 MG ...	44	<i>albuterol sulfate oral tablet</i> .....	80
<i>acebutolol hcl oral</i> .....	25	<i>alclometasone dipropionate</i> .....	44
<i>acetaminophen-codeine oral solution</i> .....	12	ALCOHOL SWABS .....	77
<i>acetaminophen-codeine oral tablet</i> .....	12	ALECENSA .....	15
<i>acetazolamide er</i> .....	78	<i>alendronate sodium oral solution</i> .....	51
<i>acetazolamide oral</i> .....	25	<i>alendronate sodium oral tablet 10 mg</i> .....	51
<i>acetic acid irrigation</i> .....	77	<i>alendronate sodium oral tablet 35 mg, 70 mg</i> ....	51
<i>acetic acid otic</i> .....	80	<i>alendronate sodium oral tablet 10 mg, 5 mg</i> .....	11
<i>acetylcysteine inhalation</i> .....	80	<i>alendronate sodium oral tablet 35 mg, 70 mg</i> .....	11
<i>acetylcysteine intravenous</i> .....	77	<i>alfuzosin hcl er</i> .....	58
<i>acitretin</i> .....	44	<i>aliskiren fumarate</i> .....	25
ACTHAR .....	59	<i>allopurinol oral tablet 100 mg, 300 mg</i> .....	12
ACTHAR GEL .....	59	<i>almotriptan malate</i> .....	30
ACTHIB .....	65	<i>alosetron hcl oral tablet 0.5 mg</i> .....	55
ACTIMMUNE .....	65	<i>alosetron hcl oral tablet 1 mg</i> .....	55
<i>acyclovir external ointment</i> .....	44	<i>alprazolam er</i> .....	30
<i>acyclovir oral capsule</i> .....	68	<i>alprazolam oral tablet</i> .....	30
<i>acyclovir oral suspension</i> .....	68	<i>alprazolam oral tablet dispersible</i> .....	30
<i>acyclovir oral tablet</i> .....	68	<i>alprazolam xr</i> .....	30
<i>acyclovir sodium intravenous solution</i> .....	68	ALREX .....	78
ADACEL .....	65	ALTAVERA .....	59
<i>adapalene external cream</i> .....	44	ALUNBRIG ORAL TABLET 180 MG .....	15
<i>adapalene external gel 0.1 %</i> .....	44	ALUNBRIG ORAL TABLET 30 MG .....	15
<i>adapalene external gel 0.3 %</i> .....	44	ALUNBRIG ORAL TABLET 90 MG .....	15
<i>adefovir dipivoxil</i> .....	68		

ALUNBRIG ORAL TABLET THERAPY PACK .....	15	<i>amphetamine-dextroamphet er</i> .....	30
<i>alyacen 1/35</i> .....	59	<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i> .....	30
<i>alyacen 7/7/7</i> .....	59	<i>amphetamine-dextroamphetamine oral tablet 30 mg</i> .....	30
ALYQ .....	80	<i>amphotericin b intravenous</i> .....	69
<i>amantadine hcl oral capsule</i> .....	30	<i>amphotericin b liposome</i> .....	69
<i>amantadine hcl oral solution</i> .....	30	<i>ampicillin oral capsule 500 mg</i> .....	69
<i>amantadine hcl oral tablet</i> .....	30	<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i> .....	69
<i>ambrisentan</i> .....	80	<i>ampicillin sodium injection solution reconstituted 2 gm, 250 mg, 500 mg</i> .....	69
<i>amcinonide external cream</i> .....	44	<i>ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm</i> .....	69
<i>amcinonide external ointment</i> .....	44	<i>ampicillin sodium intravenous solution reconstituted 2 gm</i> .....	69
AMETHIA .....	59	<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i> .....	69
AMETHYST .....	59	<i>ampicillin-sulbactam sodium intravenous</i> .....	69
<i>amikacin sulfate injection solution 1 gm/4ml</i> .....	68	<i>anagrelide hcl</i> .....	23
<i>amikacin sulfate injection solution 500 mg/2ml</i> .....	68	<i>anastrozole oral</i> .....	15
<i>amiloride hcl oral</i> .....	25	ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT .....	80
<i>amiloride-hydrochlorothiazide</i> .....	25	<i>apomorphine hcl subcutaneous</i> .....	30
<i>amiodarone hcl intravenous</i> .....	25	<i>apraclonidine hcl</i> .....	78
<i>amiodarone hcl oral</i> .....	25	<i>aprepitant oral</i> .....	55
<i>amitriptyline hcl oral</i> .....	30	<i>aprepitant oral capsule 125 mg</i> .....	55
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg</i> .....	25	<i>aprepitant oral capsule 40 mg</i> .....	55
<i>amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-10 mg, 5-20 mg</i> .....	25	<i>aprepitant oral capsule 80 &amp; 125 mg</i> .....	55
<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	<i>aprepitant oral capsule 80 mg</i> .....	55
<i>amlodipine besylate oral</i> .....	25	APRI .....	59
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg</i> .....	25	APTIOM .....	30
<i>amlodipine besylate-valsartan oral tablet 5-160 mg</i> .....	25	APTIVUS ORAL CAPSULE .....	69
<i>amlodipine-atorvastatin</i> .....	25	ARANELLE .....	59
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-40 mg</i> .....	25	ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 40 MCG/ML .....	23
<i>amlodipine-olmesartan oral tablet 5-20 mg</i> .....	25	ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 60 MCG/ML .....	23
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg</i> .....	25	ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML .....	23
<i>amlodipine-valsartan-hctz oral tablet 5-160-12.5 mg</i> .....	25	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 .....	23
<i>ammonium lactate external</i> .....	44	ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 60 MCG/0.3ML .....	23
AMNESTEEM .....	44	ARCALYST .....	65
<i>amoxapine</i> .....	30	AREXVY .....	65
<i>amoxicillin oral capsule</i> .....	68	ARIKAYCE .....	69
<i>amoxicillin oral suspension reconstituted</i> .....	68	<i>aripiprazole oral solution</i> .....	30
<i>amoxicillin oral tablet</i> .....	68	<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i> .....	30
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i> .....	68	<i>aripiprazole oral tablet 20 mg, 30 mg</i> .....	30
<i>amoxicillin-pot clavulanate er</i> .....	68		
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i> .....	68		
<i>amoxicillin-pot clavulanate oral tablet</i> .....	68		
<i>amoxicillin-pot clavulanate oral tablet chewable 400-57 mg</i> .....	69		

<i>aripiprazole oral tablet dispersible 10 mg</i> .....	30	AVASTIN .....	15
<i>aripiprazole oral tablet dispersible 15 mg</i> .....	30	AVIANE .....	59
ARISTADA INITIO .....	30	AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT .....	31
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML .....	31	AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT .....	31
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML .....	31	AYUNA .....	59
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML .....	31	AYVAKIT .....	15
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML .....	31	<i>azacitidine</i> .....	15
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i> ...	31	<i>azathioprine oral tablet 50 mg</i> .....	65
<i>armodafinil oral tablet 50 mg</i> .....	31	<i>azelaic acid external</i> .....	44
ARMOUR THYROID .....	59	<i>azelastine hcl nasal</i> .....	80
ARNUITY ELLIPTA .....	80	<i>azelastine hcl ophthalmic</i> .....	78
<i>asenapine maleate sublingual tablet sublingual 10 mg</i> .....	31	<i>azelastine-fluticasone</i> .....	80
<i>asenapine maleate sublingual tablet sublingual 2.5 mg</i> .....	31	<i>azithromycin intravenous</i> .....	69
<i>asenapine maleate sublingual tablet sublingual 5 mg</i> .....	31	<i>azithromycin oral packet</i> .....	69
ASHLYNA .....	59	<i>azithromycin oral suspension reconstituted</i> .....	69
<i>aspirin-dipyridamole er</i> .....	23	<i>azithromycin oral tablet</i> .....	69
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i> .....	69	<i>aztreonam injection solution reconstituted 1 gm</i> .....	69
<i>atazanavir sulfate oral capsule 300 mg</i> .....	69	<i>aztreonam injection solution reconstituted 2 gm</i> .....	69
<i>atenolol oral</i> .....	25	AZURETTE .....	59
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> .....	10	<b>B</b>	
<i>atenolol-chlorthalidone</i> .....	25	BAC .....	31
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50- 25 mg</i> .....	10	<i>bacitra-neomycin-polymyxin-hc</i> .....	78
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> .....	31	<i>bacitracin ophthalmic</i> .....	78
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i> .....	31	<i>bacitracin-polymyxin b ophthalmic ointment 500- 10000 unit/gm</i> .....	78
<i>atorvastatin calcium oral</i> .....	25	<i>baclofen oral tablet 10 mg, 15 mg, 5 mg</i> .....	31
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> .....	10	<i>baclofen oral tablet 20 mg</i> .....	31
<i>atovaquone oral</i> .....	69	<i>balsalazide disodium</i> .....	55
<i>atovaquone-proguanil hcl</i> .....	69	BALVERSA ORAL TABLET 3 MG .....	15
<i>atropine sulfate ophthalmic ointment</i> .....	78	BALVERSA ORAL TABLET 4 MG .....	15
<i>atropine sulfate ophthalmic solution 1 %</i> .....	78	BALVERSA ORAL TABLET 5 MG .....	15
ATROVENT HFA .....	80	BALZIVA .....	59
AUBRA EQ .....	59	BARACLUDGE ORAL SOLUTION .....	69
AUGTYRO ORAL CAPSULE 160 MG .....	15	BAVENCIO .....	15
AUGTYRO ORAL CAPSULE 40 MG .....	15	<i>bcg vaccine injection solution reconstituted</i> .....	65
AUROVELA 1.5/30 .....	59	BD PEN .....	77
AUROVELA 1/20 .....	59	BD PEN MINI .....	77
AUROVELA 24 FE .....	59	<i>benazepril hcl oral</i> .....	25
AUROVELA FE 1.5/30 .....	59	<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> .....	10
AUROVELA FE 1/20 .....	59	<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 5-6.25 mg</i> .....	25
AUTOPEN .....	77	<i>benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i> .....	25
AUVELITY .....	31	<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i> .....	10
		<i>bendamustine hcl intravenous solution</i> .....	15
		BENDEKA .....	15
		BENLYSTA .....	65

<i>benzoyl peroxide-erythromycin</i> .....	44	BOSULIF ORAL CAPSULE 100 MG .....	16
<i>benztropine mesylate injection</i> .....	31	BOSULIF ORAL CAPSULE 50 MG .....	16
<i>benztropine mesylate oral</i> .....	31	BOSULIF ORAL TABLET 100 MG .....	16
<i>bepotastine besilate</i> .....	78	BOSULIF ORAL TABLET 400 MG, 500 MG .....	16
BESREMI .....	15	BOTOX .....	31
<i>betaine</i> .....	58	BRAFTOVI ORAL CAPSULE 75 MG .....	16
<i>betamethasone dipropionate aug external cream</i> .....	44	BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH .....	81
<i>betamethasone dipropionate aug external gel</i> .....	44	<i>brey-na</i> .....	81
<i>betamethasone dipropionate aug external lotion</i> .....	44	BREZTRI AEROSPHERE .....	81
<i>betamethasone dipropionate aug external ointment</i> .....	44	<i>briellyn</i> .....	59
<i>betamethasone dipropionate external</i> .....	44	BRILINTA .....	23
<i>betamethasone valerate external cream</i> .....	44	<i>brimonidine tartrate ophthalmic</i> .....	78
<i>betamethasone valerate external foam</i> .....	44	<i>brimonidine tartrate-timolol</i> .....	78
<i>betamethasone valerate external lotion</i> .....	44	<i>brinzolamide</i> .....	78
<i>betamethasone valerate external ointment</i> .....	44	BRIVIACT INTRAVENOUS .....	31
BETASERON SUBCUTANEOUS KIT .....	31	BRIVIACT ORAL SOLUTION .....	31
<i>betaxolol hcl ophthalmic</i> .....	78	BRIVIACT ORAL TABLET .....	31
<i>betaxolol hcl oral</i> .....	25	<i>bromfenac sodium ophthalmic solution 0.07 %</i> .....	78
<i>bethanechol chloride oral</i> .....	58	<i>bromocriptine mesylate oral</i> .....	31
BETOPTIC-S .....	78	BRONCHITOL .....	81
<i>bexarotene external</i> .....	44	BRUKINSA .....	16
<i>bexarotene oral</i> .....	15	<i>budesonide er oral tablet extended release 24 hour</i> .....	55
BEXSERO .....	65	<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i> .....	81
<i>bicalutamide</i> .....	16	<i>budesonide inhalation suspension 1 mg/2ml</i> .....	81
BICILLIN C-R .....	69	<i>budesonide oral</i> .....	55
BICILLIN C-R 900/300 .....	69	<i>budesonide-formoterol fumarate</i> .....	81
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE .....	69	<i>bumetanide injection</i> .....	25
BIJUVA .....	59	<i>bumetanide oral</i> .....	25
BIKTARVY ORAL TABLET 30-120-15 MG .....	69	<i>buprenorphine hcl injection</i> .....	31
BIKTARVY ORAL TABLET 50-200-25 MG .....	69	<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i> .....	31
<i>bimatoprost ophthalmic</i> .....	78	<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i> .....	31
<i>bisoprolol fumarate oral</i> .....	25	<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i> .....	31
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i> .....	10	<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i> .....	31
<i>bisoprolol-hydrochlorothiazide</i> .....	25	<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i> .....	31
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i> .....	10	<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i> .....	31
<i>bleomycin sulfate</i> .....	16	<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i> .....	32
BLISOVI 24 FE .....	59	<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i> .....	32
BLISOVI FE 1.5/30 .....	59	<i>buprenorphine transdermal</i> .....	12
BLISOVI FE 1/20 .....	59	<i>bupropion hcl er (smoking det)</i> .....	32
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5 .....	65	<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i> .....	32
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE .....	65		
<i>bortezomib injection solution reconstituted 1 mg, 3.5 mg</i> .....	16		
<i>bortezomib injection solution reconstituted 2.5 mg</i> .....	16		
<i>bosentan</i> .....	80		

