



List of Covered Drugs

2024 Formulary

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

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN. This formulary was updated on September 1, 2023.

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**.

Note to members:

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

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

When this formulary (Drug List) refers to “we,” “us” or “our,” it means Anthem 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 list of the covered Part D drugs for your plan which is current as of 1/1/2024. For an updated formulary, please review the formulary online at **www.anthem.com**, or call Pharmacy Member Services. Our contact information, along with the date we last updated the formulary, appears on the front and back covers.

You must generally use network pharmacies to use your prescription drug benefit. Your benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, 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?

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

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

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

Your plan provides coverage for almost all Medicare Part D eligible drugs.

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

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

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

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

Can the Part D Formulary (Drug List) change?

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

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the

brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year, except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

We evaluate new drugs as they come onto the market. Once we have completed a full evaluation based upon clinical effectiveness and cost relative to other drug therapies, the drug will be assigned to a drug plan tier. Please note that during the period between the time the drug is first available and our review, the drug will not be automatically covered on your formulary. If your provider feels you should use the new drug, you or your provider may request a coverage exception.

This formulary is current as of 1/1/2024. To get updated information about the drugs covered by your plan, please refer to your formulary online at www.anthem.com, or call Pharmacy Member Services. Our contact information appears on the front and back covers.

How do I use the Part D Formulary?

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

Medical Condition

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

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 117. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

These requirements and limits may include:

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

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

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

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

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

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

- You can ask Pharmacy Member Services for a list of similar drugs that are covered by your plan. When you receive the list, show it to your doctor and ask 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 cover a formulary drug at a lower cost-sharing level **unless** the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, we limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

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

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

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

For more information

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

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

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

Your plan's Part D Formulary

The formulary that begins on page 11 provides coverage information about the drugs covered by your plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 117.

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

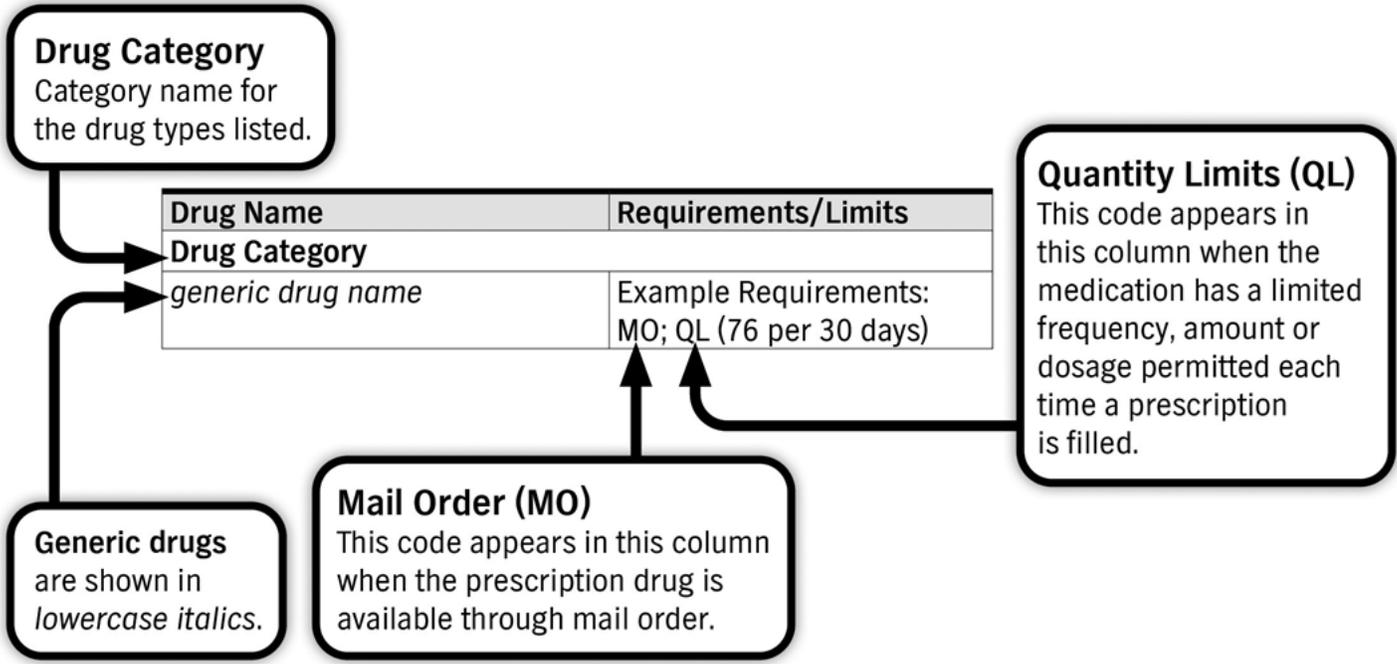
The **second column** of the chart identifies the tier placement of each medication covered in your formulary. Our drug plan groups drugs based upon cost with the lowest cost drugs in Tier 1. These are typically generic drugs. Some newer, more expensive generic drugs may be on a higher tier. To find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

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

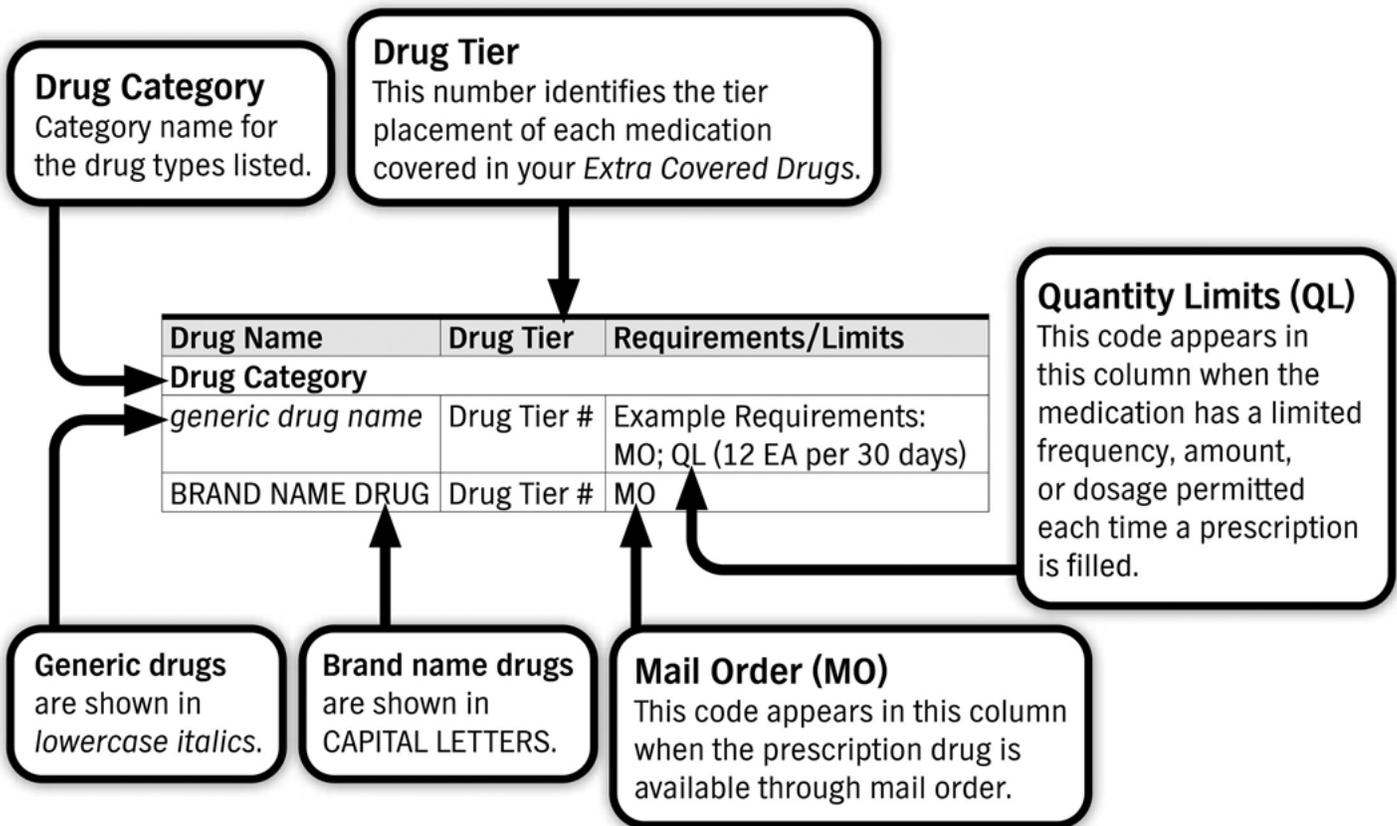
The benefits chart in your *Evidence of Coverage* will also tell you if the amount that you pay for covered drugs changes after the total drug cost paid by you and the plan reaches the initial coverage amount of \$5,030. Please check your benefits chart and *Evidence of Coverage* online at www.anthem.com, for complete details on the cost you must pay for drugs covered by your drug plan.

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

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



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



Select Generics for 2024

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

Legend

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

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

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

| Drug Name | Requirements /Limits | Drug Name | Requirements /Limits |
|---|-----------------------------|---|-----------------------------|
| <i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> | QL (30 per 30 days) | <i>glipizide er oral tablet extended release 24 hour 2.5 mg</i> | QL (240 per 30 days) |
| <i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | | <i>glipizide er oral tablet extended release 24 hour 5 mg</i> | QL (120 per 30 days) |
| <i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> | | <i>glipizide oral tablet 10 mg</i> | QL (120 per 30 days) |
| <i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | QL (30 per 30 days) | <i>glipizide oral tablet 5 mg</i> | QL (240 per 30 days) |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | QL (30 per 30 days) | <i>glipizide xl oral tablet extended release 24 hour 10 mg</i> | QL (60 per 30 days) |
| <i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i> | | <i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i> | QL (240 per 30 days) |
| <i>valsartan oral tablet 160 mg</i> | QL (60 per 30 days) | <i>glipizide xl oral tablet extended release 24 hour 5 mg</i> | QL (120 per 30 days) |
| <i>valsartan oral tablet 320 mg</i> | QL (30 per 30 days) | <i>glipizide-metformin hcl oral tablet 2.5-250 mg</i> | QL (240 per 30 days) |
| <i>valsartan oral tablet 40 mg, 80 mg</i> | QL (90 per 30 days) | <i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i> | QL (120 per 30 days) |
| <i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> | QL (30 per 30 days) | <i>metformin hcl er oral tablet extended release 24 hour 500 mg</i> | QL (120 per 30 days) |
| Endocrine And Metabolic Disorder Agents | | | |
| <i>alendronate sodium oral tablet 10 mg, 5 mg</i> | QL (30 per 30 days) | <i>metformin hcl er oral tablet extended release 24 hour 750 mg</i> | QL (60 per 30 days) |
| <i>alendronate sodium oral tablet 35 mg, 70 mg</i> | QL (4 per 28 days) | <i>metformin hcl oral tablet 1000 mg</i> | QL (60 per 30 days) |
| <i>glimepiride oral tablet 1 mg</i> | QL (240 per 30 days) | <i>metformin hcl oral tablet 500 mg</i> | QL (150 per 30 days) |
| <i>glimepiride oral tablet 2 mg</i> | QL (120 per 30 days) | <i>metformin hcl oral tablet 850 mg</i> | QL (90 per 30 days) |
| <i>glimepiride oral tablet 4 mg</i> | QL (60 per 30 days) | <i>pioglitazone hcl oral tablet 15 mg</i> | QL (90 per 30 days) |
| <i>glipizide er oral tablet extended release 24 hour 10 mg</i> | QL (60 per 30 days) | <i>pioglitazone hcl oral tablet 30 mg</i> | QL (45 per 30 days) |
| | | <i>pioglitazone hcl oral tablet 45 mg</i> | QL (30 per 30 days) |

Covered Medications by Therapeutic Category - Part D Eligible Drugs

Legend

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

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

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

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

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

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

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

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

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

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

Part D Eligible Drugs

| Drug Name | Drug Tier | Requirements /Limits | Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|-----------------------------|---|-----------|----------------------|
| Analgesics And Anti-Inflammatory Agents | | | <i>allopurinol oral tablet 100 mg, 300 mg</i> | 1 | MO |
| <i>acetaminophen-codeine oral solution</i> | 1 | QL (900 per 30 days) | <i>allopurinol oral tablet 200 mg</i> | 3 | MO |
| <i>acetaminophen-codeine oral tablet</i> | 1 | QL (180 per 30 days) | APADAZ | 3 | QL (180 per 30 days) |
| ACTIQ BUCCAL LOZENGE ON A HANDLE 1200 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG | 4 | PA; QL (120 per 30 days); S | <i>apap-caff-dihydrocodeine oral capsule</i> | 3 | QL (180 per 30 days) |
| | | | ARTHROTEC ORAL TABLET DELAYED RELEASE | 3 | MO |

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

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|----------------------------|
| ASCOMP-CODEINE | 1 | PA; QL (180 per 30 days) |
| BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 75 MCG | 3 | PA; QL (60 per 30 days) |
| BELBUCA BUCCAL FILM 600 MCG, 750 MCG, 900 MCG | 4 | PA; QL (60 per 30 days); S |
| <i>belladonna alkaloids-opium</i> | 3 | |
| <i>benzhydrocodone-acetaminophen</i> | 3 | QL (180 per 30 days) |
| <i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 7.5 mcg/hr</i> | 2 | PA; QL (4 per 28 days) |
| <i>buprenorphine transdermal patch weekly 20 mcg/hr, 5 mcg/hr</i> | 1 | PA; QL (4 per 28 days) |
| <i>butalbital-apap-caff-cod</i> | 1 | PA; QL (180 per 30 days) |
| <i>butalbital-asa-caff-codeine</i> | 1 | PA; QL (180 per 30 days) |
| <i>butorphanol tartrate injection solution 1 mg/ml</i> | 1 | QL (240 per 30 days) |
| <i>butorphanol tartrate injection solution 2 mg/ml</i> | 1 | QL (120 per 30 days) |
| <i>butorphanol tartrate nasal</i> | 1 | QL (5 per 30 days) |
| BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 5 MCG/HR, 7.5 MCG/HR | 3 | PA; QL (4 per 28 days) |
| BUTRANS TRANSDERMAL PATCH WEEKLY 20 MCG/HR | 4 | PA; QL (4 per 28 days); S |
| CALDOLOR INTRAVENOUS SOLUTION 800 MG/200ML, 800 MG/8ML | 3 | |
| CAMBIA | 4 | PA; QL (9 per 30 days); S |
| CATAFLAM | 2 | MO |
| CELEBREX | 3 | MO |
| <i>celecoxib oral</i> | 1 | MO |
| <i>cocaine hcl nasal</i> | 3 | |
| <i>codeine sulfate oral tablet</i> | 2 | QL (180 per 30 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|-----------------------------|
| <i>colchicine oral</i> | 1 | |
| <i>colchicine-probenecid</i> | 1 | MO |
| COLCRYS | 3 | |
| CONZIP | 3 | PA; QL (30 per 30 days) |
| DAYPRO | 3 | MO |
| DEMEROL INJECTION SOLUTION 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML | 3 | PA; QL (120 per 30 days) |
| DERMACINRX LIDOGEL | 4 | PA; QL (100 per 30 days); S |
| <i>diclofenac epolamine external</i> | 2 | PA; QL (60 per 30 days) |
| <i>diclofenac potassium oral capsule</i> | 3 | |
| <i>diclofenac potassium oral tablet 25 mg</i> | 4 | MO; S |
| <i>diclofenac potassium oral tablet 50 mg</i> | 1 | MO |
| <i>diclofenac potassium(migraine)</i> | 3 | PA; QL (9 per 30 days) |
| <i>diclofenac sodium er</i> | 1 | MO |
| <i>diclofenac sodium external gel 1 %</i> | 1 | QL (1000 per 30 days) |
| <i>diclofenac sodium external solution 1.5 %</i> | 1 | QL (300 per 30 days) |
| <i>diclofenac sodium external solution 2 %</i> | 4 | QL (224 per 28 days); S |
| <i>diclofenac sodium oral</i> | 1 | MO |
| <i>diclofenac-misoprostol oral tablet delayed release</i> | 1 | MO |
| <i>diflunisal oral</i> | 1 | MO |
| DILAUDID INJECTION SOLUTION 0.2 MG/ML, 1 MG/ML, 2 MG/ML | 3 | QL (180 per 30 days) |
| DILAUDID ORAL LIQUID | 3 | QL (720 per 30 days) |
| DILAUDID ORAL TABLET | 3 | QL (180 per 30 days) |
| <i>duramorph</i> | 1 | QL (180 per 30 days) |
| <i>ec-naproxen</i> | 1 | MO |

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

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|-----------------------------|
| ELYXYB | 3 | PA; QL (43.2 per 30 days) |
| ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG | 1 | QL (180 per 30 days) |
| <i>etodolac er</i> | 1 | MO |
| <i>etodolac oral</i> | 1 | MO |
| <i>febuxostat</i> | 1 | ST; MO |
| FELDENE | 3 | MO |
| <i>fenopropfen calcium oral capsule 400 mg</i> | 3 | MO |
| <i>fenopropfen calcium oral tablet</i> | 1 | MO |
| <i>fentanyl citrate (pf) injection solution 100 mcg/2ml, 50 mcg/ml</i> | 3 | |
| <i>fentanyl citrate (pf) injection solution 1000 mcg/20ml, 250 mcg/5ml, 2500 mcg/50ml, 500 mcg/10ml</i> | 4 | S |
| <i>fentanyl citrate (pf) injection solution cartridge</i> | 3 | |
| <i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 600 mcg, 800 mcg</i> | 4 | PA; QL (120 per 30 days); S |
| <i>fentanyl citrate buccal lozenge on a handle 200 mcg, 400 mcg</i> | 3 | PA; QL (120 per 30 days) |
| <i>fentanyl citrate buccal tablet</i> | 4 | PA; QL (120 per 30 days); S |
| <i>fentanyl citrate injection solution prefilled syringe 100 mcg/2ml</i> | 3 | |
| <i>fentanyl citrate pf</i> | 3 | |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> | 1 | PA; QL (15 per 30 days) |
| <i>fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr</i> | 3 | PA; QL (15 per 30 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|-----------------------------|
| FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG | 4 | PA; QL (120 per 30 days); S |
| FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG | 4 | PA; QL (180 per 30 days); S |
| FLECTOR EXTERNAL | 3 | PA; QL (60 per 30 days) |
| <i>flurbiprofen oral tablet 100 mg</i> | 1 | MO |
| GLYDO EXTERNAL PREFILLED SYRINGE | 1 | |
| <i>goprelto</i> | 3 | |
| <i>hydrocodone bitartrate er oral capsule extended release 12 hour</i> | 3 | PA; QL (60 per 30 days) |
| <i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg</i> | 4 | PA; QL (30 per 30 days); S |
| <i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i> | 3 | PA; QL (30 per 30 days) |
| <i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i> | 1 | QL (2700 per 30 days) |
| <i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i> | 1 | QL (180 per 30 days) |
| <i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i> | 1 | QL (50 per 10 days) |
| <i>hydromorphone hcl er oral tablet extended release 24 hour</i> | 3 | PA; QL (30 per 30 days) |
| <i>hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml</i> | 1 | QL (180 per 30 days) |
| <i>hydromorphone hcl injection solution 4 mg/ml</i> | 1 | QL (60 per 30 days) |
| <i>hydromorphone hcl oral liquid</i> | 1 | QL (720 per 30 days) |

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

| Drug Name | Drug Tier | Requirements /Limits | Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|----------------------------|---|-----------|-------------------------------|
| hydromorphone hcl oral tablet | 1 | QL (180 per 30 days) | ketorolac tromethamine oral | 1 | PA |
| hydromorphone hcl pf injection solution 1 mg/ml | 2 | QL (180 per 30 days) | KRYSTEXXA | 4 | PA; QL (2 per 28 days); LA; S |
| hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml, 500 mg/50ml | 1 | QL (120 per 30 days) | LAZANDA NASAL SOLUTION 100 MCG/ACT, 400 MCG/ACT | 4 | PA; QL (30 per 30 days); S |
| hydromorphone hcl pf injection solution 2 mg/ml | 1 | QL (180 per 30 days) | levorphanol tartrate oral | 4 | QL (180 per 30 days); S |
| hydromorphone hcl pf injection solution 4 mg/ml | 2 | QL (60 per 30 days) | LICART EXTERNAL | 3 | PA; QL (30 per 30 days) |
| HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 60 MG, 80 MG | 4 | PA; QL (30 per 30 days); S | lidocaine external ointment 5 % | 1 | PA; QL (150 per 30 days) |
| HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 20 MG, 30 MG, 40 MG | 3 | PA; QL (30 per 30 days) | lidocaine external patch 5 % | 1 | PA; QL (90 per 30 days) |
| IBU | 1 | MO | lidocaine hcl (pf) injection solution 0.5 %, 2 %, 4 % | 3 | |
| ibuprofen oral suspension | 1 | | lidocaine hcl (pf) injection solution 1 %, 1.5 % | 1 | |
| ibuprofen oral tablet 400 mg, 600 mg, 800 mg | 1 | MO | lidocaine hcl external solution | 1 | PA; QL (300 per 30 days) |
| INDOCIN ORAL | 3 | PA; MO | lidocaine hcl injection solution 0.5 %, 1 %, 2 % | 1 | |
| INDOCIN RECTAL | 4 | MO; S | lidocaine hcl mouth/throat | 1 | PA; QL (300 per 30 days) |
| indomethacin er | 1 | PA; MO | lidocaine hcl urethral/mucosal | 1 | |
| indomethacin oral capsule 25 mg, 50 mg | 1 | PA; MO | lidocaine viscous hcl | 1 | |
| indomethacin rectal suppository 50 mg | 4 | MO; S | lidocaine-prilocaine external cream | 1 | QL (30 per 30 days) |
| ketoprofen er | 1 | MO | LIDODERM | 3 | PA; QL (90 per 30 days) |
| ketoprofen oral capsule 25 mg | 4 | MO; S | LIDOREX | 4 | PA; QL (100 per 30 days); S |
| ketoprofen oral capsule 50 mg | 1 | MO | LODINE | 4 | MO; S |
| ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml | 1 | PA | LOFENA | 4 | MO; S |
| ketorolac tromethamine intramuscular solution 60 mg/2ml | 1 | PA | LORTAB ORAL ELIXIR 10-300 MG/15ML | 3 | QL (2025 per 30 days) |
| ketorolac tromethamine nasal | 4 | QL (5 per 30 days); S | meclofenamate sodium oral | 1 | MO |
| | | | mefenamic acid oral | 1 | MO |
| | | | meloxicam oral capsule | 3 | ST; MO |
| | | | meloxicam oral tablet | 1 | MO |

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

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|-----------------------------|
| <i>meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i> | 3 | PA; QL (120 per 30 days) |
| <i>meperidine hcl oral solution</i> | 3 | PA; QL (900 per 30 days) |
| <i>meperidine hcl oral tablet 50 mg</i> | 4 | PA; QL (180 per 30 days); S |
| METHADONE HCL INTENSOL | 1 | QL (180 per 30 days) |
| <i>methadone hcl oral concentrate</i> | 1 | QL (180 per 30 days) |
| <i>methadone hcl oral solution</i> | 1 | QL (900 per 30 days) |
| <i>methadone hcl oral tablet</i> | 1 | PA; QL (180 per 30 days) |
| METHADOSE ORAL CONCENTRATE 10 MG/ML | 2 | QL (180 per 30 days) |
| METHADOSE SUGAR-FREE | 2 | QL (180 per 30 days) |
| MITIGARE | 3 | |
| <i>morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 100 mg/5ml, 20 mg/ml</i> | 1 | QL (180 per 30 days) |
| <i>morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml</i> | 1 | QL (180 per 30 days) |
| <i>morphine sulfate (pf) injection solution 10 mg/ml, 4 mg/ml, 5 mg/ml</i> | 2 | QL (180 per 30 days) |
| <i>morphine sulfate (pf) injection solution 2 mg/ml, 8 mg/ml</i> | 3 | QL (180 per 30 days) |
| <i>morphine sulfate (pf) intravenous solution 1 mg/ml, 2 mg/ml, 4 mg/ml</i> | 2 | QL (180 per 30 days) |
| <i>morphine sulfate (pf) intravenous solution 10 mg/ml</i> | 1 | QL (180 per 30 days) |
| <i>morphine sulfate (pf) intravenous solution 8 mg/ml</i> | 3 | QL (180 per 30 days) |
| <i>morphine sulfate er beads</i> | 3 | PA; QL (30 per 30 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|----------------------------|
| <i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i> | 3 | PA; QL (60 per 30 days) |
| <i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i> | 1 | PA; QL (60 per 30 days) |
| <i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i> | 1 | PA; QL (90 per 30 days) |
| <i>morphine sulfate injection solution 2 mg/ml, 4 mg/ml</i> | 2 | QL (180 per 30 days) |
| <i>morphine sulfate intravenous solution 1 mg/ml, 10 mg/ml</i> | 1 | QL (180 per 30 days) |
| <i>morphine sulfate intravenous solution 4 mg/ml</i> | 2 | QL (180 per 30 days) |
| <i>morphine sulfate intravenous solution 50 mg/ml</i> | 1 | QL (60 per 30 days) |
| <i>morphine sulfate intravenous solution 8 mg/ml</i> | 3 | QL (180 per 30 days) |
| <i>morphine sulfate oral solution</i> | 1 | QL (900 per 30 days) |
| <i>morphine sulfate oral tablet</i> | 1 | QL (180 per 30 days) |
| <i>morphine sulfate rectal</i> | 3 | QL (180 per 30 days) |
| MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG | 4 | PA; QL (60 per 30 days); S |
| MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG | 3 | PA; QL (90 per 30 days) |
| MS CONTIN ORAL TABLET EXTENDED RELEASE 60 MG | 4 | PA; QL (90 per 30 days); S |
| <i>nabumetone oral</i> | 1 | MO |
| NALFON ORAL CAPSULE 400 MG | 3 | MO |
| NALFON ORAL TABLET | 3 | MO |
| <i>nalocet</i> | 4 | QL (180 per 30 days); S |

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

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|----------------------------|
| NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG | 3 | ST; MO |
| NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG | 4 | ST; MO; S |
| <i>naproxen oral suspension</i> | 1 | MO |
| <i>naproxen oral tablet</i> | 1 | MO |
| <i>naproxen oral tablet delayed release</i> | 1 | MO |
| <i>naproxen sodium er</i> | 3 | ST; MO |
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i> | 1 | MO |
| NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG | 4 | PA; QL (60 per 30 days); S |
| NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 50 MG | 3 | PA; QL (60 per 30 days) |
| NUCYNTA ORAL TABLET 100 MG | 4 | QL (181 per 30 days); S |
| NUCYNTA ORAL TABLET 50 MG | 3 | QL (181 per 30 days) |
| NUCYNTA ORAL TABLET 75 MG | 4 | QL (242 per 30 days); S |
| <i>oxaprozin</i> | 1 | MO |
| OXAYDO ORAL TABLET 5 MG | 3 | QL (180 per 30 days) |
| OXAYDO ORAL TABLET 7.5 MG | 4 | QL (180 per 30 days); S |
| <i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent</i> | 3 | PA; QL (60 per 30 days) |
| <i>oxycodone hcl oral capsule</i> | 1 | QL (180 per 30 days) |
| <i>oxycodone hcl oral concentrate 10 mg/0.5ml, 100 mg/5ml</i> | 1 | QL (180 per 30 days) |
| <i>oxycodone hcl oral solution</i> | 1 | QL (900 per 30 days) |
| <i>oxycodone hcl oral tablet</i> | 1 | QL (180 per 30 days) |
| <i>oxycodone-acetaminophen oral solution 10-300 mg/5ml</i> | 4 | QL (900 per 30 days); S |

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|----------------------------|
| <i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i> | 3 | QL (900 per 30 days) |
| <i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg</i> | 4 | QL (180 per 30 days); S |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> | 1 | QL (180 per 30 days) |
| OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG | 3 | PA; QL (60 per 30 days) |
| OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 40 MG, 60 MG, 80 MG | 4 | PA; QL (60 per 30 days); S |
| <i>oxymorphone hcl</i> | 3 | QL (180 per 30 days) |
| <i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i> | 3 | PA; QL (60 per 30 days) |
| <i>oxymorphone hcl er oral tablet extended release 12 hour 30 mg, 40 mg</i> | 4 | PA; QL (60 per 30 days); S |
| PENNSAID EXTERNAL | 4 | QL (224 per 28 days); S |
| <i>pentazocine-naloxone hcl</i> | 1 | PA; QL (360 per 30 days) |
| PERCOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG | 4 | QL (180 per 30 days); S |
| PERCOCET ORAL TABLET 2.5-325 MG | 3 | QL (180 per 30 days) |
| <i>piroxicam oral</i> | 1 | MO |
| PLIAGLIS EXTERNAL CREAM | 3 | |
| <i>probenecid oral</i> | 1 | MO |
| PROLATE ORAL SOLUTION | 4 | QL (900 per 30 days); S |
| PROLATE ORAL TABLET 10-300 MG, 7.5-300 MG | 4 | QL (180 per 30 days); S |
| PROLATE ORAL TABLET 5-300 MG | 3 | QL (180 per 30 days) |

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

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|-----------------------------|
| RELAFEN | 1 | MO |
| RELAFEN DS | 4 | MO; S |
| ROXICODONE ORAL TABLET 15 MG | 3 | QL (180 per 30 days) |
| ROXICODONE ORAL TABLET 30 MG | 4 | QL (180 per 30 days); S |
| ROXYBOND | 3 | QL (180 per 30 days) |
| <i>salsalate oral</i> | 1 | MO |
| SEGLENTIS | 3 | QL (120 per 30 days) |
| SPRIX | 4 | QL (5 per 30 days); S |
| SUBLOCADE | 4 | S |
| SUBSYS | 4 | PA; QL (120 per 30 days); S |
| <i>sulindac oral tablet 150 mg</i> | 1 | MO |
| <i>sulindac oral tablet 200 mg</i> | 1 | MO |
| SYNERA | 3 | |
| <i>tolmetin sodium oral capsule</i> | 1 | MO |
| <i>tolmetin sodium oral tablet 600 mg</i> | 1 | MO |
| <i>tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i> | 2 | PA; QL (30 per 30 days) |
| <i>tramadol hcl (er biphasic) oral tablet extended release 24 hour</i> | 1 | PA; QL (30 per 30 days) |
| <i>tramadol hcl er</i> | 1 | PA; QL (30 per 30 days) |
| <i>tramadol hcl oral solution</i> | 3 | QL (2400 per 30 days) |
| <i>tramadol hcl oral tablet 100 mg</i> | 3 | QL (120 per 30 days) |
| <i>tramadol hcl oral tablet 50 mg</i> | 1 | QL (240 per 30 days) |
| <i>tramadol-acetaminophen</i> | 1 | QL (40 per 5 days) |
| TREZIX ORAL CAPSULE 320.5-30-16 MG | 3 | QL (180 per 30 days) |
| ULORIC | 3 | ST; MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|---------------------------------|
| XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 9 MG | 3 | PA; QL (60 per 30 days) |
| XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 27 MG, 36 MG | 4 | PA; QL (60 per 30 days); S |
| ZIPSOR | 4 | S |
| ZORVOLEX | 3 | MO |
| ZTLIDO | 3 | PA; QL (90 per 30 days) |
| ZYLOPRIM | 3 | MO |
| Antineoplastics | | |
| <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 |
| ABRAXANE | 4 | PA; S |
| ADRIAMYCIN INTRAVENOUS SOLUTION | 1 | B/D PA |
| <i>adriamycin intravenous solution reconstituted 10 mg</i> | 1 | B/D PA |
| ADRIAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG | 1 | B/D PA |
| AFINITOR | 4 | PA; S |
| AFINITOR DISPERZ | 4 | PA; S |
| ALECENSA | 4 | PA; QL (240 per 30 days); LA; S |
| ALIMTA | 4 | PA; 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 |
| ALYMSYS | 4 | PA; S |
| <i>anastrozole oral</i> | 1 | QL (30 per 30 days); MO |

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

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|---------------------------------|
| ARIMIDEX | 4 | QL (30 per 30 days); MO; S |
| AROMASIN | 4 | QL (60 per 30 days); MO; 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</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 |
| <i>bicalutamide</i> | 1 | QL (30 per 30 days) |
| <i>bleomycin sulfate</i> | 1 | B/D PA |
| <i>bortezomib injection solution reconstituted 1 mg, 3.5 mg</i> | 4 | PA; S |
| <i>bortezomib injection solution reconstituted 2.5 mg</i> | 3 | PA |
| <i>bortezomib intravenous solution reconstituted</i> | 4 | PA; S |
| BOSULIF ORAL TABLET 100 MG | 4 | PA; QL (120 per 30 days); S |
| BOSULIF ORAL TABLET 400 MG, 500 MG | 4 | PA; QL (30 per 30 days); S |
| BRAFTOVI ORAL CAPSULE 75 MG | 4 | PA; QL (180 per 30 days); LA; S |
| BRUKINSA | 4 | PA; QL (120 per 30 days); LA; S |
| CABOMETYX | 4 | PA; QL (30 per 30 days); LA; S |
| CALQUENCE | 4 | PA; QL (60 per 30 days); LA; S |

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|---------------------------------|
| CAPRELSA ORAL TABLET 100 MG | 4 | PA; QL (90 per 30 days); LA; S |
| CAPRELSA ORAL TABLET 300 MG | 4 | PA; QL (30 per 30 days); LA; S |
| <i>carboplatin intravenous solution</i> | 1 | B/D PA |
| CASODEX | 4 | QL (30 per 30 days); S |
| <i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml</i> | 1 | B/D PA |
| COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG | 4 | PA; QL (56 per 28 days); LA; S |
| COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG | 4 | PA; QL (112 per 28 days); LA; S |
| COMETRIQ (60 MG DAILY DOSE) | 4 | PA; QL (84 per 28 days); LA; S |
| COPIKTRA | 4 | PA; QL (60 per 30 days); LA; S |
| COTELLIC | 4 | PA; QL (90 per 30 days); LA; S |
| <i>cyclophosphamide injection solution reconstituted 1 gm</i> | 3 | B/D PA |
| <i>cyclophosphamide injection solution reconstituted 2 gm, 500 mg</i> | 4 | B/D PA; S |
| <i>cyclophosphamide intravenous</i> | 4 | S |
| <i>cyclophosphamide oral capsule</i> | 2 | B/D PA |
| <i>cyclophosphamide oral tablet 25 mg</i> | 3 | B/D PA |
| <i>cyclophosphamide oral tablet 50 mg</i> | 4 | B/D PA; S |
| CYRAMZA | 4 | PA; LA; S |
| DARZALEX | 4 | PA; LA; S |
| DARZALEX FASPRO | 4 | PA; S |
| DAURISMO ORAL TABLET 100 MG | 4 | PA; QL (30 per 30 days); LA; S |
| DAURISMO ORAL TABLET 25 MG | 4 | PA; QL (60 per 30 days); LA; S |
| <i>decitabine</i> | 4 | S |

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| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|---------------------------------|
| DOXIL | 4 | PA; S |
| <i>doxorubicin hcl intravenous solution</i> | 3 | B/D PA |
| <i>doxorubicin hcl intravenous solution reconstituted</i> | 1 | B/D PA |
| <i>doxorubicin hcl liposomal</i> | 4 | PA; S |
| ELIGARD SUBCUTANEOUS KIT 22.5 MG, 7.5 MG | 2 | PA |
| ELIGARD SUBCUTANEOUS KIT 30 MG, 45 MG | 3 | PA |
| ELITEK | 4 | PA; S |
| EMCYT | 4 | 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 | 4 | PA; 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 |
| EULEXIN | 4 | S |
| <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> | 1 | QL (60 per 30 days); MO |
| EXKIVITY | 4 | PA; QL (120 per 30 days); LA; S |
| FARESTON | 4 | QL (30 per 30 days); S |
| FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 4 | PA; S |
| FEMARA | 3 | QL (30 per 30 days); MO |
| FIRMAGON (240 MG DOSE) | 4 | PA; S |

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|---------------------------------|
| 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 |
| <i>fulvestrant intramuscular solution prefilled syringe</i> | 4 | PA; S |
| GAVRETO | 4 | PA; QL (120 per 30 days); LA; S |
| GAZYVA | 4 | PA; LA; S |
| <i>gefitinib</i> | 4 | PA; QL (30 per 30 days); S |
| <i>gemcitabine hcl intravenous solution 1 gm/10ml, 2 gm/20ml, 2 gm/52.6ml, 200 mg/2ml</i> | 3 | B/D PA |
| <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 |
| GLEEVEC ORAL TABLET 100 MG | 4 | PA; QL (90 per 30 days); S |
| GLEEVEC ORAL TABLET 400 MG | 4 | PA; QL (60 per 30 days); S |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG | 3 | PA |
| HERCEPTIN HYLECTA | 4 | B/D PA; S |
| HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG | 4 | B/D PA; S |
| HYDREA | 3 | |
| <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 |

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

| Drug Name | Drug Tier | Requirements /Limits | Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|---------------------------------|--|-----------|---------------------------------|
| IDHIFA ORAL TABLET 100 MG | 4 | PA; QL (30 per 30 days); LA; S | KADCYLA | 4 | PA; S |
| IDHIFA ORAL TABLET 50 MG | 4 | PA; QL (60 per 30 days); LA; S | KANJINTI | 4 | B/D PA; S |
| <i>imatinib mesylate oral tablet 100 mg</i> | 4 | PA; QL (90 per 30 days); S | KEYTRUDA INTRAVENOUS SOLUTION | 4 | PA; S |
| <i>imatinib mesylate oral tablet 400 mg</i> | 4 | PA; QL (60 per 30 days); S | KISQALI (200 MG DOSE) | 4 | PA; QL (21 per 21 days); S |
| IMBRUVICA ORAL CAPSULE 140 MG | 4 | PA; QL (90 per 30 days); LA; S | KISQALI (400 MG DOSE) | 4 | PA; QL (42 per 21 days); S |
| IMBRUVICA ORAL CAPSULE 70 MG | 4 | PA; QL (30 per 30 days); LA; S | KISQALI (600 MG DOSE) | 4 | PA; QL (63 per 21 days); S |
| IMBRUVICA ORAL SUSPENSION | 4 | PA; QL (216 per 27 days); LA; S | KISQALI FEMARA (200 MG DOSE) | 4 | PA; QL (49 per 28 days); S |
| IMBRUVICA ORAL TABLET 140 MG | 4 | PA; QL (90 per 30 days); LA; S | KISQALI FEMARA (400 MG DOSE) | 4 | PA; QL (70 per 28 days); S |
| IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG | 4 | PA; QL (30 per 30 days); LA; S | KISQALI FEMARA (600 MG DOSE) | 4 | PA; QL (91 per 28 days); S |
| IMFINZI | 4 | PA; LA; S | KRAZATI | 4 | PA; QL (180 per 30 days); S |
| INLYTA ORAL TABLET 1 MG | 4 | PA; QL (180 per 30 days); LA; S | KYPROLIS | 4 | PA; LA; S |
| INLYTA ORAL TABLET 5 MG | 4 | PA; QL (120 per 30 days); LA; S | <i>lapatinib ditosylate</i> | 4 | PA; QL (180 per 30 days); S |
| INQOVI | 4 | PA; QL (5 per 28 days); LA; S | <i>lenalidomide oral capsule 10 mg</i> | 4 | PA; QL (60 per 30 days); LA; S |
| INREBIC | 4 | PA; QL (120 per 30 days); LA; S | <i>lenalidomide oral capsule 15 mg, 2.5 mg, 20 mg, 25 mg</i> | 4 | PA; QL (30 per 30 days); LA; S |
| IRESSA | 4 | PA; QL (30 per 30 days); LA; S | <i>lenalidomide oral capsule 5 mg</i> | 4 | PA; QL (150 per 30 days); LA; S |
| <i>irinotecan hcl intravenous solution 100 mg/5ml</i> | 3 | | LENVIMA (10 MG DAILY DOSE) | 4 | PA; QL (30 per 30 days); LA; S |
| <i>irinotecan hcl intravenous solution 300 mg/15ml, 40 mg/2ml</i> | 1 | | LENVIMA (12 MG DAILY DOSE) | 4 | PA; QL (90 per 30 days); LA; S |
| <i>irinotecan hcl intravenous solution 500 mg/25ml</i> | 1 | B/D PA | LENVIMA (14 MG DAILY DOSE) | 4 | PA; QL (60 per 30 days); LA; S |
| JAKAFI | 4 | PA; QL (60 per 30 days); LA; S | LENVIMA (18 MG DAILY DOSE) | 4 | PA; QL (90 per 30 days); LA; S |
| JAYPIRCA ORAL TABLET 100 MG | 4 | PA; QL (60 per 30 days); S | LENVIMA (20 MG DAILY DOSE) | 4 | PA; QL (60 per 30 days); LA; S |
| JAYPIRCA ORAL TABLET 50 MG | 4 | PA; QL (30 per 30 days); S | LENVIMA (24 MG DAILY DOSE) | 4 | PA; QL (90 per 30 days); LA; S |
| JEVTANA | 4 | PA; S | 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 |

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

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|---------------------------------|
| <i>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 500 mg/50ml</i> | 4 | S |
| <i>leucovorin calcium injection solution reconstituted</i> | 1 | B/D PA |
| <i>leucovorin calcium oral</i> | 1 | |
| LEUKERAN | 2 | |
| <i>leuprolide acetate (3 month)</i> | 3 | PA |
| <i>leuprolide acetate injection</i> | 1 | PA |
| <i>levoleucovorin calcium intravenous solution reconstituted 50 mg</i> | 4 | PA; S |
| <i>levoleucovorin calcium pf</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 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 180 days); S |
| 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 |

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|---------------------------------|
| <i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i> | 1 | PA |
| <i>megestrol acetate oral tablet</i> | 1 | PA |
| MEKINIST ORAL SOLUTION RECONSTITUTED | 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>melphalan</i> | 1 | B/D PA |
| <i>mercaptopurine oral</i> | 1 | |
| <i>mesna</i> | 1 | |
| MESNEX INTRAVENOUS | 3 | |
| MESNEX ORAL | 4 | S |
| <i>mitomycin intravenous solution reconstituted 20 mg, 40 mg</i> | 4 | B/D PA; 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 |
| MVASI | 4 | PA; S |
| NERLYNX | 4 | PA; QL (180 per 30 days); LA; S |
| NEXAVAR | 4 | PA; QL (120 per 30 days); LA; S |
| NILANDRON | 4 | QL (30 per 30 days); 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 |

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

| Drug Name | Drug Tier | Requirements /Limits | Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|--------------------------------|--|-----------|---------------------------------|
| OGIVRI | 4 | B/D PA; S | PIQRAY (250 MG DAILY DOSE) | 4 | PA; QL (56 per 28 days); S |
| ONIVYDE | 4 | B/D PA; S | PIQRAY (300 MG DAILY DOSE) | 4 | PA; QL (56 per 28 days); S |
| ONUREG | 4 | PA; QL (14 per 28 days); LA; S | POMALYST | 4 | PA; QL (21 per 28 days); LA; S |
| OPDIVO | 4 | PA; LA; S | POTELIGEO | 4 | B/D PA; LA; S |
| ORGOVYX | 4 | PA; QL (32 per 30 days); LA; S | PURIXAN | 4 | PA; S |
| ORSERDU ORAL TABLET 345 MG | 4 | PA; QL (30 per 30 days); S | QINLOCK | 4 | PA; QL (90 per 30 days); S |
| ORSERDU ORAL TABLET 86 MG | 4 | PA; QL (90 per 30 days); S | RETEVMO ORAL CAPSULE 40 MG | 4 | PA; QL (180 per 30 days); S |
| <i>oxaliplatin intravenous solution</i> | 1 | B/D PA | RETEVMO ORAL CAPSULE 80 MG | 4 | PA; QL (120 per 30 days); S |
| <i>oxaliplatin intravenous solution reconstituted 100 mg</i> | 3 | B/D PA | REVLIMID ORAL CAPSULE 10 MG | 4 | PA; QL (60 per 30 days); LA; S |
| <i>oxaliplatin intravenous solution reconstituted 50 mg</i> | 4 | B/D PA; S | REVLIMID ORAL CAPSULE 15 MG, 2.5 MG, 20 MG, 25 MG | 4 | PA; QL (30 per 30 days); LA; S |
| <i>paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml</i> | 1 | B/D PA | REVLIMID ORAL CAPSULE 5 MG | 4 | PA; QL (150 per 30 days); LA; S |
| <i>paclitaxel protein-bound part</i> | 4 | PA; S | REZLIDHIA | 4 | PA; QL (60 per 30 days); LA; S |
| PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/100ML | 1 | B/D PA | RIABNI | 4 | B/D PA; S |
| PEMAZYRE | 4 | PA; QL (14 per 21 days); LA; S | RITUXAN HYCELA | 4 | B/D PA; LA; S |
| <i>pemetrexed disodium intravenous solution reconstituted 100 mg</i> | 4 | PA; S | RITUXAN INTRAVENOUS SOLUTION | 4 | B/D PA; LA; S |
| <i>pemetrexed disodium intravenous solution reconstituted 1000 mg, 750 mg</i> | 4 | S | <i>romidepsin intravenous solution reconstituted</i> | 4 | S |
| <i>pemetrexed disodium intravenous solution reconstituted 500 mg</i> | 3 | PA | ROZLYTREK ORAL CAPSULE 100 MG | 4 | PA; QL (150 per 30 days); LA; S |
| PERJETA | 4 | PA; S | ROZLYTREK ORAL CAPSULE 200 MG | 4 | PA; QL (90 per 30 days); LA; S |
| PHESGO | 4 | PA; S | RUBRACA | 4 | PA; QL (120 per 30 days); LA; S |
| PIQRAY (200 MG DAILY DOSE) | 4 | PA; QL (28 per 28 days); S | RUXIENCE | 4 | B/D PA; S |
| | | | RYBREVANT | 4 | PA; S |
| | | | RYDAPT | 4 | PA; QL (240 per 30 days); S |
| | | | RYLAZE | 4 | PA; S |
| | | | SARCLISA | 4 | PA; S |
| | | | SCSEMBLIX ORAL TABLET 20 MG | 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.

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|---------------------------------|
| SCSEMBLIX ORAL TABLET 40 MG | 4 | PA; QL (300 per 30 days); S |
| SOLTAMOX | 3 | MO |
| <i>sorafenib tosylate</i> | 4 | PA; QL (120 per 30 days); S |
| SPRYCEL | 4 | PA; QL (30 per 30 days); S |
| STIVARGA | 4 | PA; QL (84 per 28 days); LA; S |
| <i>sunitinib malate</i> | 4 | PA; QL (30 per 30 days); S |
| SUTENT | 4 | PA; QL (30 per 30 days); S |
| SYNRIBO | 4 | PA; S |
| TABLOID | 3 | |
| TABRECTA | 4 | PA; QL (120 per 30 days); S |
| TAFINLAR ORAL CAPSULE | 4 | PA; QL (120 per 30 days); LA; S |
| TAFINLAR ORAL TABLET SOLUBLE | 4 | PA; QL (900 per 30 days); S |
| TAGRISSO | 4 | PA; QL (30 per 30 days); LA; S |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG | 4 | PA; QL (30 per 30 days); S |
| TALZENNA ORAL CAPSULE 0.25 MG | 4 | PA; QL (90 per 30 days); LA; S |
| TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG, 1 MG | 4 | PA; QL (30 per 30 days); LA; S |
| <i>tamoxifen citrate oral</i> | 1 | MO |
| TARCEVA ORAL TABLET 100 MG, 150 MG | 4 | PA; QL (30 per 30 days); LA; S |
| TARCEVA ORAL TABLET 25 MG | 4 | PA; QL (90 per 30 days); LA; S |
| TARGRETIN ORAL | 4 | PA; QL (300 per 30 days); S |
| TASIGNA | 4 | PA; QL (112 per 28 days); S |
| TAZVERIK | 4 | PA; QL (240 per 30 days); LA; S |
| TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML | 4 | PA; QL (20 per 21 days); LA; S |

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|---------------------------------|
| TECENTRIQ INTRAVENOUS SOLUTION 840 MG/14ML | 4 | PA; QL (28 per 28 days); LA; S |
| TECVAYLI | 4 | PA; S |
| TEPMETKO | 4 | PA; QL (60 per 30 days); LA; S |
| THALOMID ORAL CAPSULE 100 MG, 50 MG | 4 | PA; QL (30 per 30 days); S |
| THALOMID ORAL CAPSULE 150 MG, 200 MG | 4 | PA; QL (60 per 30 days); S |
| TIBSOVO | 4 | PA; QL (60 per 30 days); LA; S |
| TICE BCG | 2 | B/D PA |
| TOPOSAR INTRAVENOUS SOLUTION 1 GM/50ML, 500 MG/25ML | 1 | B/D PA |
| <i>toremifene citrate</i> | 3 | QL (30 per 30 days) |
| TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG | 4 | B/D PA; S |
| TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 3.75 MG | 3 | PA |
| TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG | 4 | PA; S |
| <i>tretinoin oral</i> | 4 | S |
| TRODELVY | 4 | PA; S |
| TRUSELTIQ (100MG DAILY DOSE) | 4 | PA; QL (21 per 28 days); LA; S |
| TRUSELTIQ (125MG DAILY DOSE) | 4 | PA; QL (42 per 28 days); LA; S |
| TRUSELTIQ (50MG DAILY DOSE) | 4 | PA; QL (42 per 28 days); LA; S |
| TRUSELTIQ (75MG DAILY DOSE) | 4 | PA; QL (63 per 28 days); LA; S |
| TRUXIMA | 4 | B/D PA; S |
| TUKYSA | 4 | PA; QL (120 per 30 days); LA; S |
| TURALIO | 4 | PA; QL (120 per 30 days); LA; S |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|---------------------------------|
| TYKERB | 4 | PA; QL (180 per 30 days); LA; S |
| <i>valrubicin</i> | 4 | S |
| VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML | 4 | PA; S |
| VEGZELMA | 4 | PA; S |
| VELCADE INJECTION | 4 | PA; S |
| VENCLEXTA ORAL TABLET 10 MG | 2 | PA; QL (60 per 30 days); LA |
| VENCLEXTA ORAL TABLET 100 MG | 4 | PA; QL (180 per 30 days); LA; S |
| VENCLEXTA ORAL TABLET 50 MG | 4 | PA; QL (30 per 30 days); LA; S |
| VENCLEXTA STARTING PACK | 4 | PA; LA; S |
| VERZENIO | 4 | PA; QL (60 per 30 days); LA; S |
| VIDAZA | 4 | PA; LA; S |
| <i>vinblastine sulfate intravenous solution</i> | 1 | B/D PA |
| <i>vincristine sulfate intravenous</i> | 1 | B/D PA |
| <i>vinorelbine tartrate</i> | 1 | B/D PA |
| VITRAKVI ORAL CAPSULE 100 MG | 4 | PA; QL (60 per 30 days); LA; S |
| VITRAKVI ORAL CAPSULE 25 MG | 4 | PA; QL (180 per 30 days); LA; S |
| VITRAKVI ORAL SOLUTION | 4 | PA; QL (300 per 30 days); LA; S |
| VIZIMPRO | 4 | PA; QL (30 per 30 days); LA; S |
| VONJO | 4 | PA; QL (120 per 30 days); LA; S |
| VOTRIENT | 4 | PA; QL (120 per 30 days); LA; S |
| WELIREG | 4 | PA; QL (90 per 30 days); LA; S |
| XALKORI | 4 | PA; QL (120 per 30 days); LA; S |
| XOSPATA | 4 | PA; QL (90 per 30 days); LA; S |

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|---------------------------------|
| XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG | 4 | PA; QL (8 per 28 days); LA; S |
| XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | 4 | PA; QL (4 per 28 days); LA; S |
| XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | 4 | PA; QL (8 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 |
| XPOVIO (60 MG TWICE WEEKLY) | 4 | PA; QL (24 per 28 days); LA; S |
| XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | 4 | PA; QL (8 per 28 days); LA; S |
| XPOVIO (80 MG TWICE WEEKLY) | 4 | PA; QL (32 per 28 days); LA; S |
| XTANDI ORAL CAPSULE | 4 | PA; QL (120 per 30 days); LA; S |
| XTANDI ORAL TABLET 40 MG | 4 | PA; QL (120 per 30 days); S |
| XTANDI ORAL TABLET 80 MG | 4 | PA; QL (60 per 30 days); S |
| YERVOY | 4 | PA; S |
| YONSA | 4 | PA; QL (120 per 30 days); S |
| ZEJULA ORAL CAPSULE | 4 | PA; QL (90 per 30 days); LA; S |
| ZEJULA ORAL TABLET 100 MG | 4 | PA; QL (90 per 30 days); S |
| ZEJULA ORAL TABLET 200 MG, 300 MG | 4 | PA; QL (30 per 30 days); S |
| ZELBORAF | 4 | PA; QL (240 per 30 days); LA; S |
| ZEPZELCA | 4 | PA; S |
| ZIRABEV | 4 | PA; S |
| ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG | 3 | B/D PA; QL (1 per 84 days) |
| ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG | 3 | B/D PA; QL (1 per 28 days) |
| ZOLINZA | 4 | PA; QL (120 per 30 days); S |

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| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|---------------------------------|
| ZYDELIG | 4 | PA; QL (60 per 30 days); LA; S |
| ZYKADIA ORAL TABLET | 4 | PA; QL (90 per 30 days); LA; S |
| ZYTIGA ORAL TABLET 250 MG | 4 | PA; QL (120 per 30 days); LA; S |
| ZYTIGA ORAL TABLET 500 MG | 4 | PA; QL (60 per 30 days); LA; S |
| Blood Products And Modifiers | | |
| ADAKVEO | 4 | S |
| AGRYLIN | 3 | MO |
| <i>aminocaproic acid oral solution</i> | 4 | S |
| <i>aminocaproic acid oral tablet</i> | 3 | |
| <i>anagrelide hcl</i> | 1 | MO |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML | 4 | PA; S |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 60 MCG/ML | 2 | PA |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION 40 MCG/ML | 3 | 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 |
| ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML | 4 | QL (24 per 30 days); S |
| ARIXTRA SUBCUTANEOUS SOLUTION 2.5 MG/0.5ML | 4 | QL (15 per 30 days); S |

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|--------------------------------|
| ARIXTRA SUBCUTANEOUS SOLUTION 5 MG/0.4ML | 4 | QL (12 per 30 days); S |
| ARIXTRA SUBCUTANEOUS SOLUTION 7.5 MG/0.6ML | 4 | QL (18 per 30 days); S |
| <i>aspirin-dipyridamole er</i> | 1 | ST; QL (60 per 30 days); MO |
| BERINERT | 4 | PA; LA; S |
| BRILINTA | 2 | QL (60 per 30 days); MO |
| CABLIVI | 4 | S |
| <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 |
| CYKLOKAPRON INTRAVENOUS SOLUTION 1000 MG/10ML | 3 | |
| <i>dabigatran etexilate mesylate</i> | 3 | QL (60 per 30 days); MO |
| <i>dipyridamole oral</i> | 1 | PA; MO |
| DOPTELET ORAL TABLET 20 MG | 4 | PA; QL (60 per 30 days); LA; S |
| DOPTELET ORAL TABLET 20 MG (10 PACK), 20 MG(15 PACK) | 4 | QL (60 per 30 days); LA; S |
| DROXIA | 2 | MO |
| EFFIENT | 3 | QL (30 per 30 days); MO |
| ELIQUIS | 2 | QL (60 per 30 days); MO |
| ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK | 2 | QL (74 per 180 days) |
| ENDARI | 4 | LA; S |
| <i>enoxaparin sodium injection solution</i> | 1 | QL (168 per 28 days) |
| <i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i> | 1 | QL (56 per 28 days) |

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

| Drug Name | Drug Tier | Requirements /Limits | Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|------------------------|---|-----------|-----------------------------|
| <i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i> | 1 | QL (44.8 per 28 days) | FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML | 3 | |
| <i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i> | 1 | QL (16.8 per 28 days) | FULPHILA | 4 | PA; QL (1.2 per 28 days); S |
| <i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i> | 1 | QL (22.4 per 28 days) | FYLNETRA | 4 | PA; QL (1.2 per 28 days); S |
| <i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i> | 1 | QL (33.6 per 28 days) | GRANIX | 4 | PA; S |
| EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML | 3 | PA | HAEGARDA | 4 | PA; LA; S |
| FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 4 | PA; S | <i>heparin (porcine) in nacl intravenous solution 12500-0.45 ut/250ml-%, 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%</i> | 2 | B/D PA |
| <i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i> | 4 | QL (24 per 30 days); S | <i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%</i> | 1 | |
| <i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i> | 1 | QL (15 per 30 days) | <i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i> | 1 | B/D PA |
| <i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i> | 4 | QL (12 per 30 days); S | <i>heparin sodium (porcine) injection solution prefilled syringe</i> | 3 | |
| <i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i> | 4 | QL (18 per 30 days); S | <i>heparin sodium (porcine) pf</i> | 3 | |
| FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML | 3 | | <i>icatibant acetate</i> | 4 | PA; S |
| FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML | 4 | S | JANTOVEN | 1 | MO |
| FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 7500 UNIT/0.3ML | 4 | S | KALBITOR | 4 | PA; LA; S |
| | | | LEUKINE INJECTION SOLUTION RECONSTITUTED | 4 | PA; S |
| | | | LOVENOX INJECTION SOLUTION | 3 | QL (168 per 28 days) |
| | | | LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 100 MG/ML | 3 | QL (56 per 28 days) |
| | | | LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 120 MG/0.8ML, 80 MG/0.8ML | 3 | QL (44.8 per 28 days) |
| | | | LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 150 MG/ML | 4 | QL (56 per 28 days); S |

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

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|-----------------------------|
| LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 30 MG/0.3ML | 3 | QL (16.8 per 28 days) |
| LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 40 MG/0.4ML | 3 | QL (22.4 per 28 days) |
| LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 60 MG/0.6ML | 3 | QL (33.6 per 28 days) |
| MOZOBIL | 4 | PA; S |
| MULPLETA | 4 | PA; QL (7 per 30 days); S |
| NEULASTA ONPRO | 4 | PA; QL (1.2 per 28 days); S |
| NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 4 | PA; QL (1.2 per 28 days); S |
| NEUPOGEN INJECTION SOLUTION 300 MCG/ML | 3 | PA |
| NEUPOGEN INJECTION SOLUTION 480 MCG/1.6ML | 4 | PA; S |
| NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE | 4 | PA; S |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML | 4 | PA; S |
| NIVESTYM INJECTION SOLUTION 480 MCG/1.6ML | 3 | PA |
| NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE | 3 | PA |
| NPLATE | 4 | PA; S |
| NYVEPRIA | 4 | PA; QL (1.2 per 28 days); S |
| ORLADEYO | 4 | PA; S |
| OXBRYTA | 4 | LA; S |
| <i>pentoxifylline er</i> | 1 | MO |
| PLAVIX ORAL TABLET 75 MG | 3 | QL (30 per 30 days); MO |
| <i>plerixafor</i> | 3 | PA |
| PRADAXA ORAL CAPSULE | 3 | QL (60 per 30 days); MO |

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|---------------------------------|
| PRADAXA ORAL PACKET 110 MG, 150 MG, 30 MG, 40 MG, 50 MG | 4 | QL (120 per 30 days); MO; S |
| PRADAXA ORAL PACKET 20 MG | 4 | QL (60 per 30 days); MO; S |
| <i>prasugrel hcl</i> | 1 | QL (30 per 30 days); MO |
| PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 20000 UNIT/ML, 40000 UNIT/ML | 4 | PA; S |
| PROCRIT INJECTION SOLUTION 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML | 3 | PA |
| PROMACTA ORAL PACKET 12.5 MG | 4 | PA; QL (360 per 30 days); LA; S |
| PROMACTA ORAL PACKET 25 MG | 4 | PA; QL (180 per 30 days); LA; S |
| PROMACTA ORAL TABLET 12.5 MG, 25 MG | 4 | PA; QL (30 per 30 days); LA; S |
| PROMACTA ORAL TABLET 50 MG | 4 | PA; QL (90 per 30 days); LA; S |
| PROMACTA ORAL TABLET 75 MG | 4 | PA; QL (60 per 30 days); LA; S |
| PYRUKYND | 4 | PA; QL (60 per 30 days); S |
| PYRUKYND TAPER PACK | 4 | PA; S |
| REBLOZYL | 4 | PA; S |
| RELEUKO INJECTION SOLUTION 300 MCG/ML | 4 | PA; S |
| <i>releuko injection solution 480 mcg/1.6ml</i> | 4 | PA; S |
| <i>releuko subcutaneous</i> | 4 | PA; S |
| RETACRIT INJECTION SOLUTION 10000 UNIT/ML(1ML) | 3 | PA |
| RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML | 3 | PA; QL (12 per 28 days) |
| RETACRIT INJECTION SOLUTION 40000 UNIT/ML | 4 | PA; QL (12 per 28 days); S |

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

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|--------------------------------|
| ROLVEDON | 4 | PA; QL (1.2 per 28 days); S |
| RUCONEST | 4 | PA; S |
| SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 4 | PA; S |
| SAVAYSA | 3 | QL (30 per 30 days); MO |
| SIKLOS ORAL TABLET 100 MG | 3 | PA |
| SIKLOS ORAL TABLET 1000 MG | 4 | PA; S |
| TAKHZYRO SUBCUTANEOUS SOLUTION | 4 | PA; LA; S |
| TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 4 | PA; S |
| TAVALISSE | 4 | PA; QL (60 per 30 days); LA; S |
| <i>tranexamic acid intravenous solution 1000 mg/10ml</i> | 1 | |
| <i>tranexamic acid oral</i> | 1 | |
| 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 |
| XARELTO STARTER PACK | 2 | |
| ZARXIO | 4 | PA; S |
| ZIEXTENZO | 4 | PA; QL (1.2 per 28 days); S |
| ZONTIVITY | 3 | QL (30 per 30 days); MO |
| Cardiovascular Agents | | |
| ACCUPRIL | 3 | MO |
| ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG | 3 | MO |
| <i>acebutolol hcl oral</i> | 1 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|--------------------------------|
| <i>acetazolamide oral</i> | 1 | MO |
| ALDACTAZIDE | 3 | MO |
| ALDACTONE | 3 | MO |
| <i>aliskiren fumarate</i> | 1 | MO |
| ALTACE ORAL CAPSULE | 3 | MO |
| ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG | 3 | PA; QL (30 per 30 days); MO |
| ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 40 MG, 60 MG | 4 | PA; QL (30 per 30 days); MO; S |
| <i>amiloride hcl oral</i> | 1 | 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</i> | 1 | MO |
| <i>amlodipine besylate oral</i> | 1 | MO |
| <i>amlodipine besylate-valsartan</i> | 1 | QL (30 per 30 days); MO |
| <i>amlodipine-atorvastatin</i> | 1 | QL (30 per 30 days); MO |
| <i>amlodipine-olmesartan</i> | 1 | QL (30 per 30 days); MO |
| <i>amlodipine-valsartan-hctz</i> | 1 | QL (30 per 30 days); MO |
| ANTARA ORAL CAPSULE 90 MG | 3 | ST; MO |
| ASPRUZYO SPRINKLE | 3 | PA; MO |
| ATACAND HCT ORAL TABLET 16-12.5 MG | 3 | QL (60 per 30 days); MO |
| ATACAND HCT ORAL TABLET 32-12.5 MG, 32-25 MG | 3 | QL (30 per 30 days); MO |
| ATACAND ORAL TABLET 16 MG, 4 MG, 8 MG | 3 | QL (60 per 30 days); MO |
| ATACAND ORAL TABLET 32 MG | 3 | QL (30 per 30 days); MO |
| <i>atenolol oral</i> | 1 | MO |
| <i>atenolol-chlorthalidone</i> | 1 | MO |
| ATORVALIQ | 3 | QL (600 per 30 days); MO |

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

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|-----------------------------|
| <i>atorvastatin calcium oral</i> | 1 | QL (30 per 30 days); MO |
| AVALIDE ORAL TABLET 150-12.5 MG | 3 | QL (60 per 30 days); MO |
| AVALIDE ORAL TABLET 300-12.5 MG | 3 | QL (30 per 30 days); MO |
| AVAPRO | 3 | QL (30 per 30 days); MO |
| AZOR | 3 | ST; QL (30 per 30 days); MO |
| <i>benazepril hcl oral</i> | 1 | MO |
| <i>benazepril-hydrochlorothiazide</i> | 1 | MO |
| BENICAR HCT | 3 | ST; QL (30 per 30 days); MO |
| BENICAR ORAL TABLET 20 MG, 40 MG | 3 | ST; QL (30 per 30 days); MO |
| BENICAR ORAL TABLET 5 MG | 3 | ST; QL (60 per 30 days); MO |
| BETAPACE AF ORAL TABLET 120 MG, 80 MG | 3 | MO |
| BETAPACE AF ORAL TABLET 160 MG | 4 | MO; S |
| BETAPACE ORAL TABLET 120 MG, 80 MG | 3 | MO |
| BETAPACE ORAL TABLET 160 MG | 4 | MO; S |
| <i>betaxolol hcl oral</i> | 1 | MO |
| BIDIL | 2 | QL (180 per 30 days); MO |
| <i>bisoprolol fumarate oral</i> | 1 | MO |
| <i>bisoprolol-hydrochlorothiazide</i> | 1 | MO |
| <i>bumetanide injection</i> | 1 | |
| <i>bumetanide oral</i> | 1 | MO |
| BUMEX ORAL TABLET 0.5 MG | 3 | MO |
| BYSTOLIC | 3 | MO |
| CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG | 3 | QL (30 per 30 days); MO |

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|-------------------------|
| CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG | 3 | MO |
| CAMZYOS | 4 | LA; S |
| <i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i> | 1 | QL (60 per 30 days); MO |
| <i>candesartan cilexetil oral tablet 32 mg</i> | 1 | QL (30 per 30 days); MO |
| <i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i> | 1 | QL (60 per 30 days); MO |
| <i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i> | 1 | QL (30 per 30 days); MO |
| <i>captopril oral</i> | 1 | MO |
| <i>captopril-hydrochlorothiazide</i> | 1 | MO |
| CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG | 3 | MO |
| CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG, 300 MG, 360 MG | 4 | MO; S |
| CARDIZEM LA | 3 | MO |
| CARDIZEM ORAL TABLET 120 MG, 30 MG | 3 | MO |
| CARDIZEM ORAL TABLET 60 MG | 4 | MO; S |
| CARDURA | 3 | MO |
| CAROSPIR | 3 | MO |
| CARTIA XT | 1 | MO |
| <i>carvedilol</i> | 1 | MO |
| <i>carvedilol phosphate er</i> | 1 | MO |
| CATAPRES-TTS-1 | 3 | QL (4 per 28 days); MO |
| CATAPRES-TTS-2 | 3 | QL (4 per 28 days); MO |
| CATAPRES-TTS-3 | 3 | QL (4 per 28 days); MO |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i> | 1 | MO |
| <i>cholestyramine light</i> | 1 | MO |

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

| Drug Name | Drug Tier | Requirements /Limits |
|-------------------------------------|-----------|------------------------------|
| <i>cholestyramine oral</i> | 1 | MO |
| <i>clonidine</i> | 1 | QL (4 per 28 days); MO |
| <i>clonidine hcl oral</i> | 1 | MO |
| <i>colesevelam hcl</i> | 1 | MO |
| COLESTID | 3 | MO |
| COLESTID FLAVORED | 3 | MO |
| <i>colestipol hcl</i> | 1 | MO |
| CONJUPRI | 3 | MO |
| COREG | 3 | MO |
| COREG CR | 3 | MO |
| CORGARD ORAL TABLET 20 MG, 40 MG | 3 | MO |
| CORLANOR ORAL SOLUTION | 3 | PA; QL (560 per 28 days); MO |
| CORLANOR ORAL TABLET | 3 | PA; QL (60 per 30 days); MO |
| COZAAR ORAL TABLET 100 MG | 3 | QL (30 per 30 days); MO |
| COZAAR ORAL TABLET 25 MG, 50 MG | 3 | QL (60 per 30 days); MO |
| CRESTOR | 3 | ST; QL (30 per 30 days); MO |
| DEMSER | 4 | S |
| DIBENZYLINE | 4 | S |
| <i>dichlorphenamide</i> | 4 | PA; QL (120 per 30 days); S |
| DIGOX ORAL TABLET 125 MCG | 1 | QL (30 per 30 days); MO |
| DIGOX ORAL TABLET 250 MCG | 1 | PA; QL (60 per 30 days); MO |
| <i>digoxin injection</i> | 3 | PA |
| <i>digoxin oral solution</i> | 1 | MO |
| <i>digoxin oral tablet 125 mcg</i> | 1 | QL (30 per 30 days); MO |
| <i>digoxin oral tablet 250 mcg</i> | 1 | PA; QL (60 per 30 days); MO |
| <i>digoxin oral tablet 62.5 mcg</i> | 2 | QL (30 per 30 days); MO |
| <i>dilt-xr</i> | 1 | MO |
| <i>diltiazem hcl er beads</i> | 1 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|-----------------------------|
| <i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i> | 1 | MO |
| <i>diltiazem hcl er oral capsule extended release 12 hour</i> | 1 | MO |
| <i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i> | 1 | MO |
| <i>diltiazem hcl er oral tablet extended release 24 hour 120 mg</i> | 3 | MO |
| <i>diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | 1 | MO |
| <i>diltiazem hcl intravenous solution</i> | 1 | |
| <i>diltiazem hcl intravenous solution reconstituted</i> | 2 | |
| <i>diltiazem hcl oral</i> | 1 | MO |
| DIOVAN HCT | 3 | QL (30 per 30 days); MO |
| DIOVAN ORAL TABLET 160 MG | 3 | QL (60 per 30 days); MO |
| DIOVAN ORAL TABLET 320 MG | 3 | QL (30 per 30 days); MO |
| DIOVAN ORAL TABLET 40 MG, 80 MG | 3 | QL (90 per 30 days); MO |
| <i>disopyramide phosphate oral</i> | 1 | PA; MO |
| DIURIL | 3 | MO |
| <i>dobutamine in d5w</i> | 3 | |
| <i>dofetilide</i> | 1 | |
| <i>doxazosin mesylate oral</i> | 1 | MO |
| <i>droxidopa oral capsule 100 mg</i> | 3 | PA; QL (90 per 30 days) |
| <i>droxidopa oral capsule 200 mg</i> | 3 | PA; QL (180 per 30 days) |
| <i>droxidopa oral capsule 300 mg</i> | 4 | PA; QL (180 per 30 days); S |
| DYRENIUM | 3 | MO |

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

| Drug Name | Drug Tier | Requirements /Limits | Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|-----------------------------|---|-----------|--------------------------|
| EDARBI | 3 | ST; QL (30 per 30 days); MO | FENOGLIDE ORAL TABLET 120 MG | 4 | MO; S |
| EDARBYCLOR | 3 | QL (30 per 30 days); MO | FENOGLIDE ORAL TABLET 40 MG | 3 | MO |
| EDECIN | 4 | MO; S | <i>flecainide acetate</i> | 1 | MO |
| <i>enalapril maleate oral solution</i> | 3 | MO | <i>flolipid</i> | 3 | QL (150 per 30 days); MO |
| <i>enalapril maleate oral tablet</i> | 1 | MO | <i>fluvastatin sodium</i> | 1 | QL (60 per 30 days); MO |
| <i>enalapril-hydrochlorothiazide</i> | 1 | MO | <i>fluvastatin sodium er</i> | 1 | QL (30 per 30 days); MO |
| ENTRESTO ORAL TABLET 24-26 MG | 2 | QL (180 per 30 days); MO | <i>fosinopril sodium</i> | 1 | MO |
| ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG | 2 | QL (60 per 30 days); MO | <i>fosinopril sodium-hctz</i> | 1 | MO |
| EPANED ORAL SOLUTION | 3 | MO | FUROSCIX | 3 | |
| <i>eplerenone</i> | 1 | MO | <i>furosemide injection</i> | 1 | |
| <i>ethacrynic acid oral</i> | 3 | MO | <i>furosemide oral solution 10 mg/ml</i> | 1 | MO |
| EVKEEZA | 4 | PA; S | <i>furosemide oral solution 8 mg/ml</i> | 1 | MO |
| EXFORGE | 3 | QL (30 per 30 days); MO | <i>furosemide oral tablet</i> | 1 | MO |
| EXFORGE HCT | 3 | QL (30 per 30 days); MO | <i>gemfibrozil oral</i> | 1 | MO |
| EZALLOR SPRINKLE | 3 | QL (30 per 30 days); MO | <i>guanfacine hcl oral</i> | 1 | PA; MO |
| <i>ezetimibe</i> | 1 | MO | HEMANGEOL | 4 | S |
| <i>ezetimibe-rosuvastatin</i> | 3 | QL (30 per 30 days); MO | <i>hydralazine hcl injection</i> | 1 | |
| <i>ezetimibe-simvastatin</i> | 1 | QL (30 per 30 days); MO | <i>hydralazine hcl oral</i> | 1 | MO |
| <i>felodipine er</i> | 1 | MO | <i>hydrochlorothiazide oral</i> | 1 | MO |
| <i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i> | 1 | MO | HYZAAR | 3 | QL (30 per 30 days); MO |
| <i>fenofibrate micronized oral capsule 90 mg</i> | 3 | ST; MO | <i>icosapent ethyl</i> | 3 | MO |
| <i>fenofibrate oral capsule</i> | 1 | MO | <i>indapamide oral</i> | 1 | MO |
| <i>fenofibrate oral tablet 120 mg, 40 mg</i> | 3 | MO | INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG | 3 | MO |
| <i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i> | 1 | MO | INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 160 MG, 60 MG, 80 MG | 4 | MO; S |
| <i>fenofibric acid oral capsule delayed release</i> | 1 | MO | INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG | 3 | MO |
| | | | INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG | 4 | MO; S |

