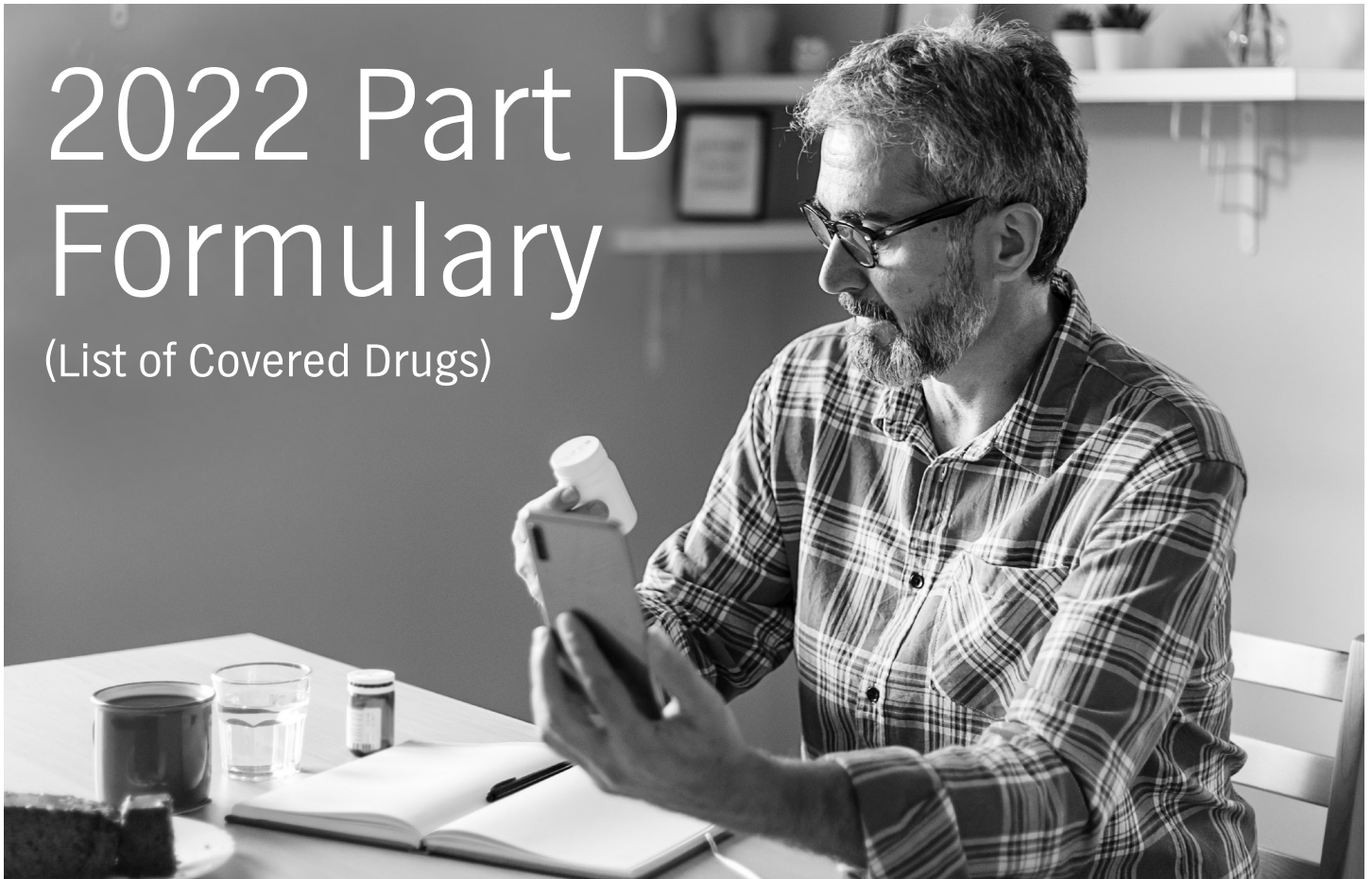


2022 Part D Formulary

(List of Covered Drugs)



Register on our website to choose to receive plan communications by email or online.

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 January 1, 2022.



Pharmacy-related benefits questions:

Pharmacy Member Services

1-833-360-3662 (TTY: 711)

24 hours a day, 7 days a week

All other questions:

Member Services

1-833-848-8730 (TTY: 711)

Monday through Friday, 8 a.m. to 9 p.m. ET,
except holidays

www.anthem.com/ca

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 BC Health Insurance Company. When it refers to “plan” or “your plan,” it means your 2022 group retiree drug plan.

This document includes a list of the covered Part D drugs for your plan which is current as of 2/1/2022. For an updated *Formulary*, please review the *Formulary* online at www.anthem.com/ca, 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 *Formulary* and pharmacy network may change on January 1, 2023, and from time to time during the year. You will receive notice when necessary.

Depending on your group sponsor's renewal date, your benefits, copayments/coinsurance may also change on January 1, 2023. The benefit information provided is not a complete description of benefits. Limitations, copayments and restrictions may apply. Please refer to your *Evidence of Coverage* online at www.anthem.com/ca, 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 retiree drug coverage are listed in this document.

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

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

You may also have coverage for certain additional drugs not covered by Medicare Part D plans. These drugs are referred to as “*Extra Covered Drugs*” and are covered by your Senior Rx Plus supplemental benefits. You can find out which specific drugs are covered by checking your *Extra Covered Drug List* online at www.anthem.com/ca, 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/ca, or call the Pharmacy Member Services number listed 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 2022 *Formulary* that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 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 or non-formulary designation. If a new Part D eligible drug is designated as non-formulary following our review, this drug will not be covered on your *Formulary*. If your provider feels you should use the new drug, you or your provider may request a coverage exception.

This *Formulary* is current as of 2/1/2022. To get updated information about the drugs covered by your plan, please refer to your *Formulary* online at www.anthem.com/ca, 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 85. 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/ca 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 him or her 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.
- 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, we will cover a temporary one-month transition supply consistent with dispensing increment (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of your plan. If 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/ca, 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 85.

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*).

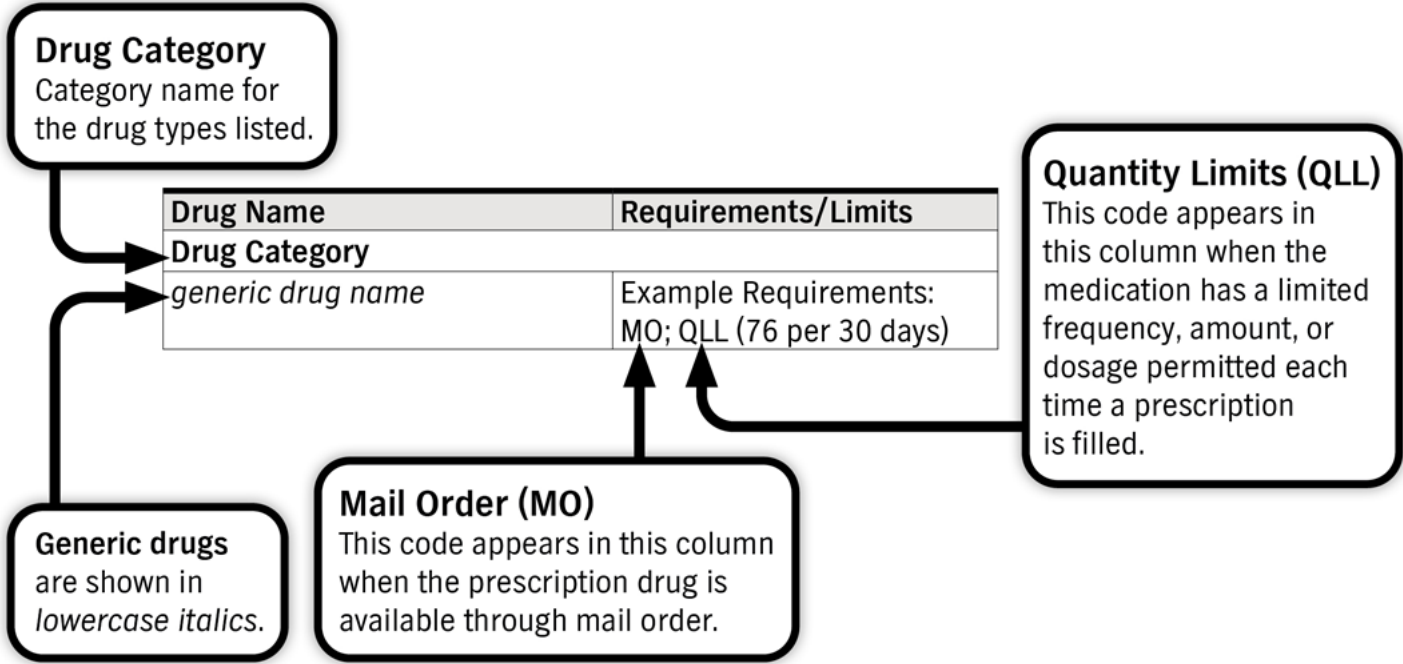
The **second column** of the chart identifies the tier placement of each medication covered in your *Formulary*. Our drug plan groups drugs based upon cost with the lowest cost drugs in Tier 1. These are typically generic drugs. Some newer, more expensive generic drugs may be on a higher tier. To find 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/ca, 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, including Specialty Drugs

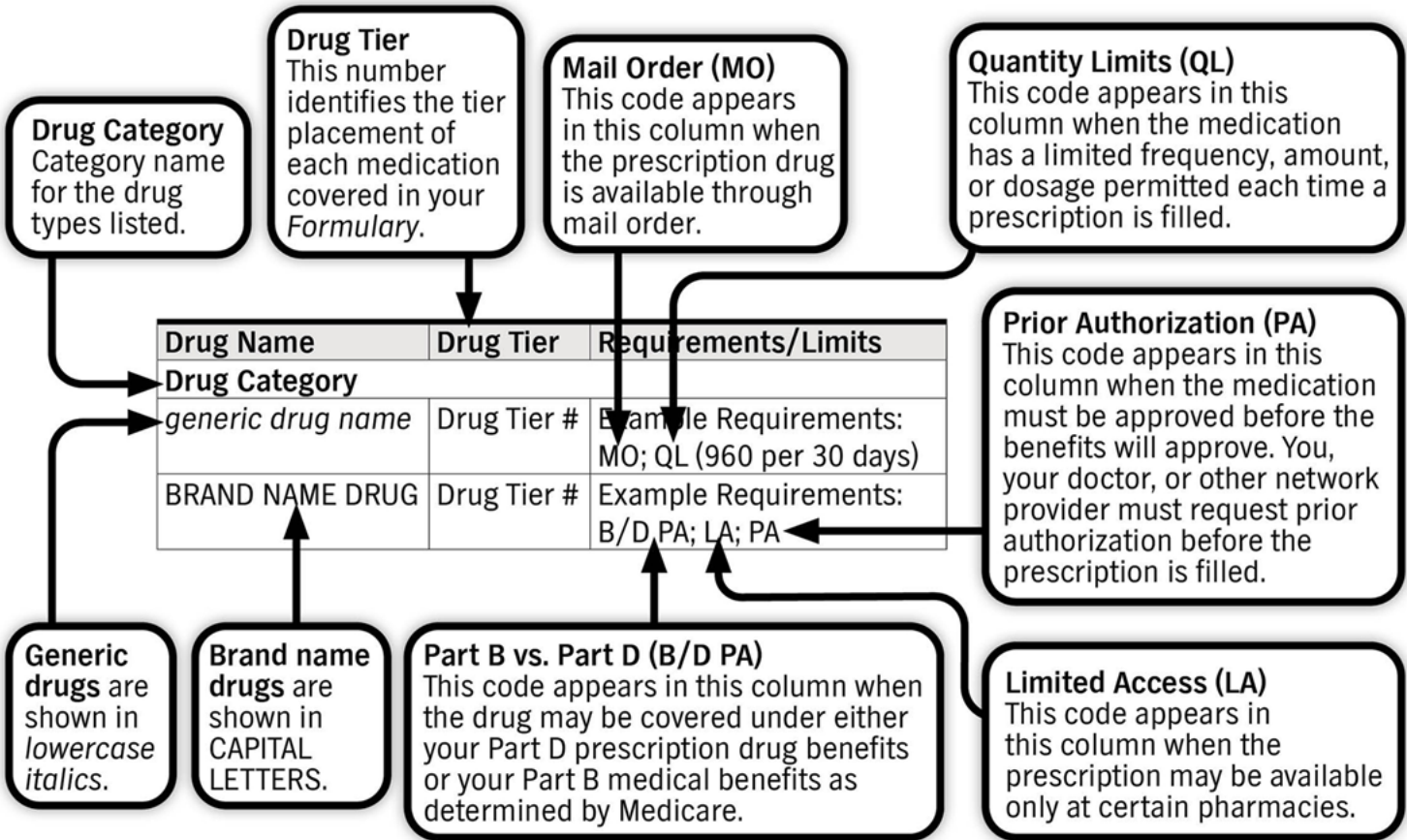
The benefits chart in your *Evidence of Coverage* will also tell you if the amount that you pay for covered drugs changes after the total drug cost paid by you and the plan reaches the initial coverage amount of \$4,430. Please check your benefits chart and *Evidence of Coverage* online at www.anthem.com/ca, 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 2022

You may fill up to a 100-day supply of Select Generics if prescribed by your provider. These drugs are covered under your retiree drug plan at a reduced copay (see the benefits chart in your *Evidence of Coverage*).

Legend

QLL - 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
Blood Glucose Regulators		<i>atenolol & chlorthalidone tab 50-25 mg, tab 100-25 mg</i>	MO
<i>glimepiride tab 1 mg</i>	MO; QLL (240 per 30 days)	<i>atenolol tab 25 mg, tab 50 mg, tab 100 mg</i>	MO
<i>glimepiride tab 2 mg</i>	MO; QLL (120 per 30 days)	<i>atorvastatin calcium tab 10 mg equivalent), tab 20 mg equivalent), tab 40 mg equivalent), tab 80 mg equivalent)</i>	MO
<i>glimepiride tab 4 mg</i>	MO; QLL (60 per 30 days)	<i>benazepril & hydrochlorothiazide tab 5-6.25 mg, tab 10-12.5 mg, tab 20-12.5 mg, tab 20-25 mg</i>	MO
<i>glipizide tab 10 mg</i>	MO; QLL (120 per 30 days)	<i>benazepril hcl tab 5 mg, tab 10 mg, tab 20 mg, tab 40 mg</i>	MO
<i>glipizide tab 5 mg, tab er 24hr 2.5 mg</i>	MO; QLL (240 per 30 days)	<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, tab 5-6.25 mg, tab 10-6.25 mg</i>	MO
<i>glipizide tab er 24hr 10 mg</i>	MO; QLL (60 per 30 days)	<i>bisoprolol fumarate tab 5 mg, tab 10 mg</i>	MO
<i>glipizide tab er 24hr 5 mg</i>	MO; QLL (120 per 30 days)	<i>carvedilol tab 3.125 mg, tab 6.25 mg, tab 12.5 mg, tab 25 mg</i>	MO
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	MO; QLL (240 per 30 days)	<i>chlorthalidone tab 25 mg, tab 50 mg</i>	MO
<i>glipizide-metformin hcl tab 2.5-500 mg, tab 5-500 mg</i>	MO; QLL (120 per 30 days)	<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg, tab 10-25 mg</i>	MO
<i>metformin hcl tab 1000 mg, tab er 24hr 750 mg</i>	MO; QLL (60 per 30 days)	<i>enalapril maleate tab 2.5 mg, tab 5 mg, tab 10 mg, tab 20 mg</i>	MO
<i>metformin hcl tab 500 mg</i>	MO; QLL (150 per 30 days)	<i>fosinopril sodium tab 10 mg, tab 20 mg, tab 40 mg</i>	MO
<i>metformin hcl tab 850 mg</i>	MO; QLL (90 per 30 days)		
<i>metformin hcl tab er 24hr 500 mg</i>	MO; QLL (120 per 30 days)		
Cardiovascular Agents			

Drug Name	Requirements /Limits	Drug Name	Requirements /Limits
<i>furosemide tab 20 mg, tab 40 mg, tab 80 mg</i>	MO	<i>pravastatin sodium tab 10 mg, tab 20 mg, tab 40 mg, tab 80 mg</i>	MO
<i>hydrochlorothiazide cap 12.5 mg, tab 12.5 mg, tab 25 mg, tab 50 mg</i>	MO	<i>quinapril hcl tab 5 mg, tab 10 mg, tab 20 mg, tab 40 mg</i>	MO
<i>irbesartan tab 75 mg, tab 150 mg, tab 300 mg</i>	MO	<i>ramipril cap 1.25 mg, cap 2.5 mg, cap 5 mg, cap 10 mg</i>	MO
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg, tab 300-12.5 mg</i>	MO	<i>rosuvastatin calcium tab 5 mg, tab 10 mg, tab 20 mg, tab 40 mg</i>	MO
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg, tab 20-12.5 mg, tab 20-25 mg</i>	MO	<i>simvastatin tab 5 mg, tab 10 mg, tab 20 mg, tab 40 mg</i>	MO
<i>lisinopril tab 2.5 mg, tab 5 mg, tab 10 mg, tab 20 mg, tab 30 mg, tab 40 mg</i>	MO	<i>trandolapril tab 1 mg, tab 2 mg, tab 4 mg</i>	MO
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg, tab 100-12.5 mg, tab 100-25 mg</i>	MO	<i>valsartan tab 40 mg, tab 80 mg, tab 160 mg, tab 320 mg</i>	MO
<i>losartan potassium tab 25 mg, tab 50 mg, tab 100 mg</i>	MO	<i>valsartan-hydrochlorothiazide tab 80-12.5 mg, tab 160-12.5 mg, tab 160-25 mg, tab 320-12.5 mg, tab 320-25 mg</i>	MO
<i>lovastatin tab 10 mg, tab 20 mg, tab 40 mg</i>	MO	Metabolic Bone Disease Agents	
<i>metoprolol tartrate tab 25 mg, tab 50 mg, tab 100 mg</i>	MO	<i>alendronate sodium tab 35 mg, tab 70 mg</i>	MO; QLL (4 per 28 days)
		<i>alendronate sodium tab 5 mg, tab 10 mg, tab 40 mg</i>	MO; QLL (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.

INJ - Injectable: The drug is available in injectable form.

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 \$830 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/ca, 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			<i>acetaminophen-codeine 120-12 mg/5ml solution</i>	1	QL (900 per 30 days); MO; NEDS
<i>acetaminophen-codeine #2</i>	1	QL (180 per 30 days); MO; NEDS	<i>acetaminophen-codeine 300-15 mg tab, 300-30 mg tab, 300-60 mg tab</i>	1	QL (180 per 30 days); MO; NEDS
<i>acetaminophen-codeine #3</i>	1	QL (180 per 30 days); MO; NEDS	ACTIQ	3	PA; QL (120 per 30 days); MO; NEDS; S
<i>acetaminophen-codeine #4</i>	1	QL (180 per 30 days); MO; NEDS			

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

Drug Name	Drug Tier	Requirements /Limits
<i>ascomp-codeine</i>	1	PA; QL (180 per 30 days); MO; NEDS
<i>buprenorphine 10 mcg/hr patch wk, 15 mcg/hr patch wk</i>	3	PA; QL (4 per 28 days); MO; NEDS
<i>buprenorphine 5 mcg/hr patch wk, 20 mcg/hr patch wk</i>	1	PA; QL (4 per 28 days); MO; NEDS
<i>buprenorphine 7.5 mcg/hr patch wk</i>	3	PA; MO
<i>butalbital-apap-caff-cod</i>	1	PA; QL (180 per 30 days); MO; NEDS
<i>butalbital-asa-caff-codeine</i>	1	PA; QL (180 per 30 days); MO; NEDS
<i>butalbital-aspirin-caffeine 50-325-40 mg cap</i>	1	PA; QL (180 per 30 days); MO
BUTALBITAL-ASPIRIN-CAFFEINE 50-325-40 MG TAB	2	PA; QL (180 per 30 days); MO
<i>butorphanol tartrate 1 mg/ml solution</i>	1	QL (240 per 30 days); MO; NEDS
<i>butorphanol tartrate 10 mg/ml solution</i>	1	QL (5 per 30 days); MO; NEDS
<i>butorphanol tartrate 2 mg/ml solution</i>	1	QL (120 per 30 days); MO; NEDS
BUTRANS 5 MCG/HR PATCH WK	3	PA; QL (4 per 28 days); MO; NEDS
BUTRANS 7.5 MCG/HR PATCH WK	3	PA; MO
CELEBREX	3	MO
<i>celecoxib</i>	1	MO
<i>codeine sulfate 15 mg tab, 30 mg tab, 60 mg tab</i>	2	QL (180 per 30 days); MO; NEDS
CONZIP	3	PA; QL (30 per 30 days); MO; NEDS
DAYPRO	3	MO
DEMEROL 25 MG/ML SOLUTION, 50 MG/ML SOLUTION	3	PA; QL (120 per 30 days); MO; NEDS

Drug Name	Drug Tier	Requirements /Limits
<i>diclofenac potassium 50 mg tab</i>	1	MO
<i>diclofenac sodium 1 % gel</i>	1	QL (1000 per 30 days); MO
<i>diclofenac sodium 1.5 % solution</i>	1	QL (300 per 30 days); MO
<i>diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr</i>	1	MO
<i>diclofenac sodium er</i>	1	MO
<i>diclofenac-misoprostol</i>	1	MO
<i>diflunisal</i>	1	MO
DILAUDID 1 MG/ML LIQUID	3	QL (720 per 30 days); MO; NEDS
DILAUDID 2 MG TAB, 4 MG TAB	3	QL (180 per 30 days); MO; NEDS
<i>duramorph</i>	1	QL (180 per 30 days); MO; NEDS
<i>ec-naproxen</i>	1	MO
<i>endocet</i>	1	QL (180 per 30 days); MO; NEDS
<i>etodolac</i>	1	MO
<i>etodolac er</i>	1	MO
FELDENE	3	MO
<i>fenoprofen calcium 600 mg tab</i>	1	MO
<i>fentanyl 12 mcg/hr patch 72hr, 25 mcg/hr patch 72hr, 50 mcg/hr patch 72hr, 75 mcg/hr patch 72hr, 100 mcg/hr patch 72hr</i>	1	PA; QL (15 per 30 days); MO; NEDS
<i>fentanyl citrate 100 mcg tab, 200 mcg tab, 400 mcg loz handle, 400 mcg tab, 600 mcg loz handle, 600 mcg tab, 800 mcg loz handle, 800 mcg tab, 1200 mcg loz handle, 1600 mcg loz handle</i>	3	PA; QL (120 per 30 days); MO; NEDS; S
<i>fentanyl citrate 200 mcg loz handle</i>	3	PA; QL (120 per 30 days); MO; NEDS

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
FENTORA	3	PA; QL (120 per 30 days); MO; NEDS; S	ketoprofen 50 mg cap, 75 mg cap	1	MO
FLECTOR	3	PA; QL (60 per 30 days); MO	ketoprofen er	1	MO
flurbiprofen	1	MO	ketorolac tromethamine 10 mg tab, 15 mg/ml solution, 30 mg/ml solution, 60 mg/2ml solution	1	PA; MO
hydrocodone-acetaminophen 2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 7.5-325 mg/15ml solution	1	QL (2700 per 30 days); MO; NEDS	LAZANDA	3	PA; QL (30 per 30 days); MO; NEDS; S
hydrocodone-acetaminophen 5-300 mg tab, 5-325 mg tab, 7.5-300 mg tab, 7.5-325 mg tab, 10-300 mg tab, 10-325 mg tab	1	QL (180 per 30 days); MO; NEDS	levorphanol tartrate 2 mg tab	3	QL (180 per 30 days); MO; NEDS; S
hydrocodone-ibuprofen	1	QL (50 per 10 days); MO; NEDS	meclofenamate sodium	1	MO
hydromorphone hcl 1 mg/ml liquid	1	QL (720 per 30 days); MO; NEDS	mefenamic acid	1	MO
hydromorphone hcl 1 mg/ml solution, 2 mg tab, 2 mg/ml solution, 4 mg tab, 8 mg tab	1	QL (180 per 30 days); MO; NEDS	meloxicam 7.5 mg tab, 15 mg tab	1	MO
hydromorphone hcl 4 mg/ml solution	1	QL (60 per 30 days); MO; NEDS	methadone hcl 10 mg/ml conc	1	QL (180 per 30 days); NEDS
HYDROMORPHONE HCL PF 1 MG/ML SOLUTION	2	QL (180 per 30 days); MO; NEDS	methadone hcl 10 mg/ml solution	1	QL (20 per 30 days); MO; NEDS
hydromorphone hcl pf 10 mg/ml solution, 50 mg/5ml solution, 500 mg/50ml solution	1	QL (120 per 30 days); MO; NEDS	methadone hcl 5 mg tab, 10 mg tab	1	PA; QL (180 per 30 days); MO; NEDS
HYDROMORPHONE HCL PF 4 MG/ML SOLUTION	2	QL (60 per 30 days); MO; NEDS	methadone hcl 5 mg/5ml solution, 10 mg/5ml solution	1	QL (900 per 30 days); MO; NEDS
ibu	1	MO	methadone hcl intensol	1	QL (180 per 30 days); NEDS
ibuprofen 100 mg/5ml suspension, 400 mg tab, 600 mg tab, 800 mg tab	1	MO	METHADOSE	2	QL (180 per 30 days); NEDS
indomethacin	1	PA; MO	METHADOSE SUGAR-FREE	2	QL (180 per 30 days); NEDS
indomethacin er	1	PA; MO	morphine sulfate (concentrate)	1	QL (180 per 30 days); MO; NEDS
ketoprofen 25 mg cap	3	MO; S	morphine sulfate (pf) 0.5 mg/ml solution, 1 mg/ml solution	1	QL (180 per 30 days); MO; NEDS
KETOPROFEN 25 MG CAP	3	S	MORPHINE SULFATE (PF) 2 MG/ML SOLUTION IV	2	QL (180 per 30 days); MO; NEDS

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
MORPHINE SULFATE (PF) 4 MG/ML SOLUTION, 5 MG/ML SOLUTION, 10 MG/ML SOLUTION	2	QL (180 per 30 days); MO; NEDS	<i>naproxen 125 mg/5ml suspension</i>	1	MO
MORPHINE SULFATE (PF) 8 MG/ML SOLUTION	3	QL (180 per 30 days); MO; NEDS	<i>naproxen 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr</i>	1	MO
<i>morphine sulfate 1 mg/ml solution, 15 mg tab, 30 mg tab</i>	1	QL (180 per 30 days); MO; NEDS	<i>naproxen sodium</i>	1	MO
<i>morphine sulfate 10 mg/5ml solution, 20 mg/5ml solution</i>	1	QL (900 per 30 days); MO; NEDS	<i>oxaprozin</i>	1	MO
<i>morphine sulfate 2 mg/ml solution, 4 mg/ml solution</i>	2	QL (180 per 30 days); MO; NEDS	<i>oxycodone hcl 5 mg cap, 5 mg tab, 10 mg tab, 10 mg/0.5ml conc, 15 mg tab, 20 mg tab, 30 mg tab, 100 mg/5ml conc</i>	1	QL (180 per 30 days); MO; NEDS
<i>morphine sulfate 50 mg/ml solution</i>	1	QL (60 per 30 days); MO; NEDS	<i>oxycodone hcl 5 mg/5ml solution</i>	1	QL (900 per 30 days); MO; NEDS
MORPHINE SULFATE 8 MG/ML SOLUTION	3	QL (180 per 30 days); MO; NEDS	<i>oxycodone-acetaminophen 2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab</i>	1	QL (180 per 30 days); MO; NEDS
<i>morphine sulfate er 10 mg cap er 24h, 20 mg cap er 24h, 30 mg cap er 24h, 50 mg cap er 24h, 60 mg cap er 24h, 80 mg cap er 24h</i>	3	PA; QL (60 per 30 days); MO; NEDS	<i>pentazocine-naloxone hcl</i>	1	PA; QL (360 per 30 days); MO; NEDS
<i>morphine sulfate er 100 mg tab er, 200 mg tab er</i>	1	PA; QL (60 per 30 days); MO; NEDS	PERCOCET 2.5-325 MG TAB	3	QL (180 per 30 days); MO; NEDS
<i>morphine sulfate er 15 mg tab er, 30 mg tab er, 60 mg tab er</i>	1	PA; QL (90 per 30 days); MO; NEDS	<i>piroxicam</i>	1	MO
<i>morphine sulfate er 40 mg cap er 24h, 100 mg cap er 24h</i>	3	PA; QL (60 per 30 days); MO; NEDS; S	<i>relafen</i>	1	MO
<i>morphine sulfate iv soln pf 10 mg/ml</i>	1	QL (180 per 30 days); MO; NEDS	ROXICODONE 5 MG TAB, 15 MG TAB	3	QL (180 per 30 days); MO; NEDS
MS CONTIN 15 MG TAB ER, 30 MG TAB ER	3	PA; QL (90 per 30 days); MO; NEDS	<i>salsalate</i>	1	MO
<i>nabumetone</i>	1	MO	SUBSYS	3	PA; QL (120 per 30 days); MO; NEDS; S
<i>nalbuphine hcl 10 mg/ml solution</i>	1	QL (60 per 30 days); MO; NEDS	<i>sulindac 150 mg tab</i>	1	MO
<i>nalbuphine hcl 20 mg/ml solution</i>	1	QL (90 per 30 days); MO; NEDS	<i>sulindac 200 mg tab</i>	1	MO
NALFON 600 MG TAB	3	MO	<i>tramadol hcl 50 mg tab</i>	1	QL (240 per 30 days); MO; NEDS
			<i>tramadol hcl er (biphasic)</i>	1	PA; QL (30 per 30 days); MO; NEDS
			<i>tramadol hcl er 100 mg tab er 24h, 200 mg tab er 24h, 300 mg tab er 24h</i>	1	PA; QL (30 per 30 days); MO; NEDS
			<i>tramadol-acetaminophen</i>	1	QL (40 per 5 days); MO; NEDS

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Drug Name	Drug Tier	Requirements /Limits
VOLTAREN	3	QL (1000 per 30 days); MO
Anesthetics		
<i>bupivacaine hcl (pf) 0.5 % solution</i>	1	MO
<i>bupivacaine hcl 0.5 % solution</i>	1	MO
<i>glydo</i>	1	MO
<i>lidocaine 5 % ointment</i>	1	PA; QL (150 per 30 days); MO
<i>lidocaine 5 % patch</i>	1	PA; QL (90 per 30 days); MO
<i>lidocaine hcl (cardiac) 50 mg/5ml soln prsyr</i>	1	MO
LIDOCAINE HCL (CARDIAC) PF 100 MG/5ML SOLUTION	2	MO
<i>lidocaine hcl (cardiac) pf 50 mg/5ml soln prsyr</i>	1	MO
<i>lidocaine hcl (pf) 1 % solution, 1.5 % solution</i>	1	MO
<i>lidocaine hcl 0.5 % solution, 1 % solution, 2 % solution</i>	1	MO
<i>lidocaine hcl 4 % solution</i>	1	PA; QL (300 per 30 days); MO
<i>lidocaine hcl urethral/mucosal</i>	1	MO
<i>lidocaine viscous hcl</i>	1	MO
<i>lidocaine-prilocaine</i>	1	QL (30 per 30 days); MO
LIDODERM	3	PA; QL (90 per 30 days); MO
<i>midazolam hcl (pf)</i>	1	MO
<i>midazolam hcl 2 mg/2ml solution, 5 mg/5ml solution, 5 mg/ml solution, 10 mg/10ml solution, 10 mg/2ml solution, 25 mg/5ml solution, 50 mg/10ml solution</i>	1	MO
NAYZILAM	3	MO
<i>sensorcaine 0.5 % solution</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>sensorcaine-mpf 0.5 % solution</i>	1	MO
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate calcium</i>	1	MO
APO-VARENICLINE 0.5 MG TAB	3	PA; QL (60 per 30 days); MO
APO-VARENICLINE 1 MG TAB	3	PA; QL (56 per 28 days); MO
<i>buprenorphine hcl 0.3 mg/ml solution</i>	1	QL (90 per 30 days); MO; NEDS
<i>buprenorphine hcl 2 mg sl tab</i>	1	QL (240 per 30 days); MO; NEDS
<i>buprenorphine hcl 8 mg sl tab</i>	1	QL (60 per 30 days); MO; NEDS
<i>buprenorphine hcl-naloxone hcl 12-3 mg film</i>	1	QL (60 per 30 days); MO; NEDS
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg film, 2-0.5 mg sl tab</i>	1	QL (360 per 30 days); MO; NEDS
<i>buprenorphine hcl-naloxone hcl 4-1 mg film</i>	1	QL (180 per 30 days); MO; NEDS
<i>buprenorphine hcl-naloxone hcl 8-2 mg film, 8-2 mg sl tab</i>	1	QL (90 per 30 days); MO; NEDS
<i>bupropion hcl er (smoking det)</i>	1	QL (60 per 30 days); MO
CHANTIX 0.5 MG TAB	3	PA; QL (60 per 30 days); MO
CHANTIX 1 MG TAB	3	PA; QL (56 per 28 days); MO
CHANTIX CONTINUING MONTH PAK	3	PA; QL (56 per 28 days); MO
CHANTIX STARTING MONTH PAK	3	PA; MO
<i>disulfiram</i>	1	MO
<i>naloxone hcl 0.4 mg/ml soln cart, 0.4 mg/ml solution, 2 mg/2ml soln prsyr, 4 mg/10ml solution</i>	1	MO
<i>naltrexone hcl</i>	1	MO
NARCAN	2	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
NICOTROL	3	MO	<i>ampicillin-sulbactam sodium</i>	1	MO
NICOTROL NS	3	QL (120 per 30 days); MO	AZACTAM	3	MO
SUBOXONE 12-3 MG FILM	3	QL (60 per 30 days); MO; NEDS	<i>azithromycin 1 gm packet, 100 mg/5ml recon susp, 200 mg/5ml recon susp, 500 mg recon soln, 500 mg tab, 600 mg tab</i>	1	MO
VARENICLINE TARTRATE 0.5 MG TAB	3	PA; QL (60 per 30 days); MO	<i>azithromycin 250 mg tab</i>	1	MO
VARENICLINE TARTRATE 1 MG TAB	3	PA; QL (56 per 28 days); MO	<i>aztreonam</i>	1	MO
Antibacterials			<i>bacitracin 50000 unit recon soln</i>	1	MO
<i>acetic acid</i>	1	MO	BACTRIM	3	MO
ACTICLATE	3	MO	BACTRIM DS	3	MO
<i>amikacin sulfate</i>	1	MO	BICILLIN C-R	2	MO
<i>amoxicillin 125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab</i>	1	MO	BICILLIN C-R 900/300	2	MO
<i>amoxicillin-pot clavulanate 200-28.5 mg chew tab, 200-28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg chew tab, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab</i>	1	MO	BICILLIN L-A	3	MO
<i>amoxicillin-pot clavulanate er</i>	1	MO	<i>cefaclor 125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 375 mg/5ml recon susp, 500 mg cap</i>	1	MO
<i>ampicillin</i>	1	MO	CEFACLOR ER	2	MO
<i>ampicillin sodium 1 gm recon soln, 10 gm recon soln, 125 mg recon soln, 250 mg recon soln, 500 mg recon soln</i>	1	MO	<i>cefadroxil 1 gm tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp</i>	1	MO
<i>ampicillin sodium 2 gm recon soln for inj</i>	1	MO	<i>cefazolin sodium 1 gm recon soln, 10 gm recon soln, 500 mg recon soln</i>	1	MO
<i>ampicillin sodium 2 gm recon soln for iv</i>	1	MO	CEFAZOLIN SODIUM 100 GM RECON SOLN, 300 GM RECON SOLN	2	MO
			CEFAZOLIN SODIUM-DEXTROSE 1-4 GM-%(50ML) RECON SOLN, 1-4 GM/50ML-% SOLUTION, 2-3 GM-%(50ML) RECON SOLN, 2-4 GM/100ML-% SOLUTION	2	MO
			<i>cefdinir 125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>cefepime hcl 1 gm recon soln, 2 gm recon soln</i>	1	MO
CEFEPIME HCL 1 GM/50ML SOLUTION, 2 GM/100ML SOLUTION, 100 GM RECON SOLN	2	MO
<i>cefixime 100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap</i>	1	MO
<i>cefotetan disodium</i>	1	MO
<i>cefoxitin sodium</i>	1	MO
CEFOXITIN SODIUM-DEXTROSE	2	MO
<i>cefpodoxime proxetil 50 mg/5ml recon susp, 100 mg tab, 100 mg/5ml recon susp, 200 mg tab</i>	1	MO
<i>cefprozil 125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab</i>	1	MO
<i>ceftazidime</i>	1	MO
CEFTAZIDIME AND DEXTROSE	2	MO
<i>ceftriaxone sodium 1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 250 mg recon soln, 500 mg recon soln</i>	1	MO
CEFTRIAAXONE SODIUM 100 GM RECON SOLN	2	MO
<i>ceftriaxone sodium for inj 1 gm</i>	1	MO
<i>ceftriaxone sodium for inj 2 gm</i>	1	MO
<i>ceftriaxone sodium in dextrose</i>	1	MO
CEFTRIAAXONE SODIUM-DEXTROSE	2	MO
<i>cefuroxime axetil 250 mg tab</i>	1	MO
<i>cefuroxime axetil 500 mg tab</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>cefuroxime sodium</i>	1	MO
<i>cephalexin 125 mg/5ml recon susp, 250 mg cap, 250 mg tab, 500 mg cap, 500 mg tab</i>	1	MO
<i>cephalexin 250 mg/5ml recon susp, 750 mg cap</i>	1	MO
<i>chloramphenicol sod succinate</i>	1	MO
CILOXAN 0.3 % SOLUTION	3	MO
CIPRO 250 MG/5ML (5%) RECON SUSP, 500 MG/5ML (10%) RECON SUSP	3	MO
<i>ciprofloxacin hcl 0.3 % solution, 100 mg tab, 750 mg tab</i>	1	MO
<i>ciprofloxacin hcl 250 mg tab, 500 mg tab</i>	1	MO
<i>ciprofloxacin in d5w</i>	1	MO
<i>clarithromycin 125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab</i>	1	MO
<i>clarithromycin er</i>	1	MO
CLEOCIN 2 % CREAM, 75 MG CAP, 75 MG/5ML RECON SOLN, 100 MG SUPPOS, 300 MG CAP	3	MO
CLEOCIN PHOSPHATE 900 MG/6ML SOLUTION	3	MO
<i>clindacin etz</i>	1	MO
<i>clindacin-p</i>	1	MO
<i>clindamycin hcl</i>	1	MO
<i>clindamycin palmitate hcl</i>	1	MO
<i>clindamycin phosphate 1 % swab, 2 % cream, 9 gm/60ml solution, 300 mg/2ml solution, 600 mg/4ml solution, 9000 mg/60ml solution</i>	1	MO
<i>clindamycin phosphate in d5w</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>colistimethate sodium (cba)</i>	1	MO	FLAGYL	3	MO
CUBICIN	3	MO; S	<i>fosfomicin tromethamine</i>	1	MO
CUBICIN RF	3	MO; S	<i>gentamicin in saline 0.8-0.9 mg/ml-% solution, 1-0.9 mg/ml-% solution, 1.2-0.9 mg/ml-% solution, 1.6-0.9 mg/ml-% solution</i>	1	MO
DAPTOMYCIN , 350 MG RECON SOLN	3	MO; S	<i>gentamicin in saline 2-0.9 mg/ml-% solution</i>	2	MO
DAPTOMYCIN 500 MG RECON SOLN	3	S	<i>gentamicin sulfate 0.1 % cream, 0.1 % ointment</i>	1	QL (30 per 30 days); MO
<i>demeclocycline hcl</i>	1	MO	<i>gentamicin sulfate 10 mg/ml solution, 40 mg/ml solution</i>	1	MO
<i>dicloxacillin sodium</i>	1	MO	HIPREX	3	MO
DIFICID 40 MG/ML RECON SUSP, 200 MG TAB	3	PA; MO; S	<i>imipenem-cilastatin</i>	1	MO
<i>doxy 100</i>	1	MO	KLARON	3	MO
<i>doxycycline hyclate 20 mg tab, 50 mg cap, 50 mg tab dr, 75 mg tab dr, 100 mg cap, 100 mg recon soln, 100 mg tab</i>	1	MO	<i>levofloxacin 25 mg/ml solution iv</i>	1	MO
<i>doxycycline monohydrate 25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg cap, 75 mg tab, 100 mg cap, 100 mg tab, 150 mg tab</i>	1	MO	<i>levofloxacin 25 mg/ml solution oral</i>	1	MO
<i>e.e.s. 400</i>	1	MO	<i>levofloxacin 250 mg tab, 500 mg tab, 750 mg tab</i>	1	MO
E.E.S. GRANULES	3	MO; S	<i>levofloxacin in d5w</i>	1	MO
<i>ertapenem sodium</i>	3	MO	LINCOCIN	3	MO
<i>ery-tab</i>	1	MO	<i>lincomycin hcl</i>	1	MO
ERYPED 200	3	MO; S	<i>linezolid 100 mg/5ml recon susp</i>	3	PA; QL (1800 per 30 days); MO; S
ERYPED 400	3	MO; S	<i>linezolid 600 mg tab</i>	3	PA; QL (56 per 28 days); MO
ERYTHROCIN LACTOBIONATE	3	MO	<i>linezolid 600 mg/300ml solution</i>	1	MO
<i>erythrocin stearate</i>	1	MO	<i>linezolid in sodium chloride</i>	3	MO
<i>erythromycin 250 mg tab dr, 333 mg tab dr, 500 mg tab dr</i>	1	MO	MACRODANTIN	3	MO
<i>erythromycin base</i>	1	MO	<i>meropenem</i>	1	MO
<i>erythromycin ethylsuccinate 200 mg/5ml recon susp, 400 mg tab, 400 mg/5ml recon susp</i>	1	MO	<i>methenamine hippurate</i>	1	MO
<i>erythromycin stearate</i>	1	MO	<i>methenamine mandelate</i>	1	MO
FIRVANQ	3	QL (1200 per 30 days); MO	METROCREAM	3	MO
			METROGEL	3	MO
			METROLOTION	3	MO

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Effective 2/1/2022

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
metronidazole 0.75 % cream, 0.75 % lotion, 1 % gel, 250 mg tab, 375 mg cap, 500 mg tab	1	MO	paromomycin sulfate	1	MO
metronidazole 0.75 % gel (topical)	1	MO	PENICILLIN G POT IN DEXTROSE	3	MO
metronidazole 0.75 % gel vaginal	1	MO	penicillin g potassium	1	MO
metronidazole in nacl	1	MO	PENICILLIN G PROCAINE	2	MO
minocycline hcl	1	MO	penicillin g sodium	1	MO
mondoxyne nl	1	MO	penicillin v potassium 125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab	1	MO
MONUROL	3	MO	pfizerpen	1	MO
moxifloxacin hcl 400 mg tab	1	MO	piperacillin sod-tazobactam soln	1	MO
moxifloxacin hcl in nacl	1	MO	polymyxin b sulfate	1	MO
nafcillin sodium 1 gm recon soln for inj	3	MO	PRIMAXIN IV	3	MO
nafcillin sodium 1 gm recon soln for iv	3	MO	rosadan	1	MO
nafcillin sodium 10 gm recon soln	3	MO; S	SOLODYN 55 MG TAB ER 24H, 65 MG TAB ER 24H	3	MO
nafcillin sodium 2 gm recon soln	3	MO	streptomycin sulfate	3	MO; S
NAFCILLIN SODIUM IN DEXTROSE	3	MO; S	sulfacetamide sodium (acne)	1	MO
neomycin sulfate	1	MO	SULFADIAZINE	2	MO
neomycin-polymyxin b gu	1	MO	sulfamethoxazole-trimethoprim 200-40 mg/5ml suspension, 400-80 mg/5ml solution	1	MO
nitrofurantoin	3	MO; S	sulfamethoxazole-trimethoprim 400-80 mg tab, 800-160 mg tab	1	MO
nitrofurantoin macrocrystal	1	MO	SUPRAX 100 MG CHEW TAB, 100 MG/5ML RECON SUSP, 200 MG CHEW TAB, 200 MG/5ML RECON SUSP, 400 MG CAP, 500 MG/5ML RECON SUSP	3	MO
nitrofurantoin monohyd macro	1	MO	SYNERCID	3	MO; S
ofloxacin 300 mg tab, 400 mg tab	1	MO	tazicef 1 gm inj recon soln	1	MO
okebo	1	MO	tazicef 2 gm inj recon soln	1	MO
ORACEA	3	MO	tazicef 2 gm iv recon soln	1	MO
oxacillin sodium 1 gm recon soln, 2 gm recon soln	1	MO	TAZICEF 6 GM INJ RECON SOLN	1	MO
oxacillin sodium 10 gm recon soln	3	MO			
OXACILLIN SODIUM IN DEXTROSE	2	MO			

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Effective 2/1/2022

Drug Name	Drug Tier	Requirements /Limits
TEFLARO	3	MO; S
<i>tetracycline hcl</i>	1	MO
TIGECYCLINE	3	MO; S
<i>tinidazole</i>	1	MO
<i>tobramycin sulfate 1.2 gm recon soln, 1.2 gm/30ml solution, 2 gm/50ml solution, 10 mg/ml solution, 80 mg/2ml solution</i>	1	MO
<i>trimethoprim</i>	1	MO
UNASYN 3 (2-1) GM RECON SOLN, 15 (10-5) GM RECON SOLN	3	MO
<i>vancomycin hcl 1 gm recon soln, 5 gm recon soln, 10 gm recon soln, 500 mg recon soln</i>	1	MO
VANCOMYCIN HCL 1.25 GM RECON SOLN, 1.5 GM RECON SOLN, 250 MG RECON SOLN, 500 MG/100ML SOLUTION, 750 MG/150ML SOLUTION, 1000 MG/200ML SOLUTION, 1250 MG/250ML SOLUTION, 1500 MG/300ML SOLUTION, 1750 MG/350ML SOLUTION, 2000 MG/400ML SOLUTION	2	MO
<i>vancomycin hcl 100 gm recon soln</i>	1	B/D PA; MO
<i>vancomycin hcl 125 mg cap</i>	1	PA; QL (240 per 30 days); MO
<i>vancomycin hcl 250 mg cap</i>	3	PA; QL (240 per 30 days); MO
<i>vancomycin hcl 750 mg recon soln</i>	2	B/D PA; MO
VANCOMYCIN HCL IN DEXTROSE	2	MO
VANCOMYCIN HCL IN NAACL	2	MO
<i>vandazole</i>	1	MO
VIBATIV	3	PA; MO; S
VIBRAMYCIN 100 MG CAP	3	MO
VIBRAMYCIN 25 MG/5ML RECON SUSP	3	MO; S

Drug Name	Drug Tier	Requirements /Limits
XIFAXAN 550 MG TAB	3	PA; QL (84 per 28 days); MO; S
ZITHROMAX 1 GM PACKET, 100 MG/5ML RECON SUSP, 200 MG/5ML RECON SUSP, 250 MG TAB, 500 MG RECON SOLN, 500 MG TAB	3	MO
ZYVOX 100 MG/5ML RECON SUSP	3	PA; QL (1800 per 30 days); MO; S
ZYVOX 200 MG/100ML SOLUTION	3	MO; S
ZYVOX 600 MG/300ML SOLUTION	3	MO
Anticonvulsants		
APTIOM	3	ST; MO; S
BANZEL 200 MG TAB	3	PA; QL (480 per 30 days); MO; S
BANZEL 40 MG/ML SUSPENSION	3	PA; QL (2400 per 30 days); MO; S
BANZEL 400 MG TAB	3	PA; QL (240 per 30 days); MO; S
BRIVIACT 10 MG TAB	3	PA; QL (60 per 30 days); MO
BRIVIACT 10 MG/ML SOLUTION	3	PA; QL (600 per 30 days); MO; S
BRIVIACT 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB	3	PA; QL (60 per 30 days); MO; S
BRIVIACT 50 MG/5ML SOLUTION	3	PA; MO
<i>carbamazepine 100 mg chew tab, 100 mg/5ml suspension, 200 mg tab</i>	1	MO
<i>carbamazepine er</i>	1	MO
CARBATROL 100 MG CAP ER 12H, 200 MG CAP ER 12H	3	MO
CELONTIN	3	MO
<i>clobazam 10 mg tab</i>	1	PA; QL (120 per 30 days); MO
<i>clobazam 2.5 mg/ml suspension</i>	1	PA; QL (480 per 30 days); MO
<i>clobazam 20 mg tab</i>	1	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
DEPAKOTE	3	MO
DEPAKOTE ER	3	MO
DEPAKOTE SPRINKLES	3	MO
DIACOMIT 250 MG CAP, 250 MG PACKET	3	PA; LA; QL (360 per 30 days); S
DIACOMIT 500 MG CAP, 500 MG PACKET	3	PA; LA; QL (180 per 30 days); S
DIASTAT ACUDIAL	3	MO
DIASTAT PEDIATRIC	3	MO
<i>diazepam 2.5 mg gel, 10 mg gel, 20 mg gel</i>	1	MO
DILANTIN 30 MG CAP, 100 MG CAP, 125 MG/5ML SUSPENSION	3	MO
DILANTIN INFATABS	3	MO
<i>divalproex sodium</i>	1	MO
<i>divalproex sodium er</i>	1	MO
EPIDIOLEX	3	PA; LA; S
<i>epitol</i>	1	MO
<i>ethosuximide 250 mg cap, 250 mg/5ml solution</i>	1	MO
<i>felbamate 400 mg tab, 600 mg tab, 600 mg/5ml suspension</i>	1	MO
FELBATOL 400 MG TAB, 600 MG TAB	3	MO; S
FELBATOL 600 MG/5ML SUSPENSION	3	MO
FINTEPLA	3	PA; LA; S
<i>fosphenytoin sodium</i>	1	MO
FYCOMPA 0.5 MG/ML SUSPENSION	3	QL (720 per 30 days); MO
FYCOMPA 2 MG TAB	3	QL (30 per 30 days); MO
FYCOMPA 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB	3	QL (30 per 30 days); MO; S
<i>gabapentin 100 mg cap</i>	1	QL (1080 per 30 days); MO

Drug Name	Drug Tier	Requirements /Limits
<i>gabapentin 250 mg/5ml solution, 300 mg/6ml solution</i>	1	QL (2160 per 30 days); MO
<i>gabapentin 300 mg cap</i>	1	QL (360 per 30 days); MO
<i>gabapentin 400 mg cap</i>	1	QL (270 per 30 days); MO
<i>gabapentin 600 mg tab</i>	1	QL (180 per 30 days); MO
<i>gabapentin 800 mg tab</i>	1	QL (120 per 30 days); MO
GABITRIL	3	MO
LAMICTAL 5 MG CHEW TAB, 25 MG CHEW TAB	3	MO
LAMICTAL ODT 25 MG TAB DISP, 50 MG TAB DISP, 100 MG TAB DISP, 200 MG TAB DISP	3	MO
LAMICTAL STARTER 35 X 25 MG KIT, 42 X 25 MG & 7 X 100 MG KIT	3	MO
LAMICTAL XR 50 & 100 & 200 MG KIT	3	MO; S
<i>lamotrigine 5 mg chew tab, 25 mg chew tab, 25 mg tab, 25 mg tab disp, 50 mg tab disp, 100 mg tab, 100 mg tab disp, 150 mg tab, 200 mg tab, 200 mg tab disp</i>	1	MO
<i>lamotrigine er</i>	3	MO
<i>levetiracetam 100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab</i>	1	MO
<i>levetiracetam er 500 mg tab er 24h</i>	1	QL (180 per 30 days); MO
<i>levetiracetam er 750 mg tab er 24h</i>	1	QL (120 per 30 days); MO
<i>levetiracetam in nacl 1000 mg/100ml solution, 1500 mg/100ml solution</i>	1	MO
<i>levetiracetam in nacl 500 mg/100ml solution</i>	3	MO; S