<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i> .....	32	CAPRELSA ORAL TABLET 100 MG .....	16
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i> .....	32	CAPRELSA ORAL TABLET 300 MG .....	16
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i> .....	32	<i>captopril oral tablet 100 mg</i> .....	25
<i>bupropion hcl oral tablet 100 mg</i> .....	32	<i>captopril oral tablet 12.5 mg, 25 mg, 50 mg</i> .....	25
<i>bupropion hcl oral tablet 75 mg</i> .....	32	<i>captopril-hydrochlorothiazide</i> .....	26
<i>bupirone hcl oral</i> .....	32	<i>carbamazepine er</i> .....	32
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i> .....	12	<i>carbamazepine oral suspension</i> .....	32
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i> .....	32	<i>carbamazepine oral tablet</i> .....	32
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i> .....	32	<i>carbamazepine oral tablet chewable</i> .....	32
<i>butalbital-asa-caff-codeine</i> .....	12	<i>carbidopa oral</i> .....	32
<i>butalbital-aspirin-caffeine oral capsule</i> .....	32	<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i> .....	32
<i>butorphanol tartrate injection</i> .....	12	<i>carbidopa-levodopa oral tablet</i> .....	32
<i>butorphanol tartrate nasal</i> .....	12	<i>carbidopa-levodopa oral tablet dispersible</i> .....	32
BYDUREON BCISE .....	51	<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> .....	32
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR .....	51	<i>carbinoxamine maleate oral solution</i> .....	81
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR .....	51	<i>carbinoxamine maleate oral tablet 4 mg</i> .....	81
<b>C</b>		<i>carbinoxamine maleate oral tablet 6 mg</i> .....	81
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML .....	69	<i>carboplatin intravenous solution</i> .....	16
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML .....	69	CARDURA XL .....	58
<i>cabergoline</i> .....	59	<i>carglumic acid oral tablet soluble</i> .....	49
CABOMETYX .....	16	<i>carisoprodol oral tablet 350 mg</i> .....	32
<i>calcipotriene external cream</i> .....	45	<i>carteolol hcl</i> .....	78
<i>calcipotriene external ointment</i> .....	45	CARTIA XT .....	26
<i>calcipotriene external solution</i> .....	45	<i>carvedilol</i> .....	26
<i>calcitonin (salmon) injection</i> .....	51	<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> .....	10
<i>calcitonin (salmon) nasal</i> .....	51	CAYSTON .....	81
CALCITRENE .....	45	<i>cefaclor er</i> .....	69
<i>calcitriol external</i> .....	45	<i>cefaclor oral capsule</i> .....	69
<i>calcitriol intravenous solution 1 mcg/ml</i> .....	51	<i>cefaclor oral suspension reconstituted 250 mg/5ml</i> .....	69
<i>calcitriol oral capsule</i> .....	51	<i>cefadroxil oral capsule</i> .....	69
<i>calcitriol oral solution</i> .....	51	<i>cefadroxil oral suspension reconstituted</i> .....	70
CALQUENCE .....	16	<i>cefadroxil oral tablet</i> .....	70
CAMILA .....	59	<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg</i> .....	70
CAMRESE .....	59	<i>cefazolin sodium injection solution reconstituted 100 gm, 300 gm</i> .....	70
CAMRESE LO .....	59	<i>cefazolin sodium intravenous solution reconstituted 1 gm</i> .....	70
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i> .....	25	<i>cefazolin sodium intravenous solution reconstituted 2 gm, 3 gm</i> .....	70
<i>candesartan cilexetil oral tablet 32 mg</i> .....	25	<i>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%, 3-4 gm/150ml-%</i> .....	70
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i> .....	25	<i>cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml)</i> .....	70
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i> .....	25	<i>cefdinir</i> .....	70
CAPLYTA .....	32	<i>cefepime hcl injection solution reconstituted 1 gm</i> .....	70
		<i>cefepime hcl intravenous solution</i> .....	70

cefepime hcl intravenous solution reconstituted 100 gm .....	70	ciclopirox external .....	45
cefepime hcl intravenous solution reconstituted 2 gm .....	70	ciclopirox olamine external cream .....	45
cefixime oral capsule .....	70	ciclopirox olamine external suspension .....	45
cefixime oral suspension reconstituted .....	70	cidofovir intravenous .....	71
cefotetan disodium injection solution reconstituted 1 gm, 2 gm .....	70	cilostazol .....	23
cefoxitin sodium intravenous .....	70	CIMDUO .....	71
cefpodoxime proxetil oral suspension reconstituted .....	70	cimetidine hcl oral solution 300 mg/5ml .....	55
cefpodoxime proxetil oral tablet .....	70	cimetidine oral tablet 200 mg .....	55
cefprozil oral suspension reconstituted .....	70	cimetidine oral tablet 300 mg, 400 mg, 800 mg ....	55
cefprozil oral tablet .....	70	cinacalcet hcl oral tablet 30 mg, 60 mg .....	51
ceftazidime injection solution reconstituted 1 gm, 6 gm .....	70	cinacalcet hcl oral tablet 90 mg .....	51
ceftazidime intravenous .....	70	CINRYZE .....	23
ceftriaxone sodium in dextrose .....	70	CIPRO HC .....	80
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg .....	70	ciprofloxacin hcl ophthalmic .....	78
ceftriaxone sodium injection solution reconstituted 100 gm .....	70	ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg .....	71
ceftriaxone sodium intravenous .....	70	ciprofloxacin hcl otic .....	80
ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml) .....	70	ciprofloxacin in d5w intravenous solution 200 mg/100ml .....	71
cefuroxime axetil oral tablet .....	70	ciprofloxacin in d5w intravenous solution 400 mg/200ml .....	71
cefuroxime sodium injection solution reconstituted 750 mg .....	70	ciprofloxacin-dexamethasone .....	80
cefuroxime sodium intravenous solution reconstituted 1.5 gm .....	70	cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml .....	16
celecoxib oral capsule 100 mg, 200 mg, 50 mg ....	12	citalopram hydrobromide oral solution .....	32
celecoxib oral capsule 400 mg .....	12	citalopram hydrobromide oral tablet 10 mg .....	32
cephalexin oral capsule .....	70	citalopram hydrobromide oral tablet 20 mg .....	32
cephalexin oral suspension reconstituted .....	71	citalopram hydrobromide oral tablet 40 mg .....	32
cephalexin oral tablet .....	71	CLARAVIS .....	45
cetirizine hcl oral solution .....	81	clarithromycin er .....	71
cevimeline hcl .....	45	clarithromycin oral suspension reconstituted .....	71
CHARLOTTE 24 FE .....	59	clarithromycin oral tablet .....	71
CHATEAL EQ .....	60	clemastine fumarate oral tablet 2.68 mg .....	81
CHEMET .....	51	CLENPIQ .....	55
chlordiazepoxide hcl .....	32	CLIMARA PRO .....	60
chlordiazepoxide-amitriptyline .....	32	CLINDACIN .....	45
chlorhexidine gluconate mouth/throat .....	45	clindamycin hcl oral .....	71
chloroquine phosphate oral .....	71	clindamycin palmitate hcl .....	71
chlorpromazine hcl injection .....	32	clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 % .....	45
chlorpromazine hcl oral .....	32	clindamycin phosphate external gel .....	45
chlorthalidone oral tablet 25 mg, 50 mg .....	26	clindamycin phosphate external lotion .....	45
chlorthalidone oral tablet 25 mg, 50 mg .....	10	clindamycin phosphate external solution .....	45
chlorzoxazone oral tablet 500 mg .....	32	clindamycin phosphate external swab .....	45
cholestyramine light .....	26	clindamycin phosphate in d5w .....	71
cholestyramine oral .....	26	clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml .....	71
CICLODAN EXTERNAL SOLUTION .....	45	clindamycin phosphate injection solution 9000 mg/60ml .....	71
		clindamycin phosphate vaginal .....	58
		clindamycin-tretinoin .....	45
		CLINIMIX E/DEXTROSE (2.75/5) .....	49
		CLINIMIX E/DEXTROSE (4.25/10) .....	49

CLINIMIX E/DEXTROSE (4.25/5) .....	49	clozapine oral tablet 25 mg .....	33
CLINIMIX E/DEXTROSE (5/15) .....	49	clozapine oral tablet 50 mg .....	33
CLINIMIX E/DEXTROSE (5/20) .....	49	clozapine oral tablet dispersible 100 mg .....	33
clinimix e/dextrose (8/10) .....	49	clozapine oral tablet dispersible 12.5 mg .....	33
clinimix e/dextrose (8/14) .....	49	clozapine oral tablet dispersible 150 mg .....	33
CLINIMIX/DEXTROSE (4.25/10) .....	49	clozapine oral tablet dispersible 200 mg .....	33
CLINIMIX/DEXTROSE (4.25/5) .....	49	clozapine oral tablet dispersible 25 mg .....	33
CLINIMIX/DEXTROSE (5/15) .....	49	COARTEM .....	71
CLINIMIX/DEXTROSE (5/20) .....	49	COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG ...	33
clinimix/dextrose (6/5) .....	49	COBENFY ORAL CAPSULE 50-20 MG .....	33
clinimix/dextrose (8/10) .....	49	COBENFY STARTER PACK .....	33
clinimix/dextrose (8/14) .....	49	codeine sulfate oral tablet 15 mg, 30 mg .....	12
CLINISOL SF .....	49	codeine sulfate oral tablet 60 mg .....	13
CLINOLIPID .....	49	colchicine oral .....	13
clobazam oral suspension .....	33	colchicine-probenecid .....	13
clobazam oral tablet 10 mg .....	33	colesevelam hcl .....	26
clobazam oral tablet 20 mg .....	33	colestipol hcl .....	26
clobetasol propionate e .....	45	colistimethate sodium (cba) .....	71
clobetasol propionate emulsion .....	45	COMBIPATCH .....	60
clobetasol propionate external cream .....	45	COMBIVENT RESPIMAT .....	81
clobetasol propionate external foam .....	45	COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 &	
clobetasol propionate external gel .....	45	20 MG .....	16
clobetasol propionate external lotion .....	45	COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG	
clobetasol propionate external ointment .....	45	& 80 MG .....	16
clobetasol propionate external shampoo .....	45	COMETRIQ (60 MG DAILY DOSE) .....	16
clobetasol propionate external solution .....	45	COMPLERA .....	71
CLODAN EXTERNAL SHAMPOO .....	45	COMPRO .....	55
clomipramine hcl oral .....	33	constulose .....	55
clonazepam oral tablet 0.5 mg .....	33	COPIKTRA .....	16
clonazepam oral tablet 1 mg .....	33	CORLANOR ORAL SOLUTION .....	26
clonazepam oral tablet 2 mg .....	33	CORTIFOAM EXTERNAL .....	55
clonazepam oral tablet dispersible 0.125 mg .....	33	CORTISPORIN-TC .....	80
clonazepam oral tablet dispersible 0.25 mg .....	33	COSENTYX (300 MG DOSE) .....	65
clonazepam oral tablet dispersible 0.5 mg .....	33	COSENTYX SENSOREADY (300 MG) .....	65
clonazepam oral tablet dispersible 1 mg .....	33	COSENTYX SENSOREADY PEN .....	65
clonazepam oral tablet dispersible 2 mg .....	33	COSENTYX SUBCUTANEOUS SOLUTION PREFILLED	
clonidine hcl er oral tablet extended release 12		SYRINGE 150 MG/ML .....	65
hour .....	33	COSENTYX SUBCUTANEOUS SOLUTION PREFILLED	
clonidine hcl oral .....	26	SYRINGE 75 MG/0.5ML .....	65
clonidine transdermal patch weekly 0.1 mg/24hr,		COSENTYX UNOREADY .....	65
0.2 mg/24hr .....	26	COTELLIC .....	16
clonidine transdermal patch weekly 0.3 mg/		CREON .....	58
24hr .....	26	CRINONE .....	60
clopidogrel bisulfate oral tablet 300 mg .....	23	cromolyn sodium inhalation .....	81
clopidogrel bisulfate oral tablet 75 mg .....	23	cromolyn sodium ophthalmic .....	78
clorazepate dipotassium .....	33	cromolyn sodium oral .....	58
clotrimazole external cream .....	45	CROTAN .....	45
clotrimazole external solution .....	45	CRYSELLE-28 .....	60
clotrimazole mouth/throat troche .....	45	cyclobenzaprine hcl oral tablet 10 mg, 5 mg .....	33
clotrimazole-betamethasone external cream .....	45	cyclobenzaprine hcl oral tablet 7.5 mg .....	33
clotrimazole-betamethasone external lotion .....	45	cyclopentolate hcl ophthalmic solution 1 % .....	78
clozapine oral tablet 100 mg .....	33	cyclophosphamide intravenous solution 500 mg/	
clozapine oral tablet 200 mg .....	33	2.5ml, 500 mg/ml .....	16

cyclophosphamide oral capsule .....	16	desipramine hcl oral .....	33
CYCLOSET .....	51	desloratadine .....	81
cyclosporine modified oral capsule .....	65	desmopressin ace spray refrig .....	60
cyclosporine modified oral solution .....	65	desmopressin acetate injection .....	60
cyclosporine ophthalmic .....	78	desmopressin acetate oral .....	60
cyclosporine oral capsule .....	65	desmopressin acetate pf .....	60
cyproheptadine hcl oral syrup .....	81	desmopressin acetate spray .....	60
cyproheptadine hcl oral tablet .....	81	desogestrel-ethinyl estradiol .....	60
CYRAMZA .....	16	desonide external cream .....	45
CYRED EQ .....	60	desonide external lotion .....	45
CYSTAGON .....	58	desonide external ointment .....	45
CYSTARAN .....	78	desoximetasone external cream .....	45
<b>D</b>		desoximetasone external gel .....	46
dabigatran etexilate mesylate .....	23	desoximetasone external liquid .....	46
dalfampridine er .....	33	desoximetasone external ointment .....	46
danazol oral .....	60	desvenlafaxine er .....	33
dantrolene sodium oral .....	33	desvenlafaxine succinate er .....	33
DANZITEN .....	16	DEXAMETHASONE INTENSOL .....	60
dapsone external gel 5 % .....	45	dexamethasone oral elixir .....	60
dapsone oral .....	71	dexamethasone oral solution .....	60
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 .....	65	dexamethasone oral tablet .....	60
daptomycin .....	71	dexamethasone oral tablet therapy pack .....	60
darifenacin hydrobromide er .....	58	dexamethasone sod phos +rfid .....	60
darunavir oral tablet 600 mg .....	71	dexamethasone sod phosphate pf injection solution .....	60
darunavir oral tablet 800 mg .....	71	dexamethasone sodium phosphate injection ....	60
DARZALEX .....	16	dexamethasone sodium phosphate ophthalmic .....	78
DARZALEX FASPRO .....	16	dexlansoprazole .....	55
dasatinib .....	16	dexmethylphenidate hcl .....	33
DASETTA 1/35 (28) .....	60	dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg .....	33
DASETTA 7/7/7 .....	60	dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg .....	33
DAURISMO ORAL TABLET 100 MG .....	16	dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg .....	33
DAURISMO ORAL TABLET 25 MG .....	16	dextroamphetamine sulfate oral solution .....	33
DAYSEE .....	60	dextroamphetamine sulfate oral tablet 10 mg ....	34
DEBLITANE .....	60	dextroamphetamine sulfate oral tablet 5 mg .....	34
decitabine .....	16	dextrose 5%/electrolyte #48 .....	49
deferasirox oral tablet 90 mg .....	51	dextrose in lactated ringers .....	49
deferasirox oral tablet soluble 125 mg .....	51	dextrose intravenous solution 10 %, 5 % .....	49
deferasirox oral tablet soluble 250 mg, 500 mg ....	51	dextrose intravenous solution 250 mg/ml .....	49
deferiprone oral tablet 1000 mg .....	51	dextrose intravenous solution 50 %, 70 % .....	49
deferiprone oral tablet 500 mg .....	51	dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.9 % .....	49
DELSTRIGO .....	71	dextrose-sodium chloride intravenous solution 5-0.3 %, 5-0.33 % .....	49
DELYLA .....	60	dextrose-sodium chloride intravenous solution 5-0.45 % .....	49
demeclocycline hcl oral .....	71	DIACOMIT ORAL CAPSULE 250 MG .....	34
DENTA 5000 PLUS .....	45	DIACOMIT ORAL CAPSULE 500 MG .....	34
DENTAGEL .....	45		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE .....	60		
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML .....	60		
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML .....	60		
DESCOVY .....	71		