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

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|--------------------------------|
| INNOPRAN XL | 4 | ST; MO; S |
| INPEFA | 3 | PA; QL (30 per 30 days); MO |
| INSPRA | 3 | MO |
| <i>irbesartan</i> | 1 | QL (30 per 30 days); MO |
| <i>irbesartan-hydrochlorothiazide</i> | 1 | QL (30 per 30 days); MO |
| ISORDIL TITRADOSE | 3 | MO |
| <i>isosorb dinitrate-hydralazine</i> | 2 | QL (180 per 30 days); MO |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i> | 1 | MO |
| <i>isosorbide dinitrate oral tablet 40 mg</i> | 4 | MO; S |
| <i>isosorbide mononitrate</i> | 1 | MO |
| <i>isosorbide mononitrate er</i> | 1 | MO |
| <i>isradipine</i> | 1 | MO |
| JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 5 MG | 4 | PA; LA; S |
| JUXTAPID ORAL CAPSULE 30 MG | 4 | PA; QL (30 per 30 days); LA; S |
| KAPSPARGO SPRINKLE | 3 | MO |
| KATERZIA | 4 | MO; S |
| <i>labetalol hcl intravenous solution</i> | 1 | |
| <i>labetalol hcl oral</i> | 1 | MO |
| <i>labetalol hcl-dextrose intravenous solution 200-5 mg/200ml-%</i> | 3 | |
| LANOXIN INJECTION SOLUTION 0.25 MG/ML | 3 | PA |
| LANOXIN ORAL TABLET 125 MCG | 3 | QL (30 per 30 days); MO |
| LANOXIN ORAL TABLET 250 MCG | 3 | PA; QL (60 per 30 days); MO |
| LANOXIN ORAL TABLET 62.5 MCG | 2 | QL (30 per 30 days); MO |
| LANOXIN PEDIATRIC | 3 | |
| LASIX | 3 | MO |
| LEQVIO | 4 | PA; QL (1.5 per 84 days); S |

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|-----------------------------|
| LESCOL XL | 3 | QL (30 per 30 days); MO |
| <i>levamlodipine maleate</i> | 3 | MO |
| LIPITOR | 3 | ST; QL (30 per 30 days); MO |
| LIPOFEN ORAL CAPSULE 150 MG | 3 | MO |
| LIPOFEN ORAL CAPSULE 50 MG | 2 | MO |
| <i>lisinopril oral</i> | 1 | MO |
| <i>lisinopril-hydrochlorothiazide</i> | 1 | MO |
| LIVALO | 3 | QL (30 per 30 days); MO |
| LOPID | 3 | MO |
| LOPRESSOR ORAL | 3 | MO |
| <i>losartan potassium oral tablet 100 mg</i> | 1 | QL (30 per 30 days); MO |
| <i>losartan potassium oral tablet 25 mg, 50 mg</i> | 1 | QL (60 per 30 days); MO |
| <i>losartan potassium-hctz</i> | 1 | QL (30 per 30 days); MO |
| LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG | 3 | MO |
| LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG | 3 | MO |
| LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG | 3 | MO |
| <i>lovastatin oral</i> | 1 | QL (60 per 30 days); MO |
| LOVAZA | 3 | MO |
| MATZIM LA | 1 | MO |
| MAXZIDE | 3 | MO |
| MAXZIDE-25 | 3 | MO |
| <i>metolazone</i> | 1 | MO |
| <i>metoprolol succinate er</i> | 1 | MO |
| <i>metoprolol tartrate intravenous solution 5 mg/ 5ml</i> | 1 | |
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i> | 1 | MO |

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

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|-------------------------|
| <i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i> | 1 | MO |
| <i>metoprolol-hydrochlorothiazide</i> | 1 | MO |
| <i>metyrosine</i> | 4 | S |
| <i>mexiletine hcl oral</i> | 1 | MO |
| MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-25 MG | 3 | QL (30 per 30 days); MO |
| MICARDIS HCT ORAL TABLET 80-12.5 MG | 3 | QL (60 per 30 days); MO |
| MICARDIS ORAL TABLET 20 MG, 40 MG | 3 | QL (30 per 30 days); MO |
| MICARDIS ORAL TABLET 80 MG | 3 | QL (60 per 30 days); MO |
| <i>midodrine hcl</i> | 1 | |
| <i>milrinone lactate in dextrose</i> | 3 | |
| <i>milrinone lactate intravenous solution 10 mg/10ml, 20 mg/20ml, 50 mg/50ml</i> | 3 | |
| MINIPRESS | 3 | MO |
| <i>minoxidil oral</i> | 1 | MO |
| <i>moexipril hcl</i> | 1 | MO |
| MULTAQ | 2 | QL (60 per 30 days); MO |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> | 1 | MO |
| <i>nebivolol hcl</i> | 1 | MO |
| NEXLETOL | 3 | QL (30 per 30 days); MO |
| NEXLIZET | 3 | QL (30 per 30 days); MO |
| <i>niacin (antihyperlipidemic)</i> | 1 | |
| <i>niacin er (antihyperlipidemic)</i> | 1 | MO |
| NIACOR | 1 | |
| <i>nicardipine hcl intravenous</i> | 1 | |
| <i>nicardipine hcl oral</i> | 1 | MO |
| <i>nifedipine er</i> | 1 | MO |
| <i>nifedipine er osmotic release</i> | 1 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|---------------------------------|
| <i>nifedipine oral</i> | 1 | PA; MO |
| <i>nimodipine oral</i> | 1 | |
| <i>nisoldipine er</i> | 1 | MO |
| NITRO-BID | 2 | MO |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR | 3 | MO |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR | 4 | MO; S |
| <i>nitroglycerin intravenous</i> | 2 | B/D PA |
| <i>nitroglycerin sublingual</i> | 1 | MO |
| <i>nitroglycerin transdermal patch 24 hour</i> | 1 | MO |
| <i>nitroglycerin translingual solution</i> | 1 | MO |
| NITROLINGUAL | 3 | MO |
| NITROSTAT | 3 | MO |
| NORLIQVA | 3 | MO |
| NORPACE | 3 | PA; MO |
| NORPACE CR | 3 | PA; MO |
| NORTHERA ORAL CAPSULE 100 MG | 4 | PA; QL (90 per 30 days); LA; S |
| NORTHERA ORAL CAPSULE 200 MG, 300 MG | 4 | PA; QL (180 per 30 days); LA; S |
| NORVASC | 3 | MO |
| NYMALIZE ORAL SOLUTION 6 MG/ML | 3 | |
| <i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i> | 1 | QL (30 per 30 days); MO |
| <i>olmesartan medoxomil oral tablet 5 mg</i> | 1 | QL (60 per 30 days); MO |
| <i>olmesartan medoxomil-hctz</i> | 1 | QL (30 per 30 days); MO |
| <i>olmesartan-amlodipine-hctz</i> | 1 | QL (30 per 30 days); MO |
| <i>omega-3-acid ethyl esters</i> | 1 | MO |
| PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG | 1 | MO |
| <i>perindopril erbumine</i> | 1 | MO |
| <i>phenoxybenzamine hcl oral</i> | 4 | S |

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

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|------------------------------|
| <i>pindolol</i> | 1 | MO |
| PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL (2 per 28 days); MO |
| <i>pravastatin sodium</i> | 1 | QL (30 per 30 days); MO |
| <i>prazosin hcl oral</i> | 1 | MO |
| PREVALITE | 1 | MO |
| PROCARDIA XL | 3 | MO |
| <i>propafenone hcl</i> | 1 | MO |
| <i>propafenone hcl er</i> | 3 | MO |
| <i>propranolol hcl er</i> | 1 | MO |
| <i>propranolol hcl intravenous</i> | 1 | |
| <i>propranolol hcl oral solution</i> | 1 | MO |
| <i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> | 1 | MO |
| <i>propranolol hcl oral tablet 60 mg</i> | 1 | MO |
| QBRELIS | 4 | QL (1200 per 30 days); MO; S |
| QUESTRAN | 3 | MO |
| QUESTRAN LIGHT ORAL POWDER | 3 | MO |
| <i>quinapril hcl</i> | 1 | MO |
| <i>quinapril-hydrochlorothiazide</i> | 1 | MO |
| <i>quinidine gluconate er</i> | 3 | MO |
| <i>quinidine sulfate oral</i> | 1 | MO |
| <i>ramipril</i> | 1 | MO |
| RANEXA | 3 | PA; MO |
| <i>ranolazine er</i> | 1 | PA; MO |
| REPATHA | 2 | PA; QL (3 per 28 days); MO |
| REPATHA PUSHTRONEX SYSTEM | 2 | PA; QL (3.5 per 28 days); MO |
| REPATHA SURECLICK | 2 | PA; QL (3 per 28 days); MO |
| <i>rosuvastatin calcium</i> | 1 | QL (30 per 30 days); MO |
| ROSZET | 3 | QL (30 per 30 days); MO |
| RYTHMOL SR | 3 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|-------------------------------|
| <i>simvastatin oral tablet</i> | 1 | QL (30 per 30 days); MO |
| SOAANZ | 3 | MO |
| SORINE ORAL TABLET 120 MG, 160 MG, 240 MG | 1 | MO |
| SORINE ORAL TABLET 80 MG | 1 | MO |
| <i>sotalol hcl (af) oral tablet 120 mg, 160 mg</i> | 1 | MO |
| <i>sotalol hcl (af) oral tablet 80 mg</i> | 1 | MO |
| <i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg</i> | 1 | MO |
| <i>sotalol hcl oral tablet 80 mg</i> | 1 | MO |
| SOTYLIZE | 3 | 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 |
| SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG | 3 | MO |
| TAZTIA XT | 1 | MO |
| TEGSEDI | 4 | PA; QL (6 per 28 days); LA; S |
| TEKTRUNA | 3 | MO |
| TEKTRUNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG | 2 | MO |
| <i>telmisartan oral tablet 20 mg, 40 mg</i> | 1 | QL (30 per 30 days); MO |
| <i>telmisartan oral tablet 80 mg</i> | 1 | QL (60 per 30 days); MO |
| <i>telmisartan-amlodipine</i> | 1 | QL (30 per 30 days); MO |
| <i>telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg</i> | 1 | QL (30 per 30 days); MO |
| <i>telmisartan-hctz oral tablet 80-12.5 mg</i> | 1 | QL (60 per 30 days); MO |
| TENORETIC 100 | 3 | MO |
| TENORETIC 50 | 3 | MO |
| TENORMIN | 3 | MO |

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

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|-----------------------------|
| <i>terazosin hcl oral</i> | 1 | MO |
| THALITONE | 3 | MO |
| TIADYL ER | 1 | MO |
| TIAZAC | 3 | MO |
| TIKOSYN | 3 | |
| <i>timolol maleate oral</i> | 1 | MO |
| TOPROL XL | 3 | MO |
| <i>toremide oral</i> | 1 | MO |
| <i>trandolapril</i> | 1 | MO |
| <i>trandolapril-verapamil hcl er</i> | 1 | MO |
| <i>triamterene oral</i> | 1 | MO |
| <i>triamterene-hctz oral capsule 37.5-25 mg</i> | 1 | MO |
| <i>triamterene-hctz oral tablet</i> | 1 | MO |
| TRIBENZOR | 3 | ST; QL (30 per 30 days); MO |
| TRICOR | 3 | MO |
| TRILIPIX | 3 | MO |
| <i>valsartan oral solution</i> | 4 | QL (240 per 30 days); MO; S |
| <i>valsartan oral tablet 160 mg</i> | 1 | QL (60 per 30 days); MO |
| <i>valsartan oral tablet 320 mg</i> | 1 | QL (30 per 30 days); MO |
| <i>valsartan oral tablet 40 mg, 80 mg</i> | 1 | QL (90 per 30 days); MO |
| <i>valsartan-hydrochlorothiazide</i> | 1 | QL (30 per 30 days); MO |
| VASCEPA | 3 | MO |
| VASERETIC | 3 | MO |
| VASOTEC ORAL TABLET 10 MG, 2.5 MG, 5 MG | 3 | MO |
| VASOTEC ORAL TABLET 20 MG | 4 | MO; S |
| VECAMEYL | 3 | MO |
| <i>verapamil hcl er oral capsule extended release 24 hour</i> | 1 | MO |
| <i>verapamil hcl er oral tablet extended release 120 mg</i> | 1 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|--------------------------------|
| <i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i> | 1 | MO |
| <i>verapamil hcl intravenous</i> | 1 | |
| <i>verapamil hcl oral</i> | 1 | MO |
| VERELAN | 3 | MO |
| VERELAN PM | 3 | MO |
| VERQUVO | 3 | PA; MO |
| VYNDAMAX | 4 | PA; QL (30 per 30 days); LA; S |
| VYNDAQEL | 4 | PA; QL (120 per 30 days); S |
| VYTORIN | 3 | QL (30 per 30 days); MO |
| WELCHOL | 3 | MO |
| ZESTORETIC | 3 | MO |
| ZESTRIL | 3 | MO |
| ZETIA | 3 | MO |
| ZIAC | 3 | MO |
| ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG | 3 | QL (30 per 30 days); MO |
| ZYPITAMAG ORAL TABLET 2 MG, 4 MG | 3 | QL (30 per 30 days); MO |
| Central Nervous System Agents | | |
| 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 |
| ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK | 4 | QL (30 per 30 days); MO; S |
| ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK | 4 | QL (30 per 30 days); S |

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

| Drug Name | Drug Tier | Requirements /Limits | Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|--------------------------------|---|-----------|--------------------------------|
| ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 5 MG | 3 | MO | AMBIEN | 3 | QL (30 per 30 days) |
| ABILIFY ORAL TABLET 20 MG, 30 MG | 3 | QL (30 per 30 days); MO | AMBIEN CR | 3 | QL (30 per 30 days) |
| <i>acamprosate calcium</i> | 1 | MO | <i>amitriptyline hcl oral</i> | 1 | MO |
| ADDERALL ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG, 7.5 MG | 3 | PA; QL (90 per 30 days); MO | <i>amoxapine</i> | 1 | PA; MO |
| ADDERALL ORAL TABLET 12.5 MG | 4 | PA; QL (90 per 30 days); MO; S | <i>amphetamine sulfate oral tablet 10 mg</i> | 3 | PA; QL (180 per 30 days); MO |
| ADDERALL ORAL TABLET 30 MG | 3 | PA; QL (60 per 30 days); MO | <i>amphetamine sulfate oral tablet 5 mg</i> | 3 | PA; QL (90 per 30 days); MO |
| ADDERALL XR | 3 | PA; QL (30 per 30 days); MO | <i>amphetamine-dextroamphet er</i> | 1 | PA; QL (30 per 30 days); MO |
| ADLARITY | 3 | ST; QL (4 per 28 days); MO | <i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i> | 1 | PA; QL (90 per 30 days); MO |
| ADZENYS XR-ODT | 3 | PA; QL (30 per 30 days); MO | <i>amphetamine-dextroamphetamine oral tablet 30 mg</i> | 1 | PA; QL (60 per 30 days); MO |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML | 2 | PA; QL (1 per 28 days); MO | AMPYRA | 4 | PA; QL (60 per 30 days); LA; S |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML | 2 | PA; QL (2 per 28 days); MO | AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG | 4 | S |
| AJOVY | 2 | PA; QL (1.5 per 30 days); MO | AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 30 MG | 3 | |
| ALLZITAL | 3 | PA; QL (180 per 30 days) | ANAFRANIL ORAL CAPSULE 25 MG, 50 MG | 4 | PA; MO; S |
| <i>almotriptan malate</i> | 1 | QL (9 per 30 days) | ANAFRANIL ORAL CAPSULE 75 MG | 3 | PA; MO |
| <i>alprazolam er</i> | 1 | QL (90 per 30 days) | ALENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG | 4 | QL (90 per 30 days); MO; S |
| ALPRAZOLAM INTENSOL | 2 | QL (300 per 30 days) | ALENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 348 MG | 4 | QL (45 per 30 days); MO; S |
| <i>alprazolam oral</i> | 1 | QL (90 per 30 days) | ALENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 522 MG | 4 | QL (30 per 30 days); MO; S |
| <i>alprazolam xr</i> | 1 | QL (90 per 30 days) | APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE | 4 | PA; QL (60 per 30 days); LA; S |
| <i>amantadine hcl oral capsule</i> | 1 | MO | <i>apomorphine hcl subcutaneous</i> | 4 | PA; QL (60 per 30 days); S |
| <i>amantadine hcl oral solution</i> | 1 | MO | | | |
| <i>amantadine hcl oral tablet</i> | 1 | MO | | | |

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

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|-----------------------------|
| APTENSIO XR | 3 | PA; QL (30 per 30 days); MO |
| APTIOM | 4 | ST; MO; S |
| ARICEPT ORAL TABLET 10 MG, 5 MG | 3 | QL (30 per 30 days); MO |
| ARICEPT ORAL TABLET 23 MG | 3 | ST; QL (30 per 30 days); MO |
| <i>aripiprazole oral solution</i> | 1 | QL (900 per 30 days); MO |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i> | 1 | MO |
| <i>aripiprazole oral tablet 20 mg, 30 mg</i> | 1 | QL (30 per 30 days); MO |
| <i>aripiprazole oral tablet dispersible 10 mg</i> | 3 | QL (90 per 30 days); MO |
| <i>aripiprazole oral tablet dispersible 15 mg</i> | 3 | QL (60 per 30 days); MO |
| ARISTADA INITIO | 4 | QL (4.8 per 365 days); S |
| 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> | 1 | PA; QL (30 per 30 days); MO |
| <i>armodafinil oral tablet 50 mg</i> | 1 | PA; QL (60 per 30 days); MO |
| <i>asenapine maleate sublingual tablet sublingual 10 mg</i> | 3 | QL (60 per 30 days); MO |
| <i>asenapine maleate sublingual tablet sublingual 2.5 mg</i> | 1 | QL (240 per 30 days); MO |
| <i>asenapine maleate sublingual tablet sublingual 5 mg</i> | 1 | QL (120 per 30 days); MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|--------------------------------|
| ATIVAN INJECTION | 3 | |
| ATIVAN ORAL TABLET 0.5 MG, 1 MG | 4 | QL (90 per 30 days); S |
| ATIVAN ORAL TABLET 2 MG | 4 | QL (150 per 30 days); S |
| <i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> | 1 | QL (60 per 30 days); MO |
| <i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i> | 1 | QL (30 per 30 days); MO |
| AUBAGIO | 4 | PA; QL (30 per 30 days); LA; S |
| AUSTEDO | 4 | PA; QL (120 per 30 days); S |
| 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 |
| AZILECT | 4 | MO; S |
| AZSTARYS | 3 | PA; QL (30 per 30 days); MO |
| BAC | 1 | PA; QL (180 per 30 days) |
| <i>baclofen intrathecal solution 10 mg/20ml, 20000 mcg/20ml</i> | 3 | B/D PA |
| <i>baclofen intrathecal solution 40 mg/20ml</i> | 4 | B/D PA; S |
| <i>baclofen intrathecal solution prefilled syringe</i> | 3 | B/D PA |
| <i>baclofen oral suspension</i> | 4 | QL (480 per 30 days); S |
| <i>baclofen oral tablet 10 mg, 5 mg</i> | 1 | QL (90 per 30 days) |
| <i>baclofen oral tablet 20 mg</i> | 1 | QL (120 per 30 days) |
| BAFIERTAM | 4 | PA; QL (120 per 30 days); S |

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| Drug Name | Drug Tier | Requirements /Limits | Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|----------------------------------|--|-----------|-----------------------------|
| BANZEL ORAL SUSPENSION | 4 | PA; QL (2400 per 30 days); MO; S | <i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i> | 1 | QL (90 per 30 days) |
| BANZEL ORAL TABLET 200 MG | 4 | PA; QL (480 per 30 days); MO; S | <i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i> | 1 | QL (360 per 30 days) |
| BANZEL ORAL TABLET 400 MG | 4 | PA; QL (240 per 30 days); MO; S | <i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i> | 1 | QL (90 per 30 days) |
| BELSOMRA | 3 | QL (30 per 30 days) | <i>bupropion hcl er (smoking det)</i> | 1 | QL (60 per 30 days) |
| <i>benztropine mesylate injection</i> | 1 | PA | <i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i> | 1 | QL (120 per 30 days); MO |
| <i>benztropine mesylate oral</i> | 1 | PA; MO | <i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i> | 1 | QL (60 per 30 days); MO |
| BETASERON SUBCUTANEOUS KIT | 4 | PA; QL (15 per 30 days); S | <i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i> | 1 | QL (90 per 30 days); MO |
| BOTOX | 3 | PA | <i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg, 450 mg</i> | 1 | QL (30 per 30 days); MO |
| BRIUMVI | 4 | PA; QL (24 per 30 days); S | <i>bupropion hcl oral tablet 100 mg</i> | 1 | QL (135 per 30 days); MO |
| BRIVIACT INTRAVENOUS | 3 | | <i>bupropion hcl oral tablet 75 mg</i> | 1 | QL (180 per 30 days); MO |
| BRIVIACT ORAL SOLUTION | 4 | QL (600 per 30 days); MO; S | <i>bupirone hcl oral</i> | 1 | |
| BRIVIACT ORAL TABLET | 4 | QL (60 per 30 days); MO; S | <i>butalbital-acetaminophen oral capsule</i> | 4 | PA; QL (180 per 30 days); S |
| <i>bromocriptine mesylate oral</i> | 1 | MO | <i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i> | 1 | PA; QL (180 per 30 days) |
| BUPAP ORAL TABLET 50-300 MG | 3 | PA; QL (180 per 30 days) | <i>butalbital-apap-caffeine oral capsule</i> | 1 | PA; QL (180 per 30 days) |
| BUPRENEX | 3 | QL (90 per 30 days) | <i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i> | 1 | PA; QL (180 per 30 days) |
| <i>buprenorphine hcl injection</i> | 1 | QL (90 per 30 days) | <i>butalbital-aspirin-caffeine oral capsule</i> | 1 | PA; QL (180 per 30 days) |
| <i>buprenorphine hcl sublingual tablet sublingual 2 mg</i> | 1 | QL (240 per 30 days) | CAPLYTA | 4 | QL (30 per 30 days); MO; S |
| <i>buprenorphine hcl sublingual tablet sublingual 8 mg</i> | 1 | QL (60 per 30 days) | <i>carbamazepine er</i> | 1 | MO |
| <i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i> | 1 | QL (60 per 30 days) | <i>carbamazepine oral</i> | 1 | MO |
| <i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i> | 1 | QL (360 per 30 days) | CARBATROL | 3 | MO |
| <i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i> | 1 | QL (180 per 30 days) | | | |

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

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|--------------------------|
| <i>carbidopa oral</i> | 1 | MO |
| <i>carbidopa-levodopa</i> | 1 | MO |
| <i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i> | 1 | MO |
| <i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i> | 1 | MO |
| <i>carisoprodol oral</i> | 1 | |
| CELEXA ORAL TABLET 10 MG | 3 | QL (120 per 30 days); MO |
| CELEXA ORAL TABLET 20 MG | 3 | QL (60 per 30 days); MO |
| CELEXA ORAL TABLET 40 MG | 3 | QL (30 per 30 days); MO |
| CELONTIN | 3 | MO |
| <i>chlordiazepoxide hcl</i> | 1 | QL (120 per 30 days) |
| <i>chlordiazepoxide-amitriptyline</i> | 1 | PA; MO |
| <i>chlorpromazine hcl injection</i> | 2 | |
| <i>chlorpromazine hcl oral concentrate</i> | 3 | MO |
| <i>chlorpromazine hcl oral tablet</i> | 1 | MO |
| <i>chlorzoxazone oral tablet 250 mg</i> | 4 | PA; S |
| <i>chlorzoxazone oral tablet 375 mg, 750 mg</i> | 3 | PA |
| <i>chlorzoxazone oral tablet 500 mg</i> | 1 | PA |
| <i>citalopram hydrobromide oral capsule</i> | 1 | QL (30 per 30 days); MO |
| <i>citalopram hydrobromide oral solution</i> | 1 | 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 |

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|------------------------------|
| <i>citalopram hydrobromide oral tablet 40 mg</i> | 1 | QL (30 per 30 days); MO |
| <i>clobazam oral suspension</i> | 1 | PA; QL (480 per 30 days); MO |
| <i>clobazam oral tablet 10 mg</i> | 1 | PA; QL (120 per 30 days); MO |
| <i>clobazam oral tablet 20 mg</i> | 1 | PA; QL (60 per 30 days); MO |
| <i>clomipramine hcl oral</i> | 1 | PA; MO |
| <i>clonazepam oral tablet 0.5 mg</i> | 1 | QL (1200 per 30 days) |
| <i>clonazepam oral tablet 1 mg</i> | 1 | QL (600 per 30 days) |
| <i>clonazepam oral tablet 2 mg</i> | 1 | QL (300 per 30 days) |
| <i>clonazepam oral tablet dispersible 0.125 mg</i> | 1 | QL (4800 per 30 days) |
| <i>clonazepam oral tablet dispersible 0.25 mg</i> | 1 | QL (2400 per 30 days) |
| <i>clonazepam oral tablet dispersible 0.5 mg</i> | 1 | QL (1200 per 30 days) |
| <i>clonazepam oral tablet dispersible 1 mg</i> | 1 | QL (600 per 30 days) |
| <i>clonazepam oral tablet dispersible 2 mg</i> | 1 | QL (300 per 30 days) |
| <i>clonidine hcl er oral tablet extended release 12 hour</i> | 1 | QL (120 per 30 days); MO |
| <i>clorazepate dipotassium</i> | 1 | |
| <i>clozapine oral tablet 100 mg</i> | 1 | QL (270 per 30 days) |
| <i>clozapine oral tablet 200 mg</i> | 1 | QL (120 per 30 days) |
| <i>clozapine oral tablet 25 mg</i> | 1 | QL (1080 per 30 days) |
| <i>clozapine oral tablet 50 mg</i> | 1 | QL (540 per 30 days) |
| <i>clozapine oral tablet dispersible 100 mg</i> | 1 | QL (270 per 30 days) |
| <i>clozapine oral tablet dispersible 12.5 mg</i> | 1 | QL (2160 per 30 days) |
| <i>clozapine oral tablet dispersible 150 mg</i> | 1 | QL (180 per 30 days) |
| <i>clozapine oral tablet dispersible 200 mg</i> | 4 | QL (120 per 30 days); S |

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

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|------------------------------|
| <i>clozapine oral tablet dispersible 25 mg</i> | 1 | QL (1080 per 30 days) |
| CLOZARIL ORAL TABLET 100 MG | 4 | QL (270 per 30 days); S |
| CLOZARIL ORAL TABLET 200 MG | 4 | QL (120 per 30 days); S |
| CLOZARIL ORAL TABLET 25 MG | 3 | QL (1080 per 30 days) |
| CLOZARIL ORAL TABLET 50 MG | 3 | QL (540 per 30 days) |
| COMTAN | 3 | MO |
| CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 54 MG | 3 | PA; QL (30 per 30 days); MO |
| CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG | 3 | PA; QL (60 per 30 days); MO |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML | 4 | PA; QL (30 per 30 days); S |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML | 4 | PA; QL (12 per 28 days); S |
| COTEMPLA XR-ODT | 3 | PA; QL (60 per 30 days); MO |
| <i>cyclobenzaprine hcl er</i> | 3 | |
| <i>cyclobenzaprine hcl oral</i> | 1 | PA |
| CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG | 3 | QL (180 per 30 days); MO |
| CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG | 3 | QL (120 per 30 days); MO |
| CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 60 MG | 3 | QL (60 per 30 days); MO |
| <i>dalfampridine er</i> | 2 | PA; QL (60 per 30 days) |
| DANTRIUM ORAL CAPSULE 25 MG | 3 | |
| <i>dantrolene sodium oral</i> | 1 | |
| DAYBUE | 4 | PA; QL (3600 per 30 days); S |
| DAYTRANA | 3 | QL (30 per 30 days); MO |

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|-----------------------------|
| DAYVIGO | 3 | QL (30 per 30 days) |
| DEPAKOTE | 3 | MO |
| DEPAKOTE ER | 3 | MO |
| DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE | 3 | MO |
| <i>desipramine hcl oral</i> | 1 | PA; MO |
| <i>desvenlafaxine er</i> | 3 | QL (30 per 30 days); MO |
| <i>desvenlafaxine succinate er</i> | 1 | MO |
| DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 5 MG | 4 | QL (60 per 30 days); MO; S |
| DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG | 4 | QL (120 per 30 days); MO; S |
| <i>dexmethylphenidate hcl</i> | 1 | QL (60 per 30 days); MO |
| <i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 30 mg, 5 mg</i> | 2 | QL (30 per 30 days); MO |
| <i>dexmethylphenidate hcl er oral capsule extended release 24 hour 20 mg</i> | 2 | QL (60 per 30 days); MO |
| <i>dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 35 mg, 40 mg</i> | 1 | QL (30 per 30 days); MO |
| <i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i> | 1 | QL (60 per 30 days); MO |
| <i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i> | 1 | QL (120 per 30 days); MO |
| <i>dextroamphetamine sulfate oral solution</i> | 1 | QL (1920 per 30 days); MO |
| <i>dextroamphetamine sulfate oral tablet 10 mg</i> | 1 | QL (180 per 30 days); MO |
| <i>dextroamphetamine sulfate oral tablet 15 mg</i> | 3 | QL (90 per 30 days); MO |

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

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|---------------------------------|
| <i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i> | 3 | QL (60 per 30 days); MO |
| <i>dextroamphetamine sulfate oral tablet 5 mg</i> | 1 | QL (90 per 30 days); MO |
| DHIVY ORAL TABLET 25-100 MG | 3 | 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 |
| DIASTAT ACUDIAL | 3 | |
| DIASTAT PEDIATRIC | 3 | |
| <i>diazepam injection solution 5 mg/ml</i> | 1 | |
| DIAZEPAM INTENSOL | 1 | QL (240 per 30 days) |
| <i>diazepam oral concentrate</i> | 1 | 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> | 1 | |
| <i>dihydroergotamine mesylate injection</i> | 4 | PA; S |
| <i>dihydroergotamine mesylate nasal</i> | 4 | QL (8 per 28 days); S |
| DILANTIN | 3 | MO |
| DILANTIN INFATABS | 3 | 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 |

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|------------------------------|
| <i>dimethyl fumarate starter pack</i> | 4 | PA; S |
| <i>disulfiram oral</i> | 1 | MO |
| <i>divalproex sodium er oral tablet extended release 24 hour</i> | 1 | MO |
| <i>divalproex sodium oral capsule delayed release sprinkle</i> | 1 | MO |
| <i>divalproex sodium oral tablet delayed release</i> | 1 | MO |
| <i>donepezil hcl oral tablet 10 mg, 5 mg</i> | 1 | QL (30 per 30 days); MO |
| <i>donepezil hcl oral tablet 23 mg</i> | 1 | 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> | 1 | PA; MO |
| <i>doxepin hcl oral concentrate</i> | 1 | PA; MO |
| <i>doxepin hcl oral tablet</i> | 1 | 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> | 1 | QL (180 per 30 days); MO |
| <i>duloxetine hcl oral capsule delayed release particles 30 mg</i> | 1 | QL (120 per 30 days); MO |
| <i>duloxetine hcl oral capsule delayed release particles 40 mg</i> | 1 | QL (90 per 30 days); MO |
| <i>duloxetine hcl oral capsule delayed release particles 60 mg</i> | 1 | QL (60 per 30 days); MO |
| DUOPA ENTERAL | 4 | PA; S |
| DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE | 3 | PA; QL (240 per 30 days); MO |

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

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|--------------------------------|
| DYANAVEL XR ORAL TABLET CHEWABLE EXTENDED RELEASE 10 MG, 15 MG, 20 MG | 3 | PA; QL (30 per 30 days); MO |
| DYANAVEL XR ORAL TABLET CHEWABLE EXTENDED RELEASE 5 MG | 3 | PA; QL (45 per 30 days); MO |
| DYSPORT | 3 | PA |
| EDLUAR | 3 | PA; QL (30 per 30 days) |
| EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG | 3 | QL (30 per 30 days); MO |
| EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG | 3 | QL (180 per 30 days); MO |
| EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 75 MG | 3 | QL (90 per 30 days); MO |
| <i>eletriptan hydrobromide</i> | 1 | QL (9 per 30 days) |
| EMGALITY | 2 | PA; QL (2 per 28 days); MO |
| EMGALITY (300 MG DOSE) | 2 | PA; QL (3 per 28 days); MO |
| EMSAM | 4 | PA; QL (30 per 30 days); MO; S |
| <i>entacapone</i> | 1 | MO |
| EPIDIOLEX | 4 | PA; LA; S |
| EPITOL | 1 | MO |
| EPRONTIA | 3 | 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 |
| <i>ergoloid mesylates oral</i> | 1 | PA; MO |
| ERGOMAR | 4 | S |
| <i>ergotamine-caffeine</i> | 1 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|------------------------------|
| <i>escitalopram oxalate oral solution</i> | 1 | QL (600 per 30 days); MO |
| <i>escitalopram oxalate oral tablet 10 mg</i> | 1 | QL (60 per 30 days); MO |
| <i>escitalopram oxalate oral tablet 20 mg</i> | 1 | QL (30 per 30 days); MO |
| <i>escitalopram oxalate oral tablet 5 mg</i> | 1 | QL (120 per 30 days); MO |
| ESGIC ORAL CAPSULE | 1 | PA; QL (180 per 30 days) |
| ESGIC ORAL TABLET | 3 | PA; QL (180 per 30 days) |
| <i>estazolam</i> | 1 | QL (30 per 30 days) |
| <i>eszopiclone</i> | 1 | QL (30 per 30 days) |
| <i>ethosuximide oral</i> | 1 | MO |
| EVEKEO ODT ORAL TABLET DISPERSIBLE 10 MG | 3 | PA; QL (30 per 30 days); MO |
| EVEKEO ODT ORAL TABLET DISPERSIBLE 15 MG, 20 MG | 3 | PA; QL (90 per 30 days); MO |
| EVEKEO ODT ORAL TABLET DISPERSIBLE 5 MG | 3 | PA; QL (60 per 30 days); MO |
| EVEKEO ORAL TABLET 10 MG | 3 | PA; QL (180 per 30 days); MO |
| EVEKEO ORAL TABLET 5 MG | 3 | PA; QL (90 per 30 days); MO |
| EVRYSDI | 4 | PA; QL (160 per 24 days); S |
| EXELON TRANSDERMAL | 3 | QL (30 per 30 days); MO |
| EXSERVAN | 4 | LA; S |
| EXTAVIA SUBCUTANEOUS KIT | 4 | PA; QL (15 per 30 days); S |
| FANAPT ORAL TABLET 1 MG | 4 | QL (720 per 30 days); S |
| FANAPT ORAL TABLET 10 MG, 12 MG | 4 | QL (60 per 30 days); S |
| FANAPT ORAL TABLET 2 MG | 4 | QL (360 per 30 days); S |
| FANAPT ORAL TABLET 4 MG | 4 | QL (180 per 30 days); S |
| FANAPT ORAL TABLET 6 MG | 4 | QL (120 per 30 days); S |

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

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|---------------------------------|
| FANAPT ORAL TABLET 8 MG | 4 | QL (90 per 30 days); S |
| FANAPT TITRATION PACK | 3 | |
| <i>felbamate</i> | 1 | MO |
| FELBATOL | 4 | MO; S |
| FETZIMA | 3 | PA; QL (30 per 30 days); MO |
| FETZIMA TITRATION | 3 | PA |
| FEXMID | 3 | PA |
| <i> fingolimod hcl</i> | 4 | PA; QL (30 per 30 days); S |
| FINTEPLA | 4 | PA; LA; S |
| FIORICET ORAL CAPSULE | 3 | PA; QL (180 per 30 days) |
| FIRDAPSE | 4 | PA; QL (240 per 30 days); LA; S |
| FLEQSUVY | 4 | QL (480 per 30 days); S |
| <i> fluoxetine hcl (pmdd) oral tablet 10 mg</i> | 1 | QL (45 per 30 days); MO |
| <i> fluoxetine hcl (pmdd) oral tablet 20 mg</i> | 3 | QL (120 per 30 days); MO |
| <i> fluoxetine hcl oral capsule 10 mg</i> | 1 | MO |
| <i> fluoxetine hcl oral capsule 20 mg</i> | 1 | QL (120 per 30 days); MO |
| <i> fluoxetine hcl oral capsule 40 mg</i> | 1 | QL (60 per 30 days); MO |
| <i> fluoxetine hcl oral capsule delayed release</i> | 1 | QL (4 per 28 days); MO |
| <i> fluoxetine hcl oral solution</i> | 1 | QL (600 per 30 days); MO |
| <i> fluoxetine hcl oral tablet 10 mg</i> | 1 | MO |
| <i> fluoxetine hcl oral tablet 20 mg</i> | 1 | QL (120 per 30 days); MO |
| <i> fluoxetine hcl oral tablet 60 mg</i> | 3 | QL (30 per 30 days); MO |
| <i> fluphenazine decanoate injection</i> | 1 | |
| <i> fluphenazine hcl injection</i> | 1 | |
| <i> fluphenazine hcl oral</i> | 1 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|-----------------------------|
| <i> flurazepam hcl oral capsule 30 mg</i> | 1 | QL (30 per 30 days) |
| <i> fluvoxamine maleate er oral capsule extended release 24 hour 100 mg</i> | 1 | QL (90 per 30 days); MO |
| <i> fluvoxamine maleate er oral capsule extended release 24 hour 150 mg</i> | 1 | QL (60 per 30 days); MO |
| <i> fluvoxamine maleate oral tablet 100 mg</i> | 1 | QL (90 per 30 days); MO |
| <i> fluvoxamine maleate oral tablet 25 mg, 50 mg</i> | 1 | MO |
| FOCALIN | 3 | QL (60 per 30 days); MO |
| FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG | 3 | QL (30 per 30 days); MO |
| FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG | 3 | QL (60 per 30 days); MO |
| FORFIVO XL | 3 | QL (30 per 30 days); MO |
| FROVA | 4 | QL (12 per 30 days); S |
| <i> frovatriptan succinate</i> | 1 | QL (12 per 30 days) |
| FYCOMPA ORAL SUSPENSION | 4 | QL (720 per 30 days); MO; S |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG | 4 | QL (30 per 30 days); MO; S |
| FYCOMPA ORAL TABLET 2 MG | 3 | 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> | 1 | QL (2160 per 30 days); MO |
| <i> gabapentin oral tablet 600 mg</i> | 1 | QL (180 per 30 days); MO |

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

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|-----------------------------|
| <i>gabapentin oral tablet 800 mg</i> | 1 | QL (120 per 30 days); MO |
| GABITRIL ORAL TABLET 12 MG | 4 | MO; S |
| GABITRIL ORAL TABLET 16 MG, 2 MG, 4 MG | 3 | MO |
| GABLOFEN INTRATHECAL SOLUTION 10000 MCG/20ML, 20000 MCG/20ML | 3 | B/D PA |
| GABLOFEN INTRATHECAL SOLUTION 40000 MCG/20ML | 4 | B/D PA; S |
| GABLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE 10000 MCG/20ML, 20000 MCG/20ML, 50 MCG/ML | 3 | B/D PA |
| GABLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE 40000 MCG/20ML | 4 | B/D PA; S |
| <i>galantamine hydrobromide er</i> | 1 | QL (30 per 30 days); MO |
| <i>galantamine hydrobromide oral solution</i> | 1 | QL (200 per 30 days); MO |
| <i>galantamine hydrobromide oral tablet</i> | 1 | QL (60 per 30 days); MO |
| GEODON INTRAMUSCULAR | 2 | QL (6 per 3 days) |
| GEODON ORAL CAPSULE 20 MG | 4 | QL (240 per 30 days); MO; S |
| GEODON ORAL CAPSULE 40 MG | 4 | QL (120 per 30 days); MO; S |
| GEODON ORAL CAPSULE 60 MG, 80 MG | 4 | QL (60 per 30 days); MO; S |
| GILENYA | 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 SOLUTION PREFILLED SYRINGE 20 MG/ML | 4 | PA; QL (30 per 30 days); S |

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|--------------------------------|
| GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML | 4 | PA; QL (12 per 28 days); S |
| GOCOVRI | 4 | LA; S |
| GRALISE ORAL TABLET 300 MG, 450 MG | 3 | QL (30 per 30 days); MO |
| GRALISE ORAL TABLET 600 MG | 3 | QL (90 per 30 days); MO |
| GRALISE ORAL TABLET 750 MG, 900 MG | 3 | QL (60 per 30 days); MO |
| <i>guanfacine hcl er</i> | 1 | PA; QL (30 per 30 days); MO |
| HALCION | 3 | QL (30 per 30 days) |
| HALDOL DECANOATE | 3 | |
| <i>haloperidol decanoate intramuscular</i> | 1 | |
| <i>haloperidol lactate injection</i> | 1 | |
| <i>haloperidol lactate oral</i> | 1 | MO |
| <i>haloperidol oral</i> | 1 | MO |
| HETLIOZ | 4 | PA; QL (30 per 30 days); LA; S |
| HETLIOZ LQ | 3 | PA; QL (158 per 30 days); LA |
| HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG | 3 | PA; QL (120 per 30 days); MO |
| HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG | 3 | PA; QL (60 per 30 days); MO |
| <i>imipramine hcl oral</i> | 1 | PA; MO |
| <i>imipramine pamoate oral capsule 100 mg, 75 mg</i> | 3 | PA; MO |
| <i>imipramine pamoate oral capsule 125 mg, 150 mg</i> | 1 | PA; MO |
| IMITREX NASAL | 3 | |
| IMITREX ORAL | 3 | QL (9 per 30 days) |
| IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE | 3 | QL (6 per 30 days) |
| IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | QL (6 per 30 days) |

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

| Drug Name | Drug Tier | Requirements /Limits | Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|-----------------------------|---|-----------|-----------------------------|
| INBRIJA | 4 | LA; S | INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML | 4 | QL (0.88 per 84 days); S |
| INGREZZA ORAL CAPSULE 40 MG | 4 | PA; QL (60 per 30 days); S | INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML | 4 | QL (1.32 per 84 days); S |
| INGREZZA ORAL CAPSULE 60 MG, 80 MG | 4 | PA; QL (30 per 30 days); S | INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML | 4 | QL (1.75 per 84 days); S |
| INGREZZA ORAL CAPSULE THERAPY PACK | 4 | PA; QL (56 per 365 days); S | INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML | 4 | QL (2.63 per 84 days); S |
| INTUNIV | 3 | PA; QL (30 per 30 days); MO | JORNAY PM | 3 | PA; QL (30 per 30 days); MO |
| INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML | 4 | QL (3.5 per 180 days); S | KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR | 3 | QL (120 per 30 days); MO |
| INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML | 4 | QL (5 per 180 days); S | KEPPRA INTRAVENOUS | 3 | |
| INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 1.5 MG, 3 MG, 9 MG | 3 | QL (30 per 30 days); MO | KEPPRA ORAL SOLUTION | 3 | MO |
| INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG | 3 | QL (60 per 30 days); MO | KEPPRA ORAL TABLET 1000 MG, 500 MG, 750 MG | 4 | MO; S |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML | 4 | QL (0.75 per 28 days); S | KEPPRA ORAL TABLET 250 MG | 3 | MO |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML | 4 | QL (1 per 28 days); S | KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG | 4 | QL (180 per 30 days); MO; S |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML | 4 | QL (1.5 per 28 days); S | KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG | 4 | QL (120 per 30 days); MO; S |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML | 3 | QL (0.25 per 28 days) | KESIMPTA | 4 | PA; QL (1.2 per 30 days); S |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML | 4 | QL (0.5 per 28 days); S | KLONOPIN ORAL TABLET 0.5 MG | 3 | QL (1200 per 30 days) |
| | | | KLONOPIN ORAL TABLET 1 MG | 3 | QL (600 per 30 days) |
| | | | KLONOPIN ORAL TABLET 2 MG | 3 | QL (300 per 30 days) |
| | | | KLOXXADO | 3 | |
| | | | <i>lacosamide intravenous</i> | 4 | QL (1200 per 30 days); S |
| | | | <i>lacosamide oral solution 10 mg/ml</i> | 3 | QL (1200 per 30 days); MO |

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

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|------------------------------|
| <i>lacosamide oral tablet</i> | 3 | QL (60 per 30 days); MO |
| <i>lacosamide solution 10 mg/ml oral</i> | 4 | QL (1200 per 30 days); MO; S |
| LAMICTAL ODT ORAL KIT | 3 | |
| LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 25 MG, 50 MG | 3 | MO |
| LAMICTAL ODT ORAL TABLET DISPERSIBLE 200 MG | 4 | MO; S |
| LAMICTAL ORAL TABLET | 4 | MO; S |
| LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG | 3 | MO |
| LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG | 3 | |
| LAMICTAL STARTER ORAL KIT 84 X 25 MG & 14X100 MG | 4 | S |
| LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG | 3 | |
| LAMICTAL XR ORAL KIT 50 & 100 & 200 MG | 4 | S |
| LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 250 MG, 300 MG | 4 | MO; S |
| LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG | 3 | MO |
| <i>lamotrigine er</i> | 3 | MO |
| <i>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg</i> | 3 | |
| <i>lamotrigine oral tablet</i> | 1 | MO |
| <i>lamotrigine oral tablet chewable</i> | 1 | MO |
| <i>lamotrigine oral tablet dispersible</i> | 1 | MO |
| <i>lamotrigine starter kit-blue</i> | 3 | |
| <i>lamotrigine starter kit-green</i> | 4 | S |

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|----------------------------|
| <i>lamotrigine starter kit-orange</i> | 3 | |
| LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG | 4 | QL (30 per 30 days); MO; S |
| LATUDA ORAL TABLET 80 MG | 4 | QL (60 per 30 days); MO; S |
| <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</i> | 1 | MO |
| LEXAPRO ORAL TABLET 10 MG | 3 | QL (60 per 30 days); MO |
| LEXAPRO ORAL TABLET 20 MG | 3 | QL (30 per 30 days); MO |
| LEXAPRO ORAL TABLET 5 MG | 3 | QL (120 per 30 days); MO |
| LIORESAL INTRATHECAL SOLUTION 0.05 MG/ML, 10 MG/20ML | 3 | B/D PA |
| LIORESAL INTRATHECAL SOLUTION 10 MG/5ML, 40 MG/20ML | 4 | B/D PA; S |
| <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 |
| LITHOBID | 3 | MO |
| LODOSYN | 4 | ST; MO; S |
| <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, 1 mg</i> | 1 | QL (90 per 30 days) |
| <i>lorazepam oral tablet 2 mg</i> | 1 | QL (150 per 30 days) |

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

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|-----------------------------|
| LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG | 3 | QL (30 per 30 days) |
| LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 2 MG, 3 MG | 3 | QL (60 per 30 days) |
| LORZONE | 3 | PA |
| <i>loxapine succinate oral</i> | 1 | MO |
| LUCEMYRA | 4 | QL (224 per 14 days); S |
| LUNESTA | 3 | ST; QL (30 per 30 days) |
| <i>lurasidone hcl oral tablet 120 mg</i> | 4 | QL (30 per 30 days); MO; S |
| <i>lurasidone hcl oral tablet 20 mg, 40 mg, 60 mg</i> | 3 | QL (30 per 30 days); MO |
| <i>lurasidone hcl oral tablet 80 mg</i> | 3 | QL (60 per 30 days); MO |
| LYBALVI | 4 | QL (30 per 30 days); MO; S |
| LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 82.5 MG | 3 | PA; QL (30 per 30 days); MO |
| LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 330 MG | 3 | PA; QL (60 per 30 days); MO |
| LYRICA ORAL CAPSULE 100 MG, 150 MG, 25 MG, 50 MG, 75 MG | 3 | MO |
| LYRICA ORAL CAPSULE 200 MG | 3 | QL (90 per 30 days); MO |
| LYRICA ORAL CAPSULE 225 MG, 300 MG | 3 | QL (60 per 30 days); MO |
| LYRICA ORAL SOLUTION | 4 | QL (900 per 30 days); MO; S |
| LYVISPAN ORAL PACKET 10 MG | 3 | QL (90 per 30 days) |
| LYVISPAN ORAL PACKET 20 MG | 4 | QL (120 per 30 days); S |
| LYVISPAN ORAL PACKET 5 MG | 4 | QL (90 per 30 days); S |
| MARPLAN | 3 | MO |
| MAVENCLAD (10 TABS) | 4 | PA; QL (20 per 322 days); S |

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|---------------------------------|
| MAVENCLAD (4 TABS) | 4 | PA; QL (8 per 322 days); S |
| MAVENCLAD (5 TABS) | 4 | PA; QL (10 per 322 days); S |
| MAVENCLAD (6 TABS) | 4 | PA; QL (12 per 322 days); S |
| MAVENCLAD (7 TABS) | 4 | PA; QL (14 per 322 days); S |
| MAVENCLAD (8 TABS) | 4 | PA; QL (16 per 322 days); S |
| MAVENCLAD (9 TABS) | 4 | PA; QL (18 per 322 days); S |
| MAXALT ORAL TABLET 10 MG | 3 | QL (12 per 30 days) |
| MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG | 3 | QL (12 per 30 days) |
| MAYZENT ORAL TABLET 0.25 MG | 4 | PA; QL (120 per 30 days); LA; S |
| MAYZENT ORAL TABLET 1 MG, 2 MG | 4 | PA; QL (30 per 30 days); LA; S |
| MAYZENT STARTER PACK | 3 | PA; LA |
| <i>memantine hcl er</i> | 1 | PA; QL (30 per 30 days); MO |
| <i>memantine hcl oral solution 2 mg/ml</i> | 1 | PA; QL (300 per 30 days); MO |
| <i>memantine hcl oral tablet 10 mg</i> | 1 | PA; QL (60 per 30 days); MO |
| <i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i> | 1 | PA; QL (60 per 30 days) |
| <i>memantine hcl oral tablet 5 mg</i> | 1 | PA; QL (90 per 30 days); MO |
| <i>meprobamate</i> | 1 | PA |
| MESTINON ORAL SOLUTION | 3 | |
| MESTINON ORAL TABLET | 4 | S |
| MESTINON ORAL TABLET EXTENDED RELEASE | 4 | S |
| <i>metaxalone</i> | 1 | PA |
| <i>methamphetamine hcl</i> | 3 | PA; QL (150 per 30 days); MO |
| <i>methocarbamol injection solution 1000 mg/10ml</i> | 3 | |
| <i>methocarbamol oral tablet 1000 mg</i> | 3 | |

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

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|-------------------------------|
| <i>methocarbamol oral tablet 500 mg, 750 mg</i> | 1 | |
| <i>methsuximide</i> | 3 | MO |
| METHYLIN ORAL SOLUTION 10 MG/5ML | 3 | PA; QL (900 per 30 days); MO |
| METHYLIN ORAL SOLUTION 5 MG/5ML | 3 | PA; QL (1800 per 30 days); MO |
| <i>methylphenidate hcl er (cd)</i> | 1 | PA; QL (30 per 30 days); MO |
| <i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 60 mg</i> | 1 | PA; QL (30 per 30 days); MO |
| <i>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg</i> | 1 | PA; QL (60 per 30 days); MO |
| <i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 45 mg, 54 mg, 63 mg, 72 mg</i> | 1 | PA; QL (30 per 30 days); MO |
| <i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i> | 1 | PA; QL (60 per 30 days); MO |
| <i>methylphenidate hcl er (xr)</i> | 3 | PA; QL (30 per 30 days); MO |
| <i>methylphenidate hcl er oral tablet extended release</i> | 1 | PA; QL (90 per 30 days); MO |
| <i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i> | 1 | PA; QL (30 per 30 days); MO |
| <i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i> | 1 | PA; QL (60 per 30 days); MO |
| <i>methylphenidate hcl oral solution 10 mg/5ml</i> | 1 | PA; QL (900 per 30 days); MO |
| <i>methylphenidate hcl oral solution 5 mg/5ml</i> | 1 | PA; QL (1800 per 30 days); MO |
| <i>methylphenidate hcl oral tablet</i> | 1 | PA; QL (90 per 30 days); MO |
| <i>methylphenidate hcl oral tablet chewable 10 mg</i> | 3 | PA; QL (180 per 30 days); MO |
| <i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i> | 3 | PA; QL (90 per 30 days); MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|-----------------------------|
| <i>methylphenidate patch</i> | 3 | QL (30 per 30 days); MO |
| <i>midazolam hcl oral</i> | 1 | |
| MIGERGOT | 4 | S |
| MIGRANAL | 4 | QL (8 per 28 days); S |
| MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.375 MG | 4 | ST; MO; S |
| MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG | 3 | ST; MO |
| <i>mirtazapine oral tablet 15 mg, 30 mg, 7.5 mg</i> | 1 | MO |
| <i>mirtazapine oral tablet 45 mg</i> | 1 | QL (30 per 30 days); MO |
| <i>mirtazapine oral tablet dispersible</i> | 1 | QL (30 per 30 days); MO |
| <i>modafinil oral tablet 100 mg</i> | 1 | PA; QL (30 per 30 days); MO |
| <i>modafinil oral tablet 200 mg</i> | 1 | PA; QL (60 per 30 days); MO |
| <i>molindone hcl</i> | 1 | MO |
| MYDAVIS | 3 | PA; QL (30 per 30 days); MO |
| MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML | 4 | PA; S |
| MYOBLOC INTRAMUSCULAR SOLUTION 2500 UNIT/0.5ML, 5000 UNIT/ML | 3 | PA |
| MYSOLINE | 4 | MO; S |
| <i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i> | 1 | |
| <i>naloxone hcl injection solution cartridge</i> | 1 | |
| <i>naloxone hcl injection solution prefilled syringe</i> | 1 | |
| <i>naloxone hcl nasal</i> | 2 | |
| <i>naltrexone hcl oral</i> | 1 | |
| NAMENDA ORAL TABLET 10 MG | 3 | PA; QL (60 per 30 days); MO |

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

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|-----------------------------|
| NAMENDA ORAL TABLET 5 MG | 3 | PA; QL (90 per 30 days); MO |
| NAMENDA TITRATION PAK | 3 | PA; QL (60 per 30 days) |
| NAMENDA XR | 3 | PA; QL (30 per 30 days); MO |
| NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK | 3 | |
| NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | MO |
| <i>naratriptan hcl</i> | 1 | QL (9 per 30 days) |
| NARCAN | 2 | |
| NARDIL | 3 | MO |
| NAYZILAM | 3 | |
| <i>nefazodone hcl</i> | 1 | MO |
| NEUPRO | 3 | QL (30 per 30 days); MO |
| NEURONTIN ORAL CAPSULE 100 MG | 3 | QL (1080 per 30 days); MO |
| NEURONTIN ORAL CAPSULE 300 MG | 3 | QL (360 per 30 days); MO |
| NEURONTIN ORAL CAPSULE 400 MG | 3 | QL (270 per 30 days); MO |
| NEURONTIN ORAL SOLUTION | 3 | QL (2160 per 30 days); MO |
| NEURONTIN ORAL TABLET 600 MG | 3 | QL (180 per 30 days); MO |
| NEURONTIN ORAL TABLET 800 MG | 4 | QL (120 per 30 days); MO; S |
| NICOTROL | 3 | |
| NICOTROL NS | 3 | QL (120 per 30 days) |
| NORGESIC | 3 | PA |
| <i>norgesic forte</i> | 4 | PA; S |
| NORPRAMIN ORAL TABLET 10 MG, 25 MG | 3 | PA; MO |
| <i>nortriptyline hcl oral capsule 10 mg, 25 mg</i> | 1 | MO |
| <i>nortriptyline hcl oral capsule 50 mg, 75 mg</i> | 1 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|---------------------------------|
| <i>nortriptyline hcl oral solution</i> | 1 | MO |
| NOURIANZ ORAL TABLET 20 MG | 4 | PA; QL (60 per 30 days); S |
| NOURIANZ ORAL TABLET 40 MG | 4 | PA; QL (30 per 30 days); S |
| 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 | 3 | PA; QL (16 per 30 days) |
| NUVIGIL ORAL TABLET 150 MG | 3 | PA; QL (30 per 30 days); MO |
| NUVIGIL ORAL TABLET 200 MG, 250 MG | 4 | PA; QL (30 per 30 days); MO; S |
| NUVIGIL ORAL TABLET 50 MG | 3 | PA; QL (60 per 30 days); MO |
| OCREVUS | 4 | PA; LA; S |
| <i>olanzapine intramuscular</i> | 1 | QL (90 per 30 days) |
| <i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i> | 1 | MO |
| <i>olanzapine oral tablet 20 mg</i> | 1 | QL (30 per 30 days); MO |
| <i>olanzapine oral tablet dispersible 10 mg, 15 mg, 5 mg</i> | 1 | MO |
| <i>olanzapine oral tablet dispersible 20 mg</i> | 1 | QL (30 per 30 days); MO |
| <i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i> | 1 | QL (30 per 30 days); MO |
| <i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i> | 1 | QL (90 per 30 days); MO |
| ONFI ORAL SUSPENSION | 4 | PA; QL (480 per 30 days); MO; S |
| ONFI ORAL TABLET 10 MG | 4 | PA; QL (120 per 30 days); MO; S |

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

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|--------------------------------|
| ONFI ORAL TABLET 20 MG | 4 | PA; QL (60 per 30 days); MO; S |
| ONGENTYS | 3 | PA; QL (30 per 30 days); MO |
| ONZETRA XSAIL | 4 | QL (8 per 30 days); S |
| <i>orphenadrine citrate er</i> | 1 | |
| <i>orphenadrine citrate injection</i> | 3 | |
| <i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i> | 3 | PA |
| ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG | 4 | PA; S |
| OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG | 3 | |
| <i>oxazepam</i> | 1 | QL (120 per 30 days) |
| <i>oxcarbazepine</i> | 1 | MO |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG | 3 | QL (480 per 30 days); MO |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG | 3 | QL (240 per 30 days); MO |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG | 4 | QL (120 per 30 days); MO; S |
| <i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg</i> | 1 | QL (30 per 30 days); MO |
| <i>paliperidone er oral tablet extended release 24 hour 6 mg</i> | 1 | QL (60 per 30 days); MO |
| <i>paliperidone er oral tablet extended release 24 hour 9 mg</i> | 3 | QL (30 per 30 days); MO |
| PAMELOR ORAL CAPSULE 10 MG, 25 MG, 75 MG | 4 | MO; S |
| PAMELOR ORAL CAPSULE 50 MG | 3 | MO |
| PARLODEL | 3 | MO |
| PARNATE | 4 | MO; S |

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|-------------------------------|
| <i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</i> | 1 | QL (30 per 30 days); MO |
| <i>paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg</i> | 1 | QL (60 per 30 days); MO |
| <i>paroxetine hcl oral suspension</i> | 3 | QL (900 per 30 days); MO |
| <i>paroxetine hcl oral tablet 10 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>paroxetine hcl oral tablet 40 mg</i> | 1 | QL (45 per 30 days); MO |
| <i>paroxetine mesylate</i> | 3 | MO |
| PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG | 3 | QL (30 per 30 days); MO |
| PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 37.5 MG | 3 | QL (60 per 30 days); MO |
| PAXIL ORAL SUSPENSION | 4 | QL (900 per 30 days); MO; S |
| PAXIL ORAL TABLET 10 MG, 40 MG | 3 | QL (45 per 30 days); MO |
| PAXIL ORAL TABLET 20 MG | 3 | QL (30 per 30 days); MO |
| PAXIL ORAL TABLET 30 MG | 3 | QL (60 per 30 days); MO |
| <i>perphenazine oral</i> | 1 | MO |
| <i>perphenazine-amitriptyline</i> | 1 | PA; MO |
| PERSERIS | 4 | QL (1 per 28 days); MO; S |
| PEXEVA ORAL TABLET 10 MG, 40 MG | 3 | QL (45 per 30 days); MO |
| PEXEVA ORAL TABLET 20 MG | 3 | QL (30 per 30 days); MO |
| PEXEVA ORAL TABLET 30 MG | 3 | QL (60 per 30 days); MO |
| <i>phenelzine sulfate oral</i> | 1 | MO |
| <i>phenobarbital oral elixir</i> | 1 | PA; QL (3000 per 30 days); MO |

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

| Drug Name | Drug Tier | Requirements /Limits | Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|--------------------------------|--|-----------|--------------------------------|
| <i>phenobarbital oral tablet</i> 100 mg, 15 mg, 30 mg, 60 mg, 64.8 mg, 97.2 mg | 1 | PA; QL (120 per 30 days); MO | PROVIGIL ORAL TABLET 200 MG | 4 | PA; QL (60 per 30 days); MO; S |
| <i>phenobarbital oral tablet</i> 16.2 mg, 32.4 mg | 1 | PA; QL (210 per 30 days); MO | PROZAC ORAL CAPSULE 10 MG | 3 | MO |
| PHENYTEK | 3 | MO | PROZAC ORAL CAPSULE 20 MG | 3 | QL (120 per 30 days); MO |
| PHENYTOIN INFATABS | 1 | MO | PROZAC ORAL CAPSULE 40 MG | 4 | QL (60 per 30 days); MO; S |
| <i>phenytoin oral</i> | 1 | MO | <i>pyridostigmine bromide er</i> | 1 | |
| <i>phenytoin sodium extended</i> | 1 | MO | <i>pyridostigmine bromide oral solution</i> | 4 | S |
| <i>pimozide</i> | 1 | MO | <i>pyridostigmine bromide oral tablet</i> | 1 | |
| PLEGRIDY | 4 | PA; QL (1 per 28 days); S | QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG | 3 | QL (30 per 30 days); MO |
| PLEGRIDY STARTER PACK | 4 | PA; QL (1 per 180 days); S | QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG | 3 | QL (60 per 30 days); MO |
| PONVORY | 4 | PA; QL (30 per 30 days); S | QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 25 MG, 50 MG | 3 | MO |
| PONVORY STARTER PACK | 4 | PA; S | QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 150 MG, 200 MG | 4 | MO; S |
| <i>pramipexole dihydrochloride</i> | 1 | MO | <i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i> | 1 | QL (30 per 30 days); MO |
| <i>pramipexole dihydrochloride er</i> | 3 | MO | <i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i> | 1 | QL (60 per 30 days); MO |
| <i>pregabalin er oral tablet extended release 24 hour</i> 165 mg, 82.5 mg | 3 | PA; QL (30 per 30 days); MO | <i>quetiapine fumarate oral tablet 100 mg</i> | 1 | QL (240 per 30 days); MO |
| <i>pregabalin er oral tablet extended release 24 hour</i> 330 mg | 3 | PA; QL (60 per 30 days); MO | <i>quetiapine fumarate oral tablet 150 mg</i> | 1 | QL (150 per 30 days); MO |
| <i>pregabalin oral capsule</i> 100 mg, 150 mg, 25 mg, 50 mg, 75 mg | 1 | MO | <i>quetiapine fumarate oral tablet 200 mg</i> | 1 | QL (120 per 30 days); MO |
| <i>pregabalin oral capsule</i> 200 mg | 1 | QL (90 per 30 days); MO | <i>quetiapine fumarate oral tablet 25 mg</i> | 1 | QL (960 per 30 days); MO |
| <i>pregabalin oral capsule</i> 225 mg, 300 mg | 1 | QL (60 per 30 days); MO | <i>quetiapine fumarate oral tablet 300 mg</i> | 1 | QL (80 per 30 days); MO |
| <i>pregabalin oral solution</i> | 1 | QL (900 per 30 days); MO | <i>quetiapine fumarate oral tablet 400 mg</i> | 1 | QL (60 per 30 days); MO |
| <i>primidone oral</i> | 1 | MO | | | |
| PRISTIQ | 3 | MO | | | |
| PROCENTRA | 3 | QL (1920 per 30 days); MO | | | |
| <i>protriptyline hcl</i> | 1 | PA; MO | | | |
| PROVIGIL ORAL TABLET 100 MG | 4 | PA; QL (30 per 30 days); MO; S | | | |

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

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|--------------------------------|
| <i>quetiapine fumarate oral tablet 50 mg</i> | 1 | QL (480 per 30 days); MO |
| QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 40 MG | 3 | PA; QL (30 per 30 days); MO |
| QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 30 MG | 3 | PA; QL (60 per 30 days); MO |
| QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER | 3 | PA; QL (360 per 30 days); MO |
| QULIPTA | 4 | PA; QL (30 per 30 days); MO; S |
| QUVIVIQ | 3 | QL (30 per 30 days) |
| RADICAVA | 4 | LA; S |
| RADICAVA ORS | 4 | S |
| RADICAVA ORS STARTER KIT | 4 | S |
| <i>ramelteon</i> | 1 | QL (30 per 30 days) |
| <i>rasagiline mesylate oral</i> | 1 | MO |
| REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 4 | PA; QL (6 per 28 days); S |
| REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 4 | PA; QL (8.4 per 365 days); S |
| REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 4 | PA; QL (6 per 28 days); S |
| REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 4 | PA; QL (8.4 per 365 days); S |
| REGONOL INTRAVENOUS | 2 | |
| RELEXXII | 1 | PA; QL (30 per 30 days); MO |
| RELPAK | 3 | QL (9 per 30 days) |
| RELYVRIO | 4 | S |
| REMERON ORAL TABLET 15 MG, 30 MG | 3 | MO |
| REMERON SOLTAB | 3 | QL (30 per 30 days); MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|----------------------------|
| RESTORIL ORAL CAPSULE 15 MG, 30 MG, 7.5 MG | 4 | QL (30 per 30 days); S |
| RESTORIL ORAL CAPSULE 22.5 MG | 3 | QL (30 per 30 days) |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG | 4 | QL (60 per 30 days); MO; S |
| REXULTI ORAL TABLET 3 MG, 4 MG | 4 | QL (30 per 30 days); MO; S |
| REYVOW ORAL TABLET 100 MG | 3 | PA; QL (8 per 30 days) |
| REYVOW ORAL TABLET 50 MG | 3 | PA; QL (4 per 30 days) |
| RILUTEK | 4 | S |
| <i>riluzole</i> | 1 | |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG | 3 | QL (2 per 28 days) |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG | 4 | QL (2 per 28 days); S |
| RISPERDAL ORAL SOLUTION | 3 | QL (480 per 30 days); MO |
| RISPERDAL ORAL TABLET 0.5 MG | 3 | QL (960 per 30 days); MO |
| RISPERDAL ORAL TABLET 1 MG | 3 | QL (480 per 30 days); MO |
| RISPERDAL ORAL TABLET 2 MG | 3 | QL (240 per 30 days); MO |
| RISPERDAL ORAL TABLET 3 MG, 4 MG | 3 | QL (120 per 30 days); MO |
| <i>risperidone oral solution</i> | 1 | QL (480 per 30 days); MO |
| <i>risperidone oral tablet 0.25 mg</i> | 1 | QL (1920 per 30 days); MO |
| <i>risperidone oral tablet 0.5 mg</i> | 1 | QL (960 per 30 days); MO |
| <i>risperidone oral tablet 1 mg</i> | 1 | QL (480 per 30 days); MO |
| <i>risperidone oral tablet 2 mg</i> | 1 | QL (240 per 30 days); MO |

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

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|----------------------------------|
| <i>risperidone oral tablet 3 mg, 4 mg</i> | 1 | QL (120 per 30 days); MO |
| <i>risperidone oral tablet dispersible 0.25 mg</i> | 1 | QL (1920 per 30 days); MO |
| <i>risperidone oral tablet dispersible 0.5 mg</i> | 1 | QL (960 per 30 days); MO |
| <i>risperidone oral tablet dispersible 1 mg</i> | 1 | QL (480 per 30 days); MO |
| <i>risperidone oral tablet dispersible 2 mg</i> | 1 | QL (240 per 30 days); MO |
| <i>risperidone oral tablet dispersible 3 mg</i> | 1 | QL (150 per 30 days); MO |
| <i>risperidone oral tablet dispersible 4 mg</i> | 1 | QL (120 per 30 days); MO |
| RITALIN | 3 | PA; QL (90 per 30 days); MO |
| RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG | 3 | PA; QL (30 per 30 days); MO |
| RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 30 MG | 3 | PA; QL (60 per 30 days); MO |
| <i>rivastigmine</i> | 1 | QL (30 per 30 days); MO |
| <i>rivastigmine tartrate</i> | 1 | QL (60 per 30 days); MO |
| <i>rizatriptan benzoate</i> | 1 | QL (12 per 30 days) |
| ROBAXIN INJECTION SOLUTION 1000 MG/10ML | 3 | |
| <i>ropinirole hcl</i> | 1 | MO |
| <i>ropinirole hcl er</i> | 1 | MO |
| ROWEEPRAL ORAL TABLET 500 MG | 1 | MO |
| ROZEREM | 3 | QL (30 per 30 days) |
| <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 |
| RUZURGI | 4 | PA; QL (300 per 30 days); S |

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|---------------------------------|
| RYTARY | 3 | ST; MO |
| SABRIL | 4 | PA; QL (180 per 30 days); LA; S |
| SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG | 3 | QL (60 per 30 days); MO |
| SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG | 3 | QL (240 per 30 days); MO |
| SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 5 MG | 4 | QL (120 per 30 days); MO; S |
| SAVELLA | 3 | QL (60 per 30 days); MO |
| SAVELLA TITRATION PACK | 3 | |
| SECUADO | 4 | QL (30 per 30 days); MO; S |
| <i>selegiline hcl oral</i> | 1 | MO |
| SEROQUEL ORAL TABLET 100 MG | 3 | QL (240 per 30 days); MO |
| SEROQUEL ORAL TABLET 200 MG | 3 | QL (120 per 30 days); MO |
| SEROQUEL ORAL TABLET 25 MG | 3 | QL (960 per 30 days); MO |
| SEROQUEL ORAL TABLET 300 MG | 3 | QL (80 per 30 days); MO |
| SEROQUEL ORAL TABLET 400 MG | 4 | QL (60 per 30 days); MO; S |
| SEROQUEL ORAL TABLET 50 MG | 3 | QL (480 per 30 days); MO |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG | 3 | QL (30 per 30 days); MO |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 400 MG | 4 | QL (60 per 30 days); MO; S |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG | 3 | QL (60 per 30 days); MO |
| <i>sertraline hcl oral capsule</i> | 3 | QL (30 per 30 days); MO |
| <i>sertraline hcl oral concentrate</i> | 1 | QL (300 per 30 days); MO |
| <i>sertraline hcl oral tablet 100 mg</i> | 1 | QL (60 per 30 days); MO |
| <i>sertraline hcl oral tablet 25 mg</i> | 1 | QL (240 per 30 days); MO |