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
NEURONTIN 250 MG/5ML SOLUTION	3	QL (2160 per 30 days); MO	QUDEXY XR 25 MG CP24 SPRNK, 50 MG CP24 SPRNK, 100 MG CP24 SPRNK	3	MO
ONFI 10 MG TAB	3	PA; QL (120 per 30 days); MO; S	<i>roweepra</i>	1	MO
ONFI 2.5 MG/ML SUSPENSION	3	PA; QL (480 per 30 days); MO; S	<i>rufinamide 200 mg tab</i>	3	PA; QL (480 per 30 days); MO; S
ONFI 20 MG TAB	3	PA; QL (60 per 30 days); MO; S	<i>rufinamide 40 mg/ml suspension</i>	3	PA; QL (2400 per 30 days); MO; S
<i>oxcarbazepine 150 mg tab, 300 mg tab, 300 mg/5ml suspension, 600 mg tab</i>	1	MO	<i>rufinamide 400 mg tab</i>	3	PA; QL (240 per 30 days); MO; S
<i>phenobarbital 100 mg tab</i>	1	PA; QL (120 per 30 days); MO	SABRIL 500 MG PACKET	3	PA; LA; QL (180 per 30 days)
<i>phenobarbital 15 mg tab</i>	1	PA; QL (800 per 30 days); MO	SABRIL 500 MG TAB	3	PA; LA; QL (180 per 30 days); S
<i>phenobarbital 16.2 mg tab</i>	1	PA; QL (741 per 30 days); MO	SPRITAM 250 MG TAB, 500 MG TAB, 1000 MG TAB	3	PA; QL (60 per 30 days); MO
<i>phenobarbital 20 mg/5ml elixir</i>	1	PA; QL (3000 per 30 days); MO	SPRITAM 750 MG TAB	3	PA; QL (120 per 30 days); MO
<i>phenobarbital 30 mg tab</i>	1	PA; QL (400 per 30 days); MO	<i>subvenite</i>	1	MO
<i>phenobarbital 32.4 mg tab</i>	1	PA; QL (370 per 30 days); MO	SYMPAZAN 10 MG FILM, 20 MG FILM	3	PA; QL (60 per 30 days); MO; S
<i>phenobarbital 60 mg tab</i>	1	PA; QL (200 per 30 days); MO	SYMPAZAN 5 MG FILM	3	PA; QL (30 per 30 days); MO
<i>phenobarbital 64.8 mg tab</i>	1	PA; QL (185 per 30 days); MO	TEGRETOL 100 MG/5ML SUSPENSION	3	MO
<i>phenobarbital 97.2 mg tab</i>	1	PA; QL (123 per 30 days); MO	TEGRETOL-XR	3	MO
<i>phenobarbital sodium 130 mg/ml solution</i>	1	PA; MO	<i>tiagabine hcl</i>	1	MO
<i>phenobarbital sodium 65 mg/ml solution</i>	2	PA; MO	<i>topiramate</i>	1	MO
PHENYTEK	3	MO	TRILEPTAL 150 MG TAB, 300 MG TAB, 300 MG/5ML SUSPENSION	3	MO
<i>phenytoin 50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension</i>	1	MO	TROKENDI XR 100 MG CAP ER 24H	3	QL (30 per 30 days); MO; S
<i>phenytoin infatabs</i>	1	MO	TROKENDI XR 200 MG CAP ER 24H	3	QL (60 per 30 days); MO; S
<i>phenytoin sodium</i>	1	MO	TROKENDI XR 25 MG CAP ER 24H, 50 MG CAP ER 24H	3	QL (30 per 30 days); MO
<i>phenytoin sodium extended</i>	1	MO	<i>valproate sodium</i>	1	MO
<i>primidone</i>	1	MO	<i>valproic acid 250 mg cap, 250 mg/5ml solution</i>	1	MO
			VALTOCO 10 MG DOSE	3	MO; S

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

Drug Name	Drug Tier	Requirements /Limits
VALTOCO 15 MG DOSE	3	
VALTOCO 20 MG DOSE	3	
VALTOCO 5 MG DOSE	3	MO
<i>vigabatrin</i>	3	PA; LA; QL (180 per 30 days); S
<i>vigadrone</i>	3	PA; LA; QL (180 per 30 days); S
VIMPAT 10 MG/ML SOLUTION, 200 MG/20ML SOLUTION	3	QL (1200 per 30 days); MO; S
VIMPAT 100 MG TAB, 150 MG TAB, 200 MG TAB	3	QL (60 per 30 days); MO; S
VIMPAT 50 MG TAB	3	QL (60 per 30 days); MO
XCOPRI (250 MG DAILY DOSE)	3	QL (56 per 28 days); MO; S
XCOPRI (350 MG DAILY DOSE)	3	QL (56 per 28 days); MO; S
XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK	3	QL (56 per 365 over time); MO; NEDS
XCOPRI 14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK	3	QL (56 per 365 over time); MO; NEDS; S
XCOPRI 150 MG TAB, 200 MG TAB	3	QL (60 per 30 days); MO; S
XCOPRI 50 MG TAB, 100 MG TAB	3	QL (30 per 30 days); MO; S
ZARONTIN 250 MG CAP, 250 MG/5ML SOLUTION	3	MO
<i>zonisamide</i>	1	MO
Antidementia Agents		
ARICEPT 23 MG TAB	3	ST; QL (30 per 30 days); MO
ARICEPT 5 MG TAB	3	QL (30 per 30 days); MO
<i>donepezil hcl 23 mg tab</i>	1	ST; QL (30 per 30 days); MO
<i>donepezil hcl 5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp</i>	1	QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements /Limits
<i>ergoloid mesylates</i>	1	PA; MO
<i>galantamine hydrobromide 4 mg tab, 8 mg tab, 12 mg tab</i>	1	QL (60 per 30 days); MO
<i>galantamine hydrobromide 4 mg/ml solution</i>	1	QL (200 per 30 days); MO
<i>galantamine hydrobromide er</i>	1	QL (30 per 30 days); MO
<i>memantine hcl 10 mg tab, 28 x 5 mg & 21 x 10 mg tab</i>	1	PA; QL (60 per 30 days); MO
<i>memantine hcl 2 mg/ml solution, 10 mg/5ml solution</i>	1	PA; QL (300 per 30 days); MO
<i>memantine hcl 5 mg tab</i>	1	PA; QL (90 per 30 days); MO
<i>memantine hcl er</i>	1	PA; QL (30 per 30 days); MO
NAMENDA XR	3	PA; QL (30 per 30 days); MO
NAMZARIC	3	MO
RAZADYNE ER	3	QL (30 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
Antidepressants		
<i>amitriptyline hcl</i>	1	MO
<i>amoxapine</i>	1	PA; MO
<i>bupropion hcl 100 mg tab</i>	1	QL (135 per 30 days); MO
<i>bupropion hcl 75 mg tab</i>	1	QL (180 per 30 days); MO
<i>bupropion hcl er (sr) 100 mg tab er 12h</i>	1	QL (120 per 30 days); MO
<i>bupropion hcl er (sr) 150 mg tab er 12h, 200 mg tab er 12h</i>	1	QL (60 per 30 days); MO
<i>bupropion hcl er (xl) 150 mg tab er 24h</i>	1	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	Drug Name	Drug Tier	Requirements /Limits
<i>bupropion hcl er (xl) 300 mg tab er 24h, 450 mg tab er 24h</i>	1	QL (30 per 30 days); MO	<i>fluoxetine hcl 20 mg cap</i>	1	QL (120 per 30 days); MO
<i>chlordiazepoxide-amitriptyline</i>	1	PA; MO	<i>fluoxetine hcl 20 mg tab</i>	1	QL (120 per 30 days); MO
<i>citalopram hydrobromide 10 mg tab</i>	1	QL (120 per 30 days); MO	<i>fluoxetine hcl 20 mg/5ml solution</i>	1	QL (600 per 30 days); MO
<i>citalopram hydrobromide 10 mg/5ml solution</i>	1	QL (600 per 30 days); MO	<i>fluoxetine hcl 40 mg cap</i>	1	QL (60 per 30 days); MO
<i>citalopram hydrobromide 20 mg tab</i>	1	QL (60 per 30 days); MO	FLUOXETINE HCL 60 MG TAB	3	QL (30 per 30 days); MO
<i>citalopram hydrobromide 40 mg tab</i>	1	QL (30 per 30 days); MO	<i>fluoxetine hcl 90 mg cap dr</i>	1	QL (4 per 28 days); MO
<i>clomipramine hcl</i>	1	PA; MO	<i>fluvoxamine maleate 100 mg tab</i>	1	QL (90 per 30 days); MO
<i>desipramine hcl</i>	1	PA; MO	<i>fluvoxamine maleate 25 mg tab, 50 mg tab</i>	1	MO
DESVENLAFAXINE ER	3	QL (30 per 30 days); MO	<i>fluvoxamine maleate er 100 mg cap er 24h</i>	1	QL (90 per 30 days); MO
<i>desvenlafaxine succinate er</i>	1	MO	<i>fluvoxamine maleate er 150 mg cap er 24h</i>	1	QL (60 per 30 days); MO
<i>doxepin hcl 10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap</i>	1	PA; MO	<i>imipramine hcl</i>	1	PA; MO
EMSAM	3	PA; QL (30 per 30 days); MO; S	<i>imipramine pamoate 125 mg cap, 150 mg cap</i>	1	PA; MO
<i>escitalopram oxalate 10 mg tab</i>	1	QL (60 per 30 days); MO	LYBALVI	3	QL (30 per 30 days); S
<i>escitalopram oxalate 20 mg tab</i>	1	QL (30 per 30 days); MO	MARPLAN	3	MO
<i>escitalopram oxalate 5 mg tab</i>	1	QL (120 per 30 days); MO	<i>mirtazapine 15 mg tab disp, 30 mg tab disp, 45 mg tab, 45 mg tab disp</i>	1	QL (30 per 30 days); MO
<i>escitalopram oxalate 5 mg/5ml solution</i>	1	QL (600 per 30 days); MO	<i>mirtazapine 7.5 mg tab, 15 mg tab, 30 mg tab</i>	1	MO
FETZIMA	3	PA; QL (30 per 30 days); MO	<i>nefazodone hcl 200 mg tab</i>	1	QL (90 per 30 days); MO
FETZIMA TITRATION	3	PA; MO	<i>nefazodone hcl 50 mg tab, 100 mg tab, 150 mg tab, 250 mg tab</i>	1	QL (60 per 30 days); MO
<i>fluoxetine hcl (pmd) 10 mg tab</i>	1	QL (45 per 30 days); MO	NORPRAMIN	3	PA; MO
<i>fluoxetine hcl (pmd) 20 mg tab</i>	3	QL (120 per 30 days); MO	<i>nortriptyline hcl 10 mg cap, 25 mg cap</i>	1	MO
<i>fluoxetine hcl 10 mg cap</i>	1	MO	<i>nortriptyline hcl 10 mg/5ml solution, 50 mg cap, 75 mg cap</i>	1	MO
<i>fluoxetine hcl 10 mg tab</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>olanzapine-fluoxetine hcl 3-25 mg cap, 6-25 mg cap</i>	1	QL (90 per 30 days); MO
<i>olanzapine-fluoxetine hcl 6-50 mg cap, 12-25 mg cap, 12-50 mg cap</i>	1	QL (30 per 30 days); MO
PAMELOR	3	MO; S
<i>paroxetine hcl 10 mg tab, 20 mg tab</i>	1	MO
<i>paroxetine hcl 10 mg/5ml suspension</i>	3	QL (900 per 30 days); MO
<i>paroxetine hcl 30 mg tab</i>	1	QL (60 per 30 days); MO
<i>paroxetine hcl 40 mg tab</i>	1	QL (45 per 30 days); MO
<i>paroxetine hcl er 12.5 mg tab er 24h</i>	1	QL (30 per 30 days); MO
<i>paroxetine hcl er 25 mg tab er 24h, 37.5 mg tab er 24h</i>	1	QL (60 per 30 days); MO
PAXIL 10 MG TAB	3	MO
PAXIL 10 MG/5ML SUSPENSION	3	QL (900 per 30 days); MO
<i>perphenazine-amitriptyline</i>	1	PA; MO
PEXEVA 10 MG TAB, 40 MG TAB	3	QL (45 per 30 days); MO
PEXEVA 20 MG TAB	3	QL (30 per 30 days); MO
PEXEVA 30 MG TAB	3	QL (60 per 30 days); MO
<i>phenelzine sulfate</i>	1	MO
<i>protriptyline hcl</i>	1	PA; MO
PROZAC 20 MG CAP	3	QL (120 per 30 days); MO
REMERON SOLTAB	3	QL (30 per 30 days); MO
<i>sertraline hcl 100 mg tab</i>	1	QL (60 per 30 days); MO
<i>sertraline hcl 20 mg/ml conc</i>	1	QL (300 per 30 days); MO
<i>sertraline hcl 25 mg tab</i>	1	QL (240 per 30 days); MO

Drug Name	Drug Tier	Requirements /Limits
<i>sertraline hcl 50 mg tab</i>	1	QL (120 per 30 days); MO
SPRAVATO (56 MG DOSE)	3	PA; QL (16 per 28 days); S
SPRAVATO (84 MG DOSE)	3	PA; QL (24 per 28 days); S
SYMBYAX	3	QL (90 per 30 days); MO
<i>tranylcypromine sulfate</i>	1	MO
<i>trazodone hcl 300 mg tab</i>	1	MO
<i>trazodone hcl 50 mg tab, 100 mg tab, 150 mg tab</i>	1	MO
<i>trimipramine maleate</i>	1	MO
TRINTELLIX	3	QL (30 per 30 days); MO
<i>venlafaxine hcl 25 mg tab, 37.5 mg tab, 50 mg tab, 100 mg tab</i>	1	QL (90 per 30 days); MO
<i>venlafaxine hcl 75 mg tab</i>	1	MO
<i>venlafaxine hcl er 37.5 mg cap er 24h, 75 mg cap er 24h, 75 mg tab er 24h, 150 mg cap er 24h, 150 mg tab er 24h</i>	1	MO
<i>venlafaxine hcl er 37.5 mg tab er 24h, 225 mg tab er 24h</i>	1	QL (30 per 30 days); MO
VIIBRYD	3	ST; QL (30 per 30 days); MO
VIIBRYD STARTER PACK	3	ST; MO
WELLBUTRIN SR 100 MG TAB ER 12H	3	QL (120 per 30 days); MO
ZOLOFT 20 MG/ML CONC	3	QL (300 per 30 days); MO
ZULRESSO	3	PA; S
Antiemetics		
<i>aprepitant 125 mg cap</i>	1	B/D PA; QL (5 per 30 days); MO
<i>aprepitant 40 mg cap</i>	1	B/D PA; QL (1 per 28 days); MO
<i>aprepitant 80 & 125 mg cap, 80 & 125 mg misc</i>	1	B/D PA; QL (15 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>aprepitant 80 mg cap</i>	1	B/D PA; QL (10 per 30 days); MO
<i>compro</i>	1	MO
DICLEGIS	3	PA; QL (120 per 30 days); MO
<i>dronabinol</i>	1	B/D PA; QL (120 per 30 days); MO
EMEND 125 MG/5ML RECON SUSP	3	B/D PA; QL (15 per 30 days); MO
EMEND 80 MG CAP	3	B/D PA; QL (10 per 30 days); MO
EMEND TRI-PACK	3	B/D PA; QL (15 per 30 days); MO; S
<i>granisetron hcl 1 mg tab</i>	1	B/D PA; QL (30 per 30 days); MO
<i>granisetron hcl 1 mg/ml solution, 4 mg/4ml solution</i>	1	MO
<i>meclizine hcl</i>	1	MO
<i>metoclopramide hcl 5 mg tab disp, 5 mg/5ml solution, 5 mg/ml solution, 10 mg/10ml solution</i>	1	MO
<i>metoclopramide hcl 5 mg tab, 10 mg tab</i>	1	MO
<i>ondansetron</i>	1	B/D PA; QL (90 per 30 days); MO
<i>ondansetron hcl 24 mg tab</i>	1	B/D PA; QL (30 per 30 days); MO
<i>ondansetron hcl 4 mg tab, 8 mg tab</i>	1	B/D PA; QL (90 per 30 days); MO
<i>ondansetron hcl 4 mg/2ml solution, 40 mg/20ml solution</i>	1	MO
<i>ondansetron hcl 4 mg/5ml solution</i>	1	B/D PA; QL (450 per 30 days); MO
<i>perphenazine</i>	1	MO
<i>phenadoz</i>	1	PA; MO
<i>prochlorperazine</i>	1	MO
<i>prochlorperazine edisylate</i>	1	MO
<i>prochlorperazine maleate</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>promethazine hcl 12.5 mg suppos, 25 mg suppos</i>	1	PA; MO
<i>promethazine hcl 12.5 mg tab, 25 mg tab, 50 mg tab</i>	1	MO
<i>promethegan</i>	1	PA; MO
REGLAN	3	MO
SANCUSO	3	PA; QL (4 per 28 days); MO; S
<i>scopolamine</i>	1	QL (10 per 28 days); MO
TRANSDERM SCOP (1.5 MG)	2	QL (10 per 28 days); MO
TRANSDERM-SCOP	2	QL (10 per 28 days); MO
<i>trimethobenzamide hcl</i>	1	MO
Antifungals		
ABELCET	3	B/D PA; MO
AMBISOME	3	B/D PA; MO; S
<i>amphotericin b</i>	1	B/D PA; MO
ANCOBON	3	MO
<i>ciclopirox olamine 0.77 % cream</i>	1	QL (90 per 30 days); MO
<i>ciclopirox olamine 0.77 % suspension</i>	1	MO
<i>clotrimazole 1 % cream, 1 % solution</i>	1	MO
<i>clotrimazole 10 mg troche</i>	1	QL (150 per 30 days); MO
DIFLUCAN 10 MG/ML RECON SUSP, 40 MG/ML RECON SUSP, 50 MG TAB, 100 MG TAB	3	MO
<i>econazole nitrate</i>	1	QL (90 per 30 days); MO
EXTINA	3	QL (100 per 30 days); MO
<i>fluconazole 10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab</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>fluconazole in sodium chloride 200-0.9 mg/100ml-% solution, 400-0.9 mg/200ml-% solution</i>	1	MO
<i>flucytosine</i>	3	MO; S
<i>griseofulvin microsize 125 mg/5ml suspension, 500 mg tab</i>	1	MO
<i>griseofulvin ultramicrosize</i>	1	MO
<i>itraconazole 100 mg cap</i>	1	PA; MO
<i>ketoconazole 2 % cream, 2 % shampoo</i>	1	QL (120 per 30 days); MO
<i>ketoconazole 200 mg tab</i>	1	MO
<i>ketodan</i>	1	QL (100 per 30 days); MO
LOPROX 0.77 % CREAM	3	QL (90 per 30 days); MO
LUZU	3	MO
<i>micafungin sodium</i>	3	S
<i>miconazole 3</i>	1	MO
MYCAMINE	3	S
<i>naftifine hcl</i>	1	MO
NAFTIN	3	MO
NOXAFIL 40 MG/ML SUSPENSION	3	PA; MO; S
<i>nyamyc</i>	1	MO
<i>nystatin 100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder, 100000 unit/ml suspension, 500000 unit tab</i>	1	MO
<i>nystop</i>	1	MO
<i>oxiconazole nitrate</i>	3	QL (60 per 30 days); MO; S
OXISTAT 1 % LOTION	3	MO
<i>posaconazole</i>	3	PA; MO; S
<i>terbinafine hcl</i>	1	MO
<i>terconazole 0.4 % cream, 0.8 % cream, 80 mg suppos</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
VFEND 40 MG/ML RECON SUSP	3	PA; QL (300 per 30 days); MO; S
VFEND 50 MG TAB	3	PA; MO
VFEND IV	3	PA; MO
<i>voriconazole 200 mg recon soln</i>	3	PA; MO; S
<i>voriconazole 200 mg tab</i>	3	PA; QL (60 per 30 days); MO; S
<i>voriconazole 40 mg/ml recon susp</i>	3	PA; QL (300 per 30 days); MO; S
<i>voriconazole 50 mg tab</i>	1	PA; MO
Antigout Agents		
<i>allopurinol</i>	1	MO
<i>allopurinol sodium</i>	1	MO
<i>colchicine</i>	1	MO
<i>colchicine-probenecid</i>	1	MO
COLCRYS	3	MO
<i>febuxostat</i>	1	ST; MO
MITIGARE	3	MO
<i>probenecid</i>	1	MO
ULORIC	3	ST; MO
ZYLOPRIM	3	MO
Antimigraine Agents		
AIMOVIG 140 MG/ML SOLN A-INJ	2	PA; QL (1 per 28 days); MO
AIMOVIG 70 MG/ML SOLN A-INJ	2	PA; QL (2 per 28 days); MO
<i>almotriptan malate</i>	1	QL (9 per 30 days); MO
AMERGE 1 MG TAB	3	QL (9 per 30 days); MO
AMERGE 2.5 MG TAB	3	QL (9 per 30 days); MO; S
<i>dihydroergotamine mesylate 1 mg/ml solution</i>	3	PA; MO; S
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	3	QL (8 per 28 days); MO; S
<i>eletriptan hydrobromide</i>	1	QL (9 per 30 days); MO

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Drug Name	Drug Tier	Requirements /Limits
EMGALITY	2	PA; QL (2 per 28 days); MO
EMGALITY (300 MG DOSE)	2	PA; QL (3 per 28 days); MO
ERGOMAR	3	MO; S
<i>ergotamine-caffeine</i>	1	MO
<i>frovatriptan succinate</i>	1	QL (12 per 30 days); MO
IMITREX 25 MG TAB	3	QL (9 per 30 days); MO
IMITREX 5 MG/ACT SOLUTION	3	MO
IMITREX STATDOSE REFILL 4 MG/0.5ML SOLN CART	3	QL (6 per 30 days); MO
IMITREX STATDOSE SYSTEM 4 MG/0.5ML SOLN A-INJ	3	QL (6 per 30 days); MO
MAXALT	3	QL (12 per 30 days); MO
MAXALT-MLT	3	QL (12 per 30 days); MO
<i>migergot</i>	3	MO; S
<i>naratriptan hcl</i>	1	QL (9 per 30 days); MO
RELPAK	3	QL (9 per 30 days); MO
<i>rizatriptan benzoate</i>	1	QL (12 per 30 days); MO
<i>sumatriptan</i>	1	MO
<i>sumatriptan succinate 25 mg tab, 50 mg tab, 100 mg tab</i>	1	QL (9 per 30 days); MO
<i>sumatriptan succinate 4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution</i>	1	QL (6 per 30 days); MO
<i>sumatriptan succinate refill</i>	1	QL (6 per 30 days); MO
UBRELVY	3	PA; QL (16 per 30 days); MO; S
<i>zolmitriptan 2.5 mg solution, 5 mg solution</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>zolmitriptan 2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp</i>	1	QL (9 per 30 days); MO
ZOMIG 2.5 MG SOLUTION, 5 MG SOLUTION	3	MO
ZOMIG 2.5 MG TAB	3	QL (9 per 30 days); MO
ZOMIG 5 MG TAB	3	QL (9 per 30 days); MO; S
ZOMIG ZMT 2.5 MG TAB DISP	3	QL (9 per 30 days); MO
ZOMIG ZMT 5 MG TAB DISP	3	QL (9 per 30 days); MO; S
Antimyasthenic Agents		
MESTINON 60 MG/5ML SOLUTION, 180 MG TAB ER	3	MO; S
<i>pyridostigmine bromide 30 mg tab, 60 mg tab, 60 mg/5ml solution</i>	1	MO
<i>pyridostigmine bromide er</i>	1	MO
REGONOL	2	MO
Antimycobacterials		
CAPASTAT SULFATE	2	MO
<i>dapsone 25 mg tab, 100 mg tab</i>	1	MO
<i>ethambutol hcl</i>	1	MO
<i>isoniazid 100 mg tab, 300 mg tab</i>	1	MO
<i>isoniazid 50 mg/5ml syrup, 100 mg/ml solution</i>	1	MO
MYAMBUTOL	3	MO
MYCOBUTIN	3	MO; S
PASER	3	MO
PRIFTIN	2	MO
<i>pyrazinamide</i>	1	MO
<i>rifabutin</i>	1	MO
<i>rifampin</i>	1	MO
SIRTURO	3	PA; LA; S
TRECTOR	3	MO

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Drug Name	Drug Tier	Requirements /Limits
Antineoplastics		
<i>abiraterone acetate 250 mg tab</i>	3	PA; QL (120 per 30 days); S
<i>abiraterone acetate 500 mg tab</i>	3	PA; QL (60 per 30 days); S
ABRAXANE	3	PA; S
<i>adriamycin 2 mg/ml solution, 10 mg recon soln, 50 mg recon soln</i>	1	B/D PA
AFINITOR	3	PA; S
AFINITOR DISPERZ	3	PA; S
ALECENSA	3	PA; LA; QL (240 per 30 days); S
ALIMTA	3	PA; S
ALIQOPA	3	PA; LA; S
ALUNBRIG 180 MG TAB	3	PA; LA; QL (30 per 30 days); S
ALUNBRIG 30 MG TAB	3	PA; LA; QL (180 per 30 days); S
ALUNBRIG 90 & 180 MG TAB THPK	3	PA; LA; QL (30 per 180 over time); NEDS; S
ALUNBRIG 90 MG TAB	3	PA; LA; QL (60 per 30 days); S
<i>anastrozole</i>	1	QL (30 per 30 days); MO
ARRANON	2	B/D PA
<i>arsenic trioxide</i>	3	B/D PA; S
ARZERRA	3	PA; S
ASPARLAS	3	PA; S
AVASTIN	3	PA; LA; S
AYVAKIT	3	PA; LA; QL (30 per 30 days); S
<i>azacitidine</i>	3	PA; LA; S
BALVERSA 3 MG TAB	3	PA; LA; QL (90 per 30 days); S
BALVERSA 4 MG TAB	3	PA; LA; QL (60 per 30 days); S
BALVERSA 5 MG TAB	3	PA; LA; QL (30 per 30 days); S

Drug Name	Drug Tier	Requirements /Limits
BAVENCIO	3	PA; LA; S
BELEODAQ	3	PA; S
BENDEKA	3	B/D PA; S
BESPONSA	3	B/D PA; LA; S
<i>bexarotene</i>	3	PA; QL (300 per 30 days); S
<i>bicalutamide</i>	1	QL (30 per 30 days); MO
BLENREP	3	PA; S
<i>bleomycin sulfate</i>	1	B/D PA
BLINCYTO	3	PA; S
BORTEZOMIB	3	PA; S
BOSULIF 100 MG TAB	3	PA; QL (120 per 30 days); S
BOSULIF 400 MG TAB, 500 MG TAB	3	PA; QL (30 per 30 days); S
BRAFTOVI	3	PA; LA; QL (180 per 30 days); S
BRUKINSA	3	PA; LA; QL (120 per 30 days); S
<i>busulfan</i>	1	B/D PA
CABOMETYX	3	PA; LA; QL (30 per 30 days); S
CALQUENCE	3	PA; LA; S
CAPRELSA 100 MG TAB	3	PA; LA; QL (90 per 30 days); S
CAPRELSA 300 MG TAB	3	PA; LA; QL (30 per 30 days); S
<i>carboplatin</i>	1	B/D PA
<i>carmustine</i>	3	B/D PA; S
<i>cisplatin</i>	1	B/D PA
<i>cladribine</i>	3	B/D PA; S
<i>clofarabine</i>	3	B/D PA; S
COMETRIQ (100 MG DAILY DOSE)	3	PA; LA; QL (56 per 28 days); S
COMETRIQ (140 MG DAILY DOSE)	3	PA; LA; QL (112 per 28 days); S
COMETRIQ (60 MG DAILY DOSE)	3	PA; LA; QL (84 per 28 days); S

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Drug Name	Drug Tier	Requirements /Limits
COPIKTRA	3	PA; LA; QL (60 per 30 days); S
COTELLIC	3	PA; LA; QL (90 per 30 days); S
CYCLOPHOSPHAMIDE 1 GM/5ML SOLUTION, 2 GM/10ML SOLUTION, 500 MG/2.5ML SOLUTION	3	S
<i>cyclophosphamide 25 mg cap, 50 mg cap</i>	2	B/D PA
CYRAMZA	3	PA; LA; S
<i>cytarabine</i>	1	B/D PA
<i>cytarabine (pf)</i>	1	B/D PA
<i>dacarbazine</i>	1	B/D PA
<i>dactinomycin</i>	3	B/D PA; S
DARZALEX	3	PA; LA; S
DARZALEX FASPRO	3	PA; S
<i>daunorubicin hcl 20 mg/4ml solution, 50 mg/10ml solution</i>	2	B/D PA
DAURISMO 100 MG TAB	3	PA; LA; QL (30 per 30 days); S
DAURISMO 25 MG TAB	3	PA; LA; QL (60 per 30 days); S
<i>decitabine</i>	3	B/D PA; S
<i>dexrazoxane hcl</i>	3	B/D PA; S
<i>docetaxel 160 mg/16ml solution</i>	3	B/D PA
<i>docetaxel 20 mg/2ml solution, 20 mg/ml conc, 80 mg/8ml solution, 160 mg/8ml conc</i>	3	B/D PA; S
DOCETAXEL 80 MG/4ML CONC	1	B/D PA
<i>doxorubicin hcl 10 mg recon soln</i>	1	B/D PA
<i>doxorubicin hcl 2 mg/ml solution</i>	3	B/D PA; S
<i>doxorubicin hcl liposomal</i>	3	PA; S
DROXIA	2	MO
ELITEK	3	PA; S

Drug Name	Drug Tier	Requirements /Limits
EMCYT	3	
EMPLICITI	3	PA; LA; S
ENHERTU	3	PA; S
<i>epirubicin hcl</i>	1	B/D PA
ERBITUX	3	PA; S
ERIVEDGE	3	PA; LA; QL (30 per 30 days); S
ERLEADA	3	PA; LA; S
<i>erlotinib hcl 100 mg tab, 150 mg tab</i>	3	PA; QL (30 per 30 days); S
<i>erlotinib hcl 25 mg tab</i>	3	PA; QL (90 per 30 days); S
ETOPOPHOS	3	B/D PA; S
<i>etoposide</i>	1	B/D PA
<i>everolimus 2 mg tab sol, 2.5 mg tab, 3 mg tab sol, 5 mg tab, 5 mg tab sol, 7.5 mg tab, 10 mg tab</i>	3	PA; S
EVOMELA	3	B/D PA; S
<i>exemestane</i>	1	QL (60 per 30 days); MO
EXKIVITY	3	PA; QL (120 per 30 days); S
FARESTON	3	QL (30 per 30 days); S
FARYDAK 10 MG CAP	3	PA; LA; QL (60 per 30 days); S
FARYDAK 15 MG CAP, 20 MG CAP	3	PA; LA; QL (30 per 30 days); S
<i>fludarabine phosphate 50 mg recon soln</i>	1	B/D PA
<i>fludarabine phosphate 50 mg/2ml solution</i>	3	B/D PA; S
<i>fluorouracil 1 gm/20ml solution, 2.5 gm/50ml solution, 5 gm/100ml solution, 500 mg/10ml solution</i>	1	B/D PA
<i>flutamide</i>	1	MO
FOLOTYN	3	B/D PA; S

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
FOTIVDA	3	PA; QL (21 per 28 days); S	IMBRUVICA 140 MG CAP, 140 MG TAB	3	PA; LA; QL (90 per 30 days); S
<i>fulvestrant</i>	3	PA; S	IMBRUVICA 70 MG CAP, 280 MG TAB, 420 MG TAB, 560 MG TAB	3	PA; LA; QL (30 per 30 days); S
GAVRETO	3	PA; LA; QL (120 per 30 days); S	IMFINZI	3	PA; LA; S
GAZYVA	3	PA; LA; S	IMLYGIC 1000000 UNIT/ML SUSPENSION	3	PA
<i>gemcitabine hcl 1 gm recon soln, 1 gm/26.3ml solution, 2 gm recon soln, 200 mg/5.26ml solution</i>	1	B/D PA	IMLYGIC 100000000 UNIT/ML SUSPENSION	3	PA; S
<i>gemcitabine hcl 1 gm/10ml solution, 2 gm/20ml solution, 2 gm/52.6ml solution, 200 mg/2ml solution</i>	3	B/D PA; S	INLYTA 1 MG TAB	3	PA; LA; QL (180 per 30 days); S
<i>gemcitabine hcl 200 mg recon soln</i>	3	B/D PA	INLYTA 5 MG TAB	3	PA; LA; QL (120 per 30 days); S
GILOTRIF	3	PA; LA; QL (30 per 30 days); S	INQOVI	3	PA; LA; QL (5 per 28 days); S
HALAVEN	3	PA; S	INREBIC	3	PA; LA; QL (120 per 30 days); S
HERCEPTIN	3	B/D PA; S	IRESSA	3	PA; LA; QL (30 per 30 days); S
HERCEPTIN HYLECTA	3	B/D PA; S	<i>irinotecan hcl 100 mg/5ml solution</i>	3	B/D PA; S
HYDREA	3	MO	<i>irinotecan hcl 40 mg/2ml solution, 300 mg/15ml solution, 500 mg/25ml solution</i>	1	B/D PA
<i>hydroxyurea</i>	1	MO	ISTODAX (OVERFILL)	3	PA; S
IBRANCE	3	PA; LA; QL (21 per 28 days); S	IXEMPRA KIT	3	PA; S
ICLUSIG	3	PA; LA; QL (30 per 30 days); S	JAKAFI	3	PA; LA; QL (60 per 30 days); S
<i>idarubicin hcl</i>	3	B/D PA; S	JEMPERLI	3	PA; S
IDHIFA 100 MG TAB	3	PA; LA; QL (30 per 30 days); S	JEVTANA	3	PA; S
IDHIFA 50 MG TAB	3	PA; LA; QL (60 per 30 days); S	KADCYLA	3	PA; S
IFEX 3 GM RECON SOLN	3	B/D PA	KEYTRUDA	3	PA; S
<i>ifosfamide 1 gm recon soln, 1 gm/20ml solution, 3 gm/60ml solution</i>	1	B/D PA	KHAPZORY	3	PA; S
IFOSFAMIDE 3 GM RECON SOLN	3	B/D PA	KISQALI (200 MG DOSE)	3	PA; QL (21 per 21 days); S
<i>imatinib mesylate</i>	3	PA; QL (60 per 30 days); S	KISQALI (400 MG DOSE)	3	PA; QL (42 per 21 days); S
			KISQALI (600 MG DOSE)	3	PA; QL (63 per 21 days); S

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
KISQALI FEMARA (400 MG DOSE)	3	PA; QL (70 per 28 days); S	LORBRENA 100 MG TAB	3	PA; LA; QL (30 per 30 days); S
KISQALI FEMARA (600 MG DOSE)	3	PA; QL (91 per 28 days); S	LORBRENA 25 MG TAB	3	PA; LA; QL (90 per 30 days); S
KISQALI FEMARA(200 MG DOSE)	3	PA; QL (49 per 28 days); S	LUMAKRAS	3	PA; LA; QL (240 per 30 days); S
KOSELUGO	3	PA; S	LUMOXITI	3	PA; LA; S
KYPROLIS	3	PA; LA; S	LYNPARZA	3	PA; LA; QL (120 per 30 days); S
<i>lapatinib ditosylate</i>	3	PA; QL (180 per 30 days); S	MARQIBO	3	S
LENVIMA (10 MG DAILY DOSE)	3	PA; LA; QL (30 per 30 days); S	MATULANE	3	LA; S
LENVIMA (12 MG DAILY DOSE)	3	PA; LA; QL (90 per 30 days); S	MEKINIST 0.5 MG TAB	3	PA; LA; QL (90 per 30 days); S
LENVIMA (14 MG DAILY DOSE)	3	PA; LA; QL (60 per 30 days); S	MEKINIST 2 MG TAB	3	PA; LA; QL (30 per 30 days); S
LENVIMA (18 MG DAILY DOSE)	3	PA; LA; QL (90 per 30 days); S	MEKTOVI	3	PA; LA; QL (180 per 30 days); S
LENVIMA (20 MG DAILY DOSE)	3	PA; LA; QL (60 per 30 days); S	<i>melphalan</i>	1	B/D PA
LENVIMA (24 MG DAILY DOSE)	3	PA; LA; QL (90 per 30 days); S	<i>melphalan hcl</i>	1	B/D PA
LENVIMA (4 MG DAILY DOSE)	3	PA; LA; QL (30 per 30 days); S	<i>mercaptopurine</i>	1	MO
LENVIMA (8 MG DAILY DOSE)	3	PA; LA; QL (60 per 30 days); S	<i>mesna</i>	1	MO
<i>letrozole</i>	1	QL (30 per 30 days); MO	MESNEX 400 MG TAB	3	MO; S
<i>leucovorin calcium 100 mg/10ml solution</i>	1	MO	<i>mitomycin 20 mg recon soln, 40 mg recon soln</i>	3	B/D PA; S
<i>leucovorin calcium 5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab</i>	1	MO	<i>mitomycin 5 mg recon soln</i>	1	B/D PA
<i>leucovorin calcium 50 mg recon soln, 100 mg recon soln, 200 mg recon soln, 350 mg recon soln, 500 mg recon soln</i>	1	B/D PA; MO	<i>mitoxantrone hcl</i>	1	B/D PA
LEUKERAN	2	MO	MONJUVI	3	PA; S
LIBTAYO	3	PA; LA; S	<i>mutamycin 40 mg recon soln</i>	3	B/D PA; S
LONSURF	3	PA; S	<i>mutamycin 5 mg recon soln, 20 mg recon soln</i>	1	B/D PA
			MYLOTARG	3	PA; LA; S
			NERLYNX	3	PA; LA; QL (180 per 30 days); S
			NEXAVAR	3	PA; LA; QL (120 per 30 days); S
			NILANDRON	3	QL (30 per 30 days); MO; S
			<i>nilutamide</i>	3	QL (30 per 30 days); MO; S

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
NINLARO	3	PA; QL (3 per 28 days); S	POTELIGEO	3	B/D PA; LA; S
NIPENT	3	B/D PA; S	PURIXAN	3	PA; S
NUBEQA	3	PA; LA; QL (120 per 30 days); S	QINLOCK	3	PA; QL (90 per 30 days); S
ODOMZO	3	PA; LA; QL (30 per 30 days); S	RETEVMO 40 MG CAP	3	PA; QL (180 per 30 days); S
ONCASPAR	3	PA; S	RETEVMO 80 MG CAP	3	PA; QL (120 per 30 days); S
ONUREG	3	PA; LA; QL (14 per 28 days); S	REVLIMID 10 MG CAP	3	PA; LA; QL (60 per 30 days); S
OPDIVO	3	PA; LA; S	REVLIMID 2.5 MG CAP, 15 MG CAP, 20 MG CAP, 25 MG CAP	3	PA; LA; QL (30 per 30 days); S
<i>oxaliplatin 50 mg recon soln, 100 mg recon soln</i>	3	B/D PA; S	REVLIMID 5 MG CAP	3	PA; LA; QL (150 per 30 days); S
<i>oxaliplatin 50 mg/10ml solution, 100 mg/20ml solution, 200 mg/40ml solution</i>	1	B/D PA	RIABNI	3	B/D PA; S
<i>paclitaxel 30 mg/5ml conc, 100 mg/16.67ml conc, 100 mg/16.7ml conc, 150 mg/25ml conc</i>	1	B/D PA	RITUXAN	3	B/D PA; LA; S
<i>paclitaxel 300 mg/50ml conc</i>	1		RITUXAN HYCELA	3	B/D PA; LA; S
PADCEV	3	PA; S	ROMIDEPSIN	3	PA; S
PANRETIN	3	S	ROZLYTREK 100 MG CAP	3	PA; LA; QL (150 per 30 days); S
<i>paraplatin</i>	1	B/D PA	ROZLYTREK 200 MG CAP	3	PA; LA; QL (90 per 30 days); S
PEMAZYRE	3	PA; LA; QL (14 per 21 days); S	RUBRACA	3	PA; LA; QL (120 per 30 days); S
PEPAXTO	3	S	RYBREVANT	3	PA; S
PERJETA	3	PA; S	RYDAPT	3	PA; QL (240 per 30 days); S
PHESGO	3	PA; S	RYLAZE	3	PA; MO; S
PIQRAY (200 MG DAILY DOSE)	3	PA; QL (28 per 28 days); S	SARCLISA	3	PA; S
PIQRAY (250 MG DAILY DOSE)	3	PA; QL (56 per 28 days); S	SOLTAMOX	3	MO; S
PIQRAY (300 MG DAILY DOSE)	3	PA; QL (56 per 28 days); S	SPRYCEL	3	PA; QL (30 per 30 days); S
POLIVY	3	B/D PA; S	STIVARGA	3	PA; LA; QL (84 per 28 days); S
POMALYST	3	PA; LA; QL (21 per 28 days); S	<i>sunitinib malate</i>	3	PA; QL (30 per 30 days); S
PORTRAZZA	3	LA; S	SUTENT	3	PA; QL (30 per 30 days); S
			SYNRIBO	3	PA; S
			TABLOID	3	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
TABRECTA	3	PA; QL (120 per 30 days); S	<i>toremifene citrate</i>	3	QL (30 per 30 days); S
TAFINLAR	3	PA; LA; QL (120 per 30 days); S	TREANDA	3	B/D PA; S
TAGRISSO	3	PA; LA; QL (30 per 30 days); S	<i>tretinoin 10 mg cap</i>	3	MO; S
TALZENNA 0.25 MG CAP	3	PA; LA; QL (90 per 30 days); S	TRUSELTIQ (100MG DAILY DOSE)	3	PA; LA; QL (21 per 28 days); S
TALZENNA 1 MG CAP	3	PA; LA; QL (30 per 30 days); S	TRUSELTIQ (125MG DAILY DOSE)	3	PA; LA; QL (42 per 28 days); S
<i>tamoxifen citrate</i>	1	MO	TRUSELTIQ (50MG DAILY DOSE)	3	PA; LA; QL (42 per 28 days); S
TARCEVA 100 MG TAB, 150 MG TAB	3	PA; LA; QL (30 per 30 days); S	TRUSELTIQ (75MG DAILY DOSE)	3	PA; LA; QL (63 per 28 days); S
TARCEVA 25 MG TAB	3	PA; LA; QL (90 per 30 days); S	TUKYSA	3	PA; LA; QL (120 per 30 days); S
TARGRETIN 1 % GEL	3	PA; QL (60 per 30 days); S	TURALIO	3	PA; LA; QL (120 per 30 days); S
TARGRETIN 75 MG CAP	3	PA; QL (300 per 30 days); S	TYKERB	3	PA; LA; QL (180 per 30 days); S
TASIGNA	3	PA; QL (112 per 28 days); S	UKONIQ	3	PA; LA; QL (120 per 30 days); S
TAZVERIK	3	PA; LA; QL (240 per 30 days); S	VALCHLOR	3	PA; LA; S
TECENTRIQ 1200 MG/20ML SOLUTION	3	PA; LA; QL (20 per 21 days); S	VECTIBIX	3	PA; S
TECENTRIQ 840 MG/14ML SOLUTION	3	PA; LA; QL (28 per 28 days); S	VELCADE	3	PA; S
TEPMETKO	3	PA; LA; QL (60 per 30 days); S	VENCLEXTA 10 MG TAB	2	PA; LA; QL (60 per 30 days)
THALOMID 150 MG CAP, 200 MG CAP	3	PA; QL (60 per 30 days); S	VENCLEXTA 100 MG TAB	3	PA; LA; QL (180 per 30 days); S
THALOMID 50 MG CAP, 100 MG CAP	3	PA; QL (30 per 30 days); S	VENCLEXTA 50 MG TAB	2	PA; LA; QL (30 per 30 days)
<i>thiotepa</i>	1	B/D PA	VENCLEXTA STARTING PACK	3	PA; LA; S
TIBSOVO	3	PA; LA; QL (60 per 30 days); S	VERZENIO	3	PA; LA; QL (60 per 30 days); S
TICE BCG	2	B/D PA	<i>vinblastine sulfata</i>	1	B/D PA
<i>toposar</i>	1	B/D PA	<i>vincristine sulfata</i>	1	B/D PA
<i>topotecan hcl 4 mg recon soln, 4 mg/4ml solution</i>	3	B/D PA; S	<i>vinorelbine tartrate</i>	1	B/D PA
			VITRAKVI 100 MG CAP	3	PA; LA; QL (60 per 30 days); S
			VITRAKVI 20 MG/ML SOLUTION	3	PA; LA; QL (300 per 30 days); S
			VITRAKVI 25 MG CAP	3	PA; LA; QL (180 per 30 days); S

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Drug Name	Drug Tier	Requirements /Limits
VIZIMPRO	3	PA; LA; QL (30 per 30 days); S
VOTRIENT	3	PA; LA; QL (120 per 30 days); S
VYXEOS	3	B/D PA; S
WELIREG	3	PA; LA; QL (90 per 30 days); S
XALKORI	3	PA; LA; QL (120 per 30 days); S
XOSPATA	3	PA; LA; QL (90 per 30 days); S
XPOVIO (100 MG ONCE WEEKLY) 20 MG TAB THPK	3	PA; LA; QL (20 per 28 days); S
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	3	PA; LA; QL (8 per 28 days); S
XPOVIO (40 MG ONCE WEEKLY) 20 MG TAB THPK	3	PA; LA; QL (8 per 28 days); S
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	3	PA; LA; QL (4 per 28 days); S
XPOVIO (40 MG TWICE WEEKLY) 20 MG TAB THPK	3	PA; LA; QL (16 per 28 days); S
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	3	PA; LA; QL (8 per 28 days); S
XPOVIO (60 MG ONCE WEEKLY) 20 MG TAB THPK	3	PA; LA; QL (12 per 28 days); S
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	3	PA; LA; QL (4 per 28 days); S
XPOVIO (60 MG TWICE WEEKLY)	3	PA; LA; QL (24 per 28 days); S
XPOVIO (80 MG ONCE WEEKLY) 20 MG TAB THPK	3	PA; LA; QL (16 per 28 days); S
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	3	PA; LA; QL (8 per 28 days); S
XPOVIO (80 MG TWICE WEEKLY)	3	PA; LA; QL (32 per 28 days); S
XTANDI 40 MG CAP	3	PA; LA; QL (120 per 30 days); S
XTANDI 40 MG TAB	3	PA; QL (120 per 30 days); S
XTANDI 80 MG TAB	3	PA; QL (60 per 30 days); S

Drug Name	Drug Tier	Requirements /Limits
YERVOY	3	PA; S
YONDELIS	3	B/D PA; S
YONSA	3	PA; QL (120 per 30 days); S
ZALTRAP	3	PA; LA; S
ZANOSAR	3	B/D PA; S
ZEJULA	3	PA; LA; QL (90 per 30 days); S
ZELBORAF	3	PA; LA; QL (240 per 30 days); S
ZEPZELCA	3	S
ZOLINZA	3	PA; QL (120 per 30 days); S
ZYDELIG	3	PA; LA; QL (60 per 30 days); S
ZYKADIA	3	PA; LA; QL (90 per 30 days); S
ZYNLONTA	3	PA; S
Antiparasitics		
<i>albendazole</i>	3	MO; S
ALBENZA	3	MO; S
<i>atovaquone</i>	3	PA; MO; S
<i>atovaquone-proguanil hcl</i>	1	MO
BILTRICIDE	3	MO; S
<i>chloroquine phosphate</i>	1	MO
COARTEM	3	MO
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	MO
<i>ivermectin 3 mg tab</i>	1	MO
MALARONE	3	MO
<i>mefloquine hcl</i>	1	MO
NEBUPENT	3	B/D PA; MO
<i>nitazoxanide</i>	3	QL (6 per 30 days); MO
PENTAM	3	
<i>pentamidine isethionate</i>	1	
<i>pentamidine isethionate 300 mg recon soln for nebulization</i>	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>praziquantel</i>	1	MO
<i>primaquine phosphate</i>	2	MO
<i>pyrimethamine</i>	3	MO; S
QUALAQUIN	3	PA; MO
<i>quinine sulfate</i>	1	PA; MO
STROMEKTOL	3	MO
Antiparkinson Agents		
<i>amantadine hcl 50 mg/5ml solution, 100 mg cap, 100 mg tab</i>	1	MO
APOKYN	3	PA; LA; QL (60 per 30 days); S
AZILECT	3	MO
<i>benztropine mesylate 0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab</i>	1	PA; MO
<i>bromocriptine mesylate</i>	1	MO
<i>carbidopa</i>	1	MO
<i>carbidopa-levodopa 10-100 mg tab, 10-100 mg tab disp, 25-100 mg tab, 25-100 mg tab disp, 25-250 mg tab, 25-250 mg tab disp</i>	1	MO
<i>carbidopa-levodopa er</i>	1	MO
<i>carbidopa-levodopa-entacapone</i>	1	MO
COMTAN	3	MO
<i>entacapone</i>	1	MO
LODOSYN	3	MO; S
MIRAPEX	3	MO
MIRAPEX ER 0.75 MG TAB ER 24H, 1.5 MG TAB ER 24H, 3 MG TAB ER 24H, 3.75 MG TAB ER 24H	3	MO
NEUPRO	3	QL (30 per 30 days); MO
PARLODEL	3	MO
<i>pramipexole dihydrochloride</i>	1	MO
<i>pramipexole dihydrochloride er</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>rasagiline mesylate</i>	1	MO
<i>ropinirole hcl</i>	1	MO
<i>ropinirole hcl er</i>	1	MO
RYTARY	3	ST; MO; S
<i>selegiline hcl</i>	1	MO
SINEMET	3	MO
STALEVO 50	3	MO
STALEVO 75	3	MO
<i>tolcapone</i>	3	PA; QL (180 per 30 days); MO; S
<i>trihexyphenidyl hcl 0.4 mg/ml solution</i>	1	PA; MO
<i>trihexyphenidyl hcl 2 mg tab, 5 mg tab</i>	1	MO
ZELAPAR	3	MO; S
Antipsychotics		
ABILIFY MAINTENA	3	QL (1 per 28 days); MO; S
<i>aripiprazole 1 mg/ml solution</i>	1	QL (900 per 30 days); MO
<i>aripiprazole 10 mg tab disp</i>	3	QL (90 per 30 days); MO; S
<i>aripiprazole 15 mg tab disp</i>	3	QL (60 per 30 days); MO; S
<i>aripiprazole 2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab</i>	1	MO
<i>aripiprazole 20 mg tab, 30 mg tab</i>	1	QL (30 per 30 days); MO
ARISTADA 1064 MG/3.9ML PRSYR	3	QL (3.9 per 60 days); MO; NEDS; S
ARISTADA 441 MG/1.6ML PRSYR	3	QL (1.6 per 28 days); MO; S
ARISTADA 662 MG/2.4ML PRSYR	3	QL (2.4 per 28 days); MO; S
ARISTADA 882 MG/3.2ML PRSYR	3	QL (3.2 per 28 days); MO; S
ARISTADA INITIO	3	QL (4.8 per 365 over time); MO; NEDS; S