DIACOMIT ORAL PACKET 250 MG .....	34	<i>dimethyl fumarate oral capsule delayed release</i>	
DIACOMIT ORAL PACKET 500 MG .....	34	120 mg .....	34
<i>diazepam injection</i> .....	34	<i>dimethyl fumarate oral capsule delayed release</i>	
DIAZEPAM INTENSOL .....	34	240 mg .....	34
<i>diazepam oral concentrate</i> .....	34	<i>dimethyl fumarate starter pack oral capsule</i>	
<i>diazepam oral solution 5 mg/5ml</i> .....	34	<i>delayed release therapy pack</i> .....	34
<i>diazepam oral tablet 10 mg</i> .....	34	<i>diphenhydramine hcl injection</i> .....	81
<i>diazepam oral tablet 2 mg</i> .....	34	<i>diphenoxylate-atropine oral liquid</i> .....	56
<i>diazepam oral tablet 5 mg</i> .....	34	<i>diphenoxylate-atropine oral tablet 2.5-0.025</i>	
<i>diazepam rectal</i> .....	34	mg .....	56
<i>diazoxide oral</i> .....	51	<i>diphtheria-tetanus toxoids dt</i> .....	65
<i>diclofenac potassium oral tablet 50 mg</i> .....	13	<i>dipyridamole oral</i> .....	23
<i>diclofenac sodium er</i> .....	13	<i>disopyramide phosphate oral</i> .....	26
<i>diclofenac sodium external gel 1 %</i> .....	13	<i>disulfiram oral</i> .....	34
<i>diclofenac sodium external gel 3 %</i> .....	46	<i>divalproex sodium er oral tablet extended release</i>	
<i>diclofenac sodium external solution 1.5 %</i> .....	13	24 hour .....	34
<i>diclofenac sodium ophthalmic</i> .....	78	<i>divalproex sodium oral capsule delayed release</i>	
<i>diclofenac sodium oral</i> .....	13	<i>sprinkle</i> .....	34
<i>diclofenac-misoprostol oral tablet delayed</i>		<i>divalproex sodium oral tablet delayed release</i> ....	34
<i>release</i> .....	13	<i>dofetilide</i> .....	26
<i>dicloxacillin sodium</i> .....	71	DOLISHALE .....	60
<i>dicyclomine hcl oral capsule</i> .....	55	<i>donepezil hcl oral tablet 10 mg, 5 mg</i> .....	34
<i>dicyclomine hcl oral solution</i> .....	55	<i>donepezil hcl oral tablet 23 mg</i> .....	34
<i>dicyclomine hcl oral tablet</i> .....	55	<i>donepezil hcl oral tablet dispersible</i> .....	34
DIFICID .....	71	<i>dorzolamide hcl ophthalmic</i> .....	78
<i>diflorasone diacetate external</i> .....	46	<i>dorzolamide hcl-timolol mal</i> .....	78
<i>diflunisal oral</i> .....	13	<i>dorzolamide hcl-timolol mal pf ophthalmic solution</i>	
<i>difluprednate</i> .....	78	2-0.5 % .....	78
<i>digox oral tablet 125 mcg</i> .....	26	DOTTI .....	60
<i>digox oral tablet 250 mcg</i> .....	26	DOVATO .....	71
<i>digoxin oral solution</i> .....	26	<i>doxazosin mesylate oral</i> .....	26
<i>digoxin oral tablet 125 mcg</i> .....	26	<i>doxepin hcl oral capsule</i> .....	34
<i>digoxin oral tablet 250 mcg</i> .....	26	<i>doxepin hcl oral concentrate</i> .....	34
<i>digoxin oral tablet 62.5 mcg</i> .....	26	<i>doxepin hcl oral tablet</i> .....	34
<i>dihydroergotamine mesylate injection</i> .....	34	<i>doxercalciferol intravenous</i> .....	51
<i>dihydroergotamine mesylate nasal</i> .....	34	<i>doxercalciferol oral</i> .....	51
DILANTIN ORAL CAPSULE 30 MG .....	34	<i>doxorubicin hcl intravenous solution</i> .....	16
<i>dilt-xr</i> .....	26	<i>doxorubicin hcl intravenous solution</i>	
<i>diltiazem hcl er beads</i> .....	26	<i>reconstituted</i> .....	16
<i>diltiazem hcl er coated beads oral capsule</i>		<i>doxorubicin hcl liposomal</i> .....	16
<i>extended release 24 hour</i> .....	26	DOXY 100 .....	71
<i>diltiazem hcl er oral capsule extended release 12</i>		<i>doxycycline hyclate intravenous</i> .....	71
<i>hour</i> .....	26	<i>doxycycline hyclate oral capsule</i> .....	71
<i>diltiazem hcl er oral capsule extended release 24</i>		<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i> .....	71
<i>hour 120 mg, 180 mg, 240 mg</i> .....	26	<i>doxycycline monohydrate oral capsule 100 mg, 50</i>	
<i>diltiazem hcl er oral tablet extended release 24 hour</i>		mg .....	71
<i>180 mg, 240 mg, 300 mg, 360 mg</i> .....	26	<i>doxycycline monohydrate oral suspension</i>	
<i>diltiazem hcl er oral tablet extended release 24 hour</i>		<i>reconstituted</i> .....	71
<i>420 mg</i> .....	26	<i>doxycycline monohydrate oral tablet</i> .....	71
<i>diltiazem hcl intravenous solution</i> .....	26	DRIZALMA SPRINKLE ORAL CAPSULE DELAYED	
<i>diltiazem hcl intravenous solution</i>		RELEASE SPRINKLE 20 MG, 60 MG .....	34
<i>reconstituted</i> .....	26	DRIZALMA SPRINKLE ORAL CAPSULE DELAYED	
<i>diltiazem hcl oral</i> .....	26	RELEASE SPRINKLE 30 MG, 40 MG .....	34

dronabinol .....	56	emtricitabine-tenofovir df oral tablet 100-150 mg, 200-300 mg .....	72
drospiren-eth estrad-levomefol .....	60	emtricitabine-tenofovir df oral tablet 133-200 mg, 167-250 mg .....	72
drospirenone-ethinyl estradiol .....	60	EMTRIVA ORAL SOLUTION .....	72
DROXIA .....	23	EMZAHH .....	60
droxidopa oral capsule 100 mg .....	26	enalapril maleate oral tablet .....	26
droxidopa oral capsule 200 mg, 300 mg .....	26	enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg .....	10
duloxetine hcl oral capsule delayed release particles 20 mg .....	34	enalapril-hydrochlorothiazide oral tablet 10-25 mg .....	26
duloxetine hcl oral capsule delayed release particles 30 mg .....	34	enalapril-hydrochlorothiazide oral tablet 5-12.5 mg .....	26
duloxetine hcl oral capsule delayed release particles 40 mg .....	34	enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg .....	10
duloxetine hcl oral capsule delayed release particles 60 mg .....	34	ENBREL MINI .....	65
DUPIXENT SUBCUTANEOUS SOLUTION AUTO- INJECTOR 200 MG/1.14ML .....	46	ENBREL SUBCUTANEOUS SOLUTION 25 MG/ 0.5ML .....	65
DUPIXENT SUBCUTANEOUS SOLUTION AUTO- INJECTOR 300 MG/2ML .....	46	ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML .....	65
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML .....	46	ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML .....	65
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML .....	46	ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO- INJECTOR .....	65
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML .....	46	ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG .....	13
duramorph .....	13	ENGERIX-B INJECTION SUSPENSION 20 MCG/ML ....	65
dutasteride oral .....	58	ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE .....	65
dutasteride-tamsulosin hcl .....	58	ENHERTU .....	16
DYSPORT .....	35	ENILLORING .....	60
<b>E</b>		enoxaparin sodium injection solution 300 mg/ 3ml .....	23
E.E.S. 400 ORAL TABLET .....	71	enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml .....	23
econazole nitrate external .....	46	enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml .....	23
EDURANT .....	71	enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml .....	23
efavirenz oral tablet .....	71	enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml .....	23
efavirenz-emtricitab-tenofo df .....	71	enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml .....	23
efavirenz-lamivudine-tenofovir .....	72	ENPRESSE-28 .....	60
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ .....	49	ENSKYCE ORAL TABLET 0.15-30 MG-MCG .....	60
EGRIFTA SV .....	60	entacapone .....	35
eletriptan hydrobromide .....	35	entecavir .....	72
ELINEST .....	60	ENTRESTO ORAL CAPSULE SPRINKLE .....	26
ELIQUIS .....	23	ENTRESTO ORAL TABLET 24-26 MG .....	26
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK .....	23	ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG .....	26
ELITEK .....	16	enulose .....	56
ELIXOPHYLLIN .....	81	ENVARUSUS XR .....	65
ELMIRON .....	58	EPCLUSA ORAL PACKET 150-37.5 MG .....	72
ELURYNG .....	60		
EMEND ORAL SUSPENSION RECONSTITUTED .....	56		
EMGALITY .....	35		
EMGALITY (300 MG DOSE) .....	35		
EMPLICITI .....	16		
EMSAM .....	35		
emtricitabine .....	72		

EPCLUSA ORAL PACKET 200-50 MG .....	72	ESTARYLLA .....	60
EPCLUSA ORAL TABLET 200-50 MG .....	72	estazolam .....	35
EPCLUSA ORAL TABLET 400-100 MG .....	72	estradiol oral .....	60
EPIDIOLEX .....	35	estradiol transdermal patch twice weekly .....	60
epinastine hcl .....	78	estradiol transdermal patch weekly .....	60
epinephrine (anaphylaxis) .....	81	estradiol vaginal .....	60
epinephrine injection solution 0.3 mg/0.3ml .....	81	estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml .....	61
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml .....	81	estradiol-norethindrone acet .....	61
EPITOL .....	35	eszopiclone .....	35
eplerenone .....	26	ethambutol hcl oral .....	72
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML .....	23	ethosuximide oral .....	35
EPRONTIA .....	35	ethynodiol diac-eth estradiol .....	61
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG .....	35	etodolac er .....	13
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG .....	35	etodolac oral capsule .....	13
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG .....	35	etodolac oral tablet .....	13
ERBITUX .....	16	etonogestrel-ethinyl estradiol .....	61
ERGOMAR .....	35	etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml .....	17
ergotamine-caffeine .....	35	etravirine oral tablet 100 mg .....	72
ERIVEDGE .....	16	etravirine oral tablet 200 mg .....	72
ERLEADA ORAL TABLET 240 MG .....	16	EUTHYROX .....	61
ERLEADA ORAL TABLET 60 MG .....	17	everolimus oral tablet 0.25 mg, 0.75 mg .....	65
erlotinib hcl oral tablet 100 mg, 150 mg .....	17	everolimus oral tablet 0.5 mg, 1 mg .....	65
erlotinib hcl oral tablet 25 mg .....	17	everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg .....	17
ERRIN .....	60	everolimus oral tablet soluble .....	17
ertapenem sodium .....	72	EVOTAZ .....	72
ery .....	46	exemestane .....	17
ERY-TAB .....	72	EXKIVITY .....	17
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG .....	72	ezetimibe .....	27
erythromycin base oral .....	72	ezetimibe-simvastatin .....	27
erythromycin ethylsuccinate oral suspension reconstituted .....	72	<b>F</b>	
erythromycin ethylsuccinate oral tablet .....	72	FABRAZYME .....	58
erythromycin external gel .....	46	FALMINA .....	61
erythromycin external solution .....	46	famciclovir oral tablet 125 mg, 250 mg .....	72
erythromycin lactobionate .....	72	famciclovir oral tablet 500 mg .....	72
erythromycin ophthalmic .....	78	famotidine (pf) .....	56
erythromycin oral .....	72	famotidine intravenous solution 200 mg/20ml, 40 mg/4ml .....	56
escitalopram oxalate oral solution .....	35	famotidine oral suspension reconstituted .....	56
escitalopram oxalate oral tablet 10 mg .....	35	famotidine oral tablet 20 mg, 40 mg .....	56
escitalopram oxalate oral tablet 20 mg .....	35	famotidine premixed .....	56
escitalopram oxalate oral tablet 5 mg .....	35	FANAPT ORAL TABLET 1 MG .....	35
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg .....	56	FANAPT ORAL TABLET 10 MG, 12 MG .....	35
esomeprazole magnesium oral packet 10 mg ....	56	FANAPT ORAL TABLET 2 MG .....	35
esomeprazole sodium intravenous solution reconstituted 40 mg .....	56	FANAPT ORAL TABLET 4 MG .....	35
		FANAPT ORAL TABLET 6 MG .....	35
		FANAPT ORAL TABLET 8 MG .....	35
		FANAPT TITRATION PACK .....	35
		FARXIGA .....	51
		febuxostat .....	13
		felbamate oral suspension .....	35