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

| Drug Name | Drug Tier | Requirements /Limits | Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|---------------------------------|---|-----------|---------------------------------|
| <i>sertraline hcl oral tablet 50 mg</i> | 1 | QL (120 per 30 days); MO | SUBVENITE STARTER KIT-GREEN | 3 | |
| SILENOR | 3 | PA; QL (30 per 30 days) | SUBVENITE STARTER KIT-ORANGE | 3 | |
| SINEMET ORAL TABLET 10-100 MG, 25-100 MG | 3 | ST; MO | <i>sumatriptan nasal</i> | 1 | |
| SKYCLARYS | 4 | PA; QL (90 per 30 days); S | <i>sumatriptan succinate oral</i> | 1 | QL (9 per 30 days) |
| <i>sodium oxybate</i> | 4 | PA; QL (540 per 30 days); LA; S | <i>sumatriptan succinate refill subcutaneous solution cartridge</i> | 1 | QL (6 per 30 days) |
| SOMA | 3 | | <i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i> | 1 | QL (6 per 30 days) |
| SPRAVATO (56 MG DOSE) | 3 | PA; QL (16 per 28 days) | <i>sumatriptan succinate subcutaneous solution auto-injector</i> | 1 | QL (6 per 30 days) |
| SPRAVATO (84 MG DOSE) | 4 | PA; QL (24 per 28 days); S | <i>sumatriptan-naproxen sodium</i> | 3 | QL (9 per 30 days) |
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG | 3 | QL (60 per 30 days); MO | SUNOSI | 3 | QL (30 per 30 days); MO |
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG | 3 | QL (120 per 30 days); MO | SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG | 3 | QL (90 per 30 days); MO |
| STALEVO 100 | 4 | MO; S | SYMPAZAN ORAL FILM 10 MG, 20 MG | 4 | PA; QL (60 per 30 days); MO; S |
| STALEVO 125 | 4 | MO; S | SYMPAZAN ORAL FILM 5 MG | 3 | PA; QL (30 per 30 days); MO |
| STALEVO 150 | 4 | MO; S | TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG | 4 | PA; QL (60 per 30 days); S |
| STALEVO 200 | 4 | MO; S | TASCENSO ODT ORAL TABLET DISPERSIBLE 0.5 MG | 4 | PA; QL (30 per 30 days); S |
| STALEVO 50 | 4 | MO; S | <i>tasimelteon</i> | 4 | PA; QL (30 per 30 days); S |
| STALEVO 75 | 3 | MO | TASMAR ORAL TABLET 100 MG | 4 | PA; QL (180 per 30 days); MO; S |
| STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG | 3 | QL (60 per 30 days); MO | TECFIDERA ORAL | 4 | PA; LA; S |
| STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG | 3 | QL (30 per 30 days); MO | TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG | 4 | PA; QL (14 per 7 days); LA; S |
| SUBOXONE SUBLINGUAL FILM 12-3 MG | 3 | QL (60 per 30 days) | TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG | 4 | PA; QL (60 per 30 days); LA; S |
| SUBOXONE SUBLINGUAL FILM 2-0.5 MG | 3 | QL (360 per 30 days) | TEGRETOL ORAL SUSPENSION | 3 | MO |
| SUBOXONE SUBLINGUAL FILM 4-1 MG | 3 | QL (180 per 30 days) | TEGRETOL ORAL TABLET | 3 | MO |
| SUBOXONE SUBLINGUAL FILM 8-2 MG | 3 | QL (90 per 30 days) | TEGRETOL-XR | 3 | MO |
| SUBVENITE | 1 | MO | | | |
| SUBVENITE STARTER KIT-BLUE | 3 | | | | |

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

| Drug Name | Drug Tier | Requirements /Limits | Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|---------------------------------|--|-----------|----------------------------|
| temazepam | 1 | QL (30 per 30 days) | triazolam | 1 | QL (30 per 30 days) |
| TENCON ORAL TABLET 50-325 MG | 1 | PA; QL (180 per 30 days) | trifluoperazine hcl oral | 1 | MO |
| teriflunomide | 4 | PA; QL (30 per 30 days); LA; S | trihexyphenidyl hcl oral solution | 1 | PA; MO |
| tetrabenazine oral tablet 12.5 mg | 4 | PA; QL (240 per 30 days); S | trihexyphenidyl hcl oral tablet | 1 | MO |
| tetrabenazine oral tablet 25 mg | 4 | PA; QL (120 per 30 days); S | TRILEPTAL ORAL SUSPENSION | 3 | MO |
| thioridazine hcl oral | 1 | MO | TRILEPTAL ORAL TABLET 150 MG, 300 MG | 3 | MO |
| thiothixene oral | 1 | MO | TRILEPTAL ORAL TABLET 600 MG | 4 | MO; S |
| tiagabine hcl | 1 | MO | trimipramine maleate oral | 1 | MO |
| TIGLUTIK | 4 | S | TRINTELLIX | 3 | QL (30 per 30 days); MO |
| tizanidine hcl oral | 1 | | TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG | 4 | QL (30 per 30 days); MO; S |
| tolcapone | 4 | PA; QL (180 per 30 days); MO; S | TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG | 4 | QL (60 per 30 days); MO; S |
| TOPAMAX ORAL TABLET 100 MG, 200 MG, 50 MG | 4 | MO; S | TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 50 MG | 3 | QL (30 per 30 days); MO |
| TOPAMAX ORAL TABLET 25 MG | 3 | MO | TRUDHESA | 4 | QL (8 per 28 days); S |
| TOPAMAX SPRINKLE | 4 | MO; S | TYSABRI | 4 | PA; LA; S |
| topiramate er oral capsule er 24 hour sprinkle | 3 | MO | UBRELVY ORAL TABLET 100 MG | 4 | PA; QL (16 per 30 days); S |
| topiramate er oral capsule extended release 24 hour 100 mg | 4 | QL (30 per 30 days); MO; S | UBRELVY ORAL TABLET 50 MG | 4 | PA; QL (20 per 30 days); S |
| topiramate er oral capsule extended release 24 hour 200 mg | 4 | QL (60 per 30 days); MO; S | UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML | 4 | QL (0.28 per 30 days); S |
| topiramate er oral capsule extended release 24 hour 25 mg, 50 mg | 3 | QL (30 per 30 days); MO | UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML | 4 | QL (0.35 per 30 days); S |
| topiramate oral | 1 | MO | UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML | 4 | QL (0.42 per 60 days); S |
| TOSYMRA | 3 | | | | |
| tranlycypromine sulfate | 1 | MO | | | |
| trazodone hcl oral tablet 100 mg, 150 mg, 50 mg | 1 | MO | | | |
| trazodone hcl oral tablet 300 mg | 1 | MO | | | |
| TREXIMET ORAL TABLET 85-500 MG | 4 | QL (9 per 30 days); S | | | |

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

| Drug Name | Drug Tier | Requirements /Limits | Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|--------------------------|--|-----------|---------------------------------|
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML | 4 | QL (0.56 per 60 days); S | <i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg</i> | 1 | QL (180 per 30 days); MO |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML | 4 | QL (0.7 per 60 days); S | <i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i> | 1 | QL (90 per 30 days); MO |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML | 4 | QL (0.14 per 30 days); S | <i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg</i> | 1 | MO |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML | 4 | QL (0.21 per 30 days); S | <i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg, 37.5 mg</i> | 1 | QL (30 per 30 days); MO |
| VALIUM ORAL TABLET 10 MG | 3 | QL (120 per 30 days) | <i>venlafaxine hcl er oral tablet extended release 24 hour 75 mg</i> | 1 | QL (90 per 30 days); MO |
| VALIUM ORAL TABLET 2 MG | 3 | QL (600 per 30 days) | VERSACLOZ | 3 | QL (600 per 30 days) |
| VALIUM ORAL TABLET 5 MG | 3 | QL (240 per 30 days) | <i>vigabatrin</i> | 4 | PA; QL (180 per 30 days); LA; S |
| <i>valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml</i> | 1 | | VIGADRONE ORAL PACKET | 4 | PA; QL (180 per 30 days); LA; S |
| <i>valproic acid oral capsule</i> | 1 | MO | VIGADRONE ORAL TABLET | 4 | PA; QL (180 per 30 days); S |
| <i>valproic acid oral solution</i> | 1 | MO | VIIBRYD ORAL TABLET | 3 | ST; QL (30 per 30 days); MO |
| VALTOCO 10 MG DOSE | 3 | | VIIBRYD STARTER PACK | 3 | ST |
| VALTOCO 15 MG DOSE | 3 | | <i>vilazodone hcl</i> | 3 | ST; QL (30 per 30 days); MO |
| VALTOCO 20 MG DOSE | 3 | | VIMPAT INTRAVENOUS | 4 | QL (1200 per 30 days); S |
| VALTOCO 5 MG DOSE | 3 | | VIMPAT ORAL SOLUTION | 4 | QL (1200 per 30 days); MO; S |
| VANADOM | 4 | S | VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG | 4 | QL (60 per 30 days); MO; S |
| <i>varenicline tartrate (starter)</i> | 3 | PA | VIMPAT ORAL TABLET 50 MG | 3 | MO |
| <i>varenicline tartrate oral tablet 0.5 mg</i> | 3 | PA; QL (60 per 30 days) | VIVITROL | 4 | S |
| <i>varenicline tartrate oral tablet 1 mg</i> | 3 | PA; QL (56 per 28 days) | VRAYLAR ORAL CAPSULE | 4 | QL (30 per 30 days); MO; S |
| <i>varenicline tartrate oral tablet therapy pack</i> | 3 | PA | VRAYLAR ORAL CAPSULE THERAPY PACK | 3 | |
| <i>venlafaxine besylate er</i> | 3 | QL (60 per 30 days); MO | VTOL LQ | 3 | PA; QL (2700 per 30 days) |
| <i>venlafaxine hcl</i> | 1 | QL (90 per 30 days); MO | VUMERITY | 4 | PA; QL (120 per 30 days); LA; S |
| <i>venlafaxine hcl er oral capsule extended release 24 hour 150 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.

| Drug Name | Drug Tier | Requirements /Limits | Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|--------------------------------|--|-----------|---------------------------------|
| VYVANSE | 3 | PA; QL (30 per 30 days); MO | XENAZINE ORAL TABLET 12.5 MG | 3 | PA; QL (240 per 30 days) |
| WAKIX | 4 | PA; QL (60 per 30 days); S | XENAZINE ORAL TABLET 25 MG | 4 | PA; QL (120 per 30 days); S |
| WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG | 3 | ST; QL (120 per 30 days); MO | XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT | 2 | PA |
| WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG, 200 MG | 3 | ST; QL (60 per 30 days); MO | XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT | 3 | PA |
| WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG | 4 | ST; QL (90 per 30 days); MO; S | XYREM | 4 | PA; QL (540 per 30 days); LA; S |
| WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG | 4 | ST; QL (30 per 30 days); MO; S | XYWAV | 4 | PA; QL (540 per 30 days); LA; S |
| XADAGO | 4 | MO; S | <i>zaleplon oral capsule 10 mg</i> | 1 | QL (60 per 30 days) |
| XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG | 3 | QL (90 per 30 days) | <i>zaleplon oral capsule 5 mg</i> | 1 | QL (30 per 30 days) |
| XANAX ORAL TABLET 2 MG | 4 | QL (90 per 30 days); S | ZANAFLEX | 3 | |
| XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 3 MG | 3 | QL (90 per 30 days) | ZARONTIN | 3 | MO |
| XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2 MG | 4 | QL (90 per 30 days); S | ZAVZPRET | 4 | QL (8 per 30 days); S |
| XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG | 4 | QL (56 per 28 days); MO; S | ZEBUTAL ORAL CAPSULE 50-325-40 MG | 1 | PA; QL (180 per 30 days) |
| XCOPRI (350 MG DAILY DOSE) | 4 | QL (56 per 28 days); MO; S | ZELAPAR | 4 | MO; S |
| XCOPRI ORAL TABLET 100 MG, 50 MG | 4 | QL (30 per 30 days); MO; S | ZEMBRACE SYMTOUCH | 4 | QL (4 per 30 days); S |
| XCOPRI ORAL TABLET 150 MG, 200 MG | 4 | QL (60 per 30 days); MO; S | ZENZEDI ORAL TABLET 10 MG | 1 | QL (180 per 30 days); MO |
| XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG | 3 | QL (56 per 365 days) | ZENZEDI ORAL TABLET 15 MG, 2.5 MG | 3 | QL (90 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 | QL (56 per 365 days); S | ZENZEDI ORAL TABLET 20 MG, 30 MG | 3 | QL (60 per 30 days); MO |
| XELSTRYM | 3 | QL (30 per 30 days); MO | ZENZEDI ORAL TABLET 5 MG | 1 | QL (90 per 30 days); MO |
| | | | ZENZEDI ORAL TABLET 7.5 MG | 3 | QL (180 per 30 days); MO |
| | | | ZEPOSIA | 4 | PA; QL (30 per 30 days); LA; S |
| | | | ZEPOSIA 7-DAY STARTER PACK | 4 | PA; LA; S |
| | | | ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21) | 4 | PA; S |

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

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|--------------------------|
| ZIMHI | 3 | QL (1 per 28 days) |
| <i>ziprasidone hcl oral capsule 20 mg</i> | 1 | QL (240 per 30 days); MO |
| <i>ziprasidone hcl oral capsule 40 mg</i> | 1 | QL (120 per 30 days); MO |
| <i>ziprasidone hcl oral capsule 60 mg, 80 mg</i> | 1 | QL (60 per 30 days); MO |
| <i>ziprasidone mesylate</i> | 3 | QL (6 per 3 days) |
| <i>zolmitriptan nasal</i> | 1 | |
| <i>zolmitriptan oral</i> | 1 | QL (9 per 30 days) |
| ZOLOFT ORAL CONCENTRATE | 3 | QL (300 per 30 days); MO |
| ZOLOFT ORAL TABLET 100 MG | 3 | QL (60 per 30 days); MO |
| ZOLOFT ORAL TABLET 25 MG | 3 | QL (240 per 30 days); MO |
| ZOLOFT ORAL TABLET 50 MG | 3 | QL (120 per 30 days); MO |
| <i>zolpidem tartrate er</i> | 1 | QL (30 per 30 days) |
| <i>zolpidem tartrate oral tablet</i> | 1 | QL (30 per 30 days) |
| <i>zolpidem tartrate sublingual</i> | 3 | PA; QL (30 per 30 days) |
| ZOMIG NASAL | 3 | |
| ZOMIG ORAL TABLET 2.5 MG | 3 | QL (9 per 30 days) |
| ZOMIG ORAL TABLET 5 MG | 4 | QL (9 per 30 days); S |
| ZONEGRAN | 4 | MO; S |
| ZONISADE | 4 | MO; S |
| <i>zonisamide oral</i> | 1 | MO |
| ZTALMY | 4 | QL (1100 per 30 days); S |
| ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG | 3 | QL (690 per 30 days) |
| ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG | 3 | QL (360 per 30 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|----------------------------|
| ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG | 3 | QL (30 per 30 days) |
| ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 2.9-0.71 MG | 3 | QL (120 per 30 days) |
| ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 5.7-1.4 MG | 3 | QL (90 per 30 days) |
| ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG | 3 | QL (60 per 30 days) |
| ZYPREXA INTRAMUSCULAR | 3 | QL (90 per 30 days) |
| ZYPREXA ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG | 3 | MO |
| ZYPREXA ORAL TABLET 15 MG | 4 | MO; S |
| ZYPREXA ORAL TABLET 20 MG | 4 | QL (30 per 30 days); MO; 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 |
| ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 5 MG | 3 | MO |
| ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 15 MG | 4 | MO; S |
| ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 20 MG | 4 | QL (30 per 30 days); MO; S |
| Dermatological Agents | | |
| ABSORICA LD | 4 | S |
| ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | 4 | S |
| ABSORICA ORAL CAPSULE 25 MG, 35 MG | 3 | |
| ACANYA | 3 | QL (50 per 30 days) |

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

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|---------------------------|
| ACCUTANE | 1 | |
| <i>acitretin</i> | 3 | |
| <i>acyclovir external cream</i> | 1 | QL (5 per 30 days) |
| <i>acyclovir external ointment</i> | 1 | QL (30 per 30 days) |
| ACZONE | 3 | |
| <i>adapalene external cream</i> | 1 | |
| <i>adapalene external gel</i> | 1 | |
| <i>adapalene external pad</i> | 4 | S |
| <i>adapalene external solution</i> | 4 | S |
| <i>adapalene-benzoyl peroxide external gel</i> | 3 | PA |
| ADBRY | 4 | PA; QL (6 per 28 days); S |
| AKLIEF | 3 | |
| ALA SCALP | 3 | |
| <i>ala-cort external cream</i> | 1 | |
| <i>alclometasone dipropionate</i> | 1 | |
| ALTABAX | 3 | |
| ALTRENO | 3 | PA; QL (45 per 30 days) |
| <i>amcinonide external cream</i> | 1 | |
| <i>amcinonide external lotion</i> | 1 | |
| <i>amcinonide external ointment</i> | 2 | |
| <i>ammonium lactate external</i> | 1 | |
| AMNESTEEM | 1 | |
| AMZEEQ | 3 | |
| ANUSOL-HC EXTERNAL | 3 | |
| APEXICON E | 2 | QL (60 per 30 days) |
| ARAZLO | 3 | PA |
| ARESTIN | 4 | S |
| ATRALIN | 3 | PA; QL (45 per 30 days) |
| AVITA EXTERNAL CREAM | 1 | PA; QL (45 per 30 days) |
| <i>azelaic acid external</i> | 1 | |

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|----------------------------|
| AZELEX | 3 | |
| <i>bensal hp external ointment 3 %</i> | 4 | S |
| BENZAMYCIN | 3 | |
| <i>benzoyl peroxide-erythromycin</i> | 1 | |
| <i>betamethasone dipropionate aug</i> | 1 | |
| <i>betamethasone dipropionate external</i> | 1 | |
| <i>betamethasone valerate external</i> | 1 | |
| <i>bexarotene external</i> | 4 | PA; QL (60 per 30 days); S |
| <i>brimonidine tartrate external</i> | 3 | |
| BRYHALI | 3 | ST |
| <i>calcipotriene external cream</i> | 1 | QL (120 per 30 days) |
| <i>calcipotriene external foam</i> | 3 | QL (120 per 30 days) |
| <i>calcipotriene external ointment</i> | 1 | QL (120 per 30 days) |
| <i>calcipotriene external solution</i> | 1 | QL (60 per 30 days) |
| <i>calcipotriene-betameth diprop external ointment</i> | 1 | QL (400 per 28 days) |
| <i>calcipotriene-betameth diprop external suspension</i> | 3 | QL (420 per 28 days) |
| CALCITRENE | 1 | QL (120 per 30 days) |
| <i>calcitriol external</i> | 1 | QL (800 per 28 days) |
| CAPEX | 3 | |
| CARAC | 4 | S |
| <i>cevimeline hcl</i> | 1 | MO |
| <i>chlorhexidine gluconate mouth/throat</i> | 1 | |
| CIBINQO | 4 | PA; QL (30 per 30 days); S |
| CICLODAN EXTERNAL SOLUTION | 1 | |
| <i>ciclopirox external</i> | 1 | |

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

| Drug Name | Drug Tier | Requirements /Limits | Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|----------------------|---|-----------|----------------------|
| <i>ciclopirox olamine external cream</i> | 1 | QL (90 per 30 days) | <i>clobetasol propionate external liquid</i> | 1 | |
| <i>ciclopirox olamine external suspension</i> | 1 | | <i>clobetasol propionate external lotion</i> | 1 | |
| CLARAVIS | 1 | | <i>clobetasol propionate external ointment</i> | 1 | QL (120 per 30 days) |
| CLEOCIN-T EXTERNAL LOTION | 3 | QL (120 per 30 days) | <i>clobetasol propionate external shampoo</i> | 1 | |
| CLINDACIN | 1 | QL (100 per 30 days) | <i>clobetasol propionate external solution</i> | 1 | QL (50 per 30 days) |
| CLINDACIN ETZ EXTERNAL SWAB | 1 | | CLOBEX | 3 | |
| CLINDACIN-P | 1 | | CLOBEX SPRAY | 3 | |
| CLINDAGEL | 4 | PA; S | <i>clocortolone pivalate</i> | 1 | |
| <i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</i> | 1 | | CLODAN EXTERNAL SHAMPOO | 1 | |
| <i>clindamycin phos-benzoyl perox external gel 1.2-2.5 %</i> | 1 | QL (50 per 30 days) | CLODERM | 3 | |
| <i>clindamycin phosphate external foam</i> | 1 | QL (100 per 30 days) | <i>clotrimazole external cream</i> | 1 | |
| <i>clindamycin phosphate external gel</i> | 1 | | <i>clotrimazole external solution</i> | 1 | |
| <i>clindamycin phosphate external lotion</i> | 1 | QL (120 per 30 days) | <i>clotrimazole mouth/throat troche</i> | 1 | QL (150 per 30 days) |
| <i>clindamycin phosphate external solution</i> | 1 | QL (120 per 30 days) | <i>clotrimazole-betamethasone external cream</i> | 1 | QL (120 per 30 days) |
| <i>clindamycin phosphate external swab</i> | 1 | | <i>clotrimazole-betamethasone external lotion</i> | 1 | |
| <i>clindamycin-tretinoin</i> | 1 | PA | CONDYLOX EXTERNAL GEL | 3 | |
| CLINPRO 5000 | 3 | MO | CORDRAN EXTERNAL CREAM 0.05 % | 4 | S |
| <i>clobetasol prop emollient base</i> | 1 | QL (120 per 30 days) | CORDRAN EXTERNAL LOTION | 3 | |
| <i>clobetasol propionate e</i> | 1 | QL (120 per 30 days) | CORDRAN EXTERNAL TAPE | 3 | |
| <i>clobetasol propionate emulsion</i> | 1 | QL (100 per 30 days) | CROTAN | 4 | S |
| <i>clobetasol propionate external cream</i> | 1 | QL (120 per 30 days) | <i>dapsone external</i> | 2 | |
| <i>clobetasol propionate external foam</i> | 1 | QL (100 per 30 days) | DENAVIR | 3 | QL (5 per 30 days) |
| <i>clobetasol propionate external gel</i> | 1 | QL (60 per 30 days) | DENTA 5000 PLUS | 1 | MO |
| | | | DENTAGEL | 1 | MO |
| | | | DERMA-SMOOTH/FS BODY | 3 | QL (120 per 30 days) |

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

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|------------------------------|
| DERMA-SMOOTHIE/FS SCALP | 3 | QL (120 per 30 days) |
| <i>desonide external cream</i> | 1 | |
| <i>desonide external gel</i> | 4 | S |
| <i>desonide external lotion</i> | 1 | |
| <i>desonide external ointment</i> | 1 | |
| DESOWEN EXTERNAL CREAM | 3 | |
| <i>desoximetasone external cream</i> | 1 | QL (100 per 30 days) |
| <i>desoximetasone external gel</i> | 1 | |
| <i>desoximetasone external liquid</i> | 2 | |
| <i>desoximetasone external ointment</i> | 1 | |
| <i>diclofenac sodium external gel 3 %</i> | 1 | PA; QL (100 per 30 days) |
| DIFFERIN EXTERNAL CREAM | 3 | |
| DIFFERIN EXTERNAL GEL 0.3 % | 3 | |
| DIFFERIN EXTERNAL LOTION | 3 | |
| <i>diflorasone diacetate external</i> | 1 | QL (60 per 30 days) |
| DIPROLENE EXTERNAL OINTMENT | 3 | |
| <i>doxepin hcl external</i> | 3 | PA; QL (45 per 30 days) |
| DUOBRII | 4 | PA; S |
| DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML | 4 | PA; QL (4.56 per 28 days); S |
| DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML | 4 | PA; QL (8 per 28 days); S |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML | 4 | PA; QL (1.34 per 28 days); S |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML | 4 | PA; QL (4.56 per 28 days); S |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML | 4 | PA; QL (8 per 28 days); S |

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|--------------------------|
| <i>econazole nitrate external</i> | 1 | QL (90 per 30 days) |
| EFUDEX EXTERNAL CREAM | 3 | |
| ELIDEL | 3 | PA; QL (100 per 30 days) |
| ENSTILAR | 4 | QL (420 per 28 days); S |
| EPIDUO | 3 | PA |
| EPIDUO FORTE | 3 | PA |
| EPIFOAM | 3 | |
| EPSOLAY | 3 | |
| ERTACZO | 3 | |
| <i>ery</i> | 1 | |
| ERYGEL | 3 | |
| <i>erythromycin external gel</i> | 1 | |
| <i>erythromycin external solution</i> | 1 | |
| EUCRISA | 3 | |
| EVOXAC | 3 | MO |
| EXELDERM | 3 | |
| FABIOR | 3 | PA |
| FINACEA | 3 | |
| <i>fluocinolone acetonide body</i> | 1 | QL (120 per 30 days) |
| <i>fluocinolone acetonide external</i> | 1 | QL (120 per 30 days) |
| <i>fluocinolone acetonide scalp</i> | 1 | QL (120 per 30 days) |
| <i>fluocinonide emulsified base</i> | 1 | QL (240 per 30 days) |
| <i>fluocinonide external cream 0.05 %</i> | 1 | QL (240 per 30 days) |
| <i>fluocinonide external cream 0.1 %</i> | 1 | QL (120 per 30 days) |
| <i>fluocinonide external gel</i> | 1 | QL (240 per 30 days) |
| <i>fluocinonide external ointment</i> | 1 | QL (240 per 30 days) |
| <i>fluocinonide external solution</i> | 1 | QL (240 per 30 days) |
| FLUORIDEX | 3 | MO |

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

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|----------------------|
| FLUORIDEX ENHANCED WHITENING DENTAL PASTE | 3 | MO |
| FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE | 3 | |
| FLUORIMAX 5000 | 3 | MO |
| FLUORIMAX 5000 SENSITIVE | 3 | |
| FLUOROPLEX | 3 | |
| fluorouracil external cream 0.5 % | 4 | S |
| fluorouracil external cream 5 % | 1 | |
| fluorouracil external solution | 1 | |
| flurandrenolide | 3 | |
| fluticasone propionate external | 1 | |
| gentamicin sulfate external | 1 | QL (30 per 30 days) |
| halcinonide | 1 | |
| halobetasol propionate external cream | 1 | |
| halobetasol propionate external foam | 3 | ST |
| halobetasol propionate external ointment | 1 | |
| HALOG | 3 | |
| hydrocortisone (perianal) external cream 1 % | 1 | |
| hydrocortisone (perianal) external cream 2.5 % | 1 | |
| hydrocortisone butyr lipo base | 1 | |
| hydrocortisone butyrate external cream | 1 | |
| hydrocortisone butyrate external lotion | 3 | |
| hydrocortisone butyrate external ointment | 1 | |
| hydrocortisone butyrate external solution | 1 | |
| hydrocortisone external cream 1 %, 2.5 % | 1 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|-------------------------|
| hydrocortisone external lotion 2.5 % | 1 | |
| hydrocortisone external ointment 1 %, 2.5 % | 1 | |
| hydrocortisone valerate | 1 | |
| HYFTOR | 4 | S |
| imiquimod external cream 3.75 % | 3 | |
| imiquimod external cream 5 % | 1 | |
| imiquimod pump | 3 | |
| IMPEKLO | 3 | |
| isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 35 mg, 40 mg | 1 | |
| isotretinoin oral capsule 25 mg | 4 | S |
| ivermectin external cream | 2 | |
| JUBLIA | 3 | PA |
| JUST RIGHT 5000 | 1 | MO |
| KENALOG EXTERNAL | 3 | |
| KERYDIN | 3 | PA; QL (10 per 30 days) |
| ketoconazole external cream | 1 | QL (120 per 30 days) |
| ketoconazole external foam | 3 | QL (100 per 30 days) |
| ketoconazole external shampoo 2 % | 1 | QL (120 per 30 days) |
| KETODAN EXTERNAL FOAM | 1 | QL (100 per 30 days) |
| KLARON | 3 | |
| KLISYRI | 4 | S |
| LEVULAN KERASTICK | 3 | |
| LEXETTE | 4 | ST; S |
| lindane external shampoo | 1 | |
| LOCOID EXTERNAL LOTION | 3 | |
| LOCOID LIPOCREAM | 3 | |
| LOPROX EXTERNAL SHAMPOO | 3 | |
| LOPROX EXTERNAL SUSPENSION | 3 | |

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

| Drug Name | Drug Tier | Requirements /Limits |
|---------------------------------------|-----------|----------------------|
| <i>luliconazole</i> | 3 | ST |
| LUXIQ | 3 | |
| LUZU | 3 | ST |
| <i>mafenide acetate external</i> | 1 | |
| <i>malathion external</i> | 1 | |
| <i>methoxsalen rapid</i> | 4 | S |
| METROCREAM | 3 | |
| METROGEL EXTERNAL GEL | 3 | |
| METROLOTION | 3 | |
| <i>metronidazole external</i> | 1 | |
| <i>miconazole-zinc oxide-petrolat</i> | 3 | |
| MIRVASO | 3 | |
| <i>mometasone furoate external</i> | 1 | |
| <i>mupirocin calcium</i> | 1 | QL (30 per 30 days) |
| <i>mupirocin external</i> | 1 | QL (120 per 30 days) |
| MYORISAN | 1 | |
| <i>naftifine hcl external cream</i> | 1 | |
| <i>naftifine hcl external gel 1 %</i> | 1 | |
| <i>naftifine hcl external gel 2 %</i> | 3 | |
| NAFTIN EXTERNAL GEL | 3 | |
| NATROBA | 3 | |
| NEO-SYNALAR EXTERNAL CREAM | 3 | |
| NEUAC EXTERNAL GEL | 1 | |
| NORITATE | 4 | S |
| NYAMYC | 1 | |
| <i>nystatin external</i> | 1 | |
| <i>nystatin mouth/throat</i> | 1 | |
| <i>nystatin-triamcinolone</i> | 1 | |
| NYSTOP | 1 | |
| OLUX-E | 3 | QL (100 per 30 days) |
| ONEXTON | 3 | |
| OPZELURA | 4 | PA; S |
| ORALONE | 1 | |
| OVIDE | 3 | |

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|--------------------------|
| <i>oxiconazole nitrate</i> | 3 | QL (60 per 30 days) |
| OXISTAT EXTERNAL CREAM | 3 | QL (60 per 30 days) |
| OXISTAT EXTERNAL LOTION | 3 | |
| PANDEL | 3 | |
| PANRETIN | 4 | S |
| <i>penciclovir</i> | 3 | QL (5 per 30 days) |
| PERIOGARD | 1 | |
| <i>permethrin external cream</i> | 1 | |
| <i>pilocarpine hcl oral</i> | 1 | MO |
| <i>pimecrolimus</i> | 1 | PA; QL (100 per 30 days) |
| PODOCON-25 | 3 | |
| <i>podofilox external</i> | 1 | |
| PREVIDENT | 3 | MO |
| PREVIDENT 5000 BOOSTER PLUS | 3 | MO |
| PREVIDENT 5000 DRY MOUTH DENTAL GEL | 3 | MO |
| PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL | 3 | |
| PREVIDENT 5000 ORTHO DEFENSE | 3 | MO |
| PREVIDENT 5000 PLUS | 3 | MO |
| PREVIDENT 5000 SENSITIVE DENTAL GEL | 3 | |
| PROCTO-MED HC EXTERNAL | 1 | |
| PROCTOCORT EXTERNAL | 3 | |
| PROCTOSOL HC EXTERNAL | 1 | |
| PROCTOZONE-HC EXTERNAL | 1 | |
| PROTOPIC | 3 | PA; QL (100 per 30 days) |
| PRUDOXIN | 3 | PA; QL (45 per 30 days) |
| QBREXZA | 3 | |
| QUTENZA | 4 | S |
| QUTENZA (2 PATCH) | 4 | S |
| QUTENZA (4 PATCH) | 4 | S |
| RECTIV | 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.

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|----------------------------|
| REGRANEX | 4 | PA; S |
| RETIN-A | 3 | PA; QL (45 per 30 days) |
| RETIN-A MICRO | 3 | PA; QL (50 per 30 days) |
| RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 % | 3 | PA; QL (50 per 30 days) |
| RETIN-A MICRO PUMP EXTERNAL GEL 0.08 %, 0.1 % | 4 | PA; QL (50 per 30 days); S |
| RHOFADE | 3 | |
| SALAGEN | 3 | MO |
| <i>salicylic acid external ointment</i> | 4 | S |
| <i>salicylic acid external shampoo</i> | 3 | |
| <i>salicylic acid external solution 26 %</i> | 3 | |
| <i>salicylic acid wart remover</i> | 3 | |
| SANTYL | 3 | QL (30 per 30 days) |
| <i>selenium sulfide external lotion</i> | 1 | |
| <i>selenium sulfide external shampoo</i> | 3 | |
| SERNIVO | 3 | |
| <i>sf</i> | 1 | MO |
| <i>sf 5000 plus</i> | 1 | MO |
| SILVADENE | 3 | |
| <i>silver nitrate external solution 0.5 %</i> | 3 | |
| <i>silver sulfadiazine external</i> | 1 | |
| <i>sodium fluoride 5000 enamel dental gel</i> | 1 | |
| <i>sodium fluoride 5000 plus</i> | 1 | MO |
| <i>sodium fluoride 5000 ppm dental cream</i> | 1 | MO |
| <i>sodium fluoride 5000 ppm dental gel</i> | 1 | MO |
| <i>sodium fluoride 5000 ppm dental paste</i> | 3 | MO |
| <i>sodium fluoride 5000 sensitive dental gel</i> | 1 | |

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|----------------------------|
| <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 |
| SOOLANTRA | 3 | |
| SORILUX | 4 | QL (120 per 30 days); S |
| <i>spinosad</i> | 3 | |
| SSD | 1 | |
| <i>sulfacetamide sodium (acne)</i> | 1 | |
| <i>sulfacetamide sodium-sulfur external suspension 8-4 %</i> | 3 | |
| <i>sulfacetamide-sulfur in urea external emulsion</i> | 3 | |
| SULFACLEANSE 8/4 | 3 | |
| SULFAMYLON EXTERNAL CREAM | 3 | |
| SYNALAR | 3 | QL (120 per 30 days) |
| TACLONEX EXTERNAL OINTMENT | 3 | QL (400 per 28 days) |
| TACLONEX EXTERNAL SUSPENSION | 4 | QL (420 per 28 days); S |
| <i>tacrolimus external ointment</i> | 1 | PA; QL (100 per 30 days) |
| TARGRETIN EXTERNAL | 4 | PA; QL (60 per 30 days); S |
| <i>tavaborole</i> | 3 | PA; QL (10 per 30 days) |
| <i>tazarotene external cream</i> | 1 | PA |
| <i>tazarotene external foam</i> | 3 | PA |
| <i>tazarotene external gel</i> | 3 | PA |
| TAZORAC EXTERNAL CREAM 0.05 % | 3 | PA |
| TAZORAC EXTERNAL CREAM 0.1 % | 4 | PA; S |
| TAZORAC EXTERNAL GEL 0.05 % | 3 | PA |

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

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|-------------------------|
| TAZORAC EXTERNAL GEL 0.1 % | 4 | PA; S |
| TEXACORT | 3 | |
| TOLAK | 3 | ST |
| TOPICORT EXTERNAL CREAM | 3 | QL (100 per 30 days) |
| TOPICORT EXTERNAL GEL | 3 | |
| TOPICORT EXTERNAL OINTMENT | 3 | |
| TOPICORT SPRAY | 3 | |
| TOVET EXTERNAL FOAM | 3 | QL (100 per 30 days) |
| <i>tretinoin external</i> | 1 | PA; QL (45 per 30 days) |
| <i>tretinoin microsphere</i> | 2 | 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> | 1 | |
| <i>triamcinolone acetonide external cream</i> | 1 | QL (454 per 30 days) |
| <i>triamcinolone acetonide external lotion</i> | 1 | |
| <i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i> | 1 | |
| <i>triamcinolone acetonide external ointment 0.05 %</i> | 3 | |
| <i>triamcinolone acetonide mouth/throat</i> | 1 | |
| <i>triamcinolone in absorbbase</i> | 3 | |
| TRIANEX | 3 | |
| TRIDERM EXTERNAL CREAM | 1 | QL (454 per 30 days) |
| TWYNEO | 3 | |
| ULTRAVATE EXTERNAL LOTION | 3 | |
| VALCHLOR | 4 | PA; LA; S |
| VANOS | 4 | QL (120 per 30 days); S |
| VECTICAL | 3 | QL (800 per 28 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|----------------------------|
| VELTIN | 3 | PA |
| VERDESO | 3 | |
| VEREGEN | 4 | S |
| VIRASAL | 3 | |
| VTAMA | 4 | PA; QL (60 per 30 days); S |
| VUSION | 3 | |
| WINLEVI | 3 | |
| XERESE | 4 | QL (5 per 30 days); S |
| ZENATANE | 1 | |
| ZIANA | 3 | PA |
| ZILXI | 3 | |
| ZONALON | 3 | PA; QL (45 per 30 days) |
| ZORYVE | 3 | PA; QL (60 per 30 days) |
| ZOVIRAX EXTERNAL CREAM | 3 | QL (5 per 30 days) |
| ZOVIRAX EXTERNAL OINTMENT | 3 | QL (30 per 30 days) |
| ZYCLARA | 4 | S |
| ZYCLARA PUMP | 4 | S |
| Electrolytes / Minerals / Metals / Vitamins | | |
| <i>adc/f (0.5mg/ml)</i> | 3 | |
| <i>c-nate dha</i> | 3 | |
| CARBAGLU ORAL TABLET SOLUBLE | 4 | PA; LA; S |
| <i>carglumic acid oral tablet soluble</i> | 4 | PA; LA; S |
| CARNITOR INTRAVENOUS | 3 | B/D PA |
| CARNITOR ORAL | 3 | B/D PA; MO |
| CARNITOR SF | 3 | B/D PA; MO |
| CITRANATAL 90 DHA ORAL 90-1 & 300 MG | 3 | |
| CITRANATAL B-CALM | 3 | |
| CITRANATAL BLOOM | 3 | |
| CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG | 3 | |
| CITRANATAL MEDLEY | 3 | |
| CITRANATAL RX | 3 | |

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

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|----------------------|
| CLINIMIX E/DEXTROSE (2.75/5) | 2 | B/D PA |
| CLINIMIX E/DEXTROSE (4.25/10) | 2 | B/D PA |
| CLINIMIX E/DEXTROSE (4.25/5) | 2 | B/D PA |
| CLINIMIX E/DEXTROSE (5/15) | 2 | B/D PA |
| CLINIMIX E/DEXTROSE (5/20) | 2 | B/D PA |
| <i>clinimix e/dextrose (8/10)</i> | 2 | B/D PA |
| <i>clinimix e/dextrose (8/14)</i> | 2 | B/D PA |
| CLINIMIX/DEXTROSE (4.25/10) | 2 | B/D PA |
| CLINIMIX/DEXTROSE (4.25/5) | 2 | B/D PA |
| CLINIMIX/DEXTROSE (5/15) | 2 | B/D PA |
| CLINIMIX/DEXTROSE (5/20) | 2 | B/D PA |
| <i>clinimix/dextrose (6/5)</i> | 2 | B/D PA |
| <i>clinimix/dextrose (8/10)</i> | 2 | B/D PA |
| <i>clinimix/dextrose (8/14)</i> | 2 | B/D PA |
| CLINISOL SF | 3 | B/D PA |
| CLINOLIPID | 1 | B/D PA |
| <i>completenate</i> | 3 | |
| CONCEPT DHA | 3 | |
| CONCEPT OB | 3 | |
| CRYSVITA | 4 | S |
| <i>dextrose 5%/electrolyte #48</i> | 2 | |
| <i>dextrose in lactated ringers</i> | 1 | |
| <i>dextrose intravenous solution 10 %, 5 %, 50 %, 70 %</i> | 1 | |
| <i>dextrose intravenous solution 250 mg/ml</i> | 2 | |
| <i>dextrose-nacl intravenous solution 10-0.2 %</i> | 2 | |
| <i>dextrose-nacl intravenous solution 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i> | 1 | |
| <i>dextrose-sodium chloride</i> | 1 | |
| DOJOLVI | 4 | LA; S |
| DUET DHA 400 | 3 | |
| DUET DHA BALANCED ORAL 25-1 & 267 MG | 3 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|----------------------|
| EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ | 3 | |
| EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ | 1 | MO |
| ENBRACE HR | 3 | |
| FLORIVA | 3 | |
| <i>fluoritab oral solution</i> | 3 | MO |
| FOLIVANE-OB ORAL CAPSULE 85-1 MG | 3 | |
| INTRALIPID INTRAVENOUS EMULSION 20 % | 3 | B/D PA |
| INTRALIPID INTRAVENOUS EMULSION 30 % | 2 | B/D PA |
| ISOLYTE-P IN D5W | 2 | |
| ISOLYTE-S | 2 | |
| ISOLYTE-S PH 7.4 | 2 | |
| K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ | 3 | MO |
| KABIVEN | 3 | B/D PA |
| <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> | 1 | |
| <i>kcl-lactated ringers-d5w</i> | 2 | |
| KLOR-CON 10 | 1 | MO |
| KLOR-CON M10 | 1 | MO |
| KLOR-CON M15 | 1 | MO |
| KLOR-CON M20 | 1 | MO |
| KLOR-CON ORAL PACKET 20 MEQ | 3 | MO |
| KLOR-CON ORAL TABLET EXTENDED RELEASE | 1 | MO |
| KLOR-CON/EF | 1 | MO |
| <i>lactated ringers intravenous</i> | 1 | |

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

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|----------------------|
| levocarnitine intravenous | 3 | B/D PA |
| levocarnitine oral solution | 1 | B/D PA; MO |
| levocarnitine oral tablet | 2 | B/D PA; MO |
| levocarnitine sf | 1 | B/D PA; MO |
| m-natal plus | 3 | |
| magnesium sulfate injection solution 50 %, 50 % (10ml syringe) | 1 | |
| magnesium sulfate intravenous solution 2 gm/ 50ml, 20 gm/500ml, 4 gm/ 100ml, 4 gm/50ml, 40 gm/ 1000ml | 2 | |
| multi-vitamin/fluoride oral solution | 3 | |
| multi-vitamin/fluoride/iron | 3 | |
| multiple electro type 1 ph 5.5 | 2 | |
| multiple electro type 1 ph 7.4 | 2 | |
| multivitamin w/fluoride | 3 | |
| multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg | 3 | |
| NATACHEW ORAL TABLET CHEWABLE 28-1 MG | 3 | |
| neonatal 19 | 3 | |
| neonatal complete oral tablet 29-1 mg | 3 | |
| neonatal fe | 3 | |
| NEONATAL PLUS | 3 | |
| NESTABS | 3 | |
| NESTABS ONE | 3 | |
| NIVA-PLUS | 3 | |
| NUTRILIPID | 3 | B/D PA |
| OB COMPLETE ONE | 3 | |
| OB COMPLETE ORAL TABLET | 3 | |
| OB COMPLETE PETITE | 3 | |
| OB COMPLETE PREMIER | 3 | |
| OB COMPLETE/DHA | 3 | |
| OMEGAVEN | 3 | B/D PA |
| PERIKABIVEN | 3 | B/D PA |

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|----------------------|
| PLASMA-LYTE 148 | 2 | |
| PLASMA-LYTE A | 2 | |
| PLENAMINE | 3 | B/D PA |
| pnv prenatal plus multivitamin | 3 | |
| pnv-dha | 1 | |
| pnv-dha+docusate | 3 | |
| pnv-omega | 3 | |
| POLY-VI-FLOR | 3 | |
| POLY-VI-FLOR/IRON | 3 | |
| polyvitamin/fluoride oral solution 0.25 mg/ml | 3 | |
| potassium chloride crys er | 1 | MO |
| potassium chloride er | 1 | MO |
| potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-% | 1 | |
| potassium chloride intravenous solution 10 meq/100ml, 20 meq/100ml, 40 meq/100ml | 3 | |
| potassium chloride intravenous solution 10 meq/50ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/ 50ml | 1 | |
| potassium chloride oral packet | 3 | MO |
| potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%) | 1 | MO |
| potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l | 1 | |
| PREMASOL INTRAVENOUS SOLUTION 10 % | 2 | B/D PA |
| prenaissance | 3 | |
| prenaissance plus | 3 | |
| prenatal oral tablet 27-1 mg | 3 | |
| prenatal plus | 3 | |
| prenatal plus vitamin/ mineral | 3 | |

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

| Drug Name | Drug Tier | Requirements /Limits | Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|----------------------|---|-----------|----------------------------|
| <i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i> | 1 | | <i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 4 meq/ml, 5 %</i> | 1 | |
| PRENATAL VIT W/ IRON CARBONYL-FOLIC ACID | 1 | | <i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i> | 3 | MO |
| <i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha oral capsule 27-0.6-0.4-300 mg</i> | 3 | | <i>sodium fluoride oral tablet 2.2 (1 f) mg</i> | 1 | MO |
| PRENATE | 3 | | <i>sodium fluoride oral tablet chewable</i> | 1 | MO |
| PRENATE AM | 3 | | TARON-C DHA ORAL CAPSULE 35-1 MG | 3 | |
| PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG | 3 | | <i>thrivite rx</i> | 3 | |
| PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG | 3 | | TPN ELECTROLYTES INTRAVENOUS CONCENTRATE | 3 | |
| PRENATE ENHANCE | 3 | | TRAVASOL | 2 | B/D PA |
| PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG | 3 | | TRI-VI-FLOR | 3 | |
| PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG | 3 | | <i>tri-vite/fluoride</i> | 3 | |
| PRENATE PIXIE | 3 | | TRICARE | 3 | |
| PRENATE RESTORE | 3 | | <i>trinatal rx 1</i> | 3 | |
| <i>prenatvite complete</i> | 3 | | <i>tristart dha</i> | 3 | |
| <i>prenatvite plus</i> | 3 | | TROPHAMINE INTRAVENOUS SOLUTION 10 % | 2 | B/D PA |
| PRIMACARE ORAL CAPSULE | 3 | | <i>virt-c dha</i> | 3 | |
| PROSOL | 2 | B/D PA | <i>virt-nate dha</i> | 3 | |
| PROVIDA OB | 3 | | VITAFOL GUMMIES | 3 | |
| QUFLORA FE | 3 | | VITAFOL STRIPS | 3 | |
| QUFLORA FE PEDIATRIC | 3 | | VITAFOL ULTRA | 3 | |
| QUFLORA PEDIATRIC | 3 | | VITAFOL-NANO | 3 | |
| <i>ringers</i> | 1 | | VITAFOL-OB | 3 | |
| <i>se-natal 19</i> | 3 | | VITAFOL-ONE | 3 | |
| SELECT-OB | 3 | | <i>wescap-c dha</i> | 3 | |
| SMOFLIPID | 3 | B/D PA | <i>wesnate dha</i> | 3 | |
| <i>sodium bicarbonate intravenous solution 4.2 %, 7.5 %, 8.4 %</i> | 1 | | <i>westab plus</i> | 3 | |
| <i>sodium chloride (pf)</i> | 1 | | <i>westgel dha</i> | 3 | |
| <i>sodium chloride injection solution 2.5 meq/ml</i> | 1 | | Endocrine And Metabolic Disorder Agents | | |
| | | | <i>acarbose oral</i> | 1 | QL (90 per 30 days); MO |
| | | | ACTONEL ORAL TABLET 150 MG | 3 | ST; QL (1 per 28 days); MO |

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

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|----------------------------------|
| ACTONEL ORAL TABLET 35 MG | 3 | ST; QL (4 per 28 days); MO |
| ACTOPLUS MET | 3 | QL (90 per 30 days); MO |
| ACTOS ORAL TABLET 15 MG | 3 | QL (90 per 30 days); MO |
| ACTOS ORAL TABLET 30 MG | 3 | QL (45 per 30 days); MO |
| ACTOS ORAL TABLET 45 MG | 3 | QL (30 per 30 days); MO |
| ADLYXIN | 3 | PA; QL (6 per 28 days); MO |
| ADLYXIN STARTER PACK | 3 | PA; QL (6 per 180 days) |
| ADMELOG INJECTION | 3 | ST; MO |
| ADMELOG SOLOSTAR | 3 | ST; MO |
| AFREZZA INHALATION POWDER 12 UNIT | 4 | PA; QL (270 per 30 days); MO; S |
| AFREZZA INHALATION POWDER 4 UNIT | 3 | PA; QL (540 per 30 days); MO |
| AFREZZA INHALATION POWDER 60X4 & 60X8 & 60X12 UNIT | 4 | PA; QL (360 per 365 days); MO; S |
| AFREZZA INHALATION POWDER 8 UNIT | 3 | PA; QL (360 per 30 days); MO |
| AFREZZA INHALATION POWDER 90 X 4 UNIT & 90X8 UNIT | 4 | PA; QL (540 per 30 days); MO; S |
| AFREZZA INHALATION POWDER 90 X 8 UNIT & 90X12 UNIT | 4 | PA; QL (360 per 30 days); MO; S |
| <i>alendronate sodium oral solution</i> | 1 | QL (300 per 28 days); MO |
| <i>alendronate sodium oral tablet 10 mg</i> | 1 | QL (30 per 30 days); MO |
| <i>alendronate sodium oral tablet 35 mg, 70 mg</i> | 1 | QL (4 per 28 days); MO |
| <i>alogliptin benzoate oral tablet 12.5 mg</i> | 1 | PA; QL (60 per 30 days); MO |
| <i>alogliptin benzoate oral tablet 25 mg</i> | 1 | PA; QL (30 per 30 days); MO |
| <i>alogliptin benzoate oral tablet 6.25 mg</i> | 1 | PA; QL (120 per 30 days); MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|------------------------------|
| <i>alogliptin-metformin hcl</i> | 1 | PA; QL (60 per 30 days); MO |
| <i>alogliptin-pioglitazone oral tablet 12.5-15 mg</i> | 1 | PA; QL (60 per 30 days); MO |
| <i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg</i> | 1 | PA; QL (30 per 30 days); MO |
| AMARYL ORAL TABLET 2 MG | 3 | QL (120 per 30 days); MO |
| AMARYL ORAL TABLET 4 MG | 3 | QL (60 per 30 days); MO |
| APIDRA | 3 | ST; MO |
| APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | ST; MO |
| ATELVIA | 3 | QL (4 per 28 days); MO |
| AURYXIA | 4 | PA; MO; S |
| BAQSIMI ONE PACK | 3 | |
| BAQSIMI TWO PACK | 3 | |
| BASAGLAR KWIKPEN | 3 | ST; MO |
| BASAGLAR TEMPO PEN | 3 | ST; MO |
| BINOSTO | 3 | QL (4 per 28 days); MO |
| BYDUREON BCISE | 2 | PA; QL (4 per 28 days); MO |
| BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | PA; QL (2.4 per 30 days); MO |
| BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | PA; QL (1.2 per 30 days); MO |
| <i>calcitonin (salmon) injection</i> | 4 | B/D PA; S |
| <i>calcitonin (salmon) nasal</i> | 1 | QL (4 per 30 days); MO |
| <i>calcitriol intravenous solution 1 mcg/ml</i> | 1 | B/D PA |
| <i>calcitriol oral</i> | 1 | B/D PA; MO |
| <i>calcium acetate (phos binder)</i> | 1 | MO |
| <i>calcium acetate oral tablet 667 mg</i> | 1 | MO |

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

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|---------------------------------|
| CHEMET | 3 | |
| <i>cinacalcet hcl oral tablet 30 mg</i> | 1 | B/D PA; QL (60 per 30 days) |
| <i>cinacalcet hcl oral tablet 60 mg</i> | 3 | B/D PA; QL (60 per 30 days) |
| <i>cinacalcet hcl oral tablet 90 mg</i> | 4 | B/D PA; QL (120 per 30 days); S |
| CYCLOSET | 3 | ST; QL (180 per 30 days); MO |
| <i>deferasirox granules oral packet 180 mg, 360 mg</i> | 4 | PA; S |
| <i>deferasirox granules oral packet 90 mg</i> | 3 | PA |
| <i>deferasirox oral packet 180 mg, 360 mg</i> | 4 | PA; S |
| <i>deferasirox oral packet 90 mg</i> | 3 | PA |
| <i>deferasirox oral tablet 180 mg, 360 mg</i> | 4 | PA; S |
| <i>deferasirox oral tablet 90 mg</i> | 3 | 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>deferoxamine mesylate injection solution reconstituted 2 gm</i> | 3 | B/D PA |
| <i>deferoxamine mesylate injection solution reconstituted 500 mg</i> | 4 | S |
| <i>diazoxide oral</i> | 4 | MO; S |
| <i>doxercalciferol intravenous</i> | 1 | B/D PA |
| <i>doxercalciferol oral</i> | 3 | B/D PA; MO |
| DUETACT | 3 | QL (30 per 30 days); MO |
| EVENITY | 4 | PA; QL (2.34 per 28 days); S |
| EXJADE | 4 | PA; LA; S |

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|----------------------------|
| FARXIGA | 2 | QL (30 per 30 days); MO |
| FERRIPROX | 4 | PA; LA; S |
| FERRIPROX TWICE-A-DAY | 4 | PA; LA; S |
| FIASP FLEXTOUCH | 3 | ST; MO |
| FIASP INJECTION | 3 | ST; MO |
| FIASP PENFILL | 3 | ST; MO |
| FIASP PUMPCART | 3 | ST; MO |
| FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML | 4 | PA; QL (3 per 28 days); S |
| FOSAMAX ORAL TABLET 70 MG | 3 | ST; QL (4 per 28 days); MO |
| FOSAMAX PLUS D | 3 | ST; QL (4 per 28 days); MO |
| FOSRENOL ORAL PACKET | 4 | MO; S |
| FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG | 4 | ST; MO; S |
| <i>glimepiride oral tablet 1 mg</i> | 1 | QL (240 per 30 days); MO |
| <i>glimepiride oral tablet 2 mg</i> | 1 | QL (120 per 30 days); MO |
| <i>glimepiride oral tablet 4 mg</i> | 1 | QL (60 per 30 days); MO |
| <i>glipizide er oral tablet extended release 24 hour 10 mg</i> | 1 | QL (60 per 30 days); MO |
| <i>glipizide er oral tablet extended release 24 hour 2.5 mg</i> | 1 | QL (240 per 30 days); MO |
| <i>glipizide er oral tablet extended release 24 hour 5 mg</i> | 1 | QL (120 per 30 days); MO |
| <i>glipizide oral tablet 10 mg</i> | 1 | QL (120 per 30 days); MO |
| <i>glipizide oral tablet 5 mg</i> | 1 | QL (240 per 30 days); MO |
| <i>glipizide xl oral tablet extended release 24 hour 10 mg</i> | 1 | QL (60 per 30 days); MO |
| <i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i> | 1 | QL (240 per 30 days); MO |

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

| Drug Name | Drug Tier | Requirements /Limits | Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|---------------------------------|--|-----------|--------------------------|
| <i>glipizide xl oral tablet extended release 24 hour 5 mg</i> | 1 | QL (120 per 30 days); MO | GLYNASE ORAL TABLET 1.5 MG | 3 | QL (240 per 30 days); MO |
| <i>glipizide-metformin hcl oral tablet 2.5-250 mg</i> | 1 | QL (240 per 30 days); MO | GLYNASE ORAL TABLET 3 MG | 3 | QL (120 per 30 days); MO |
| <i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i> | 1 | QL (120 per 30 days); MO | GLYNASE ORAL TABLET 6 MG | 3 | QL (60 per 30 days); MO |
| GLUCAGEN HYPOKIT | 2 | | GLYXAMBI | 2 | QL (30 per 30 days); MO |
| <i>glucagon emergency injection kit</i> | 2 | | GVOKE HYPOPEN 1-PACK | 3 | |
| GLUCAGON EMERGENCY INJECTION KIT | 3 | | GVOKE HYPOPEN 2-PACK | 3 | |
| GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG | 3 | QL (60 per 30 days); MO | GVOKE KIT | 3 | |
| GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5 MG | 3 | QL (240 per 30 days); MO | GVOKE PFS | 3 | |
| GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG | 3 | QL (120 per 30 days); MO | HECTOROL INTRAVENOUS SOLUTION 4 MCG/2ML | 3 | B/D PA |
| GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG | 4 | ST; QL (60 per 30 days); MO; S | HUMALOG INJECTION | 2 | MO |
| GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG | 4 | ST; QL (120 per 30 days); MO; S | HUMALOG JUNIOR KWIKPEN | 2 | MO |
| <i>glyburide micronized oral tablet 1.5 mg</i> | 1 | QL (240 per 30 days); MO | HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | MO |
| <i>glyburide micronized oral tablet 3 mg</i> | 1 | QL (120 per 30 days); MO | HUMALOG MIX 50/50 | 2 | MO |
| <i>glyburide micronized oral tablet 6 mg</i> | 1 | QL (60 per 30 days); MO | HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 2 | MO |
| <i>glyburide oral tablet 1.25 mg</i> | 1 | QL (480 per 30 days); MO | HUMALOG MIX 75/25 | 2 | MO |
| <i>glyburide oral tablet 2.5 mg</i> | 1 | QL (240 per 30 days); MO | HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 2 | MO |
| <i>glyburide oral tablet 5 mg</i> | 1 | QL (120 per 30 days); MO | HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE | 2 | MO |
| <i>glyburide-metformin oral tablet 1.25-250 mg</i> | 1 | QL (240 per 30 days); MO | HUMALOG TEMPO PEN | 4 | MO; S |
| <i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i> | 1 | QL (120 per 30 days); MO | HUMULIN 70/30 | 2 | MO |
| | | | HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 2 | MO |
| | | | HUMULIN N | 2 | MO |
| | | | HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 2 | MO |
| | | | HUMULIN R | 2 | MO |
| | | | HUMULIN R U-500 (CONCENTRATED) | 4 | PA; MO; S |

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

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|-----------------------------|
| HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 4 | PA; MO; S |
| <i>ibandronate sodium intravenous</i> | 1 | B/D PA |
| <i>ibandronate sodium oral</i> | 1 | QL (1 per 28 days); MO |
| <i>insulin asp prot & asp flexpen</i> | 3 | ST; MO |
| <i>insulin aspart flexpen</i> | 3 | ST; MO |
| <i>insulin aspart injection</i> | 3 | ST; MO |
| <i>insulin aspart penfill</i> | 3 | ST; MO |
| <i>insulin aspart prot & aspart</i> | 3 | ST; MO |
| <i>insulin degludec</i> | 3 | ST; QL (30 per 30 days); MO |
| <i>insulin degludec flextouch subcutaneous solution pen-injector 100 unit/ml</i> | 3 | ST; QL (30 per 30 days); MO |
| <i>insulin degludec flextouch subcutaneous solution pen-injector 200 unit/ml</i> | 2 | ST; QL (18 per 30 days); MO |
| <i>insulin glargine</i> | 3 | ST; MO |
| <i>insulin glargine solostar</i> | 3 | ST; MO |
| <i>insulin glargine-yfgn</i> | 3 | ST; MO |
| <i>insulin lispro (1 unit dial)</i> | 2 | MO |
| <i>insulin lispro injection</i> | 2 | MO |
| <i>insulin lispro junior kwikpen</i> | 2 | MO |
| <i>insulin lispro prot & lispro</i> | 2 | MO |
| INVOKAMET | 3 | QL (60 per 30 days); MO |
| INVOKAMET XR | 3 | QL (60 per 30 days); MO |
| INVOKANA | 3 | QL (30 per 30 days); MO |
| JADENU | 4 | PA; LA; S |
| JADENU SPRINKLE | 4 | PA; LA; S |
| JANUMET | 2 | QL (60 per 30 days); MO |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG | 2 | QL (30 per 30 days); MO |

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|---------------------------------|
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG | 2 | QL (60 per 30 days); MO |
| JANUVIA ORAL TABLET 100 MG | 2 | QL (30 per 30 days); MO |
| JANUVIA ORAL TABLET 25 MG | 2 | QL (120 per 30 days); MO |
| JANUVIA ORAL TABLET 50 MG | 2 | QL (60 per 30 days); MO |
| JARDIANCE | 2 | QL (30 per 30 days); MO |
| JENTADUETO | 2 | QL (60 per 30 days); MO |
| JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG | 2 | QL (60 per 30 days); MO |
| JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG | 2 | QL (30 per 30 days); MO |
| JYNARQUE ORAL TABLET | 4 | PA; QL (120 per 30 days); LA; S |
| JYNARQUE ORAL TABLET THERAPY PACK | 4 | PA; QL (56 per 28 days); LA; S |
| KAZANO | 3 | PA; QL (60 per 30 days); MO |
| KERENDIA | 2 | PA; QL (30 per 30 days); MO |
| KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG | 3 | PA; QL (60 per 30 days); MO |
| KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG | 3 | PA; QL (30 per 30 days); MO |
| <i>lanthanum carbonate</i> | 3 | ST; MO |
| LANTUS | 2 | MO |
| LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | MO |
| LEVEMIR | 2 | MO |
| LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | MO |

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

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|-------------------------------|
| LEVEMIR FLEXTOUCH | 2 | MO |
| LOKELMA | 2 | MO |
| LYUMJEV | 2 | MO |
| LYUMJEV KWIKPEN | 2 | MO |
| LYUMJEV TEMPO PEN | 4 | MO; S |
| <i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg</i> | 3 | QL (60 per 30 days); MO |
| <i>metformin hcl er (mod) oral tablet extended release 24 hour 500 mg</i> | 3 | QL (120 per 30 days); MO |
| <i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg</i> | 3 | QL (60 per 30 days); MO |
| <i>metformin hcl er (osm) oral tablet extended release 24 hour 500 mg</i> | 3 | QL (120 per 30 days); MO |
| <i>metformin hcl er oral tablet extended release 24 hour 500 mg</i> | 1 | QL (120 per 30 days); MO |
| <i>metformin hcl er oral tablet extended release 24 hour 750 mg</i> | 1 | QL (60 per 30 days); MO |
| <i>metformin hcl oral solution</i> | 3 | QL (946 per 30 days); MO |
| <i>metformin hcl oral tablet 1000 mg</i> | 1 | QL (60 per 30 days); MO |
| <i>metformin hcl oral tablet 500 mg</i> | 1 | QL (150 per 30 days); MO |
| <i>metformin hcl oral tablet 625 mg</i> | 4 | QL (120 per 30 days); MO; S |
| <i>metformin hcl oral tablet 850 mg</i> | 1 | QL (90 per 30 days); MO |
| MIACALCIN INJECTION | 4 | B/D PA; S |
| <i>miglitol</i> | 1 | QL (90 per 30 days); MO |
| MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML | 4 | PA; QL (2 per 28 days); MO; S |
| MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 2.5 MG/0.5ML | 4 | PA; QL (2 per 28 days); S |

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|------------------------------|
| <i>nateglinide oral tablet 120 mg</i> | 1 | QL (90 per 30 days); MO |
| <i>nateglinide oral tablet 60 mg</i> | 1 | QL (180 per 30 days); MO |
| NATPARA | 4 | PA; QL (2 per 28 days); S |
| NESINA ORAL TABLET 12.5 MG | 3 | PA; QL (60 per 30 days); MO |
| NESINA ORAL TABLET 25 MG | 3 | PA; QL (30 per 30 days); MO |
| NESINA ORAL TABLET 6.25 MG | 3 | PA; QL (120 per 30 days); MO |
| NOVOLIN 70/30 | 3 | ST; MO |
| NOVOLIN 70/30 FLEXPEN | 3 | ST; MO |
| NOVOLIN 70/30 FLEXPEN RELION | 3 | ST; MO |
| NOVOLIN 70/30 RELION | 3 | ST; MO |
| NOVOLIN N | 3 | ST; MO |
| NOVOLIN N FLEXPEN | 3 | ST; MO |
| NOVOLIN N FLEXPEN RELION | 3 | ST; MO |
| NOVOLIN N RELION | 3 | ST; MO |
| NOVOLIN R | 3 | ST; MO |
| NOVOLIN R FLEXPEN | 3 | ST; MO |
| NOVOLIN R FLEXPEN RELION | 3 | ST; MO |
| NOVOLIN R RELION | 3 | ST; MO |
| NOVOLOG 70/30 FLEXPEN RELION | 3 | ST; MO |
| NOVOLOG FLEXPEN RELION | 3 | ST; MO |
| NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | ST; MO |
| NOVOLOG INJECTION | 3 | ST; MO |
| NOVOLOG MIX 70/30 | 3 | ST; MO |
| NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 3 | ST; MO |
| NOVOLOG MIX 70/30 RELION | 3 | ST; MO |
| NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE | 3 | ST; MO |

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

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|------------------------------|
| NOVOLOG RELION INJECTION | 3 | ST; MO |
| ONGLYZA ORAL TABLET 2.5 MG | 3 | PA; QL (60 per 30 days); MO |
| ONGLYZA ORAL TABLET 5 MG | 3 | PA; QL (30 per 30 days); MO |
| OSENI ORAL TABLET 12.5-15 MG | 3 | PA; QL (60 per 30 days); MO |
| OSENI ORAL TABLET 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG | 3 | PA; QL (30 per 30 days); MO |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML | 2 | PA; QL (1.5 per 28 days); MO |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML | 2 | PA; QL (3 per 28 days); MO |
| OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML | 2 | PA; QL (3 per 28 days); MO |
| OZEMPIC (2 MG/DOSE) | 2 | PA; QL (3 per 28 days); MO |
| <i>pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml</i> | 1 | |
| <i>pamidronate disodium intravenous solution 6 mg/ml</i> | 2 | B/D PA |
| <i>paricalcitol intravenous</i> | 3 | B/D PA |
| <i>paricalcitol oral</i> | 1 | B/D PA; MO |
| <i>pioglitazone hcl oral tablet 15 mg</i> | 1 | QL (90 per 30 days); MO |
| <i>pioglitazone hcl oral tablet 30 mg</i> | 1 | QL (45 per 30 days); MO |
| <i>pioglitazone hcl oral tablet 45 mg</i> | 1 | QL (30 per 30 days); MO |
| <i>pioglitazone hcl-glimepiride</i> | 1 | QL (30 per 30 days); MO |
| <i>pioglitazone hcl-metformin hcl</i> | 1 | QL (90 per 30 days); MO |
| PROGLYCEM | 4 | MO; S |

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|------------------------------|
| PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | PA; QL (1 per 180 days) |
| QTERN | 3 | PA; QL (30 per 30 days); MO |
| RAYALDEE | 4 | MO; S |
| RECLAST | 3 | PA |
| RENAGEL ORAL TABLET 800 MG | 3 | ST; MO |
| REVELA ORAL PACKET 0.8 GM | 4 | QL (540 per 30 days); MO; S |
| REVELA ORAL PACKET 2.4 GM | 3 | QL (180 per 30 days); MO |
| REVELA ORAL TABLET | 4 | QL (540 per 30 days); MO; S |
| <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 |
| REZVOGLAR KWIKPEN | 3 | ST; MO |
| RIOMET | 3 | QL (946 per 30 days); MO |
| <i>risedronate sodium oral tablet 150 mg</i> | 1 | ST; QL (1 per 28 days); MO |
| <i>risedronate sodium oral tablet 30 mg</i> | 1 | ST; QL (30 per 30 days) |
| <i>risedronate sodium oral tablet 35 mg</i> | 1 | ST; QL (4 per 28 days); MO |
| <i>risedronate sodium oral tablet 35 mg (12 pack), 35 mg (4 pack)</i> | 1 | MO |
| <i>risedronate sodium oral tablet 5 mg</i> | 1 | ST; QL (30 per 30 days); MO |
| <i>risedronate sodium oral tablet delayed release</i> | 1 | ST; QL (4 per 28 days); MO |
| ROCALTROL | 3 | B/D PA; MO |
| RYBELSUS ORAL TABLET 14 MG, 7 MG | 2 | PA; QL (30 per 30 days); MO |
| RYBELSUS ORAL TABLET 3 MG | 2 | PA; QL (60 per 365 days); MO |
| SAMSCA ORAL TABLET 15 MG | 4 | PA; QL (30 per 30 days); S |

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

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|---------------------------------|
| SAMSCA ORAL TABLET 30 MG | 4 | PA; QL (60 per 30 days); S |
| saxagliptin hcl oral tablet 2.5 mg | 3 | PA; QL (60 per 30 days); MO |
| saxagliptin hcl oral tablet 5 mg | 3 | PA; QL (30 per 30 days); MO |
| saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg | 3 | PA; QL (60 per 30 days); MO |
| saxagliptin-metformin er oral tablet extended release 24 hour 5-1000 mg, 5-500 mg | 3 | PA; QL (30 per 30 days); MO |
| SEGLUROMET | 3 | PA; QL (60 per 30 days); MO |
| SEMGLEE (YFGN) | 3 | MO |
| SENSIPAR ORAL TABLET 30 MG | 3 | B/D PA; QL (60 per 30 days) |
| SENSIPAR ORAL TABLET 60 MG | 4 | B/D PA; QL (60 per 30 days); S |
| SENSIPAR ORAL TABLET 90 MG | 4 | B/D PA; QL (120 per 30 days); S |
| sevelamer carbonate oral packet 0.8 gm | 3 | QL (540 per 30 days); MO |
| sevelamer carbonate oral packet 2.4 gm | 3 | QL (180 per 30 days); MO |
| sevelamer carbonate oral tablet | 1 | QL (540 per 30 days); MO |
| sevelamer hcl oral tablet 400 mg | 1 | ST; MO |
| sevelamer hcl oral tablet 800 mg | 3 | ST; MO |
| sodium polystyrene sulfonate oral powder | 1 | |
| SOLIQUA | 3 | QL (15 per 25 days); MO |
| SPS | 1 | |
| STEGLATRO | 3 | PA; QL (30 per 30 days); MO |
| STEGLUJAN | 3 | PA; QL (30 per 30 days); MO |
| SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR | 4 | PA; QL (11 per 30 days); MO; S |

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|-------------------------------|
| 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 |
| SYPRINE | 4 | S |
| teriparatide (recombinant) | 4 | PA; QL (3 per 28 days); S |
| tolvaptan oral tablet 15 mg | 4 | PA; QL (30 per 30 days); S |
| tolvaptan oral tablet 30 mg | 4 | PA; QL (60 per 30 days); S |
| TOUJEO MAX SOLOSTAR | 2 | MO |
| TOUJEO SOLOSTAR | 2 | 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 |
| TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML | 2 | QL (18 per 30 days); MO |
| trientine hcl | 4 | 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 | 2 | PA; QL (2 per 28 days); MO |
| TYMLOS | 4 | PA; QL (1.56 per 28 days); S |

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

| Drug Name | Drug Tier | Requirements /Limits | Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|--------------------------------|---|-----------|-----------------------------|
| VELPHORO | 4 | QL (180 per 30 days); MO; S | ANTIVERT ORAL TABLET 50 MG | 3 | |
| VELTASSA | 4 | MO; S | ANTIVERT ORAL TABLET CHEWABLE | 3 | |
| VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | PA; QL (9 per 30 days); MO | ANZEMET ORAL TABLET 50 MG | 3 | B/D PA |
| XGEVA | 4 | PA; QL (5.1 per 28 days); S | APONVIE | 3 | |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG | 2 | QL (30 per 30 days); MO | <i>aprepitant oral</i> | 1 | B/D PA; QL (15 per 30 days) |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG | 2 | QL (60 per 30 days); MO | <i>aprepitant oral capsule 125 mg</i> | 1 | B/D PA; QL (5 per 30 days) |
| XULTOPHY | 3 | QL (15 per 25 days); MO | <i>aprepitant oral capsule 40 mg</i> | 1 | B/D PA; QL (1 per 28 days) |
| ZEGALOGUE | 3 | | <i>aprepitant oral capsule 80 & 125 mg</i> | 1 | B/D PA; QL (15 per 30 days) |
| ZEMPLAR INTRAVENOUS | 3 | B/D PA | <i>aprepitant oral capsule 80 mg</i> | 1 | B/D PA; QL (10 per 30 days) |
| ZEMPLAR ORAL CAPSULE 1 MCG | 3 | B/D PA; MO | APRISO | 3 | MO |
| ZEMPLAR ORAL CAPSULE 2 MCG | 4 | B/D PA; MO; S | ASACOL HD | 3 | |
| <i>zoledronic acid intravenous concentrate</i> | 1 | PA | AZULFIDINE | 3 | MO |
| <i>zoledronic acid intravenous solution</i> | 1 | PA | AZULFIDINE EN-TABS | 3 | MO |
| Gastrointestinal Agents | | | <i>balsalazide disodium</i> | 1 | |
| ACIPHEX | 3 | QL (30 per 30 days); MO | BENTYL INTRAMUSCULAR | 3 | |
| AKYNZEO (TO-BE-DILUTED) | 4 | S | <i>bismuth/metronidaz/tetracyclin</i> | 4 | S |
| AKYNZEO INTRAVENOUS | 4 | S | BONJESTA | 3 | PA; QL (60 per 30 days) |
| AKYNZEO ORAL | 3 | QL (5 per 30 days) | <i>budesonide er oral tablet extended release 24 hour</i> | 4 | PA; S |
| <i>alosetron hcl oral tablet 0.5 mg</i> | 3 | PA; QL (60 per 30 days); MO | <i>budesonide oral</i> | 1 | |
| <i>alosetron hcl oral tablet 1 mg</i> | 4 | PA; QL (60 per 30 days); MO; S | <i>budesonide rectal</i> | 3 | |
| AMITIZA | 3 | QL (60 per 30 days); MO | CANASA | 4 | S |
| <i>amoxicill-clarithro-lansopraz oral therapy pack</i> | 3 | | CARAFATE | 3 | MO |
| | | | CHENODAL | 4 | PA; S |
| | | | <i>chlordiazepoxide-clidinium</i> | 3 | PA |
| | | | <i>cimetidine hcl oral</i> | 1 | MO |
| | | | <i>cimetidine oral tablet 200 mg</i> | 1 | |
| | | | <i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i> | 1 | MO |
| | | | CINVANTI | 3 | |
| | | | CLENPIQ | 3 | |