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>asenapine maleate 10 mg sl tab</i>	3	QL (60 per 30 days); MO	FANAPT TITRATION PACK	3	MO
<i>asenapine maleate 2.5 mg sl tab</i>	1	QL (240 per 30 days); MO	<i>fluphenazine decanoate</i>	1	MO
<i>asenapine maleate 5 mg sl tab</i>	1	QL (120 per 30 days); MO	<i>fluphenazine hcl 1 mg tab, 2.5 mg tab, 2.5 mg/5ml elixir, 2.5 mg/ml solution, 5 mg tab, 5 mg/ml conc, 10 mg tab</i>	1	MO
CAPLYTA	3	PA; QL (30 per 30 days); MO; S	GEODON 20 MG RECON SOLN	2	QL (6 per 3 days); MO
<i>chlorpromazine hcl 10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab</i>	1	MO	<i>haloperidol</i>	1	MO
<i>chlorpromazine hcl 25 mg/ml solution, 50 mg/2ml solution</i>	2	MO	<i>haloperidol decanoate</i>	1	MO
CHLORPROMAZINE HCL 30 MG/ML CONC, 100 MG/ML CONC	3	S	<i>haloperidol lactate</i>	1	MO
<i>clozapine 100 mg tab, 100 mg tab disp</i>	1	QL (270 per 30 days); MO	INVEGA 1.5 MG TAB ER 24H, 3 MG TAB ER 24H, 9 MG TAB ER 24H	3	QL (30 per 30 days); MO; S
<i>clozapine 12.5 mg tab disp</i>	1	QL (2160 per 30 days); MO	INVEGA 6 MG TAB ER 24H	3	QL (60 per 30 days); MO; S
<i>clozapine 150 mg tab disp</i>	1	QL (180 per 30 days); MO	INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	3	QL (3.5 per 180 over time); NEDS; S
<i>clozapine 200 mg tab</i>	1	QL (120 per 30 days); MO	INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	3	QL (5 per 180 over time); NEDS; S
<i>clozapine 200 mg tab disp</i>	3	QL (120 per 30 days); MO; S	INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	3	QL (0.75 per 28 days); MO; S
<i>clozapine 25 mg tab, 25 mg tab disp</i>	1	QL (1080 per 30 days); MO	INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	3	QL (1 per 28 days); MO; S
<i>clozapine 50 mg tab</i>	1	QL (540 per 30 days); MO	INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	3	QL (1.5 per 28 days); MO; S
FANAPT 1 MG TAB	3	QL (720 per 30 days); MO	INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	3	QL (0.25 per 28 days); MO
FANAPT 10 MG TAB, 12 MG TAB	3	QL (60 per 30 days); MO; S	INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	3	QL (0.5 per 28 days); MO; S
FANAPT 2 MG TAB	3	QL (360 per 30 days); MO; S	INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	3	QL (0.875 per 84 days); MO; NEDS; S
FANAPT 4 MG TAB	3	QL (180 per 30 days); MO; S	INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	3	QL (1.315 per 84 days); MO; NEDS; S
FANAPT 6 MG TAB	3	QL (120 per 30 days); MO; S	INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	3	QL (1.75 per 84 days); MO; NEDS; S
FANAPT 8 MG TAB	3	QL (90 per 30 days); MO; S			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	3	QL (2.625 per 84 days); MO; NEDS; S	REXULTI 3 MG TAB, 4 MG TAB	3	QL (30 per 30 days); MO; S
<i>loxapine succinate</i>	1	MO	RISPERDAL CONSTA 12.5 MG, 25 MG	3	QL (2 per 28 days); MO
<i>molindone hcl</i>	1	MO	RISPERDAL CONSTA 37.5 MG, 50 MG	3	QL (2 per 28 days); MO; S
NUPLAZID	3	PA; LA; QL (30 per 30 days); S	<i>risperidone 0.25 mg tab, 0.25 mg tab disp</i>	1	QL (1920 per 30 days); MO
<i>olanzapine 10 mg recon soln</i>	1	QL (90 per 30 days); MO	<i>risperidone 0.5 mg tab, 0.5 mg tab disp</i>	1	QL (960 per 30 days); MO
<i>olanzapine 2.5 mg tab, 5 mg tab, 5 mg tab disp, 7.5 mg tab, 10 mg tab, 10 mg tab disp, 15 mg tab, 15 mg tab disp</i>	1	MO	<i>risperidone 1 mg tab, 1 mg tab disp, 1 mg/ml solution</i>	1	QL (480 per 30 days); MO
<i>olanzapine 20 mg tab, 20 mg tab disp</i>	1	QL (30 per 30 days); MO	<i>risperidone 2 mg tab, 2 mg tab disp</i>	1	QL (240 per 30 days); MO
<i>paliperidone er 1.5 mg tab er 24h, 3 mg tab er 24h</i>	1	QL (30 per 30 days); MO	<i>risperidone 3 mg tab disp</i>	1	QL (150 per 30 days); MO
<i>paliperidone er 6 mg tab er 24h</i>	1	QL (60 per 30 days); MO	<i>risperidone 3 mg tab, 4 mg tab, 4 mg tab disp</i>	1	QL (120 per 30 days); MO
<i>paliperidone er 9 mg tab er 24h</i>	3	QL (30 per 30 days); MO	SAPHRIS 10 MG SL TAB	3	QL (60 per 30 days); MO; S
<i>pimozide</i>	1	MO	SAPHRIS 2.5 MG SL TAB	3	QL (240 per 30 days); MO
<i>quetiapine fumarate 100 mg tab</i>	1	QL (240 per 30 days); MO	SAPHRIS 5 MG SL TAB	3	QL (120 per 30 days); MO
<i>quetiapine fumarate 200 mg tab</i>	1	QL (120 per 30 days); MO	SECUADO	3	QL (30 per 30 days); MO; S
<i>quetiapine fumarate 25 mg tab</i>	1	QL (960 per 30 days); MO	SEROQUEL XR 150 MG TAB ER 24H, 200 MG TAB ER 24H	3	QL (30 per 30 days); MO
<i>quetiapine fumarate 300 mg tab</i>	1	QL (80 per 30 days); MO	SEROQUEL XR 400 MG TAB ER 24H	3	QL (60 per 30 days); MO; S
<i>quetiapine fumarate 400 mg tab</i>	1	QL (60 per 30 days); MO	SEROQUEL XR 50 MG TAB ER 24H, 300 MG TAB ER 24H	3	QL (60 per 30 days); MO
<i>quetiapine fumarate 50 mg tab</i>	1	QL (480 per 30 days); MO	<i>thioridazine hcl</i>	1	MO
<i>quetiapine fumarate er 150 mg tab er 24h, 200 mg tab er 24h</i>	1	QL (30 per 30 days); MO	<i>thiothixene</i>	1	MO
<i>quetiapine fumarate er 50 mg tab er 24h, 300 mg tab er 24h, 400 mg tab er 24h</i>	1	QL (60 per 30 days); MO	<i>trifluoperazine hcl</i>	1	MO
REXULTI 0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB	3	QL (60 per 30 days); MO; S	VERSACLOZ	3	QL (600 per 30 days); MO
			VRAYLAR 1.5 & 3 MG CAP THPK	3	MO
			VRAYLAR 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP	3	QL (30 per 30 days); MO; S

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>ziprasidone hcl 20 mg cap</i>	1	QL (240 per 30 days); MO	APTIVUS 250 MG CAP	3	QL (120 per 30 days); S
<i>ziprasidone hcl 40 mg cap</i>	1	QL (120 per 30 days); MO	<i>atazanavir sulfate 150 mg cap, 200 mg cap</i>	3	QL (60 per 30 days)
<i>ziprasidone hcl 60 mg cap, 80 mg cap</i>	1	QL (60 per 30 days); MO	<i>atazanavir sulfate 300 mg cap</i>	3	QL (30 per 30 days)
<i>ziprasidone mesylate</i>	3	QL (6 per 3 days); MO	ATRIPLA	3	QL (30 per 30 days); S
ZYPREXA 10 MG RECON SOLN	3	QL (90 per 30 days); MO	BARACLUDE 0.05 MG/ML SOLUTION	3	PA; S
ZYPREXA RELPREVV 210 MG RECON SUSP	3	QL (2 per 28 days)	BIKTARVY	3	QL (30 per 30 days); S
ZYPREXA RELPREVV 300 MG RECON SUSP, 405 MG RECON SUSP	3	QL (2 per 28 days); S	CABENUVA 400 & 600 MG/2ML SUSP	3	QL (4 per 28 days); MO; S
Antispasticity Agents			CABENUVA 600 & 900 MG/3ML SUSP	3	QL (6 per 28 days); MO; S
<i>baclofen 20 mg tab</i>	1	QL (120 per 30 days); MO	<i>cidofovir</i>	1	B/D PA
<i>baclofen 5 mg tab, 10 mg tab</i>	1	QL (90 per 30 days); MO	CIMDUO	3	QL (30 per 30 days); S
DANTRIUM	3	MO	COMBIVIR	3	QL (60 per 30 days); S
<i>dantrolene sodium</i>	1	MO	COMPLERA	3	QL (30 per 30 days); S
<i>tizanidine hcl</i>	1	MO	CRIXIVAN 200 MG CAP	3	QL (360 per 30 days)
ZANAFLEX	3	MO	CRIXIVAN 400 MG CAP	3	QL (180 per 30 days)
Antivirals			DELSTRIGO	3	QL (30 per 30 days); S
<i>abacavir sulfate 20 mg/ml solution</i>	1	QL (960 per 30 days)	DESCOVY	3	QL (30 per 30 days); S
<i>abacavir sulfate 300 mg tab</i>	1	QL (60 per 30 days)	DOVATO	3	QL (30 per 30 days); S
<i>abacavir sulfate-lamivudine</i>	1	QL (30 per 30 days)	EDURANT	3	QL (30 per 30 days); S
<i>abacavir-lamivudine-zidovudine</i>	3	QL (60 per 30 days); S	<i>efavirenz 200 mg cap</i>	1	QL (120 per 30 days)
<i>acyclovir 200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab</i>	1	MO	<i>efavirenz 50 mg cap</i>	1	QL (360 per 30 days)
<i>acyclovir sodium</i>	1	B/D PA; MO	<i>efavirenz 600 mg tab</i>	3	QL (30 per 30 days)
<i>adefovir dipivoxil</i>	1	PA			
APTIVUS 100 MG/ML SOLUTION	3	QL (380 per 30 days); S			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>efavirenz-emtricitabine-tenofovir</i>	3	QL (30 per 30 days); S	GENVOYA	3	QL (30 per 30 days); S
<i>efavirenz-lamivudine-tenofovir</i>	3	QL (30 per 30 days); S	HARVONI	3	PA; QL (28 per 28 days); S
<i>emtricitabine</i>	1	QL (30 per 30 days)	HEPSERA	3	PA; S
<i>emtricitabine-tenofovir df</i>	3	QL (30 per 30 days); S	INTELENCE 100 MG TAB	3	QL (120 per 30 days); S
EMTRIVA 10 MG/ML SOLUTION	3	QL (850 per 30 days)	INTELENCE 200 MG TAB	3	QL (60 per 30 days); S
EMTRIVA 200 MG CAP	3	QL (30 per 30 days)	INTELENCE 25 MG TAB	3	QL (480 per 30 days)
<i>entecavir</i>	1	PA	INVIRASE 500 MG TAB	3	QL (120 per 30 days); S
EPCLUSA 200-50 MG TAB, 400-100 MG TAB	3	PA; QL (30 per 30 days); S	ISENTRESS 100 MG CHEW TAB	3	QL (180 per 30 days)
EPIVIR 10 MG/ML SOLUTION	3	QL (960 per 30 days)	ISENTRESS 100 MG PACKET	3	QL (180 per 30 days); S
EPIVIR 150 MG TAB	3	QL (60 per 30 days)	ISENTRESS 25 MG CHEW TAB	2	QL (720 per 30 days)
EPIVIR 300 MG TAB	3	QL (30 per 30 days)	ISENTRESS 400 MG TAB	3	QL (120 per 30 days); S
EPIVIR HBV 100 MG TAB	3		ISENTRESS HD	3	QL (60 per 30 days); S
EPIVIR HBV 5 MG/ML SOLUTION	2		JULUCA	3	QL (30 per 30 days); S
EPZICOM	3	QL (30 per 30 days); S	KALETRA 100-25 MG TAB	3	QL (300 per 30 days)
<i>etravirine 100 mg tab</i>	3	QL (120 per 30 days); S	KALETRA 200-50 MG TAB	3	QL (120 per 30 days); S
<i>etravirine 200 mg tab</i>	3	QL (60 per 30 days); S	KALETRA 400-100 MG/5ML SOLUTION	3	QL (480 per 30 days); S
EVOTAZ	3	QL (30 per 30 days); S	<i>lamivudine 10 mg/ml solution</i>	1	QL (960 per 30 days)
<i>famciclovir 125 mg tab, 250 mg tab</i>	1	QL (60 per 30 days); MO	<i>lamivudine 100 mg tab</i>	1	
<i>famciclovir 500 mg tab</i>	1	QL (21 per 7 days); MO	<i>lamivudine 150 mg tab</i>	1	QL (60 per 30 days)
<i>fosamprenavir calcium</i>	3	QL (120 per 30 days); S	<i>lamivudine 300 mg tab</i>	1	QL (30 per 30 days)
FUZEON	3	QL (60 per 30 days); S	<i>lamivudine-zidovudine</i>	1	QL (60 per 30 days)
<i>ganciclovir sodium 500 mg recon soln</i>	1	B/D PA	LEDIPASVIR-SOFOSBUVIR	3	PA; QL (28 per 28 days); S

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
LEXIVA 50 MG/ML SUSPENSION	3	QL (1800 per 30 days)	PREZISTA 75 MG TAB	3	QL (300 per 30 days)
LEXIVA 700 MG TAB	3	QL (120 per 30 days); S	RELENZA DISKHALER	2	QL (60 per 180 over time); MO; NEDS
<i>lopinavir-ritonavir 100-25 mg tab</i>	3	QL (300 per 30 days)	RETROVIR 10 MG/ML SOLUTION	2	
<i>lopinavir-ritonavir 200-50 mg tab</i>	3	QL (120 per 30 days); S	RETROVIR 100 MG CAP	3	QL (180 per 30 days)
<i>lopinavir-ritonavir 400-100 mg/5ml solution</i>	1	QL (480 per 30 days)	RETROVIR 50 MG/5ML SYRUP	3	QL (1920 per 30 days)
MAVYRET 100-40 MG TAB	3	PA; QL (90 per 30 days); S	REYATAZ 150 MG CAP, 200 MG CAP	3	QL (60 per 30 days); S
<i>nevirapine 200 mg tab</i>	1	QL (60 per 30 days)	REYATAZ 300 MG CAP	3	QL (30 per 30 days); S
NEVIRAPINE 50 MG/5ML SUSPENSION	1	QL (1200 per 30 days)	REYATAZ 50 MG PACKET	3	QL (240 per 30 days)
<i>nevirapine er 100 mg tab er 24h</i>	1	QL (90 per 30 days)	<i>ribavirin 200 mg cap, 200 mg tab</i>	1	
<i>nevirapine er 400 mg tab er 24h</i>	1	QL (30 per 30 days)	<i>rimantadine hcl</i>	1	MO
NORVIR 100 MG PACKET, 100 MG TAB	3	QL (360 per 30 days)	<i>ritonavir</i>	1	QL (360 per 30 days)
NORVIR 80 MG/ML SOLUTION	2	QL (480 per 30 days)	RUKOBIA	3	QL (60 per 30 days); MO; S
ODEFSEY	3	QL (30 per 30 days); S	SELZENTRY 150 MG TAB, 300 MG TAB	3	QL (120 per 30 days); S
<i>oseltamivir phosphate 6 mg/ml recon susp, 30 mg cap, 45 mg cap, 75 mg cap</i>	1		SELZENTRY 20 MG/ML SOLUTION	3	QL (1840 per 30 days); S
PIFELTRO	3	QL (30 per 30 days); S	SELZENTRY 25 MG TAB	3	QL (120 per 30 days)
PREVYMIS 240 MG TAB, 480 MG TAB	3	S	SELZENTRY 75 MG TAB	3	QL (60 per 30 days)
PREZCOBIX	3	QL (30 per 30 days); S	SOFOSBUVIR-VELPATASVIR	3	PA; QL (30 per 30 days); S
PREZISTA 100 MG/ML SUSPENSION	3	QL (400 per 30 days); S	<i>stavudine 15 mg cap, 20 mg cap</i>	1	QL (120 per 30 days)
PREZISTA 150 MG TAB	3	QL (180 per 30 days)	<i>stavudine 30 mg cap, 40 mg cap</i>	1	QL (60 per 30 days)
PREZISTA 600 MG TAB, 800 MG TAB	3	QL (60 per 30 days); S	STRIBILD	3	QL (30 per 30 days); S
			SUSTIVA 200 MG CAP	3	QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
SUSTIVA 50 MG CAP	3	QL (360 per 30 days)	VEMLIDY	3	PA; QL (30 per 30 days); S
SYMFI	3	QL (30 per 30 days); S	VIRACEPT 250 MG TAB	3	QL (300 per 30 days); S
SYMFI LO	3	QL (30 per 30 days); S	VIRACEPT 625 MG TAB	3	QL (120 per 30 days); S
SYMTUZA	3	QL (30 per 30 days); S	VIRAMUNE	3	QL (1200 per 30 days)
TAMIFLU 6 MG/ML RECON SUSP, 30 MG CAP, 45 MG CAP, 75 MG CAP	3		VIRAMUNE XR	3	QL (30 per 30 days)
TEMIXYS	3	QL (30 per 30 days); S	VIREAD 150 MG TAB, 200 MG TAB, 250 MG TAB, 300 MG TAB	3	QL (30 per 30 days); S
<i>tenofovir disoproxil fumarate</i>	1	QL (30 per 30 days)	VIREAD 40 MG/GM POWDER	3	QL (240 per 30 days); S
TIVICAY 10 MG TAB	3	QL (120 per 30 days)	VOSEVI	3	PA; QL (30 per 30 days); S
TIVICAY 25 MG TAB, 50 MG TAB	3	QL (60 per 30 days); S	XOFLUZA (40 MG DOSE)	2	
TIVICAY PD	3	QL (360 per 30 days); S	XOFLUZA (80 MG DOSE)	2	
<i>trifluridine</i>	1	MO	ZIAGEN 20 MG/ML SOLUTION	3	QL (960 per 30 days)
TRIUMEQ	3	QL (30 per 30 days); S	ZIAGEN 300 MG TAB	3	QL (60 per 30 days)
TRIZIVIR	3	QL (60 per 30 days); S	<i>zidovudine 100 mg cap</i>	1	QL (180 per 30 days)
TROGARZO	3	PA; LA; QL (23.94 per 28 days); S	<i>zidovudine 300 mg tab</i>	1	QL (60 per 30 days)
TRUVADA	3	QL (30 per 30 days); S	<i>zidovudine 50 mg/5ml syrup</i>	1	QL (1920 per 30 days)
TYBOST	2	QL (30 per 30 days)	ZIRGAN	3	MO
<i>valacyclovir hcl 1 gm tab</i>	1	QL (90 per 30 days); MO	ZOVIRAX 200 MG/5ML SUSPENSION	3	MO
<i>valacyclovir hcl 500 mg tab</i>	1	QL (60 per 30 days); MO	Anxiolytics		
VALCYTE 50 MG/ML RECON SOLN	3	S	<i>alprazolam 0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp</i>	1	MO
<i>valganciclovir hcl 450 mg tab</i>	2		<i>alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg tab disp</i>	1	QL (120 per 30 days); MO
<i>valganciclovir hcl 50 mg/ml recon soln</i>	3	S	<i>alprazolam er</i>	1	QL (120 per 30 days); MO

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Drug Name	Drug Tier	Requirements /Limits
ALPRAZOLAM INTENSOL	2	QL (300 per 30 days); MO
<i>alprazolam xr</i>	1	QL (120 per 30 days); MO
<i>buspirone hcl</i>	1	MO
<i>chlordiazepoxide hcl</i>	1	QL (120 per 30 days); MO
<i>clonazepam 0.125 mg tab disp</i>	1	QL (4800 per 30 days); MO
<i>clonazepam 0.25 mg tab disp</i>	1	QL (2400 per 30 days); MO
<i>clonazepam 0.5 mg tab, 0.5 mg tab disp</i>	1	QL (1200 per 30 days); MO
<i>clonazepam 1 mg tab, 1 mg tab disp</i>	1	QL (600 per 30 days); MO
<i>clonazepam 2 mg tab, 2 mg tab disp</i>	1	QL (300 per 30 days); MO
<i>clorazepate dipotassium</i>	1	MO
<i>diazepam 10 mg tab</i>	1	QL (120 per 30 days); MO
<i>diazepam 2 mg tab</i>	1	QL (600 per 30 days); MO
<i>diazepam 5 mg tab, 5 mg/ml conc</i>	1	QL (240 per 30 days); MO
<i>diazepam 5 mg/5ml solution</i>	1	QL (1200 per 30 days); MO
<i>diazepam 5 mg/ml solution</i>	1	MO
<i>diazepam intensol</i>	1	QL (240 per 30 days); MO
<i>hydroxyzine pamoate</i>	1	MO
KLONOPIN 0.5 MG TAB	3	QL (1200 per 30 days); MO
KLONOPIN 1 MG TAB	3	QL (600 per 30 days); MO
KLONOPIN 2 MG TAB	3	QL (300 per 30 days); MO
<i>lorazepam 0.5 mg tab, 1 mg tab</i>	1	QL (90 per 30 days); MO
<i>lorazepam 1 mg/0.5ml conc, 2 mg tab, 2 mg/ml conc</i>	1	QL (150 per 30 days); MO

Drug Name	Drug Tier	Requirements /Limits
<i>lorazepam 2 mg/ml solution, 4 mg/ml solution</i>	1	MO
<i>lorazepam intensol</i>	1	QL (150 per 30 days); MO
<i>meprobamate</i>	1	PA; MO
<i>midazolam hcl 2 mg/ml syrup</i>	1	MO
<i>oxazepam</i>	1	QL (120 per 30 days); MO
TRANXENE-T	3	MO
XANAX XR	3	QL (120 per 30 days); MO
Bipolar Agents		
EQUETRO 100 MG CAP ER 12H	3	QL (480 per 30 days); MO
EQUETRO 200 MG CAP ER 12H	3	QL (240 per 30 days); MO
EQUETRO 300 MG CAP ER 12H	3	QL (180 per 30 days); MO
LATUDA 20 MG TAB, 40 MG TAB, 60 MG TAB, 120 MG TAB	3	QL (30 per 30 days); MO; S
LATUDA 80 MG TAB	3	QL (60 per 30 days); MO; S
LITHIUM	2	MO
<i>lithium carbonate 150 mg cap, 300 mg cap</i>	1	MO
<i>lithium carbonate 300 mg tab, 600 mg cap</i>	1	MO
<i>lithium carbonate er</i>	1	MO
Blood Glucose Regulators		
<i>acarbose</i>	1	QL (90 per 30 days); MO
ACTOPLUS MET	3	QL (90 per 30 days); MO
ACTOS 45 MG TAB	3	QL (30 per 30 days); MO
<i>alogliptin benzoate 12.5 mg tab</i>	1	PA; QL (60 per 30 days); MO
<i>alogliptin benzoate 25 mg tab</i>	1	PA; QL (30 per 30 days); MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>alogliptin benzoate 6.25 mg tab</i>	1	PA; QL (120 per 30 days); MO	<i>glipizide er 10 mg tab er 24h</i>	1	QL (60 per 30 days); MO
<i>alogliptin-metformin hcl</i>	1	PA; QL (60 per 30 days); MO	<i>glipizide er 2.5 mg tab er 24h</i>	1	QL (240 per 30 days); MO
<i>alogliptin-pioglitazone 12.5-15 mg tab</i>	1	PA; QL (60 per 30 days); MO	<i>glipizide er 5 mg tab er 24h</i>	1	QL (120 per 30 days); MO
<i>alogliptin-pioglitazone 12.5-30 mg tab, 12.5-45 mg tab, 25-15 mg tab, 25-30 mg tab, 25-45 mg tab</i>	1	PA; QL (30 per 30 days); MO	<i>glipizide xl 10 mg tab er 24h</i>	1	QL (60 per 30 days); MO
AMARYL 1 MG TAB	3	QL (240 per 30 days); MO	<i>glipizide xl 2.5 mg tab er 24h</i>	1	QL (240 per 30 days); MO
AMARYL 2 MG TAB	3	QL (120 per 30 days); MO	<i>glipizide xl 5 mg tab er 24h</i>	1	QL (120 per 30 days); MO
AMARYL 4 MG TAB	3	QL (60 per 30 days); MO	<i>glipizide-metformin hcl 2.5-250 mg tab</i>	1	QL (240 per 30 days); MO
BYDUREON	2	QL (4 per 28 days); MO	<i>glipizide-metformin hcl 2.5-500 mg tab, 5-500 mg tab</i>	1	QL (120 per 30 days); MO
BYDUREON BCISE	2	QL (4 per 28 days); MO	GLUCAGEN HYPOKIT	2	MO
BYETTA 10 MCG PEN	2	QL (2.4 per 30 days); MO	GLUCAGON EMERGENCY 1 MG KIT	2	MO
BYETTA 5 MCG PEN	2	QL (1.2 per 30 days); MO	<i>glucagon emergency 1 mg kit</i>	1	MO
CYCLOSET	3	ST; QL (180 per 30 days); MO	GLUCOTROL	3	QL (120 per 30 days); MO
<i>diazoxide</i>	1	MO	GLUCOTROL XL 10 MG TAB ER 24H	3	QL (60 per 30 days); MO
DUETACT	3	QL (30 per 30 days); MO	GLUCOTROL XL 2.5 MG TAB ER 24H	3	QL (240 per 30 days); MO
FARXIGA	2	QL (30 per 30 days); MO	GLUCOTROL XL 5 MG TAB ER 24H	3	QL (120 per 30 days); MO
<i>glimepiride 1 mg tab</i>	1	QL (240 per 30 days); MO	<i>glyburide 1.25 mg tab</i>	1	QL (480 per 30 days); MO
<i>glimepiride 2 mg tab</i>	1	QL (120 per 30 days); MO	<i>glyburide 2.5 mg tab</i>	1	QL (240 per 30 days); MO
<i>glimepiride 4 mg tab</i>	1	QL (60 per 30 days); MO	<i>glyburide 5 mg tab</i>	1	QL (120 per 30 days); MO
<i>glipizide 10 mg tab</i>	1	QL (120 per 30 days); MO	<i>glyburide micronized 1.5 mg tab</i>	1	QL (240 per 30 days); MO
<i>glipizide 5 mg tab</i>	1	QL (240 per 30 days); MO	<i>glyburide micronized 3 mg tab</i>	1	QL (120 per 30 days); MO
			<i>glyburide micronized 6 mg tab</i>	1	QL (60 per 30 days); MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>glyburide-metformin 1.25-250 mg tab</i>	1	QL (240 per 30 days); MO	INVOKANA 100 MG TAB	3	QL (90 per 30 days); MO
<i>glyburide-metformin 2.5-500 mg tab, 5-500 mg tab</i>	1	QL (120 per 30 days); MO	INVOKANA 300 MG TAB	3	QL (30 per 30 days); MO
GLYNASE 1.5 MG TAB	3	QL (240 per 30 days); MO	JANUMET	2	QL (60 per 30 days); MO
GLYNASE 3 MG TAB	3	QL (120 per 30 days); MO	JANUMET XR 100-1000 MG TAB ER 24H	2	QL (30 per 30 days); MO
GLYNASE 6 MG TAB	3	QL (60 per 30 days); MO	JANUMET XR 50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H	2	QL (60 per 30 days); MO
GLYXAMBI	2	QL (30 per 30 days); MO	JANUVIA 100 MG TAB	2	QL (30 per 30 days); MO
HUMALOG	2	MO	JANUVIA 25 MG TAB	2	QL (120 per 30 days); MO
HUMALOG JUNIOR KWIKPEN	2	MO	JANUVIA 50 MG TAB	2	QL (60 per 30 days); MO
HUMALOG KWIKPEN	2	MO	JARDIANCE	2	QL (30 per 30 days); MO
HUMALOG MIX 50/50	2	MO	JENTADUETO	2	QL (60 per 30 days); MO
HUMALOG MIX 50/50 KWIKPEN	2	MO	JENTADUETO XR 2.5-1000 MG TAB ER 24H	2	QL (60 per 30 days); MO
HUMALOG MIX 75/25	2	MO	JENTADUETO XR 5-1000 MG TAB ER 24H	2	QL (30 per 30 days); MO
HUMALOG MIX 75/25 KWIKPEN	2	MO	KAZANO	3	PA; QL (60 per 30 days); MO
HUMULIN 70/30	2	MO	LANTUS	2	MO
HUMULIN 70/30 KWIKPEN	2	MO	LANTUS SOLOSTAR	2	MO
HUMULIN N	2	MO	LEVEMIR	2	MO
HUMULIN N KWIKPEN	2	MO	LEVEMIR FLEXTOUCH	2	MO
HUMULIN R	2	MO	LYUMJEV	2	MO
HUMULIN R U-500 (CONCENTRATED)	3	PA; MO; S	LYUMJEV KWIKPEN	2	MO
HUMULIN R U-500 KWIKPEN	3	PA; MO; S	<i>metformin hcl 1000 mg tab</i>	1	QL (60 per 30 days); MO
INSULIN LISPRO	2	MO	<i>metformin hcl 500 mg tab</i>	1	QL (150 per 30 days); MO
INSULIN LISPRO (1 UNIT DIAL)	2	MO	<i>metformin hcl 850 mg tab</i>	1	QL (90 per 30 days); MO
INSULIN LISPRO JUNIOR KWIKPEN	2	MO	<i>metformin hcl er 500 mg tab er 24h</i>	1	QL (120 per 30 days); MO
INSULIN LISPRO PROT & LISPRO	2	MO			
INVOKAMET	3	QL (60 per 30 days); MO			
INVOKAMET XR	3	QL (60 per 30 days); MO			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>metformin hcl er 750 mg tab er 24h</i>	1	QL (60 per 30 days); MO	SYMLINPEN 60	3	PA; QL (6 per 30 days); MO; S
<i>migliol</i>	1	QL (90 per 30 days); MO	SYNJARDY	2	QL (60 per 30 days); MO
<i>nateglinide 120 mg tab</i>	1	QL (90 per 30 days); MO	SYNJARDY XR 25-1000 MG TAB ER 24H	2	QL (30 per 30 days); MO
<i>nateglinide 60 mg tab</i>	1	QL (180 per 30 days); MO	SYNJARDY XR 5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H	2	QL (60 per 30 days); MO
NESINA 12.5 MG TAB	3	PA; QL (60 per 30 days); MO	TOUJEO MAX SOLOSTAR	2	MO
OSENI 12.5-15 MG TAB	3	PA; QL (60 per 30 days); MO	TOUJEO SOLOSTAR	2	MO
OSENI 12.5-30 MG TAB, 12.5-45 MG TAB, 25-30 MG TAB, 25-45 MG TAB	3	PA; QL (30 per 30 days); MO	TRADJENTA	2	QL (30 per 30 days); MO
OZEMPIC (0.25 OR 0.5 MG/DOSE)	2	MO	TRIJARDY XR 10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H	2	QL (30 per 30 days); MO
OZEMPIC (1 MG/DOSE)	2	MO	TRIJARDY XR 5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H	2	QL (60 per 30 days); MO
<i>pioglitazone hcl 15 mg tab</i>	1	QL (90 per 30 days); MO	TRULICITY	2	QL (2 per 28 days); MO
<i>pioglitazone hcl 30 mg tab</i>	1	QL (45 per 30 days); MO	VICTOZA	2	QL (9 per 30 days); MO
<i>pioglitazone hcl 45 mg tab</i>	1	QL (30 per 30 days); MO	XIGDUO XR 2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H	2	QL (60 per 30 days); MO
<i>pioglitazone hcl-glimepiride</i>	1	QL (30 per 30 days); MO	XIGDUO XR 5-500 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H	2	QL (30 per 30 days); MO
<i>pioglitazone hcl-metformin hcl</i>	1	QL (90 per 30 days); MO	Blood Products And Modifiers		
PROGLYCEM	3	MO	<i>anagrelide hcl</i>	1	MO
<i>repaglinide 0.5 mg tab</i>	1	QL (960 per 30 days); MO	ARANESP (ALBUMIN FREE) 10 MCG/0.4ML SOLN PRSYR, 25 MCG/0.42ML SOLN PRSYR, 25 MCG/ML SOLUTION, 40 MCG/0.4ML SOLN PRSYR, 40 MCG/ML SOLUTION, 60 MCG/ML SOLUTION	2	PA
<i>repaglinide 1 mg tab</i>	1	QL (480 per 30 days); MO			
<i>repaglinide 2 mg tab</i>	1	QL (240 per 30 days); MO			
RYBELSUS 3 MG TAB	2	QL (30 per 180 over time); MO; NEDS			
RYBELSUS 7 MG TAB, 14 MG TAB	2	QL (30 per 30 days); MO			
SYMLINPEN 120	3	PA; QL (11 per 30 days); MO; S			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ARANESP (ALBUMIN FREE) 60 MCG/0.3ML SOLN PRSYR, 100 MCG/0.5ML SOLN PRSYR, 100 MCG/ML SOLUTION, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.4ML SOLN PRSYR, 200 MCG/ML SOLUTION, 300 MCG/0.6ML SOLN PRSYR, 300 MCG/ML SOLUTION, 500 MCG/ML SOLN PRSYR	3	PA; S	<i>enoxaparin sodium 40 mg/0.4ml solution</i>	1	QL (22.4 per 28 days); MO
ARIXTRA 10 MG/0.8ML SOLUTION	3	QL (24 per 30 days); MO; S	<i>enoxaparin sodium 60 mg/0.6ml solution</i>	1	QL (33.6 per 28 days); MO
ARIXTRA 2.5 MG/0.5ML SOLUTION	3	QL (15 per 30 days); MO; S	<i>enoxaparin sodium 80 mg/0.8ml solution, 120 mg/0.8ml solution</i>	1	QL (44.8 per 28 days); MO
ARIXTRA 5 MG/0.4ML SOLUTION	3	QL (12 per 30 days); MO; S	EPOGEN	3	PA
ARIXTRA 7.5 MG/0.6ML SOLUTION	3	QL (18 per 30 days); MO; S	<i>fondaparinux sodium 10 mg/0.8ml solution</i>	3	QL (24 per 30 days); MO; S
<i>aspirin-dipyridamole er</i>	1	ST; QL (60 per 30 days); MO	<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	1	QL (15 per 30 days); MO
BRILINTA	2	QL (60 per 30 days); MO	<i>fondaparinux sodium 5 mg/0.4ml solution</i>	3	QL (12 per 30 days); MO; S
<i>cilostazol</i>	1	MO	<i>fondaparinux sodium 7.5 mg/0.6ml solution</i>	3	QL (18 per 30 days); MO; S
<i>clopidogrel bisulfate 300 mg tab</i>	1	QL (1 per 30 days); MO	FRAGMIN 2500 UNIT/0.2ML SOLUTION, 5000 UNIT/0.2ML SOLUTION	3	MO
<i>clopidogrel bisulfate 75 mg tab</i>	1	QL (30 per 30 days); MO	FRAGMIN 7500 UNIT/0.3ML SOLUTION, 10000 UNIT/ML SOLUTION, 12500 UNIT/0.5ML SOLUTION, 15000 UNIT/0.6ML SOLUTION, 18000 UNT/0.72ML SOLUTION, 95000 UNIT/3.8ML SOLUTION	3	MO; S
<i>dipyridamole</i>	1	PA; MO	FULPHILA	3	PA; QL (1.2 per 28 days); S
EFFIENT 5 MG TAB	3	QL (30 per 30 days); MO	GRANIX	3	PA; S
ELIQUIS	2	QL (60 per 30 days); MO	HEPARIN (PORCINE) IN NAACL 12500-0.45 UT/250ML-% SOLUTION, 25000-0.45 UT/500ML-% SOLUTION	2	B/D PA; MO
ELIQUIS DVT/PE STARTER PACK	2	QL (74 per 180 over time); MO; NEDS	HEPARIN (PORCINE) IN NAACL 25000-0.45 UT/250ML-% SOLUTION	2	MO
<i>enoxaparin sodium 100 mg/ml solution, 150 mg/ml solution</i>	1	QL (56 per 28 days); MO	<i>heparin sod (porcine) in d5w , 100 unit/ml solution, 25000-5 ut/500ml-% solution</i>	1	MO
<i>enoxaparin sodium 30 mg/0.3ml solution</i>	1	QL (16.8 per 28 days); MO			
<i>enoxaparin sodium 300 mg/3ml solution</i>	1	QL (168 per 28 days); MO			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>heparin sodium (porcine) 1000 unit/ml solution, 5000 unit/ml solution, 10000 unit/ml solution, 20000 unit/ml solution</i>	1	B/D PA; MO	PROMACTA 25 MG PACKET	3	PA; LA; QL (180 per 30 days); S
<i>jantoven</i>	1	MO	PROMACTA 50 MG TAB	3	PA; LA; QL (90 per 30 days); S
LEUKINE	3	PA; S	PROMACTA 75 MG TAB	3	PA; LA; QL (60 per 30 days); S
LOVENOX 100 MG/ML SOLUTION, 150 MG/ML SOLUTION	3	QL (56 per 28 days); MO; S	<i>tranexamic acid 650 mg tab, 1000 mg/10ml solution</i>	1	MO
LOVENOX 30 MG/0.3ML SOLUTION	3	QL (16.8 per 28 days); MO	UDENYCA	3	PA; QL (1.2 per 28 days); S
LOVENOX 40 MG/0.4ML SOLUTION	3	QL (22.4 per 28 days); MO	<i>warfarin sodium</i>	1	MO
LOVENOX 60 MG/0.6ML SOLUTION	3	QL (33.6 per 28 days); MO; S	XARELTO 10 MG TAB, 20 MG TAB	2	QL (30 per 30 days); MO
LOVENOX 80 MG/0.8ML SOLUTION, 120 MG/0.8ML SOLUTION	3	QL (44.8 per 28 days); MO; S	XARELTO 2.5 MG TAB, 15 MG TAB	2	QL (60 per 30 days); MO
LYSTEDA	3	MO	XARELTO STARTER PACK	2	MO
MOZOBIL	3	PA; S	ZARXIO	3	PA; S
NEULASTA	3	PA; QL (1.2 per 28 days); S	ZIEXTENZO	3	PA; QL (1.2 per 28 days); S
NEULASTA ONPRO	3	PA; QL (1.2 per 28 days); S	Cardiovascular Agents		
NEUPOGEN	3	PA; S	ACCUPRIL	3	MO
NIVESTYM	3	PA; S	ACCURETIC	3	MO
PRADAXA	3	QL (60 per 30 days); MO	<i>acebutolol hcl</i>	1	MO
<i>prasugrel hcl</i>	1	QL (30 per 30 days); MO	<i>acetazolamide</i>	1	MO
PROCRIT 2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION	3	PA	<i>acetazolamide sodium</i>	1	MO
PROCRIT 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION	3	PA; S	<i>afeditab cr</i>	1	MO
PROMACTA 12.5 MG PACKET	3	PA; LA; QL (360 per 30 days); S	ALDACTAZIDE	3	MO
PROMACTA 12.5 MG TAB, 25 MG TAB	3	PA; LA; QL (30 per 30 days); S	<i>aliskiren fumarate</i>	1	MO
			ALTACE	3	MO
			<i>amiloride hcl</i>	1	MO
			<i>amiloride-hydrochlorothiazide</i>	1	MO
			<i>amiodarone hcl 100 mg tab, 200 mg tab, 400 mg tab</i>	1	MO
			<i>amiodarone hcl 150 mg/3ml solution, 450 mg/9ml solution, 900 mg/18ml solution</i>	1	B/D PA; MO
			<i>amlodipine besy-benazepril hcl</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>amlodipine besylate</i>	1	MO
<i>amlodipine besylate-valsartan</i>	1	MO
<i>amlodipine-atorvastatin</i>	1	MO
<i>amlodipine-olmesartan</i>	1	MO
<i>amlodipine-valsartan-hctz</i>	1	MO
ATACAND	3	MO
ATACAND HCT	3	MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
<i>atorvastatin calcium</i>	1	MO
AVALIDE	3	MO
AVAPRO	3	MO
AZOR	3	MO
<i>benazepril hcl</i>	1	MO
<i>benazepril-hydrochlorothiazide 5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab</i>	1	MO
BENICAR	3	MO
BENICAR HCT	3	MO
BETAPACE AF 80 MG TAB, 120 MG TAB	3	MO
<i>betaxolol hcl 10 mg tab, 20 mg tab</i>	1	MO
BIDIL	2	QL (180 per 30 days); MO
<i>bisoprolol fumarate</i>	1	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide 0.25 mg/ml solution, 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	MO
BYSTOLIC	3	MO
CADUET 5-10 MG TAB, 5-40 MG TAB, 5-80 MG TAB, 10-10 MG TAB, 10-20 MG TAB, 10-40 MG TAB, 10-80 MG TAB	3	MO
CALAN SR 120 MG TAB ER	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>candesartan cilexetil</i>	1	MO
<i>candesartan cilexetil-hctz</i>	1	MO
<i>captopril</i>	1	MO
CARDIZEM	3	MO
CARDIZEM CD 180 MG CAP ER 24H	3	MO
CARDIZEM LA 360 MG TAB ER 24H, 420 MG TAB ER 24H	3	MO
CARDURA 1 MG TAB, 8 MG TAB	3	MO
<i>cartia xt</i>	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-3	3	QL (4 per 28 days); MO
<i>chlorothiazide sodium</i>	1	MO
<i>chlorthalidone</i>	1	MO
<i>cholestyramine 4 gm packet, 4 gm/dose powder</i>	1	MO
<i>cholestyramine light 4 gm packet, 4 gm/dose powder</i>	1	MO
<i>clonidine</i>	1	QL (4 per 28 days); MO
<i>clonidine hcl</i>	1	MO
<i>colesevelam hcl</i>	1	MO
COLESTID 1 GM TAB, 5 GM GRANULES, 5 GM PACKET	3	MO
COLESTID FLAVORED 5 GM GRANULES, 5 GM PACKET	3	MO
<i>colestipol hcl 1 gm tab, 5 gm granules, 5 gm packet</i>	1	MO
CORGARD	3	MO
CORLANOR 5 MG TAB, 7.5 MG TAB	3	PA; QL (60 per 30 days); MO
CORLANOR 5 MG/5ML SOLUTION	3	PA; QL (560 per 28 days); MO
COZAAR	3	MO
CRESTOR	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
DEMSER	3	MO; S	ENTRESTO	2	MO
DIBENZYLINE	3	MO; S	<i>eplerenone</i>	1	MO
<i>digitek 125 mcg tab</i>	1	MO	EXFORGE	3	MO
<i>digitek 250 mcg tab</i>	1	PA; MO	EXFORGE HCT	3	MO
<i>digox 125 mcg tab</i>	1	MO	<i>ezetimibe</i>	1	MO
<i>digox 250 mcg tab</i>	1	PA; MO	<i>ezetimibe-simvastatin</i>	1	QL (30 per 30 days); MO
<i>digoxin 0.05 mg/ml solution, 125 mcg tab</i>	1	MO	<i>felodipine er</i>	1	MO
<i>digoxin 250 mcg tab</i>	1	PA; MO	<i>fenofibrate 48 mg tab, 50 mg cap, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 150 mg cap, 160 mg tab, 200 mg cap</i>	1	MO
<i>dilt-xr</i>	1	MO	<i>fenofibrate micronized 43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap</i>	1	MO
DILTIAZEM HCL 100 MG RECON SOLN	2	MO	<i>fenofibric acid</i>	1	MO
<i>diltiazem hcl 25 mg/5ml solution, 50 mg/10ml solution, 125 mg/25ml solution</i>	1	MO	FENOGLIDE 40 MG TAB	3	MO
<i>diltiazem hcl 30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab</i>	1	MO	<i>flecainide acetate</i>	1	MO
<i>diltiazem hcl er</i>	1	MO	<i>fluvastatin sodium</i>	1	MO
<i>diltiazem hcl er beads</i>	1	MO	<i>fluvastatin sodium er</i>	1	MO
<i>diltiazem hcl er coated beads</i>	1	MO	<i>fosinopril sodium</i>	1	MO
DIOVAN	3	MO	<i>fosinopril sodium-hctz</i>	1	MO
DIOVAN HCT	3	MO	<i>furosemide 10 mg/ml solution inj</i>	1	MO
<i>disopyramide phosphate</i>	1	PA; MO	<i>furosemide 10 mg/ml solution oral</i>	1	MO
<i>dofetilide</i>	1		<i>furosemide 8 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	MO
<i>doxazosin mesylate</i>	1	MO	<i>gemfibrozil</i>	1	MO
<i>droxidopa 100 mg cap</i>	3	PA; QL (90 per 30 days); S	<i>guanfacine hcl</i>	1	PA; MO
<i>droxidopa 200 mg cap, 300 mg cap</i>	3	PA; QL (180 per 30 days); S	<i>hydralazine hcl 10 mg tab, 20 mg/ml solution, 25 mg tab, 50 mg tab, 100 mg tab</i>	1	MO
DYRENIUM	3	MO	<i>hydrochlorothiazide</i>	1	MO
EDARBI	3	MO	HYZAAR	3	MO
EDARBYCLOR	3	MO	<i>indapamide</i>	1	MO
<i>enalapril maleate 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab</i>	1	MO	INSpra	3	MO
<i>enalapril-hydrochlorothiazide</i>	1	MO			

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Drug Name	Drug Tier	Requirements /Limits
<i>irbesartan</i>	1	MO
<i>irbesartan-hydrochlorothiazide</i>	1	MO
ISORDIL TITRADOSE 40 MG TAB	3	MO; S
ISORDIL TITRADOSE 5 MG TAB	3	MO
<i>isosorbide dinitrate</i>	1	MO
<i>isosorbide mononitrate</i>	1	MO
<i>isosorbide mononitrate er</i>	1	MO
<i>isradipine</i>	1	MO
JUXTAPID 30 MG CAP	3	PA; LA; QL (30 per 30 days); S
JUXTAPID 5 MG CAP, 10 MG CAP, 20 MG CAP	3	PA; LA; S
<i>labetalol hcl 5 mg/ml solution, 100 mg tab, 200 mg tab, 300 mg tab</i>	1	MO
LANOXIN 125 MCG TAB	3	MO
LANOXIN 250 MCG TAB	3	PA; MO
LANOXIN 62.5 MCG TAB	2	MO
LASIX	3	MO
LESCOL XL	3	MO
LIPOFEN 150 MG CAP	3	MO
LIPOFEN 50 MG CAP	2	MO
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
LOPID	3	MO
LOPRESSOR 100 MG TAB	3	MO
<i>losartan potassium</i>	1	MO
<i>losartan potassium-hctz</i>	1	MO
LOTENSIN	3	MO
LOTREL 10-40 MG CAP	3	MO
<i>lovastatin</i>	1	MO
<i>matzim la</i>	1	MO
MAXZIDE	3	MO
MAXZIDE-25	3	MO

Drug Name	Drug Tier	Requirements /Limits
METHYLDOPA	1	PA; MO
<i>metolazone</i>	1	MO
<i>metoprolol succinate er</i>	1	MO
<i>metoprolol tartrate 25 mg tab, 50 mg tab, 100 mg tab</i>	1	MO
<i>metoprolol tartrate 5 mg/5ml solution, 37.5 mg tab, 75 mg tab</i>	1	MO
<i>metoprolol-hydrochlorothiazide</i>	1	MO
<i>metyrosine</i>	3	MO; S
<i>mexiletine hcl</i>	1	MO
MICARDIS	3	MO
MICARDIS HCT	3	MO
<i>midodrine hcl</i>	1	MO
MINIPRESS	3	MO
<i>minitran</i>	1	MO
<i>minoxidil</i>	1	MO
<i>moexipril hcl</i>	1	MO
MULTAQ	2	QL (60 per 30 days); MO
<i>nadolol</i>	1	MO
<i>nebivolol hcl</i>	3	
<i>niacin (antihyperlipidemic)</i>	1	MO
<i>niacin er (antihyperlipidemic)</i>	1	MO
<i>niacor</i>	1	MO
NIASPAN	3	MO
<i>nicardipine hcl 2.5 mg/ml solution, 20 mg cap, 30 mg cap</i>	1	MO
<i>nifedipine</i>	1	PA; MO
<i>nifedipine er</i>	1	MO
<i>nifedipine er osmotic release</i>	1	MO
<i>nimodipine</i>	1	MO
<i>nisoldipine er</i>	1	MO
NITRO-BID	2	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
NITRO-DUR 0.1 MG/HR PATCH 24HR, 0.2 MG/HR PATCH 24HR, 0.4 MG/HR PATCH 24HR, 0.6 MG/HR PATCH 24HR	3	MO	PROCARDIA	3	PA; MO
NITRO-DUR 0.3 MG/HR PATCH 24HR, 0.8 MG/HR PATCH 24HR	2	MO	<i>propafenone hcl</i>	1	MO
<i>nitroglycerin 0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.4 mg/spray solution, 0.6 mg sl tab, 0.6 mg/hr patch 24hr</i>	1	MO	<i>propafenone hcl er</i>	3	MO
NITROGLYCERIN 5 MG/ML SOLUTION	2	B/D PA; MO	<i>propranolol hcl 1 mg/ml solution, 20 mg/5ml solution, 40 mg/5ml solution, 60 mg tab</i>	1	MO
NITROSTAT	3	MO	<i>propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	MO
NORPACE	3	PA; MO	<i>propranolol hcl er</i>	1	MO
NORPACE CR	3	PA; MO	QUESTRAN 4 GM PACKET, 4 GM/DOSE POWDER	3	MO
NORTHERA 100 MG CAP	3	PA; LA; QL (90 per 30 days); S	QUESTRAN LIGHT	3	MO
NORTHERA 200 MG CAP, 300 MG CAP	3	PA; LA; QL (180 per 30 days); S	<i>quinapril hcl</i>	1	MO
NORVASC	3	MO	<i>quinapril- hydrochlorothiazide</i>	1	MO
<i>olmesartan medoxomil</i>	1	MO	<i>quinidine sulfate</i>	1	MO
<i>olmesartan medoxomil-hctz</i>	1	MO	<i>ramipril</i>	1	MO
<i>olmesartan-amlodipine-hctz</i>	1	MO	RANEXA	3	PA; MO
<i>omega-3-acid ethyl esters</i>	1	MO	<i>ranolazine er</i>	1	PA; MO
<i>pacerone</i>	1	MO	RECTIV	3	QL (30 per 30 days); MO
<i>pentoxifylline er</i>	1	MO	REPATHA	2	PA; QL (3 per 28 days)
<i>perindopril erbumine</i>	1	MO	REPATHA PUSHTRONEX SYSTEM	2	PA; QL (3.5 per 28 days)
<i>phenoxybenzamine hcl</i>	3	MO; S	REPATHA SURECLICK	2	PA; QL (3 per 28 days)
<i>pindolol</i>	1	MO	<i>rosuvastatin calcium</i>	1	MO
PRALUENT	3	PA; QL (2 per 28 days); MO	<i>simvastatin</i>	1	MO
<i>pravastatin sodium</i>	1	MO	<i>sorine 120 mg tab, 160 mg tab, 240 mg tab</i>	1	MO
<i>prazosin hcl</i>	1	MO	<i>sorine 80 mg tab</i>	1	MO
<i>prevalite 4 gm packet, 4 gm/dose powder</i>	1	MO	<i>sotalol hcl (af) 120 mg tab, 160 mg tab</i>	1	MO
<i>procainamide hcl</i>	1	MO	<i>sotalol hcl (af) 80 mg tab</i>	1	MO
			<i>sotalol hcl 120 mg tab, 160 mg tab, 240 mg tab</i>	1	MO
			<i>sotalol hcl 80 mg tab</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>spironolactone 25 mg tab</i>	1	MO
<i>spironolactone 50 mg tab, 100 mg tab</i>	1	MO
<i>spironolactone-hctz</i>	1	MO
SULAR 34 MG TAB ER 24H	3	MO
<i>taztia xt</i>	1	MO
TEKURNA	3	MO
TEKURNA HCT	2	MO
<i>telmisartan</i>	1	MO
<i>telmisartan-amlodipine</i>	1	MO
<i>telmisartan-hctz</i>	1	MO
TENORETIC 100	3	MO
TENORETIC 50	3	MO
TENORMIN 50 MG TAB, 100 MG TAB	3	MO
<i>terazosin hcl</i>	1	MO
<i>tiadyt er</i>	1	MO
TIAZAC	3	MO
TIKOSYN	3	
<i>timolol maleate 5 mg tab, 10 mg tab, 20 mg tab</i>	1	MO
TOPROL XL	3	MO
<i>toremide</i>	1	MO
<i>trandolapril</i>	1	MO
TRANDOLAPRIL-VERAPAMIL HCL ER 1-240 MG TAB ER, 2-180 MG TAB ER, 2-240 MG TAB ER, 4-240 MG TAB ER	1	MO
<i>triamterene</i>	1	MO
<i>triamterene-hctz</i>	1	MO
TRIBENZOR	3	MO
TRILIPIX	3	MO
TWYNSTA	3	MO
<i>valsartan</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
VASCEPA	3	MO
VASERETIC	3	MO