felbamate oral tablet .....	35	fluoxetine hcl oral capsule 20 mg .....	35
felodipine er .....	27	fluoxetine hcl oral capsule 40 mg .....	35
fenofibrate micronized oral capsule 130 mg, 200 mg, 43 mg, 67 mg .....	27	fluoxetine hcl oral capsule delayed release .....	35
fenofibrate micronized oral capsule 134 mg .....	27	fluoxetine hcl oral solution .....	35
fenofibrate oral capsule 134 mg .....	27	fluphenazine decanoate injection .....	35
fenofibrate oral capsule 200 mg, 67 mg .....	27	fluphenazine hcl injection .....	35
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg .....	27	fluphenazine hcl oral .....	35
fenofibric acid oral capsule delayed release .....	27	flurandrenolide external cream .....	46
fenopropfen calcium oral tablet .....	13	flurandrenolide external lotion .....	46
fentanyl citrate buccal lozenge on a handle .....	13	flurbiprofen oral tablet 100 mg .....	13
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr .....	13	flurbiprofen sodium .....	78
FERRIPROX ORAL SOLUTION .....	51	fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act .....	81
fesoterodine fumarate er .....	58	fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act .....	81
FETZIMA .....	35	fluticasone propionate external cream .....	46
FETZIMA TITRATION .....	35	fluticasone propionate external lotion .....	46
finasteride oral tablet 5 mg .....	58	fluticasone propionate external ointment .....	46
fingolimod hcl .....	35	fluticasone propionate hfa inhalation aerosol 110 mcg/act .....	81
FINTEPLA .....	35	fluticasone propionate hfa inhalation aerosol 220 mcg/act .....	81
FINZALA .....	61	fluticasone propionate hfa inhalation aerosol 44 mcg/act .....	81
FIRDAPSE .....	35	fluticasone propionate nasal .....	81
FIRMAGON (240 MG DOSE) .....	17	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act .....	81
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG .....	17	fluvastatin sodium .....	27
FIRVANQ .....	72	fluvastatin sodium er .....	27
FLAC .....	80	fluvoxamine maleate oral tablet 100 mg .....	35
flavoxate hcl .....	58	fluvoxamine maleate oral tablet 25 mg, 50 mg .....	36
flecainide acetate .....	27	fondaparinux sodium subcutaneous solution 10 mg/0.8ml .....	23
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-% .....	72	fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml .....	23
fluconazole oral suspension reconstituted .....	72	fondaparinux sodium subcutaneous solution 5 mg/0.4ml .....	23
fluconazole oral tablet .....	72	fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml .....	23
flucytosine oral .....	72	formoterol fumarate inhalation .....	81
fludrocortisone acetate oral .....	61	FOSAMAX PLUS D .....	51
flunisolide nasal solution 25 mcg/act (0.025%) .....	81	fosamprenavir calcium .....	72
fluocinolone acetonide body .....	46	fosfomycin tromethamine .....	72
fluocinolone acetonide external .....	46	fosinopril sodium .....	27
fluocinolone acetonide otic .....	80	fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg .....	10
fluocinolone acetonide scalp .....	46	fosinopril sodium-hctz oral tablet 10-12.5 mg .....	27
fluocinonide emulsified base .....	46	fosinopril sodium-hctz oral tablet 20-12.5 mg .....	27
fluocinonide external cream 0.05 % .....	46	FOTIVDA .....	17
fluocinonide external cream 0.1 % .....	46	fraiche 5000 dental gel 1.1 % dental .....	46
fluocinonide external gel .....	46	FRUZAQLA ORAL CAPSULE 1 MG .....	17
fluocinonide external ointment .....	46		
fluocinonide external solution .....	46		
fluorometholone ophthalmic .....	78		
fluorouracil external cream 5 % .....	46		
fluorouracil external solution 2 % .....	46		
fluorouracil external solution 5 % .....	46		
fluorouracil intravenous .....	17		
fluoxetine hcl oral capsule 10 mg .....	35		

FRUZAQLA ORAL CAPSULE 5 MG .....	17	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-% .....	72
FULPHILA .....	24	gentamicin in saline intravenous solution 2-0.9 mg/ml-% .....	72
fulvestrant intramuscular solution prefilled syringe .....	17	gentamicin sulfate external .....	46
furosemide injection .....	27	gentamicin sulfate injection solution 10 mg/ml ...	73
furosemide oral solution 10 mg/ml, 8 mg/ml .....	27	gentamicin sulfate injection solution 40 mg/ml ...	73
furosemide oral tablet .....	27	gentamicin sulfate ophthalmic solution .....	79
furosemide oral tablet 20 mg, 40 mg, 80 mg .....	10	GENVOYA .....	73
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED .....	72	GILENYA ORAL CAPSULE 0.25 MG .....	36
FYAVOLV .....	61	GILOTRIF .....	17
FYCOMPA ORAL SUSPENSION .....	36	glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml .....	36
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG .....	36	glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml .....	36
FYCOMPA ORAL TABLET 2 MG .....	36	GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML .....	36
<b>G</b>		GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML .....	36
gabapentin oral capsule 100 mg .....	36	GLEOSTINE ORAL CAPSULE 10 MG, 40 MG .....	17
gabapentin oral capsule 300 mg .....	36	GLEOSTINE ORAL CAPSULE 100 MG .....	17
gabapentin oral capsule 400 mg .....	36	glimepiride oral tablet 1 mg .....	51
gabapentin oral solution .....	36	glimepiride oral tablet 2 mg .....	51
gabapentin oral tablet 600 mg .....	36	glimepiride oral tablet 4 mg .....	51
gabapentin oral tablet 800 mg .....	36	glimepiride oral tablet 1 mg .....	11
galantamine hydrobromide er .....	36	glimepiride oral tablet 2 mg .....	11
galantamine hydrobromide oral solution .....	36	glimepiride oral tablet 4 mg .....	11
galantamine hydrobromide oral tablet .....	36	glipizide er oral tablet extended release 24 hour 10 mg .....	51
GALLIFREY .....	61	glipizide er oral tablet extended release 24 hour 2.5 mg .....	51
GAMUNEX-C .....	66	glipizide er oral tablet extended release 24 hour 5 mg .....	51
ganciclovir sodium intravenous solution reconstituted .....	72	glipizide er oral tablet extended release 24 hour 10 mg .....	11
GARDASIL 9 .....	66	glipizide er oral tablet extended release 24 hour 2.5 mg .....	11
gatifloxacin ophthalmic .....	79	glipizide er oral tablet extended release 24 hour 5 mg .....	11
GATTEX .....	56	glipizide oral tablet 10 mg .....	51
GAUZE STERILE PADS 2 .....	77	glipizide oral tablet 2.5 mg .....	52
GAVILYTE-C .....	56	glipizide oral tablet 5 mg .....	52
GAVILYTE-G .....	56	glipizide oral tablet 10 mg .....	11
GAVILYTE-N WITH FLAVOR PACK .....	56	glipizide oral tablet 5 mg .....	11
GAVRETO .....	17	glipizide xl oral tablet extended release 24 hour 10 mg .....	11
GAZYVA .....	17	glipizide xl oral tablet extended release 24 hour 2.5 mg .....	11
gefitinib .....	17	glipizide xl oral tablet extended release 24 hour 5 mg .....	11
gemcitabine hcl intravenous solution 1 gm/10ml, 2 gm/20ml, 2 gm/52.6ml, 200 mg/2ml .....	17	glipizide-metformin hcl oral tablet 2.5-250 mg ....	52
gemcitabine hcl intravenous solution 1 gm/26.3ml, 200 mg/5.26ml .....	17		
gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm .....	17		
gemcitabine hcl intravenous solution reconstituted 200 mg .....	17		
gemfibrozil oral .....	27		
GEMTESA .....	58		
generlac .....	56		
GENGRAF ORAL CAPSULE 100 MG, 25 MG .....	66		
GENGRAF ORAL SOLUTION .....	66		
GENTAK OPHTHALMIC OINTMENT .....	79		

<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i> .....	52	<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i> .....	24
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i> .....	11	<i>heparin sodium (porcine) pf injection solution 1000 unit/ml</i> .....	24
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i> .....	11	HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE .....	66
GLUCAGEN HYPOKIT .....	52	HERCEPTIN HYLECTA .....	17
<i>glucagon emergency injection kit</i> .....	52	HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG .....	17
<i>glyburide micronized oral tablet 1.5 mg</i> .....	52	HIBERIX INJECTION .....	66
<i>glyburide micronized oral tablet 3 mg</i> .....	52	HIDEX 6-DAY .....	61
<i>glyburide micronized oral tablet 6 mg</i> .....	52	HUMALOG INJECTION .....	52
<i>glyburide oral tablet 1.25 mg</i> .....	52	HUMALOG JUNIOR KWIKPEN .....	52
<i>glyburide oral tablet 2.5 mg</i> .....	52	HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR .....	52
<i>glyburide oral tablet 5 mg</i> .....	52	HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR .....	52
<i>glyburide-metformin oral tablet 1.25-250 mg</i> .....	52	HUMALOG MIX 75/25 .....	52
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i> .....	52	HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR .....	52
<i>glycopyrrolate injection solution</i> .....	56	HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE .....	52
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i> .....	56	HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML .....	66
GLYDO EXTERNAL PREFILLED SYRINGE .....	13	HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML .....	66
GLYXAMBI .....	52	HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML .....	66
<i>granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml</i> .....	56	HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML .....	66
<i>granisetron hcl oral</i> .....	56	HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS AUTO-INJECTOR KIT .....	66
GRANIX .....	24	HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML .....	66
<i>griseofulvin microsize oral</i> .....	73	HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT .....	66
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i> .....	73	HUMULIN 70/30 .....	52
<i>guanfacine hcl er</i> .....	36	HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR .....	52
<i>guanfacine hcl oral</i> .....	27	HUMULIN N .....	52
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML .....	52	HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR .....	52
<b>H</b>		HUMULIN R .....	52
HAILEY 1.5/30 .....	61	HUMULIN R U-500 (CONCENTRATED) .....	52
HAILEY 24 FE .....	61	HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR .....	52
HAILEY FE 1.5/30 .....	61	<i>hydralazine hcl injection</i> .....	27
HAILEY FE 1/20 .....	61	<i>hydralazine hcl oral</i> .....	27
<i>halobetasol propionate external cream</i> .....	46	<i>hydrochlorothiazide oral</i> .....	27
<i>halobetasol propionate external ointment</i> .....	46	<i>hydrochlorothiazide oral capsule 12.5 mg</i> .....	10
HALOETTE .....	61	<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i> .....	10
HALOG EXTERNAL OINTMENT .....	46		
<i>haloperidol decanoate intramuscular</i> .....	36		
<i>haloperidol lactate injection</i> .....	36		
<i>haloperidol lactate oral</i> .....	36		
<i>haloperidol oral</i> .....	36		
HARVONI .....	73		
HAVRIX .....	66		
HEATHER .....	61		
<i>heparin (porcine) in nacl intravenous solution 12500-0.45 ut/250ml-%, 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%</i> .....	24		
<i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%</i> .....	24		

hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml .....	13	IDHIFA ORAL TABLET 50 MG .....	17
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg .....	13	IGALMI .....	77
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg .....	13	ILEVRO .....	79
hydrocortisone (perianal) external cream 1 % .....	47	imatinib mesylate oral tablet 100 mg .....	17
hydrocortisone (perianal) external cream 2.5 % .....	47	imatinib mesylate oral tablet 400 mg .....	17
hydrocortisone butyr lipo base .....	47	IMBRUVICA ORAL CAPSULE 140 MG .....	17
hydrocortisone butyrate external cream .....	47	IMBRUVICA ORAL CAPSULE 70 MG .....	17
hydrocortisone butyrate external lotion .....	47	IMBRUVICA ORAL SUSPENSION .....	17
hydrocortisone butyrate external ointment .....	47	IMBRUVICA ORAL TABLET 140 MG .....	18
hydrocortisone butyrate external solution .....	47	IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG .....	18
hydrocortisone external cream 1 %, 2.5 % .....	47	IMFINZI .....	18
hydrocortisone external lotion 2.5 % .....	47	imipenem-cilastatin .....	73
hydrocortisone external ointment 1 %, 2.5 % .....	47	imipramine hcl oral .....	36
hydrocortisone oral .....	56	imipramine pamoate oral capsule 125 mg, 150 mg .....	36
hydrocortisone rectal enema .....	56	imiquimod external cream 5 % .....	47
hydrocortisone valerate .....	47	imkeldi .....	18
hydrocortisone-acetic acid .....	80	IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML .....	66
hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml .....	13	IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED .....	66
hydromorphone hcl oral liquid .....	13	IMVEXXY MAINTENANCE PACK .....	61
hydromorphone hcl oral tablet .....	13	IMVEXXY STARTER PACK .....	61
hydromorphone hcl pf injection solution 1 mg/ml, 4 mg/ml .....	13	INCASSIA .....	61
hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml, 500 mg/50ml .....	13	INCRELEX .....	61
hydroxychloroquine sulfate oral tablet 200 mg ...	73	indapamide oral .....	27
hydroxyurea oral .....	17	indomethacin er .....	13
hydroxyzine hcl intramuscular .....	81	indomethacin oral capsule 25 mg, 50 mg .....	13
hydroxyzine hcl oral syrup .....	82	INFANRIX .....	66
hydroxyzine hcl oral tablet 10 mg, 25 mg .....	82	infliximab .....	66
hydroxyzine hcl oral tablet 50 mg .....	82	INGREZZA ORAL CAPSULE 40 MG .....	36
hydroxyzine pamoate oral .....	82	INGREZZA ORAL CAPSULE 60 MG, 80 MG .....	36
hyoscyamine sulfate oral tablet .....	56	INGREZZA ORAL CAPSULE SPRINKLE 40 MG .....	36
hyoscyamine sulfate oral tablet dispersible .....	56	INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG .....	36
hyoscyamine sulfate sublingual .....	56	INGREZZA ORAL CAPSULE THERAPY PACK .....	36
HYPERRAB .....	66	INLYTA ORAL TABLET 1 MG .....	18
<b>I</b>		INLYTA ORAL TABLET 5 MG .....	18
ibandronate sodium intravenous .....	52	INPEN 100-BLUE-LILLY-HUMALOG .....	77
ibandronate sodium oral .....	52	INPEN 100-BLUE-NOVOLOG-FIASP .....	77
IBRANCE .....	17	INPEN 100-GREY-LILLY-HUMALOG .....	77
IBU .....	13	INPEN 100-GREY-NOVOLOG-FIASP .....	77
ibuprofen oral suspension 100 mg/5ml .....	13	INPEN 100-PINK-LILLY-HUMALOG .....	77
ibuprofen oral tablet 400 mg, 600 mg, 800 mg ...	13	INPEN 100-PINK-NOVOLOG-FIASP .....	77
icatibant acetate subcutaneous solution prefilled syringe .....	24	INQOVI .....	18
ICLEVIA .....	61	INREBIC .....	18
ICLUSIG .....	17	INSULIN PEN NEEDLE .....	77
icosapent ethyl .....	27	INSULIN SYRINGE .....	77
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		INTRALIPID .....	49
		INTROVALE .....	61

INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML .....	36	<i>isoniazid oral syrup</i> .....	73
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML .....	36	<i>isoniazid oral tablet</i> .....	73
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML .....	36	<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i> .....	27
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML .....	37	<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i> .....	27
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML .....	37	<i>isosorbide mononitrate</i> .....	27
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML .....	37	<i>isosorbide mononitrate er</i> .....	27
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML .....	37	<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 35 mg, 40 mg</i> .....	47
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML .....	37	<i>isotretinoin oral capsule 25 mg</i> .....	47
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML .....	37	<i>isradipine</i> .....	27
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML .....	37	ITOVEBI ORAL TABLET 3 MG .....	18
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML .....	37	ITOVEBI ORAL TABLET 9 MG .....	18
INVELTYS .....	79	<i>itraconazole oral capsule</i> .....	73
INVOKAMET .....	52	<i>ivabradine hcl</i> .....	27
INVOKAMET XR .....	52	<i>ivermectin oral</i> .....	73
INVOKANA .....	52	IWILFIN .....	18
IPOL .....	66	IXCHIQ .....	66
<i>ipratropium bromide inhalation</i> .....	82	IXIARO .....	66
<i>ipratropium bromide nasal</i> .....	82	<b>J</b>	
<i>ipratropium-albuterol</i> .....	82	JAIMIESS .....	61
<i>irbesartan</i> .....	27	JAKAFI .....	18
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> .....	10	<i>jantoven</i> .....	24
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i> .....	27	JANUMET .....	53
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i> .....	27	JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG .....	53
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> .....	10	JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG .....	53
<i>irinotecan hcl intravenous solution 100 mg/5ml</i> ....	18	JANUVIA .....	53
<i>irinotecan hcl intravenous solution 300 mg/15ml, 40 mg/2ml</i> .....	18	JARDIANCE .....	53
<i>irinotecan hcl intravenous solution 500 mg/ 25ml</i> .....	18	JASMIEL .....	61
ISENTRESS HD .....	73	JAVYGTOR .....	58
ISENTRESS ORAL PACKET .....	73	JAYPIRCA ORAL TABLET 100 MG .....	18
ISENTRESS ORAL TABLET .....	73	JAYPIRCA ORAL TABLET 50 MG .....	18
ISENTRESS ORAL TABLET CHEWABLE 100 MG .....	73	JENCYCLA .....	61
ISENTRESS ORAL TABLET CHEWABLE 25 MG .....	73	JENTADUETO .....	53
ISIBLOOM .....	61	JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG .....	53
ISOLYTE-P IN D5W .....	49	JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG .....	53
ISOLYTE-S .....	49	JEVTANA .....	18
ISOLYTE-S PH 7.4 .....	49	JINTELI .....	61
<i>isoniazid injection</i> .....	73	JOLESSA .....	61
		JULEBER .....	61
		JULUCA .....	73
		JUNEL 1.5/30 .....	61
		JUNEL 1/20 .....	61
		JUNEL FE 1.5/30 .....	61
		JUNEL FE 1/20 .....	61
		JUNEL FE 24 .....	61
		JUST RIGHT 5000 DENTAL PASTE .....	47
		JYLAMVO .....	66

JYNNEOS .....	66	<b>L</b>	
<b>K</b>			
KADCYLA .....	18	<i>l</i> -glutamine oral packet .....	24
KAITLIB FE .....	61	labetalol hcl intravenous solution .....	27
KALLIGA .....	61	labetalol hcl oral .....	27
KALYDECO ORAL TABLET .....	82	lacosamide intravenous .....	37
KARIVA .....	61	lacosamide oral solution .....	37
<i>kcl</i> (0.149%) in nacl intravenous solution 20-0.45 meq/l-% .....	49	lacosamide oral tablet .....	37
<i>kcl</i> 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-%-% .....	49	lactated ringers intravenous .....	50
<i>kcl</i> -lactated ringers-d5w .....	49	lactated ringers irrigation .....	78
kedrab injection .....	66	lactulose encephalopathy oral solution 10 gm/15ml .....	56
KELNOR 1/35 .....	61	lactulose oral solution .....	56
KELNOR 1/50 .....	61	LAGEVRIO .....	73
KERENDIA .....	53	lamivudine oral solution .....	73
ketoconazole external cream .....	47	lamivudine oral tablet 100 mg .....	73
ketoconazole external foam .....	47	lamivudine oral tablet 150 mg .....	73
ketoconazole external shampoo 2 % .....	47	lamivudine oral tablet 300 mg .....	73
ketoconazole oral .....	73	lamivudine-zidovudine .....	73
KETODAN EXTERNAL FOAM .....	47	lamotrigine er .....	37
ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml .....	13	lamotrigine oral tablet .....	37
ketorolac tromethamine intramuscular solution 60 mg/2ml .....	13	lamotrigine oral tablet chewable .....	37
ketorolac tromethamine ophthalmic .....	79	lamotrigine oral tablet dispersible .....	37
ketorolac tromethamine oral .....	13	lamotrigine starter kit-blue .....	37
KEYTRUDA INTRAVENOUS SOLUTION .....	18	lamotrigine starter kit-orange .....	37
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE .....	66	lanreotide acetate .....	61
KIONEX COMBINATION .....	53	lansoprazole oral capsule delayed release 15 mg .....	56
KISQALI (200 MG DOSE) .....	18	lansoprazole oral capsule delayed release 30 mg .....	56
KISQALI (400 MG DOSE) .....	18	LANTUS .....	53
KISQALI (600 MG DOSE) .....	18	LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR .....	53
KISQALI FEMARA (200 MG DOSE) .....	18	<i>lapatinib</i> ditosylate .....	18
KISQALI FEMARA (400 MG DOSE) .....	18	LARIN 1.5/30 .....	61
KISQALI FEMARA (600 MG DOSE) .....	18	LARIN 1/20 .....	61
KLAYESTA .....	47	LARIN 24 FE .....	61
KLOR-CON 10 .....	49	LARIN FE 1.5/30 .....	61
KLOR-CON M10 .....	49	LARIN FE 1/20 .....	61
KLOR-CON M15 .....	50	latanoprost ophthalmic .....	79
KLOR-CON M20 .....	50	LAYOLIS FE .....	61
KLOR-CON ORAL TABLET EXTENDED RELEASE .....	50	LAZCLUZE ORAL TABLET 240 MG .....	18
KLOR-CON/EF .....	50	LAZCLUZE ORAL TABLET 80 MG .....	18
KOSELUGO .....	78	LEENA .....	61
KOURZEQ .....	47	<i>leflunomide</i> oral .....	66
KRAZATI .....	18	lenalidomide oral capsule 10 mg .....	18
KURVELO .....	61	lenalidomide oral capsule 15 mg, 2.5 mg, 20 mg, 25 mg .....	18
KYLEENA .....	61	lenalidomide oral capsule 5 mg .....	18
KYPROLIS .....	18	LENVIMA (10 MG DAILY DOSE) .....	18
		LENVIMA (12 MG DAILY DOSE) .....	18
		LENVIMA (14 MG DAILY DOSE) .....	18
		LENVIMA (18 MG DAILY DOSE) .....	18
		LENVIMA (20 MG DAILY DOSE) .....	18

LENVIMA (24 MG DAILY DOSE) .....	18	lidocaine external patch 5 % .....	14
LENVIMA (4 MG DAILY DOSE) .....	19	lidocaine hcl (pf) injection solution 1 %, 1.5 % .....	14
LENVIMA (8 MG DAILY DOSE) .....	19	lidocaine hcl external solution .....	14
LESSINA .....	61	lidocaine hcl injection solution 0.5 %, 1 %, 2 % .....	14
letrozole oral .....	19	lidocaine hcl mouth/throat .....	14
leucovorin calcium injection solution 100 mg/ 10ml .....	19	lidocaine hcl urethral/mucosal .....	14
leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 500 mg .....	19	lidocaine viscous hcl .....	14
leucovorin calcium oral tablet 10 mg, 15 mg, 5 mg .....	19	lidocaine-prilocaine external cream .....	14
leucovorin calcium oral tablet 25 mg .....	19	LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY .....	62
LEUKINE INJECTION SOLUTION RECONSTITUTED ...	24	lincomycin hcl injection .....	73
leuprolide acetate (3 month) .....	19	linezolid in sodium chloride .....	73
leuprolide acetate injection .....	19	linezolid intravenous solution 600 mg/300ml .....	73
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml .....	82	linezolid oral suspension reconstituted .....	73
levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml .....	82	linezolid oral tablet .....	73
levalbuterol tartrate .....	82	LINZESS .....	56
levetiracetam er oral tablet extended release 24 hour 500 mg .....	37	liothyronine sodium intravenous .....	62
levetiracetam er oral tablet extended release 24 hour 750 mg .....	37	liothyronine sodium oral .....	62
levetiracetam intravenous .....	37	liraglutide .....	53
levetiracetam oral solution .....	37	lisinopril oral .....	27
levetiracetam oral tablet .....	37	lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg .....	10
LEVO-T .....	61	lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg .....	27
levobunolol hcl ophthalmic solution 0.5 % .....	79	lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg .....	27
levocarnitine oral solution .....	50	lisinopril-hydrochlorothiazide oral tablet 20-25 mg .....	27
levocarnitine oral tablet .....	50	lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg .....	10
levocarnitine sf .....	50	lithium .....	37
levocetirizine dihydrochloride oral solution .....	82	lithium carbonate er .....	37
levocetirizine dihydrochloride oral tablet .....	82	lithium carbonate oral capsule 150 mg, 300 mg ...	37
levofloxacin in d5w intravenous solution 250 mg/ 50ml .....	73	lithium carbonate oral capsule 600 mg .....	37
levofloxacin in d5w intravenous solution 500 mg/ 100ml, 750 mg/150ml .....	73	lithium carbonate oral tablet .....	37
levofloxacin intravenous .....	73	LIVTENCITY .....	73
levofloxacin ophthalmic .....	79	LO-ZUMANDIMINE .....	62
levofloxacin oral solution .....	73	LOESTRIN 1.5/30 (21) .....	62
levofloxacin oral tablet .....	73	LOESTRIN FE 1.5/30 .....	62
LEVONEST .....	61	LOESTRIN FE 1/20 .....	62
levonorg-eth estrad triphasic oral tablet 50-30/75- 40/ 125-30 mcg .....	61	LOJAIMIESS .....	62
levonorgest-eth est & eth est .....	61	LOKELMA ORAL PACKET 10 GM .....	53
levonorgest-eth estrad 91-day .....	61	LOKELMA ORAL PACKET 5 GM .....	53
levonorgestrel-ethinyl estrad .....	61	LONSURF .....	19
LEVORA 0.15/30 (28) .....	61	loperamide hcl oral capsule .....	56
levothyroxine sodium oral tablet .....	62	lopinavir-ritonavir oral solution .....	73
LEVOXYL .....	62	lopinavir-ritonavir oral tablet 100-25 mg .....	73
LIBERVANT .....	37	lopinavir-ritonavir oral tablet 200-50 mg .....	73
lidocaine external ointment 5 % .....	14	lorazepam injection .....	37
		LORAZEPAM INTENSOL .....	37
		lorazepam oral concentrate .....	37
		lorazepam oral tablet 0.5 mg .....	37
		lorazepam oral tablet 1 mg .....	37

lorazepam oral tablet 2 mg .....	37	mafenide acetate external .....	47
LORBRENA ORAL TABLET 100 MG .....	19	magnesium sulfate injection solution 50 %, 50 % (10ml syringe) .....	50
LORBRENA ORAL TABLET 25 MG .....	19	magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/ 1000ml .....	50
LORYNA .....	62	malathion external .....	47
losartan potassium oral tablet 100 mg .....	27	mannitol intravenous solution 20 %, 25 % .....	78
losartan potassium oral tablet 25 mg, 50 mg .....	27	maraviroc .....	73
losartan potassium oral tablet 100 mg .....	10	marlissa .....	62
losartan potassium oral tablet 25 mg, 50 mg .....	10	MARPLAN .....	38
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg .....	28	MATULANE .....	19
losartan potassium-hctz oral tablet 50-12.5 mg ...	28	MATZIM LA .....	28
losartan potassium-hctz oral tablet 100-12.5 mg, 100- 25 mg, 50-12.5 mg .....	10	MAXIDEX .....	79
LOTEMAX OPHTHALMIC OINTMENT .....	79	meclizine hcl oral tablet 12.5 mg, 25 mg .....	56
LOTEMAX SM .....	79	medroxyprogesterone acetate intramuscular ....	62
loteprednol etabonate ophthalmic gel .....	79	medroxyprogesterone acetate oral .....	62
loteprednol etabonate ophthalmic suspension 0.2 % .....	79	mefloquine hcl .....	74
loteprednol etabonate ophthalmic suspension 0.5 % .....	79	megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml .....	19
lovastatin oral .....	28	megestrol acetate oral tablet .....	19
lovastatin oral tablet 10 mg, 20 mg, 40 mg .....	10	MEKINIST ORAL SOLUTION RECONSTITUTED .....	19
LOW-OGESTREL .....	62	MEKINIST ORAL TABLET 0.5 MG .....	19
loxapine succinate oral .....	37	MEKINIST ORAL TABLET 2 MG .....	19
lubiprostone .....	56	MEKTOVI .....	19
luliconazole .....	47	meloxicam oral tablet .....	14
LUMAKRAS ORAL TABLET 120 MG .....	19	memantine hcl er .....	38
LUMAKRAS ORAL TABLET 240 MG .....	19	memantine hcl oral solution 2 mg/ml .....	38
LUMAKRAS ORAL TABLET 320 MG .....	19	memantine hcl oral tablet 10 mg .....	38
LUMIGAN OPHTHALMIC SOLUTION 0.01 % .....	79	memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg .....	38
LUMIZYME .....	58	memantine hcl oral tablet 5 mg .....	38
LUPRON DEPOT (1-MONTH) .....	19	MENACTRA INTRAMUSCULAR SOLUTION .....	66
LUPRON DEPOT (3-MONTH) .....	19	MENEST .....	62
LUPRON DEPOT (4-MONTH) .....	19	MENQUADFI INTRAMUSCULAR SOLUTION .....	66
LUPRON DEPOT (6-MONTH) .....	19	MENVEO .....	66
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG .....	62	mepiperidine hcl injection solution 25 mg/ml, 50 mg/ ml .....	14
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg .....	38	mercaptopurine oral .....	19
lurasidone hcl oral tablet 80 mg .....	38	meropenem intravenous solution reconstituted 1 gm, 500 mg .....	74
LUTERA .....	62	mesalamine er oral capsule extended release ...	56
LYBALVI .....	38	mesalamine er oral capsule extended release 24 hour .....	56
LYLEQ .....	62	mesalamine oral capsule delayed release .....	56
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LYSODREN .....	19	mesalamine oral tablet delayed release 800 mg .....	57
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metformin hcl oral tablet 500 mg .....	53	metoprolol succinate er .....	28
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olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg .....	39	oxacillin sodium in dextrose intravenous solution 1 gm/50ml .....	74
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olmesartan medoxomil oral tablet 20 mg, 40 mg .....	10	oxacillin sodium intravenous .....	74
olmesartan medoxomil oral tablet 5 mg .....	11	oxaliplatin intravenous solution .....	20
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olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg .....	28	oxandrolone oral tablet 10 mg .....	63
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg .....	28	oxandrolone oral tablet 2.5 mg .....	63
olmesartan-amlodipine-hctz oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg .....	28	oxaprozin oral tablet .....	15
olopatadine hcl nasal .....	82	oxazepam .....	39
olopatadine hcl ophthalmic solution 0.1 % .....	79	oxcarbazepine oral suspension .....	39
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		oxybutynin chloride er oral tablet extended release 24 hour 5 mg .....	59
		oxybutynin chloride oral solution .....	59
		oxybutynin chloride oral tablet 2.5 mg .....	59
		oxybutynin chloride oral tablet 5 mg .....	59
		oxycodone hcl oral capsule .....	15
		oxycodone hcl oral concentrate 100 mg/5ml .....	15