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

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|--------------------------------|
| COLAZAL | 4 | S |
| COMPRO | 1 | |
| constulose | 1 | MO |
| CORTEF | 3 | |
| CORTENEMA | 3 | |
| CORTIFOAM EXTERNAL | 3 | |
| CUVPOSA | 3 | MO |
| CYTOTEC | 3 | MO |
| DARTISLA ODT | 3 | |
| DELZICOL | 3 | MO |
| DEXILANT | 3 | ST; QL (30 per 30 days); MO |
| dexlansoprazole | 3 | ST; QL (30 per 30 days); MO |
| DICLEGIS | 3 | PA; QL (120 per 30 days) |
| dicyclomine hcl intramuscular | 3 | |
| dicyclomine hcl oral capsule | 1 | |
| dicyclomine hcl oral solution | 1 | |
| dicyclomine hcl oral tablet | 1 | |
| DIPENTUM | 4 | MO; S |
| diphenoxylate-atropine oral liquid | 1 | |
| diphenoxylate-atropine oral tablet 2.5-0.025 mg | 1 | |
| doxylamine-pyridoxine | 3 | PA; QL (120 per 30 days) |
| dronabinol | 1 | B/D PA; QL (120 per 30 days) |
| EMEND ORAL CAPSULE 80 MG | 4 | B/D PA; QL (10 per 30 days); S |
| EMEND ORAL SUSPENSION RECONSTITUTED | 3 | B/D PA; QL (15 per 30 days) |
| EMEND TRI-PACK | 3 | B/D PA; QL (15 per 30 days) |
| enulose | 1 | MO |
| esomeprazole magnesium oral capsule delayed release | 1 | ST; QL (30 per 30 days); MO |

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|-----------------------------|
| esomeprazole magnesium oral packet | 3 | ST; QL (30 per 30 days); MO |
| esomeprazole sodium intravenous solution reconstituted 40 mg | 1 | |
| famotidine (pf) | 1 | |
| famotidine intravenous solution 200 mg/20ml, 40 mg/4ml | 1 | |
| famotidine oral suspension reconstituted | 1 | MO |
| famotidine oral tablet 20 mg, 40 mg | 1 | MO |
| famotidine premixed | 1 | |
| fosaprepitant dimeglumine | 3 | |
| GATTEX | 4 | PA; LA; S |
| GAVILYTE-C | 1 | |
| GAVILYTE-G | 1 | |
| GAVILYTE-N WITH FLAVOR PACK | 1 | |
| generlac | 1 | MO |
| GIMOTI | 4 | S |
| GLYCATE | 3 | |
| glycopyrrolate injection solution | 1 | |
| glycopyrrolate oral solution | 3 | MO |
| glycopyrrolate oral tablet 1 mg, 2 mg | 1 | |
| glycopyrrolate oral tablet 1.5 mg | 3 | |
| glycopyrrolate pf | 3 | |
| GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM | 3 | |
| granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml | 1 | |
| granisetron hcl oral | 1 | B/D PA; QL (30 per 30 days) |
| HELIDAC THERAPY | 4 | S |
| hydrocortisone ace-pramoxine external cream 1-1 % | 1 | |
| hydrocortisone oral | 1 | |

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

| Drug Name | Drug Tier | Requirements /Limits | Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|--------------------------------|---|-----------|---------------------------------|
| hydrocortisone rectal enema | 1 | | MARINOL ORAL CAPSULE 10 MG | 4 | B/D PA; QL (120 per 30 days); S |
| hyoscyamine sulfate oral elixir | 3 | MO | MARINOL ORAL CAPSULE 2.5 MG, 5 MG | 3 | B/D PA; QL (120 per 30 days) |
| hyoscyamine sulfate oral solution | 3 | MO | meclizine hcl oral tablet 12.5 mg, 25 mg | 1 | |
| hyoscyamine sulfate oral tablet | 1 | MO | meclizine hcl oral tablet 50 mg | 3 | |
| hyoscyamine sulfate oral tablet dispersible | 1 | MO | mesalamine er oral capsule extended release | 3 | MO |
| hyoscyamine sulfate sublingual | 1 | MO | mesalamine er oral capsule extended release 24 hour | 1 | MO |
| IBSRELA | 4 | QL (60 per 30 days); MO; S | mesalamine oral capsule delayed release | 1 | MO |
| KONVOMEPE | 3 | QL (600 per 30 days) | mesalamine oral tablet delayed release 1.2 gm | 1 | MO |
| KRISTALOSE | 3 | MO | mesalamine oral tablet delayed release 800 mg | 1 | |
| lactulose encephalopathy | 1 | MO | mesalamine rectal | 1 | |
| lactulose oral packet | 4 | MO; S | mesalamine-cleanser | 1 | |
| lactulose oral solution | 1 | MO | methscopolamine bromide oral | 1 | |
| lansoprazole oral capsule delayed release 15 mg | 1 | MO | metoclopramide hcl injection | 1 | |
| lansoprazole oral capsule delayed release 30 mg | 1 | QL (30 per 30 days); MO | metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml | 1 | |
| lansoprazole oral tablet delayed release dispersible 15 mg | 3 | MO | metoclopramide hcl oral tablet | 1 | |
| lansoprazole oral tablet delayed release dispersible 30 mg | 3 | QL (30 per 30 days); MO | metoclopramide hcl oral tablet dispersible 10 mg | 3 | |
| LEVSIN ORAL TABLET | 3 | MO | metoclopramide hcl oral tablet dispersible 5 mg | 1 | |
| LEVSIN/SL | 3 | MO | misoprostol oral | 1 | MO |
| LIALDA | 3 | MO | MOTTEGRITY | 3 | QL (30 per 30 days); MO |
| LIBRAX | 4 | PA; S | MOTOFEN | 3 | |
| LINZESS | 2 | QL (30 per 30 days); MO | MOVANTIK | 2 | QL (30 per 30 days) |
| LOMOTIL ORAL TABLET | 3 | | MOVIPREP | 3 | |
| loperamide hcl oral capsule | 1 | | MYALEPT | 4 | PA; LA; S |
| LOTRONEX | 4 | PA; QL (60 per 30 days); MO; S | MYTESI | 4 | S |
| lubiprostone | 1 | QL (60 per 30 days); MO | na sulfate-k sulfate-mg sulf | 2 | |

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

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|--------------------------------|
| NEXIUM | 3 | ST; QL (30 per 30 days); MO |
| NEXIUM I.V. INTRAVENOUS SOLUTION RECONSTITUTED 40 MG | 3 | |
| <i>nizatidine oral capsule</i> | 1 | MO |
| <i>nizatidine oral solution</i> | 3 | MO |
| NULEV | 3 | MO |
| NULYTELY LEMON-LIME | 3 | |
| OICALIVA | 4 | PA; QL (30 per 30 days); LA; S |
| OMECLAMOX-PAK | 3 | |
| <i>omeprazole oral capsule delayed release</i> | 1 | MO |
| <i>omeprazole-sodium bicarbonate oral capsule</i> | 3 | QL (30 per 30 days); MO |
| <i>omeprazole-sodium bicarbonate oral packet 20-1680 mg</i> | 4 | QL (30 per 30 days); MO; S |
| <i>omeprazole-sodium bicarbonate oral packet 40-1680 mg</i> | 3 | QL (30 per 30 days); MO |
| <i>ondansetron</i> | 1 | B/D PA; QL (90 per 30 days) |
| <i>ondansetron hcl injection</i> | 1 | |
| <i>ondansetron hcl oral solution</i> | 1 | B/D PA; QL (450 per 30 days) |
| <i>ondansetron hcl oral tablet 24 mg</i> | 1 | B/D PA; QL (30 per 30 days) |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i> | 1 | B/D PA; QL (90 per 30 days) |
| <i>opium</i> | 1 | |
| ORTIKOS | 4 | PA; S |
| <i>oscimin oral tablet</i> | 3 | MO |
| <i>oscimin sublingual</i> | 3 | MO |
| OSMOPREP | 3 | |
| <i>palonosetron hcl</i> | 3 | |
| <i>pantoprazole sodium intravenous</i> | 1 | |
| <i>pantoprazole sodium oral packet</i> | 1 | MO |
| <i>pantoprazole sodium oral tablet delayed release</i> | 1 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|-------------------------|
| <i>peg 3350-kcl-na bicarb-nacl</i> | 1 | |
| <i>peg-3350/electrolytes</i> | 1 | |
| <i>peg-3350/electrolytes/ascorbat</i> | 1 | |
| <i>peg-kcl-nacl-nasulf-na asc-c</i> | 1 | |
| PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG | 2 | MO |
| PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG | 4 | MO; S |
| PEPCID ORAL TABLET 20 MG | 4 | MO; S |
| PEPCID ORAL TABLET 40 MG | 3 | MO |
| PHENERGAN INJECTION | 3 | |
| PLENVU | 3 | |
| PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG | 3 | QL (30 per 30 days); MO |
| PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG | 3 | MO |
| PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 30 MG | 3 | QL (30 per 30 days); MO |
| PRILOSEC ORAL PACKET | 3 | MO |
| <i>prochlorperazine</i> | 1 | |
| <i>prochlorperazine edisylate injection solution 10 mg/2ml</i> | 1 | |
| <i>prochlorperazine maleate oral</i> | 1 | MO |
| PROCTOFOAM HC EXTERNAL | 3 | |
| <i>promethazine hcl injection</i> | 1 | |
| <i>promethazine hcl oral</i> | 1 | |
| <i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i> | 1 | PA |
| PROMETHEGAN | 1 | PA |
| PROTONIX INTRAVENOUS | 3 | |
| PROTONIX ORAL PACKET | 3 | MO |
| PROTONIX ORAL TABLET DELAYED RELEASE 20 MG | 4 | MO; S |
| PROTONIX ORAL TABLET DELAYED RELEASE 40 MG | 3 | MO |
| PYLERA | 4 | S |

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

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|----------------------------|
| <i>rabeprazole sodium oral tablet delayed release</i> | 1 | QL (30 per 30 days); MO |
| REGLAN ORAL | 3 | |
| RELISTOR ORAL | 4 | PA; QL (90 per 30 days); S |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML | 4 | PA; QL (18 per 30 days); S |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (0.6ML SYRINGE) | 4 | S |
| RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML | 4 | PA; QL (12 per 30 days); S |
| RELTONE | 4 | MO; S |
| ROBINUL ORAL | 3 | |
| ROBINUL-FORTE | 4 | S |
| ROWASA RECTAL | 3 | |
| SANCUSO | 4 | PA; QL (4 per 28 days); S |
| <i>scopolamine</i> | 1 | QL (10 per 28 days) |
| SFROWASA | 3 | |
| <i>sucrafate oral</i> | 1 | MO |
| <i>sulfasalazine oral</i> | 1 | MO |
| SUPREP BOWEL PREP KIT | 2 | |
| SUSTOL | 3 | |
| SUTAB | 3 | |
| SYMPROIC | 3 | ST |
| SYNDROS | 4 | B/D PA; S |
| TALICIA | 3 | |
| TIGAN INTRAMUSCULAR | 3 | |
| TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR | 2 | QL (10 per 28 days) |
| <i>trimethobenzamide hcl oral</i> | 1 | |
| TRULANCE | 3 | QL (30 per 30 days); MO |
| UCERIS ORAL | 4 | PA; S |
| UCERIS RECTAL | 3 | |
| URSO 250 | 3 | MO |
| URSO FORTE | 3 | MO |
| <i>ursodiol oral capsule 200 mg, 400 mg</i> | 4 | MO; S |

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|--------------------------------|
| <i>ursodiol oral capsule 300 mg</i> | 1 | MO |
| <i>ursodiol oral tablet</i> | 1 | MO |
| VARUBI (180 MG DOSE) | 3 | B/D PA; QL (4 per 28 days) |
| VIBERZI | 4 | PA; MO; S |
| VOWST | 4 | PA; QL (12 per 30 days); S |
| XERMELO | 4 | PA; QL (90 per 30 days); LA; S |
| ZEGERID | 4 | QL (30 per 30 days); MO; S |
| Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment | | |
| AMVUTTRA | 4 | PA; S |
| ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG | 4 | PA; LA; S |
| <i>betaine</i> | 4 | LA; S |
| BUPHENYL ORAL POWDER 3 GM/TSP | 3 | PA; LA |
| BUPHENYL ORAL TABLET | 4 | PA; LA; S |
| BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG | 4 | PA; QL (900 per 30 days); S |
| BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 600 MCG | 4 | PA; QL (300 per 30 days); S |
| BYLVAY ORAL CAPSULE 1200 MCG | 4 | PA; QL (150 per 30 days); S |
| BYLVAY ORAL CAPSULE 400 MCG | 4 | PA; QL (450 per 30 days); S |
| CERDELGA | 4 | PA; S |
| CHOLBAM | 4 | PA; QL (120 per 30 days); S |
| CREON | 2 | MO |
| <i>cromolyn sodium oral</i> | 1 | MO |
| CYSTADANE | 4 | LA; S |
| CYSTAGON | 2 | LA |
| FABRAZYME | 4 | PA; LA; S |
| GALAFOLD | 4 | PA; LA; S |
| GASTROCROM | 3 | MO |
| GIVLAARI | 4 | PA; S |

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

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|-----------------------------|
| GLASSIA | 4 | PA; LA; S |
| JAVYGTOR | 4 | PA; S |
| KEVEYIS | 4 | PA; QL (120 per 30 days); S |
| KUVAN ORAL PACKET | 4 | PA; LA; S |
| KUVAN ORAL TABLET | 4 | PA; LA; S |
| LIVMARLI | 4 | PA; LA; S |
| LUMIZYME | 4 | PA; LA; S |
| <i>miglustat</i> | 4 | PA; LA; S |
| NAGLAZYME | 4 | PA; LA; S |
| <i>nitisinone</i> | 4 | PA; S |
| NITYR | 4 | PA; LA; S |
| OLPRUVA (2 GM DOSE) | 4 | PA; S |
| OLPRUVA (3 GM DOSE) | 4 | PA; S |
| OLPRUVA (4 GM DOSE) | 4 | PA; S |
| OLPRUVA (5 GM DOSE) | 4 | PA; S |
| OLPRUVA (6 GM DOSE) | 4 | PA; S |
| OLPRUVA (6.67 GM DOSE) | 4 | PA; S |
| ORFADIN | 4 | PA; LA; S |
| OXLUMO | 3 | PA |
| PALYNZIQ | 4 | PA; LA; S |
| PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 4200-14200 UNIT | 3 | ST; MO |
| PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 37000-97300 UNIT | 4 | ST; MO; S |
| PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT | 4 | ST; MO; S |
| PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT | 3 | ST; MO |
| PHEBURANE | 4 | PA; LA; S |
| PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG | 3 | LA |

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|---------------------------------|
| PROCYSBI ORAL CAPSULE DELAYED RELEASE 75 MG | 4 | LA; S |
| PROCYSBI ORAL PACKET | 4 | LA; S |
| PROLASTIN-C | 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 |
| <i>sodium phenylbutyrate oral tablet</i> | 4 | PA; S |
| STRENSIQ | 4 | PA; LA; S |
| SUCRAID | 4 | LA; S |
| VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG | 4 | PA; QL (28 per 28 days); LA; S |
| VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG | 4 | PA; QL (60 per 30 days); LA; S |
| VIMIZIM | 4 | PA; S |
| VIOKACE ORAL TABLET 10440-39150 UNIT | 3 | MO |
| VIOKACE ORAL TABLET 20880-78300 UNIT | 4 | MO; S |
| VOXZOGO | 4 | PA; S |
| VPRIV | 4 | PA; S |
| XENPOZYME | 4 | PA; S |
| XURIDEN | 4 | PA; QL (120 per 30 days); S |
| ZAVESCA | 4 | PA; LA; S |
| ZEMAIRA | 4 | PA; LA; S |
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 3000-10000 UNIT, 5000-24000 UNIT | 2 | MO |
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 25000-79000 UNIT, 40000-126000 UNIT | 4 | MO; S |

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

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|-----------------------------|
| ZOKINVY | 4 | PA; QL (120 per 30 days); S |
| Genitourinary Agents | | |
| <i>alfuzosin hcl er</i> | 1 | MO |
| AVODART | 3 | QL (30 per 30 days); MO |
| <i>bethanechol chloride oral</i> | 1 | |
| CARDURA XL | 3 | MO |
| CIALIS ORAL TABLET 2.5 MG, 5 MG | 3 | PA; QL (30 per 30 days); MO |
| CLEOCIN VAGINAL | 3 | |
| <i>clindamycin phosphate vaginal</i> | 1 | |
| CLINDESSE | 3 | |
| CUPRIMINE ORAL CAPSULE 250 MG | 4 | S |
| <i>darifenacin hydrobromide er</i> | 1 | QL (30 per 30 days); MO |
| DEPEN TITRATABS | 4 | S |
| DETROL | 3 | ST; QL (60 per 30 days); MO |
| DETROL LA | 3 | ST; QL (30 per 30 days); MO |
| DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG | 3 | ST; QL (30 per 30 days); MO |
| <i>dutasteride oral</i> | 1 | QL (30 per 30 days); MO |
| <i>dutasteride-tamsulosin hcl</i> | 1 | QL (30 per 30 days); MO |
| ELMIRON | 3 | |
| ENTADFI | 3 | QL (30 per 30 days) |
| <i>fesoterodine fumarate er</i> | 2 | QL (30 per 30 days); MO |
| FILSPARI | 4 | PA; QL (30 per 30 days); S |
| <i>finasteride oral tablet 5 mg</i> | 1 | MO |
| <i>flavoxate hcl</i> | 1 | MO |
| FLOMAX | 3 | MO |
| GELNIQUE TRANSDERMAL GEL 10 % | 3 | ST; QL (30 per 30 days); MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|----------------------------|
| GEMTESA | 3 | QL (30 per 30 days); MO |
| GYNAZOLE-1 | 3 | |
| JALYN | 3 | QL (30 per 30 days); MO |
| LITHOSTAT | 3 | MO |
| <i>metronidazole vaginal</i> | 1 | |
| <i>miconazole 3 vaginal suppository</i> | 1 | |
| 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 |
| NUVESSA | 3 | |
| ORACIT | 3 | |
| <i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i> | 1 | QL (60 per 30 days); MO |
| <i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i> | 1 | QL (30 per 30 days); MO |
| <i>oxybutynin chloride oral solution</i> | 3 | QL (600 per 30 days); MO |
| <i>oxybutynin chloride oral syrup</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 |
| OXYTROL | 3 | ST; QL (8 per 28 days); MO |
| <i>penicillamine oral</i> | 4 | S |
| <i>pot & sod cit-cit ac</i> | 3 | |
| <i>potassium citrate er</i> | 1 | |
| <i>potassium citrate-citric acid oral solution</i> | 3 | |
| PROSCAR | 3 | MO |
| RAPAFLO | 3 | MO |
| RIMSO-50 | 3 | |
| <i>silodosin</i> | 1 | MO |

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

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|------------------------------|
| sod citrate-citric acid oral solution 500-334 mg/5ml | 3 | |
| solifenacin succinate | 1 | QL (30 per 30 days); MO |
| tadalafil oral tablet 2.5 mg, 5 mg | 1 | PA; QL (30 per 30 days); MO |
| tamsulosin hcl | 1 | MO |
| TARPEYO | 4 | S |
| terconazole | 1 | |
| THIOLA | 4 | PA; S |
| THIOLA EC | 4 | PA; S |
| tiopronin oral | 4 | PA; S |
| tolterodine tartrate | 1 | QL (60 per 30 days); MO |
| tolterodine tartrate er | 1 | QL (30 per 30 days); MO |
| TOVIAZ | 2 | QL (30 per 30 days); MO |
| tricitrates | 3 | |
| tropium chloride | 1 | QL (60 per 30 days); MO |
| tropium chloride er | 1 | QL (30 per 30 days); MO |
| UROCIT-K 10 | 3 | |
| UROCIT-K 15 | 3 | |
| UROCIT-K 5 | 3 | |
| UROXATRAL | 3 | MO |
| VANDAZOLE | 1 | |
| VESICARE | 3 | ST; QL (30 per 30 days); MO |
| VESICARE LS | 3 | ST; QL (300 per 30 days); MO |
| XACIATO | 3 | |
| ZEMDRI | 4 | S |
| Hormonal Agents | | |
| ACTHAR | 4 | PA; LA; S |
| ACTIVELLA ORAL TABLET 1-0.5 MG | 3 | PA; MO |
| ADTHYZA | 3 | PA; MO |
| AFIRMELLE | 1 | MO |
| ALKINDI SPRINKLE | 4 | S |

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|--------------------------------|
| ALTAVERA | 1 | MO |
| alyacen 1/35 | 1 | MO |
| alyacen 7/7/7 | 1 | MO |
| AMABELZ | 1 | PA; MO |
| AMETHIA | 1 | MO |
| AMETHYST | 1 | MO |
| ANDRODERM TRANSDERMAL PATCH 24 HOUR | 3 | PA; QL (30 per 30 days); MO |
| ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) | 3 | PA; QL (150 per 30 days); MO |
| ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%) | 3 | PA; QL (112.5 per 30 days); MO |
| ANDROGEL TRANSDERMAL GEL 40.5 MG/2.5GM (1.62%) | 3 | PA; QL (150 per 30 days); MO |
| ANGELIQ | 3 | PA; MO |
| ANNOVERA | 3 | MO |
| APRI | 1 | MO |
| ARANELLE | 1 | MO |
| ARMOUR THYROID | 2 | PA; MO |
| ASHLYNA | 1 | MO |
| AUBRA EQ | 1 | MO |
| AUROVELA 1.5/30 | 1 | MO |
| AUROVELA 1/20 | 1 | MO |
| AUROVELA 24 FE | 1 | MO |
| AUROVELA FE 1.5/30 | 1 | MO |
| AUROVELA FE 1/20 | 1 | MO |
| AVEED | 3 | PA; LA |
| AVIANE | 1 | MO |
| AYGESTIN | 3 | MO |
| AYUNA | 1 | MO |
| AZURETTE | 1 | MO |
| BALCOLTRA | 3 | MO |
| BALZIVA | 1 | MO |
| BEYAZ | 3 | MO |
| BIJUVA | 2 | PA; MO |
| BLISOVI 24 FE | 1 | MO |
| BLISOVI FE 1.5/30 | 1 | MO |
| BLISOVI FE 1/20 | 1 | MO |

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

| Drug Name | Drug Tier | Requirements /Limits | Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|----------------------------|--|-----------|----------------------------|
| <i>briellyn</i> | 1 | MO | DEPO-SUBQ PROVERA 104 | 2 | |
| <i>cabergoline</i> | 1 | | SUBCUTANEOUS | | |
| CAMILA | 1 | MO | SUSPENSION PREFILLED | | |
| CAMRESE | 1 | MO | SYRINGE | | |
| CAMRESE LO | 1 | MO | DEPO-TESTOSTERONE | 1 | PA; MO |
| CHARLOTTE 24 FE | 1 | MO | INTRAMUSCULAR SOLUTION | | |
| CHATEAL EQ | 1 | MO | <i>desmopressin ace spray</i> | 1 | MO |
| <i>chorionic gonadotropin intramuscular</i> | 3 | PA | <i>refrig</i> | | |
| CLIMARA | 3 | PA; QL (4 per 28 days); MO | <i>desmopressin acetate injection</i> | 1 | |
| CLIMARA PRO | 2 | PA; QL (4 per 28 days); MO | <i>desmopressin acetate oral</i> | 1 | MO |
| COMBIPATCH | 2 | PA; QL (8 per 28 days); MO | <i>desmopressin acetate pf</i> | 1 | |
| <i>cortisone acetate oral</i> | 3 | | <i>desmopressin acetate spray</i> | 1 | MO |
| CORTROPHIN | 4 | PA; S | <i>desogestrel-ethinyl estradiol</i> | 1 | MO |
| CRINONE | 3 | PA | <i>dexabliss</i> | 3 | |
| CRYSSELLE-28 | 1 | MO | DEXAMETHASONE INTENSOL | 2 | |
| CYRED EQ | 1 | MO | <i>dexamethasone oral elixir</i> | 1 | |
| CYTOMEL | 3 | MO | <i>dexamethasone oral solution</i> | 1 | |
| <i>danazol oral</i> | 1 | | <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> | 1 | |
| DASETTA 1/35 | 1 | MO | <i>dexamethasone oral tablet 2 mg, 4 mg, 6 mg</i> | 1 | |
| DASETTA 7/7/7 | 1 | MO | <i>dexamethasone oral tablet therapy pack</i> | 1 | |
| DAYSEE | 1 | MO | <i>dexamethasone sod phosphate pf injection solution</i> | 1 | |
| DDAVP INJECTION | 3 | | <i>dexamethasone sod phosphate pf injection solution prefilled syringe</i> | 3 | |
| DDAVP ORAL | 3 | MO | <i>dexamethasone sodium phosphate injection</i> | 1 | |
| DDAVP PF | 3 | | DIVIGEL | 2 | PA; MO |
| DEBLITANE | 1 | MO | DOLISHALE | 1 | MO |
| DELESTROGEN | 3 | | DOTTI | 1 | PA; QL (8 per 28 days); MO |
| DELYLA | 1 | MO | <i>drospiren-eth estrad-levomefol</i> | 1 | MO |
| DEPO-ESTRADIOL | 2 | | <i>drospirenone-ethinyl estradiol</i> | 1 | MO |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML | 3 | | | | |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | | | | |

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

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|-----------------------------|
| DUAVEE | 3 | PA; QL (30 per 30 days); MO |
| DXEVO 11-DAY | 3 | |
| EGRIFTA SV | 4 | PA; LA; S |
| ELESTRIN | 3 | PA; MO |
| ELINEST | 1 | MO |
| ELURYNG | 1 | MO |
| EMFLAZA ORAL SUSPENSION | 4 | PA; S |
| EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG | 4 | PA; S |
| EMFLAZA ORAL TABLET 6 MG | 3 | PA |
| EMOQUETTE | 1 | MO |
| ENPRESSE-28 | 1 | MO |
| ENSKYCE ORAL TABLET 0.15-30 MG-MCG | 1 | MO |
| ERMEZA | 3 | MO |
| ERRIN | 1 | MO |
| ESTARYLLA | 1 | MO |
| ESTRACE | 3 | MO |
| <i>estradiol oral</i> | 1 | MO |
| <i>estradiol transdermal gel</i> | 2 | PA; MO |
| <i>estradiol transdermal patch twice weekly</i> | 1 | PA; QL (8 per 28 days); MO |
| <i>estradiol transdermal patch weekly</i> | 1 | PA; QL (4 per 28 days); MO |
| <i>estradiol vaginal</i> | 1 | MO |
| <i>estradiol valerate intramuscular</i> | 1 | |
| <i>estradiol-norethindrone acet</i> | 1 | PA; MO |
| ESTRING | 3 | QL (1 per 90 days); MO |
| ESTROGEL | 3 | PA; MO |
| <i>ethynodiol diac-eth estradiol</i> | 1 | MO |
| <i>etonogestrel-ethinyl estradiol</i> | 1 | MO |
| EUTHYROX | 1 | MO |
| EVAMIST | 2 | PA; MO |

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|------------------------------|
| EVISTA | 3 | QL (30 per 30 days); MO |
| FALMINA | 1 | MO |
| FEMRING | 3 | QL (1 per 90 days); MO |
| FEMYNOR | 1 | MO |
| FENSOLVI (6 MONTH) | 4 | PA; S |
| FINZALA | 1 | MO |
| <i>fludrocortisone acetate oral</i> | 1 | MO |
| FORTESTA | 3 | PA; QL (120 per 30 days); MO |
| FYAVOLV | 1 | PA; MO |
| GEMMILY | 3 | MO |
| GENERESS FE | 3 | MO |
| GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG | 3 | PA |
| GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.4 MG, 0.6 MG, 0.8 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG | 4 | PA; S |
| GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 1 MG | 4 | PA; MO; S |
| GENOTROPIN SUBCUTANEOUS CARTRIDGE | 4 | PA; S |
| HAILEY 1.5/30 | 1 | MO |
| HAILEY 24 FE | 1 | MO |
| HAILEY FE 1.5/30 | 1 | MO |
| HAILEY FE 1/20 | 1 | MO |
| HALOETTE | 1 | MO |
| HEATHER | 1 | MO |
| HEMADY | 3 | |
| HIDEX 6-DAY | 1 | |
| HUMATROPE INJECTION CARTRIDGE | 4 | PA; S |
| ICLEVIA | 1 | MO |
| IMVEXXY MAINTENANCE PACK | 2 | QL (18 per 28 days); MO |

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

| Drug Name | Drug Tier | Requirements /Limits |
|-------------------------------------|-----------|---------------------------------|
| IMVEXXY STARTER PACK | 2 | QL (18 per 28 days); MO |
| INCASSIA | 1 | MO |
| INCRELEX | 4 | PA; LA; S |
| INTRAROSA | 3 | QL (30 per 30 days); MO |
| INTROVALE | 1 | MO |
| ISIBLOOM | 1 | MO |
| ISTURISA ORAL TABLET 1 MG, 5 MG | 4 | PA; QL (120 per 30 days); LA; S |
| ISTURISA ORAL TABLET 10 MG | 4 | PA; QL (180 per 30 days); LA; S |
| JAIMIESS | 1 | MO |
| JASMIEL | 1 | MO |
| JATENZO ORAL CAPSULE 158 MG, 198 MG | 3 | MO |
| JATENZO ORAL CAPSULE 237 MG | 4 | MO; S |
| JENCYCLA | 1 | MO |
| JINTELI | 1 | PA; MO |
| JOLESSA | 1 | MO |
| JOYEAUX | 3 | MO |
| JULEBER | 1 | MO |
| JUNEL 1.5/30 | 1 | MO |
| JUNEL 1/20 | 1 | MO |
| JUNEL FE 1.5/30 | 1 | MO |
| JUNEL FE 1/20 | 1 | MO |
| JUNEL FE 24 | 1 | MO |
| KAITLIB FE | 1 | MO |
| KALLIGA | 1 | MO |
| KARIVA | 1 | MO |
| KELNOR 1/35 | 1 | MO |
| KELNOR 1/50 | 1 | MO |
| KENALOG INJECTION | 3 | |
| KENALOG-80 | 3 | |
| KORLYM | 4 | PA; LA; S |
| KURVELO | 1 | MO |
| KYLEENA | 2 | |
| <i>lanreotide acetate</i> | 4 | PA; S |
| LARIN 1.5/30 | 1 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|----------------------|
| LARIN 1/20 | 1 | MO |
| LARIN 24 FE | 1 | MO |
| LARIN FE 1.5/30 | 1 | MO |
| LARIN FE 1/20 | 1 | MO |
| LARISSIA | 1 | MO |
| LAYOLIS FE | 1 | MO |
| LEENA | 1 | MO |
| LESSINA | 1 | MO |
| LEVONEST | 1 | MO |
| <i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i> | 1 | MO |
| <i>levonorgest-eth est & eth est</i> | 1 | MO |
| <i>levonorgest-eth estrad 91-day</i> | 1 | MO |
| <i>levonorgestrel-ethinyl estrad</i> | 1 | MO |
| LEVORA 0.15/30 (28) | 1 | MO |
| <i>levothyroxine sodium intravenous solution 100 mcg/5ml</i> | 3 | |
| <i>levothyroxine sodium intravenous solution 100 mcg/ml, 200 mcg/5ml, 500 mcg/5ml</i> | 4 | S |
| <i>levothyroxine sodium intravenous solution reconstituted 100 mcg</i> | 3 | |
| <i>levothyroxine sodium intravenous solution reconstituted 200 mcg, 500 mcg</i> | 4 | S |
| <i>levothyroxine sodium oral capsule</i> | 2 | MO |
| <i>levothyroxine sodium oral tablet</i> | 1 | MO |
| LEVOXYL | 1 | MO |
| LILETTA (52 MG) INTRAUTERINE DEVICE 20.1 MCG/DAY | 3 | |
| LILLOW | 1 | MO |

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

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|----------------------------|
| <i>liothyronine sodium intravenous</i> | 4 | S |
| <i>liothyronine sodium oral</i> | 1 | MO |
| LO LOESTRIN FE | 2 | MO |
| LO-ZUMANDIMINE | 1 | MO |
| LOESTRIN 1.5/30 (21) | 1 | MO |
| LOESTRIN 1/20 (21) | 1 | MO |
| LOESTRIN FE 1.5/30 | 1 | MO |
| LOESTRIN FE 1/20 | 1 | MO |
| LOJAIMIESS | 1 | MO |
| LORYNA | 1 | MO |
| LOSEASONIQUE | 3 | MO |
| LOW-OGESTREL | 1 | MO |
| LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG | 3 | PA; QL (1 per 28 days) |
| LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG | 4 | PA; QL (1 per 28 days); S |
| LUPRON DEPOT-PED (3-MONTH) | 4 | PA; QL (1 per 84 days); S |
| LUTERA | 1 | MO |
| LYLEQ | 1 | MO |
| LYLLANA | 3 | PA; QL (8 per 28 days); MO |
| LYZA | 1 | MO |
| <i>marlissa</i> | 1 | MO |
| MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG | 3 | |
| MEDROL ORAL TABLET 2 MG | 2 | |
| MEDROL ORAL TABLET THERAPY PACK | 3 | |
| <i>medroxyprogesterone acetate intramuscular</i> | 1 | |
| <i>medroxyprogesterone acetate oral</i> | 1 | MO |
| <i>megestrol acetate oral suspension 625 mg/5ml</i> | 3 | PA; MO |
| MENEST | 3 | PA; MO |
| MENOSTAR | 3 | PA; QL (4 per 28 days); MO |
| MERZEE | 3 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|---------------------------------|
| <i>methimazole oral</i> | 1 | MO |
| <i>methitest</i> | 4 | MO; S |
| <i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i> | 1 | |
| <i>methylprednisolone oral</i> | 1 | |
| <i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg</i> | 1 | |
| <i>methylprednisolone sodium succ injection solution reconstituted 500 mg</i> | 3 | |
| <i>methyltestosterone oral</i> | 4 | MO; S |
| MIBELAS 24 FE | 1 | MO |
| MICROGESTIN 1.5/30 | 1 | MO |
| MICROGESTIN 1/20 | 1 | MO |
| MICROGESTIN 24 FE | 1 | MO |
| MICROGESTIN FE 1.5/30 | 1 | MO |
| MICROGESTIN FE 1/20 | 1 | MO |
| MILI | 1 | MO |
| MILLIPRED ORAL TABLET | 2 | |
| MIMVEY | 1 | PA; MO |
| MINASTRIN 24 FE | 3 | MO |
| MINIVELLE | 3 | PA; QL (8 per 28 days); MO |
| MIRCETTE | 3 | MO |
| MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY | 2 | |
| MONO-LINYAH | 1 | MO |
| MYCAPSSA | 4 | PA; QL (112 per 28 days); LA; S |
| MYFEMBREE | 4 | S |
| NATAZIA | 3 | MO |
| NATESTO | 3 | QL (21.96 per 30 days); MO |
| NECON 0.5/35 (28) | 1 | MO |
| NEXPLANON | 3 | |
| NEXTSTELLIS | 3 | MO |

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

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|----------------------|
| NIKKI | 1 | MO |
| NOC DURNA | 3 | MO |
| NORA-BE | 1 | MO |
| NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR | 4 | PA; S |
| <i>norethin ace-eth estrad-fe oral capsule</i> | 3 | MO |
| <i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i> | 1 | MO |
| <i>norethin ace-eth estrad-fe oral tablet chewable</i> | 1 | MO |
| <i>norethin-eth estradiol-fe</i> | 1 | MO |
| <i>norethindron-ethinyl estradiol-fe</i> | 1 | MO |
| <i>norethindrone acet-ethinyl est oral tablet</i> | 1 | MO |
| <i>norethindrone acetate oral</i> | 1 | MO |
| <i>norethindrone oral</i> | 1 | MO |
| <i>norethindrone-eth estradiol</i> | 1 | PA; MO |
| <i>norgestim-eth estrad triphasic</i> | 1 | MO |
| <i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i> | 1 | MO |
| NORLYDA | 1 | MO |
| NORLYROC | 1 | MO |
| NORTREL 0.5/35 (28) | 1 | MO |
| NORTREL 1/35 (21) | 1 | MO |
| NORTREL 1/35 (28) | 1 | MO |
| NORTREL 7/7/7 | 1 | MO |
| NOVAREL | 3 | PA |
| NP THYROID | 1 | PA; MO |
| NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR | 4 | PA; LA; S |
| NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR | 4 | PA; LA; S |
| NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | PA; LA |

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|-------------------------------|
| NUVARING | 3 | MO |
| NYLIA 1/35 | 1 | MO |
| NYLIA 7/7/7 | 1 | MO |
| NYMYO | 1 | MO |
| OCELLA | 1 | MO |
| <i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i> | 1 | PA |
| <i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i> | 3 | PA |
| <i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ ml, 50 mcg/ml</i> | 1 | 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 SOLUTION RECONSTITUTED | 3 | PA; LA |
| ORAPRED ODT | 3 | |
| ORIAHNN | 4 | S |
| ORILISSA ORAL TABLET 150 MG | 4 | PA; QL (30 per 30 days); S |
| ORILISSA ORAL TABLET 200 MG | 4 | PA; QL (60 per 30 days); S |
| ORSYTHIA | 1 | MO |
| OSPHENA | 2 | MO |
| <i>oxandrolone oral tablet 10 mg</i> | 1 | PA; QL (60 per 30 days) |
| <i>oxandrolone oral tablet 2.5 mg</i> | 1 | PA; QL (240 per 30 days) |
| PARAGARD INTRAUTERINE COPPER | 2 | |
| PEDIAPRED | 3 | |
| PHEXXI | 3 | |
| PHILITH | 1 | MO |
| PIMTREA | 1 | MO |

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

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|----------------------|
| PIRMELLA 1/35 | 1 | MO |
| PIRMELLA 7/7/7 | 1 | MO |
| PORTIA-28 | 1 | MO |
| <i>prednicarbate external ointment</i> | 1 | |
| <i>prednisolone oral solution</i> | 1 | |
| <i>prednisolone oral tablet</i> | 2 | |
| <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> | 1 | |
| <i>prednisolone sodium phosphate oral tablet dispersible</i> | 1 | |
| PREDNISONO INTENSOL | 2 | |
| <i>prednisone oral solution</i> | 1 | |
| <i>prednisone oral tablet 1 mg</i> | 1 | |
| <i>prednisone oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i> | 1 | |
| <i>prednisone oral tablet therapy pack 10 mg (21), 5 mg (21)</i> | 1 | |
| <i>prednisone oral tablet therapy pack 10 mg (48), 5 mg (48)</i> | 1 | |
| PREFEST | 3 | PA; MO |
| PREGNYL | 3 | PA |
| PREMARIN INJECTION | 3 | |
| PREMARIN ORAL | 2 | PA; MO |
| PREMARIN VAGINAL | 2 | MO |
| PREMPHASE | 2 | PA; MO |
| PREMPRO | 2 | PA; MO |
| <i>progesterone intramuscular</i> | 3 | |
| <i>progesterone oral</i> | 1 | MO |
| PROMETRIUM | 3 | MO |
| <i>propylthiouracil oral</i> | 1 | MO |
| PROVERA | 3 | MO |
| QUARTETTE | 3 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|-------------------------------|
| <i>raloxifene hcl</i> | 1 | QL (30 per 30 days); MO |
| RECLIPSEN | 1 | MO |
| RECORLEV | 4 | PA; QL (240 per 30 days); S |
| RIVELSA | 1 | MO |
| SAFYRAL | 3 | MO |
| SAIZEN | 4 | PA; LA; S |
| SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 500 MCG/ML | 4 | PA; S |
| SANDOSTATIN INJECTION SOLUTION 50 MCG/ML | 3 | PA |
| SANDOSTATIN LAR DEPOT | 4 | PA; S |
| SEASONIQUE | 3 | MO |
| SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG | 4 | PA; LA; S |
| SETLAKIN | 1 | MO |
| SHAROBEL | 1 | MO |
| SIGNIFOR | 4 | PA; LA; S |
| SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER | 4 | PA; QL (1 per 28 days); LA; S |
| SIMLIYA | 1 | MO |
| SIMPESSE | 1 | MO |
| SKYLA | 2 | |
| SKYTROFA | 4 | PA; S |
| SLYND | 3 | MO |
| SOGROYA | 4 | PA; MO; S |
| SOLU-CORTEF | 3 | |
| SOLU-MEDROL (PF) | 3 | |
| SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 1000 MG, 2 GM, 500 MG | 3 | |
| SOMATULINE DEPOT | 4 | PA; S |
| SOMAVERT | 4 | PA; LA; S |
| SPRINTEC 28 | 1 | MO |
| SRONYX | 1 | MO |
| SYEDA | 1 | MO |

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

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|--------------------------------|
| SYNAREL | 4 | PA; S |
| SYNTHROID | 2 | MO |
| TAPERDEX 12-DAY | 3 | |
| TAPERDEX 6-DAY | 1 | |
| TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) | 3 | |
| TARINA 24 FE | 1 | MO |
| TARINA FE 1/20 EQ | 1 | MO |
| TAYSOFY | 3 | MO |
| TAYTULLA | 3 | MO |
| TESTIM | 3 | PA; QL (300 per 30 days); MO |
| TESTOPEL | 3 | |
| <i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i> | 1 | PA; MO |
| <i>testosterone cypionate intramuscular solution 200 mg/ml (1 ml)</i> | 1 | MO |
| <i>testosterone enanthate intramuscular solution</i> | 1 | PA; MO |
| <i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i> | 1 | PA; QL (150 per 30 days); MO |
| <i>testosterone transdermal gel 10 mg/act (2%)</i> | 1 | 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> | 1 | PA; QL (300 per 30 days); MO |
| <i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%)</i> | 1 | PA; QL (112.5 per 30 days); MO |
| <i>testosterone transdermal solution</i> | 1 | PA; QL (180 per 30 days); MO |
| THYQUIDITY | 3 | MO |
| TILIA FE | 1 | MO |
| TIROSINT | 2 | MO |
| TIROSINT-SOL | 2 | MO |
| TLANDO | 3 | MO |
| TRI FEMYNOR | 1 | MO |
| TRI-ESTARYLLA | 1 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|------------------------------|
| TRI-LEGEST FE | 1 | MO |
| TRI-LINYAH | 1 | MO |
| TRI-LO-ESTARYLLA | 1 | MO |
| TRI-LO-MARZIA | 1 | MO |
| TRI-LO-MILI | 1 | MO |
| TRI-LO-SPRINTEC | 1 | MO |
| TRI-MILI | 1 | MO |
| TRI-NYMYO | 1 | MO |
| TRI-SPRINTEC | 1 | MO |
| TRI-VYLIBRA | 1 | MO |
| TRI-VYLIBRA LO | 1 | MO |
| <i>triamcinolone acetonide injection suspension 40 mg/ml</i> | 1 | |
| TRIPTODUR | 4 | PA; S |
| TRIVORA (28) | 1 | MO |
| TYBLUME ORAL TABLET CHEWABLE | 1 | MO |
| TYDEMY | 1 | MO |
| UNITHROID | 1 | MO |
| VAGIFEM VAGINAL TABLET 10 MCG | 3 | MO |
| <i>vasopressin intravenous solution</i> | 3 | |
| VASOSTRICT | 3 | |
| VELIVET | 1 | MO |
| VESTURA | 1 | MO |
| VIENVA | 1 | MO |
| <i>viorele</i> | 1 | MO |
| VIVELLE-DOT | 3 | PA; QL (8 per 28 days); MO |
| VOGELXO | 3 | PA; QL (300 per 30 days); MO |
| VOGELXO PUMP | 3 | PA; QL (300 per 30 days); MO |
| VOLNEA | 1 | MO |
| VYFEMLA | 1 | MO |
| VYLIBRA | 1 | MO |
| WERA | 1 | MO |
| WYMZYA FE | 1 | MO |

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

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|----------------------------|
| XULANE | 1 | MO |
| XYOSTED | 3 | PA; MO |
| YASMIN 28 | 3 | MO |
| YAZ | 3 | MO |
| YUVAFEM | 1 | MO |
| ZAFEMY | 1 | MO |
| ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG | 4 | PA; S |
| ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG | 3 | PA |
| ZORBTIVE | 4 | PA; S |
| ZOVIA 1/35 (28) | 1 | MO |
| ZUMANDIMINE | 1 | MO |
| Immunological Agents | | |
| ABRYSCO | 2 | |
| ACTEMRA ACTPEN | 4 | PA; QL (4 per 28 days); S |
| ACTEMRA INTRAVENOUS | 4 | PA; S |
| ACTEMRA SUBCUTANEOUS | 4 | PA; QL (4 per 28 days); S |
| ACTHIB | 2 | |
| ACTIMMUNE | 4 | PA; LA; S |
| ADACEL | 2 | |
| ARAVA | 4 | QL (30 per 30 days); MO; S |
| ARCALYST | 4 | PA; S |
| AREXVY | 2 | |
| ASCENIV | 4 | PA; S |
| ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG | 3 | B/D PA |
| ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG | 4 | B/D PA; S |
| AVSOLA | 4 | PA; S |
| AZASAN | 3 | B/D PA |
| <i>azathioprine oral tablet 100 mg, 75 mg</i> | 3 | B/D PA |

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|-------------------------------|
| <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 | |
| BIVIGAM | 4 | PA; S |
| BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5 | 2 | |
| BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | |
| CELLCEPT ORAL CAPSULE | 4 | B/D PA; S |
| CELLCEPT ORAL SUSPENSION RECONSTITUTED | 3 | B/D PA |
| CELLCEPT ORAL TABLET | 4 | B/D PA; S |
| CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT | 4 | PA; QL (6 per 365 days); S |
| CIMZIA SUBCUTANEOUS KIT 2 X 200 MG | 4 | PA; QL (6 per 28 days); S |
| CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT | 4 | PA; QL (6 per 28 days); S |
| 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 |
| COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML | 4 | PA; QL (2 per 28 days); S |
| CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML | 3 | PA |
| CUTAQUIG SUBCUTANEOUS SOLUTION 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML | 4 | PA; S |

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

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|------------------------------|
| CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 2 GM/10ML | 3 | PA; LA |
| CUVITRU SUBCUTANEOUS SOLUTION 10 GM/50ML, 4 GM/20ML, 8 GM/40ML | 4 | PA; LA; S |
| <i>cyclosporine intravenous</i> | 1 | B/D PA |
| <i>cyclosporine modified</i> | 1 | B/D PA |
| <i>cyclosporine oral capsule</i> | 1 | B/D PA |
| CYTOGAM | 4 | S |
| 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 SUBCUTANEOUS SOLUTION RECONSTITUTED | 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 |
| ENSPRYNG | 4 | PA; QL (3 per 28 days); S |
| ENTYVIO | 4 | PA; QL (4 per 56 days); S |
| ENVARUSUS XR | 3 | B/D PA |
| <i>everolimus oral tablet 0.25 mg</i> | 1 | B/D PA |
| <i>everolimus oral tablet 0.5 mg, 0.75 mg</i> | 3 | B/D PA |
| <i>everolimus oral tablet 1 mg</i> | 4 | B/D PA; S |

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|----------------------|
| FLEBOGAMMA DIF | 4 | PA; S |
| GAMASTAN | 3 | PA |
| GAMMAGARD INJECTION SOLUTION 1 GM/10ML | 3 | PA |
| GAMMAGARD INJECTION SOLUTION 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML | 4 | PA; S |
| GAMMAGARD S/D LESS IGA | 4 | PA; S |
| GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML | 4 | PA; S |
| GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML | 4 | PA; S |
| GAMUNEX-C | 4 | PA; S |
| GARDASIL 9 | 2 | |
| GENGRAF ORAL CAPSULE 100 MG, 25 MG | 1 | B/D PA |
| GENGRAF ORAL SOLUTION | 1 | B/D PA |
| HAVRIX | 2 | |
| HEPAGAM B INJECTION SOLUTION 312 UNIT/ML | 3 | |
| HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 2 | B/D PA |
| HIBERIX INJECTION | 2 | |
| HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML | 3 | PA; LA |
| HIZENTRA SUBCUTANEOUS SOLUTION 10 GM/50ML, 2 GM/10ML, 4 GM/20ML | 4 | PA; LA; S |
| HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML | 3 | PA |
| HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2 GM/10ML, 4 GM/20ML | 4 | PA; S |

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

| Drug Name | Drug Tier | Requirements /Limits | Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|-----------------------------|--|-----------|-------------------------------|
| HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML | 4 | PA; QL (6 per 365 days); S | HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML | 4 | PA; S |
| HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML | 4 | PA; QL (4 per 365 days); S | HYQVIA SUBCUTANEOUS KIT 2.5 GM/25ML | 3 | PA |
| HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML | 4 | PA; QL (4 per 28 days); S | ILARIS SUBCUTANEOUS SOLUTION | 4 | PA; LA; S |
| HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML | 4 | PA; QL (2 per 28 days); S | ILUMYA | 4 | PA; QL (1 per 84 days); S |
| HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML | 4 | PA; QL (12 per 365 days); S | IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML | 2 | |
| HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML | 4 | PA; QL (6 per 365 days); S | IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED | 2 | |
| HUMIRA PEN-PEDIATRIC UC START | 4 | PA; QL (8 per 365 days); S | IMURAN | 3 | B/D PA |
| HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML | 4 | PA; QL (8 per 365 days); S | INFANRIX | 2 | |
| HUMIRA PEN-PSOR/UVEIT STARTER | 4 | PA; QL (6 per 365 days); S | INFLECTRA | 4 | PA; LA; S |
| HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML | 4 | PA; QL (2 per 28 days); S | <i>infliximab</i> | 4 | PA; S |
| HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML | 4 | PA; QL (4 per 28 days); S | INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT | 2 | B/D PA |
| HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML | 4 | S | INTRON A INJECTION SOLUTION RECONSTITUTED 18000000 UNIT | 3 | B/D PA |
| HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 4 | S | INTRON A INJECTION SOLUTION RECONSTITUTED 50000000 UNIT | 4 | B/D PA; S |
| HYPERRAB | 4 | S | IPOL | 2 | |
| HYPERTET | 3 | | IXIARO | 2 | |
| | | | JOENJA | 4 | PA; QL (60 per 30 days); S |
| | | | JYNNEOS | 2 | B/D PA |
| | | | <i>kedrab injection</i> | 2 | |
| | | | KEVZARA | 4 | PA; QL (2.28 per 28 days); S |
| | | | KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 4 | PA; QL (18.76 per 28 days); S |
| | | | KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | |

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

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|--------------------------------|
| <i>leflunomide oral</i> | 1 | QL (30 per 30 days); MO |
| LUPKYNIS | 4 | PA; LA; S |
| M-M-R II INJECTION | 2 | |
| MENACTRA INTRAMUSCULAR SOLUTION | 2 | |
| MENQUADFI INTRAMUSCULAR SOLUTION | 2 | |
| MENVEO | 2 | |
| <i>methotrexate oral</i> | 1 | |
| <i>methotrexate sodium (pf) injection solution 1 gm/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 | |
| <i>mycophenolate mofetil oral capsule</i> | 1 | B/D PA |
| <i>mycophenolate mofetil oral suspension reconstituted</i> | 4 | B/D PA; S |
| <i>mycophenolate mofetil oral tablet</i> | 1 | B/D PA |
| <i>mycophenolate sodium</i> | 1 | B/D PA |
| MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG | 3 | B/D PA |
| MYFORTIC ORAL TABLET DELAYED RELEASE 360 MG | 4 | B/D PA; S |
| NABI-HB INTRAMUSCULAR SOLUTION 312 UNIT/ML | 4 | S |
| NEORAL | 3 | B/D PA |
| NULOJIX | 4 | PA; S |
| OCTAGAM | 4 | PA; S |
| OLUMIANT ORAL TABLET 1 MG | 4 | PA; QL (30 per 30 days); S |
| OLUMIANT ORAL TABLET 2 MG | 4 | PA; QL (30 per 30 days); LA; S |
| OLUMIANT ORAL TABLET 4 MG | 3 | PA; QL (30 per 30 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|-----------------------------|
| ORENCIA CLICKJECT | 4 | PA; QL (4 per 28 days); S |
| ORENCIA INTRAVENOUS | 4 | PA; QL (8 per 28 days); S |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML | 4 | PA; QL (4 per 28 days); S |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML | 4 | PA; QL (1.6 per 28 days); S |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML | 4 | PA; QL (2.8 per 28 days); S |
| OTEZLA ORAL TABLET | 4 | PA; QL (60 per 30 days); S |
| OTEZLA ORAL TABLET THERAPY PACK | 4 | PA; S |
| OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML | 3 | |
| PANZYGA | 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 |
| PENTACEL | 2 | |
| <i>prehevbrio</i> | 2 | B/D PA |
| PRIORIX | 2 | |
| PRIVIGEN | 4 | PA; S |
| PROGRAF INTRAVENOUS | 4 | B/D PA; S |
| PROGRAF ORAL | 3 | B/D PA |
| PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED | 2 | |

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

| Drug Name | Drug Tier | Requirements /Limits | Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|-----------------------------|---|-----------|--------------------------------|
| QUADRACEL | 2 | | SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML | 4 | PA; QL (1 per 28 days); S |
| RABAVERT | 2 | | <i>sirolimus oral solution</i> | 4 | B/D PA; S |
| RAPAMUNE ORAL SOLUTION | 4 | B/D PA; S | <i>sirolimus oral tablet 0.5 mg, 1 mg</i> | 1 | B/D PA |
| RAPAMUNE ORAL TABLET 0.5 MG, 2 MG | 4 | B/D PA; S | <i>sirolimus oral tablet 2 mg</i> | 3 | B/D PA |
| RAPAMUNE ORAL TABLET 1 MG | 3 | B/D PA | SKYRIZI INTRAVENOUS | 4 | PA; QL (10 per 28 days); S |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML | 3 | | SKYRIZI PEN | 4 | PA; QL (6 per 365 days); S |
| RECOMBIVAX HB | 2 | B/D PA | SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML | 4 | PA; QL (1.2 per 56 days); S |
| REDITREX | 3 | | SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML | 4 | PA; QL (2.4 per 56 days); S |
| REMICADE | 4 | PA; S | SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 4 | PA; QL (6 per 365 days); S |
| RENFLEXIS | 4 | PA; LA; S | SOTYKTU | 4 | PA; QL (30 per 30 days); LA; S |
| REZUROCK | 4 | PA; LA; S | STELARA INTRAVENOUS | 4 | PA; LA; S |
| RIDAURA | 4 | MO; S | STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML | 4 | PA; QL (1 per 28 days); LA; S |
| RINVOQ | 4 | PA; QL (30 per 30 days); S | STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 4 | PA; QL (1 per 28 days); S |
| ROTARIX | 2 | | <i>tacrolimus oral</i> | 1 | B/D PA |
| ROTATEQ ORAL SOLUTION | 2 | | TALTZ | 4 | PA; QL (4 per 28 days); LA; S |
| SANDIMMUNE | 3 | B/D PA | TAVNEOS | 4 | PA; S |
| SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML | 2 | | TDVAX | 2 | |
| SILIQ | 4 | PA; QL (4.5 per 28 days); S | TENIVAC | 2 | |
| SIMPONI ARIA | 4 | PA; S | TICOVAC | 2 | |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML | 4 | PA; QL (3 per 28 days); S | TREMFYA | 4 | PA; QL (2 per 28 days); S |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML | 4 | PA; QL (1 per 28 days); S | TREXALL | 3 | ST |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | 4 | PA; QL (3 per 28 days); S | TRUMENBA | 2 | |
| | | | TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | |
| | | | TYPHIM VI | 2 | |

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

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|-----------------------------|
| VAQTA | 2 | |
| VARIVAX | 2 | |
| VARIZIG INTRAMUSCULAR SOLUTION | 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 |
| XEMBIFY | 4 | PA; S |
| YF-VAX | 2 | |
| ZORTRESS ORAL TABLET 0.25 MG | 3 | B/D PA |
| ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG, 1 MG | 4 | B/D PA; S |
| Infectious Disease Agents | | |
| <i>abacavir sulfate oral solution</i> | 1 | QL (960 per 30 days) |
| <i>abacavir sulfate oral tablet</i> | 1 | QL (60 per 30 days) |
| <i>abacavir sulfate-lamivudine</i> | 1 | QL (30 per 30 days) |
| ABELCET | 3 | B/D PA |
| <i>acyclovir oral</i> | 1 | |
| <i>acyclovir sodium intravenous solution</i> | 1 | B/D PA |
| <i>adefovir dipivoxil</i> | 1 | PA |
| AEMCOLO | 3 | PA; QL (12 per 3 days) |
| <i>albendazole oral</i> | 3 | |
| ALBENZA | 4 | S |
| AMBISOME | 4 | B/D PA; S |
| <i>amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml</i> | 1 | |
| <i>amoxicillin oral capsule</i> | 1 | |
| <i>amoxicillin oral suspension reconstituted</i> | 1 | |
| <i>amoxicillin oral tablet</i> | 1 | |

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|-------------------------|
| <i>amoxicillin oral tablet chewable 125 mg, 250 mg</i> | 1 | |
| <i>amoxicillin-pot clavulanate er</i> | 1 | |
| <i>amoxicillin-pot clavulanate oral</i> | 1 | |
| <i>amphotericin b intravenous</i> | 1 | B/D PA |
| <i>amphotericin b liposome</i> | 4 | B/D PA; S |
| <i>ampicillin oral capsule 500 mg</i> | 1 | |
| <i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg</i> | 1 | |
| <i>ampicillin sodium intravenous</i> | 1 | |
| <i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i> | 1 | |
| <i>ampicillin-sulbactam sodium intravenous</i> | 1 | |
| ANCOBON | 4 | S |
| APTIVUS ORAL CAPSULE | 4 | QL (120 per 30 days); S |
| ARIKAYCE | 4 | B/D PA; LA; S |
| <i>atazanavir sulfate oral capsule 150 mg, 200 mg</i> | 3 | QL (60 per 30 days) |
| <i>atazanavir sulfate oral capsule 300 mg</i> | 3 | QL (30 per 30 days) |
| <i>atovaquone oral</i> | 3 | PA |
| <i>atovaquone-proguanil hcl</i> | 1 | |
| AUGMENTIN ES-600 | 3 | |
| AUGMENTIN ORAL TABLET 500-125 MG | 3 | |
| AVYCAZ | 4 | S |
| AZACTAM | 3 | |
| <i>azithromycin intravenous</i> | 1 | |
| <i>azithromycin oral packet</i> | 1 | |
| <i>azithromycin oral suspension reconstituted</i> | 1 | |
| <i>azithromycin oral tablet 250 mg, 250 mg (6 pack)</i> | 1 | |

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

| Drug Name | Drug Tier | Requirements /Limits | Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|-------------------------------|---|-----------|----------------------|
| azithromycin oral tablet 500 mg, 500 mg (3 pack), 600 mg | 1 | | cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/ 100ml-% | 2 | |
| aztreonam | 1 | | cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm- %(50ml), 2-3 gm-%(50ml) | 2 | |
| BACTRIM | 3 | | cefdinir | 1 | |
| BACTRIM DS | 3 | | cefepime hcl injection solution reconstituted 1 gm | 1 | |
| BARACLUDE | 4 | PA; S | cefepime hcl intravenous solution | 2 | |
| BAXDELA | 4 | S | cefepime hcl intravenous solution reconstituted 100 gm | 2 | |
| benznidazole | 3 | | cefepime hcl intravenous solution reconstituted 2 gm | 1 | |
| BICILLIN C-R | 2 | | cefixime | 1 | |
| BICILLIN C-R 900/300 | 2 | | cefotetan disodium injection solution reconstituted 1 gm, 2 gm | 1 | |
| BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | | cefoxitin sodium intravenous | 1 | |
| BIKTARVY ORAL TABLET 30-120-15 MG | 4 | QL (30 per 30 days); MO; S | cefpodoxime proxetil | 1 | |
| BIKTARVY ORAL TABLET 50-200-25 MG | 4 | QL (30 per 30 days); S | cefprozil | 1 | |
| BILTRICIDE | 4 | S | ceftazidime injection solution reconstituted 1 gm, 6 gm | 1 | |
| cabenuva intramuscular suspension extended release 400 & 600 mg/2ml | 4 | QL (4 per 28 days); S | ceftazidime intravenous | 1 | |
| cabenuva intramuscular suspension extended release 600 & 900 mg/3ml | 4 | QL (6 per 28 days); S | ceftriaxone sodium in dextrose | 1 | |
| CANCIDAS | 4 | B/D PA; S | ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg | 1 | |
| caspofungin acetate | 3 | B/D PA | ceftriaxone sodium injection solution reconstituted 100 gm | 2 | |
| cefaclor | 1 | | ceftriaxone sodium intravenous | 1 | |
| cefaclor er | 2 | | | | |
| cefadroxil | 1 | | | | |
| cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 500 mg | 1 | | | | |
| cefazolin sodium injection solution reconstituted 100 gm, 300 gm | 2 | | | | |
| cefazolin sodium intravenous solution reconstituted 1 gm | 1 | | | | |
| cefazolin sodium intravenous solution reconstituted 2 gm, 3 gm | 2 | | | | |

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

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|------------------------|
| <i>ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)</i> | 2 | |
| <i>cefuroxime axetil oral tablet 250 mg</i> | 1 | |
| <i>cefuroxime axetil oral tablet 500 mg</i> | 1 | |
| <i>cefuroxime sodium injection solution reconstituted 750 mg</i> | 1 | |
| <i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i> | 1 | |
| <i>cephalexin oral capsule 250 mg, 500 mg</i> | 1 | |
| <i>cephalexin oral capsule 750 mg</i> | 1 | |
| <i>cephalexin oral suspension reconstituted 125 mg/5ml</i> | 1 | |
| <i>cephalexin oral suspension reconstituted 250 mg/5ml</i> | 1 | |
| <i>cephalexin oral tablet</i> | 1 | |
| <i>chloroquine phosphate oral</i> | 1 | MO |
| <i>cidofovir intravenous</i> | 1 | B/D PA |
| CIMDUO | 4 | QL (30 per 30 days); S |
| CIPRO ORAL SUSPENSION RECONSTITUTED | 3 | |
| CIPRO ORAL TABLET 250 MG, 500 MG | 3 | |
| <i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i> | 1 | |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> | 1 | |
| <i>ciprofloxacin in d5w</i> | 1 | |
| <i>ciprofloxacin oral</i> | 3 | |
| <i>clarithromycin er</i> | 1 | |
| <i>clarithromycin oral</i> | 1 | |
| CLEOCIN ORAL | 3 | |
| CLEOCIN PHOSPHATE INJECTION | 3 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|------------------------|
| <i>clindamycin hcl oral</i> | 1 | |
| <i>clindamycin palmitate hcl</i> | 1 | |
| <i>clindamycin phosphate in d5w</i> | 1 | |
| <i>clindamycin phosphate injection solution 300 mg/ 2ml, 600 mg/4ml, 9 gm/ 60ml, 9000 mg/60ml</i> | 1 | |
| <i>clindamycin phosphate injection solution 900 mg/ 6ml</i> | 3 | |
| COARTEM | 3 | |
| <i>colistimethate sodium (cba)</i> | 1 | |
| COLY-MYCIN M | 4 | S |
| COMBIVIR | 4 | QL (60 per 30 days); S |
| COMPLERA | 4 | QL (30 per 30 days); S |
| CRESEMBA INTRAVENOUS | 4 | PA; S |
| CRESEMBA ORAL CAPSULE 186 MG | 4 | PA; S |
| CUBICIN | 4 | S |
| CUBICIN RF | 4 | S |
| <i>cycloserine oral</i> | 3 | |
| DALVANCE | 4 | S |
| <i>dapsone oral</i> | 1 | MO |
| <i>daptomycin intravenous solution reconstituted 500 mg</i> | 4 | S |
| <i>daptomycin solution reconstituted 350 mg intravenous</i> | 4 | S |
| DARAPRIM | 4 | S |
| <i>darunavir</i> | 4 | QL (60 per 30 days); S |
| DELSTRIGO | 4 | QL (30 per 30 days); S |
| <i>demeclocycline hcl oral</i> | 1 | |
| DESCOVY | 4 | QL (30 per 30 days); S |
| <i>dicloxacillin sodium</i> | 1 | |
| DIFICID | 4 | PA; S |

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

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|------------------------|
| DIFLUCAN | 3 | |
| DORYX MPC | 3 | |
| DORYX ORAL TABLET DELAYED RELEASE 200 MG, 80 MG | 4 | S |
| DORYX ORAL TABLET DELAYED RELEASE 50 MG | 3 | |
| DOVATO | 4 | QL (30 per 30 days); S |
| DOXY 100 | 1 | |
| <i>doxycycline</i> | 3 | |
| <i>doxycycline hyclate intravenous</i> | 1 | |
| <i>doxycycline hyclate oral capsule</i> | 1 | |
| <i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg</i> | 1 | |
| <i>doxycycline hyclate oral tablet 50 mg</i> | 3 | |
| <i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 80 mg</i> | 3 | |
| <i>doxycycline hyclate oral tablet delayed release 50 mg, 75 mg</i> | 1 | |
| <i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i> | 1 | |
| <i>doxycycline monohydrate oral capsule 150 mg</i> | 3 | |
| <i>doxycycline monohydrate oral suspension reconstituted</i> | 1 | |
| <i>doxycycline monohydrate oral tablet</i> | 1 | |
| E.E.S. 400 ORAL TABLET | 1 | |
| E.E.S. GRANULES | 4 | S |
| EDURANT | 4 | QL (30 per 30 days); S |
| <i>efavirenz oral capsule 200 mg</i> | 1 | QL (120 per 30 days) |
| <i>efavirenz oral capsule 50 mg</i> | 1 | QL (360 per 30 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|----------------------------|
| <i>efavirenz oral tablet</i> | 3 | QL (30 per 30 days) |
| <i>efavirenz-emtricitab-tenofo df</i> | 3 | QL (30 per 30 days) |
| <i>efavirenz-lamivudine-tenofovir</i> | 4 | QL (30 per 30 days); S |
| <i>emtricitabine</i> | 1 | QL (30 per 30 days) |
| <i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> | 4 | QL (30 per 30 days); S |
| <i>emtricitabine-tenofovir df oral tablet 200-300 mg</i> | 3 | QL (30 per 30 days) |
| EMTRIVA ORAL CAPSULE | 3 | QL (30 per 30 days) |
| EMTRIVA ORAL SOLUTION | 3 | QL (850 per 30 days) |
| EMVERM | 4 | S |
| <i>entecavir</i> | 1 | PA |
| EPCLUSA ORAL PACKET 150-37.5 MG | 4 | PA; QL (30 per 30 days); S |
| EPCLUSA ORAL PACKET 200-50 MG | 4 | PA; QL (60 per 30 days); S |
| EPCLUSA ORAL TABLET 200-50 MG | 4 | PA; QL (60 per 30 days); S |
| EPCLUSA ORAL TABLET 400-100 MG | 4 | PA; QL (30 per 30 days); S |
| EPIVIR HBV ORAL SOLUTION | 2 | |
| EPIVIR HBV ORAL TABLET | 3 | |
| EPIVIR ORAL SOLUTION | 3 | QL (960 per 30 days) |
| EPIVIR ORAL TABLET 150 MG | 3 | QL (60 per 30 days) |
| EPIVIR ORAL TABLET 300 MG | 3 | QL (30 per 30 days) |
| EPZICOM | 4 | QL (30 per 30 days); S |
| ERAXIS | 4 | PA; S |
| <i>ertapenem sodium</i> | 3 | |
| ERY-TAB | 1 | |
| ERYPED 200 | 3 | |
| ERYPED 400 | 3 | |

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

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|-------------------------|
| ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG | 3 | |
| ERYTHROCIN STEARATE ORAL TABLET 250 MG | 1 | |
| <i>erythromycin base oral</i> | 1 | |
| <i>erythromycin ethylsuccinate oral</i> | 1 | |
| <i>erythromycin lactobionate</i> | 3 | |
| <i>erythromycin oral</i> | 1 | |
| <i>erythromycin stearate oral tablet 250 mg</i> | 1 | |
| <i>ethambutol hcl oral</i> | 1 | |
| <i>etravirine oral tablet 100 mg</i> | 4 | QL (120 per 30 days); S |
| <i>etravirine oral tablet 200 mg</i> | 4 | QL (60 per 30 days); S |
| EVOTAZ | 4 | QL (30 per 30 days); S |
| <i>famciclovir oral tablet 125 mg, 250 mg</i> | 1 | QL (60 per 30 days) |
| <i>famciclovir oral tablet 500 mg</i> | 1 | QL (21 per 7 days) |
| FIRVANQ | 3 | QL (1200 per 30 days) |
| FLAGYL ORAL CAPSULE | 3 | |
| <i>fluconazole in sodium chloride intravenous solution 100-0.9 mg/50ml-%</i> | 3 | |
| <i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i> | 1 | |
| <i>fluconazole oral</i> | 1 | |
| <i>flucytosine oral</i> | 4 | S |
| <i>fosamprenavir calcium</i> | 3 | QL (120 per 30 days) |
| <i>fosfomycin tromethamine</i> | 1 | |
| FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED | 4 | QL (60 per 30 days); S |
| <i>ganciclovir sodium intravenous solution</i> | 3 | B/D PA |

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|----------------------------|
| <i>ganciclovir sodium intravenous solution reconstituted</i> | 4 | B/D PA; S |
| <i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i> | 1 | |
| <i>gentamicin in saline intravenous solution 2-0.9 mg/ml-%</i> | 2 | |
| <i>gentamicin sulfate injection</i> | 1 | |
| GENVOYA | 4 | QL (30 per 30 days); S |
| <i>griseofulvin microsize oral</i> | 1 | |
| <i>griseofulvin ultramicronsize</i> | 1 | |
| HARVONI | 4 | PA; QL (28 per 28 days); S |
| HEPSERA | 4 | PA; S |
| HIPREX | 3 | |
| HUMATIN | 4 | S |
| <i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg</i> | 3 | MO |
| <i>hydroxychloroquine sulfate oral tablet 200 mg</i> | 1 | MO |
| <i>imipenem-cilastatin</i> | 1 | |
| IMPAVIDO | 4 | S |
| INTELENCE ORAL TABLET 100 MG | 4 | QL (120 per 30 days); S |
| INTELENCE ORAL TABLET 200 MG | 4 | QL (60 per 30 days); S |
| INTELENCE ORAL TABLET 25 MG | 3 | QL (480 per 30 days) |
| INVANZ INJECTION | 3 | |
| 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) |

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

| Drug Name | Drug Tier | Requirements /Limits |
|--------------------------------------|-----------|----------------------------|
| ISENTRESS ORAL TABLET CHEWABLE 25 MG | 2 | QL (720 per 30 days) |
| <i>isoniazid injection</i> | 1 | |
| <i>isoniazid oral syrup</i> | 1 | MO |
| <i>isoniazid oral tablet</i> | 1 | MO |
| <i>itraconazole oral capsule</i> | 1 | PA |
| <i>itraconazole oral solution</i> | 3 | |
| <i>ivermectin oral</i> | 1 | PA |
| JULUCA | 4 | QL (30 per 30 days); S |
| KALETRA ORAL SOLUTION | 4 | QL (480 per 30 days); S |
| KALETRA ORAL TABLET 100-25 MG | 3 | QL (300 per 30 days) |
| KALETRA ORAL TABLET 200-50 MG | 4 | QL (120 per 30 days); S |
| <i>ketoconazole oral</i> | 1 | |
| KRINTAFEL | 3 | |
| <i>lamivudine oral solution</i> | 1 | QL (960 per 30 days) |
| <i>lamivudine oral tablet 100 mg</i> | 1 | |
| <i>lamivudine oral tablet 150 mg</i> | 1 | QL (60 per 30 days) |
| <i>lamivudine oral tablet 300 mg</i> | 1 | QL (30 per 30 days) |
| <i>lamivudine-zidovudine</i> | 1 | QL (60 per 30 days) |
| LAMPIT | 3 | |
| <i>ledipasvir-sofosbuvir</i> | 4 | PA; QL (28 per 28 days); S |
| <i>levofloxacin in d5w</i> | 1 | |
| <i>levofloxacin intravenous</i> | 1 | |
| <i>levofloxacin oral solution</i> | 1 | |
| <i>levofloxacin oral tablet</i> | 1 | |
| LEXIVA ORAL SUSPENSION | 3 | QL (1800 per 30 days) |
| LEXIVA ORAL TABLET | 4 | QL (120 per 30 days); S |
| LINCOCIN | 3 | |
| <i>lincomycin hcl injection</i> | 1 | |
| <i>linezolid in sodium chloride</i> | 3 | |

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|------------------------------|
| <i>linezolid intravenous solution 600 mg/300ml</i> | 1 | |
| <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 | S |
| <i>lopinavir-ritonavir oral solution</i> | 1 | QL (480 per 30 days) |
| <i>lopinavir-ritonavir oral tablet 100-25 mg</i> | 3 | QL (300 per 30 days) |
| <i>lopinavir-ritonavir oral tablet 200-50 mg</i> | 3 | QL (120 per 30 days) |
| MACROBID | 3 | |
| MACRODANTIN | 3 | |
| MALARONE | 3 | |
| <i>maraviroc</i> | 4 | QL (120 per 30 days); S |
| MAVYRET ORAL PACKET | 4 | PA; QL (180 per 30 days); S |
| MAVYRET ORAL TABLET | 4 | PA; QL (90 per 30 days); S |
| <i>me/naphos/mb/hyo1</i> | 1 | |
| <i>mefloquine hcl</i> | 1 | MO |
| MEPRON | 3 | PA |
| <i>meropenem</i> | 1 | |
| <i>methenamine hippurate</i> | 1 | |
| <i>methenamine mandelate oral</i> | 1 | |
| <i>metronidazole intravenous solution 500 mg/100ml</i> | 1 | |
| <i>metronidazole oral</i> | 1 | |
| <i>micafungin sodium</i> | 4 | S |
| MINOCIN INTRAVENOUS | 4 | S |
| <i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i> | 3 | |
| <i>minocycline hcl er oral tablet extended release 24 hour 115 mg</i> | 4 | S |
| <i>minocycline hcl oral</i> | 1 | |