Drug Name	Drug Tier	Requirements /Limits
VASOTEC 2.5 MG TAB, 5 MG TAB	3	MO
VECAMEYL	3	MO
<i>verapamil hcl 2.5 mg/ml solution</i>	1	MO
<i>verapamil hcl 40 mg tab, 80 mg tab, 120 mg tab</i>	1	MO
<i>verapamil hcl er 100 mg cap er 24h, 120 mg cap er 24h, 120 mg tab er, 180 mg cap er 24h, 200 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h</i>	1	MO
<i>verapamil hcl er 180 mg tab er, 240 mg tab er</i>	1	MO
VERELAN	3	MO
VERELAN PM	3	MO
VYTORIN 10-80 MG TAB	3	QL (30 per 30 days); MO
WELCHOL	3	MO
ZESTORETIC	3	MO
ZESTRIL 2.5 MG TAB	3	MO
ZIAC	3	MO
ZOCOR 10 MG TAB, 80 MG TAB	3	MO
Central Nervous System Agents		
ADDERALL 5 MG TAB, 7.5 MG TAB	3	PA; QL (90 per 30 days); MO
ADZENYS ER	3	PA; QL (450 per 30 days); MO
<i>amphetamine-dextroamphetamine</i>	1	PA; QL (30 per 30 days); MO
<i>amphetamine-dextroamphetamine 30 mg tab</i>	1	PA; QL (60 per 30 days); MO
<i>amphetamine-dextroamphetamine 5 mg tab, 7.5 mg tab, 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab</i>	1	PA; QL (90 per 30 days); MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
AMPYRA	3	PA; LA; QL (60 per 30 days); S	<i>dextroamphetamine sulfate 10 mg tab</i>	1	QL (180 per 30 days); MO
<i>atomoxetine hcl 10 mg cap, 18 mg cap, 25 mg cap, 40 mg cap</i>	1	QL (60 per 30 days); MO	<i>dextroamphetamine sulfate 5 mg tab</i>	1	QL (90 per 30 days); MO
<i>atomoxetine hcl 60 mg cap, 80 mg cap, 100 mg cap</i>	1	QL (30 per 30 days); MO	<i>dextroamphetamine sulfate 5 mg/5ml solution</i>	1	QL (1920 per 30 days); MO
AUBAGIO	3	PA; LA; QL (30 per 30 days); S	<i>dextroamphetamine sulfate er 15 mg cap er 24h</i>	1	QL (120 per 30 days); MO
AUSTEDO	3	PA; LA; QL (120 per 30 days); S	<i>dextroamphetamine sulfate er 5 mg cap er 24h, 10 mg cap er 24h</i>	1	QL (60 per 30 days); MO
AVONEX PEN	3	PA; QL (4 per 28 days); S	DRIZALMA SPRINKLE 20 MG CAP DR, 60 MG CAP DR	3	QL (60 per 30 days); MO
AVONEX PREFILLED	3	PA; QL (4 per 28 days); S	DRIZALMA SPRINKLE 30 MG CAP DR, 40 MG CAP DR	3	QL (30 per 30 days); MO
BETASERON	3	PA; QL (15 per 30 days); S	<i>duloxetine hcl 20 mg cp dr part</i>	1	QL (180 per 30 days); MO
<i>butalbital-acetaminophen 50-300 mg cap, 50-300 mg tab, 50-325 mg tab</i>	1	PA; QL (180 per 30 days); MO	<i>duloxetine hcl 30 mg cp dr part</i>	1	QL (120 per 30 days); MO
<i>butalbital-apap-caffeine</i>	1	PA; QL (180 per 30 days); MO	<i>duloxetine hcl 40 mg cp dr part</i>	1	QL (90 per 30 days); MO
CONCERTA 27 MG TAB ER	3	PA; QL (30 per 30 days); MO	<i>duloxetine hcl 60 mg cp dr part</i>	1	QL (60 per 30 days); MO
COPAXONE 20 MG/ML SOLN PRSYR	3	PA; QL (30 per 30 days); S	<i>esgic 50-325-40 mg cap</i>	1	PA; QL (180 per 30 days); MO
COPAXONE 40 MG/ML SOLN PRSYR	3	PA; QL (12 per 28 days); S	ESGIC 50-325-40 MG TAB	3	PA; QL (180 per 30 days); MO
CYMBALTA 20 MG CP DR PART	3	QL (180 per 30 days); MO	EVEKEO 10 MG TAB	3	PA; QL (180 per 30 days); MO
CYMBALTA 30 MG CP DR PART	3	QL (120 per 30 days); MO	EVEKEO 5 MG TAB	3	PA; QL (90 per 30 days); MO
CYMBALTA 60 MG CP DR PART	3	QL (60 per 30 days); MO	FIRDAPSE	3	PA; LA; QL (240 per 30 days); S
<i>dalfampridine er</i>	3	PA; QL (60 per 30 days); S	FOCALIN	3	QL (60 per 30 days); MO
<i>dexmethylphenidate hcl</i>	1	QL (60 per 30 days); MO	FOCALIN XR 5 MG CAP ER 24H, 10 MG CAP ER 24H, 15 MG CAP ER 24H, 25 MG CAP ER 24H, 30 MG CAP ER 24H, 35 MG CAP ER 24H, 40 MG CAP ER 24H	3	QL (30 per 30 days); MO
<i>dexmethylphenidate hcl er 25 mg cap er 24h, 35 mg cap er 24h, 40 mg cap er 24h</i>	1	QL (30 per 30 days); MO	GILENYA	3	PA; QL (30 per 30 days); S

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	3	PA; QL (30 per 30 days); S	<i>methylphenidate hcl 10 mg/5ml solution</i>	1	PA; QL (900 per 30 days); MO
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	3	PA; QL (12 per 28 days); S	<i>methylphenidate hcl 5 mg tab, 10 mg tab, 20 mg tab</i>	1	PA; QL (90 per 30 days); MO
<i>glatopa 20 mg/ml soln prsyr</i>	3	PA; QL (30 per 30 days); S	<i>methylphenidate hcl 5 mg/5ml solution</i>	1	PA; QL (1800 per 30 days); MO
<i>glatopa 40 mg/ml soln prsyr</i>	3	PA; QL (12 per 28 days); S	<i>methylphenidate hcl er (cd)</i>	1	PA; QL (30 per 30 days); MO
<i>guanfacine hcl er</i>	1	PA; QL (30 per 30 days); MO	<i>methylphenidate hcl er (la) 10 mg cap er 24h, 20 mg cap er 24h, 40 mg cap er 24h, 60 mg cap er 24h</i>	1	PA; QL (30 per 30 days); MO
HORIZANT 300 MG TAB ER	3	PA; QL (120 per 30 days); MO	<i>methylphenidate hcl er (la) 30 mg cap er 24h</i>	1	PA; QL (60 per 30 days); MO
HORIZANT 600 MG TAB ER	3	PA; QL (60 per 30 days); MO	<i>methylphenidate hcl er 10 mg tab er, 20 mg tab er</i>	1	PA; QL (90 per 30 days); MO
INGREZZA 40 & 80 MG CAP THPK	3	PA; QL (56 per 365 over time); NEDS; S	<i>methylphenidate hcl er 18 mg tab er, 18 mg tab er 24h, 27 mg tab er, 27 mg tab er 24h, 54 mg tab er, 54 mg tab er 24h, 72 mg tab er</i>	1	PA; QL (30 per 30 days); MO
INGREZZA 40 MG CAP	3	PA; QL (60 per 30 days); S	<i>methylphenidate hcl er 36 mg tab er, 36 mg tab er 24h</i>	1	PA; QL (60 per 30 days); MO
INGREZZA 60 MG CAP, 80 MG CAP	3	PA; QL (30 per 30 days); S	NUEDEXTA	2	PA; QL (60 per 30 days); MO
INTUNIV	3	PA; QL (30 per 30 days); MO	PLEGRIDY	3	PA; QL (1 per 28 days); S
KAPVAY	3	QL (120 per 30 days); MO	PLEGRIDY STARTER PACK	3	PA; QL (1 per 180 over time); NEDS; S
LYRICA 20 MG/ML SOLUTION	3	QL (900 per 30 days); MO	<i>pregabalin 20 mg/ml solution</i>	1	QL (900 per 30 days); MO
LYRICA 200 MG CAP	3	QL (90 per 30 days); MO	<i>pregabalin 200 mg cap</i>	1	QL (90 per 30 days); MO
LYRICA 225 MG CAP, 300 MG CAP	3	QL (60 per 30 days); MO	<i>pregabalin 225 mg cap, 300 mg cap</i>	1	QL (60 per 30 days); MO
LYRICA 25 MG CAP, 50 MG CAP, 75 MG CAP, 100 MG CAP, 150 MG CAP	3	MO	<i>pregabalin 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap</i>	1	MO
LYRICA CR 330 MG TAB ER 24H	3	PA; QL (60 per 30 days); MO	RELEXII	1	PA; QL (30 per 30 days); MO
LYRICA CR 82.5 MG TAB ER 24H, 165 MG TAB ER 24H	3	PA; QL (30 per 30 days); MO	RILUTEK	3	S
METHYLIN 10 MG/5ML SOLUTION	3	PA; QL (900 per 30 days); MO	<i>riluzole</i>	1	
METHYLIN 5 MG/5ML SOLUTION	3	PA; QL (1800 per 30 days); MO			

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Drug Name	Drug Tier	Requirements /Limits
RITALIN LA 30 MG CAP ER 24H	3	PA; QL (60 per 30 days); MO
RITALIN LA 40 MG CAP ER 24H	3	PA; QL (30 per 30 days); MO
SAVELLA	3	QL (60 per 30 days); MO
SAVELLA TITRATION PACK	3	MO
STRATTERA 10 MG CAP, 18 MG CAP, 25 MG CAP, 40 MG CAP	3	QL (60 per 30 days); MO
STRATTERA 60 MG CAP, 80 MG CAP, 100 MG CAP	3	QL (30 per 30 days); MO
TECFIDERA 120 & 240 MG MISC	3	PA; LA; S
TECFIDERA 120 MG CAP DR	3	PA; LA; QL (14 per 7 days); S
TECFIDERA 240 MG CAP DR	3	PA; LA; QL (60 per 30 days); S
<i>tencon</i>	1	PA; QL (180 per 30 days); MO
<i>tetrabenazine 12.5 mg tab</i>	3	PA; QL (240 per 30 days); S
<i>tetrabenazine 25 mg tab</i>	3	PA; QL (120 per 30 days); S
TYSABRI	3	PA; LA; S
VYVANSE 10 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP, 50 MG CAP, 60 MG CAP, 70 MG CAP	2	PA; QL (30 per 30 days); MO
XENAZINE 12.5 MG TAB	3	PA; QL (240 per 30 days); S
XENAZINE 25 MG TAB	3	PA; QL (120 per 30 days); S
<i>zebutal</i>	1	PA; QL (180 per 30 days); MO
<i>zenzedi 10 mg tab</i>	1	QL (180 per 30 days); MO
<i>zenzedi 5 mg tab</i>	1	QL (90 per 30 days); MO
Dental And Oral Agents		
<i>cevimeline hcl</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>chlorhexidine gluconate</i>	1	MO
<i>denta 5000 plus</i>	1	MO
<i>dentagel</i>	1	MO
<i>oralone</i>	1	MO
<i>paroex</i>	1	MO
<i>periogard</i>	1	MO
<i>pilocarpine hcl 5 mg tab, 7.5 mg tab</i>	1	MO
PREVIDENT 0.2 % SOLUTION, 1.1 % GEL	3	MO
PREVIDENT 5000 BOOSTER PLUS	3	MO
PREVIDENT 5000 DRY MOUTH	3	MO
PREVIDENT 5000 ENAMEL PROTECT	3	MO
PREVIDENT 5000 PLUS	3	MO
PREVIDENT 5000 SENSITIVE	3	MO
SALAGEN	3	MO
<i>sf</i>	1	MO
<i>sf 5000 plus</i>	1	MO
<i>sodium fluoride 1.1 % cream, 1.1 % gel</i>	1	MO
<i>sodium fluoride 5000 plus</i>	1	MO
<i>sodium fluoride 5000 ppm 1.1 % cream, 1.1 % gel</i>	1	MO
<i>triamcinolone acetonide 0.1 % paste</i>	1	MO
Dermatological Agents		
<i>accutane</i>	1	MO
<i>acitretin</i>	3	MO
<i>acyclovir 5 % cream</i>	1	QL (5 per 30 days); MO
<i>acyclovir 5 % ointment</i>	1	QL (30 per 30 days); MO
ACZONE 5 % GEL	3	MO
<i>adapalene 0.1 % cream, 0.1 % gel, 0.3 % gel</i>	1	MO
ALA SCALP	3	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>ala-cort</i>	1	MO	<i>calcitriol 3 mcg/gm ointment</i>	1	QL (800 per 28 days); MO
<i>ala-scalp</i>	1	MO	CAPEX	3	MO
<i>alclometasone dipropionate 0.05 % ointment</i>	1	MO	<i>ciclodan 8% solution</i>	1	MO
<i>amcinonide 0.1 % cream, 0.1 % lotion</i>	1	MO	<i>ciclopirox 0.77 % gel, 1 % shampoo, 8 % solution</i>	1	MO
AMCINONIDE 0.1 % OINTMENT	2	MO	<i>claravis</i>	1	MO
<i>ammonium lactate</i>	1	MO	CLEOCIN-T	3	QL (120 per 30 days); MO
<i>amneestem</i>	1	MO	CLINDAGEL	3	PA; MO; S
ANUSOL-HC	3	MO	<i>clindamycin phos-benzoyl perox 1-5 % gel, 1.2-5 % gel</i>	1	MO
APEXICON E	2	MO	<i>clindamycin phosphate 1 % foam</i>	1	QL (100 per 30 days); MO
ATRALIN	3	PA; QL (45 per 30 days); MO	<i>clindamycin phosphate 1 % gel</i>	1	MO
<i>avita</i>	1	PA; QL (45 per 30 days); MO	<i>clindamycin phosphate 1 % lotion, 1 % solution</i>	1	QL (120 per 30 days); MO
<i>azelaic acid</i>	1	MO	<i>clindamycin-tretinoin</i>	1	PA; MO
BENZAACLIN	3	MO	<i>clobetasol propionate 0.05 % cream, 0.05 % ointment</i>	1	QL (120 per 30 days); MO
BENZAACLIN WITH PUMP	3	MO	<i>clobetasol propionate 0.05 % foam</i>	1	QL (100 per 30 days); MO
BENZAMYCIN	3	MO	<i>clobetasol propionate 0.05 % gel</i>	1	QL (60 per 30 days); MO
<i>benzoyl peroxide-erythromycin</i>	1	MO	<i>clobetasol propionate 0.05 % liquid, 0.05 % lotion, 0.05 % shampoo</i>	1	MO
<i>beser</i>	1	MO	<i>clobetasol propionate 0.05 % solution</i>	1	QL (50 per 30 days); MO
<i>betamethasone dipropionate 0.05 % cream, 0.05 % lotion</i>	1	MO	<i>clobetasol propionate emulsion</i>	1	QL (100 per 30 days); MO
<i>betamethasone dipropionate aug 0.05 % gel, 0.05 % ointment</i>	1	MO	<i>clodan</i>	1	MO
<i>betamethasone valerate 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.12 % foam</i>	1	MO	<i>clotrimazole-betamethasone 1-0.05 % cream</i>	1	QL (120 per 30 days); MO
<i>calcipotriene 0.005 % cream, 0.005 % ointment</i>	1	QL (120 per 30 days); MO	<i>clotrimazole-betamethasone 1-0.05 % lotion</i>	1	MO
<i>calcipotriene 0.005 % solution</i>	1	QL (60 per 30 days); MO	CONDYLOX	3	MO
<i>calcipotriene-betameth diprop 0.005-0.064 % ointment</i>	1	QL (400 per 28 days); MO	CORDRAN 0.05 % CREAM, 0.05 % LOTION, 0.05 % OINTMENT	3	MO
<i>calcitrene</i>	1	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
CORDRAN 4 MCG/SQCM TAPE	3	MO; S	FINACEA 15 % GEL	3	MO
CORTISPORIN 1 % OINTMENT	3	MO	<i>fluocinolone acetonide 0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment</i>	1	QL (120 per 30 days); MO
<i>crotan</i>	1	MO	<i>fluocinolone acetonide body</i>	1	QL (120 per 30 days); MO
CUTIVATE	3	MO	<i>fluocinolone acetonide scalp</i>	1	QL (120 per 30 days); MO
<i>dapsone 5 % gel, 7.5 % gel</i>	3	MO	<i>fluocinonide 0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution</i>	1	QL (240 per 30 days); MO
DENAVIR	3	QL (5 per 30 days); MO	<i>fluocinonide 0.1 % cream</i>	1	QL (120 per 30 days); MO
DERMA-SMOOTH/FS BODY	3	QL (120 per 30 days); MO	<i>fluocinonide emulsified base</i>	1	QL (240 per 30 days); MO
DERMA-SMOOTH/FS SCALP	3	QL (120 per 30 days); MO	<i>fluorouracil 2 % solution, 5 % cream, 5 % solution</i>	1	MO
<i>desonide 0.05 % cream, 0.05 % ointment</i>	1	MO	<i>fluticasone propionate 0.005 % ointment, 0.05 % cream, 0.05 % lotion</i>	1	MO
DESOWEN	3	MO	<i>halcinonide</i>	1	MO
<i>desoximetasone 0.05 % cream, 0.25 % cream</i>	1	QL (100 per 30 days); MO	<i>halobetasol propionate 0.05 % cream, 0.05 % ointment</i>	1	MO
<i>desoximetasone 0.05 % gel, 0.05 % ointment, 0.25 % ointment</i>	1	MO	HALOG 0.1 % CREAM	3	MO; S
<i>diclofenac sodium 3 % gel</i>	1	PA; QL (100 per 30 days); MO	HALOG 0.1 % OINTMENT	3	MO
DIFFERIN 0.1 % CREAM, 0.3 % GEL	3	MO	<i>hydrocortisone (perianal) 1 % cream</i>	1	MO
<i>diflorasone diacetate</i>	1	MO	<i>hydrocortisone (perianal) 2.5 % cream</i>	1	MO
DIPROLENE	3	MO	<i>hydrocortisone 1 % cream, 1 % ointment, 2.5 % cream, 2.5 % ointment</i>	1	MO
DOVONEX	3	QL (120 per 30 days); MO; S	<i>hydrocortisone 2.5 % lotion</i>	1	MO
<i>doxepin hcl 5 % cream</i>	3	PA; QL (45 per 30 days); MO; S	<i>hydrocortisone ace-pramoxine</i>	1	MO
ELIDEL	3	PA; QL (100 per 90 days); MO; NEDS	<i>hydrocortisone butyr lipo base</i>	1	MO
EPIDUO	3	PA; MO	<i>hydrocortisone butyrate 0.1 % cream, 0.1 % solution</i>	1	MO
<i>ery</i>	1	MO	<i>hydrocortisone valerate 0.2 % cream</i>	1	MO
ERYGEL	3	MO			
<i>erythromycin 2 % gel, 2 % solution</i>	1	MO			
EVOCLIN	3	QL (100 per 30 days); MO			

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Drug Name	Drug Tier	Requirements /Limits
<i>imiquimod 5 % cream</i>	1	MO
<i>isotretinoin</i>	1	MO
KENALOG 0.147 MG/GM AERO SOLN	3	MO
<i>lindane</i>	1	MO
LOCOID	3	MO
LOCOID LIPOCREAM	3	MO
LUXIQ	3	MO
<i>mafenide acetate</i>	1	MO
<i>malathion</i>	1	MO
<i>methoxsalen rapid</i>	3	S
<i>mometasone furoate 0.1 % solution</i>	1	MO
<i>mupirocin</i>	1	QL (120 per 30 days); MO
<i>mupirocin calcium</i>	1	QL (30 per 30 days); MO
<i>myorisan</i>	1	MO
NATROBA	3	MO
<i>neuac</i>	1	MO
<i>nystatin-triamcinolone</i>	1	MO
OLUX-E	3	QL (100 per 30 days); MO
OTEZLA 30 MG TAB	3	PA; QL (60 per 30 days); S
OVIDE	3	MO
PANDEL	3	MO; S
<i>permethrin</i>	1	MO
PICATO	3	MO; S
<i>pimecrolimus</i>	1	PA; QL (100 per 90 days); MO; NEDS
<i>podofilox</i>	1	MO
<i>procto-med hc</i>	1	MO
<i>procto-pak</i>	1	MO
<i>proctosol hc</i>	1	MO
<i>proctozone-hc</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
PROTOPIC	3	PA; QL (100 per 90 days); MO; NEDS
PRUDOXIN	3	PA; QL (45 per 30 days); MO
RETIN-A 0.01 % GEL, 0.025 % CREAM	3	PA; QL (45 per 30 days); MO
RETIN-A MICRO 0.04 % GEL	3	PA; QL (50 per 30 days); MO
RETIN-A MICRO PUMP 0.04 % GEL	3	PA; QL (50 per 30 days); MO
SANTYL	3	QL (30 per 30 days); MO
<i>selenium sulfide 2.5 % lotion</i>	1	MO
SILVADENE	3	MO
<i>silver sulfadiazine</i>	1	MO
<i>ssd</i>	1	MO
STELARA 130 MG/26ML SOLUTION	3	PA; LA; S
SULFAMYLON 85 MG/GM CREAM	3	MO
SYNALAR 0.025 % CREAM	3	QL (120 per 30 days); MO
<i>tacrolimus 0.03 % ointment, 0.1 % ointment</i>	1	PA; QL (100 per 90 days); MO; NEDS
<i>tazarotene 0.1 % cream</i>	1	PA; MO
TAZORAC	3	PA; MO
TEMOVATE 0.05 % CREAM	3	QL (120 per 30 days); MO
TOPICORT 0.05 % CREAM, 0.25 % CREAM	3	QL (100 per 30 days); MO
TOPICORT 0.05 % GEL, 0.05 % OINTMENT, 0.25 % OINTMENT	3	MO
TOPICORT SPRAY	3	MO
<i>tovet</i>	1	QL (100 per 30 days); MO
<i>tretinoin 0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.1 % cream</i>	1	PA; QL (45 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>tretinoin 0.05 % gel</i>	3	PA; QL (45 per 30 days); MO	CARNITOR SF	3	B/D PA; MO
<i>tretinoin microsphere</i>	3	PA; QL (50 per 30 days); MO	CHEMET	3	MO
<i>tretinoin microsphere pump</i>	3	PA; QL (50 per 30 days); MO	CLINIMIX E/DEXTROSE (2.75/5)	2	B/D PA; MO
<i>triamcinolone acetonide 0.025 % cream, 0.1 % cream, 0.5 % cream</i>	1	MO	CLINIMIX E/DEXTROSE (4.25/10)	2	B/D PA; MO
<i>triamcinolone acetonide 0.025 % lotion, 0.025 % ointment, 0.1 % lotion, 0.1 % ointment, 0.147 mg/gm aero soln, 0.5 % ointment</i>	1	MO	CLINIMIX E/DEXTROSE (4.25/5)	2	B/D PA; MO
<i>triamcinolone acetonide 0.05 % ointment</i>	3	MO; S	CLINIMIX E/DEXTROSE (5/15)	2	B/D PA; MO
<i>triamcinolone in absorbase</i>	3	S	CLINIMIX E/DEXTROSE (5/20)	2	B/D PA; MO
<i>trianex</i>	3	MO	CLINIMIX E/DEXTROSE (8/10)	2	B/D PA; MO
<i>triderm</i>	1	MO	CLINIMIX E/DEXTROSE (8/14)	2	B/D PA; MO
VECTICAL	3	QL (800 per 28 days); MO	CLINIMIX/DEXTROSE (4.25/10)	2	B/D PA; MO
XERESE	3	QL (5 per 30 days); MO; S	CLINIMIX/DEXTROSE (4.25/5)	2	B/D PA; MO
<i>zenatane</i>	1	MO	CLINIMIX/DEXTROSE (5/15)	2	B/D PA; MO
ZIANA	3	PA; MO	CLINIMIX/DEXTROSE (5/20)	2	B/D PA; MO
ZONALON	3	PA; QL (45 per 30 days); MO; S	CLINIMIX/DEXTROSE (6/5)	2	B/D PA; MO
ZOVIRAX 5 % CREAM	3	QL (5 per 30 days); MO; S	CLINIMIX/DEXTROSE (8/10)	2	B/D PA; MO
Electrolytes/Minerals/Metals/Vitamins			CLINIMIX/DEXTROSE (8/14)	2	B/D PA; MO
AMINOSYN II	2	B/D PA; MO	<i>clinisol sf</i>	3	B/D PA; MO
AMINOSYN-PF	2	B/D PA; MO	CLINOLIPID	1	B/D PA; MO
AURYXIA	3	PA; MO; S	<i>deferasirox 125 mg tab sol, 250 mg tab sol, 500 mg tab sol</i>	3	PA; S
<i>calcium acetate</i>	1	MO	<i>deferiprone</i>	3	PA; LA; S
<i>calcium acetate (phos binder)</i>	1	MO	<i>dextrose 250 mg/ml solution</i>	2	MO
CALCIUM GLUCONATE	1	MO	<i>dextrose 5 % solution, 10 % solution, 50 % solution, 70 % solution</i>	1	MO
CARBAGLU	3	PA; LA; S	DEXTROSE 5%/ELECTROLYTE #48	2	MO
CARNITOR 1 GM/10ML SOLUTION, 330 MG TAB	3	B/D PA; MO	<i>dextrose in lactated ringers</i>	1	MO
			DEXTROSE-NACL 10-0.2 % SOLUTION	2	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>dextrose-nacl 2.5-0.45 % solution, 5-0.2 % solution, 5-0.225 % solution, 5-0.33 % solution, 5-0.45 % solution, 5-0.9 % solution, 10-0.45 % solution</i>	1	MO	KCL IN DEXTROSE-NACL 40-5-0.9 MEQ/L-%-% SOLUTION	2	MO
<i>dextrose-sodium chloride 5-0.3 % solution, 5-0.45 % solution, 5-0.9 % solution</i>	1	MO	KCL-LACTATED RINGERS-D5W	2	MO
<i>effer-k 25 meq effer tab</i>	1	MO	<i>klor-con 10</i>	1	MO
EXJADE	3	PA; LA; S	<i>klor-con 8 meq tab er</i>	1	MO
FERRIPROX 100 MG/ML SOLUTION, 500 MG TAB, 1000 MG TAB	3	PA; LA; S	<i>klor-con m10</i>	1	MO
FERRIPROX TWICE-A-DAY	3	PA; LA; S	<i>klor-con m15</i>	1	MO
FOSRENOL 500 MG CHEW TAB, 750 MG CHEW TAB, 1000 MG CHEW TAB	3	ST; MO; S	<i>klor-con m20</i>	1	MO
FREAMINE HBC	3	B/D PA; MO	<i>klor-con/ef</i>	1	MO
FREAMINE III	2	B/D PA; MO	<i>lactated ringers</i>	1	MO
<i>hepatamine</i>	1	B/D PA; MO	<i>lactated ringers solution (irrigation)</i>	1	MO
INTRALIPID 20 % EMULSION	3	B/D PA; MO	<i>lanthanum carbonate</i>	3	ST; MO; S
INTRALIPID 30 % EMULSION	2	B/D PA; MO	<i>levocarnitine 1 gm/10ml solution</i>	1	B/D PA; MO
<i>irrigation solutions, physiological</i>	3	MO	<i>levocarnitine 330 mg tab</i>	2	B/D PA; MO
ISOLYTE-P IN D5W	2	MO	<i>levocarnitine sf</i>	1	B/D PA; MO
ISOLYTE-S	2	MO	LOKELMA	2	MO
ISOLYTE-S PH 7.4	2	MO	<i>magnesium sulfate 2 gm/50ml solution, 4 gm/100ml solution, 4 gm/50ml solution, 20 gm/500ml solution, 40 gm/1000ml solution</i>	2	MO
JYNARQUE 15 MG TAB, 30 MG TAB	3	PA; LA; QL (120 per 30 days); S	<i>magnesium sulfate 50 % solution</i>	1	MO
K-TAB	3	MO	NUTRILIPID	3	B/D PA; MO
<i>kcl in dextrose-nacl 10-5-0.45 meq/l-%-% solution, 20-5-0.2 meq/l-%-% solution, 20-5-0.45 meq/l-%-% solution, 20-5-0.9 meq/l-%-% solution, 30-5-0.45 meq/l-%-% solution, 40-5-0.45 meq/l-%-% solution</i>	1	MO	PHOSLYRA	3	ST; MO
			PLASMA-LYTE 148	2	MO
			PLASMA-LYTE A	2	MO
			<i>plenamine</i>	3	B/D PA; MO
			<i>potassium chloride 10 meq cap er</i>	1	MO
			<i>potassium chloride 10 meq tab er</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION, 20 MEQ PACKET, 20 MEQ/100ML SOLUTION, 40 MEQ/100ML SOLUTION	3	MO	<i>prenatal vit w/ iron carbonyl-folic acid</i>	1	MO
POTASSIUM CHLORIDE 2 MEQ/ML SOLUTION, 10 % SOLUTION, 10 MEQ/50ML SOLUTION, 20 MEQ/15ML (10%) SOLUTION, 20 MEQ/50ML SOLUTION, 40 MEQ/15ML (20%) SOLUTION	1	MO	<i>prenatal vitamin with minerals and folic acid greater than 0.8 mg oral tablet</i>	1	MO
<i>potassium chloride 20 meq tab er</i>	1	MO	<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>	1	MO
<i>potassium chloride 8 meq cap er</i>	1	MO	PROCALAMINE	2	B/D PA; MO
<i>potassium chloride 8 meq tab er</i>	1	MO	PROSOL	2	B/D PA; MO
<i>potassium chloride crys 10 meq tab er</i>	1	MO	RENAGEL	3	ST; MO; S
<i>potassium chloride crys 20 meq tab er</i>	1	MO	RENVELA 0.8 GM PACKET	3	QL (540 per 30 days); MO
<i>potassium chloride crys er 15 meq tab er</i>	1	MO	RENVELA 800 MG TAB	3	QL (540 per 30 days); MO; S
<i>potassium chloride in dextrose</i>	1	MO	<i>ringers</i>	1	MO
POTASSIUM CHLORIDE IN NA CL 20-0.45 MEQ/L-% SOLUTION, 20-0.9 MEQ/L-% SOLUTION, 40-0.9 MEQ/L-% SOLUTION	1	MO	<i>ringers irrigation</i>	1	MO
<i>potassium citrate 10 meq (1080 mg) tab er</i>	1	MO	<i>sevelamer carbonate 0.8 gm packet</i>	3	QL (540 per 30 days); MO; S
<i>potassium citrate 15 meq (1620 mg) tab er</i>	1	MO	<i>sevelamer carbonate 2.4 gm packet</i>	3	QL (180 per 30 days); MO; S
<i>potassium citrate 5 meq (540 mg) tab er</i>	1	MO	<i>sevelamer carbonate 800 mg tab</i>	1	QL (540 per 30 days); MO
<i>potassium phosphates</i>	1	MO	<i>sevelamer hcl 400 mg tab</i>	1	ST; MO
<i>potassium phosphates(66 meq k)</i>	1	MO	<i>sevelamer hcl 800 mg tab</i>	3	ST; MO
PREMASOL	2	B/D PA; MO	<i>sodium acetate</i>	1	MO
<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>	1	MO	SODIUM ACETATE 2 MEQ/ML SOLUTION	2	MO
			<i>sodium bicarbonate</i>	1	MO
			<i>sodium chloride (pf)</i>	1	MO
			<i>sodium chloride 0.45 % solution, 2.5 meq/ml solution, 3 % solution, 4 meq/ml solution, 5 % solution</i>	1	MO
			<i>sodium chloride 0.9 % solution irrigation</i>	1	MO
			<i>sodium chloride 0.9 % solution iv</i>	1	MO
			<i>sodium chloride irrigation soln 0.9%</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
sodium fluoride 2.2 mg	1	MO
sodium phosphates	1	MO
sodium polystyrene sulfonate	1	MO
sps	1	MO
tis-u-sol	1	MO
tolvaptan 15 mg tab	3	PA; QL (30 per 30 days); S
tolvaptan 30 mg tab	3	PA; QL (60 per 30 days); S
TPN ELECTROLYTES	3	MO
TRAVASOL	2	B/D PA; MO
trientine hcl	3	S
TROPHAMINE 10 % SOLUTION	2	B/D PA; MO
UROCIT-K 10	3	MO
UROCIT-K 15	3	MO
UROCIT-K 5	3	MO
VELPHORO	3	ST; QL (180 per 30 days); MO; S
VELTASSA	3	S
Gastrointestinal Agents		
alosetron hcl	3	PA; QL (60 per 30 days); MO; S
AMITIZA	2	QL (60 per 30 days); MO
atropine sulfate 0.25 mg/5ml soln prsy, 0.4 mg/ml solution, 0.5 mg/5ml soln prsy, 1 mg/10ml soln prsy, 8 mg/20ml solution	1	MO
CARAFATE 1 GM TAB, 1 GM/10ML SUSPENSION	3	MO
chlordiazepoxide-clidinium	3	PA; MO
cimetidine	1	MO
cimetidine hcl	1	MO
CLENPIQ	3	MO
constulose	1	MO
DEXILANT	3	ST; QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements /Limits
dicyclomine hcl 10 mg cap	1	MO
dicyclomine hcl 10 mg/5ml solution, 20 mg tab	1	MO
diphenoxylate-atropine 2.5-0.025 mg tab	1	MO
diphenoxylate-atropine 2.5-0.025 mg/5ml liquid	1	MO
enulose	1	MO
esomeprazole magnesium 20 mg cap dr, 40 mg cap dr	1	ST; QL (30 per 30 days); MO
esomeprazole sodium	1	MO
famotidine 20 mg tab, 40 mg tab	1	MO
famotidine 20 mg/2ml solution, 40 mg/4ml solution, 40 mg/5ml recon susp, 200 mg/20ml solution	1	MO
famotidine premixed	1	MO
GATTEX	3	PA; LA; S
gavilyte-c	1	MO
gavilyte-g	1	MO
gavilyte-n with flavor pack	1	MO
generlac	1	MO
glycopyrrolate 0.2 mg/ml solution, 0.4 mg/2ml solution, 1 mg tab, 1 mg/5ml solution, 2 mg tab, 4 mg/20ml solution	1	MO
GOLYTELY	3	MO
hyoscyamine sulfate 0.125 mg sl tab, 0.125 mg tab, 0.125 mg tab disp	1	MO
KRISTALOSE	3	MO
lactulose 10 gm/15ml solution, 20 gm/30ml solution	1	MO
lactulose encephalopathy	1	MO
lansoprazole 15 mg cap dr	1	MO
lansoprazole 30 mg cap dr	1	QL (30 per 30 days); MO

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Drug Name	Drug Tier	Requirements /Limits
LINZESS	2	QL (30 per 30 days); MO
<i>loperamide hcl 2 mg cap</i>	1	MO
<i>lubiprostone</i>	1	QL (60 per 30 days); MO
<i>methscopolamine bromide</i>	1	MO
MOVANTIK	2	QL (30 per 30 days); MO
MOVIPREP	3	MO
NEXIUM 10 MG PACKET, 20 MG CAP DR, 40 MG CAP DR	3	ST; QL (30 per 30 days); MO
<i>nizatidine 150 mg cap, 300 mg cap</i>	1	MO
<i>omeprazole</i>	1	MO
<i>omeprazole-sodium bicarbonate 20-1680 mg packet, 40-1680 mg packet</i>	3	QL (30 per 30 days); MO; S
<i>opium</i>	1	MO
OSMOPREP	3	MO
<i>pantoprazole sodium 20 mg tab dr, 40 mg tab dr</i>	1	MO
<i>pantoprazole sodium 40 mg packet, 40 mg recon soln</i>	1	MO
<i>peg 3350-kcl-na bicarb-nacl</i>	1	MO
<i>peg-3350/electrolytes</i>	1	MO
<i>peg-3350/electrolytes/ascorbic acid</i>	1	MO
<i>peg-kcl-nacl-nasulf-na asc-c</i>	1	MO
PLENVU	3	MO
PREVACID SOLUTAB 15 MG TAB DR DISP	3	MO
<i>propantheline bromide</i>	1	PA; MO
PROTONIX 20 MG TAB DR, 40 MG PACKET, 40 MG TAB DR	3	MO
<i>rabeprazole sodium</i>	1	QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements /Limits
<i>ranitidine hcl 15 mg/ml syrup, 50 mg/2ml solution, 75 mg/5ml syrup, 150 mg cap, 150 mg/10ml syrup, 150 mg/6ml solution, 300 mg cap, 1000 mg/40ml solution</i>	1	MO
<i>ranitidine hcl 150 mg tab, 300 mg tab</i>	1	MO
RELISTOR 12 MG/0.6ML SOLUTION	3	PA; QL (18 per 30 days); MO; S
RELISTOR 8 MG/0.4ML SOLUTION	3	PA; QL (12 per 30 days); MO; S
SUCRALFATE 1 GM TAB, 1 GM/10ML SUSPENSION	1	MO
SUPREP BOWEL PREP KIT	2	MO
URSO 250	3	MO
<i>ursodiol 250 mg tab, 300 mg cap, 500 mg tab</i>	1	MO
XERMELO	3	PA; LA; QL (90 per 30 days); S
ZEGERID 20-1100 MG CAP	3	QL (30 per 30 days); MO
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
ALDURAZYME	3	PA; LA; S
ARALAST NP	3	PA; LA; S
BUPHENYL 3 GM/TSP POWDER	3	PA; LA
BUPHENYL 500 MG TAB	3	PA; LA; S
CERDELGA	3	PA; S
CEREZYME	3	PA; LA; S
CREON	2	MO
<i>cromolyn sodium 100 mg/5ml conc</i>	1	MO
CYSTADANE	3	LA; S
CYSTAGON	2	LA
CYSTARAN	3	LA; S
ELAPRASE	3	PA; LA; S
FABRAZYME	3	PA; LA; S

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
GASTROCROM	3	MO	DEPEN TITRATABS	3	S
KUVAN	3	PA; LA; S	DETROL 1 MG TAB	3	ST; QL (60 per 30 days); MO
LUMIZYME	3	PA; LA; S	DETROL LA 2 MG CAP ER 24H	3	ST; QL (30 per 30 days); MO
<i>miglustat</i>	3	PA; LA; S	DITROPAN XL 10 MG TAB ER 24H	3	ST; QL (60 per 30 days); MO
NAGLAZYME	3	PA; LA; S	DITROPAN XL 5 MG TAB ER 24H	3	ST; QL (30 per 30 days); MO
<i>nitisinone</i>	3	PA; S	<i>dutasteride</i>	1	QL (30 per 30 days); MO
ORFADIN 2 MG CAP, 4 MG/ML SUSPENSION, 5 MG CAP, 10 MG CAP, 20 MG CAP	3	PA; LA; S	<i>dutasteride-tamsulosin hcl</i>	1	QL (30 per 30 days); MO
PROLASTIN-C	3	PA; LA; S	ELMIRON	3	MO
RAVICTI	3	PA; LA; QL (525 per 30 days); S	<i>finasteride</i>	1	MO
<i>sapropterin dihydrochloride 100 mg tab, 500 mg packet</i>	3	PA; S	<i>flavoxate hcl</i>	1	MO
<i>sodium phenylbutyrate 3 gm/tsp powder, 500 mg tab</i>	3	PA; S	JALYN	3	QL (30 per 30 days); MO
SUCRAID	3	LA; S	MYRBETRIQ 25 MG TAB ER 24H, 50 MG TAB ER 24H	3	QL (30 per 30 days); MO
VIOKACE 10440-39150 UNIT TAB	3	MO	<i>oxybutynin chloride 5 mg tab</i>	1	QL (120 per 30 days); MO
VIOKACE 20880 UNIT TAB	3	MO; S	<i>oxybutynin chloride 5 mg/5ml syrup</i>	1	QL (600 per 30 days); MO
VPRIV	3	PA; S	<i>oxybutynin chloride er 10 mg tab er 24h, 15 mg tab er 24h</i>	1	QL (60 per 30 days); MO
ZENPEP 25000-79000 CP DR PART, 40000-126000 CP DR PART	3	MO; S	<i>oxybutynin chloride er 5 mg tab er 24h</i>	1	QL (30 per 30 days); MO
ZENPEP 3000-10000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART	2	MO	OXYTROL	3	ST; QL (8 per 28 days); MO
Genitourinary Agents			<i>penicillamine 250 mg tab</i>	3	S
<i>alfuzosin hcl er</i>	1	MO	RAPAFLO	3	MO
AVODART	3	QL (30 per 30 days); MO	<i>silodosin</i>	1	MO
<i>bethanechol chloride</i>	1	MO	<i>solifenacin succinate</i>	1	QL (30 per 30 days); MO
CARDURA XL	3	MO	<i>tadalafil</i>	1	PA; QL (30 per 30 days); MO
CIALIS	3	PA; QL (30 per 30 days); MO	<i>tamsulosin hcl</i>	1	MO
<i>darifenacin hydrobromide er</i>	1	QL (30 per 30 days); MO	THIOLA	3	PA; S

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Drug Name	Drug Tier	Requirements /Limits
<i>tiopronin</i>	3	PA; S
<i>tolterodine tartrate</i>	1	QL (60 per 30 days); MO
<i>tolterodine tartrate er</i>	1	QL (30 per 30 days); MO
TOVIAZ	2	QL (30 per 30 days); MO
<i>tropium chloride</i>	1	QL (60 per 30 days); MO
<i>tropium chloride er</i>	1	QL (30 per 30 days); MO
VESICARE	3	ST; QL (30 per 30 days); MO
Hormonal Agents, Stimulant/Replacement- /Modifying (Adrenal)		
ACTHAR	3	PA; LA; S
<i>alclometasone dipropionate 0.05 % cream</i>	1	MO
<i>betamethasone dipropionate 0.05 % ointment</i>	1	MO
<i>betamethasone dipropionate aug 0.05 % cream, 0.05 % lotion</i>	1	MO
<i>clobetasol prop emollient base</i>	1	QL (120 per 30 days); MO
<i>clobetasol propionate e</i>	1	QL (120 per 30 days); MO
<i>clocortolone pivalate</i>	1	MO
CLODERM	3	MO
<i>cortisone acetate</i>	1	MO
<i>decadron 0.5 mg tab, 0.75 mg tab</i>	1	MO
<i>decadron 4 mg tab, 6 mg tab</i>	1	MO
<i>desonide 0.05 % lotion</i>	1	MO
<i>dexamethasone 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>dexamethasone 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 1.5 mg (21) tab thpk, 1.5 mg (35) tab thpk, 1.5 mg (51) tab thpk, 2 mg tab, 4 mg tab, 6 mg tab</i>	1	MO
DEXAMETHASONE INTENSOL	2	MO
<i>dexamethasone sod phosphate pf 10 mg/ml solution</i>	1	MO
<i>dexamethasone sodium phosphate 4 mg/ml solution, 10 mg/ml solution, 20 mg/5ml solution, 100 mg/10ml solution, 120 mg/30ml solution</i>	1	MO
<i>fludrocortisone acetate</i>	1	MO
HEMADY	3	MO
<i>hidex 6-day</i>	1	MO
<i>hydrocortisone butyrate 0.1 % ointment</i>	1	MO
<i>hydrocortisone valerate 0.2 % ointment</i>	1	MO
KORLYM	3	PA; LA; S
MEDROL 2 MG TAB	2	MO
MEDROL 4 MG TAB, 8 MG TAB, 16 MG TAB, 32 MG TAB	3	MO
<i>methylprednisolone</i>	1	MO
<i>methylprednisolone acetate</i>	1	MO
<i>methylprednisolone sodium succ 40 mg recon soln, 125 mg recon soln, 1000 mg recon soln</i>	1	MO
MILLIPRED	2	MO
<i>mometasone furoate 0.1 % cream, 0.1 % ointment</i>	1	MO
ORAPRED ODT	3	MO
<i>prednicarbate</i>	1	MO
<i>prednisolone</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>prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution, 10 mg tab disp, 10 mg/5ml solution, 15 mg tab disp, 15 mg/5ml solution, 20 mg/5ml solution, 25 mg/5ml solution, 30 mg tab disp</i>	1	MO
<i>prednisone 1 mg tab, 5 mg (48) tab thpk, 5 mg/5ml solution, 10 mg (48) tab thpk</i>	1	MO
<i>prednisone 2.5 mg tab, 5 mg (21) tab thpk, 5 mg tab, 10 mg (21) tab thpk, 10 mg tab, 20 mg tab, 50 mg tab</i>	1	MO
PREDNISON INTENSOL	2	MO
<i>taperdex 6-day</i>	1	MO
<i>triamcinolone acetonide 40 mg/ml suspension</i>	1	MO
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
DDAVP 0.1 MG TAB, 0.2 MG TAB	3	MO
<i>desmopressin ace spray refrig</i>	1	MO
<i>desmopressin acetate 0.1 mg tab, 0.2 mg tab, 4 mcg/ml solution</i>	1	MO
<i>desmopressin acetate pf</i>	1	MO
<i>desmopressin acetate spray</i>	1	MO
EGRIFTA SV	3	PA; LA; S
GENOTROPIN	3	PA; S
GENOTROPIN MINIQUICK	3	PA; S
HUMATROPE	3	PA; S
INCRELEX	3	PA; LA; S
NORDITROPIN FLEXPRO	3	PA; S
NUTROPIN AQ NUSPIN 10	3	PA; LA; S
NUTROPIN AQ NUSPIN 20	3	PA; LA; S
NUTROPIN AQ NUSPIN 5	3	PA; LA; S