oxycodone hcl oral solution .....	15	PEMAZYRE .....	20
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OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML .....	53	penicillin g pot in dextrose .....	74
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML .....	53	penicillin g potassium .....	74
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<b>P</b>		penicillin v potassium oral solution reconstituted .....	75
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paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml .....	20	PENTACEL .....	67
paclitaxel protein-bound part .....	20	pentamidine isethionate inhalation .....	75
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg .....	39	pentamidine isethionate injection .....	75
paliperidone er oral tablet extended release 24 hour 6 mg .....	39	pentazocine-naloxone hcl .....	15
pamidronate disodium intravenous solution 30 mg/ 10ml, 90 mg/10ml .....	53	pentoxifylline er .....	24
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pantoprazole sodium oral tablet delayed release .....	57	permethrin external cream .....	48
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paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg .....	39	PFIZERPEN .....	75
paroxetine hcl oral suspension .....	39	phenelzine sulfate oral .....	39
paroxetine hcl oral tablet 10 mg, 40 mg .....	39	phenobarbital oral elixir .....	39
paroxetine hcl oral tablet 20 mg .....	39	phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg, 64.8 mg, 97.2 mg .....	39
paroxetine hcl oral tablet 30 mg .....	39	phenobarbital oral tablet 16.2 mg, 32.4 mg .....	39
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PAXLOVID (300/100) .....	74	PHENYTOIN INFATABS .....	40
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PEDVAX HIB INTRAMUSCULAR SUSPENSION .....	67	PHESGO .....	20
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peg-3350/electrolytes .....	57	PHOSPHOLINE IODIDE .....	79
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peg-kcl-nacl-nasulf-na asc-c .....	57	PIFELTRO .....	75
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ ML .....	67	pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 % .....	79
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE .....	67	pilocarpine hcl oral .....	48
		pimecrolimus .....	48
		pimozide .....	40
		PIMTREA .....	63
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		pioglitazone hcl oral tablet 30 mg .....	54
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		pioglitazone hcl oral tablet 15 mg .....	11
		pioglitazone hcl oral tablet 30 mg .....	11
		pioglitazone hcl oral tablet 45 mg .....	11
		pioglitazone hcl-glimepiride .....	54
		pioglitazone hcl-metformin hcl .....	54

<i>piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i> .....	75	<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> .....	63
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<i>pirfenidone oral tablet 267 mg</i> .....	82	<i>prednisone oral tablet</i> .....	63
<i>pirfenidone oral tablet 534 mg, 801 mg</i> .....	82	<i>prednisone oral tablet therapy pack</i> .....	63
<i>piroxicam oral</i> .....	15	<i>pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg</i> .....	40
<i>pitavastatin calcium</i> .....	29	<i>pregabalin er oral tablet extended release 24 hour 330 mg</i> .....	40
PLENAMINE .....	50	<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> .....	40
PLENVU .....	57	<i>pregabalin oral capsule 200 mg</i> .....	40
<i>plerixafor</i> .....	24	<i>pregabalin oral capsule 225 mg, 300 mg</i> .....	40
<i>pnv-dha</i> .....	50	<i>pregabalin oral solution</i> .....	40
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<i>polymyxin b-trimethoprim</i> .....	79	PREMASOL INTRAVENOUS SOLUTION 10 % .....	50
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<i>posaconazole oral</i> .....	75	<i>prenatal oral tablet 27-1 mg</i> .....	50
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<i>potassium chloride er</i> .....	50	PRENATAL VIT W/ IRON CARBONYL-FOLIC ACID ...	50
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<i>potassium chloride in nacl intravenous solution 40-0.9 meq/l-%</i> .....	50	PREVIDENT .....	48
<i>potassium chloride intravenous solution 10 meq/100ml, 20 meq/100ml, 40 meq/100ml</i> .....	50	PREVIDENT 5000 BOOSTER PLUS .....	48
<i>potassium chloride intravenous solution 10 meq/50ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/50ml</i> .....	50	PREVIDENT 5000 DRY MOUTH DENTAL GEL .....	48
<i>potassium chloride oral packet</i> .....	50	PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL ...	48
<i>potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i> .....	50	PREVIDENT 5000 KIDS .....	48
<i>potassium citrate er</i> .....	59	PREVIDENT 5000 ORTHO DEFENSE .....	48
<i>potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l</i> .....	50	PREVIDENT 5000 PLUS .....	48
POTELIGEO .....	20	PREVIDENT 5000 SENSITIVE DENTAL GEL .....	48
<i>pramipexole dihydrochloride</i> .....	40	PREVYMIS ORAL TABLET .....	75
<i>pramipexole dihydrochloride er</i> .....	40	PREZCOBIX .....	75
<i>prasugrel hcl</i> .....	24	PREZISTA ORAL SUSPENSION .....	75
<i>pravastatin sodium</i> .....	29	PREZISTA ORAL TABLET 150 MG .....	75
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> .....	11	PREZISTA ORAL TABLET 75 MG .....	75
<i>praziquantel oral</i> .....	75	PRIFTIN .....	75
<i>prazosin hcl oral</i> .....	29	<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i> .....	75
<i>prednisolone acetate ophthalmic</i> .....	79	<i>primidone oral</i> .....	40
<i>prednisolone oral solution</i> .....	63	PRIORIX .....	67
<i>prednisolone sodium phosphate ophthalmic</i> .....	79	<i>probenecid oral</i> .....	15
		<i>prochlorperazine</i> .....	57
		<i>prochlorperazine edisylate injection solution 10 mg/2ml</i> .....	57
		<i>prochlorperazine maleate oral</i> .....	57

PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML .....	24	<i>quetiapine fumarate oral tablet 200 mg</i> .....	40
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML .....	24	<i>quetiapine fumarate oral tablet 25 mg</i> .....	40
PROCTO-MED HC EXTERNAL .....	48	<i>quetiapine fumarate oral tablet 300 mg</i> .....	40
PROCTOSOL HC EXTERNAL .....	48	<i>quetiapine fumarate oral tablet 400 mg</i> .....	40
PROCTOZONE-HC EXTERNAL .....	48	<i>quetiapine fumarate oral tablet 50 mg</i> .....	40
<i>progesterone oral</i> .....	63	<i>quinapril hcl</i> .....	29
PROGRAF INTRAVENOUS .....	67	<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> .....	11
PROGRAF ORAL PACKET .....	67	<i>quinapril-hydrochlorothiazide</i> .....	29
PROLASTIN-C INTRAVENOUS SOLUTION .....	58	<i>quinidine sulfate oral</i> .....	29
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE .....	54	<i>quinine sulfate oral</i> .....	75
PROMACTA ORAL PACKET 12.5 MG .....	24	QULIPTA .....	40
PROMACTA ORAL PACKET 25 MG .....	24	QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT .....	82
PROMACTA ORAL TABLET 12.5 MG, 25 MG .....	24	QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT .....	82
PROMACTA ORAL TABLET 50 MG .....	24	<b>R</b>	
PROMACTA ORAL TABLET 75 MG .....	24	RABAVERT .....	67
<i>promethazine hcl injection</i> .....	57	<i>rabeprazole sodium oral tablet delayed release</i> .....	57
<i>promethazine hcl oral solution</i> .....	57	<i>raloxifene hcl</i> .....	63
<i>promethazine hcl oral tablet</i> .....	57	<i>ramelteon</i> .....	40
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i> .....	57	<i>ramipril</i> .....	29
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG .....	57	<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> .....	11
<i>propafenone hcl</i> .....	29	<i>ranolazine er</i> .....	29
<i>propafenone hcl er</i> .....	29	<i>rasagiline mesylate oral</i> .....	40
<i>proparacaine hcl ophthalmic</i> .....	79	RAVICTI .....	58
<i>propranolol hcl er</i> .....	29	RECLIPSEN .....	63
<i>propranolol hcl intravenous</i> .....	29	RECOMBIVAX HB .....	67
<i>propranolol hcl oral</i> .....	29	RECTIV .....	48
<i>propylthiouracil oral</i> .....	63	REGONOL INTRAVENOUS .....	40
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED .....	67	RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT .....	75
PROSOL .....	50	RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE) .....	57
<i>protriptyline hcl</i> .....	40	RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML .....	57
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML .....	82	REMICADE .....	67
PURIXAN .....	20	REMODULIN INJECTION SOLUTION 100 MG/20ML, 200 MG/20ML, 50 MG/20ML .....	82
<i>pyrazinamide oral</i> .....	75	<i>repaglinide oral tablet 0.5 mg</i> .....	54
<i>pyridostigmine bromide er</i> .....	40	<i>repaglinide oral tablet 1 mg</i> .....	54
<i>pyridostigmine bromide oral solution</i> .....	40	<i>repaglinide oral tablet 2 mg</i> .....	54
<i>pyridostigmine bromide oral tablet</i> .....	40	REPATHA .....	29
<i>pyrimethamine oral</i> .....	75	REPATHA PUSHTRONEX SYSTEM .....	29
<b>Q</b>		REPATHA SURECLICK .....	29
QINLOCK .....	20	RESTASIS .....	79
QUADRACEL .....	67	RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % .....	79
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i> .....	40	RETEVMO ORAL CAPSULE 40 MG .....	20
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i> .....	40	RETEVMO ORAL CAPSULE 80 MG .....	20
<i>quetiapine fumarate oral tablet 100 mg</i> .....	40	RETEVMO ORAL TABLET 120 MG, 160 MG .....	20
<i>quetiapine fumarate oral tablet 150 mg</i> .....	40		

RETEVMO ORAL TABLET 40 MG .....	20	<i>rizatriptan benzoate</i> .....	41
RETEVMO ORAL TABLET 80 MG .....	20	ROCKLATAN .....	79
RETROVIR INTRAVENOUS .....	75	<i>roflumilast</i> .....	82
REVUFORJ ORAL TABLET 110 MG .....	20	<i>romidepsin intravenous solution reconstituted</i> ...	21
REVUFORJ ORAL TABLET 160 MG .....	20	<i>ropinirole hcl</i> .....	41
REXULTI .....	40	<i>ropinirole hcl er</i> .....	41
REYATAZ ORAL PACKET .....	75	<i>rosuvastatin calcium oral</i> .....	29
REZLIDHIA .....	20	<i>rosuvastatin calcium oral tablet10 mg, 20 mg, 40</i>	
REZUROCK .....	67	<i>mg, 5 mg</i> .....	11
RHOPRESSA .....	79	ROTARIX .....	67
RIABNI .....	20	ROTATEQ ORAL SOLUTION .....	67
<i>ribavirin oral capsule</i> .....	75	ROWEEPRA ORAL TABLET 500 MG .....	41
<i>ribavirin oral tablet 200 mg</i> .....	75	ROZLYTREK ORAL CAPSULE 100 MG .....	21
RIDAURA .....	67	ROZLYTREK ORAL CAPSULE 200 MG .....	21
<i>rifabutin</i> .....	75	ROZLYTREK ORAL PACKET .....	21
<i>rifampin intravenous</i> .....	75	RUBRACA .....	21
<i>rifampin oral</i> .....	75	<i>rufinamide oral suspension</i> .....	41
<i>riluzole</i> .....	40	<i>rufinamide oral tablet 200 mg</i> .....	41
<i>rimantadine hcl</i> .....	75	<i>rufinamide oral tablet 400 mg</i> .....	41
<i>ringers</i> .....	50	RUKOBIA .....	75
<i>ringers irrigation</i> .....	78	RYBELSUS ORAL TABLET 14 MG, 7 MG .....	54
RINVOQ .....	67	RYBELSUS ORAL TABLET 3 MG .....	54
RINVOQ LQ .....	67	RYBREVANT .....	21
<i>risedronate sodium oral tablet 150 mg</i> .....	54	RYDAPT .....	21
<i>risedronate sodium oral tablet 30 mg</i> .....	54	RYKINDO .....	41
<i>risedronate sodium oral tablet 35 mg, 35 mg (12</i>		RYLAZE .....	21
<i>pack), 35 mg (4 pack)</i> .....	54	RYTARY .....	41
<i>risedronate sodium oral tablet 5 mg</i> .....	54	<b>S</b>	
<i>risedronate sodium oral tablet delayed</i>		SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED	
<i>release</i> .....	54	SYRINGE .....	24
<i>risperidone microspheres er intramuscular</i>		<i>salsalate oral</i> .....	15
<i>suspension reconstituted er 12.5 mg, 25 mg, 37.5</i>		SANDIMMUNE ORAL SOLUTION .....	67
<i>mg</i> .....	40	SANDOSTATIN LAR DEPOT .....	63
<i>risperidone microspheres er intramuscular</i>		SANTYL .....	48
<i>suspension reconstituted er 50 mg</i> .....	40	<i>sapropterin dihydrochloride oral packet</i> .....	58
<i>risperidone oral solution</i> .....	40	<i>sapropterin dihydrochloride oral tablet</i> .....	58
<i>risperidone oral tablet 0.25 mg</i> .....	40	SARCLISA .....	21
<i>risperidone oral tablet 0.5 mg</i> .....	40	SAVELLA .....	41
<i>risperidone oral tablet 1 mg</i> .....	41	SAVELLA TITRATION PACK .....	41
<i>risperidone oral tablet 2 mg</i> .....	41	SCEMBLIX ORAL TABLET 100 MG .....	21
<i>risperidone oral tablet 3 mg, 4 mg</i> .....	41	SCEMBLIX ORAL TABLET 20 MG .....	21
<i>risperidone oral tablet dispersible 0.25 mg</i> .....	41	SCEMBLIX ORAL TABLET 40 MG .....	21
<i>risperidone oral tablet dispersible 0.5 mg</i> .....	41	<i>scopolamine</i> .....	57
<i>risperidone oral tablet dispersible 1 mg</i> .....	41	SECUADO .....	41
<i>risperidone oral tablet dispersible 2 mg</i> .....	41	<i>selegiline hcl oral</i> .....	41
<i>risperidone oral tablet dispersible 3 mg</i> .....	41	<i>selenium sulfide external lotion</i> .....	48
<i>risperidone oral tablet dispersible 4 mg</i> .....	41	SELZENTRY ORAL SOLUTION .....	75
<i>ritonavir</i> .....	75	SELZENTRY ORAL TABLET 25 MG .....	75
RITUXAN HYCELA .....	20	SELZENTRY ORAL TABLET 75 MG .....	75
RITUXAN INTRAVENOUS SOLUTION .....	21	SEREVENT DISKUS INHALATION AEROSOL POWDER	
<i>rivastigmine</i> .....	41	BREATH ACTIVATED 50 MCG/ACT .....	83
<i>rivastigmine tartrate</i> .....	41	<i>sertraline hcl oral concentrate</i> .....	41
RIVELSA .....	63	<i>sertraline hcl oral tablet 100 mg</i> .....	41