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

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|-----------------------|
| MINOLIRA | 3 | |
| MONDOXYNE NL ORAL CAPSULE 100 MG | 1 | |
| MONUROL | 3 | |
| <i>moxifloxacin hcl in nacl</i> | 1 | |
| <i>moxifloxacin hcl intravenous</i> | 3 | |
| <i>moxifloxacin hcl oral</i> | 1 | |
| MYAMBUTOL ORAL TABLET 400 MG | 3 | |
| MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG | 4 | S |
| MYCOBUTIN | 3 | |
| <i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i> | 3 | |
| <i>nafcillin sodium intravenous solution reconstituted 10 gm</i> | 4 | S |
| NEBUPENT | 3 | B/D PA |
| <i>neomycin sulfate oral</i> | 1 | |
| <i>nevirapine er oral tablet extended release 24 hour 100 mg</i> | 1 | QL (90 per 30 days) |
| <i>nevirapine er oral tablet extended release 24 hour 400 mg</i> | 1 | QL (30 per 30 days) |
| <i>nevirapine oral suspension</i> | 1 | QL (1200 per 30 days) |
| <i>nevirapine oral tablet</i> | 1 | QL (60 per 30 days) |
| <i>nitazoxanide oral</i> | 3 | QL (6 per 30 days) |
| <i>nitrofurantoin macrocrystal oral</i> | 1 | |
| <i>nitrofurantoin monohyd macro</i> | 1 | |
| <i>nitrofurantoin oral suspension 25 mg/5ml</i> | 4 | S |
| NORVIR ORAL PACKET | 3 | QL (360 per 30 days) |
| NORVIR ORAL TABLET | 3 | QL (360 per 30 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|------------------------|
| NOXAFIL INTRAVENOUS | 4 | MO; S |
| NOXAFIL ORAL | 4 | PA; MO; S |
| NUZYRA | 4 | S |
| <i>nystatin oral tablet</i> | 1 | |
| ODEFSEY | 4 | QL (30 per 30 days); S |
| <i>ofloxacin oral tablet 300 mg, 400 mg</i> | 1 | |
| ORACEA | 3 | |
| <i>oseltamivir phosphate oral capsule 30 mg</i> | 1 | QL (168 per 365 days) |
| <i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i> | 1 | QL (84 per 365 days) |
| <i>oseltamivir phosphate oral suspension reconstituted</i> | 1 | QL (1080 per 365 days) |
| <i>oxacillin sodium in dextrose intravenous solution 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> | 1 | |
| <i>oxacillin sodium intravenous</i> | 3 | |
| <i>paromomycin sulfate oral</i> | 1 | |
| <i>penicillin g pot in dextrose</i> | 3 | |
| <i>penicillin g potassium</i> | 1 | |
| <i>penicillin g procaine</i> | 2 | |
| <i>penicillin g sodium</i> | 1 | |
| <i>penicillin v potassium</i> | 1 | |
| PENTAM | 3 | |
| <i>pentamidine isethionate inhalation</i> | 1 | B/D PA |
| <i>pentamidine isethionate injection</i> | 1 | |
| PFIZERPEN | 1 | |
| PIFELTRO | 4 | QL (30 per 30 days); S |
| <i>piperacillin sod-tazobactam</i> | 1 | |

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

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|-------------------------|
| PLAQUENIL | 3 | MO |
| <i>polymyxin b sulfate injection</i> | 1 | |
| <i>posaconazole intravenous</i> | 4 | MO; S |
| <i>posaconazole oral</i> | 4 | PA; MO; S |
| <i>praziquantel oral</i> | 1 | |
| <i>pretomanid</i> | 3 | |
| PREVYMIS INTRAVENOUS | 4 | S |
| PREVYMIS ORAL | 4 | 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 600 MG, 800 MG | 4 | QL (60 per 30 days); S |
| 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 | |
| PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG | 3 | |
| <i>pyrazinamide oral</i> | 1 | |
| <i>pyrimethamine oral</i> | 4 | S |
| QUALAQUIN | 3 | PA |
| <i>quinine sulfate oral</i> | 1 | PA |
| RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT | 2 | QL (60 per 180 days) |
| RETROVIR INTRAVENOUS | 2 | |
| RETROVIR ORAL CAPSULE | 3 | QL (180 per 30 days) |
| RETROVIR ORAL SYRUP | 3 | QL (1920 per 30 days) |
| REYATAZ ORAL CAPSULE 200 MG | 4 | QL (60 per 30 days); S |
| REYATAZ ORAL CAPSULE 300 MG | 4 | QL (30 per 30 days); S |

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|----------------------------|
| REYATAZ ORAL PACKET | 3 | QL (240 per 30 days) |
| <i>ribavirin oral capsule</i> | 1 | |
| <i>ribavirin oral tablet 200 mg</i> | 1 | |
| <i>rifabutin</i> | 1 | |
| RIFADIN INTRAVENOUS | 3 | |
| <i>rifampin intravenous</i> | 3 | |
| <i>rifampin oral</i> | 1 | |
| <i>rimantadine hcl</i> | 1 | |
| <i>ritonavir</i> | 1 | QL (360 per 30 days) |
| RUKOBIA | 4 | QL (60 per 30 days); MO; S |
| SELZENTRY ORAL SOLUTION | 2 | QL (1840 per 30 days) |
| SELZENTRY ORAL TABLET 150 MG, 300 MG | 4 | QL (120 per 30 days); S |
| SELZENTRY ORAL TABLET 25 MG | 2 | QL (240 per 30 days) |
| SELZENTRY ORAL TABLET 75 MG | 4 | QL (60 per 30 days); S |
| SEYSARA | 4 | S |
| SIRTURO | 4 | PA; LA; S |
| SITAVIG | 3 | |
| SIVEXTRO INTRAVENOUS | 4 | PA; S |
| SIVEXTRO ORAL | 4 | PA; QL (6 per 28 days); S |
| <i>sofosbuvir-velpatasvir</i> | 4 | PA; QL (30 per 30 days); S |
| SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 55 MG, 65 MG, 80 MG | 3 | |
| SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 115 MG | 4 | S |
| SOLOSEC | 3 | |
| SOVALDI | 4 | PA; QL (30 per 30 days); S |
| SPORANOX ORAL CAPSULE | 3 | PA |
| SPORANOX ORAL SOLUTION | 3 | |

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

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|----------------------------|
| <i>stavudine oral capsule 15 mg, 20 mg</i> | 1 | QL (120 per 30 days) |
| <i>stavudine oral capsule 30 mg, 40 mg</i> | 1 | QL (60 per 30 days) |
| <i>streptomycin sulfate intramuscular</i> | 4 | S |
| STRIBILD | 4 | QL (30 per 30 days); S |
| STROMEKTOL | 3 | PA |
| <i>sulfadiazine oral</i> | 4 | S |
| <i>sulfamethoxazole-trimethoprim intravenous</i> | 1 | |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i> | 1 | |
| <i>sulfamethoxazole-trimethoprim oral tablet</i> | 1 | |
| SUNLENCA ORAL | 2 | LA |
| SUNLENCA SUBCUTANEOUS | 4 | QL (3 per 168 days); MO; S |
| SUPRAX ORAL CAPSULE | 3 | |
| SUPRAX ORAL SUSPENSION RECONSTITUTED | 3 | |
| SUPRAX ORAL TABLET CHEWABLE | 3 | |
| SUSTIVA ORAL CAPSULE 200 MG | 4 | QL (120 per 30 days); S |
| SUSTIVA ORAL CAPSULE 50 MG | 3 | QL (360 per 30 days) |
| SYMFI | 4 | QL (30 per 30 days); S |
| SYMFI LO | 4 | QL (30 per 30 days); S |
| SYMTUZA | 4 | QL (30 per 30 days); S |
| TAMIFLU ORAL CAPSULE 30 MG | 3 | QL (168 per 365 days) |
| TAMIFLU ORAL CAPSULE 45 MG, 75 MG | 3 | QL (84 per 365 days) |
| TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML | 3 | QL (1080 per 365 days) |
| TARGADOX | 3 | |

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|-----------------------------------|
| TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM | 1 | |
| TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED | 1 | |
| TEFLARO | 4 | S |
| <i>tenofovir disoproxil fumarate</i> | 1 | QL (30 per 30 days) |
| <i>terbinafine hcl oral</i> | 1 | |
| <i>tetracycline hcl oral</i> | 1 | |
| <i>tigecycline</i> | 4 | S |
| <i>tinidazole oral</i> | 1 | |
| 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</i> | 1 | |
| <i>tolsura</i> | 4 | PA; S |
| TRECTOR | 3 | |
| <i>trifluridine ophthalmic</i> | 1 | |
| <i>trimethoprim oral</i> | 1 | |
| TRIUMEQ | 4 | QL (30 per 30 days); S |
| TRIUMEQ PD | 4 | QL (180 per 30 days); S |
| TRIZIVIR | 4 | QL (60 per 30 days); S |
| TROGARZO | 4 | PA; QL (23.94 per 28 days); LA; S |
| TRUVADA | 4 | QL (30 per 30 days); S |
| TYBOST | 2 | QL (30 per 30 days) |
| TYGACIL | 4 | S |
| UNASYN INJECTION SOLUTION RECONSTITUTED 1.5 (1-0.5) GM, 3 (2-1) GM | 3 | |
| UNASYN INTRAVENOUS SOLUTION RECONSTITUTED 15 (10-5) GM | 3 | |

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

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|-----------------------------|
| UROGESIC-BLUE | 3 | |
| VABOMERE | 4 | S |
| <i>valacyclovir hcl oral tablet 1 gm</i> | 1 | QL (90 per 30 days) |
| <i>valacyclovir hcl oral tablet 500 mg</i> | 1 | QL (60 per 30 days) |
| VALCYTE ORAL SOLUTION RECONSTITUTED | 4 | S |
| VALCYTE ORAL TABLET | 3 | |
| <i>valganciclovir hcl oral solution reconstituted</i> | 3 | |
| <i>valganciclovir hcl oral tablet</i> | 2 | |
| VALTREX ORAL TABLET 1 GM | 3 | ST; QL (90 per 30 days) |
| VALTREX ORAL TABLET 500 MG | 3 | ST; QL (60 per 30 days) |
| VANCOGIN ORAL CAPSULE 125 MG | 3 | PA; QL (240 per 30 days) |
| VANCOGIN ORAL CAPSULE 250 MG | 4 | PA; QL (240 per 30 days); S |
| <i>vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 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, 5 gm, 500 mg</i> | 1 | |
| <i>vancomycin hcl intravenous solution reconstituted 1.25 gm, 1.5 gm, 750 mg</i> | 2 | |
| <i>vancomycin hcl oral capsule 125 mg</i> | 1 | PA; QL (240 per 30 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|-----------------------------|
| <i>vancomycin hcl oral capsule 250 mg</i> | 3 | PA; QL (240 per 30 days) |
| <i>vancomycin hcl oral solution reconstituted</i> | 3 | PA; QL (1200 per 30 days) |
| VEKLURY INTRAVENOUS SOLUTION RECONSTITUTED | 4 | S |
| VEMLIDY | 4 | PA; QL (30 per 30 days); S |
| VFEND IV | 3 | PA |
| VFEND ORAL SUSPENSION RECONSTITUTED | 4 | PA; QL (300 per 30 days); S |
| VFEND ORAL TABLET 200 MG | 3 | PA; QL (60 per 30 days) |
| VFEND ORAL TABLET 50 MG | 3 | PA; QL (120 per 30 days) |
| VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG | 4 | PA; S |
| VIBRAMYCIN ORAL CAPSULE | 3 | |
| VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED | 4 | S |
| VIBRAMYCIN ORAL SYRUP | 3 | |
| 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, 300 MG | 4 | QL (30 per 30 days); S |
| VIREAD ORAL TABLET 200 MG | 3 | QL (30 per 30 days) |
| VIVJOA | 3 | |
| <i>voriconazole intravenous</i> | 3 | PA |
| <i>voriconazole oral suspension reconstituted</i> | 4 | PA; QL (300 per 30 days); S |
| <i>voriconazole oral tablet 200 mg</i> | 3 | PA; QL (60 per 30 days) |
| <i>voriconazole oral tablet 50 mg</i> | 1 | PA; QL (120 per 30 days) |
| VOSEVI | 4 | PA; QL (30 per 30 days); S |

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

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|--------------------------------|
| XENLETA | 4 | S |
| XIFAXAN ORAL TABLET 200 MG | 3 | PA; QL (9 per 3 days) |
| XIFAXAN ORAL TABLET 550 MG | 4 | PA; QL (84 per 28 days); MO; S |
| XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 90 MG | 4 | S |
| XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 45 MG | 3 | |
| XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG | 3 | |
| XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG | 3 | |
| ZEPATIER | 4 | PA; QL (30 per 30 days); S |
| ZERBAXA | 4 | S |
| ZIAGEN ORAL SOLUTION | 3 | QL (960 per 30 days) |
| ZIAGEN ORAL TABLET | 3 | QL (60 per 30 days) |
| <i>zidovudine oral capsule</i> | 1 | QL (180 per 30 days) |
| <i>zidovudine oral syrup</i> | 1 | QL (1920 per 30 days) |
| <i>zidovudine oral tablet</i> | 1 | QL (60 per 30 days) |
| ZINPLAVA | 4 | PA; S |
| ZIRGAN | 3 | |
| ZITHROMAX INTRAVENOUS | 3 | |
| ZITHROMAX ORAL PACKET | 3 | |
| ZITHROMAX ORAL SUSPENSION RECONSTITUTED | 3 | |
| ZITHROMAX ORAL TABLET 250 MG, 500 MG | 3 | |
| ZITHROMAX TRI-PAK | 3 | |
| ZITHROMAX Z-PAK | 3 | |
| ZOSYN INTRAVENOUS SOLUTION | 3 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|------------------------------|
| ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML | 4 | S |
| ZYVOX INTRAVENOUS SOLUTION 600 MG/300ML | 3 | |
| ZYVOX ORAL SUSPENSION RECONSTITUTED | 4 | PA; QL (1800 per 30 days); S |
| ZYVOX ORAL TABLET | 3 | PA; QL (56 per 28 days) |

Miscellaneous Therapeutic Agents

| | | |
|--|---|-----------------------------|
| <i>acetic acid irrigation</i> | 1 | |
| <i>acetylcysteine intravenous</i> | 1 | |
| ALCOHOL SWABS | 1 | MO |
| <i>atropine sulfate injection solution 0.4 mg/ml</i> | 1 | |
| <i>atropine sulfate injection solution 1 mg/ml</i> | 3 | |
| <i>atropine sulfate intravenous solution</i> | 3 | |
| AUTOPEN | 2 | |
| BD PEN | 2 | |
| BD PEN MINI | 2 | |
| CEQUR SIMPLICITY 2U | 2 | |
| CEQUR SIMPLICITY INSERTER | 2 | |
| <i>clonidine hcl (analgesia)</i> | 3 | |
| DURACLON EPIDURAL SOLUTION 100 MCG/ML | 3 | |
| EMPAVELI | 4 | S |
| GAUZE STERILE PADS 2 | 1 | MO |
| GRASTEK | 3 | PA; QL (30 per 30 days); MO |
| INPEN 100-BLUE-LILLY-HUMALOG | 2 | |
| INPEN 100-BLUE-NOVOLOG-FIASP | 2 | |
| INPEN 100-GREY-LILLY-HUMALOG | 2 | |
| INPEN 100-GREY-NOVOLOG-FIASP | 2 | |
| INPEN 100-PINK-LILLY-HUMALOG | 2 | |
| INPEN 100-PINK-NOVOLOG-FIASP | 2 | |

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

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|-----------------------------|
| INSULIN PEN NEEDLE | 1 | QL (200 per 30 days); MO |
| INSULIN SYRINGE | 1 | QL (200 per 30 days); MO |
| 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 | |
| ODACTRA | 3 | PA; QL (30 per 30 days); MO |
| OMNIPOD 5 G6 INTRO (GEN 5) | 3 | |
| OMNIPOD 5 G6 POD (GEN 5) | 3 | |
| OMNIPOD CLASSIC PDM (GEN 3) | 3 | |
| OMNIPOD CLASSIC PODS (GEN 3) | 3 | |
| OMNIPOD DASH INTRO (GEN 4) | 3 | |
| OMNIPOD DASH PODS (GEN 4) | 3 | |
| OMNIPOD POD PALS | 3 | |
| ORALAIR | 3 | PA; QL (30 per 30 days) |
| PHYSIOLYTE | 3 | |
| PRIALT | 3 | |
| RAGWITEK | 3 | PA; QL (30 per 30 days); MO |
| REBYOTA | 4 | PA; S |
| RENACIDIN | 3 | |
| <i>ringers irrigation</i> | 1 | |
| <i>sodium chloride irrigation solution 0.9 %</i> | 1 | |
| SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML | 4 | PA; LA; S |
| <i>sorbitol irrigation solution 3 %</i> | 3 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|----------------------|
| <i>sterile water for irrigation</i> | 2 | |
| SYNAGIS | 4 | PA; S |
| TIS-U-SOL | 1 | |
| V-GO 20 KIT 20 UNIT/24HR | 3 | |
| V-GO 30 KIT 30 UNIT/24HR | 3 | |
| V-GO 40 KIT 40 UNIT/24HR | 3 | |
| VEOZAH | 3 | MO |
| VISTOGARD | 4 | S |
| XIAFLEX | 4 | PA; S |
| Ophthalmic Agents | | |
| <i>acetazolamide er</i> | 1 | MO |
| ACULAR | 3 | |
| ACULAR LS | 3 | |
| <i>ak-poly-bac</i> | 1 | |
| ALCAINE | 3 | |
| ALOCRIAL | 3 | |
| ALOMIDE | 3 | |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % | 2 | MO |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.15 % | 3 | MO |
| ALREX | 3 | |
| <i>apraclonidine hcl</i> | 1 | |
| <i>atropine sulfate ophthalmic ointment</i> | 2 | MO |
| <i>atropine sulfate ophthalmic solution 1 %</i> | 2 | MO |
| AZASITE | 3 | |
| <i>azelastine hcl ophthalmic</i> | 1 | |
| AZOPT | 3 | MO |
| <i>bacitra-neomycin-polymyxin-hc</i> | 1 | |
| <i>bacitracin ophthalmic</i> | 1 | |
| <i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i> | 1 | |
| BEOVU INTRAVITREAL SOLUTION PREFILLED SYRINGE | 4 | PA; S |
| <i>bepotastine besilate</i> | 1 | |

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

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|-------------------------|
| BEPREVE | 3 | |
| BESIVANCE | 3 | |
| BETADINE OPHTHALMIC PREP | 3 | |
| <i>betaxolol hcl ophthalmic</i> | 1 | MO |
| BETIMOL | 3 | MO |
| BETOPTIC-S | 3 | MO |
| <i>bimatoprost ophthalmic</i> | 1 | MO |
| <i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i> | 1 | MO |
| <i>brimonidine tartrate-timolol</i> | 2 | MO |
| <i>brinzolamide</i> | 2 | MO |
| <i>bromfenac sodium (once-daily)</i> | 1 | |
| BROMSITE | 3 | |
| <i>carteolol hcl</i> | 1 | MO |
| CEQUA | 3 | PA; MO |
| CILOXAN OPHTHALMIC OINTMENT | 3 | |
| <i>ciprofloxacin hcl ophthalmic</i> | 1 | |
| COMBIGAN | 2 | MO |
| COSOPT | 3 | MO |
| COSOPT PF OPHTHALMIC SOLUTION 2-0.5 % | 3 | MO |
| <i>cromolyn sodium ophthalmic</i> | 1 | |
| CYCLOGYL | 3 | MO |
| <i>cyclopentolate hcl ophthalmic</i> | 1 | MO |
| <i>cyclosporine ophthalmic</i> | 2 | QL (60 per 30 days); MO |
| CYSTADROPS | 4 | LA; S |
| CYSTARAN | 4 | LA; S |
| <i>dexamethasone sodium phosphate ophthalmic</i> | 1 | |
| DEXYCU | 4 | S |
| <i>diclofenac sodium ophthalmic</i> | 1 | |
| <i>difluprednate</i> | 2 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|----------------------|
| <i>dorzolamide hcl ophthalmic</i> | 1 | MO |
| <i>dorzolamide hcl-timolol mal</i> | 1 | MO |
| <i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i> | 1 | MO |
| DUREZOL | 2 | |
| DURYSTA | 4 | S |
| <i>epinastine hcl</i> | 1 | |
| <i>erythromycin ophthalmic</i> | 1 | QL (3.5 per 30 days) |
| EYLEA INTRAVITREAL SOLUTION | 4 | PA; LA; S |
| EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE | 4 | PA; S |
| EYSUVIS | 3 | |
| FLAREX | 3 | |
| <i>fluorometholone ophthalmic</i> | 1 | |
| <i>flurbiprofen sodium</i> | 1 | |
| FML FORTE | 3 | |
| FML LIQUIFILM | 3 | |
| <i>gatifloxacin ophthalmic</i> | 1 | |
| GENTAK OPHTHALMIC OINTMENT | 1 | |
| <i>gentamicin sulfate ophthalmic solution</i> | 1 | |
| ILEVRO | 3 | |
| INVELTYS | 3 | |
| IOPIDINE OPHTHALMIC SOLUTION 1 % | 3 | |
| ISOPTO ATROPINE | 2 | MO |
| ISTALOL | 3 | MO |
| IYUZEH | 3 | MO |
| <i>ketorolac tromethamine ophthalmic</i> | 1 | |
| LACRISERT | 3 | QL (60 per 30 days) |
| <i>latanoprost ophthalmic</i> | 1 | MO |

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

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|----------------------|
| <i>levobunolol hcl ophthalmic solution 0.5 %</i> | 1 | MO |
| <i>levofloxacin ophthalmic</i> | 1 | |
| LOTEMAX | 3 | |
| LOTEMAX SM | 3 | |
| <i>loteprednol etabonate</i> | 1 | |
| LUCENTIS INTRAVITREAL SOLUTION 0.5 MG/0.05ML | 4 | PA; LA; S |
| LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML | 4 | PA; LA; S |
| LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.5 MG/0.05ML | 4 | PA; S |
| LUMIGAN OPHTHALMIC SOLUTION 0.01 % | 2 | MO |
| MAXIDEX | 3 | |
| MAXITROL | 3 | |
| <i>methazolamide oral</i> | 1 | MO |
| MOXEZA | 3 | |
| <i>moxifloxacin hcl (2x day)</i> | 3 | |
| <i>moxifloxacin hcl ophthalmic solution</i> | 2 | |
| NATACYN | 3 | |
| NEO-POLYCIN | 1 | |
| NEO-POLYCIN HC | 1 | |
| <i>neomycin-bacitracin zn-polymyx</i> | 1 | |
| <i>neomycin-polymyxin-dexameth</i> | 1 | |
| <i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i> | 1 | |
| <i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i> | 1 | |
| NEVANAC | 2 | |
| OCUFLOX | 3 | |
| <i>ofloxacin ophthalmic</i> | 1 | |
| <i>olopatadine hcl ophthalmic</i> | 1 | |
| OXERVATE | 4 | S |
| OZURDEX INTRAVITREAL | 3 | PA |

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|--------------------------|
| <i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i> | 3 | |
| PHOSPHOLINE IODIDE | 3 | MO |
| <i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i> | 1 | MO |
| POLYCIN | 1 | |
| <i>polymyxin b-trimethoprim</i> | 1 | |
| POLYTRIM | 3 | |
| PRED FORTE | 3 | |
| PRED MILD | 3 | |
| <i>prednisolone acetate ophthalmic</i> | 1 | |
| <i>prednisolone sodium phosphate ophthalmic</i> | 2 | |
| PROLENSA | 3 | |
| <i>proparacaine hcl ophthalmic</i> | 1 | |
| RESTASIS | 2 | QL (60 per 30 days); MO |
| RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % | 2 | QL (5.5 per 28 days); MO |
| RHOPRESSA | 2 | MO |
| ROCKLATAN | 2 | MO |
| SIMBRINZA | 2 | MO |
| <i>sulfacetamide sodium ophthalmic</i> | 1 | |
| <i>sulfacetamide-prednisolone ophthalmic solution</i> | 1 | |
| SYFOVRE | 4 | S |
| <i>tafluprost (pf)</i> | 3 | MO |
| TEPEZZA | 4 | S |
| <i>tetracaine hcl ophthalmic</i> | 3 | |
| <i>timolol maleate (once-daily)</i> | 1 | MO |
| TIMOLOL MALEATE OCUDOSE | 1 | MO |
| <i>timolol maleate ophthalmic gel forming solution</i> | 1 | MO |

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

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|-----------------------------|
| <i>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 0.25 %</i> | 3 | MO |
| <i>timolol maleate pf ophthalmic solution 0.5 %</i> | 1 | MO |
| TIMOPTIC | 3 | MO |
| TIMOPTIC OCUDOSE | 3 | MO |
| TIMOPTIC-XE | 3 | MO |
| TOBRADEX OPHTHALMIC OINTMENT | 2 | |
| TOBRADEX OPHTHALMIC SUSPENSION | 3 | |
| TOBRADEX ST | 2 | |
| <i>tobramycin ophthalmic</i> | 1 | |
| <i>tobramycin-dexamethasone</i> | 1 | |
| TOBREX OPHTHALMIC OINTMENT | 3 | |
| TRAVATAN Z | 3 | MO |
| <i>travoprost (bak free)</i> | 1 | MO |
| TRIESENCE | 3 | |
| TRUSOPT | 3 | MO |
| TYRVAYA | 3 | MO |
| VERKAZIA | 4 | QL (120 per 30 days); MO; S |
| VIGAMOX | 3 | |
| VUITY | 3 | MO |
| VYZULTA | 3 | MO |
| XALATAN | 3 | MO |
| XELPROS | 3 | MO |
| XIIDRA | 2 | QL (60 per 30 days); MO |
| XIPERE | 3 | |
| YUTIQ | 4 | S |
| ZERVIAE | 3 | |
| ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % | 3 | MO |
| ZYLET | 2 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|----------------------------|
| ZYMAXID | 3 | |
| Otic Agents | | |
| <i>acetic acid otic</i> | 1 | |
| CETRAXAL | 3 | |
| CIPRO HC | 3 | |
| CIPRODEX | 2 | |
| <i>ciprofloxacin hcl otic</i> | 1 | |
| <i>ciprofloxacin-dexamethasone</i> | 1 | |
| <i>ciprofloxacin-fluocinolone pf</i> | 2 | |
| CORTISPORIN-TC | 3 | |
| DERMOTIC | 3 | |
| FLAC | 1 | |
| <i>fluocinolone acetonide otic</i> | 1 | |
| <i>hydrocortisone-acetic acid</i> | 1 | |
| <i>neomycin-polymyxin-hc otic</i> | 1 | |
| <i>ofloxacin otic</i> | 1 | |
| OTOVEL | 3 | |
| Respiratory Tract/Pulmonary Agents | | |
| ACCOLATE | 3 | MO |
| <i>acetylcysteine inhalation</i> | 1 | B/D PA |
| ADCIRCA | 4 | PA; QL (60 per 30 days); S |
| ADEMPAS | 4 | PA; LA; S |
| ADRENALIN INJECTION SOLUTION 1 MG/ML | 2 | |
| ADRENALIN INJECTION SOLUTION 30 MG/30ML | 3 | |
| ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT | 2 | QL (60 per 30 days); MO |
| ADVAIR HFA | 2 | QL (12 per 30 days); MO |
| AIRDUO DIGIHALER | 3 | QL (1 per 30 days); MO |
| AIRDUO RESPICLICK 113/14 | 3 | QL (1 per 30 days); MO |

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

| Drug Name | Drug Tier | Requirements /Limits | Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|----------------------------------|--|-----------|----------------------------------|
| AIRDUO RESPICLICK 232/14 | 3 | QL (1 per 30 days); MO | ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT | 3 | QL (1 per 30 days); MO |
| AIRDUO RESPICLICK 55/14 | 3 | QL (1 per 30 days); MO | ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT | 3 | QL (1 per 30 days); MO |
| AIRSUPRA | 3 | QL (32.1 per 30 days) | ASMANEX HFA | 3 | QL (13 per 30 days); MO |
| <i>albuterol sulfate hfa</i> | 1 | MO | ATROVENT HFA | 3 | QL (26 per 30 days); 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 | AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.3 MG/0.3ML | 3 | QL (2 per 28 days) |
| <i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 2.5 mg/0.5ml</i> | 1 | B/D PA; QL (60 per 30 days); MO | AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML | 4 | QL (2 per 28 days); S |
| <i>albuterol sulfate oral syrup</i> | 1 | MO | <i>azelastine hcl nasal</i> | 1 | QL (30 per 25 days) |
| <i>albuterol sulfate oral tablet</i> | 1 | MO | <i>azelastine-fluticasone</i> | 1 | QL (23 per 28 days) |
| ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT | 3 | QL (14 per 30 days); MO | BECONASE AQ | 3 | ST; QL (50 per 30 days) |
| ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT | 3 | QL (7 per 30 days); MO | BETHKIS | 4 | B/D PA; QL (224 per 28 days); S |
| ALYQ | 4 | PA; QL (60 per 30 days); S | BEVESPI AEROSPHERE | 3 | ST; QL (11 per 30 days); MO |
| <i>ambriasantan</i> | 4 | PA; QL (30 per 30 days); LA; S | <i>bosentan</i> | 4 | PA; QL (60 per 30 days); LA; S |
| ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT | 2 | QL (60 per 30 days); MO | BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT | 2 | QL (60 per 30 days); MO |
| <i>arformoterol tartrate</i> | 3 | B/D PA; QL (120 per 30 days); MO | BREZTRI AEROSPHERE | 2 | QL (10.7 per 30 days); MO |
| ARMONAIR DIGIHALER | 3 | QL (1 per 30 days); MO | BRONCHITOL | 4 | LA; S |
| ARNUITY ELLIPTA | 2 | QL (30 per 30 days); MO | BRONCHITOL TOLERANCE TEST | 4 | LA; S |
| ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT | 3 | QL (1 per 30 days); MO | BROVANA | 3 | B/D PA; QL (120 per 30 days); MO |
| ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT | 3 | QL (2 per 30 days); MO | <i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i> | 1 | B/D PA; QL (120 per 30 days); MO |

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

| Drug Name | Drug Tier | Requirements /Limits | Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|---------------------------------|---|-----------|-------------------------------|
| <i>budesonide inhalation suspension 1 mg/2ml</i> | 1 | B/D PA; QL (60 per 30 days); MO | <i>epinephrine injection solution 0.3 mg/0.3ml</i> | 1 | |
| <i>budesonide-formoterol fumarate</i> | 1 | QL (30.6 per 30 days); MO | <i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i> | 3 | QL (2 per 28 days) |
| <i>carbinoxamine maleate oral solution</i> | 1 | PA | <i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i> | 1 | QL (2 per 28 days) |
| <i>carbinoxamine maleate oral tablet 4 mg</i> | 1 | PA | EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR | 3 | QL (2 per 28 days) |
| <i>carbinoxamine maleate oral tablet 6 mg</i> | 4 | PA; S | EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR | 3 | QL (2 per 28 days) |
| CAYSTON | 4 | PA; LA; S | <i>epoprostenol sodium</i> | 3 | LA |
| <i>cetirizine hcl oral solution 1 mg/ml</i> | 1 | | ESBRIET ORAL CAPSULE | 4 | PA; QL (270 per 30 days); S |
| CINQAIR | 4 | PA; LA; S | ESBRIET ORAL TABLET 267 MG | 4 | PA; QL (270 per 30 days); S |
| CLARINEX ORAL TABLET | 3 | | ESBRIET ORAL TABLET 801 MG | 4 | PA; QL (90 per 30 days); S |
| CLARINEX-D 12 HOUR | 3 | | FASENRA | 4 | PA; QL (1 per 28 days); LA; S |
| <i>clemastine fumarate oral syrup</i> | 3 | PA | FASENRA PEN | 4 | PA; QL (1 per 28 days); S |
| <i>clemastine fumarate oral tablet 2.68 mg</i> | 1 | PA | FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG | 3 | LA |
| COMBIVENT RESPIMAT | 3 | QL (8 per 30 days); MO | FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 1.5 MG | 4 | LA; S |
| <i>cromolyn sodium inhalation</i> | 1 | B/D PA; MO | FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 50 MCG/ACT | 2 | QL (60 per 30 days); MO |
| <i>cyproheptadine hcl oral syrup</i> | 1 | PA | FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/ACT | 2 | QL (240 per 30 days); MO |
| <i>cyproheptadine hcl oral tablet</i> | 1 | | FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT | 2 | QL (12 per 30 days); MO |
| DALIRESP | 3 | PA; QL (30 per 30 days); MO | FLOVENT HFA INHALATION AEROSOL 220 MCG/ACT | 2 | QL (24 per 30 days); MO |
| <i>desloratadine</i> | 1 | | FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT | 2 | QL (11 per 30 days); MO |
| <i>diphenhydramine hcl injection</i> | 1 | | | | |
| <i>diphenhydramine hcl oral elixir</i> | 3 | PA | | | |
| DUAKLIR PRESSAIR | 4 | QL (1 per 30 days); MO; S | | | |
| DULERA | 3 | QL (13 per 30 days); MO | | | |
| DYMISTA | 2 | QL (23 per 28 days) | | | |
| ELIXOPHYLLIN | 2 | MO | | | |
| <i>epinephrine (anaphylaxis)</i> | 1 | | | | |

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

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|----------------------------------|
| <i>flunisolide nasal solution 25 mcg/act (0.025%)</i> | 1 | QL (75 per 30 days) |
| <i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i> | 2 | QL (60 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</i> | 2 | QL (12 per 30 days); MO |
| <i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i> | 1 | QL (60 per 30 days); MO |
| <i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i> | 1 | QL (1 per 30 days); MO |
| <i>formoterol fumarate inhalation</i> | 3 | B/D PA; QL (120 per 30 days); MO |
| <i>hydroxyzine hcl intramuscular</i> | 1 | |
| <i>hydroxyzine hcl oral syrup</i> | 1 | |
| <i>hydroxyzine hcl oral tablet</i> | 1 | |
| <i>hydroxyzine pamoate oral</i> | 1 | |
| INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT | 3 | QL (30 per 30 days); MO |
| <i>ipratropium bromide inhalation</i> | 1 | B/D PA; MO |
| <i>ipratropium bromide nasal</i> | 1 | QL (30 per 30 days); MO |

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|-------------------------------------|
| <i>ipratropium-albuterol</i> | 1 | B/D PA; QL (540 per 30 days); MO |
| KALYDECO ORAL PACKET | 3 | PA; QL (56 per 28 days) |
| KALYDECO ORAL TABLET | 4 | PA; QL (60 per 30 days); S |
| KITABIS PAK | 4 | B/D PA; QL (280 per 28 days); LA; S |
| LETAIRIS | 4 | PA; QL (30 per 30 days); LA; S |
| <i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i> | 1 | B/D PA; QL (270 per 30 days); MO |
| <i>levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml</i> | 1 | B/D PA; QL (540 per 30 days); MO |
| <i>levalbuterol tartrate</i> | 1 | ST; QL (45 per 30 days); MO |
| <i>levocetirizine dihydrochloride oral solution</i> | 1 | QL (300 per 30 days) |
| <i>levocetirizine dihydrochloride oral tablet</i> | 1 | QL (30 per 30 days) |
| <i>mometasone furoate nasal</i> | 1 | |
| <i>montelukast sodium oral</i> | 1 | MO |
| NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 4 | PA; QL (3 per 28 days); LA; S |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | 4 | PA; QL (3 per 28 days); LA; S |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML | 4 | PA; QL (0.4 per 28 days); LA; S |
| NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED | 4 | PA; QL (3 per 28 days); LA; S |
| OFEV | 4 | PA; QL (60 per 30 days); S |
| <i>olopatadine hcl nasal</i> | 1 | QL (31 per 30 days) |
| OMNARIS | 3 | ST; QL (13 per 30 days) |

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

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|------------------------------------|
| OPSUMIT | 4 | PA; QL (30 per 30 days); LA; S |
| ORENITRAM MONTH 1 | 3 | PA |
| ORENITRAM MONTH 2 | 3 | PA |
| ORENITRAM MONTH 3 | 3 | PA |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG | 2 | PA; LA |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG | 4 | PA; LA; S |
| ORKAMBI ORAL PACKET | 4 | PA; QL (60 per 30 days); S |
| ORKAMBI ORAL TABLET | 4 | PA; QL (120 per 30 days); S |
| PATANASE | 3 | QL (31 per 30 days) |
| PERFOROMIST | 3 | B/D PA; QL (120 per 30 days); MO |
| <i>pirfenidone oral capsule</i> | 4 | PA; QL (270 per 30 days); S |
| <i>pirfenidone oral tablet 267 mg</i> | 4 | PA; QL (270 per 30 days); S |
| <i>pirfenidone oral tablet 534 mg, 801 mg</i> | 4 | PA; QL (90 per 30 days); S |
| PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT | 3 | ST; MO |
| PROAIR HFA | 2 | MO |
| PROAIR RESPICLICK | 2 | MO |
| <i>promethazine vc</i> | 3 | |
| <i>promethazine-phenylephrine</i> | 3 | |
| PROVENTIL HFA | 3 | MO |
| PULMICORT FLEXHALER | 3 | QL (2 per 30 days); MO |
| PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML | 3 | B/D PA; QL (120 per 30 days); MO |
| PULMICORT INHALATION SUSPENSION 1 MG/2ML | 4 | B/D PA; QL (60 per 30 days); MO; S |

| Drug Name | Drug Tier | Requirements /Limits |
|---|-----------|------------------------------|
| PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML | 4 | B/D PA; S |
| QNASL | 3 | ST; QL (11 per 30 days) |
| QNASL CHILDRENS | 3 | ST; QL (7 per 30 days) |
| QUZYTIR | 3 | |
| QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT | 2 | QL (11 per 30 days); MO |
| QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT | 2 | QL (22 per 30 days); MO |
| REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML | 4 | PA; LA; S |
| REVATIO INTRAVENOUS | 4 | PA; QL (1125 per 30 days); S |
| REVATIO ORAL SUSPENSION RECONSTITUTED | 4 | PA; QL (224 per 30 days); S |
| REVATIO ORAL TABLET | 4 | PA; QL (90 per 30 days); S |
| <i>roflumilast</i> | 3 | PA; QL (30 per 30 days); MO |
| RYALTRIS | 3 | QL (29 per 30 days) |
| RYCLORA ORAL SOLUTION | 3 | PA |
| RYVENT | 3 | PA |
| SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT | 2 | QL (60 per 30 days); MO |
| <i>sildenafil citrate intravenous</i> | 4 | PA; QL (1125 per 30 days); S |
| <i>sildenafil citrate oral suspension reconstituted</i> | 4 | PA; QL (224 per 30 days); S |
| <i>sildenafil citrate oral tablet 20 mg</i> | 1 | PA; QL (90 per 30 days) |
| SINGULAIR | 3 | MO |
| SPIRIVA HANDIHALER | 2 | QL (30 per 30 days); MO |

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

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|---------------------------------|
| SPIRIVA RESPIMAT | 2 | QL (4 per 30 days); MO |
| STIOLTO RESPIMAT | 2 | QL (4 per 30 days); MO |
| STRIVERDI RESPIMAT | 3 | QL (4 per 30 days); MO |
| SYMBICORT | 2 | QL (30.6 per 30 days); MO |
| SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG | 4 | PA; QL (56 per 28 days); LA; S |
| SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG | 4 | PA; QL (56 per 28 days); S |
| SYMJEPI | 2 | QL (2 per 28 days) |
| <i>tadalafil (pah)</i> | 4 | PA; QL (60 per 30 days); S |
| TADLIQ | 4 | PA; QL (300 per 30 days); S |
| <i>terbutaline sulfate injection</i> | 1 | |
| <i>terbutaline sulfate oral</i> | 1 | MO |
| TEZSPIRE | 4 | PA; QL (1.91 per 28 days); S |
| THEO-24 | 2 | MO |
| <i>theophylline</i> | 1 | MO |
| <i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i> | 1 | MO |
| <i>theophylline er oral tablet extended release 24 hour</i> | 1 | MO |
| <i>tiotropium bromide monohydrate</i> | 2 | QL (30 per 30 days); MO |
| TOBI | 4 | B/D PA; QL (280 per 28 days); S |
| TOBI PODHALER | 4 | QL (224 per 28 days); LA; S |
| <i>tobramycin inhalation nebulization solution 300 mg/4ml</i> | 4 | B/D PA; QL (224 per 28 days); S |
| <i>tobramycin inhalation nebulization solution 300 mg/5ml</i> | 4 | B/D PA; QL (280 per 28 days); S |

| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|---------------------------------|
| TRACLEER ORAL TABLET | 4 | PA; QL (60 per 30 days); LA; 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 |
| TUDORZA PRESSAIR | 3 | QL (1 per 30 days); MO |
| TYVASO | 4 | PA; QL (81.2 per 30 days); S |
| TYVASO DPI MAINTENANCE KIT | 4 | PA; LA; S |
| TYVASO DPI TITRATION KIT | 4 | PA; LA; S |
| TYVASO REFILL | 4 | PA; QL (81.2 per 30 days); S |
| TYVASO STARTER | 4 | PA; QL (81.2 per 365 days); S |
| UPTRAVI ORAL TABLET | 4 | PA; QL (60 per 30 days); LA; S |
| UPTRAVI ORAL TABLET THERAPY PACK | 4 | PA; LA; S |
| VELETRI | 4 | LA; S |
| VENTAVIS | 4 | PA; QL (270 per 30 days); S |
| VENTOLIN HFA | 3 | ST; MO |
| VISTARIL | 3 | |
| WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT | 1 | QL (60 per 30 days); MO |
| XHANCE | 3 | ST; QL (32 per 30 days) |

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| Drug Name | Drug Tier | Requirements /Limits |
|--|-----------|-------------------------------|
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML | 4 | PA; QL (8 per 28 days); LA; S |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML | 4 | PA; QL (4 per 28 days); LA; S |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED | 4 | PA; QL (8 per 28 days); LA; S |
| XOPENEX HFA | 3 | ST; QL (45 per 30 days); MO |

| Drug Name | Drug Tier | Requirements /Limits |
|--------------------|-----------|------------------------------------|
| YUPELRI | 4 | B/D PA; QL (90 per 30 days); MO; S |
| <i>zafirlukast</i> | 1 | MO |
| ZETONNA | 3 | ST; QL (6.1 per 30 days) |
| <i>zileuton er</i> | 4 | MO; S |
| ZYFLO | 4 | PA; MO; S |

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

Index of Drugs

Legend

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

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

| | | | |
|---|-----|--|-----|
| <i>abacavir sulfate oral solution</i> | 96 | <i>acetazolamide er</i> | 107 |
| <i>abacavir sulfate oral tablet</i> | 96 | <i>acetazolamide oral</i> | 28 |
| <i>abacavir sulfate-lamivudine</i> | 96 | <i>acetic acid irrigation</i> | 106 |
| ABELCET | 96 | <i>acetic acid otic</i> | 110 |
| ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML | 35 | <i>acetylcysteine inhalation</i> | 110 |
| ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML | 35 | <i>acetylcysteine intravenous</i> | 106 |
| ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE | 35 | ACIPHEX | 76 |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER | 35 | <i>acitretin</i> | 59 |
| ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK | 35 | ACTEMRA ACTPEN | 91 |
| ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK | 35 | ACTEMRA INTRAVENOUS | 91 |
| ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 5 MG | 36 | ACTEMRA SUBCUTANEOUS | 91 |
| ABILIFY ORAL TABLET 20 MG, 30 MG | 36 | ACTHAR | 83 |
| <i>abiraterone acetate oral tablet 250 mg</i> | 17 | ACTHIB | 91 |
| <i>abiraterone acetate oral tablet 500 mg</i> | 17 | ACTIMMUNE | 91 |
| ABRAXANE | 17 | ACTIQ BUCCAL LOZENGE ON A HANDLE 1200 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG | 11 |
| ABRYSVO | 91 | ACTIVELLA ORAL TABLET 1-0.5 MG | 83 |
| ABSORICA LD | 58 | ACTONEL ORAL TABLET 150 MG | 68 |
| ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | 58 | ACTONEL ORAL TABLET 35 MG | 69 |
| ABSORICA ORAL CAPSULE 25 MG, 35 MG | 58 | ACTOPLUS MET | 69 |
| <i>acamprosate calcium</i> | 36 | ACTOS ORAL TABLET 15 MG | 69 |
| ACANYA | 58 | ACTOS ORAL TABLET 30 MG | 69 |
| <i>acarbose oral</i> | 68 | ACTOS ORAL TABLET 45 MG | 69 |
| ACCOLATE | 110 | ACULAR | 107 |
| ACCUPRIL | 28 | ACULAR LS | 107 |
| ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG | 28 | <i>acyclovir external cream</i> | 59 |
| ACCUTANE | 59 | <i>acyclovir external ointment</i> | 59 |
| <i>acebutolol hcl oral</i> | 28 | <i>acyclovir oral</i> | 96 |
| <i>acetaminophen-codeine oral solution</i> | 11 | <i>acyclovir sodium intravenous solution</i> | 96 |
| <i>acetaminophen-codeine oral tablet</i> | 11 | ACZONE | 59 |
| | | ADACEL | 91 |
| | | ADAKVEO | 25 |
| | | <i>adapalene external cream</i> | 59 |
| | | <i>adapalene external gel</i> | 59 |
| | | <i>adapalene external pad</i> | 59 |
| | | <i>adapalene external solution</i> | 59 |
| | | <i>adapalene-benzoyl peroxide external gel</i> | 59 |

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| ADBRY | 59 | AIRDUO RESPICLICK 113/14 | 110 |
| <i>adc/f (0.5mg/ml)</i> | 65 | AIRDUO RESPICLICK 232/14 | 111 |
| ADCIRCA | 110 | AIRDUO RESPICLICK 55/14 | 111 |
| ADDERALL ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG, 7.5 MG | 36 | AIRSUPRA | 111 |
| ADDERALL ORAL TABLET 12.5 MG | 36 | AJOVY | 36 |
| ADDERALL ORAL TABLET 30 MG | 36 | <i>ak-poly-bac</i> | 107 |
| ADDERALL XR | 36 | AKLIEF | 59 |
| <i>adefovir dipivoxil</i> | 96 | AKYNZEO (TO-BE-DILUTED) | 76 |
| ADEMPAS | 110 | AKYNZEO INTRAVENOUS | 76 |
| ADLARITY | 36 | AKYNZEO ORAL | 76 |
| ADLYXIN | 69 | ALA SCALP | 59 |
| ADLYXIN STARTER PACK | 69 | <i>ala-cort external cream</i> | 59 |
| ADMELOG INJECTION | 69 | <i>albendazole oral</i> | 96 |
| ADMELOG SOLOSTAR | 69 | ALBENZA | 96 |
| ADRENALIN INJECTION SOLUTION 1 MG/ML | 110 | <i>albuterol sulfate hfa</i> | 111 |
| ADRENALIN INJECTION SOLUTION 30 MG/30ML | 110 | <i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/ 3ml</i> | 111 |
| ADRIAMYCIN INTRAVENOUS SOLUTION | 17 | <i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 2.5 mg/0.5ml</i> | 111 |
| <i>adriamycin intravenous solution reconstituted 10 mg</i> | 17 | <i>albuterol sulfate oral syrup</i> | 111 |
| ADRIAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG | 17 | <i>albuterol sulfate oral tablet</i> | 111 |
| ADTHYZA | 83 | ALCAINE | 107 |
| ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT | 110 | <i>alclometasone dipropionate</i> | 59 |
| ADVAIR HFA | 110 | ALCOHOL SWABS | 106 |
| ADZENYS XR-ODT | 36 | ALDACTAZIDE | 28 |
| AEMCOLO | 96 | ALDACTONE | 28 |
| AFINITOR | 17 | ALECENSA | 17 |
| AFINITOR DISPERZ | 17 | <i>alendronate sodium oral solution</i> | 69 |
| AFIRMELLE | 83 | <i>alendronate sodium oral tablet 10 mg</i> | 69 |
| AFREZZA INHALATION POWDER 12 UNIT | 69 | <i>alendronate sodium oral tablet 35 mg, 70 mg</i> | 69 |
| AFREZZA INHALATION POWDER 4 UNIT | 69 | <i>alfuzosin hcl er</i> | 82 |
| AFREZZA INHALATION POWDER 60X4 & 60X8 & 60X12 UNIT | 69 | ALIMTA | 17 |
| AFREZZA INHALATION POWDER 8 UNIT | 69 | <i>aliskiren fumarate</i> | 28 |
| AFREZZA INHALATION POWDER 90 X 4 UNIT & 90X8 UNIT | 69 | ALKINDI SPRINKLE | 83 |
| AFREZZA INHALATION POWDER 90 X 8 UNIT & 90X12 UNIT | 69 | <i>allopurinol oral tablet 100 mg, 300 mg</i> | 11 |
| AGRYLIN | 25 | <i>allopurinol oral tablet 200 mg</i> | 11 |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML | 36 | ALLZITAL | 36 |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML | 36 | <i>almotriptan malate</i> | 36 |
| AIRDUO DIGIHALER | 110 | ALOCRIL | 107 |
| | | <i>alogliptin benzoate oral tablet 12.5 mg</i> | 69 |
| | | <i>alogliptin benzoate oral tablet 25 mg</i> | 69 |
| | | <i>alogliptin benzoate oral tablet 6.25 mg</i> | 69 |
| | | <i>alogliptin-metformin hcl</i> | 69 |
| | | <i>alogliptin-pioglitazone oral tablet 12.5-15 mg</i> | 69 |
| | | <i>alogliptin-pioglitazone oral tablet 12.5-30 mg,</i> | |

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| 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg | 69 | amiloride hcl oral | 28 |
| ALOMIDE | 107 | amiloride-hydrochlorothiazide | 28 |
| alosectron hcl oral tablet 0.5 mg | 76 | aminocaproic acid oral solution | 25 |
| alosectron hcl oral tablet 1 mg | 76 | aminocaproic acid oral tablet | 25 |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % | 107 | amiodarone hcl intravenous | 28 |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.15 % | 107 | amiodarone hcl oral | 28 |
| alprazolam er | 36 | AMITIZA | 76 |
| ALPRAZOLAM INTENSOL | 36 | amitriptyline hcl oral | 36 |
| alprazolam oral | 36 | amlodipine besy-benazepril hcl | 28 |
| alprazolam xr | 36 | amlodipine besylate oral | 28 |
| ALREX | 107 | amlodipine besylate-valsartan | 28 |
| ALTABAX | 59 | amlodipine-atorvastatin | 28 |
| ALTACE ORAL CAPSULE | 28 | amlodipine-olmesartan | 28 |
| ALTAVERA | 83 | amlodipine-valsartan-hctz | 28 |
| ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG | 28 | ammonium lactate external | 59 |
| ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 40 MG, 60 MG | 28 | AMNESTEEM | 59 |
| ALTRENO | 59 | amoxapine | 36 |
| ALUNBRIG ORAL TABLET 180 MG | 17 | amoxicill-clarithro-lansopraz oral therapy pack | 76 |
| ALUNBRIG ORAL TABLET 30 MG | 17 | amoxicillin oral capsule | 96 |
| ALUNBRIG ORAL TABLET 90 MG | 17 | amoxicillin oral suspension reconstituted | 96 |
| ALUNBRIG ORAL TABLET THERAPY PACK | 17 | amoxicillin oral tablet | 96 |
| ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT | 111 | amoxicillin oral tablet chewable 125 mg, 250 mg | 96 |
| ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT | 111 | amoxicillin-pot clavulanate er | 96 |
| alyacen 1/35 | 83 | amoxicillin-pot clavulanate oral | 96 |
| alyacen 7/7/7 | 83 | amphetamine sulfate oral tablet 10 mg | 36 |
| ALYMSYS | 17 | amphetamine sulfate oral tablet 5 mg | 36 |
| ALYQ | 111 | amphetamine-dextroamphet er | 36 |
| AMABELZ | 83 | amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg | 36 |
| amantadine hcl oral capsule | 36 | amphetamine-dextroamphetamine oral tablet 30 mg | 36 |
| amantadine hcl oral solution | 36 | amphotericin b intravenous | 96 |
| amantadine hcl oral tablet | 36 | amphotericin b liposome | 96 |
| AMARYL ORAL TABLET 2 MG | 69 | ampicillin oral capsule 500 mg | 96 |
| AMARYL ORAL TABLET 4 MG | 69 | ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg | 96 |
| AMBIEN | 36 | ampicillin sodium intravenous | 96 |
| AMBIEN CR | 36 | ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm | 96 |
| AMBISOME | 96 | ampicillin-sulbactam sodium intravenous | 96 |
| ambrisentan | 111 | AMPYRA | 36 |
| amcinonide external cream | 59 | AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG | 36 |
| amcinonide external lotion | 59 | AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 30 MG | 36 |
| amcinonide external ointment | 59 | AMVUTTRA | 80 |
| AMETHIA | 83 | | |
| AMETHYST | 83 | | |
| amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml | 96 | | |

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| AMZEEQ | 59 | APTIOM | 37 |
| ANAFRANIL ORAL CAPSULE 25 MG, 50 MG | 36 | APTIVUS ORAL CAPSULE | 96 |
| ANAFRANIL ORAL CAPSULE 75 MG | 36 | ARALAST NP INTRAVENOUS SOLUTION | |
| <i>anagrelide hcl</i> | 25 | RECONSTITUTED 1000 MG, 500 MG | 80 |
| <i>anastrozole oral</i> | 17 | ARANELLE | 83 |
| ANCOBON | 96 | ARANESP (ALBUMIN FREE) INJECTION SOLUTION | |
| ANDRODERM TRANSDERMAL PATCH 24 | | 100 MCG/ML, 200 MCG/ML | 25 |
| HOUR | 83 | ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 | |
| ANDROGEL PUMP TRANSDERMAL GEL 20.25 | | MCG/ML, 60 MCG/ML | 25 |
| MG/ACT (1.62%) | 83 | ARANESP (ALBUMIN FREE) INJECTION SOLUTION 40 | |
| ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM | | MCG/ML | 25 |
| (1.62%) | 83 | ARANESP (ALBUMIN FREE) INJECTION SOLUTION | |
| ANDROGEL TRANSDERMAL GEL 40.5 MG/2.5GM | | PREFILLED SYRINGE 10 MCG/0.4ML, 25 | |
| (1.62%) | 83 | MCG/0.42ML, 40 MCG/0.4ML | 25 |
| ANGELIQ | 83 | ARANESP (ALBUMIN FREE) INJECTION SOLUTION | |
| ANNOVERA | 83 | PREFILLED SYRINGE 100 MCG/0.5ML, 150 | |
| ANORO ELLIPTA INHALATION AEROSOL POWDER | | MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, | |
| BREATH ACTIVATED 62.5-25 MCG/ACT | 111 | 500 MCG/ML | 25 |
| ANTARA ORAL CAPSULE 90 MG | 28 | ARANESP (ALBUMIN FREE) INJECTION SOLUTION | |
| ANTIVERT ORAL TABLET 50 MG | 76 | PREFILLED SYRINGE 60 MCG/0.3ML | 25 |
| ANTIVERT ORAL TABLET CHEWABLE | 76 | ARAVA | 91 |
| ANUSOL-HC EXTERNAL | 59 | ARAZLO | 59 |
| ANZEMET ORAL TABLET 50 MG | 76 | ARCALYST | 91 |
| APADAZ | 11 | ARESTIN | 59 |
| <i>apap-caff-dihydrocodeine oral capsule</i> | 11 | AREXVY | 91 |
| APEXICON E | 59 | <i>arformoterol tartrate</i> | 111 |
| APIDRA | 69 | ARICEPT ORAL TABLET 10 MG, 5 MG | 37 |
| APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION | | ARICEPT ORAL TABLET 23 MG | 37 |
| PEN-INJECTOR | 69 | ARIKAYCE | 96 |
| APLENZIN ORAL TABLET EXTENDED RELEASE 24 | | ARIMIDEX | 18 |
| HOUR 174 MG | 36 | <i>aripiprazole oral solution</i> | 37 |
| APLENZIN ORAL TABLET EXTENDED RELEASE 24 | | <i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5</i> | |
| HOUR 348 MG | 36 | <i>mg</i> | 37 |
| APLENZIN ORAL TABLET EXTENDED RELEASE 24 | | <i>aripiprazole oral tablet 20 mg, 30 mg</i> | 37 |
| HOUR 522 MG | 36 | <i>aripiprazole oral tablet dispersible 10 mg</i> | 37 |
| APOKYN SUBCUTANEOUS SOLUTION | | <i>aripiprazole oral tablet dispersible 15 mg</i> | 37 |
| CARTRIDGE | 36 | ARISTADA INITIO | 37 |
| <i>apomorphine hcl subcutaneous</i> | 36 | ARISTADA INTRAMUSCULAR PREFILLED SYRINGE | |
| APONVIE | 76 | 1064 MG/3.9ML | 37 |
| <i>apraclonidine hcl</i> | 107 | ARISTADA INTRAMUSCULAR PREFILLED SYRINGE | |
| <i>aprepitant oral</i> | 76 | 441 MG/1.6ML | 37 |
| <i>aprepitant oral capsule 125 mg</i> | 76 | ARISTADA INTRAMUSCULAR PREFILLED SYRINGE | |
| <i>aprepitant oral capsule 40 mg</i> | 76 | 662 MG/2.4ML | 37 |
| <i>aprepitant oral capsule 80 & 125 mg</i> | 76 | ARISTADA INTRAMUSCULAR PREFILLED SYRINGE | |
| <i>aprepitant oral capsule 80 mg</i> | 76 | 882 MG/3.2ML | 37 |
| APRI | 83 | ARIXTRA SUBCUTANEOUS SOLUTION 10 | |
| APRISO | 76 | MG/0.8ML | 25 |
| APTENSIO XR | 37 | ARIXTRA SUBCUTANEOUS SOLUTION 2.5 | |
| | | MG/0.5ML | 25 |

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| ARIXTRA SUBCUTANEOUS SOLUTION 5 MG/0.4ML | 25 | ATELVIA | 69 |
| ARIXTRA SUBCUTANEOUS SOLUTION 7.5 MG/0.6ML | 25 | <i>atenolol oral</i> | 28 |
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i> | 37 | <i>atenolol-chlorthalidone</i> | 28 |
| <i>armodafinil oral tablet 50 mg</i> | 37 | ATIVAN INJECTION | 37 |
| ARMONAIR DIGIHALER | 111 | ATIVAN ORAL TABLET 0.5 MG, 1 MG | 37 |
| ARMOUR THYROID | 83 | ATIVAN ORAL TABLET 2 MG | 37 |
| ARNUITY ELLIPTA | 111 | <i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> | 37 |
| AROMASIN | 18 | <i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i> | 37 |
| ARTHROTEC ORAL TABLET DELAYED RELEASE | 11 | ATORVALIQ | 28 |
| ASACOL HD | 76 | <i>atorvastatin calcium oral</i> | 29 |
| ASCENIV | 91 | <i>atovaquone oral</i> | 96 |
| ASCOMP-CODEINE | 12 | <i>atovaquone-proguanil hcl</i> | 96 |
| <i>asenapine maleate sublingual tablet sublingual 10 mg</i> | 37 | ATRALIN | 59 |
| <i>asenapine maleate sublingual tablet sublingual 2.5 mg</i> | 37 | <i>atropine sulfate injection solution 0.4 mg/ml</i> .. | 106 |
| <i>asenapine maleate sublingual tablet sublingual 5 mg</i> | 37 | <i>atropine sulfate injection solution 1 mg/ml</i> | 106 |
| ASHLYNA | 83 | <i>atropine sulfate intravenous solution</i> | 106 |
| ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT | 111 | <i>atropine sulfate ophthalmic ointment</i> | 107 |
| ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT | 111 | <i>atropine sulfate ophthalmic solution 1 %</i> | 107 |
| ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT | 111 | ATROVENT HFA | 111 |
| ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT | 111 | AUBAGIO | 37 |
| ASMANEX HFA | 111 | AUBRA EQ | 83 |
| <i>aspirin-dipyridamole er</i> | 25 | AUGMENTIN ES-600 | 96 |
| ASPRUZYO SPRINKLE | 28 | AUGMENTIN ORAL TABLET 500-125 MG | 96 |
| ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG | 91 | AUROVELA 1.5/30 | 83 |
| ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG | 91 | AUROVELA 1/20 | 83 |
| ATACAND HCT ORAL TABLET 16-12.5 MG | 28 | AUROVELA 24 FE | 83 |
| ATACAND HCT ORAL TABLET 32-12.5 MG, 32-25 MG | 28 | AUROVELA FE 1.5/30 | 83 |
| ATACAND ORAL TABLET 16 MG, 4 MG, 8 MG | 28 | AUROVELA FE 1/20 | 83 |
| ATACAND ORAL TABLET 32 MG | 28 | AURYXIA | 69 |
| <i>atazanavir sulfate oral capsule 150 mg, 200 mg</i> | 96 | AUSTEDO | 37 |
| <i>atazanavir sulfate oral capsule 300 mg</i> | 96 | AUTOPEN | 106 |
| | | AUVELITY | 37 |
| | | AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.3 MG/0.3ML | 111 |
| | | AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML | 111 |
| | | AVALIDE ORAL TABLET 150-12.5 MG | 29 |
| | | AVALIDE ORAL TABLET 300-12.5 MG | 29 |
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| | | AVEED | 83 |
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| | | AVITA EXTERNAL CREAM | 59 |
| | | AVODART | 82 |
| | | AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT | 37 |

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| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT | 37 | BAFIERTAM | 37 |
| AVSOLA | 91 | BALCOLTRA | 83 |
| AVYCAZ | 96 | <i>balsalazide disodium</i> | 76 |
| AYGESTIN | 83 | BALVERSA ORAL TABLET 3 MG | 18 |
| AYUNA | 83 | BALVERSA ORAL TABLET 4 MG | 18 |
| AYVAKIT | 18 | BALVERSA ORAL TABLET 5 MG | 18 |
| <i>azacitidine</i> | 18 | BALZIVA | 83 |
| AZACTAM | 96 | BANZEL ORAL SUSPENSION | 38 |
| AZASAN | 91 | BANZEL ORAL TABLET 200 MG | 38 |
| AZASITE | 107 | BANZEL ORAL TABLET 400 MG | 38 |
| <i>azathioprine oral tablet 100 mg, 75 mg</i> | 91 | BAQSIMI ONE PACK | 69 |
| <i>azathioprine oral tablet 50 mg</i> | 91 | BAQSIMI TWO PACK | 69 |
| <i>azelaic acid external</i> | 59 | BARACLUDGE | 97 |
| <i>azelastine hcl nasal</i> | 111 | BASAGLAR KWIKPEN | 69 |
| <i>azelastine hcl ophthalmic</i> | 107 | BASAGLAR TEMPO PEN | 69 |
| <i>azelastine-fluticasone</i> | 111 | BAVENCIO | 18 |
| AZELEX | 59 | BAXDELA | 97 |
| AZILECT | 37 | <i>bcg vaccine injection solution reconstituted</i> | 91 |
| <i>azithromycin intravenous</i> | 96 | BD PEN | 106 |
| <i>azithromycin oral packet</i> | 96 | BD PEN MINI | 106 |
| <i>azithromycin oral suspension reconstituted</i> | 96 | BECONASE AQ | 111 |
| <i>azithromycin oral tablet 250 mg, 250 mg (6 pack)</i> | 96 | BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 75 MCG | 12 |
| <i>azithromycin oral tablet 500 mg, 500 mg (3 pack), 600 mg</i> | 97 | BELBUCA BUCCAL FILM 600 MCG, 750 MCG, 900 MCG | 12 |
| AZOPT | 107 | <i>belladonna alkaloids-opium</i> | 12 |
| AZOR | 29 | BELSOMRA | 38 |
| AZSTARYS | 37 | <i>benazepril hcl oral</i> | 29 |
| <i>aztreonam</i> | 97 | <i>benazepril-hydrochlorothiazide</i> | 29 |
| AZULFIDINE | 76 | <i>bendamustine hcl</i> | 18 |
| AZULFIDINE EN-TABS | 76 | BENDEKA | 18 |
| AZURETTE | 83 | BENICAR HCT | 29 |
| BAC | 37 | BENICAR ORAL TABLET 20 MG, 40 MG | 29 |
| <i>bacitra-neomycin-polymyxin-hc</i> | 107 | BENICAR ORAL TABLET 5 MG | 29 |
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| <i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i> | 107 | <i>bensal hp external ointment 3 %</i> | 59 |
| <i>baclofen intrathecal solution 10 mg/20ml, 20000 mcg/20ml</i> | 37 | BENTYL INTRAMUSCULAR | 76 |
| <i>baclofen intrathecal solution 40 mg/20ml</i> | 37 | BENZAMYCIN | 59 |
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| <i>baclofen oral suspension</i> | 37 | <i>benznidazole</i> | 97 |
| <i>baclofen oral tablet 10 mg, 5 mg</i> | 37 | <i>benzoyl peroxide-erythromycin</i> | 59 |
| <i>baclofen oral tablet 20 mg</i> | 37 | <i>benztropine mesylate injection</i> | 38 |
| BACTRIM | 97 | <i>benztropine mesylate oral</i> | 38 |
| BACTRIM DS | 97 | BEOVU INTRAVITREAL SOLUTION PREFILLED SYRINGE | 107 |
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| BERINERT | 25 | BOOSTRIX INTRAMUSCULAR SUSPENSION | |
| BESIVANCE | 108 | PREFILLED SYRINGE | 91 |
| BESREMI | 18 | <i>bortezomib injection solution reconstituted 1 mg,</i> | |
| BETADINE OPHTHALMIC PREP | 108 | 3.5 mg | 18 |
| <i>betaine</i> | 80 | <i>bortezomib injection solution reconstituted 2.5</i> | |
| <i>betamethasone dipropionate aug</i> | 59 | mg | 18 |
| <i>betamethasone dipropionate external</i> | 59 | <i>bortezomib intravenous solution</i> | |
| <i>betamethasone valerate external</i> | 59 | reconstituted | 18 |
| BETAPACE AF ORAL TABLET 120 MG, 80 MG | 29 | <i>bosentan</i> | 111 |
| BETAPACE AF ORAL TABLET 160 MG | 29 | BOSULIF ORAL TABLET 100 MG | 18 |
| BETAPACE ORAL TABLET 120 MG, 80 MG | 29 | BOSULIF ORAL TABLET 400 MG, 500 MG | 18 |
| BETAPACE ORAL TABLET 160 MG | 29 | BOTOX | 38 |
| BETASERON SUBCUTANEOUS KIT | 38 | BRAFTOVI ORAL CAPSULE 75 MG | 18 |
| <i>betaxolol hcl ophthalmic</i> | 108 | BREO ELLIPTA INHALATION AEROSOL POWDER | |
| <i>betaxolol hcl oral</i> | 29 | BREATH ACTIVATED 100-25 MCG/ACT, 200-25 | |
| <i>bethanechol chloride oral</i> | 82 | MCG/ACT | 111 |
| BETHKIS | 111 | BREZTRI AEROSPHERE | 111 |
| BETIMOL | 108 | <i>briellyn</i> | 84 |
| BETOPTIC-S | 108 | BRILINTA | 25 |
| BEVESPI AEROSPHERE | 111 | <i>brimonidine tartrate external</i> | 59 |
| <i>bexarotene external</i> | 59 | <i>brimonidine tartrate ophthalmic solution 0.15 %,</i> | |
| <i>bexarotene oral</i> | 18 | 0.2 % | 108 |
| BEXSERO | 91 | <i>brimonidine tartrate-timolol</i> | 108 |
| BEYAZ | 83 | <i>brinzolamide</i> | 108 |
| <i>bicalutamide</i> | 18 | BRIUMVI | 38 |
| BICILLIN C-R | 97 | BRIVIACT INTRAVENOUS | 38 |
| BICILLIN C-R 900/300 | 97 | BRIVIACT ORAL SOLUTION | 38 |
| BICILLIN L-A INTRAMUSCULAR SUSPENSION | | BRIVIACT ORAL TABLET | 38 |
| PREFILLED SYRINGE | 97 | <i>bromfenac sodium (once-daily)</i> | 108 |
| BIDIL | 29 | <i>bromocriptine mesylate oral</i> | 38 |
| BIJUVA | 83 | BROMSITE | 108 |
| BIKTARVY ORAL TABLET 30-120-15 MG | 97 | BRONCHITOL | 111 |
| BIKTARVY ORAL TABLET 50-200-25 MG | 97 | BRONCHITOL TOLERANCE TEST | 111 |
| BILTRICIDE | 97 | BROVANA | 111 |
| <i>bimatoprost ophthalmic</i> | 108 | BRUKINSA | 18 |
| BINOSTO | 69 | BRYHALI | 59 |
| <i>bismuth/metronidaz/tetracyclin</i> | 76 | <i>budesonide er oral tablet extended release 24</i> | |
| <i>bisoprolol fumarate oral</i> | 29 | hour | 76 |
| <i>bisoprolol-hydrochlorothiazide</i> | 29 | <i>budesonide inhalation suspension 0.25 mg/2ml,</i> | |
| BIVIGAM | 91 | 0.5 mg/2ml | 111 |
| <i>bleomycin sulfate</i> | 18 | <i>budesonide inhalation suspension 1 mg/2ml</i> ... | 112 |
| BLISOVI 24 FE | 83 | <i>budesonide oral</i> | 76 |
| BLISOVI FE 1.5/30 | 83 | <i>budesonide rectal</i> | 76 |
| BLISOVI FE 1/20 | 83 | <i>budesonide-formoterol fumarate</i> | 112 |
| BONJESTA | 76 | <i>bumetanide injection</i> | 29 |
| BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 | | <i>bumetanide oral</i> | 29 |
| LF-MCG/0.5 | 91 | BUMEX ORAL TABLET 0.5 MG | 29 |
| | | BUPAP ORAL TABLET 50-300 MG | 38 |

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| BUPHENYL ORAL POWDER 3 GM/TSP | 80 | <i>butorphanol tartrate nasal</i> | 12 |
| BUPHENYL ORAL TABLET | 80 | BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 5 MCG/HR, 7.5 MCG/HR | 12 |
| BUPRENEX | 38 | BUTRANS TRANSDERMAL PATCH WEEKLY 20 MCG/HR | 12 |
| <i>buprenorphine hcl injection</i> | 38 | BYDUREON BCISE | 69 |
| <i>buprenorphine hcl sublingual tablet sublingual 2 mg</i> | 38 | BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 69 |
| <i>buprenorphine hcl sublingual tablet sublingual 8 mg</i> | 38 | BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 69 |
| <i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i> | 38 | BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG | 80 |
| <i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i> | 38 | BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 600 MCG | 80 |
| <i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i> | 38 | BYLVAY ORAL CAPSULE 1200 MCG | 80 |
| <i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i> | 38 | BYLVAY ORAL CAPSULE 400 MCG | 80 |
| <i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i> | 38 | BYSTOLIC | 29 |
| <i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i> | 38 | <i>c-nate dha</i> | 65 |
| <i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 7.5 mcg/hr</i> | 12 | <i>cabenuva intramuscular suspension extended release 400 & 600 mg/2ml</i> | 97 |
| <i>buprenorphine transdermal patch weekly 20 mcg/hr, 5 mcg/hr</i> | 12 | <i>cabenuva intramuscular suspension extended release 600 & 900 mg/3ml</i> | 97 |
| <i>bupropion hcl er (smoking det)</i> | 38 | <i>cabergoline</i> | 84 |
| <i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i> | 38 | CABLIVI | 25 |
| <i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i> | 38 | CABOMETYX | 18 |
| <i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i> | 38 | CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG | 29 |
| <i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg, 450 mg</i> | 38 | CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG | 29 |
| <i>bupropion hcl oral tablet 100 mg</i> | 38 | <i>calcipotriene external cream</i> | 59 |
| <i>bupropion hcl oral tablet 75 mg</i> | 38 | <i>calcipotriene external foam</i> | 59 |
| <i>buspironone hcl oral</i> | 38 | <i>calcipotriene external ointment</i> | 59 |
| <i>butalbital-acetaminophen oral capsule</i> | 38 | <i>calcipotriene external solution</i> | 59 |
| <i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i> | 38 | <i>calcipotriene-betameth diprop external ointment</i> | 59 |
| <i>butalbital-apap-caff-cod</i> | 12 | <i>calcipotriene-betameth diprop external suspension</i> | 59 |
| <i>butalbital-apap-caffeine oral capsule</i> | 38 | <i>calcitonin (salmon) injection</i> | 69 |
| <i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i> | 38 | <i>calcitonin (salmon) nasal</i> | 69 |
| <i>butalbital-asa-caff-codeine</i> | 12 | CALCITRENE | 59 |
| <i>butalbital-aspirin-caffeine oral capsule</i> | 38 | <i>calcitriol external</i> | 59 |
| <i>butorphanol tartrate injection solution 1 mg/ ml</i> | 12 | <i>calcitriol intravenous solution 1 mcg/ml</i> | 69 |
| <i>butorphanol tartrate injection solution 2 mg/ ml</i> | 12 | <i>calcitriol oral</i> | 69 |
| | | <i>calcium acetate (phos binder)</i> | 69 |
| | | <i>calcium acetate oral tablet 667 mg</i> | 69 |
| | | CALDOLOR INTRAVENOUS SOLUTION 800 MG/200ML, 800 MG/8ML | 12 |