Drug Name	Drug Tier	Requirements /Limits
OMNITROPE 5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN, 10 MG/1.5ML SOLN CART	3	PA; LA; S
SAIZEN	3	PA; LA; S
SAIZENPREP	3	PA; LA; S
STIMATE	3	
ZORBTIVE	3	PA; S
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
CYTOTEC	3	MO
<i>misoprostol</i>	1	MO
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
ACTIVELLA	3	PA; MO
<i>afirmelle</i>	1	MO
<i>altavera</i>	1	MO
<i>alyacen 1/35</i>	1	MO
<i>alyacen 7/7/7</i>	1	MO
<i>amabelz</i>	1	PA; MO
<i>amethia</i>	1	MO
<i>amethyst</i>	1	MO
<i>apri</i>	1	MO
<i>aranelle</i>	1	MO
<i>ashlyna</i>	1	MO
<i>aubra</i>	1	MO
<i>aubra eq</i>	1	MO
<i>aurovela 1.5/30</i>	1	MO
<i>aurovela 1/20</i>	1	MO
<i>aurovela 24 fe</i>	1	MO
<i>aurovela fe 1.5/30</i>	1	MO
<i>aurovela fe 1/20</i>	1	MO
<i>aviane</i>	1	MO
AYGESTIN	3	MO
<i>ayuna</i>	1	MO
<i>azurette</i>	1	MO
<i>balziva</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>bekyree</i>	1	MO	DEPO-TESTOSTERONE	3	PA; MO
BEYAZ	3	MO	<i>desogestrel-ethinyl estradiol</i>	1	MO
BIJUVA	2	PA; MO	DIVIGEL 0.25 MG/0.25GM GEL, 0.5 MG/0.5GM GEL, 0.75 MG/0.75GM GEL, 1 MG/GM GEL, 1.25 MG/1.25GM GEL	2	PA; MO
<i>blisovi 24 fe</i>	1	MO	<i>dolishale</i>	1	MO
<i>blisovi fe 1.5/30</i>	1	MO	<i>dotti</i>	1	PA; QL (8 per 28 days); MO
<i>blisovi fe 1/20</i>	1	MO	<i>drospiren-eth estrad-levomefol</i>	1	MO
<i>briellyn</i>	1	MO	<i>drospirenone-ethinyl estradiol</i>	1	MO
<i>camila</i>	1	MO	DUAVEE	3	PA; QL (30 per 30 days); MO
<i>camrese</i>	1	MO	<i>elinest</i>	1	MO
<i>camrese lo</i>	1	MO	ELLA	2	MO
<i>caziant</i>	1	MO	<i>eluryng</i>	1	MO
<i>charlotte 24 fe</i>	1	MO	<i>emoquette</i>	1	MO
<i>chateal</i>	1	MO	<i>enpresse-28</i>	1	MO
<i>chateal eq</i>	1	MO	<i>enskyce</i>	1	MO
CLIMARA	3	PA; QL (4 per 28 days); MO	<i>errin</i>	1	MO
CLIMARA PRO	2	PA; QL (4 per 28 days); MO	<i>estarylla</i>	1	MO
COMBIPATCH	2	PA; QL (8 per 28 days); MO	ESTRACE 0.1 MG/GM CREAM, 0.5 MG TAB, 1 MG TAB, 2 MG TAB	3	MO
CRINONE	3	PA	<i>estradiol 0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw</i>	1	PA; QL (8 per 28 days); MO
<i>cryselle-28</i>	1	MO	<i>estradiol 0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk</i>	1	PA; QL (4 per 28 days); MO
<i>cyclafem 1/35</i>	1	MO	<i>estradiol 0.1 mg/gm cream, 10 mcg tab</i>	1	MO
<i>cyclafem 7/7/7</i>	1	MO			
<i>cyred</i>	1	MO			
<i>cyred eq</i>	1	MO			
<i>danazol</i>	1	MO			
<i>dasetta 1/35</i>	1	MO			
<i>dasetta 7/7/7</i>	1	MO			
<i>daysee</i>	1	MO			
<i>deblitane</i>	1	MO			
DELESTROGEN	3	MO			
<i>delyla</i>	1	MO			
DEPO-ESTRADIOL	2	MO			
DEPO-PROVERA 150 MG/ML SUSPENSION	3	MO			
DEPO-SUBQ PROVERA 104	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
<i>estradiol 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	MO
<i>estradiol valerate</i>	1	MO
<i>estradiol-norethindrone acet</i>	1	PA; MO
ESTRING	3	QL (1 per 90 days); MO; NEDS
<i>ethynodiol diac-eth estradiol</i>	1	MO
<i>etonogestrel-ethinyl estradiol</i>	1	MO
EVAMIST	2	PA; MO
EVISTA	3	QL (30 per 30 days); MO
<i>falmina</i>	1	MO
<i>fayosim</i>	1	MO
FEMRING	3	QL (1 per 90 days); MO; NEDS
<i>femynor</i>	1	MO
FORTESTA	3	PA; QL (120 per 30 days); MO
<i>fyavolv</i>	1	PA; MO
GENERESS FE	3	MO
<i>gianvi</i>	1	MO
<i>hailey 1.5/30</i>	1	MO
<i>hailey 24 fe</i>	1	MO
<i>hailey fe 1.5/30</i>	1	MO
<i>hailey fe 1/20</i>	1	MO
<i>heather</i>	1	MO
<i>hydroxyprogesterone caproate 1.25 gm/5ml solution</i>	3	PA; QL (25 per 147 over time); NEDS; S
<i>iclevia</i>	1	MO
IMVEXXY MAINTENANCE PACK	3	QL (18 per 28 days); MO
IMVEXXY STARTER PACK	3	QL (18 per 180 over time); MO; NEDS
<i>incassia</i>	1	MO
<i>introvale</i>	1	MO
<i>isibloom</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>jaimiess</i>	1	MO
<i>jasmiel</i>	1	MO
<i>jencycla</i>	1	MO
<i>jinteli</i>	1	PA; MO
<i>jolessa</i>	1	MO
<i>juleber</i>	1	MO
<i>junel 1.5/30</i>	1	MO
<i>junel 1/20</i>	1	MO
<i>junel fe 1.5/30</i>	1	MO
<i>junel fe 1/20</i>	1	MO
<i>junel fe 24</i>	1	MO
<i>kaitlib fe</i>	1	MO
<i>kalliga</i>	1	MO
<i>kariva</i>	1	MO
<i>kelnor 1/35</i>	1	MO
<i>kelnor 1/50</i>	1	MO
<i>kurvelo</i>	1	MO
KYLEENA	2	
<i>larin 1.5/30</i>	1	MO
<i>larin 1/20</i>	1	MO
<i>larin 24 fe</i>	1	MO
<i>larin fe 1.5/30</i>	1	MO
<i>larin fe 1/20</i>	1	MO
<i>larissia</i>	1	MO
<i>layolis fe</i>	1	MO
<i>leena</i>	1	MO
<i>lessina</i>	1	MO
<i>levonest</i>	1	MO
<i>levonorg-eth estrad triphasic</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 0.1-20 tab, 0.15-30 tab</i>	1	MO
<i>levonorgestrel-ethinyl estrad 90-20 mcg tab</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>levora 0.15/30 (28)</i>	1	MO
LILETTA (52 MG)	2	
<i>lillow</i>	1	MO
LO LOESTRIN FE	2	MO
<i>lo-zumandimine</i>	1	MO
<i>loestrin 1.5/30 (21)</i>	3	MO
<i>loestrin 1/20 (21)</i>	3	MO
<i>loestrin fe 1.5/30</i>	3	MO
<i>loestrin fe 1/20</i>	3	MO
<i>lojaimiess</i>	1	MO
<i>lopreeza</i>	1	PA; MO
<i>loryna</i>	1	MO
LOSEASONIQUE	3	MO
<i>low-ogestrel</i>	1	MO
<i>lutera</i>	1	MO
<i>lyleq</i>	1	MO
<i>lyza</i>	1	MO
<i>marlissa</i>	1	MO
<i>medroxyprogesterone acetate 150 mg/ml susp prsyr, 150 mg/ml suspension</i>	1	MO
<i>medroxyprogesterone acetate 2.5 mg tab, 5 mg tab, 10 mg tab</i>	1	MO
<i>megestrol acetate 20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension</i>	1	PA; MO
<i>melodetta 24 fe</i>	1	MO
MENEST	3	PA; MO
<i>mibelas 24 fe</i>	1	MO
<i>microgestin 1.5/30</i>	1	MO
<i>microgestin 1/20</i>	1	MO
<i>microgestin 24 fe</i>	1	MO
<i>microgestin fe 1.5/30</i>	1	MO
<i>microgestin fe 1/20</i>	1	MO
<i>mili</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>mimvey</i>	1	PA; MO
MINASTRIN 24 FE	3	MO
MINIVELLE	3	PA; QL (8 per 28 days); MO
MIRENA (52 MG)	2	
<i>mono-linyah</i>	1	MO
<i>necon 0.5/35 (28)</i>	1	MO
<i>nikki</i>	1	MO
<i>nora-be</i>	1	MO
<i>norethin ace-eth estrad-fe 1-20 mg-mcg tab, 1-20 mg-mcg(24) chew tab, 1.5-30 mg-mcg tab</i>	1	MO
<i>norethin-eth estradiol-fe</i>	1	MO
<i>norethindrone</i>	1	MO
<i>norethindrone acet-ethinyl est</i>	1	MO
<i>norethindrone acetate</i>	1	MO
<i>norethindrone-eth estradiol</i>	1	PA; MO
<i>norgestim-eth estrad triphasic</i>	1	MO
<i>norgestimate-eth estradiol</i>	1	MO
<i>norlyda</i>	1	MO
<i>norlyroc</i>	1	MO
<i>nortrel 0.5/35 (28)</i>	1	MO
<i>nortrel 1/35 (21)</i>	1	MO
<i>nortrel 1/35 (28)</i>	1	MO
<i>nortrel 7/7/7</i>	1	MO
NUVARING	3	MO
<i>nylia 1/35</i>	1	MO
<i>nylia 7/7/7</i>	1	MO
<i>ocella</i>	1	MO
<i>orsythia</i>	1	MO
OSPHENA	2	MO
<i>oxandrolone 10 mg tab</i>	1	PA; QL (60 per 30 days); MO
<i>oxandrolone 2.5 mg tab</i>	1	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
<i>philith</i>	1	MO
<i>pimtreea</i>	1	MO
<i>pirmella 1/35</i>	1	MO
<i>pirmella 7/7/7</i>	1	MO
<i>portia-28</i>	1	MO
PREMARIN 0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB	2	PA; MO
PREMARIN 0.625 MG/GM CREAM	2	MO
PREMPHASE	2	PA; MO
PREMPRO	2	PA; MO
<i>previfem</i>	1	MO
<i>progesterone 100 mg cap, 200 mg cap</i>	1	MO
PROMETRIUM 200 MG CAP	3	MO
PROVERA 2.5 MG TAB, 10 MG TAB	3	MO
QUARTETTE	3	MO
<i>raloxifene hcl</i>	1	QL (30 per 30 days); MO
<i>reclipsen</i>	1	MO
<i>rivelsa</i>	1	MO
SAFYRAL	3	MO
SEASONIQUE	3	MO
<i>setlakin</i>	1	MO
<i>sharobel</i>	1	MO
<i>simliya</i>	1	MO
<i>simpesse</i>	1	MO
SKYLA	2	
<i>sprintec 28</i>	1	MO
<i>sronyx</i>	1	MO
<i>syeda</i>	1	MO
<i>tarina 24 fe</i>	1	MO
<i>tarina fe 1/20</i>	1	MO
<i>tarina fe 1/20 eq</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>testosterone 1.62 % gel, 20.25 mg/act (1.62%) gel, 40.5 mg/2.5gm (1.62%) gel</i>	1	PA; QL (150 per 30 days); MO
<i>testosterone 10 mg/act (2%) gel</i>	1	PA; QL (120 per 30 days); MO
<i>testosterone 12.5 mg/act (1%) gel, 25 mg/2.5gm (1%) gel, 50 mg/5gm (1%) gel</i>	1	PA; QL (300 per 30 days); MO
<i>testosterone 20.25 mg/1.25gm (1.62%) gel</i>	1	PA; QL (112.5 per 30 days); MO
<i>testosterone 30 mg/act solution</i>	1	PA; QL (180 per 30 days); MO
<i>testosterone cypionate</i>	1	PA; MO
<i>testosterone enanthate</i>	1	PA; MO
<i>tilia fe</i>	1	MO
<i>tri femynor</i>	1	MO
<i>tri-estarylla</i>	1	MO
<i>tri-legest fe</i>	1	MO
<i>tri-linyah</i>	1	MO
<i>tri-lo-estarylla</i>	1	MO
<i>tri-lo-marzia</i>	1	MO
<i>tri-lo-mili</i>	1	MO
<i>tri-lo-sprintec</i>	1	MO
<i>tri-mili</i>	1	MO
<i>tri-nymyo</i>	1	MO
<i>tri-previfem</i>	1	MO
<i>tri-sprintec</i>	1	MO
<i>tri-vylibra</i>	1	MO
<i>tri-vylibra lo</i>	1	MO
<i>trivora (28)</i>	1	MO
<i>tulana</i>	1	MO
TYBLUME	1	MO
<i>tydemy</i>	1	MO
VAGIFEM	3	MO
<i>velivet</i>	1	MO
<i>vienva</i>	1	MO
<i>viorele</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
VIVELLE-DOT	3	PA; QL (8 per 28 days); MO	<i>liothyronine sodium 10 mcg/ml solution</i>	3	MO; S
VOGELXO PUMP	3	PA; QL (300 per 30 days); MO	<i>liothyronine sodium 5 mcg tab, 25 mcg tab, 50 mcg tab</i>	1	MO
<i>volnea</i>	1	MO	<i>np thyroid</i>	1	PA; MO
<i>vyfemla</i>	1	MO	SYNTHROID	2	MO
<i>vylibra</i>	1	MO	TIROSINT	2	MO
<i>wera</i>	1	MO	TIROSINT-SOL	2	MO
<i>wymzya fe</i>	1	MO	<i>unithroid</i>	1	MO
<i>xulane</i>	1	MO	Hormonal Agents, Suppressant (Adrenal)		
YASMIN 28	3	MO	LYSODREN	2	MO
YAZ	3	MO	Hormonal Agents, Suppressant (Pituitary)		
<i>yuvafem</i>	1	MO	<i>cabergoline</i>	1	MO
<i>zafemy</i>	1	MO	ELIGARD 30 MG KIT, 45 MG KIT	3	PA
<i>zarah</i>	1	MO	ELIGARD 7.5 MG KIT, 22.5 MG KIT	2	PA
<i>zovia 1/35 (28)</i>	1	MO	FIRMAGON	2	PA
<i>zovia 1/35e (28)</i>	1	MO	FIRMAGON (240 MG DOSE)	3	PA; S
<i>zumandimine</i>	1	MO	<i>leuprolide acetate</i>	1	PA; MO
Hormonal Agents, Stimulant/Replacement-Modifying (Thyroid)			LUPRON DEPOT (1-MONTH) 3.75 MG KIT	3	PA; QL (1 per 28 days); S
ARMOUR THYROID	2	PA; MO	LUPRON DEPOT (1-MONTH) 7.5 MG KIT	3	PA; S
CYTOMEL	3	MO	LUPRON DEPOT (3-MONTH) 11.25 MG KIT	3	PA; QL (1 per 84 days); NEDS; S
<i>euthyrox</i>	1	MO	LUPRON DEPOT (3-MONTH) 22.5 MG KIT	3	PA; S
<i>levo-t</i>	1	MO	LUPRON DEPOT (4-MONTH)	3	PA; S
<i>levothyroxine sodium 13 mcg cap, 25 mcg cap, 50 mcg cap, 75 mcg cap, 88 mcg cap, 100 mcg cap, 112 mcg cap, 125 mcg cap, 137 mcg cap, 150 mcg cap, 175 mcg cap, 200 mcg cap</i>	2	MO	LUPRON DEPOT (6-MONTH)	3	PA; S
<i>levothyroxine sodium 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab</i>	1	MO	LUPRON DEPOT-PED (1-MONTH) 7.5 MG KIT	3	PA; QL (1 per 28 days); S
<i>levoxyl</i>	1	MO	<i>octreotide acetate 1000 mcg/ml solution</i>	3	PA
			<i>octreotide acetate 50 mcg/ml soln prsy, 50 mcg/ml solution, 100 mcg/ml soln prsy, 100 mcg/ml solution, 200 mcg/ml solution</i>	1	PA

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>octreotide acetate 500 mcg/ml soln prsy, 500 mcg/ml solution</i>	3	PA; S	COSENTYX SENSOREADY (300 MG)	3	PA; LA; QL (8 per 28 days); S
ORGOVYX	3	PA; LA; QL (32 per 30 days); S	COSENTYX SENSOREADY PEN	3	PA; LA; QL (8 per 28 days); S
SANDOSTATIN	3	PA	<i>cyclosporine 25 mg cap, 50 mg/ml solution, 100 mg cap</i>	1	B/D PA
SANDOSTATIN LAR DEPOT	3	PA; S	<i>cyclosporine modified 25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution</i>	1	B/D PA
SIGNIFOR	3	PA; LA; S	DAPTACEL	2	
SOMATULINE DEPOT	3	PA; S	DIPHThERIA-TETANUS TOXOIDS DT	2	
SOMAVERT	3	PA; LA; S	DUPIXENT 100 MG/0.67ML SOLN PRSYR	3	PA; QL (1.34 per 28 days); S
SYNAREL	3	PA; S	DUPIXENT 200 MG/1.14ML SOLN PEN	3	QL (4.56 per 28 days); MO; S
TRELSTAR MIXJECT	3	PA; S	DUPIXENT 200 MG/1.14ML SOLN PRSYR	3	PA; QL (4.56 per 28 days); S
Hormonal Agents, Suppressant (Thyroid)			DUPIXENT 300 MG/2ML SOLN PEN, 300 MG/2ML SOLN PRSYR	3	PA; QL (4 per 28 days); S
<i>methimazole</i>	1	MO	ENBREL 25 MG RECON SOLN, 50 MG/ML SOLN PRSYR	3	PA; QL (8 per 28 days); S
<i>propylthiouracil</i>	1	MO	ENBREL 25 MG/0.5ML SOLN PRSYR	3	PA; QL (4.08 per 28 days); S
TAPAZOLE	3	MO	ENBREL 25 MG/0.5ML SOLUTION	3	PA; QL (4 per 28 days); S
Immunological Agents			ENBREL MINI	3	PA; QL (8 per 28 days); S
ACTHIB	2		ENBREL SURECLICK	3	PA; QL (8 per 28 days); S
ACTIMMUNE	3	PA; LA; S	ENGERIX-B	2	B/D PA
ADACEL	2		ENVARUSUS XR 0.75 MG TAB ER 24H, 1 MG TAB ER 24H	3	B/D PA
ARAVA 10 MG TAB	3	MO	ENVARUSUS XR 4 MG TAB ER 24H	3	B/D PA; S
ARCALYST	3	PA; S	<i>everolimus 0.25 mg tab</i>	1	B/D PA
<i>azathioprine 50 mg tab</i>	1	B/D PA; MO	<i>everolimus 0.5 mg tab, 0.75 mg tab, 1 mg tab</i>	3	B/D PA; S
AZATHIOPRINE SODIUM	2	B/D PA; MO	FIRAZYR	3	PA; S
BCG VACCINE	2				
BENLYSTA 120 MG RECON SOLN, 200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR, 400 MG RECON SOLN	3	PA; S			
BEXSERO	2				
BOOSTRIX	2				
CINRYZE	3	PA; LA; S			
COSENTYX (300 MG DOSE)	3	PA; LA; QL (8 per 28 days); S			
COSENTYX 150 MG/ML SOLN PRSYR	3	PA; LA; QL (8 per 28 days); S			
COSENTYX 75 MG/0.5ML SOLN PRSYR	3	PA; QL (2 per 28 days); S			

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Drug Name	Drug Tier	Requirements /Limits
GAMUNEX-C	3	PA; S
GARDASIL 9	2	
<i>gengraf 25 mg cap, 100 mg cap, 100 mg/ml solution</i>	1	B/D PA
HAVRIX	2	
HIBERIX	2	
HUMIRA 10 MG/0.1ML PREF SY KT, 20 MG/0.2ML PREF SY KT	3	PA; QL (2 per 28 days); S
HUMIRA 40 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT	3	PA; QL (4 per 28 days); S
HUMIRA 80 MG/0.8ML PEN KIT	3	PA; QL (6 per 84 over time); NEDS; S
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40MG/0.4ML PREF SY KT	3	PA; QL (12 per 365 over time); NEDS; S
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML PREF SY KT	3	PA; QL (6 per 365 over time); NEDS; S
HUMIRA PEN	3	PA; QL (4 per 28 days); S
HUMIRA PEN-CD/UC/HS STARTER 40 MG/0.8ML PEN KIT	3	PA; QL (12 per 365 over time); NEDS; S
HUMIRA PEN-CD/UC/HS STARTER 80 MG/0.8ML PEN KIT	3	PA; QL (6 per 365 over time); NEDS; S
HUMIRA PEN-PEDIATRIC UC START	3	PA; QL (8 per 365 over time); NEDS; S
HUMIRA PEN-PS/UV/ADOL HS START	3	PA; QL (8 per 365 over time); NEDS; S
HUMIRA PEN-PSOR/UEIT STARTER	3	PA; QL (6 per 365 over time); NEDS; S
HYPERRAB	3	S
HYPERRAB S/D	2	
<i>icatibant acetate</i>	3	PA; S
ILARIS	3	PA; LA; S

Drug Name	Drug Tier	Requirements /Limits
IMOGAM RABIES-HT	2	
IMOVAX RABIES	2	
INFANRIX	2	
INTRON A 10000000 UNIT RECON SOLN	2	B/D PA
INTRON A 18000000 UNIT RECON SOLN	3	B/D PA
INTRON A 6000000 UNIT/ML SOLUTION, 10000000 UNIT/ML SOLUTION, 50000000 UNIT RECON SOLN	3	B/D PA; S
IPOL	2	
IXIARO	2	
KEDRAB	2	
KINRIX	2	
<i>leflunomide</i>	1	MO
M-M-R II	2	
MENACTRA	2	
MENQUADFI	2	
MENVEO	2	
<i>methotrexate</i>	1	MO
<i>methotrexate sodium (pf)</i>	1	MO
<i>methotrexate sodium 1 gm recon soln, 2.5 mg tab, 50 mg/2ml solution, 250 mg/10ml solution</i>	1	MO
<i>mycophenolate mofetil 200 mg/ml recon susp</i>	3	B/D PA; S
<i>mycophenolate mofetil 250 mg cap, 500 mg recon soln, 500 mg tab</i>	1	B/D PA
<i>mycophenolate mofetil hcl</i>	1	B/D PA
<i>mycophenolate sodium</i>	1	B/D PA
MYFORTIC 180 MG TAB DR	3	B/D PA
MYFORTIC 360 MG TAB DR	3	B/D PA; S
NULOJIX	3	PA; S

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
OCTAGAM 1 GM/20ML SOLUTION, 2 GM/20ML SOLUTION, 2.5 GM/50ML SOLUTION, 5 GM/100ML SOLUTION, 25 GM/500ML SOLUTION, 30 GM/300ML SOLUTION	3	PA; S	SKYRIZI	3	PA; QL (6 per 365 over time); NEDS; S
OTEZLA 10 & 20 & 30 MG TAB THPK	3	PA; S	SKYRIZI (150 MG DOSE)	3	PA; QL (6 per 365 over time); NEDS; S
PEDIARIX	2		STAMARIL	2	
PEDVAX HIB	2		STELARA 45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR	3	PA; QL (1 per 28 days); S
PEGASYS	3	S	STELARA 45 MG/0.5ML SOLUTION	3	PA; LA; QL (1 per 28 days); S
PENTACEL	2		SYNAGIS	3	PA; S
PROGRAF 0.2 MG PACKET, 1 MG PACKET, 5 MG CAP	3	B/D PA	<i>tacrolimus 0.5 mg cap, 1 mg cap, 5 mg cap</i>	1	B/D PA
PROGRAF 5 MG/ML SOLUTION	3	B/D PA; S	TDVAX	2	
PROQUAD	2		<i>temsirolimus</i>	3	PA; S
QUADRACEL	2		TENIVAC	2	
RABAVERT	2		THYMOGLOBULIN	3	B/D PA; S
RAPAMUNE 0.5 MG TAB, 1 MG TAB, 1 MG/ML SOLUTION, 2 MG TAB	3	B/D PA; S	TREXALL	3	MO
RECOMBIVAX HB	2	B/D PA	TRUMENBA	2	
REMICADE	3	PA; S	TWINRIX	2	
RIDAURA	3	MO; S	TYPHIM VI	2	
RINVOQ	3	PA; QL (30 per 30 days); S	VAQTA	2	
ROTARIX	2		VARIVAX	2	
ROTATEQ	2		VARIZIG	2	
<i>sajazir</i>	3	PA; S	XATMEP	3	
SANDIMMUNE 25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION	3	B/D PA	XOLAIR 150 MG RECON SOLN, 150 MG/ML SOLN PRSYR	3	PA; LA; QL (8 per 28 days); S
SHINGRIX	2		XOLAIR 75 MG/0.5ML SOLN PRSYR	3	PA; LA; QL (4 per 28 days); S
SIMULECT	3	B/D PA; S	YF-VAX	2	
<i>sirolimus 0.5 mg tab, 1 mg tab, 1 mg/ml solution</i>	1	B/D PA	ZORTRESS	3	B/D PA; S
<i>sirolimus 2 mg tab</i>	3	B/D PA; S	Inflammatory Bowel Disease Agents		
			APRISO	3	MO
			<i>balsalazide disodium</i>	1	MO
			<i>budesonide 3 mg cp dr part</i>	1	MO
			<i>budesonide er</i>	3	PA; MO; S

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Drug Name	Drug Tier	Requirements /Limits
CORTEF 20 MG TAB	3	MO
CORTIFOAM	3	MO
DELZICOL	3	MO
DIPENTUM	3	MO; S
hydrocortisone 5 mg tab, 10 mg tab, 20 mg tab, 100 mg/60ml enema	1	MO
LIALDA	3	MO
mesalamine 1.2 gm tab dr, 4 gm enema, 400 mg cap dr, 800 mg tab dr, 1000 mg suppos	1	MO
mesalamine er	1	MO
mesalamine-cleanser	1	MO
PENTASA 250 MG CAP ER	2	MO
PENTASA 500 MG CAP ER	3	MO; S
ROWASA	3	MO
sulfasalazine	1	MO
Metabolic Bone Disease Agents		
ACTONEL 150 MG TAB	3	QL (1 per 28 days); MO
ACTONEL 35 MG TAB	3	QL (4 per 28 days); MO
alendronate sodium 10 mg tab	1	QL (30 per 30 days); MO
alendronate sodium 35 mg tab, 70 mg tab	1	QL (4 per 28 days); MO
alendronate sodium 70 mg/75ml solution	1	QL (300 per 28 days); MO
AELVIA	3	QL (4 per 28 days); MO
BONIVA	3	QL (1 per 28 days); MO
calcitonin (salmon) 200 unit/act solution	1	QL (4 per 30 days); MO
calcitonin (salmon) 200 unit/ml solution	3	B/D PA; MO; S
calcitriol 0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution	1	B/D PA; MO
calcitriol inj 1 mcg/ml	1	MO

Drug Name	Drug Tier	Requirements /Limits
cinacalcet hcl 30 mg tab	1	B/D PA; QL (60 per 30 days)
cinacalcet hcl 60 mg tab	3	B/D PA; QL (60 per 30 days); S
cinacalcet hcl 90 mg tab	3	B/D PA; QL (120 per 30 days); S
doxercalciferol 0.5 mcg cap, 2.5 mcg cap, 4 mcg/2ml solution	1	B/D PA; MO
FORTEO	3	PA; QL (3 per 28 days); S
FOSAMAX	3	QL (4 per 28 days); MO
FOSAMAX PLUS D	3	QL (4 per 28 days); MO
ibandronate sodium 150 mg tab	1	QL (1 per 28 days); MO
ibandronate sodium 3 mg/3ml solution	1	B/D PA; MO
NATPARA	3	PA; QL (2 per 28 days); S
pamidronate disodium 30 mg recon soln, 30 mg/10ml solution, 90 mg recon soln, 90 mg/10ml solution	1	
PAMIDRONATE DISODIUM 6 MG/ML SOLUTION	2	B/D PA
paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap	1	B/D PA; MO
PROLIA	2	PA; QL (1 per 180 over time); NEDS
risedronate sodium 150 mg tab	1	QL (1 per 28 days); MO
risedronate sodium 35 mg tab, 35 mg tab dr	1	QL (4 per 28 days); MO
risedronate sodium 5 mg tab, 30 mg tab	1	QL (30 per 30 days); MO
ROCALTROL 0.5 MCG CAP, 1 MCG/ML SOLUTION	3	B/D PA; MO
SENSIPAR 30 MG TAB, 60 MG TAB	3	B/D PA; QL (60 per 30 days); S

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Drug Name	Drug Tier	Requirements /Limits
SENSIPAR 90 MG TAB	3	B/D PA; QL (120 per 30 days); S
TERIPARATIDE (RECOMBINANT)	3	PA; QL (3 per 28 days); S
TYMLOS	3	PA; QL (1.56 per 28 days); S
XGEVA	3	PA; QL (5.1 per 28 days); S
ZEMPLAR 1 MCG CAP	3	B/D PA; MO
ZEMPLAR 2 MCG CAP	3	B/D PA; MO; S
ZOLEDRONIC ACID 4 MG/100ML SOLUTION, 4 MG/5ML CONC	1	PA
<i>zoledronic acid 5 mg/100ml solution</i>	1	PA
Miscellaneous Therapeutic Agents		
<i>acetylcysteine 200 mg/ml solution</i>	1	MO
ALCOHOL SWABS	1	MO
AUTOPEN	2	MO
BD PEN	2	MO
BD PEN MINI	2	MO
CEQR SIMPLICITY 2U	2	MO
CEQR SIMPLICITY INSERTER	2	MO
<i>fomepizole</i>	3	MO; S
GAUZE STERILE PADS 2	1	MO
INPEN 100-BLUE-LILLY	2	MO
INPEN 100-BLUE-NOVO	2	MO
INPEN 100-GRAY-LILLY	2	MO
INPEN 100-GREY-NOVO	2	MO
INPEN 100-PINK-LILLY	2	MO
INPEN 100-PINK-NOVO	2	MO
INSULIN PEN NEEDLE	1	QL (200 per 30 days); MO
INSULIN SYRINGE (DISP) U-100 0.3 ML	1	QL (200 per 30 days); MO
INSULIN SYRINGE (DISP) U-100 1 ML	1	QL (200 per 30 days); MO

Drug Name	Drug Tier	Requirements /Limits
INSULIN SYRINGE (DISP) U-100 1/2 ML	1	QL (200 per 30 days); MO
INTRAROSA	3	QL (30 per 30 days); MO
<i>mannitol</i>	1	MO
<i>methergine</i>	3	MO; S
<i>methylergonovine maleate</i>	3	MO; S
NEEDLES, INSULIN DISP., SAFETY	1	QL (200 per 30 days); MO
NOVOPEN ECHO	2	MO
<i>osmitrol</i>	1	MO
PARAGARD INTRAUTERINE COPPER	2	MO
RUZURGI	3	PA; QL (300 per 30 days); S
<i>sterile water for irrigation</i>	2	MO
TRODELVY	3	PA; S
Ophthalmic Agents		
<i>acetazolamide er</i>	1	MO
ACULAR	3	MO
ACULAR LS	3	MO
<i>ak-poly-bac</i>	1	MO
ALOCRIAL	3	MO
ALOMIDE	3	MO
ALPHAGAN P 0.1 % SOLUTION	2	MO
ALPHAGAN P 0.15 % SOLUTION	3	MO
ALREX	3	MO
<i>apraclonidine hcl</i>	1	MO
ATROPINE SULFATE 1 % OINTMENT, 1 % SOLUTION	2	MO
<i>azelastine hcl 0.05 % solution</i>	1	MO
AZOPT	3	MO
<i>bacitra-neomycin-polymyxin-hc</i>	1	MO
<i>bacitracin 500 unit/gm ointment</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>bacitracin-polymyxin b</i>	1	MO
<i>bepotastine besilate</i>	1	MO
BEPREVE	3	MO
<i>betaxolol hcl 0.5 % solution</i>	1	MO
BETIMOL	3	MO
BETOPTIC-S	3	MO
<i>bimatoprost</i>	1	MO
BLEPHAMIDE	3	MO
BLEPHAMIDE S.O.P.	3	MO
<i>brimonidine tartrate</i>	1	MO
<i>brinzolamide</i>	1	MO
<i>bromfenac sodium (once-daily)</i>	1	MO
<i>carteolol hcl</i>	1	MO
COMBIGAN	2	MO
CORTISPORIN 3.5-10000-0.5 CREAM	3	MO
COSOPT	3	MO
COSOPT PF	3	MO
<i>cromolyn sodium 4 % solution</i>	1	MO
<i>cyclopentolate hcl 1 % solution</i>	1	MO
<i>dexamethasone sodium phosphate 0.1 % solution</i>	1	MO
<i>diclofenac sodium 0.1 % solution</i>	1	MO
<i>difluprednate</i>	2	MO
<i>dorzolamide hcl</i>	1	MO
<i>dorzolamide hcl-timolol mal</i>	1	MO
<i>dorzolamide hcl-timolol mal pf</i>	1	MO
DUREZOL	2	MO
<i>epinastine hcl</i>	1	MO
<i>erythromycin 5 mg/gm ointment</i>	1	QL (3.5 per 30 days); MO
FLAREX	3	MO
<i>fluorometholone</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>flurbiprofen sodium</i>	1	MO
FML	3	MO
FML FORTE	3	MO
<i>gatifloxacin</i>	1	MO
<i>gentak</i>	1	MO
<i>gentamicin sulfate 0.3 % solution</i>	1	MO
ILEVRO	3	MO
INVELTYS	3	MO
IOPIDINE 1 % SOLUTION	3	MO
ISOPTO ATROPINE	2	MO
ISOPTO CARPINE	3	MO
ISTALOL	3	MO
<i>ketorolac tromethamine 0.4 % solution, 0.5 % solution</i>	1	MO
LASTACFT	2	MO
<i>latanoprost</i>	1	MO
<i>levobunolol hcl</i>	1	MO
<i>levofloxacin 0.5 % solution</i>	1	MO
LOTEMAX 0.5 % GEL, 0.5 % OINTMENT, 0.5 % SUSPENSION	3	MO
LOTEMAX SM	3	MO
<i>loteprednol etabonate 0.5 % gel, 0.5 % suspension</i>	1	MO
LUMIGAN	2	MO
MAXIDEX	3	MO
<i>methazolamide</i>	1	MO
<i>moxifloxacin hcl 0.5 % solution</i>	1	MO
NATACYN	3	MO
<i>neo-polycin</i>	1	MO
<i>neo-polycin hc</i>	1	MO
<i>neomycin-bacitracin zn-polymyx</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>neomycin-polymyxin-dexameth 0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension</i>	1	MO	<i>timolol maleate 0.25 % gel f soln, 0.5 % (daily) solution, 0.5 % gel f soln, 0.5 % solution</i>	1	MO
<i>neomycin-polymyxin-gramicidin</i>	1	MO	<i>timolol maleate 0.25 % solution</i>	1	MO
<i>neomycin-polymyxin-hc 3.5-10000-1 suspension</i>	1	MO	<i>timolol maleate ocudose</i>	1	MO
NEVANAC	2	MO	<i>timolol maleate pf</i>	1	MO
OCUFLOX	3	MO	TIMOPTIC OCUDOSE	3	MO
<i>ofloxacin ophth soln 0.3%</i>	1	MO	TIMOPTIC-XE	3	MO
<i>olopatadine hcl 0.1 % solution, 0.2 % solution</i>	1	MO	TOBRADEX 0.3-0.1 % OINTMENT	2	MO
PAZEO	2	MO	TOBRADEX 0.3-0.1 % SUSPENSION	3	MO
<i>pilocarpine hcl 1 % solution, 2 % solution, 4 % solution</i>	1	MO	TOBRADEX ST	2	MO
<i>polycin</i>	1	MO	<i>tobramycin 0.3 % solution</i>	1	MO
<i>polymyxin b-trimethoprim</i>	1	MO	<i>tobramycin-dexamethasone</i>	1	MO
POLYTRIM	3	MO	TOBEX 0.3 % SOLUTION	3	MO
PRED MILD	3	MO	TRAVATAN Z	3	MO
PRED-G	3	MO	<i>travoprost (bak free)</i>	1	MO
PRED-G S.O.P.	3	MO	XALATAN	3	MO
<i>prednisolone acetate</i>	1	MO	XIIDRA	2	QL (60 per 30 days); MO
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	2	MO	ZIOPTAN	3	MO
PROLENSA	3	MO	ZYLET	2	MO
<i>proparacaine hcl</i>	1	MO	Otic Agents		
RESTASIS	2	QL (60 per 30 days); MO	CETRAXAL	3	MO
RESTASIS MULTIDOSE	2	QL (5.5 per 28 days); MO	CIPRO HC	3	MO
RHOPRESSA	2	MO	CIPRODEX	2	MO
ROCKLATAN	2	MO	<i>ciprofloxacin hcl 0.2 % solution</i>	1	MO
SIMBRINZA	2	MO	<i>ciprofloxacin-dexamethasone</i>	1	MO
<i>sulfacetamide sodium 10 % ointment, 10 % solution</i>	1	MO	CORTISPORIN-TC	3	MO
<i>sulfacetamide-prednisolone</i>	1	MO	<i>flac</i>	1	MO
			<i>fluocinolone acetonide 0.01 % oil</i>	1	MO
			<i>hydrocortisone-acetic acid</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>neomycin-polymyxin-hc 1 % solution, 3.5-10000-1 solution</i>	1	MO
<i>ofloxacin otic soln 0.3%</i>	1	MO
Respiratory Tract/Pulmonary Agents		
ACCOLATE	3	MO
<i>acetylcysteine 10 % solution, 20 % solution</i>	1	B/D PA; MO
ADCIRCA	3	PA; QL (60 per 30 days); S
ADEMPAS	3	PA; LA; S
ADRENALIN 1 MG/ML SOLUTION	2	MO
ADVAIR DISKUS	2	QL (60 per 30 days); MO
ADVAIR HFA	2	QL (12 per 30 days); MO
AIRDUO RESPICLICK 113/14	3	QL (1 per 30 days); MO
AIRDUO RESPICLICK 232/14	3	QL (1 per 30 days); MO
AIRDUO RESPICLICK 55/14	3	QL (1 per 30 days); MO
<i>albuterol sulfate 0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, (2.5 mg/3ml) 0.083% nebu soln</i>	1	B/D PA; QL (360 per 30 days); MO
<i>albuterol sulfate 2 mg tab, 4 mg tab</i>	1	MO
<i>albuterol sulfate 2 mg/5ml syrup</i>	1	MO
<i>albuterol sulfate 2.5 mg/0.5ml nebu soln, (5 mg/ml) 0.5% nebu soln</i>	1	B/D PA; QL (60 per 30 days); MO
<i>albuterol sulfate hfa</i>	1	MO
<i>alyq</i>	3	PA; QL (60 per 30 days); S
<i>ambrisentan</i>	3	PA; LA; QL (30 per 30 days); S
<i>aminophylline</i>	1	MO
ANORO ELLIPTA	2	QL (60 per 30 days); MO

Drug Name	Drug Tier	Requirements /Limits
<i>arformoterol tartrate</i>	3	B/D PA; QL (120 per 30 days); MO; S
ARNUITY ELLIPTA	2	QL (30 per 30 days); MO
ATROVENT HFA	3	QL (26 per 30 days); MO
<i>azelastine hcl 0.1 % solution, 0.15 % solution, 137 mcg/spray solution</i>	1	QL (30 per 25 days); MO
<i>azelastine-fluticasone</i>	1	QL (23 per 28 days); MO
<i>bosentan</i>	3	PA; LA; QL (60 per 30 days); S
BREO ELLIPTA	2	QL (60 per 30 days); MO
BREZTRI AEROSPHERE	2	QL (10.7 per 30 days); MO
BROVANA	3	B/D PA; QL (120 per 30 days); MO; S
<i>budesonide 0.25 mg/2ml suspension, 0.5 mg/2ml suspension</i>	1	B/D PA; QL (120 per 30 days); MO
<i>budesonide 1 mg/2ml suspension</i>	1	B/D PA; QL (60 per 30 days); MO
<i>budesonide-formoterol fumarate</i>	1	QL (30.6 per 30 days); MO
<i>carbinoxamine maleate 4 mg tab, 4 mg/5ml solution, 6 mg tab</i>	1	PA; MO
CAYSTON	3	PA; LA; S
<i>cetirizine hcl</i>	1	MO
CLARINEX	3	MO
<i>clemastine fumarate 2.68 mg tab</i>	1	PA; MO
COMBIVENT RESPIMAT	3	QL (8 per 30 days); MO
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	1	B/D PA; QL (240 per 30 days); MO
<i>cyproheptadine hcl 2 mg/5ml syrup</i>	1	PA; MO

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

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>cyproheptadine hcl 4 mg tab</i>	1	MO	<i>fluticasone-salmeterol 100-50 mcg/dose aer pow ba, 250-50 mcg/dose aer pow ba, 500-50 mcg/dose aer pow ba</i>	1	QL (60 per 30 days); MO
DALIRESP	3	PA; QL (30 per 30 days); MO	<i>fluticasone-salmeterol 55-14 mcg/act aer pow ba, 113-14 mcg/act aer pow ba, 232-14 mcg/act aer pow ba</i>	1	QL (1 per 30 days); MO
<i>desloratadine</i>	1	MO	<i>formoterol fumarate</i>	3	B/D PA; QL (120 per 30 days); MO
<i>diphenhydramine hcl 50 mg/ml solution</i>	1	MO	<i>hydroxyzine hcl 10 mg tab, 10 mg/5ml syrup, 25 mg tab, 25 mg/ml solution, 50 mg tab, 50 mg/ml solution</i>	1	MO
DULERA	3	QL (13 per 30 days); MO	<i>ipratropium bromide 0.02 % solution</i>	1	B/D PA; MO
DYMISTA	2	QL (23 per 28 days); MO	<i>ipratropium bromide 0.03 % solution, 0.06 % solution</i>	1	QL (30 per 30 days); MO
ELIXOPHYLLIN	2	MO	<i>ipratropium-albuterol</i>	1	B/D PA; QL (540 per 30 days); MO
<i>epinephrine (anaphylaxis)</i>	1	MO	KALYDECO 150 MG TAB	3	PA; QL (60 per 30 days); S
<i>epinephrine 0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj</i>	1	QL (2 per 28 days); MO	KITABIS PAK	3	B/D PA; QL (280 per 28 days); S
EPIPEN JR 2-PAK	3	QL (2 per 28 days); MO	<i>levalbuterol hcl 0.31 mg/3ml nebu soln, 1.25 mg/0.5ml nebu soln, 1.25 mg/3ml nebu soln</i>	1	B/D PA; QL (270 per 30 days); MO
ESBRIET 267 MG CAP, 267 MG TAB	3	PA; QL (270 per 30 days); S	<i>levalbuterol hcl 0.63 mg/3ml nebu soln</i>	1	B/D PA; QL (540 per 30 days); MO
ESBRIET 801 MG TAB	3	PA; QL (90 per 30 days); S	<i>levalbuterol tartrate</i>	1	ST; QL (45 per 30 days); MO
FASENRA	3	PA; LA; S	<i>levocetirizine dihydrochloride 2.5 mg/5ml solution, 5 mg tab</i>	1	MO
FASENRA PEN	3	PA; S	<i>mometasone furoate 50 mcg/act suspension</i>	1	MO
FLOVENT DISKUS 250 MCG/BLIST AER POW BA	2	QL (240 per 30 days); MO	<i>montelukast sodium</i>	1	MO
FLOVENT DISKUS 50 MCG/BLIST AER POW BA, 100 MCG/BLIST AER POW BA	2	QL (60 per 30 days); MO	NUCALA 100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR	3	PA; LA; S
FLOVENT HFA 110 MCG/ACT AEROSOL	2	QL (12 per 30 days); MO			
FLOVENT HFA 220 MCG/ACT AEROSOL	2	QL (24 per 30 days); MO			
FLOVENT HFA 44 MCG/ACT AEROSOL	2	QL (11 per 30 days); MO			
<i>flunisolide</i>	1	QL (75 per 30 days); MO			
<i>fluticasone propionate 50 mcg/act suspension</i>	1	QL (16 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
OFEV	3	PA; QL (60 per 30 days); S
<i>olopatadine hcl 0.6 % solution</i>	1	QL (31 per 30 days); MO
OMNARIS	3	ST; QL (13 per 30 days); MO
OPSUMIT	3	PA; LA; QL (30 per 30 days); S
ORENITRAM 0.125 MG TAB ER	2	PA; LA
ORENITRAM 0.25 MG TAB ER, 1 MG TAB ER, 2.5 MG TAB ER, 5 MG TAB ER	3	PA; LA; S
ORKAMBI 100-125 MG TAB, 200-125 MG TAB	3	PA; QL (120 per 30 days); S
PATANASE	3	QL (31 per 30 days); MO
PERFOROMIST	3	B/D PA; QL (120 per 30 days); MO; S
PROAIR HFA	2	MO
PROAIR RESPICLICK	2	MO
<i>promethazine hcl 25 mg/ml solution, 50 mg/ml solution</i>	1	MO
<i>promethazine hcl 6.25 mg/5ml solution, 6.25 mg/5ml syrup</i>	1	PA; MO
PROVENTIL HFA	2	MO
PULMICORT 0.25 MG/2ML SUSPENSION, 0.5 MG/2ML SUSPENSION	3	B/D PA; QL (120 per 30 days); MO
PULMOZYME	3	B/D PA; S
QNASL	3	ST; QL (11 per 30 days); MO
QNASL CHILDRENS	3	ST; QL (7 per 30 days); MO
QVAR REDHALER 40 MCG/ACT AERO BA	2	QL (11 per 30 days); MO
QVAR REDHALER 80 MCG/ACT AERO BA	2	QL (22 per 30 days); MO
REMODULIN	3	PA; LA; S

Drug Name	Drug Tier	Requirements /Limits
<i>ribavirin 6 gm recon soln</i>	3	PA; MO; S
SEREVENT DISKUS	2	QL (60 per 30 days); MO
<i>sildenafil citrate 10 mg/12.5ml solution</i>	3	PA; QL (1125 per 30 days); S
<i>sildenafil citrate 20 mg tab</i>	1	PA; QL (90 per 30 days)
SINGULAIR 4 MG CHEW TAB, 4 MG PACKET, 5 MG CHEW TAB	3	MO
SPIRIVA HANDIHALER	2	QL (30 per 30 days); MO
SPIRIVA RESPIMAT	2	QL (4 per 30 days); MO
STIOLTO RESPIMAT	2	QL (4 per 30 days); MO
SYMBICORT	2	QL (30.6 per 30 days); MO
SYMJEPI	2	QL (2 per 28 days); MO
<i>tadalafil (pah)</i>	3	PA; QL (60 per 30 days); S
<i>terbutaline sulfate 1 mg/ml solution, 2.5 mg tab, 5 mg tab</i>	1	MO
THEO-24	2	MO
<i>theophylline</i>	1	MO
<i>theophylline er</i>	1	MO
TOBI	3	B/D PA; QL (280 per 28 days); S
<i>tobramycin 300 mg/5ml nebu soln</i>	3	B/D PA; QL (280 per 28 days); S
TRACLEER 32 MG TAB SOL	3	PA; LA; QL (120 per 30 days); S
TRACLEER 62.5 MG TAB, 125 MG TAB	3	PA; LA; QL (60 per 30 days); S
TRELEGY ELLIPTA	2	QL (60 per 30 days); MO
<i>treprostinil</i>	3	PA; LA; S
TUDORZA PRESSAIR	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.

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Drug Name	Drug Tier	Requirements /Limits
TYVASO	3	PA; QL (81.2 per 30 days); NEDS; S
TYVASO REFILL	3	PA; QL (81.2 per 30 days); NEDS; S
TYVASO STARTER	3	PA; QL (81.2 per 365 over time); NEDS; S
UPTRAVI 200 & 800 MCG TAB THPK	3	PA; LA; S
UPTRAVI 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB	3	PA; LA; QL (60 per 30 days); S
VENTAVIS	3	PA; QL (270 per 30 days); S
VENTOLIN HFA	3	ST; MO
VISTARIL 50 MG CAP	3	MO
<i>wixela inhub</i>	1	QL (60 per 30 days); MO
XOPENEX 0.31 MG/3ML NEBU SOLN	3	B/D PA; QL (270 per 30 days); MO
XOPENEX CONCENTRATE	3	B/D PA; QL (270 per 30 days); MO
XOPENEX HFA	3	ST; QL (45 per 30 days); MO
<i>zafirlukast</i>	1	MO
ZETONNA	3	ST; QL (6.1 per 30 days); MO
Skeletal Muscle Relaxants		
BOTOX	3	PA
<i>carisoprodol</i>	1	MO
<i>chlorzoxazone 500 mg tab</i>	1	PA; MO
<i>cyclobenzaprine hcl</i>	1	PA; MO
DYSPORT	3	PA
<i>fexmid</i>	3	PA; MO
<i>metaxalone</i>	1	PA; MO
<i>methocarbamol 500 mg tab, 750 mg tab</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>orphenadrine citrate er</i>	1	MO
SOMA 250 MG TAB	3	MO
XEOMIN 200 UNIT RECON SOLN	3	PA; S
XEOMIN 50 RECON SOLN, 100 RECON SOLN	2	PA
Sleep Disorder Agents		
<i>armodafinil 150 mg tab, 200 mg tab, 250 mg tab</i>	1	PA; QL (30 per 30 days); MO
<i>armodafinil 50 mg tab</i>	1	PA; QL (60 per 30 days); MO
<i>doxepin hcl 3 mg tab, 6 mg tab</i>	1	PA; QL (30 per 30 days); MO
<i>estazolam</i>	1	QL (30 per 30 days); MO
<i>eszopiclone</i>	1	QL (30 per 30 days); MO
<i>flurazepam hcl</i>	1	QL (30 per 30 days); MO
HETLIOZ	3	PA; LA; QL (30 per 30 days); S
LUNESTA 1 MG TAB	3	QL (30 per 30 days); MO
<i>modafinil 100 mg tab</i>	1	PA; MO
<i>modafinil 200 mg tab</i>	1	PA; QL (60 per 30 days); MO
<i>ramelteon</i>	1	QL (30 per 30 days); MO
RESTORIL 22.5 MG CAP	3	QL (30 per 30 days); MO
ROZEREM	3	QL (30 per 30 days); MO
SUNOSI	3	QL (30 per 30 days); MO
<i>temazepam</i>	1	QL (30 per 30 days); MO
<i>triazolam</i>	1	QL (30 per 30 days); MO
WAKIX	3	PA; QL (60 per 30 days); S

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

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Drug Name	Drug Tier	Requirements /Limits
XYREM	3	PA; LA; QL (540 per 30 days); S
<i>zaleplon 10 mg cap</i>	1	QL (60 per 30 days); MO
<i>zaleplon 5 mg cap</i>	1	QL (30 per 30 days); MO
<i>zolpidem tartrate 5 mg tab, 10 mg tab</i>	1	QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements /Limits
<i>zolpidem tartrate er</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.