sertraline hcl oral tablet 25 mg .....	41	SOLTAMOX .....	21
sertraline hcl oral tablet 50 mg .....	41	SOMATULINE DEPOT .....	64
SETLAKIN .....	64	SOMAVERT .....	64
sf .....	48	sorafenib tosylate .....	21
sf 5000 plus .....	48	sotalol hcl (af) .....	29
SHAROBEL .....	64	sotalol hcl oral .....	29
SHINGRIX INTRAMUSCULAR SUSPENSION		spinosad .....	48
RECONSTITUTED 50 MCG/0.5ML .....	67	SPIRIVA HANDIHALER .....	83
SIGNIFOR .....	64	SPIRIVA RESPIMAT .....	83
sildenafil citrate intravenous .....	83	spironolactone oral tablet 100 mg, 50 mg .....	29
sildenafil citrate oral tablet 20 mg .....	83	spironolactone oral tablet 25 mg .....	29
silodosin .....	59	spironolactone-hctz .....	29
silver sulfadiazine external .....	48	SPRAVATO (56 MG DOSE) .....	41
SIMBRINZA .....	79	SPRAVATO (84 MG DOSE) .....	41
SIMLIYA .....	64	SPRINTEC 28 .....	64
SIMPESSE .....	64	SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	
simvastatin oral tablet .....	29	1000 MG, 250 MG, 500 MG .....	41
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5		SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	
mg .....	11	750 MG .....	41
sirolimus oral .....	67	SPS (SODIUM POLYSTYRENE SULF) .....	54
SIRTURO .....	75	SRONYX .....	64
SKYLA .....	64	SSD (SILVER SULFADIAZINE) .....	48
SKYRIZI INTRAVENOUS .....	67	STELARA INTRAVENOUS .....	68
SKYRIZI PEN .....	67	STELARA SUBCUTANEOUS SOLUTION 45 MG/	
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180		0.5ML .....	68
MG/1.2ML .....	67	STELARA SUBCUTANEOUS SOLUTION PREFILLED	
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360		SYRINGE .....	68
MG/2.4ML .....	67	sterile water for irrigation .....	78
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED		STIOLTO RESPIMAT .....	83
SYRINGE .....	67	STIVARGA .....	21
sodium bicarbonate intravenous solution 4.2 %, 7.5		streptomycin sulfate intramuscular .....	75
%, 8.4 % .....	50	STRIBILD .....	75
sodium chloride (pf) .....	50	SUBVENITE .....	41
sodium chloride injection solution 2.5 meq/ml ....	50	SUBVENITE STARTER KIT-BLUE .....	41
sodium chloride intravenous solution 0.45 %, 0.9 %, 3		SUBVENITE STARTER KIT-GREEN .....	41
%, 5 % .....	50	SUBVENITE STARTER KIT-ORANGE .....	41
sodium chloride intravenous solution 4 meq/		sucralfate oral suspension .....	58
ml .....	50	sucralfate oral tablet .....	58
sodium chloride irrigation solution 0.9 % .....	78	sulfacetamide sodium (acne) .....	48
sodium fluoride 5000 plus .....	48	sulfacetamide sodium ophthalmic .....	79
sodium fluoride 5000 ppm dental cream .....	48	sulfacetamide-prednisolone ophthalmic	
sodium fluoride 5000 ppm dental gel .....	48	solution .....	79
sodium fluoride dental cream .....	48	sulfadiazine oral .....	75
sodium fluoride dental gel 1.1 % .....	48	sulfamethoxazole-trimethoprim intravenous .....	75
sodium fluoride mouth/throat .....	48	sulfamethoxazole-trimethoprim oral	
sodium fluoride oral tablet 2.2 (1 f) mg .....	50	suspension .....	75
sodium fluoride oral tablet chewable .....	51	sulfamethoxazole-trimethoprim oral tablet .....	76
sodium oxybate .....	41	SULFAMYLON EXTERNAL CREAM .....	48
sodium phenylbutyrate oral powder 3 gm/tsp ....	58	sulfasalazine oral .....	58
sodium phenylbutyrate oral tablet .....	58	sulindac oral .....	15
sodium polystyrene sulfonate oral powder .....	54	sumatriptan nasal .....	41
solifenacin succinate .....	59	sumatriptan succinate oral .....	41
SOLQUA .....	54		

<i>sumatriptan succinate refill subcutaneous solution cartridge</i> .....	41	TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 6 GM .....	76
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i> .....	42	TAZVERIK .....	21
<i>sumatriptan succinate subcutaneous solution auto-injector</i> .....	42	TDVAX .....	68
<i>sunitinib malate</i> .....	21	TECENTRIQ .....	21
SUNLENCA ORAL .....	76	TECENTRIQ HYBREZA .....	21
SUNLENCA SUBCUTANEOUS .....	76	TECVAYLI .....	21
SUNOSI .....	42	TEFLARO .....	76
SUPREP BOWEL PREP KIT .....	58	<i>telmisartan oral tablet 20 mg, 40 mg</i> .....	29
SYEDA .....	64	<i>telmisartan oral tablet 80 mg</i> .....	29
SYMBICORT .....	83	<i>telmisartan-amlodipine</i> .....	29
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR .....	54	<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg</i> .....	29
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR .....	54	<i>telmisartan-hctz oral tablet 80-25 mg</i> .....	29
SYMPAZAN ORAL FILM 10 MG, 20 MG .....	42	<i>temazepam oral capsule 15 mg, 30 mg</i> .....	42
SYMPAZAN ORAL FILM 5 MG .....	42	TENIVAC .....	68
SYMTUZA .....	76	<i>tenofovir disoproxil fumarate</i> .....	76
SYNAGIS .....	78	TEPMETKO .....	21
SYNAREL .....	64	<i>terazosin hcl oral</i> .....	29
SYNJARDY .....	54	<i>terbinafine hcl oral</i> .....	76
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG .....	54	<i>terbutaline sulfate injection</i> .....	83
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG .....	54	<i>terbutaline sulfate oral</i> .....	83
SYNTHROID .....	64	<i>terconazole</i> .....	59
<b>T</b>		<i>teriflunomide</i> .....	42
TABRECTA .....	21	<i>teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml, 620 mcg/2.48ml</i> .....	54
<i>tacrolimus external ointment</i> .....	48	<i>testosterone cypionate intramuscular solution 100 mg/ml</i> .....	64
<i>tacrolimus oral</i> .....	68	<i>testosterone cypionate intramuscular solution 200 mg/ml, 200 mg/ml (1 ml)</i> .....	64
<i>tadalafil (pah)</i> .....	83	<i>testosterone enanthate intramuscular solution</i> ...	64
<i>tadalafil oral tablet 2.5 mg, 5 mg</i> .....	59	<i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i> .....	64
TAFINLAR ORAL CAPSULE .....	21	<i>testosterone transdermal gel 10 mg/act (2%)</i> .....	64
TAFINLAR ORAL TABLET SOLUBLE .....	21	<i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i> .....	64
<i>tafluprost (pf)</i> .....	79	<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%)</i> .....	64
TAGRISSO .....	21	<i>testosterone transdermal solution</i> .....	64
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG .....	21	<i>tetrabenazine oral tablet 12.5 mg</i> .....	42
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG .....	21	<i>tetrabenazine oral tablet 25 mg</i> .....	42
<i>tamoxifen citrate oral</i> .....	21	<i>tetracycline hcl oral capsule</i> .....	76
<i>tamsulosin hcl</i> .....	59	THALOMID ORAL CAPSULE 100 MG, 50 MG .....	21
TARINA 24 FE .....	64	THALOMID ORAL CAPSULE 150 MG, 200 MG .....	21
TARINA FE 1/20 EQ .....	64	THEO-24 .....	83
TASIGNA .....	21	<i>theophylline er</i> .....	83
<i>tasimelteon</i> .....	42	<i>theophylline oral</i> .....	83
<i>tazarotene external cream 0.1 %</i> .....	48	<i>thioridazine hcl oral</i> .....	42
<i>tazarotene external gel</i> .....	48	<i>thiothixene oral</i> .....	42
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM .....	76	TIADYLT ER .....	29
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM .....	76	<i>tiagabine hcl</i> .....	42
		TIBSOVO .....	21
		TICE BCG .....	21

TICOVAC .....	68	<i>trandolapril</i> .....	29
<i>tigecycline</i> .....	76	<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i> .....	11
TILIA FE .....	64	<i>trandolapril-verapamil hcl er</i> .....	29
<i>timolol maleate (once-daily)</i> .....	80	<i>tranexamic acid intravenous solution 1000 mg/</i>	
TIMOLOL MALEATE OCUDOSE .....	80	<i>10ml</i> .....	24
<i>timolol maleate ophthalmic gel forming</i>		<i>tranexamic acid oral</i> .....	24
<i>solution</i> .....	80	<i>tranylcypropramine sulfate</i> .....	42
<i>timolol maleate ophthalmic solution 0.25 %</i> .....	80	TRAVASOL .....	51
<i>timolol maleate ophthalmic solution 0.5 %</i> .....	80	<i>travoprost (bak free)</i> .....	80
<i>timolol maleate oral</i> .....	29	<i>trazodone hcl oral</i> .....	42
<i>timolol maleate pf ophthalmic solution 0.5 %</i> .....	80	TRECTOR .....	76
<i>tinidazole oral</i> .....	76	TRELEGY ELLIPTA INHALATION AEROSOL POWDER	
<i>tiopronin oral tablet</i> .....	59	BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-	
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5		25 MCG/ACT .....	83
MCG .....	64	TREMFYA SUBCUTANEOUS SOLUTION AUTO-	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/		INJECTOR .....	68
ML, 13 MCG/ML, 175 MCG/ML, 200 MCG/ML, 37.5 MCG/		TREMFYA SUBCUTANEOUS SOLUTION PREFILLED	
ML, 44 MCG/ML, 62.5 MCG/ML .....	64	SYRINGE .....	68
TIS-U-SOL .....	78	<i>treprostinil</i> .....	83
TIVICAY ORAL TABLET 10 MG .....	76	TRESIBA .....	54
TIVICAY ORAL TABLET 25 MG, 50 MG .....	76	TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-	
TIVICAY PD .....	76	INJECTOR 100 UNIT/ML .....	54
<i>tizanidine hcl oral tablet</i> .....	42	TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-	
TOBRADEX OPHTHALMIC OINTMENT .....	80	INJECTOR 200 UNIT/ML .....	55
<i>tobramycin inhalation nebulization solution 300</i>		<i>tretinoin external cream</i> .....	48
<i>mg/5ml</i> .....	83	<i>tretinoin external gel</i> .....	48
<i>tobramycin ophthalmic</i> .....	80	<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i> ...	48
<i>tobramycin sulfate injection solution</i> .....	76	<i>tretinoin microsphere pump external gel 0.04 %, 0.1</i>	
<i>tobramycin sulfate injection solution</i>		<i>%</i> .....	48
<i>reconstituted</i> .....	76	<i>tretinoin oral</i> .....	21
<i>tobramycin-dexamethasone</i> .....	80	TREXALL .....	68
<i>tolcapone</i> .....	42	TRI-ESTARYLLA .....	64
<i>tolterodine tartrate</i> .....	59	TRI-LEGEST FE .....	64
<i>tolterodine tartrate er</i> .....	59	TRI-LINYAH .....	64
<i>tolvaptan oral tablet 15 mg</i> .....	54	TRI-LO-ESTARYLLA .....	64
<i>tolvaptan oral tablet 30 mg</i> .....	54	TRI-LO-MARZIA .....	64
<i>topiramate er oral capsule er 24 hour sprinkle 100</i>		TRI-LO-MILI .....	64
<i>mg, 25 mg, 50 mg</i> .....	42	TRI-LO-SPRINTEC .....	64
<i>topiramate oral capsule sprinkle</i> .....	42	TRI-MILI .....	64
<i>topiramate oral tablet</i> .....	42	TRI-NYMYO .....	64
<i>toremifene citrate</i> .....	21	TRI-SPRINTEC .....	64
<i>torseamide oral</i> .....	29	TRI-VYLIBRA .....	64
TOUJEO MAX SOLOSTAR .....	54	TRI-VYLIBRA LO .....	64
TOUJEO SOLOSTAR .....	54	<i>triamcinolone acetonide external aerosol</i>	
TPN ELECTROLYTES INTRAVENOUS		<i>solution</i> .....	48
CONCENTRATE .....	51	<i>triamcinolone acetonide external cream</i> .....	48
TRACLEER ORAL TABLET SOLUBLE .....	83	<i>triamcinolone acetonide external lotion</i> .....	48
TRADJENTA .....	54	<i>triamcinolone acetonide external ointment 0.025</i>	
<i>tramadol hcl (er biphasic) oral tablet extended</i>		<i>%, 0.1 %, 0.5 %</i> .....	48
<i>release 24 hour</i> .....	15	<i>triamcinolone acetonide injection suspension 40</i>	
<i>tramadol hcl er</i> .....	15	<i>mg/ml</i> .....	64
<i>tramadol hcl oral tablet 50 mg</i> .....	15	<i>triamcinolone acetonide mouth/throat</i> .....	49
<i>tramadol-acetaminophen</i> .....	15	<i>triamterene-hctz oral capsule 37.5-25 mg</i> .....	29