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| CALQUENCE | 18 | <i>carglumic acid oral tablet soluble</i> | 65 |
| CAMBIA | 12 | <i>carisoprodol oral</i> | 39 |
| CAMILA | 84 | CARNITOR INTRAVENOUS | 65 |
| CAMRESE | 84 | CARNITOR ORAL | 65 |
| CAMRESE LO | 84 | CARNITOR SF | 65 |
| CAMZYOS | 29 | CAROSPIR | 29 |
| CANASA | 76 | <i>carteolol hcl</i> | 108 |
| CANCIDAS | 97 | CARTIA XT | 29 |
| <i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i> | 29 | <i>carvedilol</i> | 29 |
| <i>candesartan cilexetil oral tablet 32 mg</i> | 29 | <i>carvedilol phosphate er</i> | 29 |
| <i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i> | 29 | CASODEX | 18 |
| <i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i> | 29 | <i>caspofungin acetate</i> | 97 |
| CAPEX | 59 | CATAFLAM | 12 |
| CAPLYTA | 38 | CATAPRES-TTS-1 | 29 |
| CAPRELSA ORAL TABLET 100 MG | 18 | CATAPRES-TTS-2 | 29 |
| CAPRELSA ORAL TABLET 300 MG | 18 | CATAPRES-TTS-3 | 29 |
| <i>captopril oral</i> | 29 | CAYSTON | 112 |
| <i>captopril-hydrochlorothiazide</i> | 29 | <i>cefaclor</i> | 97 |
| CARAC | 59 | <i>cefaclor er</i> | 97 |
| CARAFATE | 76 | <i>cefadroxil</i> | 97 |
| CARBAGLU ORAL TABLET SOLUBLE | 65 | <i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 500 mg</i> | 97 |
| <i>carbamazepine er</i> | 38 | <i>cefazolin sodium injection solution reconstituted 100 gm, 300 gm</i> | 97 |
| <i>carbamazepine oral</i> | 38 | <i>cefazolin sodium intravenous solution reconstituted 1 gm</i> | 97 |
| CARBATROL | 38 | <i>cefazolin sodium intravenous solution reconstituted 2 gm, 3 gm</i> | 97 |
| <i>carbidopa oral</i> | 39 | <i>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%</i> | 97 |
| <i>carbidopa-levodopa</i> | 39 | <i>cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml)</i> | 97 |
| <i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i> | 39 | <i>cefdinir</i> | 97 |
| <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> | 39 | <i>cefepime hcl injection solution reconstituted 1 gm</i> | 97 |
| <i>carbinoxamine maleate oral solution</i> | 112 | <i>cefepime hcl intravenous solution</i> | 97 |
| <i>carbinoxamine maleate oral tablet 4 mg</i> | 112 | <i>cefepime hcl intravenous solution reconstituted 100 gm</i> | 97 |
| <i>carboplatin intravenous solution</i> | 18 | <i>cefepime hcl intravenous solution reconstituted 2 gm</i> | 97 |
| CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG | 29 | <i>cefixime</i> | 97 |
| CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG, 300 MG, 360 MG | 29 | <i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i> | 97 |
| CARDIZEM LA | 29 | <i>cefoxitin sodium intravenous</i> | 97 |
| CARDIZEM ORAL TABLET 120 MG, 30 MG | 29 | <i>cefpodoxime proxetil</i> | 97 |
| CARDIZEM ORAL TABLET 60 MG | 29 | <i>cefprozil</i> | 97 |
| CARDURA | 29 | <i>ceftazidime injection solution reconstituted 1 gm,</i> | |
| CARDURA XL | 82 | | |

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| 6 gm | 97 | <i>chlorhexidine gluconate mouth/throat</i> | 59 |
| <i>ceftazidime intravenous</i> | 97 | <i>chloroquine phosphate oral</i> | 98 |
| <i>ceftriaxone sodium in dextrose</i> | 97 | <i>chlorpromazine hcl injection</i> | 39 |
| <i>ceftriaxone sodium injection solution</i> <i>reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i> | 97 | <i>chlorpromazine hcl oral concentrate</i> | 39 |
| <i>ceftriaxone sodium injection solution</i> <i>reconstituted 100 gm</i> | 97 | <i>chlorpromazine hcl oral tablet</i> | 39 |
| <i>ceftriaxone sodium intravenous</i> | 97 | <i>chlorthalidone oral tablet 25 mg, 50 mg</i> | 29 |
| <i>ceftriaxone sodium-dextrose intravenous solution</i> <i>reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%</i> <i>%(50ml)</i> | 98 | <i>chlorzoxazone oral tablet 250 mg</i> | 39 |
| <i>cefuroxime axetil oral tablet 250 mg</i> | 98 | <i>chlorzoxazone oral tablet 375 mg, 750 mg</i> | 39 |
| <i>cefuroxime axetil oral tablet 500 mg</i> | 98 | <i>chlorzoxazone oral tablet 500 mg</i> | 39 |
| <i>cefuroxime sodium injection solution</i> <i>reconstituted 750 mg</i> | 98 | CHOLBAM | 80 |
| <i>cefuroxime sodium intravenous solution</i> <i>reconstituted 1.5 gm</i> | 98 | <i>cholestyramine light</i> | 29 |
| CELEBREX | 12 | <i>cholestyramine oral</i> | 30 |
| <i>celecoxib oral</i> | 12 | <i>chorionic gonadotropin intramuscular</i> | 84 |
| CELEXA ORAL TABLET 10 MG | 39 | CIALIS ORAL TABLET 2.5 MG, 5 MG | 82 |
| CELEXA ORAL TABLET 20 MG | 39 | CIBINQO | 59 |
| CELEXA ORAL TABLET 40 MG | 39 | CICLODAN EXTERNAL SOLUTION | 59 |
| CELLCEPT ORAL CAPSULE | 91 | <i>ciclopirox external</i> | 59 |
| CELLCEPT ORAL SUSPENSION RECONSTITUTED | 91 | <i>ciclopirox olamine external cream</i> | 60 |
| CELLCEPT ORAL TABLET | 91 | <i>ciclopirox olamine external suspension</i> | 60 |
| CELONTIN | 39 | <i>cidofovir intravenous</i> | 98 |
| <i>cephalexin oral capsule 250 mg, 500 mg</i> | 98 | <i>cilostazol</i> | 25 |
| <i>cephalexin oral capsule 750 mg</i> | 98 | CILOXAN OPHTHALMIC OINTMENT | 108 |
| <i>cephalexin oral suspension reconstituted 125 mg/</i> <i>5ml</i> | 98 | CIMDUO | 98 |
| <i>cephalexin oral suspension reconstituted 250 mg/</i> <i>5ml</i> | 98 | <i>cimetidine hcl oral</i> | 76 |
| <i>cephalexin oral tablet</i> | 98 | <i>cimetidine oral tablet 200 mg</i> | 76 |
| CEQUA | 108 | <i>cimetidine oral tablet 300 mg, 400 mg, 800</i> <i>mg</i> | 76 |
| CEQUR SIMPLICITY 2U | 106 | CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT | 91 |
| CEQUR SIMPLICITY INSERTER | 106 | CIMZIA SUBCUTANEOUS KIT 2 X 200 MG | 91 |
| CERDELGA | 80 | CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT | 91 |
| <i>cetirizine hcl oral solution 1 mg/ml</i> | 112 | <i>cinacalcet hcl oral tablet 30 mg</i> | 70 |
| CETRAXAL | 110 | <i>cinacalcet hcl oral tablet 60 mg</i> | 70 |
| <i>cevimeline hcl</i> | 59 | <i>cinacalcet hcl oral tablet 90 mg</i> | 70 |
| CHARLOTTE 24 FE | 84 | CINQAIR | 112 |
| CHATEAL EQ | 84 | CINRYZE | 25 |
| CHEMET | 70 | CINVANTI | 76 |
| CHENODAL | 76 | CIPRO HC | 110 |
| <i>chlordiazepoxide hcl</i> | 39 | CIPRO ORAL SUSPENSION RECONSTITUTED | 98 |
| <i>chlordiazepoxide-amitriptyline</i> | 39 | CIPRO ORAL TABLET 250 MG, 500 MG | 98 |
| <i>chlordiazepoxide-clidinium</i> | 76 | CIPRODEX | 110 |
| | | <i>ciprofloxacin hcl ophthalmic</i> | 108 |
| | | <i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i> | 98 |
| | | <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> ... | 98 |
| | | <i>ciprofloxacin hcl otic</i> | 110 |
| | | <i>ciprofloxacin in d5w</i> | 98 |

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| <i>ciprofloxacin oral</i> | 98 | <i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 9 gm/60ml, 9000 mg/60ml</i> | 98 |
| <i>ciprofloxacin-dexamethasone</i> | 110 | <i>clindamycin phosphate injection solution 900 mg/6ml</i> | 98 |
| <i>ciprofloxacin-fluocinolone pf</i> | 110 | <i>clindamycin phosphate vaginal</i> | 82 |
| <i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml</i> | 18 | <i>clindamycin-tretinoin</i> | 60 |
| <i>citalopram hydrobromide oral capsule</i> | 39 | CLINDESSE | 82 |
| <i>citalopram hydrobromide oral solution</i> | 39 | CLINIMIX E/DEXTROSE (2.75/5) | 66 |
| <i>citalopram hydrobromide oral tablet 10 mg</i> | 39 | CLINIMIX E/DEXTROSE (4.25/10) | 66 |
| <i>citalopram hydrobromide oral tablet 20 mg</i> | 39 | CLINIMIX E/DEXTROSE (4.25/5) | 66 |
| <i>CITRANATAL 90 DHA ORAL 90-1 & 300 MG</i> | 65 | CLINIMIX E/DEXTROSE (4.25/5) | 66 |
| <i>CITRANATAL B-CALM</i> | 65 | CLINIMIX E/DEXTROSE (5/15) | 66 |
| <i>CITRANATAL BLOOM</i> | 65 | CLINIMIX E/DEXTROSE (5/20) | 66 |
| <i>CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG</i> | 65 | <i>clinimix e/dextrose (8/10)</i> | 66 |
| <i>CITRANATAL MEDLEY</i> | 65 | <i>clinimix e/dextrose (8/14)</i> | 66 |
| <i>CITRANATAL RX</i> | 65 | CLINIMIX/DEXTROSE (4.25/10) | 66 |
| <i>CLARAVIS</i> | 60 | CLINIMIX/DEXTROSE (4.25/5) | 66 |
| <i>CLARINEX ORAL TABLET</i> | 112 | CLINIMIX/DEXTROSE (5/15) | 66 |
| <i>CLARINEX-D 12 HOUR</i> | 112 | CLINIMIX/DEXTROSE (5/20) | 66 |
| <i>clarithromycin er</i> | 98 | <i>clinimix/dextrose (6/5)</i> | 66 |
| <i>clarithromycin oral</i> | 98 | <i>clinimix/dextrose (8/10)</i> | 66 |
| <i>clemastine fumarate oral syrup</i> | 112 | <i>clinimix/dextrose (8/14)</i> | 66 |
| <i>clemastine fumarate oral tablet 2.68 mg</i> | 112 | CLINISOL SF | 66 |
| <i>CLENPIQ</i> | 76 | CLINOLIPID | 66 |
| <i>CLEOCIN ORAL</i> | 98 | CLINPRO 5000 | 60 |
| <i>CLEOCIN PHOSPHATE INJECTION</i> | 98 | <i>clobazam oral suspension</i> | 39 |
| <i>CLEOCIN VAGINAL</i> | 82 | <i>clobazam oral tablet 10 mg</i> | 39 |
| <i>CLEOCIN-T EXTERNAL LOTION</i> | 60 | <i>clobazam oral tablet 20 mg</i> | 39 |
| <i>CLIMARA</i> | 84 | <i>clobetasol prop emollient base</i> | 60 |
| <i>CLIMARA PRO</i> | 84 | <i>clobetasol propionate e</i> | 60 |
| <i>CLINDACIN</i> | 60 | <i>clobetasol propionate emulsion</i> | 60 |
| <i>CLINDACIN ETZ EXTERNAL SWAB</i> | 60 | <i>clobetasol propionate external cream</i> | 60 |
| <i>CLINDACIN-P</i> | 60 | <i>clobetasol propionate external foam</i> | 60 |
| <i>CLINDAGEL</i> | 60 | <i>clobetasol propionate external gel</i> | 60 |
| <i>clindamycin hcl oral</i> | 98 | <i>clobetasol propionate external liquid</i> | 60 |
| <i>clindamycin palmitate hcl</i> | 98 | <i>clobetasol propionate external lotion</i> | 60 |
| <i>clindamycin phos-benzoyl perox external gel 1-5 %</i> , 1.2-5 % | 60 | <i>clobetasol propionate external ointment</i> | 60 |
| <i>clindamycin phos-benzoyl perox external gel 1.2-2.5 %</i> | 60 | <i>clobetasol propionate external shampoo</i> | 60 |
| <i>clindamycin phosphate external foam</i> | 60 | <i>clobetasol propionate external solution</i> | 60 |
| <i>clindamycin phosphate external gel</i> | 60 | CLOBEX | 60 |
| <i>clindamycin phosphate external lotion</i> | 60 | CLOBEX SPRAY | 60 |
| <i>clindamycin phosphate external solution</i> | 60 | <i>clocortolone pivalate</i> | 60 |
| <i>clindamycin phosphate external swab</i> | 60 | CLODAN EXTERNAL SHAMPOO | 60 |
| <i>clindamycin phosphate in d5w</i> | 98 | CLODERM | 60 |
| | | <i>clomipramine hcl oral</i> | 39 |
| | | <i>clonazepam oral tablet 0.5 mg</i> | 39 |
| | | <i>clonazepam oral tablet 1 mg</i> | 39 |

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| <i>clonazepam oral tablet 2 mg</i> | 39 | COMBIGAN | 108 |
| <i>clonazepam oral tablet dispersible 0.125 mg</i> ... | 39 | COMBIPATCH | 84 |
| <i>clonazepam oral tablet dispersible 0.25 mg</i> | 39 | COMBIVENT RESPIMAT | 112 |
| <i>clonazepam oral tablet dispersible 0.5 mg</i> | 39 | COMBIVIR | 98 |
| <i>clonazepam oral tablet dispersible 1 mg</i> | 39 | COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG | 18 |
| <i>clonazepam oral tablet dispersible 2 mg</i> | 39 | COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG | 18 |
| <i>clonidine</i> | 30 | COMETRIQ (60 MG DAILY DOSE) | 18 |
| <i>clonidine hcl (analgesia)</i> | 106 | COMPLERA | 98 |
| <i>clonidine hcl er oral tablet extended release 12 hour</i> | 39 | <i>completenate</i> | 66 |
| <i>clonidine hcl oral</i> | 30 | COMPRO | 77 |
| <i>clopidogrel bisulfate oral tablet 300 mg</i> | 25 | COMTAN | 40 |
| <i>clopidogrel bisulfate oral tablet 75 mg</i> | 25 | CONCEPT DHA | 66 |
| <i>clorazepate dipotassium</i> | 39 | CONCEPT OB | 66 |
| <i>clotrimazole external cream</i> | 60 | CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 54 MG | 40 |
| <i>clotrimazole external solution</i> | 60 | CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG | 40 |
| <i>clotrimazole mouth/throat troche</i> | 60 | CONDYLOX EXTERNAL GEL | 60 |
| <i>clotrimazole-betamethasone external cream</i> | 60 | CONJUPRI | 30 |
| <i>clotrimazole-betamethasone external lotion</i> | 60 | <i>constulose</i> | 77 |
| <i>clozapine oral tablet 100 mg</i> | 39 | CONZIP | 12 |
| <i>clozapine oral tablet 200 mg</i> | 39 | COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML | 40 |
| <i>clozapine oral tablet 25 mg</i> | 39 | COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML | 40 |
| <i>clozapine oral tablet 50 mg</i> | 39 | COPIKTRA | 18 |
| <i>clozapine oral tablet dispersible 100 mg</i> | 39 | CORDRAN EXTERNAL CREAM 0.05 % | 60 |
| <i>clozapine oral tablet dispersible 12.5 mg</i> | 39 | CORDRAN EXTERNAL LOTION | 60 |
| <i>clozapine oral tablet dispersible 150 mg</i> | 39 | CORDRAN EXTERNAL TAPE | 60 |
| <i>clozapine oral tablet dispersible 200 mg</i> | 39 | COREG | 30 |
| <i>clozapine oral tablet dispersible 25 mg</i> | 40 | COREG CR | 30 |
| CLOZARIL ORAL TABLET 100 MG | 40 | CORGARD ORAL TABLET 20 MG, 40 MG | 30 |
| CLOZARIL ORAL TABLET 200 MG | 40 | CORLANOR ORAL SOLUTION | 30 |
| CLOZARIL ORAL TABLET 25 MG | 40 | CORLANOR ORAL TABLET | 30 |
| CLOZARIL ORAL TABLET 50 MG | 40 | CORTEF | 77 |
| COARTEM | 98 | CORTENEMA | 77 |
| <i>cocaine hcl nasal</i> | 12 | CORTIFOAM EXTERNAL | 77 |
| <i>codeine sulfate oral tablet</i> | 12 | <i>cortisone acetate oral</i> | 84 |
| COLAZAL | 77 | CORTISPORIN-TC | 110 |
| <i>colchicine oral</i> | 12 | CORTROPHIN | 84 |
| <i>colchicine-probenecid</i> | 12 | COSENTYX (300 MG DOSE) | 91 |
| COLCRYS | 12 | COSENTYX SENSOREADY (300 MG) | 91 |
| <i>colesevelam hcl</i> | 30 | COSENTYX SENSOREADY PEN | 91 |
| COLESTID | 30 | COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML | 91 |
| COLESTID FLAVORED | 30 | COSENTYX SUBCUTANEOUS SOLUTION PREFILLED | |
| <i>colestipol hcl</i> | 30 | | |
| <i>colistimethate sodium (cba)</i> | 98 | | |
| COLY-MYCIN M | 98 | | |

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| SYRINGE 75 MG/0.5ML | 91 | <i>cyclosporine oral capsule</i> | 92 |
| COSOPT | 108 | CYKLOKAPRON INTRAVENOUS SOLUTION 1000 MG/10ML | 25 |
| COSOPT PF OPHTHALMIC SOLUTION 2-0.5 % | 108 | CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG | 40 |
| COTELLIC | 18 | CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG | 40 |
| COTEMPLA XR-ODT | 40 | CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 60 MG | 40 |
| COZAAR ORAL TABLET 100 MG | 30 | <i>cyproheptadine hcl oral syrup</i> | 112 |
| COZAAR ORAL TABLET 25 MG, 50 MG | 30 | <i>cyproheptadine hcl oral tablet</i> | 112 |
| CREON | 80 | CYRAMZA | 18 |
| CRESEMBA INTRAVENOUS | 98 | CYRED EQ | 84 |
| CRESEMBA ORAL CAPSULE 186 MG | 98 | CYSTADANE | 80 |
| CRESTOR | 30 | CYSTADROPS | 108 |
| CRINONE | 84 | CYSTAGON | 80 |
| <i>cromolyn sodium inhalation</i> | 112 | CYSTARAN | 108 |
| <i>cromolyn sodium ophthalmic</i> | 108 | CYTOGAM | 92 |
| <i>cromolyn sodium oral</i> | 80 | CYTOMEL | 84 |
| CROTAN | 60 | CYTOTEC | 77 |
| CRYSSELLE-28 | 84 | <i>dabigatran etexilate mesylate</i> | 25 |
| CRYSVITA | 66 | <i>dalfampridine er</i> | 40 |
| CUBICIN | 98 | DALIRESP | 112 |
| CUBICIN RF | 98 | DALVANCE | 98 |
| CUPRIMINE ORAL CAPSULE 250 MG | 82 | <i>danazol oral</i> | 84 |
| CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML | 91 | DANTRIUM ORAL CAPSULE 25 MG | 40 |
| CUTAQUIG SUBCUTANEOUS SOLUTION 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML | 91 | <i>dantrolene sodium oral</i> | 40 |
| CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 2 GM/10ML | 92 | <i>dapsone external</i> | 60 |
| CUVITRU SUBCUTANEOUS SOLUTION 10 GM/50ML, 4 GM/20ML, 8 GM/40ML | 92 | <i>dapsone oral</i> | 98 |
| CUVPOSA | 77 | DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 | 92 |
| <i>cyclobenzaprine hcl er</i> | 40 | <i>daptomycin intravenous solution reconstituted 500 mg</i> | 98 |
| <i>cyclobenzaprine hcl oral</i> | 40 | <i>daptomycin solution reconstituted 350 mg intravenous</i> | 98 |
| CYCLOGYL | 108 | DARAPRIM | 98 |
| <i>cyclopentolate hcl ophthalmic</i> | 108 | <i>darifenacin hydrobromide er</i> | 82 |
| <i>cyclophosphamide injection solution reconstituted 1 gm</i> | 18 | DARTISLA ODT | 77 |
| <i>cyclophosphamide injection solution reconstituted 2 gm, 500 mg</i> | 18 | <i>darunavir</i> | 98 |
| <i>cyclophosphamide intravenous</i> | 18 | DARZALEX | 18 |
| <i>cyclophosphamide oral capsule</i> | 18 | DARZALEX FASPRO | 18 |
| <i>cyclophosphamide oral tablet 25 mg</i> | 18 | DASETTA 1/35 | 84 |
| <i>cyclophosphamide oral tablet 50 mg</i> | 18 | DASETTA 7/7/7 | 84 |
| <i>cycloserine oral</i> | 98 | DAURISMO ORAL TABLET 100 MG | 18 |
| CYCLOSET | 70 | DAURISMO ORAL TABLET 25 MG | 18 |
| <i>cyclosporine intravenous</i> | 92 | DAYBUE | 40 |
| <i>cyclosporine modified</i> | 92 | DAYPRO | 12 |
| <i>cyclosporine ophthalmic</i> | 108 | DAYSEE | 84 |

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| DAYTRANA | 40 | DERMA-SMOOTH/FS BODY | 60 |
| DAYVIGO | 40 | DERMA-SMOOTH/FS SCALP | 61 |
| DDAVP INJECTION | 84 | DERMACINRX LIDOGEL | 12 |
| DDAVP ORAL | 84 | DERMOTIC | 110 |
| DDAVP PF | 84 | DESCOVY | 98 |
| DEBLITANE | 84 | <i>desipramine hcl oral</i> | 40 |
| <i>decitabine</i> | 18 | <i>desloratadine</i> | 112 |
| <i>deferasirox granules oral packet 180 mg, 360</i> <i>mg</i> | 70 | <i>desmopressin ace spray refrig</i> | 84 |
| <i>deferasirox granules oral packet 90 mg</i> | 70 | <i>desmopressin acetate injection</i> | 84 |
| <i>deferasirox oral packet 180 mg, 360 mg</i> | 70 | <i>desmopressin acetate oral</i> | 84 |
| <i>deferasirox oral packet 90 mg</i> | 70 | <i>desmopressin acetate pf</i> | 84 |
| <i>deferasirox oral tablet 180 mg, 360 mg</i> | 70 | <i>desmopressin acetate spray</i> | 84 |
| <i>deferasirox oral tablet 90 mg</i> | 70 | <i>desogestrel-ethinyl estradiol</i> | 84 |
| <i>deferasirox oral tablet soluble 125 mg</i> | 70 | <i>desonide external cream</i> | 61 |
| <i>deferasirox oral tablet soluble 250 mg, 500</i> <i>mg</i> | 70 | <i>desonide external gel</i> | 61 |
| <i>deferiprone oral tablet 1000 mg</i> | 70 | <i>desonide external lotion</i> | 61 |
| <i>deferiprone oral tablet 500 mg</i> | 70 | <i>desonide external ointment</i> | 61 |
| <i>deferoxamine mesylate injection solution</i> <i>reconstituted 2 gm</i> | 70 | DESOWEN EXTERNAL CREAM | 61 |
| <i>deferoxamine mesylate injection solution</i> <i>reconstituted 500 mg</i> | 70 | <i>desoximetasone external cream</i> | 61 |
| DELESTROGEN | 84 | <i>desoximetasone external gel</i> | 61 |
| DELSTRIGO | 98 | <i>desoximetasone external liquid</i> | 61 |
| DELYLA | 84 | <i>desoximetasone external ointment</i> | 61 |
| DELZICOL | 77 | <i>desvenlafaxine er</i> | 40 |
| <i>demeclocycline hcl oral</i> | 98 | <i>desvenlafaxine succinate er</i> | 40 |
| DEMEROL INJECTION SOLUTION 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML | 12 | DETROL | 82 |
| DEMSER | 30 | DETROL LA | 82 |
| DENAVIR | 60 | <i>dexabliss</i> | 84 |
| DENTA 5000 PLUS | 60 | DEXAMETHASONE INTENSOL | 84 |
| DENTAGEL | 60 | <i>dexamethasone oral elixir</i> | 84 |
| DEPAKOTE | 40 | <i>dexamethasone oral solution</i> | 84 |
| DEPAKOTE ER | 40 | <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg,</i> <i>1.5 mg</i> | 84 |
| DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE | 40 | <i>dexamethasone oral tablet 2 mg, 4 mg, 6</i> <i>mg</i> | 84 |
| DEPEN TITRATABS | 82 | <i>dexamethasone oral tablet therapy pack</i> | 84 |
| DEPO-ESTRADIOL | 84 | <i>dexamethasone sod phosphate pf injection</i> <i>solution</i> | 84 |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML | 84 | <i>dexamethasone sod phosphate pf injection</i> <i>solution prefilled syringe</i> | 84 |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 84 | <i>dexamethasone sodium phosphate</i> <i>injection</i> | 84 |
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| | | DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG | 40 |
| | | DEXILANT | 77 |

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| <i>dexmethylphenidate hcl</i> | 40 | <i>dichlorphenamide</i> | 30 |
| <i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 30 mg, 5 mg</i> ... | 40 | DICLEGIS | 77 |
| <i>dexmethylphenidate hcl er oral capsule extended release 24 hour 20 mg</i> | 40 | <i>diclofenac epolamine external</i> | 12 |
| <i>dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 35 mg, 40 mg</i> | 40 | <i>diclofenac potassium oral capsule</i> | 12 |
| <i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i> | 40 | <i>diclofenac potassium oral tablet 25 mg</i> | 12 |
| <i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i> | 40 | <i>diclofenac potassium oral tablet 50 mg</i> | 12 |
| <i>dextroamphetamine sulfate oral solution</i> | 40 | <i>diclofenac potassium(migraine)</i> | 12 |
| <i>dextroamphetamine sulfate oral tablet 10 mg</i> | 40 | <i>diclofenac sodium er</i> | 12 |
| <i>dextroamphetamine sulfate oral tablet 15 mg</i> | 40 | <i>diclofenac sodium external gel 1 %</i> | 12 |
| <i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i> | 41 | <i>diclofenac sodium external gel 3 %</i> | 61 |
| <i>dextroamphetamine sulfate oral tablet 5 mg</i> | 41 | <i>diclofenac sodium external solution 1.5 %</i> | 12 |
| <i>dextrose 5%/electrolyte #48</i> | 66 | <i>diclofenac sodium external solution 2 %</i> | 12 |
| <i>dextrose in lactated ringers</i> | 66 | <i>diclofenac sodium ophthalmic</i> | 108 |
| <i>dextrose intravenous solution 10 %, 5 %, 50 %, 70 %</i> | 66 | <i>diclofenac sodium oral</i> | 12 |
| <i>dextrose intravenous solution 250 mg/ml</i> | 66 | <i>diclofenac-misoprostol oral tablet delayed release</i> | 12 |
| <i>dextrose-nacl intravenous solution 10-0.2 %</i> | 66 | <i>dicloxacillin sodium</i> | 98 |
| <i>dextrose-nacl intravenous solution 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i> | 66 | <i>dicyclomine hcl intramuscular</i> | 77 |
| <i>dextrose-sodium chloride</i> | 66 | <i>dicyclomine hcl oral capsule</i> | 77 |
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| DIACOMIT ORAL CAPSULE 250 MG | 41 | DIFFERIN EXTERNAL CREAM | 61 |
| DIACOMIT ORAL CAPSULE 500 MG | 41 | DIFFERIN EXTERNAL GEL 0.3 % | 61 |
| DIACOMIT ORAL PACKET 250 MG | 41 | DIFFERIN EXTERNAL LOTION | 61 |
| DIACOMIT ORAL PACKET 500 MG | 41 | DIFICID | 98 |
| DIASTAT ACUDIAL | 41 | <i>diflorasone diacetate external</i> | 61 |
| DIASTAT PEDIATRIC | 41 | DIFLUCAN | 99 |
| <i>diazepam injection solution 5 mg/ml</i> | 41 | <i>diflunisal oral</i> | 12 |
| DIAZEPAM INTENSOL | 41 | <i>difluprednate</i> | 108 |
| <i>diazepam oral concentrate</i> | 41 | DIGOX ORAL TABLET 125 MCG | 30 |
| <i>diazepam oral solution 5 mg/5ml</i> | 41 | DIGOX ORAL TABLET 250 MCG | 30 |
| <i>diazepam oral tablet 10 mg</i> | 41 | <i>digoxin injection</i> | 30 |
| <i>diazepam oral tablet 2 mg</i> | 41 | <i>digoxin oral solution</i> | 30 |
| <i>diazepam oral tablet 5 mg</i> | 41 | <i>digoxin oral tablet 125 mcg</i> | 30 |
| <i>diazepam rectal</i> | 41 | <i>digoxin oral tablet 250 mcg</i> | 30 |
| <i>diazoxide oral</i> | 70 | <i>digoxin oral tablet 62.5 mcg</i> | 30 |
| | | <i>dihydroergotamine mesylate injection</i> | 41 |
| | | <i>dihydroergotamine mesylate nasal</i> | 41 |
| | | DILANTIN | 41 |
| | | DILANTIN INFATABS | 41 |
| | | DILAUDID INJECTION SOLUTION 0.2 MG/ML, 1 MG/ML, 2 MG/ML | 12 |
| | | DILAUDID ORAL LIQUID | 12 |
| | | DILAUDID ORAL TABLET | 12 |
| | | <i>dilt-xr</i> | 30 |
| | | <i>diltiazem hcl er beads</i> | 30 |

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| <i>diltiazem hcl er coated beads oral capsule</i> | | <i>donepezil hcl oral tablet 10 mg, 5 mg</i> | 41 |
| <i>extended release 24 hour</i> | 30 | <i>donepezil hcl oral tablet 23 mg</i> | 41 |
| <i>diltiazem hcl er oral capsule extended release 12</i> | | <i>donepezil hcl oral tablet dispersible</i> | 41 |
| <i>hour</i> | 30 | DOPTELET ORAL TABLET 20 MG | 25 |
| <i>diltiazem hcl er oral capsule extended release 24</i> | | DOPTELET ORAL TABLET 20 MG (10 PACK), 20 MG(15 | |
| <i>hour 120 mg, 180 mg, 240 mg</i> | 30 | PACK) | 25 |
| <i>diltiazem hcl er oral tablet extended release 24</i> | | DORYX MPC | 99 |
| <i>hour 120 mg</i> | 30 | DORYX ORAL TABLET DELAYED RELEASE 200 MG, 80 | |
| <i>diltiazem hcl er oral tablet extended release 24</i> | | MG | 99 |
| <i>hour 180 mg, 240 mg, 300 mg, 360 mg, 420</i> | | DORYX ORAL TABLET DELAYED RELEASE 50 | |
| <i>mg</i> | 30 | MG | 99 |
| <i>diltiazem hcl intravenous solution</i> | 30 | <i>dorzolamide hcl ophthalmic</i> | 108 |
| <i>diltiazem hcl intravenous solution</i> | | <i>dorzolamide hcl-timolol mal</i> | 108 |
| <i>reconstituted</i> | 30 | <i>dorzolamide hcl-timolol mal pf ophthalmic</i> | |
| <i>diltiazem hcl oral</i> | 30 | <i>solution 2-0.5 %</i> | 108 |
| <i>dimethyl fumarate oral capsule delayed release</i> | | DOTTI | 84 |
| <i>120 mg</i> | 41 | DOVATO | 99 |
| <i>dimethyl fumarate oral capsule delayed release</i> | | <i>doxazosin mesylate oral</i> | 30 |
| <i>240 mg</i> | 41 | <i>doxepin hcl external</i> | 61 |
| <i>dimethyl fumarate starter pack</i> | 41 | <i>doxepin hcl oral capsule</i> | 41 |
| DIOVAN HCT | 30 | <i>doxepin hcl oral concentrate</i> | 41 |
| DIOVAN ORAL TABLET 160 MG | 30 | <i>doxepin hcl oral tablet</i> | 41 |
| DIOVAN ORAL TABLET 320 MG | 30 | <i>doxercalciferol intravenous</i> | 70 |
| DIOVAN ORAL TABLET 40 MG, 80 MG | 30 | <i>doxercalciferol oral</i> | 70 |
| DIPENTUM | 77 | DOXIL | 19 |
| <i>diphenhydramine hcl injection</i> | 112 | <i>doxorubicin hcl intravenous solution</i> | 19 |
| <i>diphenhydramine hcl oral elixir</i> | 112 | <i>doxorubicin hcl intravenous solution</i> | |
| <i>diphenoxylate-atropine oral liquid</i> | 77 | <i>reconstituted</i> | 19 |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025</i> | | <i>doxorubicin hcl liposomal</i> | 19 |
| <i>mg</i> | 77 | DOXY 100 | 99 |
| <i>diphtheria-tetanus toxoids dt</i> | 92 | <i>doxycycline</i> | 99 |
| DIPROLENE EXTERNAL OINTMENT | 61 | <i>doxycycline hyclate intravenous</i> | 99 |
| <i>dipyridamole oral</i> | 25 | <i>doxycycline hyclate oral capsule</i> | 99 |
| <i>disopyramide phosphate oral</i> | 30 | <i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20</i> | |
| <i>disulfiram oral</i> | 41 | <i>mg, 75 mg</i> | 99 |
| DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 | | <i>doxycycline hyclate oral tablet 50 mg</i> | 99 |
| HOUR 5 MG | 82 | <i>doxycycline hyclate oral tablet delayed release</i> | |
| DIURIL | 30 | <i>100 mg, 150 mg, 200 mg, 80 mg</i> | 99 |
| <i>divalproex sodium er oral tablet extended</i> | | <i>doxycycline hyclate oral tablet delayed release</i> | |
| <i>release 24 hour</i> | 41 | <i>50 mg, 75 mg</i> | 99 |
| <i>divalproex sodium oral capsule delayed release</i> | | <i>doxycycline monohydrate oral capsule 100 mg, 50</i> | |
| <i>sprinkle</i> | 41 | <i>mg, 75 mg</i> | 99 |
| <i>divalproex sodium oral tablet delayed</i> | | <i>doxycycline monohydrate oral capsule 150</i> | |
| <i>release</i> | 41 | <i>mg</i> | 99 |
| DIVIGEL | 84 | <i>doxycycline monohydrate oral suspension</i> | |
| <i>dobutamine in d5w</i> | 30 | <i>reconstituted</i> | 99 |
| <i>dofetilide</i> | 30 | <i>doxycycline monohydrate oral tablet</i> | 99 |
| DOJOLVI | 66 | <i>doxylamine-pyridoxine</i> | 77 |
| DOLISHALE | 84 | | |

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| DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG | 41 | DYANAVEL XR ORAL TABLET CHEWABLE EXTENDED RELEASE 5 MG | 42 |
| DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG | 41 | DYMISTA | 112 |
| <i>dronabinol</i> | 77 | DYRENIUM | 30 |
| <i>drospiren-eth estrad-levomefol</i> | 84 | DYSPORT | 42 |
| <i>drospirenone-ethinyl estradiol</i> | 84 | E.E.S. 400 ORAL TABLET | 99 |
| DROXIA | 25 | E.E.S. GRANULES | 99 |
| <i>droxidopa oral capsule 100 mg</i> | 30 | <i>ec-naproxen</i> | 12 |
| <i>droxidopa oral capsule 200 mg</i> | 30 | <i>econazole nitrate external</i> | 61 |
| <i>droxidopa oral capsule 300 mg</i> | 30 | EDARBI | 31 |
| DUAKLIR PRESSAIR | 112 | EDARBYCLOR | 31 |
| DUAVEE | 85 | EDECIN | 31 |
| DUET DHA 400 | 66 | EDLUAR | 42 |
| DUET DHA BALANCED ORAL 25-1 & 267 MG | 66 | EDURANT | 99 |
| DUETACT | 70 | <i>efavirenz oral capsule 200 mg</i> | 99 |
| DULERA | 112 | <i>efavirenz oral capsule 50 mg</i> | 99 |
| <i>duloxetine hcl oral capsule delayed release particles 20 mg</i> | 41 | <i>efavirenz oral tablet</i> | 99 |
| <i>duloxetine hcl oral capsule delayed release particles 30 mg</i> | 41 | <i>efavirenz-emtricitab-tenofo df</i> | 99 |
| <i>duloxetine hcl oral capsule delayed release particles 40 mg</i> | 41 | <i>efavirenz-lamivudine-tenofovir</i> | 99 |
| <i>duloxetine hcl oral capsule delayed release particles 60 mg</i> | 41 | EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ | 66 |
| DUOBRII | 61 | EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ ... | 66 |
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| DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML | 61 | EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG | 42 |
| DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML | 61 | EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 75 MG | 42 |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML | 61 | EFFIENT | 25 |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML | 61 | EFUDIX EXTERNAL CREAM | 61 |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML | 61 | EGRIFTA SV | 85 |
| DURACLON EPIDURAL SOLUTION 100 MCG/ML | 106 | ELESTRIN | 85 |
| <i>duramorph</i> | 12 | <i>eletriptan hydrobromide</i> | 42 |
| DUREZOL | 108 | ELIDEL | 61 |
| DURYSTA | 108 | ELIGARD SUBCUTANEOUS KIT 22.5 MG, 7.5 MG | 19 |
| <i>dutasteride oral</i> | 82 | ELIGARD SUBCUTANEOUS KIT 30 MG, 45 MG | 19 |
| <i>dutasteride-tamsulosin hcl</i> | 82 | ELINEST | 85 |
| DXEVO 11-DAY | 85 | ELIQUIS | 25 |
| DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE | 41 | ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK | 25 |
| DYANAVEL XR ORAL TABLET CHEWABLE EXTENDED RELEASE 10 MG, 15 MG, 20 MG | 42 | ELITEK | 19 |
| | | ELIXOPHYLLIN | 112 |
| | | ELMIRON | 82 |
| | | ELURYNG | 85 |
| | | ELYXYB | 13 |
| | | EMCYT | 19 |
| | | EMEND ORAL CAPSULE 80 MG | 77 |
| | | EMEND ORAL SUSPENSION RECONSTITUTED | 77 |

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| EMEND TRI-PACK | 77 | <i>syringe 40 mg/0.4ml</i> | 26 |
| EMFLAZA ORAL SUSPENSION | 85 | <i>enoxaparin sodium injection solution prefilled</i> | |
| EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG | 85 | <i>syringe 60 mg/0.6ml</i> | 26 |
| EMFLAZA ORAL TABLET 6 MG | 85 | ENPRESSE-28 | 85 |
| EMGALITY | 42 | ENSKYCE ORAL TABLET 0.15-30 MG-MCG | 85 |
| EMGALITY (300 MG DOSE) | 42 | ENSPRYNG | 92 |
| EMOQUETTE | 85 | ENSTILAR | 61 |
| EMPAVELI | 106 | <i>entacapone</i> | 42 |
| EMPLICITI | 19 | ENTADFI | 82 |
| EMSAM | 42 | <i>entecavir</i> | 99 |
| <i>emtricitabine</i> | 99 | ENTRESTO ORAL TABLET 24-26 MG | 31 |
| <i>emtricitabine-tenofovir df oral tablet 100-150 mg,</i> | | ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG | 31 |
| <i>133-200 mg, 167-250 mg</i> | 99 | ENTYVIO | 92 |
| <i>emtricitabine-tenofovir df oral tablet 200-300</i> | | <i>enulose</i> | 77 |
| <i>mg</i> | 99 | ENVARUSUS XR | 92 |
| EMTRIVA ORAL CAPSULE | 99 | EPANED ORAL SOLUTION | 31 |
| EMTRIVA ORAL SOLUTION | 99 | EPCLUSA ORAL PACKET 150-37.5 MG | 99 |
| EMVERM | 99 | EPCLUSA ORAL PACKET 200-50 MG | 99 |
| <i>enalapril maleate oral solution</i> | 31 | EPCLUSA ORAL TABLET 200-50 MG | 99 |
| <i>enalapril maleate oral tablet</i> | 31 | EPCLUSA ORAL TABLET 400-100 MG | 99 |
| <i>enalapril-hydrochlorothiazide</i> | 31 | EPIDIOLEX | 42 |
| ENBRACE HR | 66 | EPIDUO | 61 |
| ENBREL MINI | 92 | EPIDUO FORTE | 61 |
| ENBREL SUBCUTANEOUS SOLUTION 25 | | EPIFOAM | 61 |
| MG/0.5ML | 92 | <i>epinastine hcl</i> | 108 |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED | | <i>epinephrine (anaphylaxis)</i> | 112 |
| SYRINGE 25 MG/0.5ML | 92 | <i>epinephrine injection solution 0.3 mg/0.3ml</i> | 112 |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED | | <i>epinephrine injection solution auto-injector 0.15</i> | |
| SYRINGE 50 MG/ML | 92 | <i>mg/0.15ml</i> | 112 |
| ENBREL SUBCUTANEOUS SOLUTION | | <i>epinephrine injection solution auto-injector 0.15</i> | |
| RECONSTITUTED | 92 | <i>mg/0.3ml, 0.3 mg/0.3ml</i> | 112 |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION | | EPIPEN 2-PAK INJECTION SOLUTION | |
| AUTO-INJECTOR | 92 | AUTO-INJECTOR | 112 |
| ENDARI | 25 | EPIPEN JR 2-PAK INJECTION SOLUTION | |
| ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, | | AUTO-INJECTOR | 112 |
| 5-325 MG, 7.5-325 MG | 13 | EPITOL | 42 |
| ENGERIX-B INJECTION SUSPENSION 20 | | EPIVIR HBV ORAL SOLUTION | 99 |
| MCG/ML | 92 | EPIVIR HBV ORAL TABLET | 99 |
| ENGERIX-B INJECTION SUSPENSION PREFILLED | | EPIVIR ORAL SOLUTION | 99 |
| SYRINGE | 92 | EPIVIR ORAL TABLET 150 MG | 99 |
| ENHERTU | 19 | EPIVIR ORAL TABLET 300 MG | 99 |
| <i>enoxaparin sodium injection solution</i> | 25 | <i>eplerenone</i> | 31 |
| <i>enoxaparin sodium injection solution prefilled</i> | | EPOGEN INJECTION SOLUTION 10000 UNIT/ML, | |
| <i>syringe 100 mg/ml, 150 mg/ml</i> | 25 | 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, | |
| <i>enoxaparin sodium injection solution prefilled</i> | | 4000 UNIT/ML | 26 |
| <i>syringe 120 mg/0.8ml, 80 mg/0.8ml</i> | 26 | <i>epoprostenol sodium</i> | 112 |
| <i>enoxaparin sodium injection solution prefilled</i> | | EPRONTIA | 42 |
| <i>syringe 30 mg/0.3ml</i> | 26 | EPSOLAY | 61 |
| <i>enoxaparin sodium injection solution prefilled</i> | | | |

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| EPZICOM | 99 | <i>esomeprazole sodium intravenous solution</i> | |
| EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 | | <i>reconstituted 40 mg</i> | 77 |
| HOUR 100 MG | 42 | ESTARYLLA | 85 |
| EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 | | <i>estazolam</i> | 42 |
| HOUR 200 MG | 42 | ESTRACE | 85 |
| EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 | | <i>estradiol oral</i> | 85 |
| HOUR 300 MG | 42 | <i>estradiol transdermal gel</i> | 85 |
| ERAXIS | 99 | <i>estradiol transdermal patch twice weekly</i> | 85 |
| ERBITUX | 19 | <i>estradiol transdermal patch weekly</i> | 85 |
| <i>ergoloid mesylates oral</i> | 42 | <i>estradiol vaginal</i> | 85 |
| ERGOMAR | 42 | <i>estradiol valerate intramuscular</i> | 85 |
| <i>ergotamine-caffeine</i> | 42 | <i>estradiol-norethindrone acet</i> | 85 |
| ERIVEDGE | 19 | ESTRING | 85 |
| ERLEADA | 19 | ESTROGEL | 85 |
| <i>erlotinib hcl oral tablet 100 mg, 150 mg</i> | 19 | <i>eszopiclone</i> | 42 |
| <i>erlotinib hcl oral tablet 25 mg</i> | 19 | <i>ethacrynic acid oral</i> | 31 |
| ERMEZA | 85 | <i>ethambutol hcl oral</i> | 100 |
| ERRIN | 85 | <i>ethosuximide oral</i> | 42 |
| ERTACZO | 61 | <i>ethynodiol diac-eth estradiol</i> | 85 |
| <i>ertapenem sodium</i> | 99 | <i>etodolac er</i> | 13 |
| <i>ery</i> | 61 | <i>etodolac oral</i> | 13 |
| ERY-TAB | 99 | <i>etonogestrel-ethinyl estradiol</i> | 85 |
| ERYGEL | 61 | <i>etoposide intravenous solution 1 gm/50ml, 100</i> | |
| ERYPED 200 | 99 | <i>mg/5ml, 500 mg/25ml</i> | 19 |
| ERYPED 400 | 99 | <i>etravirine oral tablet 100 mg</i> | 100 |
| ERYTHROCIN LACTOBIONATE INTRAVENOUS | | <i>etravirine oral tablet 200 mg</i> | 100 |
| SOLUTION RECONSTITUTED 500 MG | 100 | EUCRISA | 61 |
| ERYTHROCIN STEARATE ORAL TABLET 250 MG .. | 100 | EULEXIN | 19 |
| <i>erythromycin base oral</i> | 100 | EUTHYROX | 85 |
| <i>erythromycin ethylsuccinate oral</i> | 100 | EVAMIST | 85 |
| <i>erythromycin external gel</i> | 61 | EVEKEO ODT ORAL TABLET DISPERSIBLE 10 | |
| <i>erythromycin external solution</i> | 61 | MG | 42 |
| <i>erythromycin lactobionate</i> | 100 | EVEKEO ODT ORAL TABLET DISPERSIBLE 15 MG, 20 | |
| <i>erythromycin ophthalmic</i> | 108 | MG | 42 |
| <i>erythromycin oral</i> | 100 | EVEKEO ODT ORAL TABLET DISPERSIBLE 5 MG ... | 42 |
| <i>erythromycin stearate oral tablet 250 mg</i> | 100 | EVEKEO ORAL TABLET 10 MG | 42 |
| ESBRIET ORAL CAPSULE | 112 | EVEKEO ORAL TABLET 5 MG | 42 |
| ESBRIET ORAL TABLET 267 MG | 112 | EVENITY | 70 |
| ESBRIET ORAL TABLET 801 MG | 112 | <i>everolimus oral tablet 0.25 mg</i> | 92 |
| <i>escitalopram oxalate oral solution</i> | 42 | <i>everolimus oral tablet 0.5 mg, 0.75 mg</i> | 92 |
| <i>escitalopram oxalate oral tablet 10 mg</i> | 42 | <i>everolimus oral tablet 1 mg</i> | 92 |
| <i>escitalopram oxalate oral tablet 20 mg</i> | 42 | <i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5</i> | |
| <i>escitalopram oxalate oral tablet 5 mg</i> | 42 | <i>mg</i> | 19 |
| ESGIC ORAL CAPSULE | 42 | <i>everolimus oral tablet soluble</i> | 19 |
| ESGIC ORAL TABLET | 42 | EVISTA | 85 |
| <i>esomeprazole magnesium oral capsule delayed</i> | | EVKEEZA | 31 |
| <i>release</i> | 77 | EVOTAZ | 100 |
| <i>esomeprazole magnesium oral packet</i> | 77 | EVOXAC | 61 |

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|---|-----|---|----|
| EVRYSDI | 42 | FEMARA | 19 |
| EXELDERM | 61 | FEMRING | 85 |
| EXELON TRANSDERMAL | 42 | FEMYNOR | 85 |
| <i>exemestane</i> | 19 | <i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i> | 31 |
| EXFORGE | 31 | <i>fenofibrate micronized oral capsule 90 mg</i> | 31 |
| EXFORGE HCT | 31 | <i>fenofibrate oral capsule</i> | 31 |
| EXJADE | 70 | <i>fenofibrate oral tablet 120 mg, 40 mg</i> | 31 |
| EXKIVITY | 19 | <i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i> | 31 |
| EXSERVAN | 42 | <i>fenofibric acid oral capsule delayed release</i> | 31 |
| EXTAVIA SUBCUTANEOUS KIT | 42 | FENOGLIDE ORAL TABLET 120 MG | 31 |
| EYLEA INTRAVITREAL SOLUTION | 108 | FENOGLIDE ORAL TABLET 40 MG | 31 |
| EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE | 108 | <i>fenoprofen calcium oral capsule 400 mg</i> | 13 |
| EYSUVIS | 108 | <i>fenoprofen calcium oral tablet</i> | 13 |
| EZALLOR SPRINKLE | 31 | FENSOLVI (6 MONTH) | 85 |
| <i>ezetimibe</i> | 31 | <i>fentanyl citrate (pf) injection solution 100 mcg/2ml, 50 mcg/ml</i> | 13 |
| <i>ezetimibe-rosuvastatin</i> | 31 | <i>fentanyl citrate (pf) injection solution 1000 mcg/20ml, 250 mcg/5ml, 2500 mcg/50ml, 500 mcg/10ml</i> | 13 |
| <i>ezetimibe-simvastatin</i> | 31 | <i>fentanyl citrate (pf) injection solution cartridge</i> | 13 |
| FABIOR | 61 | <i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 600 mcg, 800 mcg</i> | 13 |
| FABRAZYME | 80 | <i>fentanyl citrate buccal lozenge on a handle 200 mcg, 400 mcg</i> | 13 |
| FALMINA | 85 | <i>fentanyl citrate buccal tablet</i> | 13 |
| <i>famciclovir oral tablet 125 mg, 250 mg</i> | 100 | <i>fentanyl citrate injection solution prefilled syringe 100 mcg/2ml</i> | 13 |
| <i>famciclovir oral tablet 500 mg</i> | 100 | <i>fentanyl citrate pf</i> | 13 |
| <i>famotidine (pf)</i> | 77 | <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> | 13 |
| <i>famotidine intravenous solution 200 mg/20ml, 40 mg/4ml</i> | 77 | <i>fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr</i> | 13 |
| <i>famotidine oral suspension reconstituted</i> | 77 | FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG | 13 |
| <i>famotidine oral tablet 20 mg, 40 mg</i> | 77 | FERRIPROX | 70 |
| <i>famotidine premixed</i> | 77 | FERRIPROX TWICE-A-DAY | 70 |
| FANAPT ORAL TABLET 1 MG | 42 | <i>fesoterodine fumarate er</i> | 82 |
| FANAPT ORAL TABLET 10 MG, 12 MG | 42 | FETZIMA | 43 |
| FANAPT ORAL TABLET 2 MG | 42 | FETZIMA TITRATION | 43 |
| FANAPT ORAL TABLET 4 MG | 42 | FEXMID | 43 |
| FANAPT ORAL TABLET 6 MG | 42 | FIASP FLEXTOUCH | 70 |
| FANAPT ORAL TABLET 8 MG | 43 | FIASP INJECTION | 70 |
| FANAPT TITRATION PACK | 43 | FIASP PENFILL | 70 |
| FARESTON | 19 | FIASP PUMPCART | 70 |
| FARXIGA | 70 | FILSPARI | 82 |
| FASENRA | 112 | | |
| FASENRA PEN | 112 | | |
| FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 19 | | |
| <i>febuxostat</i> | 13 | | |
| <i>felbamate</i> | 43 | | |
| FELBATOL | 43 | | |
| FELDENE | 13 | | |
| <i>felodipine er</i> | 31 | | |

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|---|-----|--|-----|
| FINACEA | 61 | <i>flunisolide nasal solution 25 mcg/act</i> | |
| <i>finasteride oral tablet 5 mg</i> | 82 | <i>(0.025%)</i> | 113 |
| <i>finingolimod hcl</i> | 43 | <i>fluocinolone acetonide body</i> | 61 |
| FINTEPLA | 43 | <i>fluocinolone acetonide external</i> | 61 |
| FINZALA | 85 | <i>fluocinolone acetonide otic</i> | 110 |
| FIORICET ORAL CAPSULE | 43 | <i>fluocinolone acetonide scalp</i> | 61 |
| FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 | | <i>fluocinonide emulsified base</i> | 61 |
| MG | 13 | <i>fluocinonide external cream 0.05 %</i> | 61 |
| FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED | | <i>fluocinonide external cream 0.1 %</i> | 61 |
| SYRINGE | 26 | <i>fluocinonide external gel</i> | 61 |
| FIRDAPSE | 43 | <i>fluocinonide external ointment</i> | 61 |
| FIRMAGON (240 MG DOSE) | 19 | <i>fluocinonide external solution</i> | 61 |
| FIRMAGON SUBCUTANEOUS SOLUTION | | FLUORIDEX | 61 |
| RECONSTITUTED 80 MG | 19 | FLUORIDEX ENHANCED WHITENING DENTAL | |
| FIRVANQ | 100 | PASTE | 62 |
| FLAC | 110 | FLUORIDEX SENSITIVITY RELIEF DENTAL | |
| FLAGYL ORAL CAPSULE | 100 | PASTE | 62 |
| FLAREX | 108 | FLUORIMAX 5000 | 62 |
| <i>flavoxate hcl</i> | 82 | FLUORIMAX 5000 SENSITIVE | 62 |
| FLEBOGAMMA DIF | 92 | <i>fluoritab oral solution</i> | 66 |
| <i>flecainide acetate</i> | 31 | <i>fluorometholone ophthalmic</i> | 108 |
| FLECTOR EXTERNAL | 13 | FLUOROPLEX | 62 |
| FLEQSUVY | 43 | <i>fluorouracil external cream 0.5 %</i> | 62 |
| FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED | | <i>fluorouracil external cream 5 %</i> | 62 |
| 0.5 MG | 112 | <i>fluorouracil external solution</i> | 62 |
| FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED | | <i>fluorouracil intravenous</i> | 19 |
| 1.5 MG | 112 | <i>fluoxetine hcl (pmd) oral tablet 10 mg</i> | 43 |
| <i>flolipid</i> | 31 | <i>fluoxetine hcl (pmd) oral tablet 20 mg</i> | 43 |
| FLOMAX | 82 | <i>fluoxetine hcl oral capsule 10 mg</i> | 43 |
| FLORIVA | 66 | <i>fluoxetine hcl oral capsule 20 mg</i> | 43 |
| FLOVENT DISKUS INHALATION AEROSOL POWDER | | <i>fluoxetine hcl oral capsule 40 mg</i> | 43 |
| BREATH ACTIVATED 100 MCG/ACT, 50 | | <i>fluoxetine hcl oral capsule delayed release</i> | 43 |
| MCG/ACT | 112 | <i>fluoxetine hcl oral solution</i> | 43 |
| FLOVENT DISKUS INHALATION AEROSOL POWDER | | <i>fluoxetine hcl oral tablet 10 mg</i> | 43 |
| BREATH ACTIVATED 250 MCG/ACT | 112 | <i>fluoxetine hcl oral tablet 20 mg</i> | 43 |
| FLOVENT HFA INHALATION AEROSOL 110 | | <i>fluoxetine hcl oral tablet 60 mg</i> | 43 |
| MCG/ACT | 112 | <i>fluphenazine decanoate injection</i> | 43 |
| FLOVENT HFA INHALATION AEROSOL 220 | | <i>fluphenazine hcl injection</i> | 43 |
| MCG/ACT | 112 | <i>fluphenazine hcl oral</i> | 43 |
| FLOVENT HFA INHALATION AEROSOL 44 | | <i>flurandrenolide</i> | 62 |
| MCG/ACT | 112 | <i>flurazepam hcl oral capsule 30 mg</i> | 43 |
| <i>fluconazole in sodium chloride intravenous</i> | | <i>flurbiprofen oral tablet 100 mg</i> | 13 |
| <i>solution 100-0.9 mg/50ml-%</i> | 100 | <i>flurbiprofen sodium</i> | 108 |
| <i>fluconazole in sodium chloride intravenous</i> | | <i>fluticasone furoate-vilanterol inhalation aerosol</i> | |
| <i>solution 200-0.9 mg/100ml-%, 400-0.9 mg/</i> | | <i>powder breath activated 100-25 mcg/act,</i> | |
| <i>200ml-%</i> | 100 | <i>200-25 mcg/act</i> | 113 |
| <i>fluconazole oral</i> | 100 | <i>fluticasone propionate external</i> | 62 |
| <i>flucytosine oral</i> | 100 | <i>fluticasone propionate hfa inhalation aerosol 110</i> | |
| <i>fludrocortisone acetate oral</i> | 85 | | |

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| <i>mcg/act</i> | 113 | <i>fosinopril sodium</i> | 31 |
| <i>fluticasone propionate hfa inhalation aerosol</i> 220 | | <i>fosinopril sodium-hctz</i> | 31 |
| <i>mcg/act</i> | 113 | FOSRENOL ORAL PACKET | 70 |
| <i>fluticasone propionate hfa inhalation aerosol</i> 44 | | FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 | |
| <i>mcg/act</i> | 113 | MG, 750 MG | 70 |
| <i>fluticasone propionate nasal</i> | 113 | FOTIVDA | 19 |
| <i>fluticasone-salmeterol inhalation aerosol</i> | 113 | FRAGMIN SUBCUTANEOUS SOLUTION 10000 | |
| <i>fluticasone-salmeterol inhalation aerosol powder</i> | | UNIT/4ML | 26 |
| <i>breath activated 100-50 mcg/act, 250-50 mcg/</i> | | FRAGMIN SUBCUTANEOUS SOLUTION 95000 | |
| <i>act, 500-50 mcg/act</i> | 113 | UNIT/3.8ML | 26 |
| <i>fluticasone-salmeterol inhalation aerosol powder</i> | | FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED | |
| <i>breath activated 113-14 mcg/act, 232-14 mcg/</i> | | SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, | |
| <i>act, 55-14 mcg/act</i> | 113 | 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 7500 | |
| <i>fluvastatin sodium</i> | 31 | UNIT/0.3ML | 26 |
| <i>fluvastatin sodium er</i> | 31 | FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED | |
| <i>fluvoxamine maleate er oral capsule extended</i> | | SYRINGE 2500 UNIT/0.2ML, 5000 | |
| <i>release 24 hour 100 mg</i> | 43 | UNIT/0.2ML | 26 |
| <i>fluvoxamine maleate er oral capsule extended</i> | | FROVA | 43 |
| <i>release 24 hour 150 mg</i> | 43 | <i>frovatriptan succinate</i> | 43 |
| <i>fluvoxamine maleate oral tablet 100 mg</i> | 43 | FULPHILA | 26 |
| <i>fluvoxamine maleate oral tablet 25 mg, 50</i> | | <i>fulvestrant intramuscular solution prefilled</i> | |
| <i>mg</i> | 43 | <i>syringe</i> | 19 |
| FML FORTE | 108 | FUROSCIX | 31 |
| FML LIQUIFILM | 108 | <i>furosemide injection</i> | 31 |
| FOCALIN | 43 | <i>furosemide oral solution 10 mg/ml</i> | 31 |
| FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 | | <i>furosemide oral solution 8 mg/ml</i> | 31 |
| HOUR 10 MG, 15 MG, 25 MG, 30 MG, 35 MG, 40 MG, | | <i>furosemide oral tablet</i> | 31 |
| 5 MG | 43 | FUZEON SUBCUTANEOUS SOLUTION | |
| FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 | | RECONSTITUTED | 100 |
| HOUR 20 MG | 43 | FYAVOLV | 85 |
| FOLIVANE-OB ORAL CAPSULE 85-1 MG | 66 | FYCOMPA ORAL SUSPENSION | 43 |
| <i>fondaparinux sodium subcutaneous solution 10</i> | | FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 | |
| <i>mg/0.8ml</i> | 26 | MG | 43 |
| <i>fondaparinux sodium subcutaneous solution 2.5</i> | | FYCOMPA ORAL TABLET 2 MG | 43 |
| <i>mg/0.5ml</i> | 26 | FYLNETRA | 26 |
| <i>fondaparinux sodium subcutaneous solution 5</i> | | <i>gabapentin oral capsule 100 mg</i> | 43 |
| <i>mg/0.4ml</i> | 26 | <i>gabapentin oral capsule 300 mg</i> | 43 |
| <i>fondaparinux sodium subcutaneous solution 7.5</i> | | <i>gabapentin oral capsule 400 mg</i> | 43 |
| <i>mg/0.6ml</i> | 26 | <i>gabapentin oral solution</i> | 43 |
| FORFIVO XL | 43 | <i>gabapentin oral tablet 600 mg</i> | 43 |
| <i>formoterol fumarate inhalation</i> | 113 | <i>gabapentin oral tablet 800 mg</i> | 44 |
| FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR | | GABITRIL ORAL TABLET 12 MG | 44 |
| 600 MCG/2.4ML | 70 | GABITRIL ORAL TABLET 16 MG, 2 MG, 4 MG | 44 |
| FORTESTA | 85 | GABLOFEN INTRATHECAL SOLUTION 10000 | |
| FOSAMAX ORAL TABLET 70 MG | 70 | MCG/20ML, 20000 MCG/20ML | 44 |
| FOSAMAX PLUS D | 70 | GABLOFEN INTRATHECAL SOLUTION 40000 | |
| <i>fosamprenavir calcium</i> | 100 | MCG/20ML | 44 |
| <i>fosaprepitant dimeglumine</i> | 77 | GABLOFEN INTRATHECAL SOLUTION PREFILLED | |
| <i>fosfomycin tromethamine</i> | 100 | SYRINGE 10000 MCG/20ML, 20000 MCG/20ML, 50 | |

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| MCG/ML | 44 | GENGRAF ORAL CAPSULE 100 MG, 25 MG | 92 |
| GABLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE 40000 MCG/20ML | 44 | GENGRAF ORAL SOLUTION | 92 |
| GALAFOLD | 80 | GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG | 85 |
| <i>galantamine hydrobromide er</i> | 44 | GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.4 MG, 0.6 MG, 0.8 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG | 85 |
| <i>galantamine hydrobromide oral solution</i> | 44 | GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 1 MG | 85 |
| <i>galantamine hydrobromide oral tablet</i> | 44 | GENOTROPIN SUBCUTANEOUS CARTRIDGE | 85 |
| GAMASTAN | 92 | GENTAK OPHTHALMIC OINTMENT | 108 |
| GAMMAGARD INJECTION SOLUTION 1 GM/10ML | 92 | <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> | 100 |
| GAMMAGARD INJECTION SOLUTION 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML | 92 | <i>gentamicin in saline intravenous solution 2-0.9 mg/ml-%</i> | 100 |
| GAMMAGARD S/D LESS IGA | 92 | <i>gentamicin sulfate external</i> | 62 |
| GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML | 92 | <i>gentamicin sulfate injection</i> | 100 |
| GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML | 92 | <i>gentamicin sulfate ophthalmic solution</i> | 108 |
| GAMUNEX-C | 92 | GENVOYA | 100 |
| <i>ganciclovir sodium intravenous solution</i> | 100 | GEODON INTRAMUSCULAR | 44 |
| <i>ganciclovir sodium intravenous solution reconstituted</i> | 100 | GEODON ORAL CAPSULE 20 MG | 44 |
| GARDASIL 9 | 92 | GEODON ORAL CAPSULE 40 MG | 44 |
| GASTROCROM | 80 | GEODON ORAL CAPSULE 60 MG, 80 MG | 44 |
| <i>gatifloxacin ophthalmic</i> | 108 | GILENYA | 44 |
| GATTEX | 77 | GILOTRIF | 19 |
| GAUZE STERILE PADS 2 | 106 | GIMOTI | 77 |
| GAVILYTE-C | 77 | GIVLAARI | 80 |
| GAVILYTE-G | 77 | GLASSIA | 81 |
| GAVILYTE-N WITH FLAVOR PACK | 77 | <i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i> | 44 |
| GAVRETO | 19 | <i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i> | 44 |
| GAZYVA | 19 | GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML | 44 |
| <i>gefitinib</i> | 19 | GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML | 44 |
| GELNIQUE TRANSDERMAL GEL 10 % | 82 | GLEEVEC ORAL TABLET 100 MG | 19 |
| <i>gemcitabine hcl intravenous solution 1 gm/10ml, 2 gm/20ml, 2 gm/52.6ml, 200 mg/2ml</i> | 19 | GLEEVEC ORAL TABLET 400 MG | 19 |
| <i>gemcitabine hcl intravenous solution 1 gm/26.3ml, 200 mg/5.26ml</i> | 19 | GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG | 19 |
| <i>gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm</i> | 19 | <i>glimepiride oral tablet 1 mg</i> | 70 |
| <i>gemcitabine hcl intravenous solution reconstituted 200 mg</i> | 19 | <i>glimepiride oral tablet 2 mg</i> | 70 |
| <i>gemfibrozil oral</i> | 31 | <i>glimepiride oral tablet 4 mg</i> | 70 |
| GEMMILY | 85 | <i>glipizide er oral tablet extended release 24 hour 10 mg</i> | 70 |
| GEMTESA | 82 | <i>glipizide er oral tablet extended release 24 hour 2.5 mg</i> | 70 |
| GENERESS FE | 85 | <i>glipizide er oral tablet extended release 24 hour 5</i> | |
| <i>generlac</i> | 77 | | |

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|---|----|---|-----|
| mg | 70 | GM | 77 |
| glipizide oral tablet 10 mg | 70 | goprelto | 13 |
| glipizide oral tablet 5 mg | 70 | GRALISE ORAL TABLET 300 MG, 450 MG | 44 |
| glipizide xl oral tablet extended release 24 hour 10 mg | 70 | GRALISE ORAL TABLET 600 MG | 44 |
| glipizide xl oral tablet extended release 24 hour 2.5 mg | 70 | GRALISE ORAL TABLET 750 MG, 900 MG | 44 |
| glipizide xl oral tablet extended release 24 hour 5 mg | 71 | granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml | 77 |
| glipizide-metformin hcl oral tablet 2.5-250 mg | 71 | granisetron hcl oral | 77 |
| glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg | 71 | GRANIX | 26 |
| GLUCAGEN HYPOKIT | 71 | GRASTEK | 106 |
| glucagon emergency injection kit | 71 | griseofulvin microsize oral | 100 |
| GLUCAGON EMERGENCY INJECTION KIT | 71 | griseofulvin ultramicrosize | 100 |
| GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG | 71 | guanfacine hcl er | 44 |
| GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5 MG | 71 | guanfacine hcl oral | 31 |
| GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG | 71 | GVOKE HYPOPEN 1-PACK | 71 |
| GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG | 71 | GVOKE HYPOPEN 2-PACK | 71 |
| GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG | 71 | GVOKE KIT | 71 |
| glyburide micronized oral tablet 1.5 mg | 71 | GVOKE PFS | 71 |
| glyburide micronized oral tablet 3 mg | 71 | GYNAZOLE-1 | 82 |
| glyburide micronized oral tablet 6 mg | 71 | HAEGARDA | 26 |
| glyburide oral tablet 1.25 mg | 71 | HAILEY 1.5/30 | 85 |
| glyburide oral tablet 2.5 mg | 71 | HAILEY 24 FE | 85 |
| glyburide oral tablet 5 mg | 71 | HAILEY FE 1.5/30 | 85 |
| glyburide-metformin oral tablet 1.25-250 mg | 71 | HAILEY FE 1/20 | 85 |
| glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg | 71 | halcinonide | 62 |
| GLYCATE | 77 | HALCION | 44 |
| glycopyrrolate injection solution | 77 | HALDOL DECANOATE | 44 |
| glycopyrrolate oral solution | 77 | halobetasol propionate external cream | 62 |
| glycopyrrolate oral tablet 1 mg, 2 mg | 77 | halobetasol propionate external foam | 62 |
| glycopyrrolate oral tablet 1.5 mg | 77 | halobetasol propionate external ointment | 62 |
| glycopyrrolate pf | 77 | HALOETTE | 85 |
| GLYDO EXTERNAL PREFILLED SYRINGE | 13 | HALOG | 62 |
| GLYNASE ORAL TABLET 1.5 MG | 71 | haloperidol decanoate intramuscular | 44 |
| GLYNASE ORAL TABLET 3 MG | 71 | haloperidol lactate injection | 44 |
| GLYNASE ORAL TABLET 6 MG | 71 | haloperidol lactate oral | 44 |
| GLYXAMBI | 71 | haloperidol oral | 44 |
| GOCOVRI | 44 | HARVONI | 100 |
| GOLYTELY ORAL SOLUTION RECONSTITUTED 236 | | HAVRIX | 92 |
| | | HEATHER | 85 |
| | | HECTOROL INTRAVENOUS SOLUTION 4 MCG/2ML | 71 |
| | | HELIDAC THERAPY | 77 |
| | | HEMADY | 85 |
| | | HEMANGEOL | 31 |
| | | HEPAGAM B INJECTION SOLUTION 312 UNIT/ML | 92 |
| | | heparin (porcine) in nacl intravenous solution | |

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| 12500-0.45 ut/250ml-%, 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-% | 26 | HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML | 93 |
| heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ ml-% | 26 | HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML | 93 |
| heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml | 26 | HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML | 93 |
| heparin sodium (porcine) injection solution prefilled syringe | 26 | HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML | 93 |
| heparin sodium (porcine) pf | 26 | HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML | 93 |
| HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 92 | HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML | 93 |
| HEPSERA | 100 | HUMIRA PEN-PEDIATRIC UC START | 93 |
| HERCEPTIN HYLECTA | 19 | HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML | 93 |
| HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG | 19 | HUMIRA PEN-PSOR/UEIT STARTER | 93 |
| HETLIOZ | 44 | HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML | 93 |
| HETLIOZ LQ | 44 | HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML | 93 |
| HIBERIX INJECTION | 92 | HUMULIN 70/30 | 71 |
| HIDEX 6-DAY | 85 | HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 71 |
| HIPREX | 100 | HUMULIN N | 71 |
| HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML | 92 | HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 71 |
| HIZENTRA SUBCUTANEOUS SOLUTION 10 GM/50ML, 2 GM/10ML, 4 GM/20ML | 92 | HUMULIN R | 71 |
| HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML | 92 | HUMULIN R U-500 (CONCENTRATED) | 71 |
| HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2 GM/10ML, 4 GM/20ML | 92 | HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 72 |
| HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG | 44 | <i>hydralazine hcl injection</i> | 31 |
| HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG | 44 | <i>hydralazine hcl oral</i> | 31 |
| HUMALOG INJECTION | 71 | HYDREA | 19 |
| HUMALOG JUNIOR KWIKPEN | 71 | <i>hydrochlorothiazide oral</i> | 31 |
| HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 71 | <i>hydrocodone bitartrate er oral capsule extended release 12 hour</i> | 13 |
| HUMALOG MIX 50/50 | 71 | <i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg</i> | 13 |
| HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 71 | <i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i> | 13 |
| HUMALOG MIX 75/25 | 71 | <i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/ 15ml</i> | 13 |
| HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 71 | <i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i> | 13 |
| HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE | 71 | | |
| HUMALOG TEMPO PEN | 71 | | |
| HUMATIN | 100 | | |
| HUMATROPE INJECTION CARTRIDGE | 85 | | |