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 20 mg/ml solution</i>	39	ACTONEL 150 MG TAB	76
<i>abacavir sulfate 300 mg tab</i>	39	ACTONEL 35 MG TAB	76
<i>abacavir sulfate-lamivudine</i>	39	ACTOPLUS MET	43
<i>abacavir-lamivudine-zidovudine</i>	39	ACTOS 45 MG TAB	43
ABELCET	26	ACULAR	77
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<i>abiraterone acetate 250 mg tab</i>	29	<i>acyclovir 200 mg cap, 200 mg/5ml suspension,</i> <i>400 mg tab, 800 mg tab</i>	39
<i>abiraterone acetate 500 mg tab</i>	29	<i>acyclovir 5 % cream</i>	56
ABRAXANE	29	<i>acyclovir 5 % ointment</i>	56
<i>acamprosate calcium</i>	15	<i>acyclovir sodium</i>	39
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ACCOLATE	80	ADACEL	73
ACCUPRIL	48	<i>adapalene 0.1 % cream, 0.1 % gel, 0.3 % gel</i> ...	56
ACCURETIC	48	ADCIRCA	80
<i>accutane</i>	56	ADDERALL 5 MG TAB, 7.5 MG TAB	53
<i>acebutolol hcl</i>	48	<i>adefovir dipivoxil</i>	39
<i>acetaminophen-codeine #2</i>	11	ADEMPAS	80
<i>acetaminophen-codeine #3</i>	11	ADRENALIN 1 MG/ML SOLUTION	80
<i>acetaminophen-codeine #4</i>	11	<i>adriamycin 2 mg/ml solution, 10 mg recon soln,</i> <i>50 mg recon soln</i>	29
<i>acetaminophen-codeine 120-12 mg/5ml</i> <i>solution</i>	11	ADVAIR DISKUS	80
<i>acetaminophen-codeine 300-15 mg tab, 300-30</i> <i>mg tab, 300-60 mg tab</i>	11	ADVAIR HFA	80
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<i>acetazolamide er</i>	77	<i>afeditab cr</i>	48
<i>acetazolamide sodium</i>	48	AFINITOR	29
<i>acetic acid</i>	16	AFINITOR DISPERZ	29
<i>acetylcysteine 10 % solution, 20 % solution</i>	80	<i>afirmelle</i>	67
<i>acetylcysteine 200 mg/ml solution</i>	77	AIMOVIG 140 MG/ML SOLN A-INJ	27
<i>acitretin</i>	56	AIMOVIG 70 MG/ML SOLN A-INJ	27
ACTHAR	66	AIRDUO RESPICLICK 113/14	80
ACTHIB	73	AIRDUO RESPICLICK 232/14	80
ACTICLATE	16	AIRDUO RESPICLICK 55/14	80
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		<i>ala-scalp</i>	57

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ALBENZA	35	<i>altavera</i>	67
<i>albuterol sulfate</i> 0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, (2.5 mg/3ml) 0.083% nebu soln	80	ALUNBRIG 180 MG TAB	29
<i>albuterol sulfate</i> 2 mg tab, 4 mg tab	80	ALUNBRIG 30 MG TAB	29
<i>albuterol sulfate</i> 2 mg/5ml syrup	80	ALUNBRIG 90 & 180 MG TAB THPK	29
<i>albuterol sulfate</i> 2.5 mg/0.5ml nebu soln, (5 mg/ml) 0.5% nebu soln	80	ALUNBRIG 90 MG TAB	29
<i>albuterol sulfate hfa</i>	80	<i>alyacen</i> 1/35	67
<i>alclometasone dipropionate</i> 0.05 % cream	66	<i>alyacen</i> 7/7/7	67
<i>alclometasone dipropionate</i> 0.05 % ointment	57	<i>alyq</i>	80
ALCOHOL SWABS	77	<i>amabelz</i>	67
ALDACTAZIDE	48	<i>amantadine hcl</i> 50 mg/5ml solution, 100 mg cap, 100 mg tab	36
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ALECENSA	29	AMARYL 2 MG TAB	44
<i>alendronate sodium</i> 10 mg tab	76	AMARYL 4 MG TAB	44
<i>alendronate sodium</i> 35 mg tab, 70 mg tab	76	AMBISOME	26
<i>alendronate sodium</i> 70 mg/75ml solution	76	<i>ambrisentan</i>	80
<i>alfuzosin hcl er</i>	65	<i>amcinonide</i> 0.1 % cream, 0.1 % lotion	57
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ALIQOPA	29	AMERGE 1 MG TAB	27
<i>aliskiren fumarate</i>	48	AMERGE 2.5 MG TAB	27
<i>allopurinol</i>	27	<i>amethia</i>	67
<i>allopurinol sodium</i>	27	<i>amethyst</i>	67
<i>almotriptan malate</i>	27	<i>amikacin sulfate</i>	16
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<i>alogliptin benzoate</i> 12.5 mg tab	43	<i>amiloride-hydrochlorothiazide</i>	48
<i>alogliptin benzoate</i> 25 mg tab	43	<i>aminophylline</i>	80
<i>alogliptin benzoate</i> 6.25 mg tab	44	AMINOSYN II	60
<i>alogliptin-metformin hcl</i>	44	AMINOSYN-PF	60
<i>alogliptin-pioglitazone</i> 12.5-15 mg tab	44	<i>amiodarone hcl</i> 100 mg tab, 200 mg tab, 400 mg tab	48
<i>alogliptin-pioglitazone</i> 12.5-30 mg tab, 12.5-45 mg tab, 25-15 mg tab, 25-30 mg tab, 25-45 mg tab	44	<i>amiodarone hcl</i> 150 mg/3ml solution, 450 mg/9ml solution, 900 mg/18ml solution	48
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<i>alosetron hcl</i>	63	<i>amitriptyline hcl</i>	23
ALPHAGAN P 0.1 % SOLUTION	77	<i>amlodipine besy-benazepril hcl</i>	48
ALPHAGAN P 0.15 % SOLUTION	77	<i>amlodipine besylate</i>	49
<i>alprazolam</i> 0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp	42	<i>amlodipine besylate-valsartan</i>	49
<i>alprazolam</i> 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg tab disp	42	<i>amlodipine-atorvastatin</i>	49
<i>alprazolam er</i>	42	<i>amlodipine-olmesartan</i>	49
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ALREX	77	<i>amnesteem</i>	57
		<i>amoxapine</i>	23
		<i>amoxicillin</i> 125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab,	

875 mg tab	16	SOLUTION	46
amoxicillin-pot clavulanate 200-28.5 mg chew tab, 200-28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg chew tab, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab	16	ARANESP (ALBUMIN FREE) 60 MCG/0.3ML SOLN PRSYR, 100 MCG/0.5ML SOLN PRSYR, 100 MCG/ML SOLUTION, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.4ML SOLN PRSYR, 200 MCG/ML SOLUTION, 300 MCG/0.6ML SOLN PRSYR, 300 MCG/ML SOLUTION, 500 MCG/ML SOLN PRSYR	47
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ampicillin	16	aripiprazole 1 mg/ml solution	36
ampicillin sodium 1 gm recon soln, 10 gm recon soln, 125 mg recon soln, 250 mg recon soln, 500 mg recon soln	16	aripiprazole 10 mg tab disp	36
ampicillin sodium 2 gm recon soln for inj	16	aripiprazole 15 mg tab disp	36
ampicillin sodium 2 gm recon soln for iv	16	aripiprazole 2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab	36
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ANCOBON	26	ARISTADA 882 MG/3.2ML PRSYR	36
ANORO ELLIPTA	80	ARISTADA INITIO	36
ANUSOL-HC	57	ARIXTRA 10 MG/0.8ML SOLUTION	47
APEXICON E	57	ARIXTRA 2.5 MG/0.5ML SOLUTION	47
APO-VARENICLINE 0.5 MG TAB	15	ARIXTRA 5 MG/0.4ML SOLUTION	47
APO-VARENICLINE 1 MG TAB	15	ARIXTRA 7.5 MG/0.6ML SOLUTION	47
APOKYN	36	armodafinil 150 mg tab, 200 mg tab, 250 mg tab	83
apraclonidine hcl	77	armodafinil 50 mg tab	83
aprepitant 125 mg cap	25	ARMOUR THYROID	72
aprepitant 40 mg cap	25	ARNUITY ELLIPTA	80
aprepitant 80 & 125 mg cap, 80 & 125 mg misc	25	ARRANON	29
aprepitant 80 mg cap	26	arsenic trioxide	29
apri	67	ARZERRA	29
APRISO	75	ascomp-codeine	12
APTIOM	20	asenapine maleate 10 mg sl tab	37
APTIVUS 100 MG/ML SOLUTION	39	asenapine maleate 2.5 mg sl tab	37
APTIVUS 250 MG CAP	39	asenapine maleate 5 mg sl tab	37
ARALAST NP	64	ashlyna	67
aranelle	67	ASPARLAS	29
ARANESP (ALBUMIN FREE) 10 MCG/0.4ML SOLN PRSYR, 25 MCG/0.42ML SOLN PRSYR, 25 MCG/ML SOLUTION, 40 MCG/0.4ML SOLN PRSYR, 40 MCG/ML SOLUTION, 60 MCG/ML		aspirin-dipyridamole er	47
		ATACAND	49
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		atazanavir sulfat 150 mg cap, 200 mg cap	39
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<i>atenolol-chlorthalidone</i>	49	<i>azithromycin 1 gm packet, 100 mg/5ml recon susp, 200 mg/5ml recon susp, 500 mg recon soln, 500 mg tab, 600 mg tab</i>	16
<i>atomoxetine hcl 10 mg cap, 18 mg cap, 25 mg cap, 40 mg cap</i>	54	<i>azithromycin 250 mg tab</i>	16
<i>atomoxetine hcl 60 mg cap, 80 mg cap, 100 mg cap</i>	54	AZOPT	77
<i>atorvastatin calcium</i>	49	AZOR	49
<i>atovaquone</i>	35	<i>aztreonam</i>	16
<i>atovaquone-proguanil hcl</i>	35	<i>azurette</i>	67
ATRALIN	57	<i>bacitra-neomycin-polymyxin-hc</i>	77
ATRIPLA	39	<i>bacitracin 500 unit/gm ointment</i>	77
<i>atropine sulfate 0.25 mg/5ml soln prsy, 0.4 mg/ml solution, 0.5 mg/5ml soln prsy, 1 mg/10ml soln prsy, 8 mg/20ml solution</i>	63	<i>bacitracin 50000 unit recon soln</i>	16
ATROPINE SULFATE 1 % OINTMENT, 1 % SOLUTION	77	<i>bacitracin-polymyxin b</i>	78
ATROVENT HFA	80	<i>baclofen 20 mg tab</i>	39
AUBAGIO	54	<i>baclofen 5 mg tab, 10 mg tab</i>	39
<i>abra</i>	67	BACTRIM	16
<i>abra eq</i>	67	BACTRIM DS	16
<i>aurovela 1.5/30</i>	67	<i>balsalazide disodium</i>	75
<i>aurovela 1/20</i>	67	BALVERSA 3 MG TAB	29
<i>aurovela 24 fe</i>	67	BALVERSA 4 MG TAB	29
<i>aurovela fe 1.5/30</i>	67	BALVERSA 5 MG TAB	29
<i>aurovela fe 1/20</i>	67	<i>balziva</i>	67
AURYXIA	60	BANZEL 200 MG TAB	20
AUSTEDO	54	BANZEL 40 MG/ML SUSPENSION	20
AUTOPEN	77	BANZEL 400 MG TAB	20
AVALIDE	49	BARACLUDE 0.05 MG/ML SOLUTION	39
AVAPRO	49	BAVENCIO	29
AVASTIN	29	BCG VACCINE	73
<i>aviane</i>	67	BD PEN	77
<i>avita</i>	57	BD PEN MINI	77
AVODART	65	<i>bekyree</i>	68
AVONEX PEN	54	BELEODAQ	29
AVONEX PREFILLED	54	<i>benazepril hcl</i>	49
AYGESTIN	67	<i>benazepril-hydrochlorothiazide 5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab</i>	49
<i>ayuna</i>	67	BENDEKA	29
AYVAKIT	29	BENICAR	49
<i>azacitidine</i>	29	BENICAR HCT	49
AZACTAM	16	BENLYSTA 120 MG RECON SOLN, 200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR, 400 MG RECON SOLN	73
<i>azathioprine 50 mg tab</i>	73	BENZAFLIN	57
AZATHIOPRINE SODIUM	73	BENZAFLIN WITH PUMP	57
<i>azelaic acid</i>	57	BENZAMYCIN	57
<i>azelastine hcl 0.05 % solution</i>	77	<i>benzoyl peroxide-erythromycin</i>	57
<i>azelastine hcl 0.1 % solution, 0.15 % solution, 137 mcg/spray solution</i>	80	<i>benztropine mesylate 0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab</i>	36
<i>azelastine-fluticasone</i>	80		

<i>bepotastine besilate</i>	78	BOSULIF 100 MG TAB	29
BEPREVE	78	BOSULIF 400 MG TAB, 500 MG TAB	29
<i>beser</i>	57	BOTOX	83
BESPONSA	29	BRAFTOVI	29
<i>betamethasone dipropionate 0.05 % cream, 0.05 % lotion</i>	57	BREO ELLIPTA	80
<i>betamethasone dipropionate 0.05 % ointment</i>	66	BREZTRI AEROSPHERE	80
<i>betamethasone dipropionate aug 0.05 % cream, 0.05 % lotion</i>	66	<i>briellyn</i>	68
<i>betamethasone dipropionate aug 0.05 % gel, 0.05 % ointment</i>	57	BRILINTA	47
<i>betamethasone valerate 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.12 % foam</i>	57	<i>brimonidine tartrate</i>	78
BETAPACE AF 80 MG TAB, 120 MG TAB	49	<i>brinzolamide</i>	78
BETASERON	54	BRIVIACT 10 MG TAB	20
<i>betaxolol hcl 0.5 % solution</i>	78	BRIVIACT 10 MG/ML SOLUTION	20
<i>betaxolol hcl 10 mg tab, 20 mg tab</i>	49	BRIVIACT 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB	20
<i>bethanechol chloride</i>	65	BRIVIACT 50 MG/5ML SOLUTION	20
BETIMOL	78	<i>bromfenac sodium (once-daily)</i>	78
BETOPTIC-S	78	<i>bromocriptine mesylate</i>	36
<i>bexarotene</i>	29	BROVANA	80
BEXSERO	73	BRUKINSA	29
BEYAZ	68	<i>budesonide 0.25 mg/2ml suspension, 0.5 mg/2ml suspension</i>	80
<i>bicalutamide</i>	29	<i>budesonide 1 mg/2ml suspension</i>	80
BICILLIN C-R	16	<i>budesonide 3 mg cp dr part</i>	75
BICILLIN C-R 900/300	16	<i>budesonide er</i>	75
BICILLIN L-A	16	<i>budesonide-formoterol fumarate</i>	80
BIDIL	49	<i>bumetanide 0.25 mg/ml solution, 0.5 mg tab, 1 mg tab, 2 mg tab</i>	49
BIJUVA	68	BUPHENYL 3 GM/TSP POWDER	64
BIKTARVY	39	BUPHENYL 500 MG TAB	64
BILTRICIDE	35	<i>bupivacaine hcl (pf) 0.5 % solution</i>	15
<i>bimatoprost</i>	78	<i>bupivacaine hcl 0.5 % solution</i>	15
<i>bisoprolol fumarate</i>	49	<i>buprenorphine 10 mcg/hr patch wk, 15 mcg/hr patch wk</i>	12
<i>bisoprolol-hydrochlorothiazide</i>	49	<i>buprenorphine 5 mcg/hr patch wk, 20 mcg/hr patch wk</i>	12
BLNREP	29	<i>buprenorphine 7.5 mcg/hr patch wk</i>	12
<i>bleomycin sulfate</i>	29	<i>buprenorphine hcl 0.3 mg/ml solution</i>	15
BLEPHAMIDE	78	<i>buprenorphine hcl 2 mg sl tab</i>	15
BLEPHAMIDE S.O.P.	78	<i>buprenorphine hcl 8 mg sl tab</i>	15
BLINCYTO	29	<i>buprenorphine hcl-naloxone hcl 12-3 mg film</i>	15
<i>blisovi 24 fe</i>	68	<i>buprenorphine hcl-naloxone hcl 2-0.5 mg film, 2-0.5 mg sl tab</i>	15
<i>blisovi fe 1.5/30</i>	68	<i>buprenorphine hcl-naloxone hcl 4-1 mg film</i>	15
<i>blisovi fe 1/20</i>	68	<i>buprenorphine hcl-naloxone hcl 8-2 mg film, 8-2 mg sl tab</i>	15
BONIVA	76	<i>bupropion hcl 100 mg tab</i>	23
BOOSTRIX	73	<i>bupropion hcl 75 mg tab</i>	23
BORTEZOMIB	29		
<i>bosentan</i>	80		

CAYSTON	80	cephalexin 125 mg/5ml recon susp, 250 mg cap, 250 mg tab, 500 mg cap, 500 mg tab	17
caziant	68	cephalexin 250 mg/5ml recon susp, 750 mg cap	17
cefaclor 125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 375 mg/5ml recon susp, 500 mg cap	16	CEQUR SIMPLICITY 2U	77
CEFACLOR ER	16	CEQUR SIMPLICITY INSERTER	77
cefadroxil 1 gm tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp	16	CERDELGA	64
cefazolin sodium 1 gm recon soln, 10 gm recon soln, 500 mg recon soln	16	CEREZYME	64
CEFAZOLIN SODIUM 100 GM RECON SOLN, 300 GM RECON SOLN	16	cetirizine hcl	80
CEFAZOLIN SODIUM-DEXTROSE 1-4 GM-%(50ML) RECON SOLN, 1-4 GM/50ML-% SOLUTION, 2-3 GM-%(50ML) RECON SOLN, 2-4 GM/100ML-% SOLUTION	16	CETRAXAL	79
cefdinir 125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap	16	cevimeline hcl	56
cefepime hcl 1 gm recon soln, 2 gm recon soln	17	CHANTIX 0.5 MG TAB	15
CEFEPIME HCL 1 GM/50ML SOLUTION, 2 GM/100ML SOLUTION, 100 GM RECON SOLN	17	CHANTIX 1 MG TAB	15
cefixime 100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap	17	CHANTIX CONTINUING MONTH PAK	15
cefotetan disodium	17	CHANTIX STARTING MONTH PAK	15
cefoxitin sodium	17	charlotte 24 fe	68
CEFOXITIN SODIUM-DEXTROSE	17	chateal	68
cefpodoxime proxetil 50 mg/5ml recon susp, 100 mg tab, 100 mg/5ml recon susp, 200 mg tab	17	chateal eq	68
cefprozil 125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab	17	CHEMET	60
ceftazidime	17	chloramphenicol sod succinate	17
CEFTAZIDIME AND DEXTROSE	17	chlordiazepoxide hcl	43
ceftriaxone sodium 1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 250 mg recon soln, 500 mg recon soln	17	chlordiazepoxide-amitriptyline	24
CEFTRIAXONE SODIUM 100 GM RECON SOLN ...	17	chlordiazepoxide-clidinium	63
ceftriaxone sodium for inj 1 gm	17	chlorhexidine gluconate	56
ceftriaxone sodium for inj 2 gm	17	chloroquine phosphate	35
ceftriaxone sodium in dextrose	17	chlorothiazide sodium	49
CEFTRIAXONE SODIUM-DEXTROSE	17	chlorpromazine hcl 10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab	37
cefuroxime axetil 250 mg tab	17	chlorpromazine hcl 25 mg/ml solution, 50 mg/2ml solution	37
cefuroxime axetil 500 mg tab	17	CHLORPROMAZINE HCL 30 MG/ML CONC, 100 MG/ML CONC	37
cefuroxime sodium	17	chlorthalidone	49
CELEBREX	12	chlorzoxazone 500 mg tab	83
celecoxib	12	cholestyramine 4 gm packet, 4 gm/dose powder	49
CELONTIN	20	cholestyramine light 4 gm packet, 4 gm/dose powder	49
		CIALIS	65
		ciclodan 8% solution	57
		ciclopirox 0.77 % gel, 1 % shampoo, 8 % solution	57
		ciclopirox olamine 0.77 % cream	26
		ciclopirox olamine 0.77 % suspension	26
		cidofovir	39
		cilostazol	47
		CILOXAN 0.3 % SOLUTION	17
		CIMDUO	39

<i>cimetidine</i>	63	57
<i>cimetidine hcl</i>	63	<i>clindamycin phosphate 1 % swab, 2 % cream, 9</i>	
<i>cinacalcet hcl 30 mg tab</i>	76	<i>gm/60ml solution, 300 mg/2ml solution, 600</i>	
<i>cinacalcet hcl 60 mg tab</i>	76	<i>mg/4ml solution, 9000 mg/60ml solution</i> ...	17
<i>cinacalcet hcl 90 mg tab</i>	76	<i>clindamycin phosphate in d5w</i>	17
CINRYZE	73	<i>clindamycin-tretinoin</i>	57
CIPRO 250 MG/5ML (5%) RECON SUSP, 500		CLINIMIX E/DEXTROSE (2.75/5)	60
MG/5ML (10%) RECON SUSP	17	CLINIMIX E/DEXTROSE (4.25/10)	60
CIPRO HC	79	CLINIMIX E/DEXTROSE (4.25/5)	60
CIPRODEX	79	CLINIMIX E/DEXTROSE (5/15)	60
<i>ciprofloxacin hcl 0.2 % solution</i>	79	CLINIMIX E/DEXTROSE (5/20)	60
<i>ciprofloxacin hcl 0.3 % solution, 100 mg tab, 750</i>		CLINIMIX E/DEXTROSE (8/10)	60
<i>mg tab</i>	17	CLINIMIX E/DEXTROSE (8/14)	60
<i>ciprofloxacin hcl 250 mg tab, 500 mg tab</i>	17	CLINIMIX/DEXTROSE (4.25/10)	60
<i>ciprofloxacin in d5w</i>	17	CLINIMIX/DEXTROSE (4.25/5)	60
<i>ciprofloxacin-dexamethasone</i>	79	CLINIMIX/DEXTROSE (5/15)	60
<i>cisplatin</i>	29	CLINIMIX/DEXTROSE (5/20)	60
<i>citalopram hydrobromide 10 mg tab</i>	24	CLINIMIX/DEXTROSE (6/5)	60
<i>citalopram hydrobromide 10 mg/5ml</i>		CLINIMIX/DEXTROSE (8/10)	60
<i>solution</i>	24	CLINIMIX/DEXTROSE (8/14)	60
<i>citalopram hydrobromide 20 mg tab</i>	24	<i>clinisol sf</i>	60
<i>citalopram hydrobromide 40 mg tab</i>	24	CLINOLIPID	60
<i>cladribine</i>	29	<i>clobazam 10 mg tab</i>	20
<i>claravis</i>	57	<i>clobazam 2.5 mg/ml suspension</i>	20
CLARINEX	80	<i>clobazam 20 mg tab</i>	20
<i>clarithromycin 125 mg/5ml recon susp, 250 mg</i>		<i>clobetasol prop emollient base</i>	66
<i>tab, 250 mg/5ml recon susp, 500 mg tab</i>	17	<i>clobetasol propionate 0.05 % cream, 0.05 %</i>	
<i>clarithromycin er</i>	17	<i>ointment</i>	57
<i>clemastine fumarate 2.68 mg tab</i>	80	<i>clobetasol propionate 0.05 % foam</i>	57
CLENPIQ	63	<i>clobetasol propionate 0.05 % gel</i>	57
CLEOCIN 2 % CREAM, 75 MG CAP, 75 MG/5ML		<i>clobetasol propionate 0.05 % liquid, 0.05 % lotion,</i>	
RECON SOLN, 100 MG SUPPOS, 300 MG		<i>0.05 % shampoo</i>	57
CAP	17	<i>clobetasol propionate 0.05 % solution</i>	57
CLEOCIN PHOSPHATE 900 MG/6ML		<i>clobetasol propionate e</i>	66
SOLUTION	17	<i>clobetasol propionate emulsion</i>	57
CLEOCIN-T	57	<i>clocortolone pivalate</i>	66
CLIMARA	68	<i>clodan</i>	57
CLIMARA PRO	68	CLODERM	66
<i>clindacin etz</i>	17	<i>clofarabine</i>	29
<i>clindacin-p</i>	17	<i>clomipramine hcl</i>	24
CLINDAGEL	57	<i>clonazepam 0.125 mg tab disp</i>	43
<i>clindamycin hcl</i>	17	<i>clonazepam 0.25 mg tab disp</i>	43
<i>clindamycin palmitate hcl</i>	17	<i>clonazepam 0.5 mg tab, 0.5 mg tab disp</i>	43
<i>clindamycin phos-benzoyl perox 1-5 % gel, 1.2-5 %</i>		<i>clonazepam 1 mg tab, 1 mg tab disp</i>	43
<i>gel</i>	57	<i>clonazepam 2 mg tab, 2 mg tab disp</i>	43
<i>clindamycin phosphate 1 % foam</i>	57	<i>clonidine</i>	49
<i>clindamycin phosphate 1 % gel</i>	57	<i>clonidine hcl</i>	49
<i>clindamycin phosphate 1 % lotion, 1 % solution</i>			

<i>clopidogrel bisulfate 300 mg tab</i>	47	CORDRAN 4 MCG/SQCM TAPE	58
<i>clopidogrel bisulfate 75 mg tab</i>	47	CORGARD	49
<i>clorazepate dipotassium</i>	43	CORLANOR 5 MG TAB, 7.5 MG TAB	49
<i>clotrimazole 1 % cream, 1 % solution</i>	26	CORLANOR 5 MG/5ML SOLUTION	49
<i>clotrimazole 10 mg troche</i>	26	CORTEF 20 MG TAB	76
<i>clotrimazole-betamethasone 1-0.05 % cream</i> ...	57	CORTIFOAM	76
<i>clotrimazole-betamethasone 1-0.05 % lotion</i> ...	57	<i>cortisone acetate</i>	66
<i>clozapine 100 mg tab, 100 mg tab disp</i>	37	CORTISPORIN 1 % OINTMENT	58
<i>clozapine 12.5 mg tab disp</i>	37	CORTISPORIN 3.5-10000-0.5 CREAM	78
<i>clozapine 150 mg tab disp</i>	37	CORTISPORIN-TC	79
<i>clozapine 200 mg tab</i>	37	COSENTYX (300 MG DOSE)	73
<i>clozapine 200 mg tab disp</i>	37	COSENTYX 150 MG/ML SOLN PRSYR	73
<i>clozapine 25 mg tab, 25 mg tab disp</i>	37	COSENTYX 75 MG/0.5ML SOLN PRSYR	73
<i>clozapine 50 mg tab</i>	37	COSENTYX SENSOREADY (300 MG)	73
COARTEM	35	COSENTYX SENSOREADY PEN	73
<i>codeine sulfate 15 mg tab, 30 mg tab, 60 mg</i> <i>tab</i>	12	COSOPT	78
<i>colchicine</i>	27	COSOPT PF	78
<i>colchicine-probenecid</i>	27	COTELIC	30
COLCRYS	27	COZAAR	49
<i>colesevelam hcl</i>	49	CREON	64
COLESTID 1 GM TAB, 5 GM GRANULES, 5 GM PACKET	49	CRESTOR	49
COLESTID FLAVORED 5 GM GRANULES, 5 GM PACKET	49	CRINONE	68
<i>colestipol hcl 1 gm tab, 5 gm granules, 5 gm</i> <i>packet</i>	49	CRIXIVAN 200 MG CAP	39
<i>colistimethate sodium (cba)</i>	18	CRIXIVAN 400 MG CAP	39
COMBIGAN	78	<i>cromolyn sodium 100 mg/5ml conc</i>	64
COMBIPATCH	68	<i>cromolyn sodium 20 mg/2ml nebu soln</i>	80
COMBIVENT RESPIMAT	80	<i>cromolyn sodium 4 % solution</i>	78
COMBIVIR	39	<i>crotan</i>	58
COMETRIQ (100 MG DAILY DOSE)	29	<i>cryselle-28</i>	68
COMETRIQ (140 MG DAILY DOSE)	29	CUBICIN	18
COMETRIQ (60 MG DAILY DOSE)	29	CUBICIN RF	18
COMPLERA	39	CUTIVATE	58
<i>compro</i>	26	<i>cyclafem 1/35</i>	68
COMTAN	36	<i>cyclafem 7/7/7</i>	68
CONCERTA 27 MG TAB ER	54	<i>cyclobenzaprine hcl</i>	83
CONDYLOX	57	<i>cyclopentolate hcl 1 % solution</i>	78
<i>constulose</i>	63	CYCLOPHOSPHAMIDE 1 GM/5ML SOLUTION, 2 GM/10ML SOLUTION, 500 MG/2.5ML SOLUTION	30
CONZIP	12	<i>cyclophosphamide 25 mg cap, 50 mg cap</i>	30
COPAXONE 20 MG/ML SOLN PRSYR	54	CYCLOSET	44
COPAXONE 40 MG/ML SOLN PRSYR	54	<i>cyclosporine 25 mg cap, 50 mg/ml solution, 100</i> <i>mg cap</i>	73
COPIKTRA	30	<i>cyclosporine modified 25 mg cap, 50 mg cap, 100</i> <i>mg cap, 100 mg/ml solution</i>	73
CORDRAN 0.05 % CREAM, 0.05 % LOTION, 0.05 % OINTMENT	57	CYMBALTA 20 MG CP DR PART	54
		CYMBALTA 30 MG CP DR PART	54

CYMBALTA 60 MG CP DR PART	54	DELZICOL	76
<i>cyproheptadine hcl 2 mg/5ml syrup</i>	80	<i>demeclocycline hcl</i>	18
<i>cyproheptadine hcl 4 mg tab</i>	81	DEMEROL 25 MG/ML SOLUTION, 50 MG/ML SOLUTION	12
CYRAMZA	30	DEM SER	50
<i>cyred</i>	68	DENAVIR	58
<i>cyred eq</i>	68	<i>denta 5000 plus</i>	56
CYSTADANE	64	<i>dentagel</i>	56
CYSTAGON	64	DEPAKOTE	21
CYSTARAN	64	DEPAKOTE ER	21
<i>cytarabine</i>	30	DEPAKOTE SPRINKLES	21
<i>cytarabine (pf)</i>	30	DEPEN TITRATABS	65
CYTOMEL	72	DEPO-ESTRADIOL	68
CYTOTEC	67	DEPO-PROVERA 150 MG/ML SUSPENSION	68
<i>dacarbazine</i>	30	DEPO-SUBQ PROVERA 104	68
<i>dactinomycin</i>	30	DEPO-TESTOSTERONE	68
<i>dalfampridine er</i>	54	DERMA-SMOOTH/FS BODY	58
DALIRESP	81	DERMA-SMOOTH/FS SCALP	58
<i>danazol</i>	68	DESCOVY	39
DANTRIUM	39	<i>desipramine hcl</i>	24
<i>dantrolene sodium</i>	39	<i>desloratadine</i>	81
<i>dapsone 25 mg tab, 100 mg tab</i>	28	<i>desmopressin ace spray refrig</i>	67
<i>dapsone 5 % gel, 7.5 % gel</i>	58	<i>desmopressin acetate 0.1 mg tab, 0.2 mg tab, 4 mcg/ml solution</i>	67
DAPTACEL	73	<i>desmopressin acetate pf</i>	67
DAPTOMYCIN , 350 MG RECON SOLN	18	<i>desmopressin acetate spray</i>	67
DAPTOMYCIN 500 MG RECON SOLN	18	<i>desogestrel-ethinyl estradiol</i>	68
<i>darifenacin hydrobromide er</i>	65	<i>desonide 0.05 % cream, 0.05 % ointment</i>	58
DARZALEX	30	<i>desonide 0.05 % lotion</i>	66
DARZALEX FASPRO	30	DESOWEN	58
<i>dasetta 1/35</i>	68	<i>desoximetasone 0.05 % cream, 0.25 % cream</i>	58
<i>dasetta 7/7/7</i>	68	<i>desoximetasone 0.05 % gel, 0.05 % ointment, 0.25 % ointment</i>	58
<i>daunorubicin hcl 20 mg/4ml solution, 50 mg/10ml solution</i>	30	DESVENLAFAXINE ER	24
DAURISMO 100 MG TAB	30	<i>desvenlafaxine succinate er</i>	24
DAURISMO 25 MG TAB	30	DETROL 1 MG TAB	65
DAYPRO	12	DETROL LA 2 MG CAP ER 24H	65
<i>daysee</i>	68	<i>dexamethasone 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab</i>	66
DDAVP 0.1 MG TAB, 0.2 MG TAB	67	<i>dexamethasone 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 1.5 mg (21) tab thpk, 1.5 mg (35) tab thpk, 1.5 mg (51) tab thpk, 2 mg tab, 4 mg tab, 6 mg tab</i>	66
<i>deblitane</i>	68	DEXAMETHASONE INTENSOL	66
<i>decadron 0.5 mg tab, 0.75 mg tab</i>	66	<i>dexamethasone sod phosphate pf 10 mg/ml solution</i>	66
<i>decadron 4 mg tab, 6 mg tab</i>	66	<i>dexamethasone sodium phosphate 0.1 %</i>	
<i>decitabine</i>	30		
<i>deferasirox 125 mg tab sol, 250 mg tab sol, 500 mg tab sol</i>	60		
<i>deferiprone</i>	60		
DELESTROGEN	68		
DELSTRIGO	39		
<i>delyla</i>	68		

solution	78	diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr	12
dexamethasone sodium phosphate 4 mg/ml solution, 10 mg/ml solution, 20 mg/5ml solution, 100 mg/10ml solution, 120 mg/30ml solution	66	diclofenac sodium 3 % gel	58
DEXILANT	63	diclofenac sodium er	12
dexmethylphenidate hcl	54	diclofenac-misoprostol	12
dexmethylphenidate hcl er 25 mg cap er 24h, 35 mg cap er 24h, 40 mg cap er 24h	54	dicloxacillin sodium	18
dexrazoxane hcl	30	dicyclomine hcl 10 mg cap	63
dextroamphetamine sulfate 10 mg tab	54	dicyclomine hcl 10 mg/5ml solution, 20 mg tab	63
dextroamphetamine sulfate 5 mg tab	54	DIFFERIN 0.1 % CREAM, 0.3 % GEL	58
dextroamphetamine sulfate 5 mg/5ml solution	54	DIFICID 40 MG/ML RECON SUSP, 200 MG TAB ...	18
dextroamphetamine sulfate er 15 mg cap er 24h	54	diflorasone diacetate	58
dextroamphetamine sulfate er 5 mg cap er 24h, 10 mg cap er 24h	54	DIFLUCAN 10 MG/ML RECON SUSP, 40 MG/ML RECON SUSP, 50 MG TAB, 100 MG TAB	26
dextrose 250 mg/ml solution	60	diflunisal	12
dextrose 5 % solution, 10 % solution, 50 % solution, 70 % solution	60	difluprednate	78
DEXTROSE 5%/ELECTROLYTE #48	60	digitek 125 mcg tab	50
dextrose in lactated ringers	60	digitek 250 mcg tab	50
DEXTROSE-NACL 10-0.2 % SOLUTION	60	digox 125 mcg tab	50
dextrose-nacl 2.5-0.45 % solution, 5-0.2 % solution, 5-0.225 % solution, 5-0.33 % solution, 5-0.45 % solution, 5-0.9 % solution, 10-0.45 % solution	61	digox 250 mcg tab	50
dextrose-sodium chloride 5-0.3 % solution, 5-0.45 % solution, 5-0.9 % solution	61	digoxin 0.05 mg/ml solution, 125 mcg tab	50
DIACOMIT 250 MG CAP, 250 MG PACKET	21	digoxin 250 mcg tab	50
DIACOMIT 500 MG CAP, 500 MG PACKET	21	dihydroergotamine mesylate 1 mg/ml solution	27
DIASTAT ACUDIAL	21	dihydroergotamine mesylate 4 mg/ml solution	27
DIASTAT PEDIATRIC	21	DILANTIN 30 MG CAP, 100 MG CAP, 125 MG/5ML SUSPENSION	21
diazepam 10 mg tab	43	DILANTIN INFATABS	21
diazepam 2 mg tab	43	DILAUDID 1 MG/ML LIQUID	12
diazepam 2.5 mg gel, 10 mg gel, 20 mg gel	21	DILAUDID 2 MG TAB, 4 MG TAB	12
diazepam 5 mg tab, 5 mg/ml conc	43	dilt-xr	50
diazepam 5 mg/5ml solution	43	DILTIAZEM HCL 100 MG RECON SOLN	50
diazepam 5 mg/ml solution	43	diltiazem hcl 25 mg/5ml solution, 50 mg/10ml solution, 125 mg/25ml solution	50
diazepam intensol	43	diltiazem hcl 30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab	50
diazoxide	44	diltiazem hcl er	50
DIBENZYLINE	50	diltiazem hcl er beads	50
DICLEGIS	26	diltiazem hcl er coated beads	50
diclofenac potassium 50 mg tab	12	DIOVAN	50
diclofenac sodium 0.1 % solution	78	DIOVAN HCT	50
diclofenac sodium 1 % gel	12	DIPENTUM	76
diclofenac sodium 1.5 % solution	12	diphenhydramine hcl 50 mg/ml solution	81
		diphenoxylate-atropine 2.5-0.025 mg tab	63
		diphenoxylate-atropine 2.5-0.025 mg/5ml liquid	63
		DIPHThERIA-TETANUS TOXOIDS DT	73

DIPROLENE	58	<i>drosipren-eth estrad-levomefol</i>	68
<i>dipyridamole</i>	47	<i>drosiprenone-ethinyl estradiol</i>	68
<i>disopyramide phosphate</i>	50	DROXIA	30
<i>disulfiram</i>	15	<i>droxidopa 100 mg cap</i>	50
DITROPAN XL 10 MG TAB ER 24H	65	<i>droxidopa 200 mg cap, 300 mg cap</i>	50
DITROPAN XL 5 MG TAB ER 24H	65	DUAVEE	68
<i>divalproex sodium</i>	21	DUETACT	44
<i>divalproex sodium er</i>	21	DULERA	81
DIVIGEL 0.25 MG/0.25GM GEL, 0.5 MG/0.5GM GEL, 0.75 MG/0.75GM GEL, 1 MG/GM GEL, 1.25 MG/1.25GM GEL	68	<i>duloxetine hcl 20 mg cp dr part</i>	54
<i>docetaxel 160 mg/16ml solution</i>	30	<i>duloxetine hcl 30 mg cp dr part</i>	54
<i>docetaxel 20 mg/2ml solution, 20 mg/ml conc, 80 mg/8ml solution, 160 mg/8ml conc</i>	30	<i>duloxetine hcl 40 mg cp dr part</i>	54
DOCETAXEL 80 MG/4ML CONC	30	<i>duloxetine hcl 60 mg cp dr part</i>	54
<i>dofetilide</i>	50	DUPIXENT 100 MG/0.67ML SOLN PRSYR	73
<i>dolishale</i>	68	DUPIXENT 200 MG/1.14ML SOLN PEN	73
<i>donepezil hcl 23 mg tab</i>	23	DUPIXENT 200 MG/1.14ML SOLN PRSYR	73
<i>donepezil hcl 5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp</i>	23	DUPIXENT 300 MG/2ML SOLN PEN, 300 MG/2ML SOLN PRSYR	73
<i>dorzolamide hcl</i>	78	<i>duramorph</i>	12
<i>dorzolamide hcl-timolol mal</i>	78	DUREZOL	78
<i>dorzolamide hcl-timolol mal pf</i>	78	<i>dutasteride</i>	65
<i>dotti</i>	68	<i>dutasteride-tamsulosin hcl</i>	65
DOVATO	39	DYMISTA	81
DOVONEX	58	DYRENIUM	50
<i>doxazosin mesylate</i>	50	DYSPORT	83
<i>doxepin hcl 10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap</i>	24	<i>e.e.s. 400</i>	18
<i>doxepin hcl 3 mg tab, 6 mg tab</i>	83	E.E.S. GRANULES	18
<i>doxepin hcl 5 % cream</i>	58	<i>ec-naproxen</i>	12
<i>doxercalciferol 0.5 mcg cap, 2.5 mcg cap, 4 mcg/2ml solution</i>	76	<i>econazole nitrate</i>	26
<i>doxorubicin hcl 10 mg recon soln</i>	30	EDARBI	50
<i>doxorubicin hcl 2 mg/ml solution</i>	30	EDARBYCLOR	50
<i>doxorubicin hcl liposomal</i>	30	EDURANT	39
<i>doxy 100</i>	18	<i>efavirenz 200 mg cap</i>	39
<i>doxycycline hyclate 20 mg tab, 50 mg cap, 50 mg tab dr, 75 mg tab dr, 100 mg cap, 100 mg recon soln, 100 mg tab</i>	18	<i>efavirenz 50 mg cap</i>	39
<i>doxycycline monohydrate 25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg cap, 75 mg tab, 100 mg cap, 100 mg tab, 150 mg tab</i>	18	<i>efavirenz 600 mg tab</i>	39
DRIZALMA SPRINKLE 20 MG CAP DR, 60 MG CAP DR	54	<i>efavirenz-emtricitab-tenofovir</i>	40
DRIZALMA SPRINKLE 30 MG CAP DR, 40 MG CAP DR	54	<i>efavirenz-lamivudine-tenofovir</i>	40
<i>dronabinol</i>	26	<i>effer-k 25 meq effer tab</i>	61
		EFFIENT 5 MG TAB	47
		EGRIFTA SV	67
		ELAPRASE	64
		<i>eletriptan hydrobromide</i>	27
		ELIDEL	58
		ELIGARD 30 MG KIT, 45 MG KIT	72
		ELIGARD 7.5 MG KIT, 22.5 MG KIT	72
		<i>elinest</i>	68
		ELIQUIS	47
		ELIQUIS DVT/PE STARTER PACK	47

ELITEK	30	EPCLUSA 200-50 MG TAB, 400-100 MG TAB	40
ELIXOPHYLLIN	81	EPIDIOLEX	21
ELLA	68	EPIDUO	58
ELMIRON	65	<i>epinastine hcl</i>	78
<i>eluryng</i>	68	<i>epinephrine (anaphylaxis)</i>	81
EMCYT	30	<i>epinephrine 0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj</i>	81
EMEND 125 MG/5ML RECON SUSP	26	EPIPEN JR 2-PAK	81
EMEND 80 MG CAP	26	<i>epirubicin hcl</i>	30
EMEND TRI-PACK	26	<i>epitol</i>	21
EMGALITY	28	EPIVIR 10 MG/ML SOLUTION	40
EMGALITY (300 MG DOSE)	28	EPIVIR 150 MG TAB	40
<i>emoquette</i>	68	EPIVIR 300 MG TAB	40
EMPLICITI	30	EPIVIR HBV 100 MG TAB	40
EMSAM	24	EPIVIR HBV 5 MG/ML SOLUTION	40
<i>emtricitabine</i>	40	<i>eplerenone</i>	50
<i>emtricitabine-tenofovir df</i>	40	EPOGEN	47
EMTRIVA 10 MG/ML SOLUTION	40	EPZICOM	40
EMTRIVA 200 MG CAP	40	EQUETRO 100 MG CAP ER 12H	43
<i>enalapril maleate 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab</i>	50	EQUETRO 200 MG CAP ER 12H	43
<i>enalapril-hydrochlorothiazide</i>	50	EQUETRO 300 MG CAP ER 12H	43
ENBREL 25 MG RECON SOLN, 50 MG/ML SOLN PRSYR	73	ERBITUX	30
ENBREL 25 MG/0.5ML SOLN PRSYR	73	<i>ergoloid mesylates</i>	23
ENBREL 25 MG/0.5ML SOLUTION	73	ERGOMAR	28
ENBREL MINI	73	<i>ergotamine-caffeine</i>	28
ENBREL SURECLICK	73	ERIVEDGE	30
<i>endocet</i>	12	ERLEADA	30
ENGERIX-B	73	<i>erlotinib hcl 100 mg tab, 150 mg tab</i>	30
ENHERTU	30	<i>erlotinib hcl 25 mg tab</i>	30
<i>enoxaparin sodium 100 mg/ml solution, 150 mg/ml solution</i>	47	<i>errin</i>	68
<i>enoxaparin sodium 30 mg/0.3ml solution</i>	47	<i>ertapenem sodium</i>	18
<i>enoxaparin sodium 300 mg/3ml solution</i>	47	<i>ery</i>	58
<i>enoxaparin sodium 40 mg/0.4ml solution</i>	47	<i>ery-tab</i>	18
<i>enoxaparin sodium 60 mg/0.6ml solution</i>	47	ERYGEL	58
<i>enoxaparin sodium 80 mg/0.8ml solution, 120 mg/0.8ml solution</i>	47	ERYPED 200	18
<i>enpresse-28</i>	68	ERYPED 400	18
<i>enskyce</i>	68	ERYTHROCIN LACTOBIONATE	18
<i>entacapone</i>	36	<i>erythrocin stearate</i>	18
<i>entecavir</i>	40	<i>erythromycin 2 % gel, 2 % solution</i>	58
ENTRESTO	50	<i>erythromycin 250 mg tab dr, 333 mg tab dr, 500 mg tab dr</i>	18
<i>enulose</i>	63	<i>erythromycin 5 mg/gm ointment</i>	78
ENVARUSUS XR 0.75 MG TAB ER 24H, 1 MG TAB ER 24H	73	<i>erythromycin base</i>	18
ENVARUSUS XR 4 MG TAB ER 24H	73	<i>erythromycin ethylsuccinate 200 mg/5ml recon susp, 400 mg tab, 400 mg/5ml recon susp</i>	18
		<i>erythromycin stearate</i>	18
		ESBRIET 267 MG CAP, 267 MG TAB	81

ESBRIET 801 MG TAB	81	30
<i>escitalopram oxalate 10 mg tab</i>	24	EVISTA	69
<i>escitalopram oxalate 20 mg tab</i>	24	EVOCLIN	58
<i>escitalopram oxalate 5 mg tab</i>	24	EVOMELA	30
<i>escitalopram oxalate 5 mg/5ml solution</i>	24	EVOTAZ	40
<i>esgic 50-325-40 mg cap</i>	54	<i>exemestane</i>	30
ESGIC 50-325-40 MG TAB	54	EXFORGE	50
<i>esomeprazole magnesium 20 mg cap dr, 40 mg</i> <i>cap dr</i>	63	EXFORGE HCT	50
<i>esomeprazole sodium</i>	63	EXJADE	61
<i>estarylla</i>	68	EXKIVITY	30
<i>estazolam</i>	83	EXTINA	26
ESTRACE 0.1 MG/GM CREAM, 0.5 MG TAB, 1 MG TAB, 2 MG TAB	68	<i>ezetimibe</i>	50
<i>estradiol 0.025 mg/24hr patch tw, 0.0375</i> <i>mg/24hr patch tw, 0.05 mg/24hr patch tw,</i> <i>0.075 mg/24hr patch tw, 0.1 mg/24hr patch</i> <i>tw</i>	68	<i>ezetimibe-simvastatin</i>	50
<i>estradiol 0.025 mg/24hr patch wk, 0.0375</i> <i>mg/24hr patch wk, 0.05 mg/24hr patch wk,</i> <i>0.06 mg/24hr patch wk, 0.075 mg/24hr patch</i> <i>wk, 0.1 mg/24hr patch wk</i>	68	FABRAZYME	64
<i>estradiol 0.1 mg/gm cream, 10 mcg tab</i>	68	<i>falmina</i>	69
<i>estradiol 0.5 mg tab, 1 mg tab, 2 mg tab</i>	69	<i>famciclovir 125 mg tab, 250 mg tab</i>	40
<i>estradiol valerate</i>	69	<i>famciclovir 500 mg tab</i>	40
<i>estradiol-norethindrone acet</i>	69	<i>famotidine 20 mg tab, 40 mg tab</i>	63
ESTRING	69	<i>famotidine 20 mg/2ml solution, 40 mg/4ml</i> <i>solution, 40 mg/5ml recon susp, 200 mg/20ml</i> <i>solution</i>	63
<i>eszopiclone</i>	83	<i>famotidine premixed</i>	63
<i>ethambutol hcl</i>	28	FANAPT 1 MG TAB	37
<i>ethosuximide 250 mg cap, 250 mg/5ml</i> <i>solution</i>	21	FANAPT 10 MG TAB, 12 MG TAB	37
<i>ethynodiol diac-eth estradiol</i>	69	FANAPT 2 MG TAB	37
<i>etodolac</i>	12	FANAPT 4 MG TAB	37
<i>etodolac er</i>	12	FANAPT 6 MG TAB	37
<i>etonogestrel-ethinyl estradiol</i>	69	FANAPT 8 MG TAB	37
ETOPOPHOS	30	FANAPT TITRATION PACK	37
<i>etoposide</i>	30	FARESTON	30
<i>etravirine 100 mg tab</i>	40	FARXIGA	44
<i>etravirine 200 mg tab</i>	40	FARYDAK 10 MG CAP	30
<i>euthyrox</i>	72	FARYDAK 15 MG CAP, 20 MG CAP	30
EVAMIST	69	FASENRA	81
EVEKEO 10 MG TAB	54	FASENRA PEN	81
EVEKEO 5 MG TAB	54	<i>fayosim</i>	69
<i>everolimus 0.25 mg tab</i>	73	<i>febuxostat</i>	27
<i>everolimus 0.5 mg tab, 0.75 mg tab, 1 mg</i> <i>tab</i>	73	<i>felbamate 400 mg tab, 600 mg tab, 600 mg/5ml</i> <i>suspension</i>	21
<i>everolimus 2 mg tab sol, 2.5 mg tab, 3 mg tab sol,</i> <i>5 mg tab, 5 mg tab sol, 7.5 mg tab, 10 mg tab</i>		FELBATOL 400 MG TAB, 600 MG TAB	21
		FELBATOL 600 MG/5ML SUSPENSION	21
		FELDENE	12
		<i>felodipine er</i>	50
		FEMRING	69
		<i>femynor</i>	69
		<i>fenofibrate 48 mg tab, 50 mg cap, 54 mg tab, 67</i> <i>mg cap, 134 mg cap, 145 mg tab, 150 mg cap,</i>	

160 mg tab, 200 mg cap	50	flucytosine	27
fenofibrate micronized 43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap	50	fludarabine phosphate 50 mg recon soln	30
fenofibric acid	50	fludarabine phosphate 50 mg/2ml solution	30
FENOGLIDE 40 MG TAB	50	fludrocortisone acetate	66
fenopropfen calcium 600 mg tab	12	flunisolide	81
fentanyl 12 mcg/hr patch 72hr, 25 mcg/hr patch 72hr, 50 mcg/hr patch 72hr, 75 mcg/hr patch 72hr, 100 mcg/hr patch 72hr	12	fluocinolone acetonide 0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment	58
fentanyl citrate 100 mcg tab, 200 mcg tab, 400 mcg loz handle, 400 mcg tab, 600 mcg loz handle, 600 mcg tab, 800 mcg loz handle, 800 mcg tab, 1200 mcg loz handle, 1600 mcg loz handle	12	fluocinolone acetonide 0.01 % oil	79
fentanyl citrate 200 mcg loz handle	12	fluocinolone acetonide body	58
FENTORA	13	fluocinolone acetonide scalp	58
FERRIPROX 100 MG/ML SOLUTION, 500 MG TAB, 1000 MG TAB	61	fluocinonide 0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution	58
FERRIPROX TWICE-A-DAY	61	fluocinonide 0.1 % cream	58
FETZIMA	24	fluocinonide emulsified base	58
FETZIMA TITRATION	24	fluorometholone	78
fexmid	83	fluorouracil 1 gm/20ml solution, 2.5 gm/50ml solution, 5 gm/100ml solution, 500 mg/10ml solution	30
FINACEA 15 % GEL	58	fluorouracil 2 % solution, 5 % cream, 5 % solution	58
finasteride	65	fluoxetine hcl (pmdd) 10 mg tab	24
FINTEPLA	21	fluoxetine hcl (pmdd) 20 mg tab	24
FIRAZYR	73	fluoxetine hcl 10 mg cap	24
FIRDAPSE	54	fluoxetine hcl 10 mg tab	24
FIRMAGON	72	fluoxetine hcl 20 mg cap	24
FIRMAGON (240 MG DOSE)	72	fluoxetine hcl 20 mg tab	24
FIRVANQ	18	fluoxetine hcl 20 mg/5ml solution	24
flac	79	fluoxetine hcl 40 mg cap	24
FLAGYL	18	FLUOXETINE HCL 60 MG TAB	24
FLAREX	78	fluoxetine hcl 90 mg cap dr	24
flavoxate hcl	65	fluphenazine decanoate	37
flecainide acetate	50	fluphenazine hcl 1 mg tab, 2.5 mg tab, 2.5 mg/5ml elixir, 2.5 mg/ml solution, 5 mg tab, 5 mg/ml conc, 10 mg tab	37
FLECTOR	13	flurazepam hcl	83
FLOVENT DISKUS 250 MCG/BLIST AER POW BA	81	flurbiprofen	13
FLOVENT DISKUS 50 MCG/BLIST AER POW BA, 100 MCG/BLIST AER POW BA	81	flurbiprofen sodium	78
FLOVENT HFA 110 MCG/ACT AEROSOL	81	flutamide	30
FLOVENT HFA 220 MCG/ACT AEROSOL	81	fluticasone propionate 0.005 % ointment, 0.05 % cream, 0.05 % lotion	58
FLOVENT HFA 44 MCG/ACT AEROSOL	81	fluticasone propionate 50 mcg/act suspension	81
fluconazole 10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab	26	fluticasone-salmeterol 100-50 mcg/dose aer pow ba, 250-50 mcg/dose aer pow ba, 500-50 mcg/dose aer pow ba	81
fluconazole in sodium chloride 200-0.9 mg/100ml-% solution, 400-0.9 mg/200ml-% solution	27	fluticasone-salmeterol 55-14 mcg/act aer pow ba, 113-14 mcg/act aer pow ba, 232-14 mcg/act aer pow ba	81