<i>triamterene-hctz oral tablet</i> .....	29	UZEDY SUBCUTANEOUS SUSPENSION PREFILLED	
<i>triazolam oral tablet 0.25 mg</i> .....	42	SYRINGE 100 MG/0.28ML .....	42
TRIDERM EXTERNAL CREAM 0.1 % .....	49	UZEDY SUBCUTANEOUS SUSPENSION PREFILLED	
TRIDERM EXTERNAL CREAM 0.5 % .....	49	SYRINGE 125 MG/0.35ML .....	42
<i>trientine hcl</i> .....	55	UZEDY SUBCUTANEOUS SUSPENSION PREFILLED	
<i>trifluoperazine hcl oral</i> .....	42	SYRINGE 150 MG/0.42ML .....	42
<i>trifluridine ophthalmic</i> .....	76	UZEDY SUBCUTANEOUS SUSPENSION PREFILLED	
<i>trihexyphenidyl hcl oral solution</i> .....	42	SYRINGE 200 MG/0.56ML .....	42
<i>trihexyphenidyl hcl oral tablet</i> .....	42	UZEDY SUBCUTANEOUS SUSPENSION PREFILLED	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24		SYRINGE 250 MG/0.7ML .....	42
HOUR 10-5-1000 MG, 25-5-1000 MG .....	55	UZEDY SUBCUTANEOUS SUSPENSION PREFILLED	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24		SYRINGE 50 MG/0.14ML .....	42
HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG .....	55	UZEDY SUBCUTANEOUS SUSPENSION PREFILLED	
TRIKAFTA ORAL TABLET THERAPY PACK .....	83	SYRINGE 75 MG/0.21ML .....	42
TRIKAFTA ORAL THERAPY PACK .....	83	<b>V</b>	
<i>trimethobenzamide hcl oral</i> .....	58	<i>valacyclovir hcl oral tablet 1 gm</i> .....	76
<i>trimethoprim oral</i> .....	76	<i>valacyclovir hcl oral tablet 500 mg</i> .....	76
<i>trimipramine maleate oral</i> .....	42	VALCHLOR .....	49
TRINTELLIX .....	42	<i>valganciclovir hcl oral solution reconstituted</i> .....	76
TRIUMEQ .....	76	<i>valganciclovir hcl oral tablet</i> .....	76
TRIUMEQ PD .....	76	<i>valproate sodium intravenous solution 100 mg/ml,</i>	
TRIVORA (28) .....	64	<i>500 mg/5ml</i> .....	42
TRODELVY .....	21	<i>valproic acid oral capsule</i> .....	42
TROGARZO .....	76	<i>valproic acid oral solution</i> .....	42
TROPHAMINE INTRAVENOUS SOLUTION 10 % .....	51	<i>valsartan oral tablet 160 mg</i> .....	29
<i>tropium chloride</i> .....	59	<i>valsartan oral tablet 320 mg</i> .....	29
<i>tropium chloride er</i> .....	59	<i>valsartan oral tablet 40 mg, 80 mg</i> .....	29
TRULICITY SUBCUTANEOUS SOLUTION AUTO-		<i>valsartan oral tablet 160 mg</i> .....	11
INJECTOR .....	55	<i>valsartan oral tablet 320 mg</i> .....	11
TRUMENBA .....	68	<i>valsartan oral tablet 40 mg, 80 mg</i> .....	11
TRUQAP .....	21	<i>valsartan-hydrochlorothiazide oral tablet 160-12.5</i>	
TUKYSA .....	21	<i>mg, 80-12.5 mg</i> .....	29
TURALIO ORAL CAPSULE 125 MG .....	21	<i>valsartan-hydrochlorothiazide oral tablet 160-25</i>	
TURQOZ .....	64	<i>mg, 320-12.5 mg, 320-25 mg</i> .....	29
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED		<i>valsartan-hydrochlorothiazide oral tablet 160-12.5</i>	
SYRINGE .....	68	<i>mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5</i>	
TYBOST .....	76	<i>mg</i> .....	11
TYDEMY .....	64	VALTOCO 10 MG DOSE .....	43
TYMLOS .....	55	VALTOCO 15 MG DOSE .....	43
TYPHIM VI .....	68	VALTOCO 20 MG DOSE .....	43
TYVASO .....	83	VALTOCO 5 MG DOSE .....	43
TYVASO REFILL KIT .....	83	<i>vancomycin hcl in dextrose intravenous solution 1-</i>	
TYVASO STARTER KIT .....	83	<i>5 gm/200ml-%, 1.25-5 gm/250ml-%, 1.5-5 gm/300ml-</i>	
<b>U</b>		<i>%, 500-5 mg/100ml-%, 750-5 mg/150ml-%</i> .....	76
UBRELVY ORAL TABLET 100 MG .....	42	<i>vancomycin hcl in nacl intravenous solution 1-0.9</i>	
UBRELVY ORAL TABLET 50 MG .....	42	<i>gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/</i>	
UDENYCA .....	24	<i>150ml-%</i> .....	76
UNITHROID .....	64	<i>vancomycin hcl intravenous solution 1000 mg/</i>	
UPTRAVI ORAL .....	83	<i>200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/</i>	
UPTRAVI TITRATION .....	83	<i>350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/</i>	
<i>ursodiol oral capsule 300 mg</i> .....	58	<i>150ml</i> .....	76
<i>ursodiol oral tablet</i> .....	58	<i>vancomycin hcl intravenous solution reconstituted</i>	
		<i>1 gm, 10 gm, 100 gm, 500 mg, 750 mg</i> .....	76

<i>vancomycin hcl intravenous solution reconstituted 1.25 gm, 1.5 gm</i> .....	76-77	VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG .....	77
<i>vancomycin hcl intravenous solution reconstituted 5 gm</i> .....	77	VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR .....	55
<i>vancomycin hcl oral capsule</i> .....	77	VIENVA .....	64
<i>vancomycin hcl oral solution reconstituted 25 mg/ml</i> .....	77	<i>vigabatrin oral packet</i> .....	43
VANDAZOLE .....	59	<i>vigabatrin oral tablet</i> .....	43
VANFLYTA .....	21	VIGADRONE ORAL PACKET .....	43
VAQTA .....	68	VIGADRONE ORAL TABLET .....	43
<i>varenicline tartrate (starter)</i> .....	43	VIGPODER .....	43
<i>varenicline tartrate oral tablet 0.5 mg</i> .....	43	VIIBRYD ORAL TABLET .....	43
<i>varenicline tartrate oral tablet 1 mg, 1 mg (56 pack)</i> .....	43	<i>vilazodone hcl</i> .....	43
<i>varenicline tartrate(continue)</i> .....	43	<i>vinblastine sulfate intravenous solution</i> .....	22
VARIVAX .....	68	<i>vincristine sulfate intravenous</i> .....	22
VARIZIG INTRAMUSCULAR SOLUTION .....	68	<i>vinorelbine tartrate</i> .....	22
VASCEPA .....	29	<i>viorele</i> .....	64
VAXCHORA .....	68	VIRACEPT ORAL TABLET 250 MG .....	77
VECAMYL .....	29	VIRACEPT ORAL TABLET 625 MG .....	77
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML .....	21	VIREAD ORAL POWDER .....	77
VELIVET .....	64	VIREAD ORAL TABLET 150 MG, 250 MG .....	77
VELTASSA ORAL PACKET 1 GM .....	55	VIREAD ORAL TABLET 200 MG .....	77
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM .....	55	VITRAKVI ORAL CAPSULE 100 MG .....	22
VELTASSA ORAL PACKET 8.4 GM .....	55	VITRAKVI ORAL CAPSULE 25 MG .....	22
VEMLIDY .....	77	VITRAKVI ORAL SOLUTION .....	22
VENCLEXTA ORAL TABLET 10 MG .....	21	VIZIMPRO .....	22
VENCLEXTA ORAL TABLET 100 MG .....	22	VOLNEA .....	64
VENCLEXTA ORAL TABLET 50 MG .....	22	VONJO .....	22
VENCLEXTA STARTING PACK .....	22	VORANIGO ORAL TABLET 10 MG .....	22
<i>venlafaxine besylate er</i> .....	43	VORANIGO ORAL TABLET 40 MG .....	22
<i>venlafaxine hcl</i> .....	43	<i>voriconazole intravenous</i> .....	77
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i> .....	43	<i>voriconazole oral suspension reconstituted</i> .....	77
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg</i> .....	43	<i>voriconazole oral tablet 200 mg</i> .....	77
<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i> .....	43	<i>voriconazole oral tablet 50 mg</i> .....	77
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i> .....	43	VOSEVI .....	77
VENTAVIS .....	83	VOWST .....	58
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 200 mg, 240 mg, 300 mg</i> ....	29-3	VPRIV .....	58
0		VRAYLAR ORAL CAPSULE .....	43
<i>verapamil hcl er oral capsule extended release 24 hour 180 mg, 360 mg</i> .....	30	VYFEMLA .....	64
<i>verapamil hcl er oral tablet extended release</i> ....	30	VYLIBRA .....	64
<i>verapamil hcl intravenous</i> .....	30	VYZULTA .....	80
<i>verapamil hcl oral</i> .....	30	<b>W</b>	
VERQUVO .....	30	<i>warfarin sodium oral</i> .....	24
VERSACLOZ .....	43	WELIREG .....	22
VERZENIO .....	22	WERA .....	65
		<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i> .....	83
		WYMZYA FE .....	65
		<b>X</b>	
		XALKORI ORAL CAPSULE .....	22
		XALKORI ORAL CAPSULE SPRINKLE 150 MG .....	22
		XALKORI ORAL CAPSULE SPRINKLE 20 MG .....	22
		XALKORI ORAL CAPSULE SPRINKLE 50 MG .....	22

XARELTO ORAL SUSPENSION RECONSTITUTED .....	24	XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET	
XARELTO ORAL TABLET 10 MG, 20 MG .....	24	THERAPY PACK 40 MG .....	22
XARELTO ORAL TABLET 15 MG, 2.5 MG .....	24	XPOVIO (80 MG TWICE WEEKLY) .....	22
XARELTO STARTER PACK .....	25	XTANDI ORAL CAPSULE .....	22
XATMEP .....	68	XTANDI ORAL TABLET 40 MG .....	22
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY		XTANDI ORAL TABLET 80 MG .....	22
PACK 100 & 150 MG .....	43	XULANE .....	65
XCOPRI (350 MG DAILY DOSE) .....	43	<b>Y</b>	
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG .....	43	YARGESA .....	58
XCOPRI ORAL TABLET 150 MG, 200 MG .....	43	YERVOY .....	22
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG		YF-VAX .....	68
& 14 X 25 MG .....	43	yuvafem .....	65
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG		<b>Z</b>	
& 14 X 200 MG, 14 X 50 MG & 14 X 100 MG ...	43	ZAFEMY .....	65
XDEMVI .....	80	<i>zafirlukast</i> .....	83
XELJANZ ORAL SOLUTION .....	68	<i>zaleplon oral capsule 10 mg</i> .....	43
XELJANZ ORAL TABLET .....	68	<i>zaleplon oral capsule 5 mg</i> .....	43
XELJANZ XR .....	68	ZARXIO .....	25
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED		ZEJULA ORAL TABLET 100 MG .....	22
100 UNIT, 50 UNIT .....	43	ZEJULA ORAL TABLET 200 MG, 300 MG .....	22
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED		ZELBORAF .....	22
200 UNIT .....	43	ZENATANE .....	49
XERMELO .....	58	ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES	
XGEVA .....	55	10000-32000 UNIT, 15000-47000 UNIT, 20000-63000	
XIFAXAN ORAL TABLET 550 MG .....	77	UNIT, 3000-10000 UNIT, 5000-24000 UNIT .....	58
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24		ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES	
HOUR 10-1000 MG, 10-500 MG, 5-500 MG .....	55	25000-79000 UNIT, 40000-126000 UNIT, 60000-189600	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24		UNIT .....	58
HOUR 2.5-1000 MG, 5-1000 MG .....	55	ZEPZELCA .....	22
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK		<i>zidovudine oral capsule</i> .....	77
1 X 40 MG .....	77	<i>zidovudine oral syrup</i> .....	77
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK		<i>zidovudine oral tablet</i> .....	77
1 X 80 MG .....	77	ZIEXTENZO .....	25
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR		<i>ziprasidone hcl oral capsule 20 mg</i> .....	43
150 MG/ML, 300 MG/2ML .....	83	<i>ziprasidone hcl oral capsule 40 mg</i> .....	44
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR		<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i> .....	44
75 MG/0.5ML .....	83	<i>ziprasidone mesylate</i> .....	44
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED		ZIRGAN .....	77
SYRINGE 150 MG/ML, 300 MG/2ML .....	83	<i>zoledronic acid intravenous concentrate</i> .....	55
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED		<i>zoledronic acid intravenous solution</i> .....	55
SYRINGE 75 MG/0.5ML .....	83	ZOLINZA .....	22
XOLAIR SUBCUTANEOUS SOLUTION		<i>zolmitriptan nasal solution 2.5 mg</i> .....	44
RECONSTITUTED .....	83	<i>zolmitriptan oral</i> .....	44
XOSPATA .....	22	<i>zolpidem tartrate er</i> .....	44
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET		<i>zolpidem tartrate oral tablet</i> .....	44
THERAPY PACK 50 MG .....	22	ZONISADE .....	44
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET		<i>zonisamide oral</i> .....	44
THERAPY PACK 40 MG .....	22	ZOVIA 1/35 (28) .....	65
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET		ZTALMY .....	44
THERAPY PACK 40 MG .....	22	ZUMANDIMINE .....	65
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET		ZURZUVAE .....	44
THERAPY PACK 60 MG .....	22	ZYDELIG .....	22
XPOVIO (60 MG TWICE WEEKLY) .....	22	ZYKADIA ORAL TABLET .....	22

ZYLET .....	80	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION		RECONSTITUTED 405 MG .....	44
RECONSTITUTED 210 MG, 300 MG .....	44	ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML ...	77

# 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 उपबिध 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 February 1, 2025.

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

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