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| hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg | 13 | hyoscyamine sulfate oral tablet dispersible | 78 |
| hydrocortisone (perianal) external cream 1 % | 62 | hyoscyamine sulfate sublingual | 78 |
| hydrocortisone (perianal) external cream 2.5 % | 62 | HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML | 93 |
| hydrocortisone ace-pramoxine external cream 1-1 % | 77 | HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 93 |
| hydrocortisone butyr lipo base | 62 | HYPERRAB | 93 |
| hydrocortisone butyrate external cream | 62 | HYPERTET | 93 |
| hydrocortisone butyrate external lotion | 62 | HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML | 93 |
| hydrocortisone butyrate external ointment | 62 | HYQVIA SUBCUTANEOUS KIT 2.5 GM/25ML | 93 |
| hydrocortisone butyrate external solution | 62 | HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 60 MG, 80 MG | 14 |
| hydrocortisone external cream 1 %, 2.5 % | 62 | HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 20 MG, 30 MG, 40 MG | 14 |
| hydrocortisone external lotion 2.5 % | 62 | HYZAAR | 31 |
| hydrocortisone external ointment 1 %, 2.5 % | 62 | ibandronate sodium intravenous | 72 |
| hydrocortisone oral | 77 | ibandronate sodium oral | 72 |
| hydrocortisone rectal enema | 78 | IBRANCE | 19 |
| hydrocortisone valerate | 62 | IBSRELA | 78 |
| hydromorphone hcl er oral tablet extended release 24 hour | 13 | IBU | 14 |
| hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml | 13 | ibuprofen oral suspension | 14 |
| hydromorphone hcl injection solution 4 mg/ ml | 13 | ibuprofen oral tablet 400 mg, 600 mg, 800 mg | 14 |
| hydromorphone hcl oral liquid | 13 | icatibant acetate | 26 |
| hydromorphone hcl oral tablet | 14 | ICLEVIA | 85 |
| hydromorphone hcl pf injection solution 1 mg/ ml | 14 | ICLUSIG | 19 |
| hydromorphone hcl pf injection solution 10 mg/ ml, 50 mg/5ml, 500 mg/50ml | 14 | icosapent ethyl | 31 |
| hydromorphone hcl pf injection solution 2 mg/ ml | 14 | IDHIFA ORAL TABLET 100 MG | 20 |
| hydromorphone hcl pf injection solution 4 mg/ ml | 14 | IDHIFA ORAL TABLET 50 MG | 20 |
| hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg | 100 | ILARIS SUBCUTANEOUS SOLUTION | 93 |
| hydroxychloroquine sulfate oral tablet 200 mg | 100 | ILEVRO | 108 |
| hydroxyurea oral | 19 | ILUMYA | 93 |
| hydroxyzine hcl intramuscular | 113 | imatinib mesylate oral tablet 100 mg | 20 |
| hydroxyzine hcl oral syrup | 113 | imatinib mesylate oral tablet 400 mg | 20 |
| hydroxyzine hcl oral tablet | 113 | IMBRUVICA ORAL CAPSULE 140 MG | 20 |
| hydroxyzine pamoate oral | 113 | IMBRUVICA ORAL CAPSULE 70 MG | 20 |
| HYFTOR | 62 | IMBRUVICA ORAL SUSPENSION | 20 |
| hyoscyamine sulfate oral elixir | 78 | IMBRUVICA ORAL TABLET 140 MG | 20 |
| hyoscyamine sulfate oral solution | 78 | IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG | 20 |
| hyoscyamine sulfate oral tablet | 78 | IMFINZI | 20 |
| | | imipenem-cilastatin | 100 |
| | | imipramine hcl oral | 44 |
| | | imipramine pamoate oral capsule 100 mg, 75 mg | 44 |
| | | imipramine pamoate oral capsule 125 mg, 150 | |

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| mg | 44 | INPEN 100-BLUE-LILLY-HUMALOG | 106 |
| <i>imiquimod external cream 3.75 %</i> | 62 | INPEN 100-BLUE-NOVOLOG-FIASP | 106 |
| <i>imiquimod external cream 5 %</i> | 62 | INPEN 100-GREY-LILLY-HUMALOG | 106 |
| <i>imiquimod pump</i> | 62 | INPEN 100-GREY-NOVOLOG-FIASP | 106 |
| IMITREX NASAL | 44 | INPEN 100-PINK-LILLY-HUMALOG | 106 |
| IMITREX ORAL | 44 | INPEN 100-PINK-NOVOLOG-FIASP | 106 |
| IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE | 44 | INQOVI | 20 |
| IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 44 | INREBIC | 20 |
| IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML | 93 | INSPRA | 32 |
| IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED | 93 | <i>insulin asp prot & asp flexpen</i> | 72 |
| IMPAVIDO | 100 | <i>insulin aspart flexpen</i> | 72 |
| IMPEKLO | 62 | <i>insulin aspart injection</i> | 72 |
| IMURAN | 93 | <i>insulin aspart penfill</i> | 72 |
| IMVEXXY MAINTENANCE PACK | 85 | <i>insulin aspart prot & aspart</i> | 72 |
| IMVEXXY STARTER PACK | 86 | <i>insulin degludec</i> | 72 |
| INBRIJA | 45 | <i>insulin degludec flextouch subcutaneous solution pen-injector 100 unit/ml</i> | 72 |
| INCASSIA | 86 | <i>insulin degludec flextouch subcutaneous solution pen-injector 200 unit/ml</i> | 72 |
| INCRELEX | 86 | <i>insulin glargine</i> | 72 |
| INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT | 113 | <i>insulin glargine solostar</i> | 72 |
| <i>indapamide oral</i> | 31 | <i>insulin glargine-yfgn</i> | 72 |
| INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG | 31 | <i>insulin lispro (1 unit dial)</i> | 72 |
| INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 160 MG, 60 MG, 80 MG | 31 | <i>insulin lispro injection</i> | 72 |
| INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG | 31 | <i>insulin lispro junior kwikpen</i> | 72 |
| INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG | 31 | <i>insulin lispro prot & lispro</i> | 72 |
| INDOCIN ORAL | 14 | INSULIN PEN NEEDLE | 107 |
| INDOCIN RECTAL | 14 | INSULIN SYRINGE | 107 |
| <i>indomethacin er</i> | 14 | INTELENCE ORAL TABLET 100 MG | 100 |
| <i>indomethacin oral capsule 25 mg, 50 mg</i> | 14 | INTELENCE ORAL TABLET 200 MG | 100 |
| <i>indomethacin rectal suppository 50 mg</i> | 14 | INTELENCE ORAL TABLET 25 MG | 100 |
| INFANRIX | 93 | INTRALIPID INTRAVENOUS EMULSION 20 % | 66 |
| INFLECTRA | 93 | INTRALIPID INTRAVENOUS EMULSION 30 % | 66 |
| <i>infliximab</i> | 93 | INTRAROSA | 86 |
| INGREZZA ORAL CAPSULE 40 MG | 45 | INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT | 93 |
| INGREZZA ORAL CAPSULE 60 MG, 80 MG | 45 | INTRON A INJECTION SOLUTION RECONSTITUTED 18000000 UNIT | 93 |
| INGREZZA ORAL CAPSULE THERAPY PACK | 45 | INTRON A INJECTION SOLUTION RECONSTITUTED 50000000 UNIT | 93 |
| INLYTA ORAL TABLET 1 MG | 20 | INTROVALE | 86 |
| INLYTA ORAL TABLET 5 MG | 20 | INTUNIV | 45 |
| INNOPRAN XL | 32 | INVANZ INJECTION | 100 |
| INPEFA | 32 | INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML | 45 |
| | | INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML | 45 |
| | | INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR | |

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| 1.5 MG, 3 MG, 9 MG | 45 | <i>isoniazid oral syrup</i> | 101 |
| INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG | 45 | <i>isoniazid oral tablet</i> | 101 |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML | 45 | ISOPTO ATROPINE | 108 |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML | 45 | ISORDIL TITRADOSE | 32 |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML | 45 | <i>isosorb dinitrate-hydralazine</i> | 32 |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML | 45 | <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i> | 32 |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML | 45 | <i>isosorbide dinitrate oral tablet 40 mg</i> | 32 |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML | 45 | <i>isosorbide mononitrate</i> | 32 |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML | 45 | <i>isosorbide mononitrate er</i> | 32 |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML | 45 | <i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 35 mg, 40 mg</i> | 62 |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML | 45 | <i>isotretinoin oral capsule 25 mg</i> | 62 |
| INVELTYS | 108 | <i>isradipine</i> | 32 |
| INVOKAMET | 72 | ISTALOL | 108 |
| INVOKAMET XR | 72 | ISTURISA ORAL TABLET 1 MG, 5 MG | 86 |
| INVOKANA | 72 | ISTURISA ORAL TABLET 10 MG | 86 |
| IOPIDINE OPHTHALMIC SOLUTION 1 % | 108 | <i>itraconazole oral capsule</i> | 101 |
| IPOL | 93 | <i>itraconazole oral solution</i> | 101 |
| <i>ipratropium bromide inhalation</i> | 113 | <i>ivermectin external cream</i> | 62 |
| <i>ipratropium bromide nasal</i> | 113 | <i>ivermectin oral</i> | 101 |
| <i>ipratropium-albuterol</i> | 113 | IXIARO | 93 |
| <i>irbesartan</i> | 32 | IYUZEH | 108 |
| <i>irbesartan-hydrochlorothiazide</i> | 32 | JADENU | 72 |
| IRESSA | 20 | JADENU SPRINKLE | 72 |
| <i>irinotecan hcl intravenous solution 100 mg/ 5ml</i> | 20 | JAIMIESS | 86 |
| <i>irinotecan hcl intravenous solution 300 mg/15ml, 40 mg/2ml</i> | 20 | JAKAFI | 20 |
| <i>irinotecan hcl intravenous solution 500 mg/ 25ml</i> | 20 | JALYN | 82 |
| ISENTRESS HD | 100 | JANTOVEN | 26 |
| ISENTRESS ORAL PACKET | 100 | JANUMET | 72 |
| ISENTRESS ORAL TABLET | 100 | JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG | 72 |
| ISENTRESS ORAL TABLET CHEWABLE 100 MG ... | 100 | JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG | 72 |
| ISENTRESS ORAL TABLET CHEWABLE 25 MG | 101 | JANUVIA ORAL TABLET 100 MG | 72 |
| ISIBLOOM | 86 | JANUVIA ORAL TABLET 25 MG | 72 |
| ISOLYTE-P IN D5W | 66 | JANUVIA ORAL TABLET 50 MG | 72 |
| ISOLYTE-S | 66 | JARDIANCE | 72 |
| ISOLYTE-S PH 7.4 | 66 | JASMIEL | 86 |
| <i>isoniazid injection</i> | 101 | JATENZO ORAL CAPSULE 158 MG, 198 MG | 86 |
| | | JATENZO ORAL CAPSULE 237 MG | 86 |
| | | JAVYGTOR | 81 |
| | | JAYPIRCA ORAL TABLET 100 MG | 20 |
| | | JAYPIRCA ORAL TABLET 50 MG | 20 |
| | | JENCYCLA | 86 |
| | | JENTADUETO | 72 |
| | | JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG | 72 |

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| JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG | 72 | KELNOR 1/35 | 86 |
| JEVTANA | 20 | KELNOR 1/50 | 86 |
| JINTELI | 86 | KENALOG EXTERNAL | 62 |
| JOENJA | 93 | KENALOG INJECTION | 86 |
| JOLESSA | 86 | KENALOG-80 | 86 |
| JORNAY PM | 45 | KEPPRA INTRAVENOUS | 45 |
| JOYEAX | 86 | KEPPRA ORAL SOLUTION | 45 |
| JUBLIA | 62 | KEPPRA ORAL TABLET 1000 MG, 500 MG, 750 MG | 45 |
| JULEBER | 86 | KEPPRA ORAL TABLET 250 MG | 45 |
| JULUCA | 101 | KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG | 45 |
| JUNEL 1.5/30 | 86 | KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG | 45 |
| JUNEL 1/20 | 86 | KERENDIA | 72 |
| JUNEL FE 1.5/30 | 86 | KERYDIN | 62 |
| JUNEL FE 1/20 | 86 | KESIMPTA | 45 |
| JUNEL FE 24 | 86 | <i>ketoconazole external cream</i> | 62 |
| JUST RIGHT 5000 | 62 | <i>ketoconazole external foam</i> | 62 |
| JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 5 MG | 32 | <i>ketoconazole external shampoo 2 %</i> | 62 |
| JUXTAPID ORAL CAPSULE 30 MG | 32 | <i>ketoconazole oral</i> | 101 |
| JYNARQUE ORAL TABLET | 72 | KETODAN EXTERNAL FOAM | 62 |
| JYNARQUE ORAL TABLET THERAPY PACK | 72 | <i>ketoprofen er</i> | 14 |
| JYNNEOS | 93 | <i>ketoprofen oral capsule 25 mg</i> | 14 |
| K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ | 66 | <i>ketoprofen oral capsule 50 mg</i> | 14 |
| KABIVEN | 66 | <i>ketorolac tromethamine injection solution 15 mg/ ml, 30 mg/ml</i> | 14 |
| KADCYLA | 20 | <i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i> | 14 |
| KAITLIB FE | 86 | <i>ketorolac tromethamine nasal</i> | 14 |
| KALBITOR | 26 | <i>ketorolac tromethamine ophthalmic</i> | 108 |
| KALETRA ORAL SOLUTION | 101 | <i>ketorolac tromethamine oral</i> | 14 |
| KALETRA ORAL TABLET 100-25 MG | 101 | KEVEYIS | 81 |
| KALETRA ORAL TABLET 200-50 MG | 101 | KEVZARA | 93 |
| KALLIGA | 86 | KEYTRUDA INTRAVENOUS SOLUTION | 20 |
| KALYDECO ORAL PACKET | 113 | KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 93 |
| KALYDECO ORAL TABLET | 113 | KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 93 |
| KANJINTI | 20 | KISQALI (200 MG DOSE) | 20 |
| KAPSPARGO SPRINKLE | 32 | KISQALI (400 MG DOSE) | 20 |
| KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR | 45 | KISQALI (600 MG DOSE) | 20 |
| KARIVA | 86 | KISQALI FEMARA (200 MG DOSE) | 20 |
| KATERZIA | 32 | KISQALI FEMARA (400 MG DOSE) | 20 |
| KAZANO | 72 | KISQALI FEMARA (600 MG DOSE) | 20 |
| <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> | 66 | KITABIS PAK | 113 |
| <i>kcl-lactated ringers-d5w</i> | 66 | KLARON | 62 |
| <i>kedrab injection</i> | 93 | KLISYRI | 62 |

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| KLONOPIN ORAL TABLET 0.5 MG | 45 | M- | |
| KLONOPIN ORAL TABLET 1 MG | 45 | G | 46 |
| KLONOPIN ORAL TABLET 2 MG | 45 | LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 | |
| KLOR-CON 10 | 66 | MG & 7 X 100 MG | 46 |
| KLOR-CON M10 | 66 | LAMICTAL STARTER ORAL KIT 84 X 25 MG & 14X100 | |
| KLOR-CON M15 | 66 | MG | 46 |
| KLOR-CON M20 | 66 | LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & | |
| KLOR-CON ORAL PACKET 20 MEQ | 66 | 50 & 100 MG | 46 |
| KLOR-CON ORAL TABLET EXTENDED RELEASE | 66 | LAMICTAL XR ORAL KIT 50 & 100 & 200 MG | 46 |
| KLOR-CON/EF | 66 | LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 | |
| KLOXXADO | 45 | HOUR 100 MG, 200 MG, 250 MG, 300 MG | 46 |
| KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE | | LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 | |
| 24 HOUR 2.5-1000 MG | 72 | HOUR 25 MG, 50 MG | 46 |
| KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE | | <i>lamivudine oral solution</i> | 101 |
| 24 HOUR 5-1000 MG, 5-500 MG | 72 | <i>lamivudine oral tablet 100 mg</i> | 101 |
| KONVOMEPI | 78 | <i>lamivudine oral tablet 150 mg</i> | 101 |
| KORLYM | 86 | <i>lamivudine oral tablet 300 mg</i> | 101 |
| KOSELUGO | 107 | <i>lamivudine-zidovudine</i> | 101 |
| KRAZATI | 20 | <i>lamotrigine er</i> | 46 |
| KRINTAFEL | 101 | <i>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50</i> | |
| KRISTALOSE | 78 | & 100 mg, 42 x 50 mg & 14x100 mg | 46 |
| KRYSTEXXA | 14 | <i>lamotrigine oral tablet</i> | 46 |
| KURVELO | 86 | <i>lamotrigine oral tablet chewable</i> | 46 |
| KUVAN ORAL PACKET | 81 | <i>lamotrigine oral tablet dispersible</i> | 46 |
| KUVAN ORAL TABLET | 81 | <i>lamotrigine starter kit-blue</i> | 46 |
| KYLEENA | 86 | <i>lamotrigine starter kit-green</i> | 46 |
| KYPROLIS | 20 | <i>lamotrigine starter kit-orange</i> | 46 |
| <i>labetalol hcl intravenous solution</i> | 32 | LAMPIT | 101 |
| <i>labetalol hcl oral</i> | 32 | LANOXIN INJECTION SOLUTION 0.25 MG/ML | 32 |
| <i>labetalol hcl-dextrose intravenous solution 200-5</i> | | LANOXIN ORAL TABLET 125 MCG | 32 |
| <i>mg/200ml-%</i> | 32 | LANOXIN ORAL TABLET 250 MCG | 32 |
| <i>lacosamide intravenous</i> | 45 | LANOXIN ORAL TABLET 62.5 MCG | 32 |
| <i>lacosamide oral solution 10 mg/ml</i> | 45 | LANOXIN PEDIATRIC | 32 |
| <i>lacosamide oral tablet</i> | 46 | <i>lanreotide acetate</i> | 86 |
| <i>lacosamide solution 10 mg/ml oral</i> | 46 | <i>lansoprazole oral capsule delayed release 15</i> | |
| LACRISERT | 108 | <i>mg</i> | 78 |
| <i>lactated ringers intravenous</i> | 66 | <i>lansoprazole oral capsule delayed release 30</i> | |
| <i>lactated ringers irrigation</i> | 107 | <i>mg</i> | 78 |
| <i>lactulose encephalopathy</i> | 78 | <i>lansoprazole oral tablet delayed release</i> | |
| <i>lactulose oral packet</i> | 78 | <i>dispersible 15 mg</i> | 78 |
| <i>lactulose oral solution</i> | 78 | <i>lansoprazole oral tablet delayed release</i> | |
| LAMICTAL ODT ORAL KIT | 46 | <i>dispersible 30 mg</i> | 78 |
| LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, | | <i>lanthanum carbonate</i> | 72 |
| 25 MG, 50 MG | 46 | LANTUS | 72 |
| LAMICTAL ODT ORAL TABLET DISPERSIBLE 200 | | LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION | |
| MG | 46 | PEN-INJECTOR | 72 |
| LAMICTAL ORAL TABLET | 46 | <i>lapatinib ditosylate</i> | 20 |
| LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 | | LARIN 1.5/30 | 86 |

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| LARIN 1/20 | 86 | 0.63 mg/3ml | 113 |
| LARIN 24 FE | 86 | levolbuterol tartrate | 113 |
| LARIN FE 1.5/30 | 86 | levamlodipine maleate | 32 |
| LARIN FE 1/20 | 86 | LEVEMIR | 72 |
| LARISSIA | 86 | LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 72 |
| LASIX | 32 | LEVEMIR FLEXTOUCH | 73 |
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| LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG | 46 | levetiracetam er oral tablet extended release 24 hour 750 mg | 46 |
| LATUDA ORAL TABLET 80 MG | 46 | levetiracetam intravenous | 46 |
| LAYOLIS FE | 86 | levetiracetam oral | 46 |
| LAZANDA NASAL SOLUTION 100 MCG/ACT, 400 MCG/ACT | 14 | levobunolol hcl ophthalmic solution 0.5 % | 109 |
| ledipasvir-sofosbuvir | 101 | levocarnitine intravenous | 67 |
| LEENA | 86 | levocarnitine oral solution | 67 |
| leflunomide oral | 94 | levocarnitine oral tablet | 67 |
| lenalidomide oral capsule 10 mg | 20 | levocarnitine sf | 67 |
| lenalidomide oral capsule 15 mg, 2.5 mg, 20 mg, 25 mg | 20 | levocetirizine dihydrochloride oral solution | 113 |
| lenalidomide oral capsule 5 mg | 20 | levocetirizine dihydrochloride oral tablet | 113 |
| LENVIMA (10 MG DAILY DOSE) | 20 | levofloxacin in d5w | 101 |
| LENVIMA (12 MG DAILY DOSE) | 20 | levofloxacin intravenous | 101 |
| LENVIMA (14 MG DAILY DOSE) | 20 | levofloxacin ophthalmic | 109 |
| LENVIMA (18 MG DAILY DOSE) | 20 | levofloxacin oral solution | 101 |
| LENVIMA (20 MG DAILY DOSE) | 20 | levofloxacin oral tablet | 101 |
| LENVIMA (24 MG DAILY DOSE) | 20 | levoleucovorin calcium intravenous solution reconstituted 50 mg | 21 |
| LENVIMA (4 MG DAILY DOSE) | 20 | levoleucovorin calcium pf | 21 |
| LENVIMA (8 MG DAILY DOSE) | 20 | LEVONEST | 86 |
| LEQVIO | 32 | levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg | 86 |
| LESCOL XL | 32 | levonorgest-eth est & eth est | 86 |
| LESSINA | 86 | levonorgest-eth estrad 91-day | 86 |
| LETAIRIS | 113 | levonorgestrel-ethinyl estrad | 86 |
| letrozole oral | 21 | LEVORA 0.15/30 (28) | 86 |
| leucovorin calcium injection solution 100 mg/ 10ml | 21 | levorphanol tartrate oral | 14 |
| leucovorin calcium injection solution 500 mg/ 50ml | 21 | levothyroxine sodium intravenous solution 100 mcg/5ml | 86 |
| leucovorin calcium injection solution reconstituted | 21 | levothyroxine sodium intravenous solution 100 mcg/ml, 200 mcg/5ml, 500 mcg/5ml | 86 |
| leucovorin calcium oral | 21 | levothyroxine sodium intravenous solution reconstituted 100 mcg | 86 |
| LEUKERAN | 21 | levothyroxine sodium intravenous solution reconstituted 200 mcg, 500 mcg | 86 |
| LEUKINE INJECTION SOLUTION RECONSTITUTED | 26 | levothyroxine sodium oral capsule | 86 |
| leuprolide acetate (3 month) | 21 | levothyroxine sodium oral tablet | 86 |
| leuprolide acetate injection | 21 | LEVOXYL | 86 |
| levolbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml | 113 | LEVSIN ORAL TABLET | 78 |
| levolbuterol hcl inhalation nebulization solution | | | |

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| LEVSIN/SL | 78 | <i>lithium carbonate oral capsule 150 mg, 300 mg</i> | 46 |
| LEVULAN KERASTICK | 62 | <i>lithium carbonate oral capsule 600 mg</i> | 46 |
| LEXAPRO ORAL TABLET 10 MG | 46 | <i>lithium carbonate oral tablet</i> | 46 |
| LEXAPRO ORAL TABLET 20 MG | 46 | LITHOBID | 46 |
| LEXAPRO ORAL TABLET 5 MG | 46 | LITHOSTAT | 82 |
| LEXETTE | 62 | LIVALO | 32 |
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| LIBRAX | 78 | LO-ZUMANDIMINE | 87 |
| LICART EXTERNAL | 14 | LOCOID EXTERNAL LOTION | 62 |
| <i>lidocaine external ointment 5 %</i> | 14 | LOCOID LIPOCREAM | 62 |
| <i>lidocaine external patch 5 %</i> | 14 | LODINE | 14 |
| <i>lidocaine hcl (pf) injection solution 0.5 %, 2 %, 4 %</i> | 14 | LODOSYN | 46 |
| <i>lidocaine hcl (pf) injection solution 1 %, 1.5 %</i> | 14 | LOESTRIN 1.5/30 (21) | 87 |
| <i>lidocaine hcl external solution</i> | 14 | LOESTRIN 1/20 (21) | 87 |
| <i>lidocaine hcl injection solution 0.5 %, 1 %, 2 %</i> | 14 | LOESTRIN FE 1.5/30 | 87 |
| <i>lidocaine hcl mouth/throat</i> | 14 | LOESTRIN FE 1/20 | 87 |
| <i>lidocaine hcl urethral/mucosal</i> | 14 | LOFENA | 14 |
| <i>lidocaine viscous hcl</i> | 14 | LOJAIMIESS | 87 |
| <i>lidocaine-prilocaine external cream</i> | 14 | LOKELMA | 73 |
| LIDODERM | 14 | LOMOTIL ORAL TABLET | 78 |
| LIDOREX | 14 | LONSURF | 21 |
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| LILLOW | 86 | LOPID | 32 |
| LINCOICIN | 101 | <i>lopinavir-ritonavir oral solution</i> | 101 |
| <i>lincomycin hcl injection</i> | 101 | <i>lopinavir-ritonavir oral tablet 100-25 mg</i> | 101 |
| <i>lindane external shampoo</i> | 62 | <i>lopinavir-ritonavir oral tablet 200-50 mg</i> | 101 |
| <i>linezolid in sodium chloride</i> | 101 | LOPRESSOR ORAL | 32 |
| <i>linezolid intravenous solution 600 mg/300ml</i> | 101 | LOPROX EXTERNAL SHAMPOO | 62 |
| <i>linezolid oral suspension reconstituted</i> | 101 | LOPROX EXTERNAL SUSPENSION | 62 |
| <i>linezolid oral tablet</i> | 101 | <i>lorazepam injection</i> | 46 |
| LINZESS | 78 | LORAZEPAM INTENSOL | 46 |
| LIORESAL INTRATHECAL SOLUTION 0.05 MG/ML, 10 MG/20ML | 46 | <i>lorazepam oral concentrate</i> | 46 |
| LIORESAL INTRATHECAL SOLUTION 10 MG/5ML, 40 MG/20ML | 46 | <i>lorazepam oral tablet 0.5 mg, 1 mg</i> | 46 |
| <i>liothyronine sodium intravenous</i> | 87 | <i>lorazepam oral tablet 2 mg</i> | 46 |
| <i>liothyronine sodium oral</i> | 87 | LORBRENA ORAL TABLET 100 MG | 21 |
| LIPITOR | 32 | LORBRENA ORAL TABLET 25 MG | 21 |
| LIPOFEN ORAL CAPSULE 150 MG | 32 | LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG | 47 |
| LIPOFEN ORAL CAPSULE 50 MG | 32 | LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 2 MG, 3 MG | 47 |
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| <i>lisinopril-hydrochlorothiazide</i> | 32 | LORYNA | 87 |
| <i>lithium carbonate er</i> | 46 | LORZONE | 47 |
| | | <i>losartan potassium oral tablet 100 mg</i> | 32 |

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| <i>losartan potassium oral tablet 25 mg, 50 mg</i> | 32 | LUPRON DEPOT (6-MONTH) | 21 |
| <i>losartan potassium-hctz</i> | 32 | LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG | 87 |
| LOSEASONIQUE | 87 | LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG | 87 |
| LOTEMAX | 109 | LUPRON DEPOT-PED (3-MONTH) | 87 |
| LOTEMAX SM | 109 | <i>lurasidone hcl oral tablet 120 mg</i> | 47 |
| LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG | 32 | <i>lurasidone hcl oral tablet 20 mg, 40 mg, 60 mg</i> | 47 |
| LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG | 32 | <i>lurasidone hcl oral tablet 80 mg</i> | 47 |
| <i>loteprednol etabonate</i> | 109 | LUTERA | 87 |
| LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG | 32 | LUXIQ | 63 |
| LOTRONEX | 78 | LUZU | 63 |
| <i>lovastatin oral</i> | 32 | LYBALVI | 47 |
| LOVAZA | 32 | LYLEQ | 87 |
| LOVENOX INJECTION SOLUTION | 26 | LYLLANA | 87 |
| LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 100 MG/ML | 26 | LYNPARZA ORAL TABLET | 21 |
| LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 120 MG/0.8ML, 80 MG/0.8ML | 26 | LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 82.5 MG | 47 |
| LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 150 MG/ML | 26 | LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 330 MG | 47 |
| LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 30 MG/0.3ML | 27 | LYRICA ORAL CAPSULE 100 MG, 150 MG, 25 MG, 50 MG, 75 MG | 47 |
| LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 40 MG/0.4ML | 27 | LYRICA ORAL CAPSULE 200 MG | 47 |
| LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 60 MG/0.6ML | 27 | LYRICA ORAL CAPSULE 225 MG, 300 MG | 47 |
| LOW-OGESTREL | 87 | LYRICA ORAL SOLUTION | 47 |
| <i>loxapine succinate oral</i> | 47 | LYSODREN | 21 |
| <i>lubiprostone</i> | 78 | LYTGOBI (12 MG DAILY DOSE) | 21 |
| LUCEMYRA | 47 | LYTGOBI (16 MG DAILY DOSE) | 21 |
| LUCENTIS INTRAVITREAL SOLUTION 0.5 MG/0.05ML | 109 | LYTGOBI (20 MG DAILY DOSE) | 21 |
| LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML | 109 | LYUMJEV | 73 |
| LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.5 MG/0.05ML | 109 | LYUMJEV KWIKPEN | 73 |
| <i>luliconazole</i> | 63 | LYUMJEV TEMPO PEN | 73 |
| LUMAKRAS ORAL TABLET 120 MG | 21 | LYVISPAH ORAL PACKET 10 MG | 47 |
| LUMAKRAS ORAL TABLET 320 MG | 21 | LYVISPAH ORAL PACKET 20 MG | 47 |
| LUMIGAN OPHTHALMIC SOLUTION 0.01 % | 109 | LYVISPAH ORAL PACKET 5 MG | 47 |
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| LUNESTA | 47 | M-M-R II INJECTION | 94 |
| LUPKYNIS | 94 | <i>m-natal plus</i> | 67 |
| LUPRON DEPOT (1-MONTH) | 21 | MACROBID | 101 |
| LUPRON DEPOT (3-MONTH) | 21 | MACRODANTIN | 101 |
| LUPRON DEPOT (4-MONTH) | 21 | <i>mafenide acetate external</i> | 63 |
| | | <i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i> | 67 |
| | | <i>magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml</i> | 67 |
| | | MALARONE | 101 |

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| <i>malathion external</i> | 63 | MEKINIST ORAL TABLET 2 MG | 21 |
| <i>mannitol intravenous solution 20 %, 25 %</i> | 107 | MEKTOVI | 21 |
| <i>maraviroc</i> | 101 | <i>meloxicam oral capsule</i> | 14 |
| MARINOL ORAL CAPSULE 10 MG | 78 | <i>meloxicam oral tablet</i> | 14 |
| MARINOL ORAL CAPSULE 2.5 MG, 5 MG | 78 | <i>melphalan</i> | 21 |
| <i>marlissa</i> | 87 | <i>memantine hcl er</i> | 47 |
| MARPLAN | 47 | <i>memantine hcl oral solution 2 mg/ml</i> | 47 |
| MATULANE | 21 | <i>memantine hcl oral tablet 10 mg</i> | 47 |
| MATZIM LA | 32 | <i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i> | 47 |
| MAVENCLAD (10 TABS) | 47 | <i>memantine hcl oral tablet 5 mg</i> | 47 |
| MAVENCLAD (4 TABS) | 47 | MENACTRA INTRAMUSCULAR SOLUTION | 94 |
| MAVENCLAD (5 TABS) | 47 | MENEST | 87 |
| MAVENCLAD (6 TABS) | 47 | MENOSTAR | 87 |
| MAVENCLAD (7 TABS) | 47 | MENQUADFI INTRAMUSCULAR SOLUTION | 94 |
| MAVENCLAD (8 TABS) | 47 | MENVEO | 94 |
| MAVENCLAD (9 TABS) | 47 | <i>meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i> | 15 |
| MAVYRET ORAL PACKET | 101 | <i>meperidine hcl oral solution</i> | 15 |
| MAVYRET ORAL TABLET | 101 | <i>meperidine hcl oral tablet 50 mg</i> | 15 |
| MAXALT ORAL TABLET 10 MG | 47 | <i>meprobamate</i> | 47 |
| MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG | 47 | MEPRON | 101 |
| MAXIDEX | 109 | <i>mercaptopurine oral</i> | 21 |
| MAXITROL | 109 | <i>meropenem</i> | 101 |
| MAXZIDE | 32 | MERZEE | 87 |
| MAXZIDE-25 | 32 | <i>mesalamine er oral capsule extended release</i> | 78 |
| MAYZENT ORAL TABLET 0.25 MG | 47 | <i>mesalamine er oral capsule extended release 24 hour</i> | 78 |
| MAYZENT ORAL TABLET 1 MG, 2 MG | 47 | <i>mesalamine oral capsule delayed release</i> | 78 |
| MAYZENT STARTER PACK | 47 | <i>mesalamine oral tablet delayed release 1.2 gm</i> | 78 |
| <i>me/naphos/mb/hyo1</i> | 101 | <i>mesalamine oral tablet delayed release 800 mg</i> | 78 |
| <i>meclizine hcl oral tablet 12.5 mg, 25 mg</i> | 78 | <i>mesalamine rectal</i> | 78 |
| <i>meclizine hcl oral tablet 50 mg</i> | 78 | <i>mesalamine-cleanser</i> | 78 |
| <i>meclofenamate sodium oral</i> | 14 | <i>mesna</i> | 21 |
| MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG | 87 | MESNEX INTRAVENOUS | 21 |
| MEDROL ORAL TABLET 2 MG | 87 | MESNEX ORAL | 21 |
| MEDROL ORAL TABLET THERAPY PACK | 87 | MESTINON ORAL SOLUTION | 47 |
| <i>medroxyprogesterone acetate intramuscular</i> | 87 | MESTINON ORAL TABLET | 47 |
| <i>medroxyprogesterone acetate oral</i> | 87 | MESTINON ORAL TABLET EXTENDED RELEASE | 47 |
| <i>mefenamic acid oral</i> | 14 | <i>metaxalone</i> | 47 |
| <i>mefloquine hcl</i> | 101 | <i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg</i> | 73 |
| <i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i> | 21 | <i>metformin hcl er (mod) oral tablet extended release 24 hour 500 mg</i> | 73 |
| <i>megestrol acetate oral suspension 625 mg/5ml</i> | 87 | <i>metformin hcl er (osm) oral tablet extended</i> | |
| <i>megestrol acetate oral tablet</i> | 21 | | |
| MEKINIST ORAL SOLUTION RECONSTITUTED | 21 | | |
| MEKINIST ORAL TABLET 0.5 MG | 21 | | |

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| <i>release 24 hour 1000 mg</i> | 73 | <i>extended release 24 hour 30 mg</i> | 48 |
| <i>metformin hcl er (osm) oral tablet extended</i> | | <i>methylphenidate hcl er (osm) oral tablet</i> | |
| <i>release 24 hour 500 mg</i> | 73 | <i>extended release 18 mg, 27 mg, 45 mg, 54 mg,</i> | |
| <i>metformin hcl er oral tablet extended release 24</i> | | <i>63 mg, 72 mg</i> | 48 |
| <i>hour 500 mg</i> | 73 | <i>methylphenidate hcl er (osm) oral tablet</i> | |
| <i>metformin hcl er oral tablet extended release 24</i> | | <i>extended release 36 mg</i> | 48 |
| <i>hour 750 mg</i> | 73 | <i>methylphenidate hcl er (xr)</i> | 48 |
| <i>metformin hcl oral solution</i> | 73 | <i>methylphenidate hcl er oral tablet extended</i> | |
| <i>metformin hcl oral tablet 1000 mg</i> | 73 | <i>release</i> | 48 |
| <i>metformin hcl oral tablet 500 mg</i> | 73 | <i>methylphenidate hcl er oral tablet extended</i> | |
| <i>metformin hcl oral tablet 625 mg</i> | 73 | <i>release 24 hour 18 mg, 27 mg, 54 mg</i> | 48 |
| <i>metformin hcl oral tablet 850 mg</i> | 73 | <i>methylphenidate hcl er oral tablet extended</i> | |
| METHADONE HCL INTENSOL | 15 | <i>release 24 hour 36 mg</i> | 48 |
| <i>methadone hcl oral concentrate</i> | 15 | <i>methylphenidate hcl oral solution 10 mg/</i> | |
| <i>methadone hcl oral solution</i> | 15 | <i>5ml</i> | 48 |
| <i>methadone hcl oral tablet</i> | 15 | <i>methylphenidate hcl oral solution 5 mg/5ml</i> | 48 |
| METHADOSE ORAL CONCENTRATE 10 MG/ML | 15 | <i>methylphenidate hcl oral tablet</i> | 48 |
| METHADOSE SUGAR-FREE | 15 | <i>methylphenidate hcl oral tablet chewable 10</i> | |
| <i>methamphetamine hcl</i> | 47 | <i>mg</i> | 48 |
| <i>methazolamide oral</i> | 109 | <i>methylphenidate hcl oral tablet chewable 2.5 mg,</i> | |
| <i>methenamine hippurate</i> | 101 | <i>5 mg</i> | 48 |
| <i>methenamine mandelate oral</i> | 101 | <i>methylphenidate patch</i> | 48 |
| METHERGINE ORAL | 107 | <i>methylprednisolone acetate injection suspension</i> | |
| <i>methimazole oral</i> | 87 | <i>40 mg/ml, 80 mg/ml</i> | 87 |
| <i>methitest</i> | 87 | <i>methylprednisolone oral</i> | 87 |
| <i>methocarbamol injection solution 1000 mg/</i> | | <i>methylprednisolone sodium succ injection</i> | |
| <i>10ml</i> | 47 | <i>solution reconstituted 1000 mg, 125 mg, 40</i> | |
| <i>methocarbamol oral tablet 1000 mg</i> | 47 | <i>mg</i> | 87 |
| <i>methocarbamol oral tablet 500 mg, 750 mg</i> | 48 | <i>methylprednisolone sodium succ injection</i> | |
| <i>methotrexate oral</i> | 94 | <i>solution reconstituted 500 mg</i> | 87 |
| <i>methotrexate sodium (pf) injection solution 1 gm/</i> | | <i>methyltestosterone oral</i> | 87 |
| <i>40ml, 250 mg/10ml, 50 mg/2ml</i> | 94 | <i>metoclopramide hcl injection</i> | 78 |
| <i>methotrexate sodium injection solution 250 mg/</i> | | <i>10 mg/10ml, 5</i> | |
| <i>10ml, 50 mg/2ml</i> | 94 | <i>mg/5ml</i> | 78 |
| <i>methotrexate sodium injection solution</i> | | <i>metoclopramide hcl oral tablet</i> | 78 |
| <i>reconstituted</i> | 94 | <i>metoclopramide hcl oral tablet dispersible 10</i> | |
| <i>methotrexate sodium oral</i> | 94 | <i>mg</i> | 78 |
| <i>methoxsalen rapid</i> | 63 | <i>metoclopramide hcl oral tablet dispersible 5</i> | |
| <i>methscopolamine bromide oral</i> | 78 | <i>mg</i> | 78 |
| <i>methsuximide</i> | 48 | <i>metolazone</i> | 32 |
| <i>methylergonovine maleate oral</i> | 107 | <i>metoprolol succinate er</i> | 32 |
| METHYLIN ORAL SOLUTION 10 MG/5ML | 48 | <i>metoprolol tartrate intravenous solution 5 mg/</i> | |
| METHYLIN ORAL SOLUTION 5 MG/5ML | 48 | <i>5ml</i> | 32 |
| <i>methylphenidate hcl er (cd)</i> | 48 | <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50</i> | |
| <i>methylphenidate hcl er (la) oral capsule</i> | | <i>mg</i> | 32 |
| <i>extended release 24 hour 10 mg, 20 mg, 40 mg,</i> | | <i>metoprolol tartrate oral tablet 37.5 mg, 75</i> | |
| <i>60 mg</i> | 48 | <i>mg</i> | 33 |
| <i>methylphenidate hcl er (la) oral capsule</i> | | <i>metoprolol-hydrochlorothiazide</i> | 33 |
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| METROGEL EXTERNAL GEL | 63 | MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.375 MG | 48 |
| METROLOTION | 63 | MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG | 48 |
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| <i>metronidazole intravenous solution 500 mg/ 100ml</i> | 101 | MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY | 87 |
| <i>metronidazole oral</i> | 101 | <i>mirtazapine oral tablet 15 mg, 30 mg, 7.5 mg</i> ... | 48 |
| <i>metronidazole vaginal</i> | 82 | <i>mirtazapine oral tablet 45 mg</i> | 48 |
| <i>metyrosine</i> | 33 | <i>mirtazapine oral tablet dispersible</i> | 48 |
| <i>mexiletine hcl oral</i> | 33 | MIRVASO | 63 |
| MIACALCIN INJECTION | 73 | <i>misoprostol oral</i> | 78 |
| MIBELAS 24 FE | 87 | MITIGARE | 15 |
| <i>micafungin sodium</i> | 101 | <i>mitomycin intravenous solution reconstituted 20 mg, 40 mg</i> | 21 |
| MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-25 MG | 33 | <i>mitomycin intravenous solution reconstituted 5 mg</i> | 21 |
| MICARDIS HCT ORAL TABLET 80-12.5 MG | 33 | <i>modafinil oral tablet 100 mg</i> | 48 |
| MICARDIS ORAL TABLET 20 MG, 40 MG | 33 | <i>modafinil oral tablet 200 mg</i> | 48 |
| MICARDIS ORAL TABLET 80 MG | 33 | <i>moexipril hcl</i> | 33 |
| <i>miconazole 3 vaginal suppository</i> | 82 | <i>molindone hcl</i> | 48 |
| <i>miconazole-zinc oxide-petrolat</i> | 63 | <i>mometasone furoate external</i> | 63 |
| MICROGESTIN 1.5/30 | 87 | <i>mometasone furoate nasal</i> | 113 |
| MICROGESTIN 1/20 | 87 | MONDOXYNE NL ORAL CAPSULE 100 MG | 102 |
| MICROGESTIN 24 FE | 87 | MONO-LINYAH | 87 |
| MICROGESTIN FE 1.5/30 | 87 | <i>montelukast sodium oral</i> | 113 |
| MICROGESTIN FE 1/20 | 87 | MONUROL | 102 |
| <i>midazolam hcl oral</i> | 48 | <i>morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 100 mg/5ml, 20 mg/ml</i> | 15 |
| <i>midodrine hcl</i> | 33 | <i>morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml</i> | 15 |
| MIGERGOT | 48 | <i>morphine sulfate (pf) injection solution 10 mg/ml, 4 mg/ml, 5 mg/ml</i> | 15 |
| <i>miglitol</i> | 73 | <i>morphine sulfate (pf) injection solution 2 mg/ml, 8 mg/ml</i> | 15 |
| <i>miglustat</i> | 81 | <i>morphine sulfate (pf) intravenous solution 1 mg/ ml, 2 mg/ml, 4 mg/ml</i> | 15 |
| MIGRANAL | 48 | <i>morphine sulfate (pf) intravenous solution 10 mg/ ml</i> | 15 |
| MILI | 87 | <i>morphine sulfate (pf) intravenous solution 8 mg/ ml</i> | 15 |
| MILLIPRED ORAL TABLET | 87 | <i>morphine sulfate er beads</i> | 15 |
| <i>milrinone lactate in dextrose</i> | 33 | <i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i> | 15 |
| <i>milrinone lactate intravenous solution 10 mg/ 10ml, 20 mg/20ml, 50 mg/50ml</i> | 33 | <i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i> | 15 |
| MIMVEY | 87 | <i>morphine sulfate er oral tablet extended release</i> | |
| MINASTRIN 24 FE | 87 | | |
| MINIPRESS | 33 | | |
| MINIVELLE | 87 | | |
| MINOCIN INTRAVENOUS | 101 | | |
| <i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i> | 101 | | |
| <i>minocycline hcl er oral tablet extended release 24 hour 115 mg</i> | 101 | | |
| <i>minocycline hcl oral</i> | 101 | | |
| MINOLIRA | 102 | | |
| <i>minoxidil oral</i> | 33 | | |

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| 15 mg, 30 mg, 60 mg | 15 | MUTAMYCIN INTRAVENOUS SOLUTION | |
| <i>morphine sulfate injection solution 2 mg/ml, 4 mg/ml</i> | 15 | RECONSTITUTED 40 MG | 21 |
| <i>morphine sulfate intravenous solution 1 mg/ml, 10 mg/ml</i> | 15 | MVASI | 21 |
| <i>morphine sulfate intravenous solution 4 mg/ml</i> | 15 | MYALEPT | 78 |
| <i>morphine sulfate intravenous solution 50 mg/ml</i> | 15 | MYAMBUTOL ORAL TABLET 400 MG | 102 |
| <i>morphine sulfate intravenous solution 8 mg/ml</i> | 15 | MYCAMINE INTRAVENOUS SOLUTION | |
| <i>morphine sulfate oral solution</i> | 15 | RECONSTITUTED 100 MG | 102 |
| <i>morphine sulfate oral tablet</i> | 15 | MYCAPSSA | 87 |
| <i>morphine sulfate rectal</i> | 15 | MYCOBUTIN | 102 |
| MOTEGRITY | 78 | <i>mycophenolate mofetil oral capsule</i> | 94 |
| MOTOFEN | 78 | <i>mycophenolate mofetil oral suspension reconstituted</i> | 94 |
| MOUNJARO SUBCUTANEOUS SOLUTION | | <i>mycophenolate mofetil oral tablet</i> | 94 |
| PEN-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML | 73 | <i>mycophenolate sodium</i> | 94 |
| MOUNJARO SUBCUTANEOUS SOLUTION | | MYDAYIS | 48 |
| PEN-INJECTOR 2.5 MG/0.5ML | 73 | MYFEMBREE | 87 |
| MOVANTIK | 78 | MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG | 94 |
| MOVIPREP | 78 | MYFORTIC ORAL TABLET DELAYED RELEASE 360 MG | 94 |
| MOXEZA | 109 | MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML | 48 |
| <i>moxifloxacin hcl (2x day)</i> | 109 | MYOBLOC INTRAMUSCULAR SOLUTION 2500 UNIT/0.5ML, 5000 UNIT/ML | 48 |
| <i>moxifloxacin hcl in nacl</i> | 102 | MYORISAN | 63 |
| <i>moxifloxacin hcl intravenous</i> | 102 | MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER | 82 |
| <i>moxifloxacin hcl ophthalmic solution</i> | 109 | MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR | 82 |
| <i>moxifloxacin hcl oral</i> | 102 | MYSOLINE | 48 |
| MOZOBIL | 27 | MYTESI | 78 |
| MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG | 15 | <i>na sulfate-k sulfate-mg sulf</i> | 78 |
| MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG | 15 | NABI-HB INTRAMUSCULAR SOLUTION 312 UNIT/ML | 94 |
| MS CONTIN ORAL TABLET EXTENDED RELEASE 60 MG | 15 | <i>nabumetone oral</i> | 15 |
| MULPLETA | 27 | <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> | 33 |
| MULTAQ | 33 | <i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i> | 102 |
| <i>multi-vitamin/fluoride oral solution</i> | 67 | <i>nafcillin sodium intravenous solution reconstituted 10 gm</i> | 102 |
| <i>multi-vitamin/fluoride/iron</i> | 67 | <i>naftifine hcl external cream</i> | 63 |
| <i>multiple electro type 1 ph 5.5</i> | 67 | <i>naftifine hcl external gel 1 %</i> | 63 |
| <i>multiple electro type 1 ph 7.4</i> | 67 | <i>naftifine hcl external gel 2 %</i> | 63 |
| <i>multivitamin w/fluoride</i> | 67 | NAFTIN EXTERNAL GEL | 63 |
| <i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i> | 67 | NAGLAZYME | 81 |
| <i>mupirocin calcium</i> | 63 | NALFON ORAL CAPSULE 400 MG | 15 |
| <i>mupirocin external</i> | 63 | NALFON ORAL TABLET | 15 |
| MUTAMYCIN INTRAVENOUS SOLUTION | | <i>nalocet</i> | 15 |
| RECONSTITUTED 20 MG, 5 MG | 21 | | |

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| <i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i> | 48 | <i>neomycin-polymyxin-dexameth</i> | 109 |
| <i>naloxone hcl injection solution cartridge</i> | 48 | <i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-0.25</i> | 109 |
| <i>naloxone hcl injection solution prefilled syringe</i> | 48 | <i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i> | 109 |
| <i>naloxone hcl nasal</i> | 48 | <i>neomycin-polymyxin-hc otic</i> | 110 |
| <i>naltrexone hcl oral</i> | 48 | <i>neonatal 19</i> | 67 |
| NAMENDA ORAL TABLET 10 MG | 48 | <i>neonatal complete oral tablet 29-1 mg</i> | 67 |
| NAMENDA ORAL TABLET 5 MG | 49 | <i>neonatal fe</i> | 67 |
| NAMENDA TITRATION PAK | 49 | NEONATAL PLUS | 67 |
| NAMENDA XR | 49 | NEORAL | 94 |
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| NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 49 | NESINA ORAL TABLET 12.5 MG | 73 |
| NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG | 16 | NESINA ORAL TABLET 25 MG | 73 |
| NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG | 16 | NESINA ORAL TABLET 6.25 MG | 73 |
| <i>naproxen oral suspension</i> | 16 | NESTABS | 67 |
| <i>naproxen oral tablet</i> | 16 | NESTABS ONE | 67 |
| <i>naproxen oral tablet delayed release</i> | 16 | NEUAC EXTERNAL GEL | 63 |
| <i>naproxen sodium er</i> | 16 | NEULASTA ONPRO | 27 |
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i> | 16 | NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 27 |
| <i>naratriptan hcl</i> | 49 | NEUPOGEN INJECTION SOLUTION 300 MCG/ML | 27 |
| NARCAN | 49 | NEUPOGEN INJECTION SOLUTION 480 MCG/1.6ML | 27 |
| NARDIL | 49 | NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE | 27 |
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| NATACYN | 109 | NEURONTIN ORAL CAPSULE 100 MG | 49 |
| NATAZIA | 87 | NEURONTIN ORAL CAPSULE 300 MG | 49 |
| <i>nateglinide oral tablet 120 mg</i> | 73 | NEURONTIN ORAL CAPSULE 400 MG | 49 |
| <i>nateglinide oral tablet 60 mg</i> | 73 | NEURONTIN ORAL SOLUTION | 49 |
| NATESTO | 87 | NEURONTIN ORAL TABLET 600 MG | 49 |
| NATPARA | 73 | NEURONTIN ORAL TABLET 800 MG | 49 |
| NATROBA | 63 | NEVANAC | 109 |
| NAYZILAM | 49 | <i>nevirapine er oral tablet extended release 24 hour 100 mg</i> | 102 |
| <i>nebivolol hcl</i> | 33 | <i>nevirapine er oral tablet extended release 24 hour 400 mg</i> | 102 |
| NEBUPENT | 102 | <i>nevirapine oral suspension</i> | 102 |
| NECON 0.5/35 (28) | 87 | <i>nevirapine oral tablet</i> | 102 |
| <i>nefazodone hcl</i> | 49 | NEXAVAR | 21 |
| NEO-POLYCIN | 109 | NEXIUM | 79 |
| NEO-POLYCIN HC | 109 | NEXIUM I.V. INTRAVENOUS SOLUTION RECONSTITUTED 40 MG | 79 |
| NEO-SYNALAR EXTERNAL CREAM | 63 | NEXLETOL | 33 |
| <i>neomycin sulfate oral</i> | 102 | NEXLIZET | 33 |
| <i>neomycin-bacitracin zn-polymyx</i> | 109 | NEXPLANON | 87 |
| <i>neomycin-polymyxin b gu</i> | 107 | | |

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| NEXTSTELLIS | 87 | mg- | |
| <i>niacin (antihyperlipidemic)</i> | 33 | <i>m</i> cg, 1.5-30 mg- <i>m</i> cg | 88 |
| <i>niacin er (antihyperlipidemic)</i> | 33 | <i>norethin ace-eth estrad-fe oral tablet</i> | |
| NIACOR | 33 | <i>chewable</i> | 88 |
| <i>nicardipine hcl intravenous</i> | 33 | <i>norethin-eth estradiol-fe</i> | 88 |
| <i>nicardipine hcl oral</i> | 33 | <i>norethindron-ethinyl estrad-fe</i> | 88 |
| NICOTROL | 49 | <i>norethindrone acet-ethinyl est oral tablet</i> | 88 |
| NICOTROL NS | 49 | <i>norethindrone acetate oral</i> | 88 |
| <i>nifedipine er</i> | 33 | <i>norethindrone oral</i> | 88 |
| <i>nifedipine er osmotic release</i> | 33 | <i>norethindrone-eth estradiol</i> | 88 |
| <i>nifedipine oral</i> | 33 | NORGESIC | 49 |
| NIKKI | 88 | <i>norgesic forte</i> | 49 |
| NILANDRON | 21 | <i>norgestim-eth estrad triphasic</i> | 88 |
| <i>nilutamide</i> | 21 | <i>norgestimate-eth estradiol oral tablet 0.25-35</i> | |
| <i>nimodipine oral</i> | 33 | <i>mg-mcg</i> | 88 |
| NINLARO | 21 | NORITATE | 63 |
| <i>nisoldipine er</i> | 33 | NORLIQVA | 33 |
| <i>nitazoxanide oral</i> | 102 | NORLYDA | 88 |
| <i>nitisinone</i> | 81 | NORLYROC | 88 |
| NITRO-BID | 33 | NORPACE | 33 |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 | | NORPACE CR | 33 |
| MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR | 33 | NORPRAMIN ORAL TABLET 10 MG, 25 MG | 49 |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 | | NORTHERA ORAL CAPSULE 100 MG | 33 |
| MG/HR, 0.8 MG/HR | 33 | NORTHERA ORAL CAPSULE 200 MG, 300 MG | 33 |
| <i>nitrofurantoin macrocrystal oral</i> | 102 | NORTREL 0.5/35 (28) | 88 |
| <i>nitrofurantoin monohyd macro</i> | 102 | NORTREL 1/35 (21) | 88 |
| <i>nitrofurantoin oral suspension 25 mg/5ml</i> | 102 | NORTREL 1/35 (28) | 88 |
| <i>nitroglycerin intravenous</i> | 33 | NORTREL 7/7/7 | 88 |
| <i>nitroglycerin sublingual</i> | 33 | <i>nortriptyline hcl oral capsule 10 mg, 25 mg</i> | 49 |
| <i>nitroglycerin transdermal patch 24 hour</i> | 33 | <i>nortriptyline hcl oral capsule 50 mg, 75 mg</i> | 49 |
| <i>nitroglycerin translingual solution</i> | 33 | <i>nortriptyline hcl oral solution</i> | 49 |
| NITROLINGUAL | 33 | NORVASC | 33 |
| NITROSTAT | 33 | NORVIR ORAL PACKET | 102 |
| NITYR | 81 | NORVIR ORAL TABLET | 102 |
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| NIVESTYM INJECTION SOLUTION 300 MCG/ML | 27 | NOURIANZ ORAL TABLET 40 MG | 49 |
| NIVESTYM INJECTION SOLUTION 480 | | NOVAREL | 88 |
| MCG/1.6ML | 27 | NOVOLIN 70/30 | 73 |
| NIVESTYM INJECTION SOLUTION PREFILLED | | NOVOLIN 70/30 FLEXPEN | 73 |
| SYRINGE | 27 | NOVOLIN 70/30 FLEXPEN RELION | 73 |
| <i>nizatidine oral capsule</i> | 79 | NOVOLIN 70/30 RELION | 73 |
| <i>nizatidine oral solution</i> | 79 | NOVOLIN N | 73 |
| NOCDURNA | 88 | NOVOLIN N FLEXPEN | 73 |
| NORA-BE | 88 | NOVOLIN N FLEXPEN RELION | 73 |
| NORDITROPIN FLEXPEN SUBCUTANEOUS | | NOVOLIN N RELION | 73 |
| SOLUTION PEN-INJECTOR | 88 | NOVOLIN R | 73 |
| <i>norethin ace-eth estrad-fe oral capsule</i> | 88 | NOVOLIN R FLEXPEN | 73 |
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| NOVOLOG 70/30 FLEXPEN RELION | 73 | NUVESSA | 82 |
| NOVOLOG FLEXPEN RELION | 73 | NUVIGIL ORAL TABLET 150 MG | 49 |
| NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 73 | NUVIGIL ORAL TABLET 200 MG, 250 MG | 49 |
| NOVOLOG INJECTION | 73 | NUVIGIL ORAL TABLET 50 MG | 49 |
| NOVOLOG MIX 70/30 | 73 | NUZYRA | 102 |
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| NOVOLOG RELION INJECTION | 74 | NYMALIZE ORAL SOLUTION 6 MG/ML | 33 |
| NOVOPEN ECHO | 107 | NYMYO | 88 |
| NOXAFIL INTRAVENOUS | 102 | <i>nystatin external</i> | 63 |
| NOXAFIL ORAL | 102 | <i>nystatin mouth/throat</i> | 63 |
| NP THYROID | 88 | <i>nystatin oral tablet</i> | 102 |
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| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | 113 | OB COMPLETE ONE | 67 |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML | 113 | OB COMPLETE ORAL TABLET | 67 |
| NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED | 113 | OB COMPLETE PETITE | 67 |
| NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG | 16 | OB COMPLETE PREMIER | 67 |
| NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 50 MG | 16 | OB COMPLETE/DHA | 67 |
| NUCYNTA ORAL TABLET 100 MG | 16 | OICALIVA | 79 |
| NUCYNTA ORAL TABLET 50 MG | 16 | OCELLA | 88 |
| NUCYNTA ORAL TABLET 75 MG | 16 | OCREVUS | 49 |
| NUEDEXTA | 49 | OCTAGAM | 94 |
| NULEV | 79 | <i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i> | 88 |
| NULOJIX | 94 | <i>octreotide acetate injection solution 1000 mcg/ ml, 500 mcg/ml</i> | 88 |
| NULYTELY LEMON-LIME | 79 | <i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml</i> | 88 |
| NUPLAZID ORAL CAPSULE | 49 | <i>octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml</i> | 88 |
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| NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR | 88 | OFEV | 113 |
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| | | <i>ofloxacin otic</i> | 110 |
| | | OGIVRI | 22 |
| | | <i>olanzapine intramuscular</i> | 49 |
| | | <i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i> | 49 |
| | | <i>olanzapine oral tablet 20 mg</i> | 49 |

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| <i>olanzapine oral tablet dispersible 10 mg, 15 mg, 5 mg</i> | 49 | <i>ondansetron hcl oral solution</i> | 79 |
| <i>olanzapine oral tablet dispersible 20 mg</i> | 49 | <i>ondansetron hcl oral tablet 24 mg</i> | 79 |
| <i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i> | 49 | <i>ondansetron hcl oral tablet 4 mg, 8 mg</i> | 79 |
| <i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i> | 49 | ONEXTON | 63 |
| <i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i> | 33 | ONFI ORAL SUSPENSION | 49 |
| <i>olmesartan medoxomil oral tablet 5 mg</i> | 33 | ONFI ORAL TABLET 10 MG | 49 |
| <i>olmesartan medoxomil-hctz</i> | 33 | ONFI ORAL TABLET 20 MG | 50 |
| <i>olmesartan-amlodipine-hctz</i> | 33 | ONGENTYS | 50 |
| <i>olopatadine hcl nasal</i> | 113 | ONGLYZA ORAL TABLET 2.5 MG | 74 |
| <i>olopatadine hcl ophthalmic</i> | 109 | ONGLYZA ORAL TABLET 5 MG | 74 |
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| OLPRUVA (3 GM DOSE) | 81 | ONUREG | 22 |
| OLPRUVA (4 GM DOSE) | 81 | ONZETRA XSAIL | 50 |
| OLPRUVA (5 GM DOSE) | 81 | OPDIVO | 22 |
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| OLPRUVA (6.67 GM DOSE) | 81 | OPSUMIT | 114 |
| OLUMIANT ORAL TABLET 1 MG | 94 | OPZELURA | 63 |
| OLUMIANT ORAL TABLET 2 MG | 94 | ORACEA | 102 |
| OLUMIANT ORAL TABLET 4 MG | 94 | ORACIT | 82 |
| OLUX-E | 63 | ORALAIR | 107 |
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| <i>omega-3-acid ethyl esters</i> | 33 | ORAPRED ODT | 88 |
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| <i>omeprazole oral capsule delayed release</i> | 79 | ORENCIA INTRAVENOUS | 94 |
| <i>omeprazole-sodium bicarbonate oral capsule</i> | 79 | ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML | 94 |
| <i>omeprazole-sodium bicarbonate oral packet 20-1680 mg</i> | 79 | ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML | 94 |
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| | | ORLADEYO | 27 |
| | | <i>orphenadrine citrate er</i> | 50 |
| | | <i>orphenadrine citrate injection</i> | 50 |
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| ORSERDU ORAL TABLET 345 MG | 22 | OXISTAT EXTERNAL CREAM | 63 |
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| oscimin sublingual | 79 | OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG | 50 |
| oseltamivir phosphate oral capsule 30 mg | 102 | oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg | 82 |
| oseltamivir phosphate oral capsule 45 mg, 75 mg | 102 | oxybutynin chloride er oral tablet extended release 24 hour 5 mg | 82 |
| oseltamivir phosphate oral suspension reconstituted | 102 | oxybutynin chloride oral solution | 82 |
| OSENI ORAL TABLET 12.5-15 MG | 74 | oxybutynin chloride oral syrup | 82 |
| OSENI ORAL TABLET 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG | 74 | oxybutynin chloride oral tablet 2.5 mg | 82 |
| OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG | 50 | oxybutynin chloride oral tablet 5 mg | 82 |
| OSMOPREP | 79 | oxycodone hcl er oral tablet er 12 hour abuse- deterrent | 16 |
| OSPHENA | 88 | oxycodone hcl oral capsule | 16 |
| OTEZLA ORAL TABLET | 94 | oxycodone hcl oral concentrate 10 mg/0.5ml, 100 mg/5ml | 16 |
| OTEZLA ORAL TABLET THERAPY PACK | 94 | oxycodone hcl oral solution | 16 |
| OTOVEL | 110 | oxycodone hcl oral tablet | 16 |
| OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML | 94 | oxycodone-acetaminophen oral solution 10-300 mg/5ml | 16 |
| OVIDE | 63 | oxycodone-acetaminophen oral solution 5-325 mg/5ml | 16 |
| oxacillin sodium in dextrose intravenous solution 1 gm/50ml | 102 | oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg | 16 |
| oxacillin sodium in dextrose intravenous solution 2 gm/50ml | 102 | oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg | 16 |
| oxacillin sodium injection solution reconstituted 1 gm, 2 gm | 102 | OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG | 16 |
| oxacillin sodium intravenous | 102 | OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 40 MG, 60 MG, 80 MG | 16 |
| oxaliplatin intravenous solution | 22 | oxymorphone hcl | 16 |
| oxaliplatin intravenous solution reconstituted 100 mg | 22 | oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg | 16 |
| oxaliplatin intravenous solution reconstituted 50 mg | 22 | oxymorphone hcl er oral tablet extended release 12 hour 30 mg, 40 mg | 16 |
| oxandrolone oral tablet 10 mg | 88 | OXYTROL | 82 |
| oxandrolone oral tablet 2.5 mg | 88 | OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML | 74 |
| oxaprozin | 16 | OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML | 74 |
| OXAYDO ORAL TABLET 5 MG | 16 | | |
| OXAYDO ORAL TABLET 7.5 MG | 16 | | |
| oxazepam | 50 | | |
| OXBRYTA | 27 | | |
| oxcarbazepine | 50 | | |

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| OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION | <i>hour 25 mg, 37.5 mg</i> | 50 |
| PEN-INJECTOR 4 MG/3ML | <i>paroxetine hcl oral suspension</i> | 50 |
| OZEMPIC (2 MG/DOSE) | <i>paroxetine hcl oral tablet 10 mg</i> | 50 |
| OZURDEX INTRAVITREAL | <i>paroxetine hcl oral tablet 20 mg</i> | 50 |
| PACERONE ORAL TABLET 100 MG, 200 MG, 400 | <i>paroxetine hcl oral tablet 30 mg</i> | 50 |
| MG | <i>paroxetine hcl oral tablet 40 mg</i> | 50 |
| <i>paclitaxel intravenous concentrate 100 mg/</i> | <i>paroxetine mesylate</i> | 50 |
| <i>16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/</i> | PATANASE | 114 |
| <i>50ml</i> | PAXIL CR ORAL TABLET EXTENDED RELEASE 24 | |
| <i>paclitaxel protein-bound part</i> | HOUR 12.5 MG | 50 |
| <i>paliperidone er oral tablet extended release 24</i> | PAXIL CR ORAL TABLET EXTENDED RELEASE 24 | |
| <i>hour 1.5 mg, 3 mg</i> | HOUR 25 MG, 37.5 MG | 50 |
| <i>paliperidone er oral tablet extended release 24</i> | PAXIL ORAL SUSPENSION | 50 |
| <i>hour 6 mg</i> | PAXIL ORAL TABLET 10 MG, 40 MG | 50 |
| <i>paliperidone er oral tablet extended release 24</i> | PAXIL ORAL TABLET 20 MG | 50 |
| <i>hour 9 mg</i> | PAXIL ORAL TABLET 30 MG | 50 |
| <i>palonosetron hcl</i> | PEDIAPRED | 88 |
| PALYNZIQ | PEDIARIX INTRAMUSCULAR SUSPENSION | |
| PAMELOR ORAL CAPSULE 10 MG, 25 MG, 75 | PREFILLED SYRINGE | 94 |
| MG | PEDVAX HIB INTRAMUSCULAR SUSPENSION | 94 |
| PAMELOR ORAL CAPSULE 50 MG | <i>peg 3350-kcl-na bicarb-nacl</i> | 79 |
| <i>pamidronate disodium intravenous solution 30</i> | <i>peg-3350/electrolytes</i> | 79 |
| <i>mg/10ml, 90 mg/10ml</i> | <i>peg-3350/electrolytes/ascorbat</i> | 79 |
| <i>pamidronate disodium intravenous solution 6</i> | <i>peg-kcl-nacl-nasulf-na asc-c</i> | 79 |
| <i>mg/ml</i> | PEGASYS SUBCUTANEOUS SOLUTION 180 | |
| PANCREAZE ORAL CAPSULE DELAYED RELEASE | MCG/ML | 94 |
| PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, | PEGASYS SUBCUTANEOUS SOLUTION PREFILLED | |
| 21000-54700 UNIT, 2600-8800 UNIT, 4200-14200 | SYRINGE | 94 |
| UNIT | PEMAZYRE | 22 |
| PANCREAZE ORAL CAPSULE DELAYED RELEASE | <i>pemetrexed disodium intravenous solution</i> | |
| PARTICLES 37000-97300 UNIT | <i>reconstituted 100 mg</i> | 22 |
| PANDEL | <i>pemetrexed disodium intravenous solution</i> | |
| PANRETIN | <i>reconstituted 1000 mg, 750 mg</i> | 22 |
| <i>pantoprazole sodium intravenous</i> | <i>pemetrexed disodium intravenous solution</i> | |
| <i>pantoprazole sodium oral packet</i> | <i>reconstituted 500 mg</i> | 22 |
| <i>pantoprazole sodium oral tablet delayed</i> | <i>peniclovir</i> | 63 |
| <i>release</i> | <i>penicillamine oral</i> | 82 |
| PANZYGA | <i>penicillin g pot in dextrose</i> | 102 |
| PARAGARD INTRAUTERINE COPPER | <i>penicillin g potassium</i> | 102 |
| PARAPLATIN INTRAVENOUS SOLUTION 1000 | <i>penicillin g procaine</i> | 102 |
| MG/100ML | <i>penicillin g sodium</i> | 102 |
| <i>paricalcitol intravenous</i> | <i>penicillin v potassium</i> | 102 |
| <i>paricalcitol oral</i> | PENNSAID EXTERNAL | 16 |
| PARLODEL | PENTACEL | 94 |
| PARNATE | PENTAM | 102 |
| <i>paromomycin sulfate oral</i> | <i>pentamidine isethionate inhalation</i> | 102 |
| <i>paroxetine hcl er oral tablet extended release 24</i> | <i>pentamidine isethionate injection</i> | 102 |
| <i>hour 12.5 mg</i> | PENTASA ORAL CAPSULE EXTENDED RELEASE 250 | |
| <i>paroxetine hcl er oral tablet extended release 24</i> | | |

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| MG | 79 | <i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i> | 109 |
| PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG | 79 | <i>pilocarpine hcl oral</i> | 63 |
| <i>pentazocine-naloxone hcl</i> | 16 | <i>pimecrolimus</i> | 63 |
| <i>pentoxifylline er</i> | 27 | <i>pimozide</i> | 51 |
| PEPCID ORAL TABLET 20 MG | 79 | PIMTREA | 88 |
| PEPCID ORAL TABLET 40 MG | 79 | <i>pindolol</i> | 34 |
| PERCOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG | 16 | <i>pioglitazone hcl oral tablet 15 mg</i> | 74 |
| PERCOCET ORAL TABLET 2.5-325 MG | 16 | <i>pioglitazone hcl oral tablet 30 mg</i> | 74 |
| PERFOROMIST | 114 | <i>pioglitazone hcl oral tablet 45 mg</i> | 74 |
| PERIKABIVEN | 67 | <i>pioglitazone hcl-glimepiride</i> | 74 |
| <i>perindopril erbumine</i> | 33 | <i>pioglitazone hcl-metformin hcl</i> | 74 |
| PERIOGARD | 63 | <i>piperacillin sod-tazobactam</i> | 102 |
| PERJETA | 22 | PIQRAY (200 MG DAILY DOSE) | 22 |
| <i>permethrin external cream</i> | 63 | PIQRAY (250 MG DAILY DOSE) | 22 |
| <i>perphenazine oral</i> | 50 | PIQRAY (300 MG DAILY DOSE) | 22 |
| <i>perphenazine-amitriptyline</i> | 50 | <i>pirfenidone oral capsule</i> | 114 |
| PERSERIS | 50 | <i>pirfenidone oral tablet 267 mg</i> | 114 |
| PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT | 81 | <i>pirfenidone oral tablet 534 mg, 801 mg</i> | 114 |
| PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT | 81 | PIRMELLA 1/35 | 89 |
| PEXEVA ORAL TABLET 10 MG, 40 MG | 50 | PIRMELLA 7/7/7 | 89 |
| PEXEVA ORAL TABLET 20 MG | 50 | <i>piroxicam oral</i> | 16 |
| PEXEVA ORAL TABLET 30 MG | 50 | PLAQUENIL | 103 |
| PFIZERPEN | 102 | PLASMA-LYTE 148 | 67 |
| PHEBURANE | 81 | PLASMA-LYTE A | 67 |
| <i>phenelzine sulfate oral</i> | 50 | PLAVIX ORAL TABLET 75 MG | 27 |
| PHENERGAN INJECTION | 79 | PLEGRIDY | 51 |
| <i>phenobarbital oral elixir</i> | 50 | PLEGRIDY STARTER PACK | 51 |
| <i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg, 64.8 mg, 97.2 mg</i> | 51 | PLENAMINE | 67 |
| <i>phenobarbital oral tablet 16.2 mg, 32.4 mg</i> | 51 | PLENVU | 79 |
| <i>phenoxybenzamine hcl oral</i> | 33 | <i>plerixafor</i> | 27 |
| <i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i> | 109 | PLIAGLIS EXTERNAL CREAM | 16 |
| PHENYTEK | 51 | <i>pnv prenatal plus multivitamin</i> | 67 |
| PHENYTOIN INFATABS | 51 | <i>pnv-dha</i> | 67 |
| <i>phenytoin oral</i> | 51 | <i>pnv-dha+docusate</i> | 67 |
| <i>phenytoin sodium extended</i> | 51 | <i>pnv-omega</i> | 67 |
| PHESGO | 22 | PODOCON-25 | 63 |
| PHEXXI | 88 | <i>podofilox external</i> | 63 |
| PHILITH | 88 | POLY-VI-FLOR | 67 |
| PHOSPHOLINE IODIDE | 109 | POLY-VI-FLOR/IRON | 67 |
| PHYSIOLYTE | 107 | POLYCYCIN | 109 |
| PIFELTRO | 102 | <i>polymyxin b sulfate injection</i> | 103 |
| | | <i>polymyxin b-trimethoprim</i> | 109 |
| | | POLYTRIM | 109 |
| | | <i>polyvitamin/fluoride oral solution 0.25 mg/ml</i> | 67 |
| | | POMALYST | 22 |