<i>fluvastatin sodium</i>	50	FUZEON	40
<i>fluvastatin sodium er</i>	50	<i>fyavolv</i>	69
<i>fluvoxamine maleate 100 mg tab</i>	24	FYCOMPA 0.5 MG/ML SUSPENSION	21
<i>fluvoxamine maleate 25 mg tab, 50 mg tab</i>	24	FYCOMPA 2 MG TAB	21
<i>fluvoxamine maleate er 100 mg cap er 24h</i>	24	FYCOMPA 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG	
<i>fluvoxamine maleate er 150 mg cap er 24h</i>	24	TAB, 12 MG TAB	21
FML	78	<i>gabapentin 100 mg cap</i>	21
FML FORTE	78	<i>gabapentin 250 mg/5ml solution, 300 mg/6ml</i>	
FOCALIN	54	<i>solution</i>	21
FOCALIN XR 5 MG CAP ER 24H, 10 MG CAP ER 24H,		<i>gabapentin 300 mg cap</i>	21
15 MG CAP ER 24H, 25 MG CAP ER 24H, 30 MG		<i>gabapentin 400 mg cap</i>	21
CAP ER 24H, 35 MG CAP ER 24H, 40 MG CAP ER		<i>gabapentin 600 mg tab</i>	21
24H	54	<i>gabapentin 800 mg tab</i>	21
FOLOTYN	30	GABITRIL	21
<i>fomepizole</i>	77	<i>galantamine hydrobromide 4 mg tab, 8 mg tab, 12</i>	
<i>fondaparinux sodium 10 mg/0.8ml solution</i>	47	<i>mg tab</i>	23
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i> ...	47	<i>galantamine hydrobromide 4 mg/ml</i>	
<i>fondaparinux sodium 5 mg/0.4ml solution</i>	47	<i>solution</i>	23
<i>fondaparinux sodium 7.5 mg/0.6ml solution</i> ...	47	<i>galantamine hydrobromide er</i>	23
<i>formoterol fumarate</i>	81	GAMUNEX-C	74
FORTEO	76	<i>ganciclovir sodium 500 mg recon soln</i>	40
FORTESTA	69	GARDASIL 9	74
FOSAMAX	76	GASTROCROM	65
FOSAMAX PLUS D	76	<i>gatifloxacin</i>	78
<i>fosamprenavir calcium</i>	40	GATTEX	63
<i>fosfomycin tromethamine</i>	18	GAUZE STERILE PADS 2	77
<i>fosinopril sodium</i>	50	<i>gavilyte-c</i>	63
<i>fosinopril sodium-hctz</i>	50	<i>gavilyte-g</i>	63
<i>fosphenytoin sodium</i>	21	<i>gavilyte-n with flavor pack</i>	63
FOSRENOL 500 MG CHEW TAB, 750 MG CHEW TAB,		GAVRETO	31
1000 MG CHEW TAB	61	GAZYVA	31
FOTIVDA	31	<i>gemcitabine hcl 1 gm recon soln, 1 gm/26.3ml</i>	
FRAGMIN 2500 UNIT/0.2ML SOLUTION, 5000		<i>solution, 2 gm recon soln, 200 mg/5.26ml</i>	
UNIT/0.2ML SOLUTION	47	<i>solution</i>	31
FRAGMIN 7500 UNIT/0.3ML SOLUTION, 10000		<i>gemcitabine hcl 1 gm/10ml solution, 2 gm/20ml</i>	
UNIT/ML SOLUTION, 12500 UNIT/0.5ML		<i>solution, 2 gm/52.6ml solution, 200 mg/2ml</i>	
SOLUTION, 15000 UNIT/0.6ML SOLUTION, 18000		<i>solution</i>	31
UNT/0.72ML SOLUTION, 95000 UNIT/3.8ML		<i>gemcitabine hcl 200 mg recon soln</i>	31
SOLUTION	47	<i>gemfibrozil</i>	50
FREAMINE HBC	61	GENERESS FE	69
FREAMINE III	61	<i>generlac</i>	63
<i>frovatriptan succinate</i>	28	<i>gengraf 25 mg cap, 100 mg cap, 100 mg/ml</i>	
FULPHILA	47	<i>solution</i>	74
<i>fulvestrant</i>	31	GENOTROPIN	67
<i>furosemide 10 mg/ml solution inj</i>	50	GENOTROPIN MINIQUICK	67
<i>furosemide 10 mg/ml solution oral</i>	50	<i>gentak</i>	78
<i>furosemide 8 mg/ml solution, 20 mg tab, 40 mg</i>		<i>gentamicin in saline 0.8-0.9 mg/ml-% solution,</i>	
<i>tab, 80 mg tab</i>	50	<i>1-0.9 mg/ml-% solution, 1.2-0.9 mg/ml-%</i>	

<i>solution, 1.6-0.9 mg/ml-% solution</i>	18	<i>solution, 1 mg tab, 1 mg/5ml solution, 2 mg tab,</i>	
<i>gentamicin in saline 2-0.9 mg/ml-% solution</i> . . .	18	<i>4 mg/20ml solution</i>	63
<i>gentamicin sulfate 0.1 % cream, 0.1 %</i>		<i>glydo</i>	15
<i>ointment</i>	18	GLYNASE 1.5 MG TAB	45
<i>gentamicin sulfate 0.3 % solution</i>	78	GLYNASE 3 MG TAB	45
<i>gentamicin sulfate 10 mg/ml solution, 40 mg/ml</i>		GLYNASE 6 MG TAB	45
<i>solution</i>	18	GLYXAMBI	45
GENVOYA	40	GOLYTELY	63
GEODON 20 MG RECON SOLN	37	<i>granisetron hcl 1 mg tab</i>	26
<i>gianvi</i>	69	<i>granisetron hcl 1 mg/ml solution, 4 mg/4ml</i>	
GILENYA	54	<i>solution</i>	26
GILOTRIF	31	GRANIX	47
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	55	<i>griseofulvin microsize 125 mg/5ml suspension,</i>	
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	55	<i>500 mg tab</i>	27
<i>glatopa 20 mg/ml soln prsyr</i>	55	<i>griseofulvin ultramicrosize</i>	27
<i>glatopa 40 mg/ml soln prsyr</i>	55	<i>guanfacine hcl</i>	50
<i>glimepiride 1 mg tab</i>	44	<i>guanfacine hcl er</i>	55
<i>glimepiride 2 mg tab</i>	44	<i>hailey 1.5/30</i>	69
<i>glimepiride 4 mg tab</i>	44	<i>hailey 24 fe</i>	69
<i>glipizide 10 mg tab</i>	44	<i>hailey fe 1.5/30</i>	69
<i>glipizide 5 mg tab</i>	44	<i>hailey fe 1/20</i>	69
<i>glipizide er 10 mg tab er 24h</i>	44	HALAVEN	31
<i>glipizide er 2.5 mg tab er 24h</i>	44	<i>halcinonide</i>	58
<i>glipizide er 5 mg tab er 24h</i>	44	<i>halobetasol propionate 0.05 % cream, 0.05 %</i>	
<i>glipizide xl 10 mg tab er 24h</i>	44	<i>ointment</i>	58
<i>glipizide xl 2.5 mg tab er 24h</i>	44	HALOG 0.1 % CREAM	58
<i>glipizide xl 5 mg tab er 24h</i>	44	HALOG 0.1 % OINTMENT	58
<i>glipizide-metformin hcl 2.5-250 mg tab</i>	44	<i>haloperidol</i>	37
<i>glipizide-metformin hcl 2.5-500 mg tab, 5-500 mg</i>		<i>haloperidol decanoate</i>	37
<i>tab</i>	44	<i>haloperidol lactate</i>	37
GLUCAGEN HYPOKIT	44	HARVONI	40
GLUCAGON EMERGENCY 1 MG KIT	44	HAVRIX	74
<i>glucagon emergency 1 mg kit</i>	44	<i>heather</i>	69
GLUCOTROL	44	HEMADY	66
GLUCOTROL XL 10 MG TAB ER 24H	44	HEPARIN (PORCINE) IN NAACL 12500-0.45	
GLUCOTROL XL 2.5 MG TAB ER 24H	44	UT/250ML-% SOLUTION, 25000-0.45	
GLUCOTROL XL 5 MG TAB ER 24H	44	UT/500ML-% SOLUTION	47
<i>glyburide 1.25 mg tab</i>	44	HEPARIN (PORCINE) IN NAACL 25000-0.45	
<i>glyburide 2.5 mg tab</i>	44	UT/250ML-% SOLUTION	47
<i>glyburide 5 mg tab</i>	44	<i>heparin sod (porcine) in d5w , 100 unit/ml</i>	
<i>glyburide micronized 1.5 mg tab</i>	44	<i>solution, 25000-5 ut/500ml-% solution</i>	47
<i>glyburide micronized 3 mg tab</i>	44	<i>heparin sodium (porcine) 1000 unit/ml solution,</i>	
<i>glyburide micronized 6 mg tab</i>	44	<i>5000 unit/ml solution, 10000 unit/ml solution,</i>	
<i>glyburide-metformin 1.25-250 mg tab</i>	45	<i>20000 unit/ml solution</i>	48
<i>glyburide-metformin 2.5-500 mg tab, 5-500 mg</i>		<i>hepatamine</i>	61
<i>tab</i>	45	HEPSERA	40
<i>glycopyrrolate 0.2 mg/ml solution, 0.4 mg/2ml</i>		HERCEPTIN	31
		HERCEPTIN HYLECTA	31

HETLIOZ	83	<i>hydrocodone-ibuprofen</i>	13
HIBERIX	74	<i>hydrocortisone (perianal) 1 % cream</i>	58
<i>hidex 6-day</i>	66	<i>hydrocortisone (perianal) 2.5 % cream</i>	58
HIPREX	18	<i>hydrocortisone 1 % cream, 1 % ointment, 2.5 % cream, 2.5 % ointment</i>	58
HORIZANT 300 MG TAB ER	55	<i>hydrocortisone 2.5 % lotion</i>	58
HORIZANT 600 MG TAB ER	55	<i>hydrocortisone 5 mg tab, 10 mg tab, 20 mg tab, 100 mg/60ml enema</i>	76
HUMALOG	45	<i>hydrocortisone ace-pramoxine</i>	58
HUMALOG JUNIOR KWIKPEN	45	<i>hydrocortisone butyr lipo base</i>	58
HUMALOG KWIKPEN	45	<i>hydrocortisone butyrate 0.1 % cream, 0.1 % solution</i>	58
HUMALOG MIX 50/50	45	<i>hydrocortisone butyrate 0.1 % ointment</i>	66
HUMALOG MIX 50/50 KWIKPEN	45	<i>hydrocortisone valerate 0.2 % cream</i>	58
HUMALOG MIX 75/25	45	<i>hydrocortisone valerate 0.2 % ointment</i>	66
HUMALOG MIX 75/25 KWIKPEN	45	<i>hydrocortisone-acetic acid</i>	79
HUMATROPE	67	<i>hydromorphone hcl 1 mg/ml liquid</i>	13
HUMIRA 10 MG/0.1ML PEF SY KT, 20 MG/0.2ML PEF SY KT	74	<i>hydromorphone hcl 1 mg/ml solution, 2 mg tab, 2 mg/ml solution, 4 mg tab, 8 mg tab</i>	13
HUMIRA 40 MG/0.4ML PEF SY KT, 40 MG/0.8ML PEF SY KT	74	<i>hydromorphone hcl 4 mg/ml solution</i>	13
HUMIRA 80 MG/0.8ML PEN KIT	74	HYDROMORPHONE HCL PF 1 MG/ML SOLUTION	13
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40MG/0.4ML PEF SY KT	74	<i>hydromorphone hcl pf 10 mg/ml solution, 50 mg/5ml solution, 500 mg/50ml solution</i>	13
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML PEF SY KT	74	HYDROMORPHONE HCL PF 4 MG/ML SOLUTION	13
HUMIRA PEN	74	<i>hydroxychloroquine sulfate 200 mg tab</i>	35
HUMIRA PEN-CD/UC/HS STARTER 40 MG/0.8ML PEN KIT	74	<i>hydroxyprogesterone caproate 1.25 gm/5ml solution</i>	69
HUMIRA PEN-CD/UC/HS STARTER 80 MG/0.8ML PEN KIT	74	<i>hydroxyurea</i>	31
HUMIRA PEN-PEDIATRIC UC START	74	<i>hydroxyzine hcl 10 mg tab, 10 mg/5ml syrup, 25 mg tab, 25 mg/ml solution, 50 mg tab, 50 mg/ml solution</i>	81
HUMIRA PEN-PS/UV/ADOL HS START	74	<i>hydroxyzine pamoate</i>	43
HUMIRA PEN-PSOR/UEIT STARTER	74	<i>hyoscyamine sulfate 0.125 mg sl tab, 0.125 mg tab, 0.125 mg tab disp</i>	63
HUMULIN 70/30	45	HYPERRAB	74
HUMULIN 70/30 KWIKPEN	45	HYPERRAB S/D	74
HUMULIN N	45	HYZAAR	50
HUMULIN N KWIKPEN	45	<i>ibandronate sodium 150 mg tab</i>	76
HUMULIN R	45	<i>ibandronate sodium 3 mg/3ml solution</i>	76
HUMULIN R U-500 (CONCENTRATED)	45	IBRANCE	31
HUMULIN R U-500 KWIKPEN	45	<i>ibu</i>	13
<i>hydralazine hcl 10 mg tab, 20 mg/ml solution, 25 mg tab, 50 mg tab, 100 mg tab</i>	50	<i>ibuprofen 100 mg/5ml suspension, 400 mg tab, 600 mg tab, 800 mg tab</i>	13
HYDREA	31	<i>icatibant acetate</i>	74
<i>hydrochlorothiazide</i>	50	<i>iclevia</i>	69
<i>hydrocodone-acetaminophen 2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 7.5-325 mg/15ml solution</i>	13	ICLUSIG	31
<i>hydrocodone-acetaminophen 5-300 mg tab, 5-325 mg tab, 7.5-300 mg tab, 7.5-325 mg tab, 10-300 mg tab, 10-325 mg tab</i>	13		

<i>idarubicin hcl</i>	31	INPEN 100-PINK-NOVO	77
IDHIFA 100 MG TAB	31	INQOVI	31
IDHIFA 50 MG TAB	31	INREBIC	31
IFEX 3 GM RECON SOLN	31	INSPRA	50
<i>ifosfamide 1 gm recon soln, 1 gm/20ml solution, 3 gm/60ml solution</i>	31	INSULIN LISPRO	45
IFOSFAMIDE 3 GM RECON SOLN	31	INSULIN LISPRO (1 UNIT DIAL)	45
ILARIS	74	INSULIN LISPRO JUNIOR KWIKPEN	45
ILEVRO	78	INSULIN LISPRO PROT & LISPRO	45
<i>imatinib mesylate</i>	31	INSULIN PEN NEEDLE	77
IMBRUVICA 140 MG CAP, 140 MG TAB	31	INSULIN SYRINGE (DISP) U-100 0.3 ML	77
IMBRUVICA 70 MG CAP, 280 MG TAB, 420 MG TAB, 560 MG TAB	31	INSULIN SYRINGE (DISP) U-100 1 ML	77
IMFINZI	31	INSULIN SYRINGE (DISP) U-100 1/2 ML	77
<i>imipenem-cilastatin</i>	18	INTELENCE 100 MG TAB	40
<i>imipramine hcl</i>	24	INTELENCE 200 MG TAB	40
<i>imipramine pamoate 125 mg cap, 150 mg cap</i>	24	INTELENCE 25 MG TAB	40
<i>imiquimod 5 % cream</i>	59	INTRALIPID 20 % EMULSION	61
IMITREX 25 MG TAB	28	INTRALIPID 30 % EMULSION	61
IMITREX 5 MG/ACT SOLUTION	28	INTRAROSA	77
IMITREX STATDOSE REFILL 4 MG/0.5ML SOLN CART	28	INTRON A 10000000 UNIT RECON SOLN	74
IMITREX STATDOSE SYSTEM 4 MG/0.5ML SOLN A-INJ	28	INTRON A 18000000 UNIT RECON SOLN	74
IMLYGIC 1000000 UNIT/ML SUSPENSION	31	INTRON A 6000000 UNIT/ML SOLUTION, 10000000 UNIT/ML SOLUTION, 50000000 UNIT RECON SOLN	74
IMLYGIC 100000000 UNIT/ML SUSPENSION	31	<i>introvale</i>	69
IMOGAM RABIES-HT	74	INTUNIV	55
IMOVAX RABIES	74	INVEGA 1.5 MG TAB ER 24H, 3 MG TAB ER 24H, 9 MG TAB ER 24H	37
IMVEXXY MAINTENANCE PACK	69	INVEGA 6 MG TAB ER 24H	37
IMVEXXY STARTER PACK	69	INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	37
<i>incassia</i>	69	INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR ...	37
INCRELEX	67	INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	37
<i>indapamide</i>	50	INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	37
<i>indomethacin</i>	13	INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	37
<i>indomethacin er</i>	13	INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	37
INFANRIX	74	INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	37
INGREZZA 40 & 80 MG CAP THPK	55	INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR ...	37
INGREZZA 40 MG CAP	55	INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR ...	37
INGREZZA 60 MG CAP, 80 MG CAP	55	INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR ...	37
INLYTA 1 MG TAB	31	INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR ...	38
INLYTA 5 MG TAB	31	INVELTYS	78
INPEN 100-BLUE-LILLY	77	INVIRASE 500 MG TAB	40
INPEN 100-BLUE-NOVO	77	INVOKAMET	45
INPEN 100-GRAY-LILLY	77	INVOKAMET XR	45
INPEN 100-GREY-NOVO	77		
INPEN 100-PINK-LILLY	77		

INVOKANA 100 MG TAB	45	JANUMET XR 100-1000 MG TAB ER 24H	45
INVOKANA 300 MG TAB	45	JANUMET XR 50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H	45
IOPIDINE 1 % SOLUTION	78	JANUVIA 100 MG TAB	45
IPOL	74	JANUVIA 25 MG TAB	45
<i>ipratropium bromide 0.02 % solution</i>	81	JANUVIA 50 MG TAB	45
<i>ipratropium bromide 0.03 % solution, 0.06 % solution</i>	81	JARDIANCE	45
<i>ipratropium-albuterol</i>	81	<i>jasmiel</i>	69
<i>irbesartan</i>	51	JEMPERLI	31
<i>irbesartan-hydrochlorothiazide</i>	51	<i>jencycla</i>	69
IRESSA	31	JENTADUETO	45
<i>irinotecan hcl 100 mg/5ml solution</i>	31	JENTADUETO XR 2.5-1000 MG TAB ER 24H	45
<i>irinotecan hcl 40 mg/2ml solution, 300 mg/15ml solution, 500 mg/25ml solution</i>	31	JENTADUETO XR 5-1000 MG TAB ER 24H	45
<i>irrigation solutions, physiological</i>	61	JEVTANA	31
ISENTRESS 100 MG CHEW TAB	40	<i>jinteli</i>	69
ISENTRESS 100 MG PACKET	40	<i>jolessa</i>	69
ISENTRESS 25 MG CHEW TAB	40	<i>juleber</i>	69
ISENTRESS 400 MG TAB	40	JULUCA	40
ISENTRESS HD	40	<i>junel 1.5/30</i>	69
<i>isibloom</i>	69	<i>junel 1/20</i>	69
ISOLYTE-P IN D5W	61	<i>junel fe 1.5/30</i>	69
ISOLYTE-S	61	<i>junel fe 1/20</i>	69
ISOLYTE-S PH 7.4	61	<i>junel fe 24</i>	69
<i>isoniazid 100 mg tab, 300 mg tab</i>	28	JUXTAPID 30 MG CAP	51
<i>isoniazid 50 mg/5ml syrup, 100 mg/ml solution</i>	28	JUXTAPID 5 MG CAP, 10 MG CAP, 20 MG CAP	51
ISOPTO ATROPINE	78	JYNARQUE 15 MG TAB, 30 MG TAB	61
ISOPTO CARPINE	78	K-TAB	61
ISORDIL TITRADOSE 40 MG TAB	51	KADCYLA	31
ISORDIL TITRADOSE 5 MG TAB	51	<i>kaitlib fe</i>	69
<i>isosorbide dinitrate</i>	51	KALETRA 100-25 MG TAB	40
<i>isosorbide mononitrate</i>	51	KALETRA 200-50 MG TAB	40
<i>isosorbide mononitrate er</i>	51	KALETRA 400-100 MG/5ML SOLUTION	40
<i>isotretinoin</i>	59	<i>kalliga</i>	69
<i>isradipine</i>	51	KALYDECO 150 MG TAB	81
ISTALOL	78	KAPVAY	55
ISTODAX (OVERFILL)	31	<i>kariva</i>	69
<i>itraconazole 100 mg cap</i>	27	KAZANO	45
<i>ivermectin 3 mg tab</i>	35	<i>kcl in dextrose-nacl 10-5-0.45 meq/l-%-% solution, 20-5-0.2 meq/l-%-% solution, 20-5-0.45 meq/l-%-% solution, 20-5-0.9 meq/l-%-% solution, 30-5-0.45 meq/l-%-% solution, 40-5-0.45 meq/l-%-% solution</i>	61
IXEMPRA KIT	31	KCL IN DEXTROSE-NACL 40-5-0.9 MEQ/L-%-% SOLUTION	61
IXIARO	74	KCL-LACTATED RINGERS-D5W	61
<i>jaimiess</i>	69	KEDRAB	74
JAKAFI	31	<i>kelnor 1/35</i>	69
JALYN	65	<i>kelnor 1/50</i>	69
<i>jantoven</i>	48		
JANUMET	45		

KENALOG 0.147 MG/GM AERO SOLN	59	LAMICTAL 5 MG CHEW TAB, 25 MG CHEW TAB	21
<i>ketoconazole 2 % cream, 2 % shampoo</i>	27	LAMICTAL ODT 25 MG TAB DISP, 50 MG TAB DISP, 100 MG TAB DISP, 200 MG TAB DISP	21
<i>ketoconazole 200 mg tab</i>	27	LAMICTAL STARTER 35 X 25 MG KIT, 42 X 25 MG & 7 X 100 MG KIT	21
<i>ketodan</i>	27	LAMICTAL XR 50 & 100 & 200 MG KIT	21
<i>ketoprofen 25 mg cap</i>	13	<i>lamivudine 10 mg/ml solution</i>	40
KETOPROFEN 25 MG CAP	13	<i>lamivudine 100 mg tab</i>	40
<i>ketoprofen 50 mg cap, 75 mg cap</i>	13	<i>lamivudine 150 mg tab</i>	40
<i>ketoprofen er</i>	13	<i>lamivudine 300 mg tab</i>	40
<i>ketorolac tromethamine 0.4 % solution, 0.5 % solution</i>	78	<i>lamivudine-zidovudine</i>	40
<i>ketorolac tromethamine 10 mg tab, 15 mg/ml solution, 30 mg/ml solution, 60 mg/2ml solution</i>	13	<i>lamotrigine 5 mg chew tab, 25 mg chew tab, 25 mg tab, 25 mg tab disp, 50 mg tab disp, 100 mg tab, 100 mg tab disp, 150 mg tab, 200 mg tab, 200 mg tab disp</i>	21
KEYTRUDA	31	<i>lamotrigine er</i>	21
KHAPZORY	31	LANOXIN 125 MCG TAB	51
KINRIX	74	LANOXIN 250 MCG TAB	51
KISQALI (200 MG DOSE)	31	LANOXIN 62.5 MCG TAB	51
KISQALI (400 MG DOSE)	31	<i>lansoprazole 15 mg cap dr</i>	63
KISQALI (600 MG DOSE)	31	<i>lansoprazole 30 mg cap dr</i>	63
KISQALI FEMARA (400 MG DOSE)	32	<i>lanthanum carbonate</i>	61
KISQALI FEMARA (600 MG DOSE)	32	LANTUS	45
KISQALI FEMARA(200 MG DOSE)	32	LANTUS SOLOSTAR	45
KITABIS PAK	81	<i>lapatinib ditosylate</i>	32
KLARON	18	<i>larin 1.5/30</i>	69
KLONOPIN 0.5 MG TAB	43	<i>larin 1/20</i>	69
KLONOPIN 1 MG TAB	43	<i>larin 24 fe</i>	69
KLONOPIN 2 MG TAB	43	<i>larin fe 1.5/30</i>	69
<i>klor-con 10</i>	61	<i>larin fe 1/20</i>	69
<i>klor-con 8 meq tab er</i>	61	<i>larissia</i>	69
<i>klor-con m10</i>	61	LASIX	51
<i>klor-con m15</i>	61	LASTACRAFT	78
<i>klor-con m20</i>	61	<i>latanoprost</i>	78
<i>klor-con/ef</i>	61	LATUDA 20 MG TAB, 40 MG TAB, 60 MG TAB, 120 MG TAB	43
KORLYM	66	LATUDA 80 MG TAB	43
KOSELUGO	32	<i>layolis fe</i>	69
KRISTALOSE	63	LAZANDA	13
<i>kurvelo</i>	69	LEDIPASVIR-SOFOSBUVIR	40
KUVAN	65	<i>leena</i>	69
KYLEENA	69	<i>leflunomide</i>	74
KYPROLIS	32	LENVIMA (10 MG DAILY DOSE)	32
<i>labetalol hcl 5 mg/ml solution, 100 mg tab, 200 mg tab, 300 mg tab</i>	51	LENVIMA (12 MG DAILY DOSE)	32
<i>lactated ringers</i>	61	LENVIMA (14 MG DAILY DOSE)	32
<i>lactated ringers solution (irrigation)</i>	61	LENVIMA (18 MG DAILY DOSE)	32
<i>lactulose 10 gm/15ml solution, 20 gm/30ml solution</i>	63	LENVIMA (20 MG DAILY DOSE)	32
<i>lactulose encephalopathy</i>	63	LENVIMA (24 MG DAILY DOSE)	32

LENVIMA (4 MG DAILY DOSE)	32	tab	69
LENVIMA (8 MG DAILY DOSE)	32	levonorgestrel-ethinyl estrad 90-20 mcg tab	69
LESCOL XL	51	levora 0.15/30 (28)	70
lessina	69	levorphanol tartrate 2 mg tab	13
letrozole	32	levothyroxine sodium 13 mcg cap, 25 mcg cap, 50	
leucovorin calcium 100 mg/10ml solution	32	mcg cap, 75 mcg cap, 88 mcg cap, 100 mcg	
leucovorin calcium 5 mg tab, 10 mg tab, 15 mg		cap, 112 mcg cap, 125 mcg cap, 137 mcg cap,	
tab, 25 mg tab	32	150 mcg cap, 175 mcg cap, 200 mcg cap	72
leucovorin calcium 50 mg recon soln, 100 mg		levothyroxine sodium 25 mcg tab, 50 mcg tab, 75	
recon soln, 200 mg recon soln, 350 mg recon		mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab,	
soln, 500 mg recon soln	32	125 mcg tab, 137 mcg tab, 150 mcg tab, 175	
LEUKERAN	32	mcg tab, 200 mcg tab, 300 mcg tab	72
LEUKINE	48	levoxyl	72
leuprolide acetate	72	LEXIVA 50 MG/ML SUSPENSION	41
levabuterol hcl 0.31 mg/3ml nebu soln, 1.25		LEXIVA 700 MG TAB	41
mg/0.5ml nebu soln, 1.25 mg/3ml nebu		LIALDA	76
soln	81	LIBTAYO	32
levabuterol hcl 0.63 mg/3ml nebu soln	81	lidocaine 5 % ointment	15
levabuterol tartrate	81	lidocaine 5 % patch	15
LEVEMIR	45	lidocaine hcl (cardiac) 50 mg/5ml soln prsyf ...	15
LEVEMIR FLEXTOUCH	45	LIDOCAINE HCL (CARDIAC) PF 100 MG/5ML	
levetiracetam 100 mg/ml solution, 250 mg tab,		SOLUTION	15
500 mg tab, 500 mg/5ml solution, 750 mg tab,		lidocaine hcl (cardiac) pf 50 mg/5ml soln	
1000 mg tab	21	prsyf	15
levetiracetam er 500 mg tab er 24h	21	lidocaine hcl (pf) 1 % solution, 1.5 % solution ...	15
levetiracetam er 750 mg tab er 24h	21	lidocaine hcl 0.5 % solution, 1 % solution, 2 %	
levetiracetam in nacl 1000 mg/100ml solution,		solution	15
1500 mg/100ml solution	21	lidocaine hcl 4 % solution	15
levetiracetam in nacl 500 mg/100ml		lidocaine hcl urethral/mucosal	15
solution	21	lidocaine viscous hcl	15
levo-t	72	lidocaine-prilocaine	15
levobunolol hcl	78	LIDODERM	15
levocarnitine 1 gm/10ml solution	61	LILETTA (52 MG)	70
levocarnitine 330 mg tab	61	lillow	70
levocarnitine sf	61	LINCOCIN	18
levocetirizine dihydrochloride 2.5 mg/5ml solution,		lincomycin hcl	18
5 mg tab	81	lindane	59
levofloxacin 0.5 % solution	78	linezolid 100 mg/5ml recon susp	18
levofloxacin 25 mg/ml solution iv	18	linezolid 600 mg tab	18
levofloxacin 25 mg/ml solution oral	18	linezolid 600 mg/300ml solution	18
levofloxacin 250 mg tab, 500 mg tab, 750 mg		linezolid in sodium chloride	18
tab	18	LINZESS	64
levofloxacin in d5w	18	liothyronine sodium 10 mcg/ml solution	72
levonest	69	liothyronine sodium 5 mcg tab, 25 mcg tab, 50	
levonorg-eth estrad triphasic	69	mcg tab	72
levonorgest-eth est & eth est	69	LIPOFEN 150 MG CAP	51
levonorgest-eth estrad 91-day	69	LIPOFEN 50 MG CAP	51
levonorgestrel-ethinyl estrad 0.1-20 tab, 0.15-30		lisinopril	51

<i>lisinopril-hydrochlorothiazide</i>	51	LOVENOX 30 MG/0.3ML SOLUTION	48
LITHIUM	43	LOVENOX 40 MG/0.4ML SOLUTION	48
<i>lithium carbonate 150 mg cap, 300 mg cap</i>	43	LOVENOX 60 MG/0.6ML SOLUTION	48
<i>lithium carbonate 300 mg tab, 600 mg cap</i>	43	LOVENOX 80 MG/0.8ML SOLUTION, 120 MG/0.8ML SOLUTION	48
<i>lithium carbonate er</i>	43	<i>low-ogestrel</i>	70
LO LOESTRIN FE	70	<i>loxapine succinate</i>	38
<i>lo-zumandimine</i>	70	<i>lubiprostone</i>	64
LOCOID	59	LUMAKRAS	32
LOCOID LIPOCREAM	59	LUMIGAN	78
LODOSYN	36	LUMIZYME	65
<i>loestrin 1.5/30 (21)</i>	70	LUMOXITI	32
<i>loestrin 1/20 (21)</i>	70	LUNESTA 1 MG TAB	83
<i>loestrin fe 1.5/30</i>	70	LUPRON DEPOT (1-MONTH) 3.75 MG KIT	72
<i>loestrin fe 1/20</i>	70	LUPRON DEPOT (1-MONTH) 7.5 MG KIT	72
<i>lojaimiess</i>	70	LUPRON DEPOT (3-MONTH) 11.25 MG KIT	72
LOKELMA	61	LUPRON DEPOT (3-MONTH) 22.5 MG KIT	72
LONSURF	32	LUPRON DEPOT (4-MONTH)	72
<i>loperamide hcl 2 mg cap</i>	64	LUPRON DEPOT (6-MONTH)	72
LOPID	51	LUPRON DEPOT-PED (1-MONTH) 7.5 MG KIT	72
<i>lopinavir-ritonavir 100-25 mg tab</i>	41	<i>lutera</i>	70
<i>lopinavir-ritonavir 200-50 mg tab</i>	41	LUXIQ	59
<i>lopinavir-ritonavir 400-100 mg/5ml solution</i> ...	41	LUZU	27
<i>lopreeza</i>	70	LYBALVI	24
LOPRESSOR 100 MG TAB	51	<i>lyleq</i>	70
LOPROX 0.77 % CREAM	27	LYNPARZA	32
<i>lorazepam 0.5 mg tab, 1 mg tab</i>	43	LYRICA 20 MG/ML SOLUTION	55
<i>lorazepam 1 mg/0.5ml conc, 2 mg tab, 2 mg/ml conc</i>	43	LYRICA 200 MG CAP	55
<i>lorazepam 2 mg/ml solution, 4 mg/ml solution</i>	43	LYRICA 225 MG CAP, 300 MG CAP	55
<i>lorazepam intensol</i>	43	LYRICA 25 MG CAP, 50 MG CAP, 75 MG CAP, 100 MG CAP, 150 MG CAP	55
LORBRENA 100 MG TAB	32	LYRICA CR 330 MG TAB ER 24H	55
LORBRENA 25 MG TAB	32	LYRICA CR 82.5 MG TAB ER 24H, 165 MG TAB ER 24H	55
<i>loryna</i>	70	LYSODREN	72
<i>losartan potassium</i>	51	LYSTEDA	48
<i>losartan potassium-hctz</i>	51	LYUMJEV	45
LOSEASONIQUE	70	LYUMJEV KWIKPEN	45
LOTEMAX 0.5 % GEL, 0.5 % OINTMENT, 0.5 % SUSPENSION	78	<i>lyza</i>	70
LOTEMAX SM	78	M-M-R II	74
LOTENSIN	51	MACRODANTIN	18
<i>loteprednol etabonate 0.5 % gel, 0.5 % suspension</i>	78	<i>mafenide acetate</i>	59
LOTREL 10-40 MG CAP	51	<i>magnesium sulfate 2 gm/50ml solution, 4 gm/100ml solution, 4 gm/50ml solution, 20 gm/500ml solution, 40 gm/1000ml solution</i>	61
<i>lovastatin</i>	51	<i>magnesium sulfate 50 % solution</i>	61
LOVENOX 100 MG/ML SOLUTION, 150 MG/ML SOLUTION	48	MALARONE	35

<i>malathion</i>	59	<i>cap dr, 800 mg tab dr, 1000 mg suppos</i>	76
<i>mannitol</i>	77	<i>mesalamine er</i>	76
<i>marlissa</i>	70	<i>mesalamine-cleanser</i>	76
MARPLAN	24	<i>mesna</i>	32
MARQIBO	32	MESNEX 400 MG TAB	32
MATULANE	32	MESTINON 60 MG/5ML SOLUTION, 180 MG TAB ER	28
<i>matzim la</i>	51	<i>metaxalone</i>	83
MAVYRET 100-40 MG TAB	41	<i>metformin hcl 1000 mg tab</i>	45
MAXALT	28	<i>metformin hcl 500 mg tab</i>	45
MAXALT-MLT	28	<i>metformin hcl 850 mg tab</i>	45
MAXIDEX	78	<i>metformin hcl er 500 mg tab er 24h</i>	45
MAXZIDE	51	<i>metformin hcl er 750 mg tab er 24h</i>	46
<i>meclizine hcl</i>	26	<i>methadone hcl 10 mg/ml conc</i>	13
<i>meclofenamate sodium</i>	13	<i>methadone hcl 10 mg/ml solution</i>	13
MEDROL 2 MG TAB	66	<i>methadone hcl 5 mg tab, 10 mg tab</i>	13
MEDROL 4 MG TAB, 8 MG TAB, 16 MG TAB, 32 MG TAB	66	<i>methadone hcl 5 mg/5ml solution, 10 mg/5ml solution</i>	13
<i>medroxyprogesterone acetate 150 mg/ml susp prsy, 150 mg/ml suspension</i>	70	<i>methadone hcl intensol</i>	13
<i>medroxyprogesterone acetate 2.5 mg tab, 5 mg tab, 10 mg tab</i>	70	METHADOSE	13
<i>mefenamic acid</i>	13	METHADOSE SUGAR-FREE	13
<i>mefloquine hcl</i>	35	<i>methazolamide</i>	78
<i>megestrol acetate 20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension</i>	70	<i>methenamine hippurate</i>	18
MEKINIST 0.5 MG TAB	32	<i>methenamine mandelate</i>	18
MEKINIST 2 MG TAB	32	<i>methergine</i>	77
MEKTOVI	32	<i>methimazole</i>	73
<i>melodetta 24 fe</i>	70	<i>methocarbamol 500 mg tab, 750 mg tab</i>	83
<i>meloxicam 7.5 mg tab, 15 mg tab</i>	13	<i>methotrexate</i>	74
<i>melphalan</i>	32	<i>methotrexate sodium (pf)</i>	74
<i>melphalan hcl</i>	32	<i>methotrexate sodium 1 gm recon soln, 2.5 mg tab, 50 mg/2ml solution, 250 mg/10ml solution</i>	74
<i>memantine hcl 10 mg tab, 28 x 5 mg & 21 x 10 mg tab</i>	23	<i>methoxsalen rapid</i>	59
<i>memantine hcl 2 mg/ml solution, 10 mg/5ml solution</i>	23	<i>methscopolamine bromide</i>	64
<i>memantine hcl 5 mg tab</i>	23	METHYLDOPA	51
<i>memantine hcl er</i>	23	<i>methylergonovine maleate</i>	77
MENACTRA	74	METHYLIN 10 MG/5ML SOLUTION	55
MENEST	70	METHYLIN 5 MG/5ML SOLUTION	55
MENQUADFI	74	<i>methylphenidate hcl 10 mg/5ml solution</i>	55
MENVEO	74	<i>methylphenidate hcl 5 mg tab, 10 mg tab, 20 mg tab</i>	55
<i>meprobamate</i>	43	<i>methylphenidate hcl 5 mg/5ml solution</i>	55
<i>mercaptapurine</i>	32	<i>methylphenidate hcl er (cd)</i>	55
<i>meropenem</i>	18	<i>methylphenidate hcl er (la) 10 mg cap er 24h, 20 mg cap er 24h, 40 mg cap er 24h, 60 mg cap er 24h</i>	55
<i>mesalamine 1.2 gm tab dr, 4 gm enema, 400 mg cap dr, 800 mg tab dr, 1000 mg suppos</i>	76	<i>methylphenidate hcl er (la) 30 mg cap er 24h</i> ...	55
		<i>methylphenidate hcl er 10 mg tab er, 20 mg tab</i>	

er	55	migergot	28
methylphenidate hcl er 18 mg tab er, 18 mg tab er 24h, 27 mg tab er, 27 mg tab er 24h, 54 mg tab er, 54 mg tab er 24h, 72 mg tab er	55	miglitol	46
methylphenidate hcl er 36 mg tab er, 36 mg tab er 24h	55	miglustat	65
methylprednisolone	66	mili	70
methylprednisolone acetate	66	MILLIPRED	66
methylprednisolone sodium succ 40 mg recon soln, 125 mg recon soln, 1000 mg recon soln	66	mimvey	70
metoclopramide hcl 5 mg tab disp, 5 mg/5ml solution, 5 mg/ml solution, 10 mg/10ml solution	26	MINASTRIN 24 FE	70
metoclopramide hcl 5 mg tab, 10 mg tab	26	MINIPRESS	51
metolazone	51	minitran	51
metoprolol succinate er	51	MINIVELLE	70
metoprolol tartrate 25 mg tab, 50 mg tab, 100 mg tab	51	minocycline hcl	19
metoprolol tartrate 5 mg/5ml solution, 37.5 mg tab, 75 mg tab	51	minoxidil	51
metoprolol-hydrochlorothiazide	51	MIRAPEX	36
METROCREAM	18	MIRAPEX ER 0.75 MG TAB ER 24H, 1.5 MG TAB ER 24H, 3 MG TAB ER 24H, 3.75 MG TAB ER 24H	36
METROGEL	18	MIRENA (52 MG)	70
METROLOTION	18	mirtazapine 15 mg tab disp, 30 mg tab disp, 45 mg tab, 45 mg tab disp	24
metronidazole 0.75 % cream, 0.75 % lotion, 1 % gel, 250 mg tab, 375 mg cap, 500 mg tab	19	mirtazapine 7.5 mg tab, 15 mg tab, 30 mg tab	24
metronidazole 0.75 % gel (topical)	19	misoprostol	67
metronidazole 0.75 % gel vaginal	19	MITIGARE	27
metronidazole in nacl	19	mitomycin 20 mg recon soln, 40 mg recon soln	32
metyrosine	51	mitomycin 5 mg recon soln	32
mexiletine hcl	51	mitoxantrone hcl	32
mibelas 24 fe	70	modafinil 100 mg tab	83
micafungin sodium	27	modafinil 200 mg tab	83
MICARDIS	51	moexipril hcl	51
MICARDIS HCT	51	molindone hcl	38
miconazole 3	27	mometasone furoate 0.1 % cream, 0.1 % ointment	66
microgestin 1.5/30	70	mometasone furoate 0.1 % solution	59
microgestin 1/20	70	mometasone furoate 50 mcg/act suspension	81
microgestin 24 fe	70	mondoxyne nl	19
microgestin fe 1.5/30	70	MONJUVI	32
microgestin fe 1/20	70	mono-lynyah	70
midazolam hcl (pf)	15	montelukast sodium	81
midazolam hcl 2 mg/2ml solution, 5 mg/5ml solution, 5 mg/ml solution, 10 mg/10ml solution, 10 mg/2ml solution, 25 mg/5ml solution, 50 mg/10ml solution	15	MONUROL	19
midazolam hcl 2 mg/ml syrup	43	morphine sulfate (concentrate)	13
midodrine hcl	51	morphine sulfate (pf) 0.5 mg/ml solution, 1 mg/ml solution	13
		MORPHINE SULFATE (PF) 2 MG/ML SOLUTION IV	13
		MORPHINE SULFATE (PF) 4 MG/ML SOLUTION, 5 MG/ML SOLUTION, 10 MG/ML SOLUTION	14

MORPHINE SULFATE (PF) 8 MG/ML SOLUTION ... 14	<i>nadolol</i> 51
<i>morphine sulfate 1 mg/ml solution, 15 mg tab, 30 mg tab</i> 14	<i>nafcillin sodium 1 gm recon soln for inj</i> 19
<i>morphine sulfate 10 mg/5ml solution, 20 mg/5ml solution</i> 14	<i>nafcillin sodium 1 gm recon soln for iv</i> 19
<i>morphine sulfate 2 mg/ml solution, 4 mg/ml solution</i> 14	<i>nafcillin sodium 10 gm recon soln</i> 19
<i>morphine sulfate 50 mg/ml solution</i> 14	<i>nafcillin sodium 2 gm recon soln</i> 19
MORPHINE SULFATE 8 MG/ML SOLUTION 14	NAFCILLIN SODIUM IN DEXTROSE 19
<i>morphine sulfate er 10 mg cap er 24h, 20 mg cap er 24h, 30 mg cap er 24h, 50 mg cap er 24h, 60 mg cap er 24h, 80 mg cap er 24h</i> 14	<i>naftifine hcl</i> 27
<i>morphine sulfate er 100 mg tab er, 200 mg tab er</i> 14	NAFTIN 27
<i>morphine sulfate er 15 mg tab er, 30 mg tab er, 60 mg tab er</i> 14	NAGLAZYME 65
<i>morphine sulfate er 40 mg cap er 24h, 100 mg cap er 24h</i> 14	<i>nalbuphine hcl 10 mg/ml solution</i> 14
<i>morphine sulfate iv soln pf 10 mg/ml</i> 14	<i>nalbuphine hcl 20 mg/ml solution</i> 14
MOVANTIK 64	NALFON 600 MG TAB 14
MOVIPREP 64	<i>naloxone hcl 0.4 mg/ml soln cart, 0.4 mg/ml solution, 2 mg/2ml soln prsyr, 4 mg/10ml solution</i> 15
<i>moxifloxacin hcl 0.5 % solution</i> 78	<i>naltrexone hcl</i> 15
<i>moxifloxacin hcl 400 mg tab</i> 19	NAMENDA XR 23
<i>moxifloxacin hcl in nacl</i> 19	NAMZARIC 23
MOZOBIL 48	<i>naproxen 125 mg/5ml suspension</i> 14
MS CONTIN 15 MG TAB ER, 30 MG TAB ER 14	<i>naproxen 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr</i> 14
MULTAQ 51	<i>naproxen sodium</i> 14
<i>mupirocin</i> 59	<i>naratriptan hcl</i> 28
<i>mupirocin calcium</i> 59	NARCAN 15
<i>mutamycin 40 mg recon soln</i> 32	NATACYN 78
<i>mutamycin 5 mg recon soln, 20 mg recon soln</i> 32	<i>nateglinide 120 mg tab</i> 46
MYAMBUTOL 28	<i>nateglinide 60 mg tab</i> 46
MYCAMINE 27	NATPARA 76
MYCOBUTIN 28	NATROBA 59
<i>mycophenolate mofetil 200 mg/ml recon susp</i> 74	NAYZILAM 15
<i>mycophenolate mofetil 250 mg cap, 500 mg recon soln, 500 mg tab</i> 74	<i>nebivolol hcl</i> 51
<i>mycophenolate mofetil hcl</i> 74	NEBUPENT 35
<i>mycophenolate sodium</i> 74	<i>necon 0.5/35 (28)</i> 70
MYFORTIC 180 MG TAB DR 74	NEEDLES, INSULIN DISP., SAFETY 77
MYFORTIC 360 MG TAB DR 74	<i>nefazodone hcl 200 mg tab</i> 24
MYLOTARG 32	<i>nefazodone hcl 50 mg tab, 100 mg tab, 150 mg tab, 250 mg tab</i> 24
<i>myorisan</i> 59	<i>neo-polycin</i> 78
MYRBETRIQ 25 MG TAB ER 24H, 50 MG TAB ER 24H 65	<i>neo-polycin hc</i> 78
<i>nabumetone</i> 14	<i>neomycin sulfate</i> 19
	<i>neomycin-bacitracin zn-polymyx</i> 78
	<i>neomycin-polymyxin b gu</i> 19
	<i>neomycin-polymyxin-dexameth 0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension</i> 79
	<i>neomycin-polymyxin-gramicidin</i> 79
	<i>neomycin-polymyxin-hc 1 % solution, 3.5-10000-1 solution</i> 80

<i>neomycin-polymyxin-hc 3.5-10000-1 suspension</i>	79	<i>patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.4 mg/spray solution, 0.6 mg sl tab, 0.6 mg/hr patch 24hr</i>	52
NERLYNX	32	NITROGLYCERIN 5 MG/ML SOLUTION	52
NESINA 12.5 MG TAB	46	NITROSTAT	52
<i>neuac</i>	59	NIVESTYM	48
NEULASTA	48	<i>nizatidine 150 mg cap, 300 mg cap</i>	64
NEULASTA ONPRO	48	<i>nora-be</i>	70
NEUPOGEN	48	NORDITROPIN FLEXPRO	67
NEUPRO	36	<i>norethin ace-eth estrad-fe 1-20 mg-mcg tab, 1-20 mg-mcg(24) chew tab, 1.5-30 mg-mcg tab</i> ...	70
NEURONTIN 250 MG/5ML SOLUTION	22	<i>norethin-eth estradiol-fe</i>	70
NEVANAC	79	<i>norethindrone</i>	70
<i>nevirapine 200 mg tab</i>	41	<i>norethindrone acet-ethinyl est</i>	70
NEVIRAPINE 50 MG/5ML SUSPENSION	41	<i>norethindrone acetate</i>	70
<i>nevirapine er 100 mg tab er 24h</i>	41	<i>norethindrone-eth estradiol</i>	70
<i>nevirapine er 400 mg tab er 24h</i>	41	<i>norgestim-eth estrad triphasic</i>	70
NEXAVAR	32	<i>norgestimate-eth estradiol</i>	70
NEXIUM 10 MG PACKET, 20 MG CAP DR, 40 MG CAP DR	64	<i>norlyda</i>	70
<i>niacin (antihyperlipidemic)</i>	51	<i>norlyroc</i>	70
<i>niacin er (antihyperlipidemic)</i>	51	NORPACE	52
<i>niacor</i>	51	NORPACE CR	52
NIASPAN	51	NORPRAMIN	24
<i>nicardipine hcl 2.5 mg/ml solution, 20 mg cap, 30 mg cap</i>	51	NORTHERA 100 MG CAP	52
NICOTROL	16	NORTHERA 200 MG CAP, 300 MG CAP	52
NICOTROL NS	16	<i>nortrel 0.5/35 (28)</i>	70
<i>nifedipine</i>	51	<i>nortrel 1/35 (21)</i>	70
<i>nifedipine er</i>	51	<i>nortrel 1/35 (28)</i>	70
<i>nifedipine er osmotic release</i>	51	<i>nortrel 7/7/7</i>	70
<i>nikki</i>	70	<i>nortriptyline hcl 10 mg cap, 25 mg cap</i>	24
NILANDRON	32	<i>nortriptyline hcl 10 mg/5ml solution, 50 mg cap, 75 mg cap</i>	24
<i>nilutamide</i>	32	NORVASC	52
<i>nimodipine</i>	51	NORVIR 100 MG PACKET, 100 MG TAB	41
NINLARO	33	NORVIR 80 MG/ML SOLUTION	41
NIPENT	33	NOVOPEN ECHO	77
<i>nisoldipine er</i>	51	NOXAFIL 40 MG/ML SUSPENSION	27
<i>nitazoxanide</i>	35	<i>np thyroid</i>	72
<i>nitisinone</i>	65	NUBEQA	33
NITRO-BID	51	NUCALA 100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR	81
NITRO-DUR 0.1 MG/HR PATCH 24HR, 0.2 MG/HR PATCH 24HR, 0.4 MG/HR PATCH 24HR, 0.6 MG/HR PATCH 24HR	52	NUEDEXTA	55
NITRO-DUR 0.3 MG/HR PATCH 24HR, 0.8 MG/HR PATCH 24HR	52	NULOJIX	74
<i>nitrofurantoin</i>	19	NUPLAZID	38
<i>nitrofurantoin macrocrystal</i>	19	NUTRILIPID	61
<i>nitrofurantoin monohyd macro</i>	19	NUTROPIN AQ NUSPIN 10	67
<i>nitroglycerin 0.1 mg/hr patch 24hr, 0.2 mg/hr</i>		NUTROPIN AQ NUSPIN 20	67

NUTROPIN AQ NUSPIN 5	67	OMNARIS	82
NUVARING	70	OMNITROPE 5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN, 10 MG/1.5ML SOLN CART	67
nyamyc	27	ONCASPAR	33
nylia 1/35	70	ondansetron	26
nylia 7/7/7	70	ondansetron hcl 24 mg tab	26
nystatin 100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder, 100000 unit/ml suspension, 500000 unit tab	27	ondansetron hcl 4 mg tab, 8 mg tab	26
nystatin-triamcinolone	59	ondansetron hcl 4 mg/2ml solution, 40 mg/20ml solution	26
nystop	27	ondansetron hcl 4 mg/5ml solution	26
ocella	70	ONFI 10 MG TAB	22
OCTAGAM 1 GM/20ML SOLUTION, 2 GM/20ML SOLUTION, 2.5 GM/50ML SOLUTION, 5 GM/100ML SOLUTION, 25 GM/500ML SOLUTION, 30 GM/300ML SOLUTION	75	ONFI 2.5 MG/ML SUSPENSION	22
octreotide acetate 1000 mcg/ml solution	72	ONFI 20 MG TAB	22
octreotide acetate 50 mcg/ml soln prsyr, 50 mcg/ml solution, 100 mcg/ml soln prsyr, 100 mcg/ml solution, 200 mcg/ml solution	72	ONUREG	33
octreotide acetate 500 mcg/ml soln prsyr, 500 mcg/ml solution	73	OPDIVO	33
OCUFLOX	79	opium	64
ODEFSEY	41	OPSUMIT	82
ODOMZO	33	ORACEA	19
OFEV	82	oralone	56
ofloxacin 300 mg tab, 400 mg tab	19	ORAPRED ODT	66
ofloxacin ophth soln 0.3%	79	ORENITRAM 0.125 MG TAB ER	82
ofloxacin otic soln 0.3%	80	ORENITRAM 0.25 MG TAB ER, 1 MG TAB ER, 2.5 MG TAB ER, 5 MG TAB ER	82
okebo	19	ORFADIN 2 MG CAP, 4 MG/ML SUSPENSION, 5 MG CAP, 10 MG CAP, 20 MG CAP	65
olanzapine 10 mg recon soln	38	ORGOVYX	73
olanzapine 2.5 mg tab, 5 mg tab, 5 mg tab disp, 7.5 mg tab, 10 mg tab, 10 mg tab disp, 15 mg tab, 15 mg tab disp	38	ORKAMBI 100-125 MG TAB, 200-125 MG TAB	82
olanzapine 20 mg tab, 20 mg tab disp	38	orphenadrine citrate er	83
olanzapine-fluoxetine hcl 3-25 mg cap, 6-25 mg cap	25	orsythia	70
olanzapine-fluoxetine hcl 6-50 mg cap, 12-25 mg cap, 12-50 mg cap	25	oseltamivir phosphate 6 mg/ml recon susp, 30 mg cap, 45 mg cap, 75 mg cap	41
olmesartan medoxomil	52	OSENI 12.5-15 MG TAB	46
olmesartan medoxomil-hctz	52	OSENI 12.5-30 MG TAB, 12.5-45 MG TAB, 25-30 MG TAB, 25-45 MG TAB	46
olmesartan-amlodipine-hctz	52	osmitrol	77
olopatadine hcl 0.1 % solution, 0.2 % solution	79	OSMOPREP	64
olopatadine hcl 0.6 % solution	82	OSPHENA	70
OLUX-E	59	OTEZLA 10 & 20 & 30 MG TAB THPK	75
omega-3-acid ethyl esters	52	OTEZLA 30 MG TAB	59
omeprazole	64	OVIDE	59
omeprazole-sodium bicarbonate 20-1680 mg packet, 40-1680 mg packet	64	oxacillin sodium 1 gm recon soln, 2 gm recon soln	19
		oxacillin sodium 10 gm recon soln	19
		OXACILLIN SODIUM IN DEXTROSE	19
		oxaliplatin 50 mg recon soln, 100 mg recon soln	33
		oxaliplatin 50 mg/10ml solution, 100 mg/20ml solution, 200 mg/40ml solution	33