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| PONVORY | 51 | PREDNISONE INTENSOL | 89 |
| PONVORY STARTER PACK | 51 | <i>prednisone oral solution</i> | 89 |
| PORTIA-28 | 89 | <i>prednisone oral tablet 1 mg</i> | 89 |
| <i>posaconazole intravenous</i> | 103 | <i>prednisone oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg,</i> | |
| <i>posaconazole oral</i> | 103 | <i>50 mg</i> | 89 |
| <i>pot & sod cit-cit ac</i> | 82 | <i>prednisone oral tablet therapy pack 10 mg (21), 5</i> | |
| <i>potassium chloride crys er</i> | 67 | <i>mg (21)</i> | 89 |
| <i>potassium chloride er</i> | 67 | <i>prednisone oral tablet therapy pack 10 mg (48), 5</i> | |
| <i>potassium chloride in nacl intravenous solution</i> | | <i>mg (48)</i> | 89 |
| <i>20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/</i> | | PREFEST | 89 |
| <i>l-%</i> | 67 | <i>pregabalin er oral tablet extended release 24</i> | |
| <i>potassium chloride intravenous solution 10 meq/</i> | | <i>hour 165 mg, 82.5 mg</i> | 51 |
| <i>100ml, 20 meq/100ml, 40 meq/100ml</i> | 67 | <i>pregabalin er oral tablet extended release 24</i> | |
| <i>potassium chloride intravenous solution 10 meq/</i> | | <i>hour 330 mg</i> | 51 |
| <i>50ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/</i> | | <i>pregabalin oral capsule 100 mg, 150 mg, 25 mg,</i> | |
| <i>50ml</i> | 67 | <i>50 mg, 75 mg</i> | 51 |
| <i>potassium chloride oral packet</i> | 67 | <i>pregabalin oral capsule 200 mg</i> | 51 |
| <i>potassium chloride oral solution 10 %, 20 meq/</i> | | <i>pregabalin oral capsule 225 mg, 300 mg</i> | 51 |
| <i>15ml (10%), 40 meq/15ml (20%)</i> | 67 | <i>pregabalin oral solution</i> | 51 |
| <i>potassium citrate er</i> | 82 | PREGNYL | 89 |
| <i>potassium citrate-citric acid oral solution</i> | 82 | <i>prehevbrio</i> | 94 |
| <i>potassium cl in dextrose 5% intravenous solution</i> | | PREMARIN INJECTION | 89 |
| <i>10 meq/l, 20 meq/l</i> | 67 | PREMARIN ORAL | 89 |
| POTELIGEO | 22 | PREMARIN VAGINAL | 89 |
| PRADAXA ORAL CAPSULE | 27 | PREMASOL INTRAVENOUS SOLUTION 10 % | 67 |
| PRADAXA ORAL PACKET 110 MG, 150 MG, 30 MG, 40 | | PREMPHASE | 89 |
| MG, 50 MG | 27 | PREMPRO | 89 |
| PRADAXA ORAL PACKET 20 MG | 27 | <i>prenaissance</i> | 67 |
| PRALUENT SUBCUTANEOUS SOLUTION | | <i>prenaissance plus</i> | 67 |
| AUTO-INJECTOR | 34 | <i>prenatal oral tablet 27-1 mg</i> | 67 |
| <i>pramipexole dihydrochloride</i> | 51 | <i>prenatal plus</i> | 67 |
| <i>pramipexole dihydrochloride er</i> | 51 | <i>prenatal plus vitamin/mineral</i> | 67 |
| <i>prasugrel hcl</i> | 27 | <i>prenatal vit w/ ferrous fumarate-l methylfolate-</i> | |
| <i>pravastatin sodium</i> | 34 | <i>folic acid</i> | 68 |
| <i>praziquantel oral</i> | 103 | PRENATAL VIT W/ IRON CARBONYL-FOLIC | |
| <i>prazosin hcl oral</i> | 34 | ACID | 68 |
| PRED FORTE | 109 | <i>prenatal without a w/ fe fumarate-l methylfolate-</i> | |
| PRED MILD | 109 | <i>fa-dha oral capsule 27-0.6-0.4-300 mg</i> | 68 |
| <i>prednicarbate external ointment</i> | 89 | PRENATE | 68 |
| <i>prednisolone acetate ophthalmic</i> | 109 | PRENATE AM | 68 |
| <i>prednisolone oral solution</i> | 89 | PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 | |
| <i>prednisolone oral tablet</i> | 89 | MG | 68 |
| <i>prednisolone sodium phosphate</i> | | PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG | 68 |
| <i>ophthalmic</i> | 109 | PRENATE ENHANCE | 68 |
| <i>prednisolone sodium phosphate oral solution 10</i> | | PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 | |
| <i>mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7</i> | | MG | 68 |
| <i>(5 base) mg/5ml</i> | 89 | PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 | |
| <i>prednisolone sodium phosphate oral tablet</i> | | MG | 68 |
| <i>dispersible</i> | 89 | | |

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| PRENATE PIXIE | 68 | <i>prochlorperazine edisylate injection solution 10 mg/2ml</i> | 79 |
| PRENATE RESTORE | 68 | <i>prochlorperazine maleate oral</i> | 79 |
| <i>prenatvite complete</i> | 68 | PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 20000 UNIT/ML, 40000 UNIT/ML | 27 |
| <i>prenatvite plus</i> | 68 | PROCRIT INJECTION SOLUTION 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML | 27 |
| <i>pretomanid</i> | 103 | PROCTO-MED HC EXTERNAL | 63 |
| PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG | 79 | PROCTOCORT EXTERNAL | 63 |
| PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG | 79 | PROCTOFOAM HC EXTERNAL | 79 |
| PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 30 MG | 79 | PROCTOSOL HC EXTERNAL | 63 |
| PREVALITE | 34 | PROCTOZONE-HC EXTERNAL | 63 |
| PREVIDENT | 63 | PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG | 81 |
| PREVIDENT 5000 BOOSTER PLUS | 63 | PROCYSBI ORAL CAPSULE DELAYED RELEASE 75 MG | 81 |
| PREVIDENT 5000 DRY MOUTH DENTAL GEL | 63 | PROCYSBI ORAL PACKET | 81 |
| PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL | 63 | <i>progesterone intramuscular</i> | 89 |
| PREVIDENT 5000 ORTHO DEFENSE | 63 | <i>progesterone oral</i> | 89 |
| PREVIDENT 5000 PLUS | 63 | PROGLYCEM | 74 |
| PREVIDENT 5000 SENSITIVE DENTAL GEL | 63 | PROGRAF INTRAVENOUS | 94 |
| PREVYMIS INTRAVENOUS | 103 | PROGRAF ORAL | 94 |
| PREVYMIS ORAL | 103 | PROLASTIN-C | 81 |
| PREZCOBIX | 103 | PROLATE ORAL SOLUTION | 16 |
| PREZISTA ORAL SUSPENSION | 103 | PROLATE ORAL TABLET 10-300 MG, 7.5-300 MG | 16 |
| PREZISTA ORAL TABLET 150 MG | 103 | PROLATE ORAL TABLET 5-300 MG | 16 |
| PREZISTA ORAL TABLET 600 MG, 800 MG | 103 | PROLENSA | 109 |
| PREZISTA ORAL TABLET 75 MG | 103 | PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 74 |
| PRIALT | 107 | PROMACTA ORAL PACKET 12.5 MG | 27 |
| PRIFTIN | 103 | PROMACTA ORAL PACKET 25 MG | 27 |
| PRILOSEC ORAL PACKET | 79 | PROMACTA ORAL TABLET 12.5 MG, 25 MG | 27 |
| PRIMACARE ORAL CAPSULE | 68 | PROMACTA ORAL TABLET 50 MG | 27 |
| <i>primaquine phosphate oral tablet 26.3 (15 base) mg</i> | 103 | PROMACTA ORAL TABLET 75 MG | 27 |
| PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG | 103 | <i>promethazine hcl injection</i> | 79 |
| <i>primidone oral</i> | 51 | <i>promethazine hcl oral</i> | 79 |
| PRIORIX | 94 | <i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i> | 79 |
| PRISTIQ | 51 | <i>promethazine vc</i> | 114 |
| PRIVIGEN | 94 | <i>promethazine-phenylephrine</i> | 114 |
| PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT | 114 | PROMETHEGAN | 79 |
| PROAIR HFA | 114 | PROMETRIUM | 89 |
| PROAIR RESPICLICK | 114 | <i>propafenone hcl</i> | 34 |
| <i>probenecid oral</i> | 16 | <i>propafenone hcl er</i> | 34 |
| PROCARDIA XL | 34 | <i>proparacaine hcl ophthalmic</i> | 109 |
| PROCENTRA | 51 | <i>propranolol hcl er</i> | 34 |
| <i>prochlorperazine</i> | 79 | <i>propranolol hcl intravenous</i> | 34 |

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| <i>propranolol hcl oral solution</i> | 34 | QINLOCK | 22 |
| <i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> | 34 | QNASL | 114 |
| <i>propranolol hcl oral tablet 60 mg</i> | 34 | QNASL CHILDRENS | 114 |
| <i>propylthiouracil oral</i> | 89 | QTERN | 74 |
| PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED | 94 | QUADRACEL | 95 |
| PROSCAR | 82 | QUALAQUIN | 103 |
| PROSOL | 68 | QUARTETTE | 89 |
| PROTONIX INTRAVENOUS | 79 | QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 25 MG, 50 MG | 51 |
| PROTONIX ORAL PACKET | 79 | QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 150 MG, 200 MG | 51 |
| PROTONIX ORAL TABLET DELAYED RELEASE 20 MG | 79 | QUESTRAN | 34 |
| PROTONIX ORAL TABLET DELAYED RELEASE 40 MG | 79 | QUESTRAN LIGHT ORAL POWDER | 34 |
| PROTOPIC | 63 | <i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i> | 51 |
| <i>protriptyline hcl</i> | 51 | <i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i> | 51 |
| PROVENTIL HFA | 114 | <i>quetiapine fumarate oral tablet 100 mg</i> | 51 |
| PROVERA | 89 | <i>quetiapine fumarate oral tablet 150 mg</i> | 51 |
| PROVIDA OB | 68 | <i>quetiapine fumarate oral tablet 200 mg</i> | 51 |
| PROVIGIL ORAL TABLET 100 MG | 51 | <i>quetiapine fumarate oral tablet 25 mg</i> | 51 |
| PROVIGIL ORAL TABLET 200 MG | 51 | <i>quetiapine fumarate oral tablet 300 mg</i> | 51 |
| PROZAC ORAL CAPSULE 10 MG | 51 | <i>quetiapine fumarate oral tablet 400 mg</i> | 51 |
| PROZAC ORAL CAPSULE 20 MG | 51 | <i>quetiapine fumarate oral tablet 50 mg</i> | 52 |
| PROZAC ORAL CAPSULE 40 MG | 51 | QUFLORA FE | 68 |
| PRUDOXIN | 63 | QUFLORA FE PEDIATRIC | 68 |
| PULMICORT FLEXHALER | 114 | QUFLORA PEDIATRIC | 68 |
| PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML | 114 | QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 40 MG | 52 |
| PULMICORT INHALATION SUSPENSION 1 MG/2ML | 114 | QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 30 MG | 52 |
| PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML | 114 | QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER | 52 |
| PURIXAN | 22 | <i>quinapril hcl</i> | 34 |
| PYLERA | 79 | <i>quinapril-hydrochlorothiazide</i> | 34 |
| <i>pyrazinamide oral</i> | 103 | <i>quinidine gluconate er</i> | 34 |
| <i>pyridostigmine bromide er</i> | 51 | <i>quinidine sulfate oral</i> | 34 |
| <i>pyridostigmine bromide oral solution</i> | 51 | <i>quinine sulfate oral</i> | 103 |
| <i>pyridostigmine bromide oral tablet</i> | 51 | QULIPTA | 52 |
| <i>pyrimethamine oral</i> | 103 | QUTENZA | 63 |
| PYRUKYND | 27 | QUTENZA (2 PATCH) | 63 |
| PYRUKYND TAPER PACK | 27 | QUTENZA (4 PATCH) | 63 |
| QBRELIS | 34 | QUVIVIQ | 52 |
| QBREXZA | 63 | QUZYTIR | 114 |
| QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG | 51 | QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT | 114 |
| QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG | 51 | QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT | 114 |

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| RABAVERT | 95 | <i>releuko injection solution 480 mcg/1.6ml</i> | 27 |
| <i>rabeprazole sodium oral tablet delayed</i> | | <i>releuko subcutaneous</i> | 27 |
| <i>release</i> | 80 | RELEXXII | 52 |
| RADICAVA | 52 | RELISTOR ORAL | 80 |
| RADICAVA ORS | 52 | RELISTOR SUBCUTANEOUS SOLUTION 12 | |
| RADICAVA ORS STARTER KIT | 52 | MG/0.6ML | 80 |
| RAGWITEK | 107 | RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML | |
| <i>raloxifene hcl</i> | 89 | (0.6ML SYRINGE) | 80 |
| <i>ramelteon</i> | 52 | RELISTOR SUBCUTANEOUS SOLUTION 8 | |
| <i>ramipril</i> | 34 | MG/0.4ML | 80 |
| RANEXA | 34 | RELPAK | 52 |
| <i>ranolazine er</i> | 34 | RELSTONE | 80 |
| RAPAFLO | 82 | RELYVRIO | 52 |
| RAPAMUNE ORAL SOLUTION | 95 | REMERON ORAL TABLET 15 MG, 30 MG | 52 |
| RAPAMUNE ORAL TABLET 0.5 MG, 2 MG | 95 | REMERON SOLTAB | 52 |
| RAPAMUNE ORAL TABLET 1 MG | 95 | REMICADE | 95 |
| <i>rasagiline mesylate oral</i> | 52 | REMODULIN INJECTION SOLUTION 100 MG/20ML, | |
| RASUVO SUBCUTANEOUS SOLUTION | | 20 MG/20ML, 200 MG/20ML, 50 MG/20ML | 114 |
| AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 | | RENACIDIN | 107 |
| MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 | | RENAGEL ORAL TABLET 800 MG | 74 |
| MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 | | RENFLEXIS | 95 |
| MG/0.15ML | 95 | REVELA ORAL PACKET 0.8 GM | 74 |
| RAVICTI | 81 | REVELA ORAL PACKET 2.4 GM | 74 |
| RAYALDEE | 74 | REVELA ORAL TABLET | 74 |
| REBIF REBIDOSE SUBCUTANEOUS SOLUTION | | <i>repaglinide oral tablet 0.5 mg</i> | 74 |
| AUTO-INJECTOR | 52 | <i>repaglinide oral tablet 1 mg</i> | 74 |
| REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS | | <i>repaglinide oral tablet 2 mg</i> | 74 |
| SOLUTION AUTO-INJECTOR | 52 | REPATHA | 34 |
| REBIF SUBCUTANEOUS SOLUTION PREFILLED | | REPATHA PUSHTRONEX SYSTEM | 34 |
| SYRINGE | 52 | REPATHA SURECLICK | 34 |
| REBIF TITRATION PACK SUBCUTANEOUS SOLUTION | | RESTASIS | 109 |
| PREFILLED SYRINGE | 52 | RESTASIS MULTIDOSE OPHTHALMIC EMULSION | |
| REBLOZYL | 27 | 0.05 % | 109 |
| REBYOTA | 107 | RESTORIL ORAL CAPSULE 15 MG, 30 MG, 7.5 | |
| RECLAST | 74 | MG | 52 |
| RECLIPSEN | 89 | RESTORIL ORAL CAPSULE 22.5 MG | 52 |
| RECOMBIVAX HB | 95 | RETACRIT INJECTION SOLUTION 10000 | |
| RECORLEV | 89 | UNIT/ML(1ML) | 27 |
| RECTIV | 63 | RETACRIT INJECTION SOLUTION 10000 UNIT/ML, | |
| REDITREX | 95 | 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, | |
| REGLAN ORAL | 80 | 4000 UNIT/ML | 27 |
| REGONOL INTRAVENOUS | 52 | RETACRIT INJECTION SOLUTION 40000 | |
| REGRANEX | 64 | UNIT/ML | 27 |
| RELAFEN | 17 | RETEVMO ORAL CAPSULE 40 MG | 22 |
| RELAFEN DS | 17 | RETEVMO ORAL CAPSULE 80 MG | 22 |
| RELENZA DISKHALER INHALATION AEROSOL | | RETIN-A | 64 |
| POWDER BREATH ACTIVATED 5 MG/ACT | 103 | RETIN-A MICRO | 64 |
| RELEUKO INJECTION SOLUTION 300 MCG/ML | 27 | RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 | |

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| % | 64 | <i>risedronate sodium oral tablet 5 mg</i> | 74 |
| RETIN-A MICRO PUMP EXTERNAL GEL 0.08 %, 0.1 % | 64 | <i>risedronate sodium oral tablet delayed release</i> | 74 |
| RETROVIR INTRAVENOUS | 103 | RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG | 52 |
| RETROVIR ORAL CAPSULE | 103 | RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG | 52 |
| RETROVIR ORAL SYRUP | 103 | RISPERDAL ORAL SOLUTION | 52 |
| REVATIO INTRAVENOUS | 114 | RISPERDAL ORAL TABLET 0.5 MG | 52 |
| REVATIO ORAL SUSPENSION RECONSTITUTED ... | 114 | RISPERDAL ORAL TABLET 1 MG | 52 |
| REVATIO ORAL TABLET | 114 | RISPERDAL ORAL TABLET 2 MG | 52 |
| REVLIMID ORAL CAPSULE 10 MG | 22 | RISPERDAL ORAL TABLET 3 MG, 4 MG | 52 |
| REVLIMID ORAL CAPSULE 15 MG, 2.5 MG, 20 MG, 25 MG | 22 | <i>risperidone oral solution</i> | 52 |
| REVLIMID ORAL CAPSULE 5 MG | 22 | <i>risperidone oral tablet 0.25 mg</i> | 52 |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG | 52 | <i>risperidone oral tablet 0.5 mg</i> | 52 |
| REXULTI ORAL TABLET 3 MG, 4 MG | 52 | <i>risperidone oral tablet 1 mg</i> | 52 |
| REYATAZ ORAL CAPSULE 200 MG | 103 | <i>risperidone oral tablet 2 mg</i> | 52 |
| REYATAZ ORAL CAPSULE 300 MG | 103 | <i>risperidone oral tablet 3 mg, 4 mg</i> | 53 |
| REYATAZ ORAL PACKET | 103 | <i>risperidone oral tablet dispersible 0.25 mg</i> | 53 |
| REYVOW ORAL TABLET 100 MG | 52 | <i>risperidone oral tablet dispersible 0.5 mg</i> | 53 |
| REYVOW ORAL TABLET 50 MG | 52 | <i>risperidone oral tablet dispersible 1 mg</i> | 53 |
| REZLIDHIA | 22 | <i>risperidone oral tablet dispersible 2 mg</i> | 53 |
| REZUROCK | 95 | <i>risperidone oral tablet dispersible 3 mg</i> | 53 |
| REZVOGLAR KWIKPEN | 74 | <i>risperidone oral tablet dispersible 4 mg</i> | 53 |
| RHOFADE | 64 | RITALIN | 53 |
| RHOPRESSA | 109 | RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG | 53 |
| RIABNI | 22 | RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 30 MG | 53 |
| <i>ribavirin oral capsule</i> | 103 | <i>ritonavir</i> | 103 |
| <i>ribavirin oral tablet 200 mg</i> | 103 | RITUXAN HYCELA | 22 |
| RIDAURA | 95 | RITUXAN INTRAVENOUS SOLUTION | 22 |
| <i>rifabutin</i> | 103 | <i>rivastigmine</i> | 53 |
| RIFADIN INTRAVENOUS | 103 | <i>rivastigmine tartrate</i> | 53 |
| <i>rifampin intravenous</i> | 103 | RIVELSA | 89 |
| <i>rifampin oral</i> | 103 | <i>rizatriptan benzoate</i> | 53 |
| RILUTEK | 52 | ROBAXIN INJECTION SOLUTION 1000 MG/10ML | 53 |
| <i>riluzole</i> | 52 | ROBINUL ORAL | 80 |
| <i>rimantadine hcl</i> | 103 | ROBINUL-FORTE | 80 |
| RIMSO-50 | 82 | ROCALTROL | 74 |
| <i>ringers</i> | 68 | ROCKLATAN | 109 |
| <i>ringers irrigation</i> | 107 | <i>roflumilast</i> | 114 |
| RINVOQ | 95 | ROLVEDON | 28 |
| RIOMET | 74 | <i>romidepsin intravenous solution reconstituted</i> | 22 |
| <i>risedronate sodium oral tablet 150 mg</i> | 74 | <i>ropinirole hcl</i> | 53 |
| <i>risedronate sodium oral tablet 30 mg</i> | 74 | <i>ropinirole hcl er</i> | 53 |
| <i>risedronate sodium oral tablet 35 mg</i> | 74 | | |
| <i>risedronate sodium oral tablet 35 mg (12 pack), 35 mg (4 pack)</i> | 74 | | |

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| <i>rosuvastatin calcium</i> | 34 | SANDOSTATIN INJECTION SOLUTION 50 MCG/ML | 89 |
| ROSZET | 34 | SANDOSTATIN LAR DEPOT | 89 |
| ROTARIX | 95 | SANTYL | 64 |
| ROTATEQ ORAL SOLUTION | 95 | SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG | 53 |
| ROWASA RECTAL | 80 | SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG | 53 |
| ROWEEPRA ORAL TABLET 500 MG | 53 | SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 5 MG | 53 |
| ROXICODONE ORAL TABLET 15 MG | 17 | <i>sapropterin dihydrochloride oral packet</i> | 81 |
| ROXICODONE ORAL TABLET 30 MG | 17 | <i>sapropterin dihydrochloride oral tablet</i> | 81 |
| ROXYBOND | 17 | SARCLISA | 22 |
| ROZEREM | 53 | SAVAYSA | 28 |
| ROZLYTREK ORAL CAPSULE 100 MG | 22 | SAVELLA | 53 |
| ROZLYTREK ORAL CAPSULE 200 MG | 22 | SAVELLA TITRATION PACK | 53 |
| RUBRACA | 22 | <i>saxagliptin hcl oral tablet 2.5 mg</i> | 75 |
| RUCONEST | 28 | <i>saxagliptin hcl oral tablet 5 mg</i> | 75 |
| <i>rufinamide oral suspension</i> | 53 | <i>saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg</i> | 75 |
| <i>rufinamide oral tablet 200 mg</i> | 53 | <i>saxagliptin-metformin er oral tablet extended release 24 hour 5-1000 mg, 5-500 mg</i> | 75 |
| <i>rufinamide oral tablet 400 mg</i> | 53 | SCEMBLIX ORAL TABLET 20 MG | 22 |
| RUKOBIA | 103 | SCEMBLIX ORAL TABLET 40 MG | 23 |
| RUXIENCE | 22 | <i>scopolamine</i> | 80 |
| RUZURGI | 53 | <i>se-natal 19</i> | 68 |
| RYALTRIS | 114 | SEASONIQUE | 89 |
| RYBELSUS ORAL TABLET 14 MG, 7 MG | 74 | SECUADO | 53 |
| RYBELSUS ORAL TABLET 3 MG | 74 | SEGLENTIS | 17 |
| RYBREVANT | 22 | SEGLUROMET | 75 |
| RYCLORA ORAL SOLUTION | 114 | SELECT-OB | 68 |
| RYDAPT | 22 | <i>selegiline hcl oral</i> | 53 |
| RYLAZE | 22 | <i>selenium sulfide external lotion</i> | 64 |
| RYTARY | 53 | <i>selenium sulfide external shampoo</i> | 64 |
| RYTHMOL SR | 34 | SELZENTRY ORAL SOLUTION | 103 |
| RYVENT | 114 | SELZENTRY ORAL TABLET 150 MG, 300 MG | 103 |
| SABRIL | 53 | SELZENTRY ORAL TABLET 25 MG | 103 |
| SAFYRAL | 89 | SELZENTRY ORAL TABLET 75 MG | 103 |
| SAIZEN | 89 | SEMGLEE (YFGN) | 75 |
| SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 28 | SENSIPAR ORAL TABLET 30 MG | 75 |
| SALAGEN | 64 | SENSIPAR ORAL TABLET 60 MG | 75 |
| <i>salicylic acid external ointment</i> | 64 | SENSIPAR ORAL TABLET 90 MG | 75 |
| <i>salicylic acid external shampoo</i> | 64 | SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT | 114 |
| <i>salicylic acid external solution 26 %</i> | 64 | SERNIVO | 64 |
| <i>salicylic acid wart remover</i> | 64 | SEROQUEL ORAL TABLET 100 MG | 53 |
| <i>salsalate oral</i> | 17 | SEROQUEL ORAL TABLET 200 MG | 53 |
| SAMSCA ORAL TABLET 15 MG | 74 | SEROQUEL ORAL TABLET 25 MG | 53 |
| SAMSCA ORAL TABLET 30 MG | 75 | | |
| SANCUSO | 80 | | |
| SANDIMMUNE | 95 | | |
| SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 500 MCG/ML | 89 | | |

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| SEROQUEL ORAL TABLET 300 MG | 53 | SIMPONI SUBCUTANEOUS SOLUTION | |
| SEROQUEL ORAL TABLET 400 MG | 53 | AUTO-INJECTOR 100 MG/ML | 95 |
| SEROQUEL ORAL TABLET 50 MG | 53 | SIMPONI SUBCUTANEOUS SOLUTION | |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 | | AUTO-INJECTOR 50 MG/0.5ML | 95 |
| HOUR 150 MG, 200 MG | 53 | SIMPONI SUBCUTANEOUS SOLUTION PREFILLED | |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 | | SYRINGE 100 MG/ML | 95 |
| HOUR 300 MG, 400 MG | 53 | SIMPONI SUBCUTANEOUS SOLUTION PREFILLED | |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 | | SYRINGE 50 MG/0.5ML | 95 |
| HOUR 50 MG | 53 | <i>simvastatin oral tablet</i> | 34 |
| SEROSTIM SUBCUTANEOUS SOLUTION | | SINEMET ORAL TABLET 10-100 MG, 25-100 MG | 54 |
| RECONSTITUTED 4 MG, 5 MG, 6 MG | 89 | SINGULAIR | 114 |
| <i>sertraline hcl oral capsule</i> | 53 | <i>sirolimus oral solution</i> | 95 |
| <i>sertraline hcl oral concentrate</i> | 53 | <i>sirolimus oral tablet 0.5 mg, 1 mg</i> | 95 |
| <i>sertraline hcl oral tablet 100 mg</i> | 53 | <i>sirolimus oral tablet 2 mg</i> | 95 |
| <i>sertraline hcl oral tablet 25 mg</i> | 53 | SIRTURO | 103 |
| <i>sertraline hcl oral tablet 50 mg</i> | 54 | SITAVIG | 103 |
| SETLAKIN | 89 | SIVEXTRO INTRAVENOUS | 103 |
| <i>sevelamer carbonate oral packet 0.8 gm</i> | 75 | SIVEXTRO ORAL | 103 |
| <i>sevelamer carbonate oral packet 2.4 gm</i> | 75 | SKYCLARYS | 54 |
| <i>sevelamer carbonate oral tablet</i> | 75 | SKYLA | 89 |
| <i>sevelamer hcl oral tablet 400 mg</i> | 75 | SKYRIZI INTRAVENOUS | 95 |
| <i>sevelamer hcl oral tablet 800 mg</i> | 75 | SKYRIZI PEN | 95 |
| SEYSARA | 103 | SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 | |
| <i>sf</i> | 64 | MG/1.2ML | 95 |
| <i>sf 5000 plus</i> | 64 | SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 | |
| SFROWASA | 80 | MG/2.4ML | 95 |
| SHAROBEL | 89 | SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED | |
| SHINGRIX INTRAMUSCULAR SUSPENSION | | SYRINGE | 95 |
| RECONSTITUTED 50 MCG/0.5ML | 95 | SKYTROFA | 89 |
| SIGNIFOR | 89 | SLYND | 89 |
| SIGNIFOR LAR INTRAMUSCULAR SUSPENSION | | SMOFLIPID | 68 |
| RECONSTITUTED ER | 89 | SOAAZ | 34 |
| SIKLOS ORAL TABLET 100 MG | 28 | <i>sod citrate-citric acid oral solution 500-334 mg/</i> | |
| SIKLOS ORAL TABLET 1000 MG | 28 | 5ml | 83 |
| <i>sildenafil citrate intravenous</i> | 114 | <i>sodium bicarbonate intravenous solution 4.2 %, 7.5 %, 8.4 %</i> | 68 |
| <i>sildenafil citrate oral suspension</i> | | <i>sodium chloride (pf)</i> | 68 |
| <i>reconstituted</i> | 114 | <i>sodium chloride injection solution 2.5 meq/</i> | |
| <i>sildenafil citrate oral tablet 20 mg</i> | 114 | ml | 68 |
| SILENOR | 54 | <i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 4 meq/ml, 5 %</i> | 68 |
| SILIQ | 95 | <i>sodium chloride irrigation solution 0.9 %</i> | 107 |
| <i>silodosin</i> | 82 | <i>sodium fluoride 5000 enamel dental gel</i> | 64 |
| SILVADENE | 64 | <i>sodium fluoride 5000 plus</i> | 64 |
| <i>silver nitrate external solution 0.5 %</i> | 64 | <i>sodium fluoride 5000 ppm dental cream</i> | 64 |
| <i>silver sulfadiazine external</i> | 64 | <i>sodium fluoride 5000 ppm dental gel</i> | 64 |
| SIMBRINZA | 109 | <i>sodium fluoride 5000 ppm dental paste</i> | 64 |
| SIMLIYA | 89 | <i>sodium fluoride 5000 sensitive dental gel</i> | 64 |
| SIMPESSE | 89 | | |
| SIMPONI ARIA | 95 | | |

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| <i>sodium fluoride dental cream</i> | 64 | <i>spironolactone oral tablet 100 mg, 50 mg</i> | 34 |
| <i>sodium fluoride dental gel 1.1 %</i> | 64 | <i>spironolactone oral tablet 25 mg</i> | 34 |
| <i>sodium fluoride mouth/throat</i> | 64 | <i>spironolactone-hctz</i> | 34 |
| <i>sodium fluoride oral solution 1.1 (0.5 f) mg/ ml</i> | 68 | SPORANOX ORAL CAPSULE | 103 |
| <i>sodium fluoride oral tablet 2.2 (1 f) mg</i> | 68 | SPORANOX ORAL SOLUTION | 103 |
| <i>sodium fluoride oral tablet chewable</i> | 68 | SPRAVATO (56 MG DOSE) | 54 |
| <i>sodium oxybate</i> | 54 | SPRAVATO (84 MG DOSE) | 54 |
| <i>sodium phenylbutyrate oral powder 3 gm/ tsp</i> | 81 | SPRINTEC 28 | 89 |
| <i>sodium phenylbutyrate oral tablet</i> | 81 | SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG | 54 |
| <i>sodium polystyrene sulfonate oral powder</i> | 75 | SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG | 54 |
| <i>sofosbuvir-velpatasvir</i> | 103 | SPRIX | 17 |
| SOGROYA | 89 | SPRYCEL | 23 |
| <i>solifenacin succinate</i> | 83 | SPS | 75 |
| SOLIQUA | 75 | SRONYX | 89 |
| SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML | 107 | SSD | 64 |
| SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 55 MG, 65 MG, 80 MG | 103 | STALEVO 100 | 54 |
| SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 115 MG | 103 | STALEVO 125 | 54 |
| SOLOSEC | 103 | STALEVO 150 | 54 |
| SOLTAMOX | 23 | STALEVO 200 | 54 |
| SOLU-CORTEF | 89 | STALEVO 50 | 54 |
| SOLU-MEDROL (PF) | 89 | STALEVO 75 | 54 |
| SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 1000 MG, 2 GM, 500 MG | 89 | <i>stavudine oral capsule 15 mg, 20 mg</i> | 104 |
| SOMA | 54 | <i>stavudine oral capsule 30 mg, 40 mg</i> | 104 |
| SOMATULINE DEPOT | 89 | STEGLATRO | 75 |
| SOMAVERT | 89 | STEGLUJAN | 75 |
| SOOLANTRA | 64 | STELARA INTRAVENOUS | 95 |
| <i>sorafenib tosylate</i> | 23 | STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML | 95 |
| <i>sorbitol irrigation solution 3 %</i> | 107 | STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 95 |
| SORILUX | 64 | <i>sterile water for irrigation</i> | 107 |
| SORINE ORAL TABLET 120 MG, 160 MG, 240 MG ... | 34 | STIOLTO RESPIMAT | 115 |
| SORINE ORAL TABLET 80 MG | 34 | STIVARGA | 23 |
| <i>sotalol hcl (af) oral tablet 120 mg, 160 mg</i> | 34 | STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG | 54 |
| <i>sotalol hcl (af) oral tablet 80 mg</i> | 34 | STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG | 54 |
| <i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg</i> | 34 | STRENSIQ | 81 |
| <i>sotalol hcl oral tablet 80 mg</i> | 34 | <i>streptomycin sulfate intramuscular</i> | 104 |
| SOTYKTU | 95 | STRIBILD | 104 |
| SOTYLIZE | 34 | STRIVERDI RESPIMAT | 115 |
| SOVALDI | 103 | STROMECTOL | 104 |
| <i>spinosad</i> | 64 | SUBLOCADE | 17 |
| SPIRIVA HANDIHALER | 114 | SUBOXONE SUBLINGUAL FILM 12-3 MG | 54 |
| SPIRIVA RESPIMAT | 115 | SUBOXONE SUBLINGUAL FILM 2-0.5 MG | 54 |
| | | SUBOXONE SUBLINGUAL FILM 4-1 MG | 54 |

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| SUBOXONE SUBLINGUAL FILM 8-2 MG | 54 | SUSTOL | 80 |
| SUBSYS | 17 | SUTAB | 80 |
| SUBVENITE | 54 | SUTENT | 23 |
| SUBVENITE STARTER KIT-BLUE | 54 | SYEDA | 89 |
| SUBVENITE STARTER KIT-GREEN | 54 | SYFOVRE | 109 |
| SUBVENITE STARTER KIT-ORANGE | 54 | SYMBICORT | 115 |
| SUCRAID | 81 | SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG | 54 |
| <i>sucralfate oral</i> | 80 | SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG | 115 |
| SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG | 34 | SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG | 115 |
| <i>sulfacetamide sodium (acne)</i> | 64 | SYMFI | 104 |
| <i>sulfacetamide sodium ophthalmic</i> | 109 | SYMFI LO | 104 |
| <i>sulfacetamide sodium-sulfur external suspension</i> 8-4 % | 64 | SYMJEPI | 115 |
| <i>sulfacetamide-prednisolone ophthalmic</i> <i>solution</i> | 109 | SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR | 75 |
| <i>sulfacetamide-sulfur in urea external</i> <i>emulsion</i> | 64 | SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR | 75 |
| SULFACLEANSE 8/4 | 64 | SYMPAZAN ORAL FILM 10 MG, 20 MG | 54 |
| <i>sulfadiazine oral</i> | 104 | SYMPAZAN ORAL FILM 5 MG | 54 |
| <i>sulfamethoxazole-trimethoprim</i> <i>intravenous</i> | 104 | SYMPROIC | 80 |
| <i>sulfamethoxazole-trimethoprim oral suspension</i> 200-40 mg/5ml | 104 | SYMTUZA | 104 |
| <i>sulfamethoxazole-trimethoprim oral tablet</i> ... | 104 | SYNAGIS | 107 |
| SULFAMYLON EXTERNAL CREAM | 64 | SYNALAR | 64 |
| <i>sulfasalazine oral</i> | 80 | SYNAREL | 90 |
| <i>sulindac oral tablet 150 mg</i> | 17 | SYNDROS | 80 |
| <i>sulindac oral tablet 200 mg</i> | 17 | SYNERA | 17 |
| <i>sumatriptan nasal</i> | 54 | SYNJARDY | 75 |
| <i>sumatriptan succinate oral</i> | 54 | SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG | 75 |
| <i>sumatriptan succinate refill subcutaneous</i> <i>solution cartridge</i> | 54 | SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG | 75 |
| <i>sumatriptan succinate subcutaneous solution 6</i> <i>mg/0.5ml</i> | 54 | SYNRIBO | 23 |
| <i>sumatriptan succinate subcutaneous solution</i> <i>auto-injector</i> | 54 | SYNTHROID | 90 |
| <i>sumatriptan-naproxen sodium</i> | 54 | SYPRINE | 75 |
| <i>sunitinib malate</i> | 23 | TABLOID | 23 |
| SUNLENCA ORAL | 104 | TABRECTA | 23 |
| SUNLENCA SUBCUTANEOUS | 104 | TACLONEX EXTERNAL OINTMENT | 64 |
| SUNOSI | 54 | TACLONEX EXTERNAL SUSPENSION | 64 |
| SUPRAX ORAL CAPSULE | 104 | <i>tacrolimus external ointment</i> | 64 |
| SUPRAX ORAL SUSPENSION RECONSTITUTED ... | 104 | <i>tacrolimus oral</i> | 95 |
| SUPRAX ORAL TABLET CHEWABLE | 104 | <i>tadalafil (pah)</i> | 115 |
| SUPREP BOWEL PREP KIT | 80 | <i>tadalafil oral tablet 2.5 mg, 5 mg</i> | 83 |
| SUSTIVA ORAL CAPSULE 200 MG | 104 | TADLIQ | 115 |
| SUSTIVA ORAL CAPSULE 50 MG | 104 | TAFINLAR ORAL CAPSULE | 23 |
| | | TAFINLAR ORAL TABLET SOLUBLE | 23 |
| | | <i>tafluprost (pf)</i> | 109 |

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| TAGRISSO | 23 | TAZORAC EXTERNAL CREAM 0.05 % | 64 |
| TAKHZYRO SUBCUTANEOUS SOLUTION | 28 | TAZORAC EXTERNAL CREAM 0.1 % | 64 |
| TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 28 | TAZORAC EXTERNAL GEL 0.05 % | 64 |
| TALICIA | 80 | TAZORAC EXTERNAL GEL 0.1 % | 65 |
| TALTZ | 95 | TAZTIA XT | 34 |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG | 23 | TAZVERIK | 23 |
| TALZENNA ORAL CAPSULE 0.25 MG | 23 | TDVAX | 95 |
| TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG, 1 MG | 23 | TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML | 23 |
| TAMIFLU ORAL CAPSULE 30 MG | 104 | TECENTRIQ INTRAVENOUS SOLUTION 840 MG/14ML | 23 |
| TAMIFLU ORAL CAPSULE 45 MG, 75 MG | 104 | TECFIDERA ORAL | 54 |
| TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML | 104 | TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG | 54 |
| <i>tamoxifen citrate oral</i> | 23 | TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG | 54 |
| <i>tamsulosin hcl</i> | 83 | TECVAYLI | 23 |
| TAPERDEX 12-DAY | 90 | TEFLARO | 104 |
| TAPERDEX 6-DAY | 90 | TEGRETOL ORAL SUSPENSION | 54 |
| TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) | 90 | TEGRETOL ORAL TABLET | 54 |
| TARCEVA ORAL TABLET 100 MG, 150 MG | 23 | TEGRETOL-XR | 54 |
| TARCEVA ORAL TABLET 25 MG | 23 | TEGSEDI | 34 |
| TARGADOX | 104 | TEKURNA | 34 |
| TARGRETIN EXTERNAL | 64 | TEKURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG | 34 |
| TARGRETIN ORAL | 23 | <i>telmisartan oral tablet 20 mg, 40 mg</i> | 34 |
| TARINA 24 FE | 90 | <i>telmisartan oral tablet 80 mg</i> | 34 |
| TARINA FE 1/20 EQ | 90 | <i>telmisartan-amlodipine</i> | 34 |
| TARON-C DHA ORAL CAPSULE 35-1 MG | 68 | <i>telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg</i> | 34 |
| TARPEYO | 83 | <i>telmisartan-hctz oral tablet 80-12.5 mg</i> | 34 |
| TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG | 54 | <i>temazepam</i> | 55 |
| TASCENSO ODT ORAL TABLET DISPERSIBLE 0.5 MG | 54 | TENCON ORAL TABLET 50-325 MG | 55 |
| TASIGNA | 23 | TENIVAC | 95 |
| <i>tasimelteon</i> | 54 | <i>tenofovir disoproxil fumarate</i> | 104 |
| TASMAR ORAL TABLET 100 MG | 54 | TENORETIC 100 | 34 |
| <i>tavaborole</i> | 64 | TENORETIC 50 | 34 |
| TAVALISSE | 28 | TENORMIN | 34 |
| TAVNEOS | 95 | TEPEZZA | 109 |
| TAYSOFY | 90 | TEPMETKO | 23 |
| TAYTULLA | 90 | <i>terazosin hcl oral</i> | 35 |
| <i>tazarotene external cream</i> | 64 | <i>terbinafine hcl oral</i> | 104 |
| <i>tazarotene external foam</i> | 64 | <i>terbutaline sulfate injection</i> | 115 |
| <i>tazarotene external gel</i> | 64 | <i>terbutaline sulfate oral</i> | 115 |
| TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM | 104 | <i>terconazole</i> | 83 |
| TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED | 104 | <i>teriflunomide</i> | 55 |
| | | <i>teriparatide (recombinant)</i> | 75 |
| | | TESTIM | 90 |

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| TESTOPEL | 90 | <i>timolol maleate (once-daily)</i> | 109 |
| <i>testosterone cypionate intramuscular solution</i> 100 mg/ml, 200 mg/ml | 90 | TIMOLOL MALEATE OCUDOSE | 109 |
| <i>testosterone cypionate intramuscular solution</i> 200 mg/ml (1 ml) | 90 | <i>timolol maleate ophthalmic gel forming</i> <i>solution</i> | 109 |
| <i>testosterone enanthate intramuscular</i> <i>solution</i> | 90 | <i>timolol maleate ophthalmic solution 0.25 %</i> | 110 |
| <i>testosterone transdermal gel 1.62 %, 20.25 mg/act</i> (1.62%), 40.5 mg/2.5gm (1.62%) | 90 | <i>timolol maleate ophthalmic solution 0.5 %</i> | 110 |
| <i>testosterone transdermal gel 10 mg/act</i> (2%) | 90 | <i>timolol maleate oral</i> | 35 |
| <i>testosterone transdermal gel 12.5 mg/act (1%), 25</i> <i>mg/2.5gm (1%), 50 mg/5gm (1%)</i> | 90 | <i>timolol maleate pf ophthalmic solution 0.25</i> <i>%</i> | 110 |
| <i>testosterone transdermal gel 20.25 mg/1.25gm</i> (1.62%) | 90 | <i>timolol maleate pf ophthalmic solution 0.5</i> <i>%</i> | 110 |
| <i>testosterone transdermal solution</i> | 90 | TIMOPTIC | 110 |
| <i>tetrabenazine oral tablet 12.5 mg</i> | 55 | TIMOPTIC OCUDOSE | 110 |
| <i>tetrabenazine oral tablet 25 mg</i> | 55 | TIMOPTIC-XE | 110 |
| <i>tetracaine hcl ophthalmic</i> | 109 | <i>tinidazole oral</i> | 104 |
| <i>tetracycline hcl oral</i> | 104 | <i>tiopronin oral</i> | 83 |
| TEXACORT | 65 | <i>tiotropium bromide monohydrate</i> | 115 |
| TEZSPIRE | 115 | TIROSINT | 90 |
| THALITONE | 35 | TIROSINT-SOL | 90 |
| THALOMID ORAL CAPSULE 100 MG, 50 MG | 23 | TIS-U-SOL | 107 |
| THALOMID ORAL CAPSULE 150 MG, 200 MG | 23 | TIVICAY ORAL TABLET 10 MG | 104 |
| THEO-24 | 115 | TIVICAY ORAL TABLET 25 MG, 50 MG | 104 |
| <i>theophylline</i> | 115 | TIVICAY PD | 104 |
| <i>theophylline er oral tablet extended release 12</i> <i>hour 300 mg, 450 mg</i> | 115 | <i>tizanidine hcl oral</i> | 55 |
| <i>theophylline er oral tablet extended release 24</i> <i>hour</i> | 115 | TLANDO | 90 |
| THIOLA | 83 | TOBI | 115 |
| THIOLA EC | 83 | TOBI PODHALER | 115 |
| <i>thioridazine hcl oral</i> | 55 | TOBRADEX OPHTHALMIC OINTMENT | 110 |
| <i>thiothixene oral</i> | 55 | TOBRADEX OPHTHALMIC SUSPENSION | 110 |
| <i>thrivite rx</i> | 68 | TOBRADEX ST | 110 |
| THYQUIDITY | 90 | <i>tobramycin inhalation nebulization solution 300</i> <i>mg/4ml</i> | 115 |
| TIADYLT ER | 35 | <i>tobramycin inhalation nebulization solution 300</i> <i>mg/5ml</i> | 115 |
| <i>tiagabine hcl</i> | 55 | <i>tobramycin ophthalmic</i> | 110 |
| TIAZAC | 35 | <i>tobramycin sulfate injection</i> | 104 |
| TIBSOVO | 23 | <i>tobramycin-dexamethasone</i> | 110 |
| TICE BCG | 23 | TOBREX OPHTHALMIC OINTMENT | 110 |
| TICOVAC | 95 | TOLAK | 65 |
| TIGAN INTRAMUSCULAR | 80 | <i>tolcapone</i> | 55 |
| <i>tigecycline</i> | 104 | <i>tolmetin sodium oral capsule</i> | 17 |
| TIGLUTIK | 55 | <i>tolmetin sodium oral tablet 600 mg</i> | 17 |
| TIKOSYN | 35 | <i>tolsura</i> | 104 |
| TILIA FE | 90 | <i>tolterodine tartrate</i> | 83 |
| | | <i>tolterodine tartrate er</i> | 83 |
| | | <i>tolvaptan oral tablet 15 mg</i> | 75 |
| | | <i>tolvaptan oral tablet 30 mg</i> | 75 |
| | | TOPAMAX ORAL TABLET 100 MG, 200 MG, 50 | |

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| MG | 55 | TRAVASOL | 68 |
| TOPAMAX ORAL TABLET 25 MG | 55 | TRAVATAN Z | 110 |
| TOPAMAX SPRINKLE | 55 | <i>travoprost (bak free)</i> | 110 |
| TOPICORT EXTERNAL CREAM | 65 | TRAZIMERA INTRAVENOUS SOLUTION | |
| TOPICORT EXTERNAL GEL | 65 | RECONSTITUTED 150 MG | 23 |
| TOPICORT EXTERNAL OINTMENT | 65 | <i>trazodone hcl oral tablet 100 mg, 150 mg, 50</i> | |
| TOPICORT SPRAY | 65 | <i>mg</i> | 55 |
| <i>topiramate er oral capsule er 24 hour</i> | | <i>trazodone hcl oral tablet 300 mg</i> | 55 |
| <i>sprinkle</i> | 55 | TRECTOR | 104 |
| <i>topiramate er oral capsule extended release 24</i> | | TRELEGY ELLIPTA INHALATION AEROSOL POWDER | |
| <i>hour 100 mg</i> | 55 | BREATH ACTIVATED 100-62.5-25 MCG/ACT, | |
| <i>topiramate er oral capsule extended release 24</i> | | 200-62.5-25 MCG/ACT | 115 |
| <i>hour 200 mg</i> | 55 | TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION | |
| <i>topiramate er oral capsule extended release 24</i> | | RECONSTITUTED 11.25 MG, 3.75 MG | 23 |
| <i>hour 25 mg, 50 mg</i> | 55 | TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION | |
| <i>topiramate oral</i> | 55 | RECONSTITUTED 22.5 MG | 23 |
| TOPOSAR INTRAVENOUS SOLUTION 1 GM/50ML, | | TREMFYA | 95 |
| 500 MG/25ML | 23 | <i>treprostinil</i> | 115 |
| TOPROL XL | 35 | TRESIBA | 75 |
| <i>toremifene citrate</i> | 23 | TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION | |
| <i>toremide oral</i> | 35 | PEN-INJECTOR 100 UNIT/ML | 75 |
| TOSYMRA | 55 | TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION | |
| TOUJEO MAX SOLOSTAR | 75 | PEN-INJECTOR 200 UNIT/ML | 75 |
| TOUJEO SOLOSTAR | 75 | <i>tretinoin external</i> | 65 |
| TOVET EXTERNAL FOAM | 65 | <i>tretinoin microsphere</i> | 65 |
| TOVIAZ | 83 | <i>tretinoin microsphere pump external gel 0.04 %,</i> | |
| TPN ELECTROLYTES INTRAVENOUS | | 0.1 % | 65 |
| CONCENTRATE | 68 | <i>tretinoin oral</i> | 23 |
| TRACLEER ORAL TABLET | 115 | TREXALL | 95 |
| TRACLEER ORAL TABLET SOLUBLE | 115 | TREXIMET ORAL TABLET 85-500 MG | 55 |
| TRADJENTA | 75 | TREZIX ORAL CAPSULE 320.5-30-16 MG | 17 |
| <i>tramadol hcl (er biphasic) oral capsule extended</i> | | TRI FEMYNOR | 90 |
| <i>release 24 hour 100 mg, 200 mg, 300 mg</i> | 17 | TRI-ESTARYLLA | 90 |
| <i>tramadol hcl (er biphasic) oral tablet extended</i> | | TRI-LEGEST FE | 90 |
| <i>release 24 hour</i> | 17 | TRI-LINYAH | 90 |
| <i>tramadol hcl er</i> | 17 | TRI-LO-ESTARYLLA | 90 |
| <i>tramadol hcl oral solution</i> | 17 | TRI-LO-MARZIA | 90 |
| <i>tramadol hcl oral tablet 100 mg</i> | 17 | TRI-LO-MILI | 90 |
| <i>tramadol hcl oral tablet 50 mg</i> | 17 | TRI-LO-SPRINTEC | 90 |
| <i>tramadol-acetaminophen</i> | 17 | TRI-MILI | 90 |
| <i>trandolapril</i> | 35 | TRI-NYMYO | 90 |
| <i>trandolapril-verapamil hcl er</i> | 35 | TRI-SPRINTEC | 90 |
| <i>tranexamic acid intravenous solution 1000 mg/</i> | | TRI-VI-FLOR | 68 |
| 10ml | 28 | <i>tri-vite/fluoride</i> | 68 |
| <i>tranexamic acid oral</i> | 28 | TRI-VYLIBRA | 90 |
| TRANSDERM-SCOP TRANSDERMAL PATCH 72 | | TRI-VYLIBRA LO | 90 |
| HOUR | 80 | <i>triamcinolone acetonide external aerosol</i> | |
| <i>tranylcypromine sulfat</i> | 55 | <i>solution</i> | 65 |

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| <i>triamcinolone acetonide external cream</i> | 65 | TROGARZO | 104 |
| <i>triamcinolone acetonide external lotion</i> | 65 | TROKENDI XR ORAL CAPSULE EXTENDED RELEASE | |
| <i>triamcinolone acetonide external ointment 0.025</i> | | 24 HOUR 100 MG | 55 |
| %, 0.1 %, 0.5 % | 65 | TROKENDI XR ORAL CAPSULE EXTENDED RELEASE | |
| <i>triamcinolone acetonide external ointment 0.05</i> | | 24 HOUR 200 MG | 55 |
| % | 65 | TROKENDI XR ORAL CAPSULE EXTENDED RELEASE | |
| <i>triamcinolone acetonide injection suspension 40</i> | | 24 HOUR 25 MG, 50 MG | 55 |
| mg/ml | 90 | TROPHAMINE INTRAVENOUS SOLUTION 10 % | 68 |
| <i>triamcinolone acetonide mouth/throat</i> | 65 | <i>trospium chloride</i> | 83 |
| <i>triamcinolone in absorbbase</i> | 65 | <i>trospium chloride er</i> | 83 |
| <i>triamterene oral</i> | 35 | TRUDHESA | 55 |
| <i>triamterene-hctz oral capsule 37.5-25 mg</i> | 35 | TRULANCE | 80 |
| <i>triamterene-hctz oral tablet</i> | 35 | TRULICITY | 75 |
| TRIANEX | 65 | TRUMENBA | 95 |
| <i>triazolam</i> | 55 | TRUSELTIQ (100MG DAILY DOSE) | 23 |
| TRIBENZOR | 35 | TRUSELTIQ (125MG DAILY DOSE) | 23 |
| TRICARE | 68 | TRUSELTIQ (50MG DAILY DOSE) | 23 |
| <i>tricitrates</i> | 83 | TRUSELTIQ (75MG DAILY DOSE) | 23 |
| TRICOR | 35 | TRUSOPT | 110 |
| TRIDERM EXTERNAL CREAM | 65 | TRUVADA | 104 |
| <i>trientine hcl</i> | 75 | TRUXIMA | 23 |
| TRIESENCE | 110 | TUDORZA PRESSAIR | 115 |
| <i>trifluoperazine hcl oral</i> | 55 | TUKYSA | 23 |
| <i>trifluridine ophthalmic</i> | 104 | TURALIO | 23 |
| <i>trihexyphenidyl hcl oral solution</i> | 55 | TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED | |
| <i>trihexyphenidyl hcl oral tablet</i> | 55 | SYRINGE | 95 |
| TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 | | TWYNEO | 65 |
| HOUR 10-5-1000 MG, 25-5-1000 MG | 75 | TYBLUME ORAL TABLET CHEWABLE | 90 |
| TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 | | TYBOST | 104 |
| HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG | 75 | TYDEMY | 90 |
| TRIKAFTA ORAL TABLET THERAPY PACK | 115 | TYGACIL | 104 |
| TRIKAFTA ORAL THERAPY PACK | 115 | TYKERB | 24 |
| TRILEPTAL ORAL SUSPENSION | 55 | TYMLOS | 75 |
| TRILEPTAL ORAL TABLET 150 MG, 300 MG | 55 | TYPHIM VI | 95 |
| TRILEPTAL ORAL TABLET 600 MG | 55 | TYRVAYA | 110 |
| TRILIPIX | 35 | TYSABRI | 55 |
| <i>trimethobenzamide hcl oral</i> | 80 | TYVASO | 115 |
| <i>trimethoprim oral</i> | 104 | TYVASO DPI MAINTENANCE KIT | 115 |
| <i>trimipramine maleate oral</i> | 55 | TYVASO DPI TITRATION KIT | 115 |
| <i>trinatal rx 1</i> | 68 | TYVASO REFILL | 115 |
| TRINTELLIX | 55 | TYVASO STARTER | 115 |
| TRIPTODUR | 90 | UBRELVY ORAL TABLET 100 MG | 55 |
| <i>tristart dha</i> | 68 | UBRELVY ORAL TABLET 50 MG | 55 |
| TRIUMEQ | 104 | UCERIS ORAL | 80 |
| TRIUMEQ PD | 104 | UCERIS RECTAL | 80 |
| TRIVORA (28) | 90 | UDENYCA | 28 |
| TRIZIVIR | 104 | ULORIC | 17 |
| TRODELVY | 23 | | |

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| ULTRAVATE EXTERNAL LOTION | 65 | <i>valproate sodium intravenous solution 100 mg/ ml, 500 mg/5ml</i> | 56 |
| UNASYN INJECTION SOLUTION RECONSTITUTED 1.5 (1-0.5) GM, 3 (2-1) GM | 104 | <i>valproic acid oral capsule</i> | 56 |
| UNASYN INTRAVENOUS SOLUTION RECONSTITUTED 15 (10-5) GM | 104 | <i>valproic acid oral solution</i> | 56 |
| UNITHROID | 90 | <i>valrubicin</i> | 24 |
| UPTRAVI ORAL TABLET | 115 | <i>valsartan oral solution</i> | 35 |
| UPTRAVI ORAL TABLET THERAPY PACK | 115 | <i>valsartan oral tablet 160 mg</i> | 35 |
| UROCIT-K 10 | 83 | <i>valsartan oral tablet 320 mg</i> | 35 |
| UROCIT-K 15 | 83 | <i>valsartan oral tablet 40 mg, 80 mg</i> | 35 |
| UROCIT-K 5 | 83 | <i>valsartan-hydrochlorothiazide</i> | 35 |
| UROGESIC-BLUE | 105 | VALTOCO 10 MG DOSE | 56 |
| UROXATRAL | 83 | VALTOCO 15 MG DOSE | 56 |
| URSO 250 | 80 | VALTOCO 20 MG DOSE | 56 |
| URSO FORTE | 80 | VALTOCO 5 MG DOSE | 56 |
| <i>ursodiol oral capsule 200 mg, 400 mg</i> | 80 | VALTrex ORAL TABLET 1 GM | 105 |
| <i>ursodiol oral capsule 300 mg</i> | 80 | VALTrex ORAL TABLET 500 MG | 105 |
| <i>ursodiol oral tablet</i> | 80 | VANADOM | 56 |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML | 55 | VANCOCIN ORAL CAPSULE 125 MG | 105 |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML | 55 | VANCOCIN ORAL CAPSULE 250 MG | 105 |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML | 55 | <i>vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 500-5 mg/100ml-%, 750-5 mg/ 150ml-%</i> | 105 |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML | 56 | <i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/ 150ml-%</i> | 105 |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML | 56 | <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> | 105 |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML | 56 | <i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 5 gm, 500 mg</i> | 105 |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML | 56 | <i>vancomycin hcl intravenous solution reconstituted 1.25 gm, 1.5 gm, 750 mg</i> | 105 |
| V-GO 20 KIT 20 UNIT/24HR | 107 | <i>vancomycin hcl oral capsule 125 mg</i> | 105 |
| V-GO 30 KIT 30 UNIT/24HR | 107 | <i>vancomycin hcl oral capsule 250 mg</i> | 105 |
| V-GO 40 KIT 40 UNIT/24HR | 107 | <i>vancomycin hcl oral solution reconstituted</i> | 105 |
| VABOMERE | 105 | VANDAZOLE | 83 |
| VAGIFEM VAGINAL TABLET 10 MCG | 90 | VANOS | 65 |
| <i>valacyclovir hcl oral tablet 1 gm</i> | 105 | VAQTA | 96 |
| <i>valacyclovir hcl oral tablet 500 mg</i> | 105 | <i>varenicline tartrate (starter)</i> | 56 |
| VALCHLOR | 65 | <i>varenicline tartrate oral tablet 0.5 mg</i> | 56 |
| VALCYTE ORAL SOLUTION RECONSTITUTED | 105 | <i>varenicline tartrate oral tablet 1 mg</i> | 56 |
| VALCYTE ORAL TABLET | 105 | <i>varenicline tartrate oral tablet therapy pack</i> | 56 |
| <i>valganciclovir hcl oral solution reconstituted</i> | 105 | VARIVAX | 96 |
| <i>valganciclovir hcl oral tablet</i> | 105 | VARIZIG INTRAMUSCULAR SOLUTION | 96 |
| VALIUM ORAL TABLET 10 MG | 56 | VARUBI (180 MG DOSE) | 80 |
| VALIUM ORAL TABLET 2 MG | 56 | | |
| VALIUM ORAL TABLET 5 MG | 56 | | |

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| VASCEPA | 35 | <i>verapamil hcl oral</i> | 35 |
| VASERETIC | 35 | VERDESO | 65 |
| <i>vasopressin intravenous solution</i> | 90 | VEREGEN | 65 |
| VASOSTRICT | 90 | VERELAN | 35 |
| VASOTEC ORAL TABLET 10 MG, 2.5 MG, 5 MG | 35 | VERELAN PM | 35 |
| VASOTEC ORAL TABLET 20 MG | 35 | VERKAZIA | 110 |
| VECAMYL | 35 | VERQUVO | 35 |
| VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML | 24 | VERSACLOZ | 56 |
| VECTICAL | 65 | VERZENIO | 24 |
| VEGZELMA | 24 | VESICARE | 83 |
| VEKLURY INTRAVENOUS SOLUTION RECONSTITUTED | 105 | VESICARE LS | 83 |
| VELCADE INJECTION | 24 | VESTURA | 90 |
| VELETRI | 115 | VFEND IV | 105 |
| VELIVET | 90 | VFEND ORAL SUSPENSION RECONSTITUTED | 105 |
| VELPHORO | 76 | VFEND ORAL TABLET 200 MG | 105 |
| VELTASSA | 76 | VFEND ORAL TABLET 50 MG | 105 |
| VELTIN | 65 | VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG | 105 |
| VEMLIDY | 105 | VIBERZI | 80 |
| VENCLEXTA ORAL TABLET 10 MG | 24 | VIBRAMYCIN ORAL CAPSULE | 105 |
| VENCLEXTA ORAL TABLET 100 MG | 24 | VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED | 105 |
| VENCLEXTA ORAL TABLET 50 MG | 24 | VIBRAMYCIN ORAL SYRUP | 105 |
| VENCLEXTA STARTING PACK | 24 | VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR | 76 |
| <i>venlafaxine besylate er</i> | 56 | VIDAZA | 24 |
| <i>venlafaxine hcl</i> | 56 | VIENVA | 90 |
| <i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i> | 56 | <i>vigabatrin</i> | 56 |
| <i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg</i> | 56 | VIGADRONE ORAL PACKET | 56 |
| <i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i> | 56 | VIGADRONE ORAL TABLET | 56 |
| <i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg</i> | 56 | VIGAMOX | 110 |
| <i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg, 37.5 mg</i> | 56 | VIIBRYD ORAL TABLET | 56 |
| <i>venlafaxine hcl er oral tablet extended release 24 hour 75 mg</i> | 56 | VIIBRYD STARTER PACK | 56 |
| VENTAVIS | 115 | VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG | 81 |
| VENTOLIN HFA | 115 | VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG | 81 |
| VEOZAH | 107 | <i>vilazodone hcl</i> | 56 |
| <i>verapamil hcl er oral capsule extended release 24 hour</i> | 35 | VIMIZIM | 81 |
| <i>verapamil hcl er oral tablet extended release 120 mg</i> | 35 | VIMPAT INTRAVENOUS | 56 |
| <i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i> | 35 | VIMPAT ORAL SOLUTION | 56 |
| <i>verapamil hcl intravenous</i> | 35 | VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG | 56 |
| | | VIMPAT ORAL TABLET 50 MG | 56 |
| | | <i>vinblastine sulfite intravenous solution</i> | 24 |
| | | <i>vincristine sulfite intravenous</i> | 24 |
| | | <i>vinorelbine tartrate</i> | 24 |
| | | VIOKACE ORAL TABLET 10440-39150 UNIT | 81 |

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| VIOKACE ORAL TABLET 20880-78300 UNIT | 81 | VYLIBRA | 90 |
| <i>viorele</i> | 90 | VYNDAMAX | 35 |
| VIRACEPT ORAL TABLET 250 MG | 105 | VYNDAQEL | 35 |
| VIRACEPT ORAL TABLET 625 MG | 105 | VYTORIN | 35 |
| VIRASAL | 65 | VYVANSE | 57 |
| VIREAD ORAL POWDER | 105 | VYZULTA | 110 |
| VIREAD ORAL TABLET 150 MG, 250 MG, 300 MG | 105 | WAKIX | 57 |
| VIREAD ORAL TABLET 200 MG | 105 | <i>warfarin sodium oral</i> | 28 |
| <i>virt-c dha</i> | 68 | WELCHOL | 35 |
| <i>virt-nate dha</i> | 68 | WELIREG | 24 |
| VISTARIL | 115 | WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG | 57 |
| VISTOGARD | 107 | WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG, 200 MG | 57 |
| VITAFOL GUMMIES | 68 | WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG | 57 |
| VITAFOL STRIPS | 68 | WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG | 57 |
| VITAFOL ULTRA | 68 | WERA | 90 |
| VITAFOL-NANO | 68 | <i>wescap-c dha</i> | 68 |
| VITAFOL-OB | 68 | <i>wesnate dha</i> | 68 |
| VITAFOL-ONE | 68 | <i>westab plus</i> | 68 |
| VITRAKVI ORAL CAPSULE 100 MG | 24 | <i>westgel dha</i> | 68 |
| VITRAKVI ORAL CAPSULE 25 MG | 24 | WINLEVI | 65 |
| VITRAKVI ORAL SOLUTION | 24 | WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT | 115 |
| VIVELLE-DOT | 90 | WYMZYA FE | 90 |
| VIVITROL | 56 | XACIATO | 83 |
| VIVJOA | 105 | XADAGO | 57 |
| VIZIMPRO | 24 | XALATAN | 110 |
| VOGELXO | 90 | XALKORI | 24 |
| VOGELXO PUMP | 90 | XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG | 57 |
| VOLNEA | 90 | XANAX ORAL TABLET 2 MG | 57 |
| VONJO | 24 | XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 3 MG | 57 |
| <i>voriconazole intravenous</i> | 105 | XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2 MG | 57 |
| <i>voriconazole oral suspension reconstituted</i> | 105 | XARELTO ORAL SUSPENSION RECONSTITUTED | 28 |
| <i>voriconazole oral tablet 200 mg</i> | 105 | XARELTO ORAL TABLET 10 MG, 20 MG | 28 |
| <i>voriconazole oral tablet 50 mg</i> | 105 | XARELTO ORAL TABLET 15 MG, 2.5 MG | 28 |
| VOSEVI | 105 | XARELTO STARTER PACK | 28 |
| VOTRIENT | 24 | XATMEP | 96 |
| VOWST | 80 | XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG | 57 |
| VOXZOGO | 81 | XCOPRI (350 MG DAILY DOSE) | 57 |
| VPRIV | 81 | XCOPRI ORAL TABLET 100 MG, 50 MG | 57 |
| VRAYLAR ORAL CAPSULE | 56 | | |
| VRAYLAR ORAL CAPSULE THERAPY PACK | 56 | | |
| VTAMA | 65 | | |
| VTOL LQ | 56 | | |
| VUITY | 110 | | |
| VUMERITY | 56 | | |
| VUSION | 65 | | |
| VYFEMLA | 90 | | |

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| XCOPRI ORAL TABLET 150 MG, 200 MG | 57 | THERAPY PACK 50 MG | 24 |
| XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG | 57 | XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | 24 |
| XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG | 57 | XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | 24 |
| XELJANZ ORAL SOLUTION | 96 | XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG | 24 |
| XELJANZ ORAL TABLET | 96 | XPOVIO (60 MG TWICE WEEKLY) | 24 |
| XELJANZ XR | 96 | XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | 24 |
| XELPROS | 110 | XPOVIO (80 MG TWICE WEEKLY) | 24 |
| XELSTRYM | 57 | XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 9 MG | 17 |
| XEMBIFY | 96 | XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 27 MG, 36 MG | 17 |
| XENAZINE ORAL TABLET 12.5 MG | 57 | XTANDI ORAL CAPSULE | 24 |
| XENAZINE ORAL TABLET 25 MG | 57 | XTANDI ORAL TABLET 40 MG | 24 |
| XENLETA | 106 | XTANDI ORAL TABLET 80 MG | 24 |
| XENPOZYME | 81 | XULANE | 91 |
| XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT | 57 | XULTOPHY | 76 |
| XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT | 57 | XURIDEN | 81 |
| XERESE | 65 | XYOSTED | 91 |
| XERMELO | 80 | XYREM | 57 |
| XGEVA | 76 | XYWAV | 57 |
| XHANCE | 115 | YASMIN 28 | 91 |
| XIAFLEX | 107 | YAZ | 91 |
| XIFAXAN ORAL TABLET 200 MG | 106 | YERVOY | 24 |
| XIFAXAN ORAL TABLET 550 MG | 106 | YF-VAX | 96 |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG | 76 | YONSA | 24 |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG | 76 | YUPELRI | 116 |
| XIIDRA | 110 | YUTIQ | 110 |
| XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 90 MG | 106 | YUVAFEM | 91 |
| XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 45 MG | 106 | ZAFEMY | 91 |
| XIPERE | 110 | <i>zafirlukast</i> | 116 |
| XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG | 106 | <i>zaleplon oral capsule 10 mg</i> | 57 |
| XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG | 106 | <i>zaleplon oral capsule 5 mg</i> | 57 |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML | 116 | ZANAFLEX | 57 |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML | 116 | ZARONTIN | 57 |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED | 116 | ZARXIO | 28 |
| XOPENEX HFA | 116 | ZAVESCA | 81 |
| XOSPATA | 24 | ZAVZPRET | 57 |
| XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG | 24 | ZEBUTAL ORAL CAPSULE 50-325-40 MG | 57 |
| | | ZEGALOGUE | 76 |
| | | ZEGERID | 80 |
| | | ZEJULA ORAL CAPSULE | 24 |
| | | ZEJULA ORAL TABLET 100 MG | 24 |
| | | ZEJULA ORAL TABLET 200 MG, 300 MG | 24 |
| | | ZELAPAR | 57 |

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| ZELBORAF | 24 | <i>ziprasidone mesylate</i> | 58 |
| ZEMAIRA | 81 | ZIPSOR | 17 |
| ZEMBRACE SYMTOUCH | 57 | ZIRABEV | 24 |
| ZEMDRI | 83 | ZIRGAN | 106 |
| ZEMPLAR INTRAVENOUS | 76 | ZITHROMAX INTRAVENOUS | 106 |
| ZEMPLAR ORAL CAPSULE 1 MCG | 76 | ZITHROMAX ORAL PACKET | 106 |
| ZEMPLAR ORAL CAPSULE 2 MCG | 76 | ZITHROMAX ORAL SUSPENSION RECONSTITUTED | 106 |
| ZENATANE | 65 | ZITHROMAX ORAL TABLET 250 MG, 500 MG | 106 |
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 3000-10000 UNIT, 5000-24000 UNIT | 81 | ZITHROMAX TRI-PAK | 106 |
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 25000-79000 UNIT, 40000-126000 UNIT | 81 | ZITHROMAX Z-PAK | 106 |
| ZENZEDI ORAL TABLET 10 MG | 57 | ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG | 35 |
| ZENZEDI ORAL TABLET 15 MG, 2.5 MG | 57 | ZOKINVY | 82 |
| ZENZEDI ORAL TABLET 20 MG, 30 MG | 57 | ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG | 24 |
| ZENZEDI ORAL TABLET 5 MG | 57 | ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG | 24 |
| ZENZEDI ORAL TABLET 7.5 MG | 57 | <i>zoledronic acid intravenous concentrate</i> | 76 |
| ZEPATIER | 106 | <i>zoledronic acid intravenous solution</i> | 76 |
| ZEPOSIA | 57 | ZOLINZA | 24 |
| ZEPOSIA 7-DAY STARTER PACK | 57 | <i>zolmitriptan nasal</i> | 58 |
| ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21) | 57 | <i>zolmitriptan oral</i> | 58 |
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| ZERBAXA | 106 | ZOLOFT ORAL TABLET 100 MG | 58 |
| ZERVIATE | 110 | ZOLOFT ORAL TABLET 25 MG | 58 |
| ZESTORETIC | 35 | ZOLOFT ORAL TABLET 50 MG | 58 |
| ZESTRIL | 35 | <i>zolpidem tartrate er</i> | 58 |
| ZETIA | 35 | <i>zolpidem tartrate oral tablet</i> | 58 |
| ZETONNA | 116 | <i>zolpidem tartrate sublingual</i> | 58 |
| ZIAC | 35 | ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG | 91 |
| ZIAGEN ORAL SOLUTION | 106 | ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG | 91 |
| ZIAGEN ORAL TABLET | 106 | ZOMIG NASAL | 58 |
| ZIANA | 65 | ZOMIG ORAL TABLET 2.5 MG | 58 |
| <i>zidovudine oral capsule</i> | 106 | ZOMIG ORAL TABLET 5 MG | 58 |
| <i>zidovudine oral syrup</i> | 106 | ZONALON | 65 |
| <i>zidovudine oral tablet</i> | 106 | ZONEGRAN | 58 |
| ZIEXTENZO | 28 | ZONISADE | 58 |
| <i>zileuton er</i> | 116 | <i>zonisamide oral</i> | 58 |
| ZILXI | 65 | ZONTIVITY | 28 |
| ZIMHI | 58 | ZORBIVE | 91 |
| ZINPLAVA | 106 | ZORTRESS ORAL TABLET 0.25 MG | 96 |
| ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % | 110 | ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG, 1 MG | 96 |
| <i>ziprasidone hcl oral capsule 20 mg</i> | 58 | ZORVOLEX | 17 |
| <i>ziprasidone hcl oral capsule 40 mg</i> | 58 | ZORYVE | 65 |
| <i>ziprasidone hcl oral capsule 60 mg, 80 mg</i> | 58 | ZOSYN INTRAVENOUS SOLUTION | 106 |
| | | ZOVIA 1/35 (28) | 91 |

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| ZOVIRAX EXTERNAL OINTMENT | 65 | ZYPREXA INTRAMUSCULAR | 58 |
| ZTALMY | 58 | ZYPREXA ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG | |
| ZTLIDO | 17 | | 58 |
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| MG | 58 | ZYPREXA ORAL TABLET 20 MG | 58 |
| ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL | | ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION | |
| 1.4-0.36 MG | 58 | RECONSTITUTED 210 MG, 300 MG | 58 |
| ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 | | ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION | |
| MG | 58 | RECONSTITUTED 405 MG | 58 |
| ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 2.9-0.71 | | ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 5 | |
| MG | 58 | MG | 58 |
| ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 5.7-1.4 | | ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 15 MG | |
| MG | 58 | | 58 |
| ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 | | ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 20 MG | |
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| ZUMANDIMINE | 91 | ZYTIGA ORAL TABLET 250 MG | 25 |
| ZYCLARA | 65 | ZYTIGA ORAL TABLET 500 MG | 25 |
| ZYCLARA PUMP | 65 | ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML | |
| ZYDELIG | 25 | | 106 |
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| ZYLET | 110 | ZYVOX ORAL SUSPENSION RECONSTITUTED | 106 |
| ZYLOPRIM | 17 | ZYVOX ORAL TABLET | 106 |
| ZYMAXID | 110 | | |

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 pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-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 답해 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.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على رقم الهاتف المدرج في بطاقة العضوية التابعة لخطتك (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें आपके प्लान सदस्यता कार्ड पर दिए गए नंबर पर (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

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

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

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

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

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

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This formulary was updated on September 1, 2023.

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**.