<i>oxandrolone 10 mg tab</i>	70	<i>paromomycin sulfate</i>	19
<i>oxandrolone 2.5 mg tab</i>	70	<i>paroxetine hcl 10 mg tab, 20 mg tab</i>	25
<i>oxaprozin</i>	14	<i>paroxetine hcl 10 mg/5ml suspension</i>	25
<i>oxazepam</i>	43	<i>paroxetine hcl 30 mg tab</i>	25
<i>oxcarbazepine 150 mg tab, 300 mg tab, 300 mg/5ml suspension, 600 mg tab</i>	22	<i>paroxetine hcl 40 mg tab</i>	25
<i>oxiconazole nitrate</i>	27	<i>paroxetine hcl er 12.5 mg tab er 24h</i>	25
OXISTAT 1 % LOTION	27	<i>paroxetine hcl er 25 mg tab er 24h, 37.5 mg tab er 24h</i>	25
<i>oxybutynin chloride 5 mg tab</i>	65	PASER	28
<i>oxybutynin chloride 5 mg/5ml syrup</i>	65	PATANASE	82
<i>oxybutynin chloride er 10 mg tab er 24h, 15 mg tab er 24h</i>	65	PAXIL 10 MG TAB	25
<i>oxybutynin chloride er 5 mg tab er 24h</i>	65	PAXIL 10 MG/5ML SUSPENSION	25
<i>oxycodone hcl 5 mg cap, 5 mg tab, 10 mg tab, 10 mg/0.5ml conc, 15 mg tab, 20 mg tab, 30 mg tab, 100 mg/5ml conc</i>	14	PAZEO	79
<i>oxycodone hcl 5 mg/5ml solution</i>	14	PEDIARIX	75
<i>oxycodone-acetaminophen 2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab</i>	14	PEDVAX HIB	75
OXYTROL	65	<i>peg 3350-kcl-na bicarb-nacl</i>	64
OZEMPIC (0.25 OR 0.5 MG/DOSE)	46	<i>peg-3350/electrolytes</i>	64
OZEMPIC (1 MG/DOSE)	46	<i>peg-3350/electrolytes/ascorbat</i>	64
<i>pacerone</i>	52	<i>peg-kcl-nacl-nasulf-na asc-c</i>	64
<i>paclitaxel 30 mg/5ml conc, 100 mg/16.67ml conc, 100 mg/16.7ml conc, 150 mg/25ml conc</i> ...	33	PEGASYS	75
<i>paclitaxel 300 mg/50ml conc</i>	33	PEMAZYRE	33
PADCEV	33	<i>penicillamine 250 mg tab</i>	65
<i>paliperidone er 1.5 mg tab er 24h, 3 mg tab er 24h</i>	38	PENICILLIN G POT IN DEXTROSE	19
<i>paliperidone er 6 mg tab er 24h</i>	38	<i>penicillin g potassium</i>	19
<i>paliperidone er 9 mg tab er 24h</i>	38	PENICILLIN G PROCAINE	19
PAMELOR	25	<i>penicillin g sodium</i>	19
<i>pamidronate disodium 30 mg recon soln, 30 mg/10ml solution, 90 mg recon soln, 90 mg/10ml solution</i>	76	<i>penicillin v potassium 125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab</i>	19
PAMIDRONATE DISODIUM 6 MG/ML SOLUTION	76	PENTACEL	75
PANDEL	59	PENTAM	35
PANRETIN	33	<i>pentamidine isethionate</i>	35
<i>pantoprazole sodium 20 mg tab dr, 40 mg tab dr</i>	64	<i>pentamidine isethionate 300 mg recon soln for nebulization</i>	35
<i>pantoprazole sodium 40 mg packet, 40 mg recon soln</i>	64	PENTASA 250 MG CAP ER	76
PARAGARD INTRAUTERINE COPPER	77	PENTASA 500 MG CAP ER	76
<i>paraplatin</i>	33	<i>pentazocine-naloxone hcl</i>	14
<i>paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap</i>	76	<i>pentoxifylline er</i>	52
PARLODEL	36	PEPAXTO	33
<i>paroex</i>	56	PERCOCET 2.5-325 MG TAB	14
		PERFOROMIST	82
		<i>perindopril erbumine</i>	52
		<i>periogard</i>	56
		PERJETA	33
		<i>permethrin</i>	59
		<i>perphenazine</i>	26
		<i>perphenazine-amitriptyline</i>	25

PEXEVA 10 MG TAB, 40 MG TAB	25	<i>piroxicam</i>	14
PEXEVA 20 MG TAB	25	PLASMA-LYTE 148	61
PEXEVA 30 MG TAB	25	PLASMA-LYTE A	61
<i>pfizerpen</i>	19	PLEGRIDY	55
<i>phenadoz</i>	26	PLEGRIDY STARTER PACK	55
<i>phenelzine sulfate</i>	25	<i>plenamine</i>	61
<i>phenobarbital 100 mg tab</i>	22	PLENVU	64
<i>phenobarbital 15 mg tab</i>	22	<i>podofilox</i>	59
<i>phenobarbital 16.2 mg tab</i>	22	POLIVY	33
<i>phenobarbital 20 mg/5ml elixir</i>	22	<i>polycin</i>	79
<i>phenobarbital 30 mg tab</i>	22	<i>polymyxin b sulfate</i>	19
<i>phenobarbital 32.4 mg tab</i>	22	<i>polymyxin b-trimethoprim</i>	79
<i>phenobarbital 60 mg tab</i>	22	POLYTRIM	79
<i>phenobarbital 64.8 mg tab</i>	22	POMALYST	33
<i>phenobarbital 97.2 mg tab</i>	22	<i>portia-28</i>	71
<i>phenobarbital sodium 130 mg/ml solution</i>	22	PORTRAZZA	33
<i>phenobarbital sodium 65 mg/ml solution</i>	22	<i>posaconazole</i>	27
<i>phenoxybenzamine hcl</i>	52	<i>potassium chloride 10 meq cap er</i>	61
PHENYTEK	22	<i>potassium chloride 10 meq tab er</i>	61
<i>phenytoin 50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension</i>	22	POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION, 20 MEQ PACKET, 20 MEQ/100ML SOLUTION, 40 MEQ/100ML SOLUTION	62
<i>phenytoin infatabs</i>	22	POTASSIUM CHLORIDE 2 MEQ/ML SOLUTION, 10 % SOLUTION, 10 MEQ/50ML SOLUTION, 20 MEQ/15ML (10%) SOLUTION, 20 MEQ/50ML SOLUTION, 40 MEQ/15ML (20%) SOLUTION	62
<i>phenytoin sodium</i>	22	<i>potassium chloride 20 meq tab er</i>	62
<i>phenytoin sodium extended</i>	22	<i>potassium chloride 8 meq cap er</i>	62
PHESGO	33	<i>potassium chloride 8 meq tab er</i>	62
<i>philith</i>	71	<i>potassium chloride crys 10 meq tab er</i>	62
PHOSLYRA	61	<i>potassium chloride crys 20 meq tab er</i>	62
PICATO	59	<i>potassium chloride crys er 15 meq tab er</i>	62
PIFELTRO	41	<i>potassium chloride in dextrose</i>	62
<i>pilocarpine hcl 1 % solution, 2 % solution, 4 % solution</i>	79	POTASSIUM CHLORIDE IN NACL 20-0.45 MEQ/L-% SOLUTION, 20-0.9 MEQ/L-% SOLUTION, 40-0.9 MEQ/L-% SOLUTION	62
<i>pilocarpine hcl 5 mg tab, 7.5 mg tab</i>	56	<i>potassium citrate 10 meq (1080 mg) tab er</i>	62
<i>pimecrolimus</i>	59	<i>potassium citrate 15 meq (1620 mg) tab er</i>	62
<i>pimozide</i>	38	<i>potassium citrate 5 meq (540 mg) tab er</i>	62
<i>pimtreea</i>	71	<i>potassium phosphates</i>	62
<i>pindolol</i>	52	<i>potassium phosphates(66 meq k)</i>	62
<i>pioglitazone hcl 15 mg tab</i>	46	POTELIGEO	33
<i>pioglitazone hcl 30 mg tab</i>	46	PRADAXA	48
<i>pioglitazone hcl 45 mg tab</i>	46	PRALUENT	52
<i>pioglitazone hcl-glimepiride</i>	46	<i>pramipexole dihydrochloride</i>	36
<i>pioglitazone hcl-metformin hcl</i>	46	<i>pramipexole dihydrochloride er</i>	36
<i>piperacillin sod-tazobactam soln</i>	19	<i>prasugrel hcl</i>	48
PIQRAY (200 MG DAILY DOSE)	33		
PIQRAY (250 MG DAILY DOSE)	33		
PIQRAY (300 MG DAILY DOSE)	33		
<i>pirmella 1/35</i>	71		
<i>pirmella 7/7/7</i>	71		

<i>pravastatin sodium</i>	52	PREVYMIS 240 MG TAB, 480 MG TAB	41
<i>praziquantel</i>	36	PREZCOBIX	41
<i>prazosin hcl</i>	52	PREZISTA 100 MG/ML SUSPENSION	41
PRED MILD	79	PREZISTA 150 MG TAB	41
PRED-G	79	PREZISTA 600 MG TAB, 800 MG TAB	41
PRED-G S.O.P.	79	PREZISTA 75 MG TAB	41
<i>prednicarbate</i>	66	PRIFTIN	28
<i>prednisolone</i>	66	<i>primaquine phosphate</i>	36
<i>prednisolone acetate</i>	79	PRIMAXIN IV	19
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	79	<i>primidone</i>	22
<i>prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution, 10 mg tab disp, 10 mg/5ml solution, 15 mg tab disp, 15 mg/5ml solution, 20 mg/5ml solution, 25 mg/5ml solution, 30 mg tab disp</i>	67	PROAIR HFA	82
<i>prednisone 1 mg tab, 5 mg (48) tab thpk, 5 mg/5ml solution, 10 mg (48) tab thpk</i>	67	PROAIR RESPICLICK	82
<i>prednisone 2.5 mg tab, 5 mg (21) tab thpk, 5 mg tab, 10 mg (21) tab thpk, 10 mg tab, 20 mg tab, 50 mg tab</i>	67	<i>probenecid</i>	27
PREDNISONE INTENSOL	67	<i>procainamide hcl</i>	52
<i>pregabalin 20 mg/ml solution</i>	55	PROCALAMINE	62
<i>pregabalin 200 mg cap</i>	55	PROCARDIA	52
<i>pregabalin 225 mg cap, 300 mg cap</i>	55	<i>prochlorperazine</i>	26
<i>pregabalin 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap</i>	55	<i>prochlorperazine edisylate</i>	26
PREMARIN 0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB	71	<i>prochlorperazine maleate</i>	26
PREMARIN 0.625 MG/GM CREAM	71	PROCRIT 2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION	48
PREMASOL	62	PROCRIT 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION	48
PREMPHASE	71	<i>procto-med hc</i>	59
PREMPRO	71	<i>procto-pak</i>	59
<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>	62	<i>proctosol hc</i>	59
<i>prenatal vit w/ iron carbonyl-folic acid</i>	62	<i>proctozone-hc</i>	59
<i>prenatal vitamin with minerals and folic acid greater than 0.8 mg oral tablet</i>	62	<i>progesterone 100 mg cap, 200 mg cap</i>	71
<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>	62	PROGLYCEM	46
PREVACID SOLUTAB 15 MG TAB DR DISP	64	PROGRAF 0.2 MG PACKET, 1 MG PACKET, 5 MG CAP	75
<i>prevalite 4 gm packet, 4 gm/dose powder</i>	52	PROGRAF 5 MG/ML SOLUTION	75
PREVIDENT 0.2 % SOLUTION, 1.1 % GEL	56	PROLASTIN-C	65
PREVIDENT 5000 BOOSTER PLUS	56	PROLENSA	79
PREVIDENT 5000 DRY MOUTH	56	PROLIA	76
PREVIDENT 5000 ENAMEL PROTECT	56	PROMACTA 12.5 MG PACKET	48
PREVIDENT 5000 PLUS	56	PROMACTA 12.5 MG TAB, 25 MG TAB	48
PREVIDENT 5000 SENSITIVE	56	PROMACTA 25 MG PACKET	48
<i>previfem</i>	71	PROMACTA 50 MG TAB	48
		PROMACTA 75 MG TAB	48
		<i>promethazine hcl 12.5 mg suppos, 25 mg suppos</i>	26
		<i>promethazine hcl 12.5 mg tab, 25 mg tab, 50 mg tab</i>	26
		<i>promethazine hcl 25 mg/ml solution, 50 mg/ml solution</i>	82
		<i>promethazine hcl 6.25 mg/5ml solution, 6.25</i>	

<i>mg/5ml syrup</i>	82	<i>quetiapine fumarate 50 mg tab</i>	38
<i>promethegan</i>	26	<i>quetiapine fumarate er 150 mg tab er 24h, 200 mg tab er 24h</i>	38
PROMETRIUM 200 MG CAP	71	<i>quetiapine fumarate er 50 mg tab er 24h, 300 mg tab er 24h, 400 mg tab er 24h</i>	38
<i>propafenone hcl</i>	52	<i>quinapril hcl</i>	52
<i>propafenone hcl er</i>	52	<i>quinapril-hydrochlorothiazide</i>	52
<i>propantheline bromide</i>	64	<i>quinidine sulfate</i>	52
<i>proparacaine hcl</i>	79	<i>quinine sulfate</i>	36
<i>propranolol hcl 1 mg/ml solution, 20 mg/5ml solution, 40 mg/5ml solution, 60 mg tab</i>	52	QVAR REDHALER 40 MCG/ACT AERO BA	82
<i>propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	52	QVAR REDHALER 80 MCG/ACT AERO BA	82
<i>propranolol hcl er</i>	52	RABAVERT	75
<i>propylthiouracil</i>	73	<i>rabeprazole sodium</i>	64
PROQUAD	75	<i>raloxifene hcl</i>	71
PROSOL	62	<i>ramelteon</i>	83
PROTONIX 20 MG TAB DR, 40 MG PACKET, 40 MG TAB DR	64	<i>ramipril</i>	52
PROTOPIC	59	RANEXA	52
<i>protriptyline hcl</i>	25	<i>ranitidine hcl 15 mg/ml syrup, 50 mg/2ml solution, 75 mg/5ml syrup, 150 mg cap, 150 mg/10ml syrup, 150 mg/6ml solution, 300 mg cap, 1000 mg/40ml solution</i>	64
PROVENTIL HFA	82	<i>ranitidine hcl 150 mg tab, 300 mg tab</i>	64
PROVERA 2.5 MG TAB, 10 MG TAB	71	<i>ranolazine er</i>	52
PROZAC 20 MG CAP	25	RAPAFLO	65
PRUDOXIN	59	RAPAMUNE 0.5 MG TAB, 1 MG TAB, 1 MG/ML SOLUTION, 2 MG TAB	75
PULMICORT 0.25 MG/2ML SUSPENSION, 0.5 MG/2ML SUSPENSION	82	<i>rasagiline mesylate</i>	36
PULMOZYME	82	RAVICTI	65
PURIXAN	33	RAZADYNE ER	23
<i>pyrazinamide</i>	28	<i>reclipsen</i>	71
<i>pyridostigmine bromide 30 mg tab, 60 mg tab, 60 mg/5ml solution</i>	28	RECOMBIVAX HB	75
<i>pyridostigmine bromide er</i>	28	RECTIV	52
<i>pyrimethamine</i>	36	REGLAN	26
QINLOCK	33	REGONOL	28
QNASL	82	<i>relafen</i>	14
QNASL CHILDRENS	82	RELENZA DISKHALER	41
QUADRACEL	75	RELEXXII	55
QUALAQUIN	36	RELISTOR 12 MG/0.6ML SOLUTION	64
QUARTETTE	71	RELISTOR 8 MG/0.4ML SOLUTION	64
QUDEXY XR 25 MG CP24 SPRNK, 50 MG CP24 SPRNK, 100 MG CP24 SPRNK	22	RELPAK	28
QUESTRAN 4 GM PACKET, 4 GM/DOSE POWDER	52	REMERON SOLTAB	25
QUESTRAN LIGHT	52	REMICADE	75
<i>quetiapine fumarate 100 mg tab</i>	38	REMODULIN	82
<i>quetiapine fumarate 200 mg tab</i>	38	RENAGEL	62
<i>quetiapine fumarate 25 mg tab</i>	38	REVELA 0.8 GM PACKET	62
<i>quetiapine fumarate 300 mg tab</i>	38	REVELA 800 MG TAB	62
<i>quetiapine fumarate 400 mg tab</i>	38	<i>repaglinide 0.5 mg tab</i>	46
		<i>repaglinide 1 mg tab</i>	46

<i>repaglinide 2 mg tab</i>	46	<i>risperidone 2 mg tab, 2 mg tab disp</i>	38
REPATHA	52	<i>risperidone 3 mg tab disp</i>	38
REPATHA PUSHTRONEX SYSTEM	52	<i>risperidone 3 mg tab, 4 mg tab, 4 mg tab</i>	
REPATHA SURECLICK	52	<i>disp</i>	38
RESTASIS	79	RITALIN LA 30 MG CAP ER 24H	56
RESTASIS MULTIDOSE	79	RITALIN LA 40 MG CAP ER 24H	56
RESTORIL 22.5 MG CAP	83	<i>ritonavir</i>	41
RETEVMO 40 MG CAP	33	RITUXAN	33
RETEVMO 80 MG CAP	33	RITUXAN HYCELA	33
RETIN-A 0.01 % GEL, 0.025 % CREAM	59	<i>rivastigmine</i>	23
RETIN-A MICRO 0.04 % GEL	59	<i>rivastigmine tartrate</i>	23
RETIN-A MICRO PUMP 0.04 % GEL	59	<i>rivelsa</i>	71
RETROVIR 10 MG/ML SOLUTION	41	<i>rizatriptan benzoate</i>	28
RETROVIR 100 MG CAP	41	ROCALTROL 0.5 MCG CAP, 1 MCG/ML	
RETROVIR 50 MG/5ML SYRUP	41	<i>SOLUTION</i>	76
REVLIMID 10 MG CAP	33	ROCKLATAN	79
REVLIMID 2.5 MG CAP, 15 MG CAP, 20 MG CAP, 25		ROMIDEPSIN	33
MG CAP	33	<i>ropinirole hcl</i>	36
REVLIMID 5 MG CAP	33	<i>ropinirole hcl er</i>	36
REXULTI 0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG		<i>rosadan</i>	19
TAB	38	<i>rosuvastatin calcium</i>	52
REXULTI 3 MG TAB, 4 MG TAB	38	ROTARIX	75
REYATAZ 150 MG CAP, 200 MG CAP	41	ROTATEQ	75
REYATAZ 300 MG CAP	41	ROWASA	76
REYATAZ 50 MG PACKET	41	<i>roweepira</i>	22
RHOPRESSA	79	ROXICODONE 5 MG TAB, 15 MG TAB	14
RIABNI	33	ROZEREM	83
<i>ribavirin 200 mg cap, 200 mg tab</i>	41	ROZLYTREK 100 MG CAP	33
<i>ribavirin 6 gm recon soln</i>	82	ROZLYTREK 200 MG CAP	33
RIDAURA	75	RUBRACA	33
<i>rifabutin</i>	28	<i>rufinamide 200 mg tab</i>	22
<i>rifampin</i>	28	<i>rufinamide 40 mg/ml suspension</i>	22
RILUTEK	55	<i>rufinamide 400 mg tab</i>	22
<i>riluzole</i>	55	RUKOBIA	41
<i>rimantadine hcl</i>	41	RUZURGI	77
<i>ringers</i>	62	RYBELSUS 3 MG TAB	46
<i>ringers irrigation</i>	62	RYBELSUS 7 MG TAB, 14 MG TAB	46
RINVOQ	75	RYBREVANT	33
<i>risedronate sodium 150 mg tab</i>	76	RYDAPT	33
<i>risedronate sodium 35 mg tab, 35 mg tab dr</i> ...	76	RYLAZE	33
<i>risedronate sodium 5 mg tab, 30 mg tab</i>	76	RYTARY	36
RISPERDAL CONSTA 12.5 MG, 25 MG	38	SABRIL 500 MG PACKET	22
RISPERDAL CONSTA 37.5 MG, 50 MG	38	SABRIL 500 MG TAB	22
<i>risperidone 0.25 mg tab, 0.25 mg tab disp</i>	38	SAFYRAL	71
<i>risperidone 0.5 mg tab, 0.5 mg tab disp</i>	38	SAIZEN	67
<i>risperidone 1 mg tab, 1 mg tab disp, 1 mg/ml</i>		SAIZENPREP	67
<i>solution</i>	38	<i>sajazir</i>	75

SALAGEN	56	<i>sharobel</i>	71
<i>salsalate</i>	14	SHINGRIX	75
SANCUSO	26	SIGNIFOR	73
SANDIMMUNE 25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION	75	<i>sildenafil citrate 10 mg/12.5ml solution</i>	82
SANDOSTATIN	73	<i>sildenafil citrate 20 mg tab</i>	82
SANDOSTATIN LAR DEPOT	73	<i>silodosin</i>	65
SANTYL	59	SILVADENE	59
SAPHRIS 10 MG SL TAB	38	<i>silver sulfadiazine</i>	59
SAPHRIS 2.5 MG SL TAB	38	SIMBRINZA	79
SAPHRIS 5 MG SL TAB	38	<i>simliya</i>	71
<i>sapropterin dihydrochloride 100 mg tab, 500 mg packet</i>	65	<i>simpesse</i>	71
SARCLISA	33	SIMULECT	75
SAVELLA	56	<i>simvastatin</i>	52
SAVELLA TITRATION PACK	56	SINEMET	36
<i>scopolamine</i>	26	SINGULAIR 4 MG CHEW TAB, 4 MG PACKET, 5 MG CHEW TAB	82
SEASONIQUE	71	<i>sirolimus 0.5 mg tab, 1 mg tab, 1 mg/ml solution</i>	75
SECUADO	38	<i>sirolimus 2 mg tab</i>	75
<i>selegiline hcl</i>	36	SIRTURO	28
<i>selenium sulfide 2.5 % lotion</i>	59	SKYLA	71
SELZENTRY 150 MG TAB, 300 MG TAB	41	SKYRIZI	75
SELZENTRY 20 MG/ML SOLUTION	41	SKYRIZI (150 MG DOSE)	75
SELZENTRY 25 MG TAB	41	<i>sodium acetate</i>	62
SELZENTRY 75 MG TAB	41	SODIUM ACETATE 2 MEQ/ML SOLUTION	62
SENSIPAR 30 MG TAB, 60 MG TAB	76	<i>sodium bicarbonate</i>	62
SENSIPAR 90 MG TAB	77	<i>sodium chloride (pf)</i>	62
<i>sensorcaine 0.5 % solution</i>	15	<i>sodium chloride 0.45 % solution, 2.5 meq/ml solution, 3 % solution, 4 meq/ml solution, 5 % solution</i>	62
<i>sensorcaine-mpf 0.5 % solution</i>	15	<i>sodium chloride 0.9 % solution irrigation</i>	62
SEREVENT DISKUS	82	<i>sodium chloride 0.9 % solution iv</i>	62
SEROQUEL XR 150 MG TAB ER 24H, 200 MG TAB ER 24H	38	<i>sodium chloride irrigation soln 0.9%</i>	62
SEROQUEL XR 400 MG TAB ER 24H	38	<i>sodium fluoride 1.1 % cream, 1.1 % gel</i>	56
SEROQUEL XR 50 MG TAB ER 24H, 300 MG TAB ER 24H	38	<i>sodium fluoride 2.2 mg</i>	63
<i>sertraline hcl 100 mg tab</i>	25	<i>sodium fluoride 5000 plus</i>	56
<i>sertraline hcl 20 mg/ml conc</i>	25	<i>sodium fluoride 5000 ppm 1.1 % cream, 1.1 % gel</i>	56
<i>sertraline hcl 25 mg tab</i>	25	<i>sodium phenylbutyrate 3 gm/tsp powder, 500 mg tab</i>	65
<i>sertraline hcl 50 mg tab</i>	25	<i>sodium phosphates</i>	63
<i>setlakin</i>	71	<i>sodium polystyrene sulfonate</i>	63
<i>sevelamer carbonate 0.8 gm packet</i>	62	SOFOSBUVIR-VELPATASVIR	41
<i>sevelamer carbonate 2.4 gm packet</i>	62	<i>solifenacin succinate</i>	65
<i>sevelamer carbonate 800 mg tab</i>	62	SOLODYN 55 MG TAB ER 24H, 65 MG TAB ER 24H	19
<i>sevelamer hcl 400 mg tab</i>	62	SOLTAMOX	33
<i>sevelamer hcl 800 mg tab</i>	62	SOMA 250 MG TAB	83
<i>sf</i>	56		
<i>sf 5000 plus</i>	56		

SOMATULINE DEPOT	73	SUCRAID	65
SOMAVERT	73	SUCRALFATE 1 GM TAB, 1 GM/10ML SUSPENSION	64
<i>sorine 120 mg tab, 160 mg tab, 240 mg tab</i>	52	SULAR 34 MG TAB ER 24H	53
<i>sorine 80 mg tab</i>	52	sulfacetamide sodium (<i>acne</i>)	19
<i>sotalol hcl (af) 120 mg tab, 160 mg tab</i>	52	sulfacetamide sodium 10 % ointment, 10 % solution	79
<i>sotalol hcl (af) 80 mg tab</i>	52	sulfacetamide-prednisolone	79
<i>sotalol hcl 120 mg tab, 160 mg tab, 240 mg tab</i>	52	SULFADIAZINE	19
<i>sotalol hcl 80 mg tab</i>	52	sulfamethoxazole-trimethoprim 200-40 mg/5ml suspension, 400-80 mg/5ml solution	19
SPIRIVA HANDIHALER	82	sulfamethoxazole-trimethoprim 400-80 mg tab, 800-160 mg tab	19
SPIRIVA RESPIMAT	82	SULFAMYLON 85 MG/GM CREAM	59
<i>spironolactone 25 mg tab</i>	53	sulfasalazine	76
<i>spironolactone 50 mg tab, 100 mg tab</i>	53	sulindac 150 mg tab	14
<i>spironolactone-hctz</i>	53	sulindac 200 mg tab	14
SPRAVATO (56 MG DOSE)	25	sumatriptan	28
SPRAVATO (84 MG DOSE)	25	sumatriptan succinate 25 mg tab, 50 mg tab, 100 mg tab	28
sprintec 28	71	sumatriptan succinate 4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution	28
SPRITAM 250 MG TAB, 500 MG TAB, 1000 MG TAB	22	sumatriptan succinate refill	28
SPRITAM 750 MG TAB	22	sunitinib malate	33
SPRYCEL	33	SUNOSI	83
<i>sps</i>	63	SUPRAX 100 MG CHEW TAB, 100 MG/5ML RECON SUSP, 200 MG CHEW TAB, 200 MG/5ML RECON SUSP, 400 MG CAP, 500 MG/5ML RECON SUSP	19
<i>sronyx</i>	71	SUPREP BOWEL PREP KIT	64
<i>ssd</i>	59	SUSTIVA 200 MG CAP	41
STALEVO 50	36	SUSTIVA 50 MG CAP	42
STALEVO 75	36	SUTENT	33
STAMARIL	75	<i>syeda</i>	71
<i>stavudine 15 mg cap, 20 mg cap</i>	41	SYMBICORT	82
<i>stavudine 30 mg cap, 40 mg cap</i>	41	SYMBYAX	25
STELARA 130 MG/26ML SOLUTION	59	SYMFI	42
STELARA 45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR	75	SYMFI LO	42
STELARA 45 MG/0.5ML SOLUTION	75	SYMJEPI	82
<i>sterile water for irrigation</i>	77	SYMLINPEN 120	46
STIMATE	67	SYMLINPEN 60	46
STIOLTO RESPIMAT	82	SYMPAZAN 10 MG FILM, 20 MG FILM	22
STIVARGA	33	SYMPAZAN 5 MG FILM	22
STRATTERA 10 MG CAP, 18 MG CAP, 25 MG CAP, 40 MG CAP	56	SYMTUZA	42
STRATTERA 60 MG CAP, 80 MG CAP, 100 MG CAP	56	SYNAGIS	75
<i>streptomycin sulfate</i>	19	SYNALAR 0.025 % CREAM	59
STRIBILD	41	SYNAREL	73
STROMECTOL	36	SYNERCID	19
SUBOXONE 12-3 MG FILM	16		
SUBSYS	14		
<i>subvenite</i>	22		

SYNJARDY	46	TEKTURNA	53
SYNJARDY XR 25-1000 MG TAB ER 24H	46	TEKTURNA HCT	53
SYNJARDY XR 5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H	46	<i>telmisartan</i>	53
SYNRIBO	33	<i>telmisartan-amlodipine</i>	53
SYNTHROID	72	<i>telmisartan-hctz</i>	53
TABLOID	33	<i>temazepam</i>	83
TABRECTA	34	TEMIXYS	42
<i>tacrolimus 0.03 % ointment, 0.1 % ointment</i>	59	TEMOVATE 0.05 % CREAM	59
<i>tacrolimus 0.5 mg cap, 1 mg cap, 5 mg cap</i>	75	<i>temsirolimus</i>	75
<i>tadalafil</i>	65	<i>tencon</i>	56
<i>tadalafil (pah)</i>	82	TENIVAC	75
TAFINLAR	34	<i>tenofovir disoproxil fumarate</i>	42
TAGRISSO	34	TENORETIC 100	53
TALZENNA 0.25 MG CAP	34	TENORETIC 50	53
TALZENNA 1 MG CAP	34	TENORMIN 50 MG TAB, 100 MG TAB	53
TAMIFLU 6 MG/ML RECON SUSP, 30 MG CAP, 45 MG CAP, 75 MG CAP	42	TEPMETKO	34
<i>tamoxifen citrate</i>	34	<i>terazosin hcl</i>	53
<i>tamsulosin hcl</i>	65	<i>terbinafine hcl</i>	27
TAPAZOLE	73	<i>terbutaline sulfate 1 mg/ml solution, 2.5 mg tab, 5 mg tab</i>	82
<i>taperdex 6-day</i>	67	<i>terconazole 0.4 % cream, 0.8 % cream, 80 mg suppos</i>	27
TARCEVA 100 MG TAB, 150 MG TAB	34	TERIPARATIDE (RECOMBINANT)	77
TARCEVA 25 MG TAB	34	<i>testosterone 1.62 % gel, 20.25 mg/act (1.62%) gel, 40.5 mg/2.5gm (1.62%) gel</i>	71
TARGRETIN 1 % GEL	34	<i>testosterone 10 mg/act (2%) gel</i>	71
TARGRETIN 75 MG CAP	34	<i>testosterone 12.5 mg/act (1%) gel, 25 mg/2.5gm (1%) gel, 50 mg/5gm (1%) gel</i>	71
<i>tarina 24 fe</i>	71	<i>testosterone 20.25 mg/1.25gm (1.62%) gel</i>	71
<i>tarina fe 1/20</i>	71	<i>testosterone 30 mg/act solution</i>	71
<i>tarina fe 1/20 eq</i>	71	<i>testosterone cypionate</i>	71
TASIGNA	34	<i>testosterone enanthate</i>	71
<i>tazarotene 0.1 % cream</i>	59	<i>tetrabenazine 12.5 mg tab</i>	56
<i>tazicef 1 gm inj recon soln</i>	19	<i>tetrabenazine 25 mg tab</i>	56
<i>tazicef 2 gm inj recon soln</i>	19	<i>tetracycline hcl</i>	20
<i>tazicef 2 gm iv recon soln</i>	19	THALOMID 150 MG CAP, 200 MG CAP	34
TAZICEF 6 GM INJ RECON SOLN	19	THALOMID 50 MG CAP, 100 MG CAP	34
TAZORAC	59	THEO-24	82
<i>taztia xt</i>	53	<i>theophylline</i>	82
TAZVERIK	34	<i>theophylline er</i>	82
TDVAX	75	THIOLA	65
TECENTRIQ 1200 MG/20ML SOLUTION	34	<i>thioridazine hcl</i>	38
TECENTRIQ 840 MG/14ML SOLUTION	34	<i>thiotepa</i>	34
TECFIDERA 120 & 240 MG MISC	56	<i>thiothixene</i>	38
TECFIDERA 120 MG CAP DR	56	THYMOGLOBULIN	75
TECFIDERA 240 MG CAP DR	56	<i>tiadylt er</i>	53
TEFLARO	20	<i>tiagabine hcl</i>	22
TEGRETOL 100 MG/5ML SUSPENSION	22		
TEGRETOL-XR	22		

TIAZAC	53	TOPROL XL	53
TIBSOVO	34	<i>toremifene citrate</i>	34
TICE BCG	34	<i>toremide</i>	53
TIGECYCLINE	20	TOUJEO MAX SOLOSTAR	46
TIKOSYN	53	TOUJEO SOLOSTAR	46
<i>tilia fe</i>	71	<i>tovet</i>	59
<i>timolol maleate 0.25 % gel f soln, 0.5 % (daily)</i> <i>solution, 0.5 % gel f soln, 0.5 % solution</i>	79	TOVIAZ	66
<i>timolol maleate 0.25 % solution</i>	79	TPN ELECTROLYTES	63
<i>timolol maleate 5 mg tab, 10 mg tab, 20 mg</i> <i>tab</i>	53	TRACLEER 32 MG TAB SOL	82
<i>timolol maleate ocudose</i>	79	TRACLEER 62.5 MG TAB, 125 MG TAB	82
<i>timolol maleate pf</i>	79	TRADJENTA	46
TIMOPTIC OCUDOSE	79	<i>tramadol hcl 50 mg tab</i>	14
TIMOPTIC-XE	79	<i>tramadol hcl er (biphasic)</i>	14
<i>tinidazole</i>	20	<i>tramadol hcl er 100 mg tab er 24h, 200 mg tab er</i> <i>24h, 300 mg tab er 24h</i>	14
<i>tiopronin</i>	66	<i>tramadol-acetaminophen</i>	14
TIROSINT	72	<i>trandolapril</i>	53
TIROSINT-SOL	72	TRANDOLAPRIL-VERAPAMIL HCL ER 1-240 MG TAB ER, 2-180 MG TAB ER, 2-240 MG TAB ER, 4-240 MG TAB ER	53
<i>tis-u-sol</i>	63	<i>tranexamic acid 650 mg tab, 1000 mg/10ml</i> <i>solution</i>	48
TIVICAY 10 MG TAB	42	TRANSDERM SCOP (1.5 MG)	26
TIVICAY 25 MG TAB, 50 MG TAB	42	TRANSDERM-SCOP	26
TIVICAY PD	42	TRANXENE-T	43
<i>tizanidine hcl</i>	39	<i>tranylcypramine sulfate</i>	25
TOBI	82	TRAVASOL	63
TOBRADEX 0.3-0.1 % OINTMENT	79	TRAVATAN Z	79
TOBRADEX 0.3-0.1 % SUSPENSION	79	<i>travoprost (bak free)</i>	79
TOBRADEX ST	79	<i>trazodone hcl 300 mg tab</i>	25
<i>tobramycin 0.3 % solution</i>	79	<i>trazodone hcl 50 mg tab, 100 mg tab, 150 mg</i> <i>tab</i>	25
<i>tobramycin 300 mg/5ml nebu soln</i>	82	TREANDA	34
<i>tobramycin sulfate 1.2 gm recon soln, 1.2</i> <i>gm/30ml solution, 2 gm/50ml solution, 10</i> <i>mg/ml solution, 80 mg/2ml solution</i>	20	TRECTOR	28
<i>tobramycin-dexamethasone</i>	79	TRELEGY ELLIPTA	82
TOBREX 0.3 % SOLUTION	79	TRELSTAR MIXJECT	73
<i>tolcapone</i>	36	<i>treprostinil</i>	82
<i>tolterodine tartrate</i>	66	<i>tretinoin 0.01 % gel, 0.025 % cream, 0.025 % gel,</i> <i>0.05 % cream, 0.1 % cream</i>	59
<i>tolterodine tartrate er</i>	66	<i>tretinoin 0.05 % gel</i>	60
<i>tolvaptan 15 mg tab</i>	63	<i>tretinoin 10 mg cap</i>	34
<i>tolvaptan 30 mg tab</i>	63	<i>tretinoin microsphere</i>	60
TOPICORT 0.05 % CREAM, 0.25 % CREAM	59	<i>tretinoin microsphere pump</i>	60
TOPICORT 0.05 % GEL, 0.05 % OINTMENT, 0.25 % OINTMENT	59	TREXALL	75
TOPICORT SPRAY	59	<i>tri femynor</i>	71
<i>topiramate</i>	22	<i>tri-estarylla</i>	71
<i>toposar</i>	34	<i>tri-legest fe</i>	71
<i>topotecan hcl 4 mg recon soln, 4 mg/4ml</i> <i>solution</i>	34	<i>tri-linyah</i>	71

<i>tri-lo-estarylla</i>	71	TROKENDI XR 200 MG CAP ER 24H	22
<i>tri-lo-marzia</i>	71	TROKENDI XR 25 MG CAP ER 24H, 50 MG CAP ER	
<i>tri-lo-mili</i>	71	24H	22
<i>tri-lo-sprintec</i>	71	TROPHAMINE 10 % SOLUTION	63
<i>tri-mili</i>	71	<i>trospium chloride</i>	66
<i>tri-nymyo</i>	71	<i>trospium chloride er</i>	66
<i>tri-previfem</i>	71	TRULICITY	46
<i>tri-sprintec</i>	71	TRUMENBA	75
<i>tri-vylibra</i>	71	TRUSELTIQ (100MG DAILY DOSE)	34
<i>tri-vylibra lo</i>	71	TRUSELTIQ (125MG DAILY DOSE)	34
<i>triamcinolone acetonide 0.025 % cream, 0.1 %</i>		TRUSELTIQ (50MG DAILY DOSE)	34
<i>cream, 0.5 % cream</i>	60	TRUSELTIQ (75MG DAILY DOSE)	34
<i>triamcinolone acetonide 0.025 % lotion, 0.025 %</i>		TRUVADA	42
<i>ointment, 0.1 % lotion, 0.1 % ointment, 0.147</i>		TUDORZA PRESSAIR	82
<i>mg/gm aero soln, 0.5 % ointment</i>	60	TUKYSA	34
<i>triamcinolone acetonide 0.05 % ointment</i>	60	<i>tulana</i>	71
<i>triamcinolone acetonide 0.1 % paste</i>	56	TURALIO	34
<i>triamcinolone acetonide 40 mg/ml</i>		TWINRIX	75
<i>suspension</i>	67	TWYNSTA	53
<i>triamcinolone in absorbase</i>	60	TYBLUME	71
<i>triamterene</i>	53	TYBOST	42
<i>triamterene-hctz</i>	53	<i>tydemy</i>	71
<i>trianex</i>	60	TYKERB	34
<i>triazolam</i>	83	TYMLOS	77
TRIBENZOR	53	TYPHIM VI	75
<i>triderm</i>	60	TYSABRI	56
<i>trientine hcl</i>	63	TYVASO	83
<i>trifluoperazine hcl</i>	38	TYVASO REFILL	83
<i>trifluridine</i>	42	TYVASO STARTER	83
<i>trihexyphenidyl hcl 0.4 mg/ml solution</i>	36	UBRELVY	28
<i>trihexyphenidyl hcl 2 mg tab, 5 mg tab</i>	36	UDENYCA	48
TRIJARDY XR 10-5-1000 MG TAB ER 24H, 25-5-1000		UKONIQ	34
MG TAB ER 24H	46	ULORIC	27
TRIJARDY XR 5-2.5-1000 MG TAB ER 24H,		UNASYN 3 (2-1) GM RECON SOLN, 15 (10-5) GM	
12.5-2.5-1000 MG TAB ER 24H	46	RECON SOLN	20
TRILEPTAL 150 MG TAB, 300 MG TAB, 300 MG/5ML		<i>unithroid</i>	72
SUSPENSION	22	UPTRAVI 200 & 800 MCG TAB THPK	83
TRILIPIX	53	UPTRAVI 200 MCG TAB, 400 MCG TAB, 600 MCG	
<i>trimethobenzamide hcl</i>	26	TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG	
<i>trimethoprim</i>	20	TAB, 1400 MCG TAB, 1600 MCG TAB	83
<i>trimipramine maleate</i>	25	UROCIT-K 10	63
TRINTELLIX	25	UROCIT-K 15	63
TRIUMEQ	42	UROCIT-K 5	63
<i>trivora (28)</i>	71	URSO 250	64
TRIZIVIR	42	<i>ursodiol 250 mg tab, 300 mg cap, 500 mg</i>	
TRODELVY	77	<i>tab</i>	64
TROGARZO	42	VAGIFEM	71
TROKENDI XR 100 MG CAP ER 24H	22		

<i>valacyclovir hcl 1 gm tab</i>	42	VENCLEXTA 100 MG TAB	34
<i>valacyclovir hcl 500 mg tab</i>	42	VENCLEXTA 50 MG TAB	34
VALCHLOR	34	VENCLEXTA STARTING PACK	34
VALCYTE 50 MG/ML RECON SOLN	42	<i>venlafaxine hcl 25 mg tab, 37.5 mg tab, 50 mg tab,</i>	
<i>valganciclovir hcl 450 mg tab</i>	42	<i>100 mg tab</i>	25
<i>valganciclovir hcl 50 mg/ml recon soln</i>	42	<i>venlafaxine hcl 75 mg tab</i>	25
<i>valproate sodium</i>	22	<i>venlafaxine hcl er 37.5 mg cap er 24h, 75 mg cap</i>	
<i>valproic acid 250 mg cap, 250 mg/5ml</i>		<i>er 24h, 75 mg tab er 24h, 150 mg cap er 24h,</i>	
<i>solution</i>	22	<i>150 mg tab er 24h</i>	25
<i>valsartan</i>	53	<i>venlafaxine hcl er 37.5 mg tab er 24h, 225 mg tab</i>	
<i>valsartan-hydrochlorothiazide</i>	53	<i>er 24h</i>	25
VALTOCO 10 MG DOSE	22	VENTAVIS	83
VALTOCO 15 MG DOSE	23	VENTOLIN HFA	83
VALTOCO 20 MG DOSE	23	<i>verapamil hcl 2.5 mg/ml solution</i>	53
VALTOCO 5 MG DOSE	23	<i>verapamil hcl 40 mg tab, 80 mg tab, 120 mg</i>	
<i>vancomycin hcl 1 gm recon soln, 5 gm recon soln,</i>		<i>tab</i>	53
<i>10 gm recon soln, 500 mg recon soln</i>	20	<i>verapamil hcl er 100 mg cap er 24h, 120 mg cap</i>	
VANCOMYCIN HCL 1.25 GM RECON SOLN, 1.5 GM		<i>er 24h, 120 mg tab er, 180 mg cap er 24h, 200</i>	
RECON SOLN, 250 MG RECON SOLN, 500		<i>mg cap er 24h, 240 mg cap er 24h, 300 mg cap</i>	
MG/100ML SOLUTION, 750 MG/150ML		<i>er 24h, 360 mg cap er 24h</i>	53
SOLUTION, 1000 MG/200ML SOLUTION, 1250		<i>verapamil hcl er 180 mg tab er, 240 mg tab</i>	
MG/250ML SOLUTION, 1500 MG/300ML		<i>er</i>	53
SOLUTION, 1750 MG/350ML SOLUTION, 2000		VERELAN	53
MG/400ML SOLUTION	20	VERELAN PM	53
<i>vancomycin hcl 100 gm recon soln</i>	20	VERSACLOZ	38
<i>vancomycin hcl 125 mg cap</i>	20	VERZENIO	34
<i>vancomycin hcl 250 mg cap</i>	20	VESICARE	66
<i>vancomycin hcl 750 mg recon soln</i>	20	VFEND 40 MG/ML RECON SUSP	27
VANCOMYCIN HCL IN DEXTROSE	20	VFEND 50 MG TAB	27
VANCOMYCIN HCL IN NACL	20	VFEND IV	27
<i>vandazole</i>	20	VIBATIV	20
VAQTA	75	VIBRAMYCIN 100 MG CAP	20
VARENICLINE TARTRATE 0.5 MG TAB	16	VIBRAMYCIN 25 MG/5ML RECON SUSP	20
VARENICLINE TARTRATE 1 MG TAB	16	VICTOZA	46
VARIVAX	75	<i>vienna</i>	71
VARIZIG	75	<i>vigabatrin</i>	23
VASCEPA	53	<i>vigadrone</i>	23
VASERETIC	53	VIIBRYD	25
VASOTEC 2.5 MG TAB, 5 MG TAB	53	VIIBRYD STARTER PACK	25
VECAMYL	53	VIMPAT 10 MG/ML SOLUTION, 200 MG/20ML	
VECTIBIX	34	<i>SOLUTION</i>	23
VECTICAL	60	VIMPAT 100 MG TAB, 150 MG TAB, 200 MG	
VELCADE	34	<i>TAB</i>	23
<i>velivet</i>	71	VIMPAT 50 MG TAB	23
VELPHORO	63	<i>vinblastine sulfate</i>	34
VELTASSA	63	<i>vincristine sulfate</i>	34
VEMLIDY	42	<i>vinorelbine tartrate</i>	34
VENCLEXTA 10 MG TAB	34	VIOKACE 10440-39150 UNIT TAB	65

VIOKACE 20880 UNIT TAB	65	XARELTO 2.5 MG TAB, 15 MG TAB	48
<i>viorele</i>	71	XARELTO STARTER PACK	48
VIRACEPT 250 MG TAB	42	XATMEP	75
VIRACEPT 625 MG TAB	42	XCOPRI (250 MG DAILY DOSE)	23
VIRAMUNE	42	XCOPRI (350 MG DAILY DOSE)	23
VIRAMUNE XR	42	XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK	23
VIREAD 150 MG TAB, 200 MG TAB, 250 MG TAB, 300 MG TAB	42	XCOPRI 14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK	23
VIREAD 40 MG/GM POWDER	42	XCOPRI 150 MG TAB, 200 MG TAB	23
VISTARIL 50 MG CAP	83	XCOPRI 50 MG TAB, 100 MG TAB	23
VITRAKVI 100 MG CAP	34	XENAZINE 12.5 MG TAB	56
VITRAKVI 20 MG/ML SOLUTION	34	XENAZINE 25 MG TAB	56
VITRAKVI 25 MG CAP	34	XEOMIN 200 UNIT RECON SOLN	83
VIVELLE-DOT	72	XEOMIN 50 RECON SOLN, 100 RECON SOLN	83
VIZIMPRO	35	XERESE	60
VOGELXO PUMP	72	XERMELO	64
<i>volnea</i>	72	XGEVA	77
VOLTAREN	15	XIFAXAN 550 MG TAB	20
<i>voriconazole 200 mg recon soln</i>	27	XIGDUO XR 2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H	46
<i>voriconazole 200 mg tab</i>	27	XIGDUO XR 5-500 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H	46
<i>voriconazole 40 mg/ml recon susp</i>	27	XIIDRA	79
<i>voriconazole 50 mg tab</i>	27	XOFLUZA (40 MG DOSE)	42
VOSEVI	42	XOFLUZA (80 MG DOSE)	42
VOTRIENT	35	XOLAIR 150 MG RECON SOLN, 150 MG/ML SOLN PRSYR	75
VPRIV	65	XOLAIR 75 MG/0.5ML SOLN PRSYR	75
VRAYLAR 1.5 & 3 MG CAP THPK	38	XOPENEX 0.31 MG/3ML NEBU SOLN	83
VRAYLAR 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP	38	XOPENEX CONCENTRATE	83
<i>vyfemla</i>	72	XOPENEX HFA	83
<i>vylibra</i>	72	XOSPATA	35
VYTORIN 10-80 MG TAB	53	XPOVIO (100 MG ONCE WEEKLY) 20 MG TAB THPK	35
VYVANSE 10 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP, 50 MG CAP, 60 MG CAP, 70 MG CAP	56	XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	35
VYXEOS	35	XPOVIO (40 MG ONCE WEEKLY) 20 MG TAB THPK	35
WAKIX	83	XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	35
<i>warfarin sodium</i>	48	XPOVIO (40 MG TWICE WEEKLY) 20 MG TAB THPK	35
WELCHOL	53	XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	35
WELIREG	35	XPOVIO (60 MG ONCE WEEKLY) 20 MG TAB THPK	35
WELLBUTRIN SR 100 MG TAB ER 12H	25	XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	35
<i>wera</i>	72		
<i>wixela inhub</i>	83		
<i>wymzya fe</i>	72		
XALATAN	79		
XALKORI	35		
XANAX XR	43		
XARELTO 10 MG TAB, 20 MG TAB	48		

XPOVIO (60 MG TWICE WEEKLY)	35	ZETONNA	83
XPOVIO (80 MG ONCE WEEKLY) 20 MG TAB THPK	35	ZIAC	53
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	35	ZIAGEN 20 MG/ML SOLUTION	42
XPOVIO (80 MG TWICE WEEKLY)	35	ZIAGEN 300 MG TAB	42
XTANDI 40 MG CAP	35	ZIANA	60
XTANDI 40 MG TAB	35	<i>zidovudine 100 mg cap</i>	42
XTANDI 80 MG TAB	35	<i>zidovudine 300 mg tab</i>	42
<i>xulane</i>	72	<i>zidovudine 50 mg/5ml syrup</i>	42
XYREM	84	ZIEXTENZO	48
YASMIN 28	72	ZIOPTAN	79
YAZ	72	<i>ziprasidone hcl 20 mg cap</i>	39
YERVOY	35	<i>ziprasidone hcl 40 mg cap</i>	39
YF-VAX	75	<i>ziprasidone hcl 60 mg cap, 80 mg cap</i>	39
YONDELIS	35	<i>ziprasidone mesylate</i>	39
YONSA	35	ZIRGAN	42
<i>yuvafem</i>	72	ZITHROMAX 1 GM PACKET, 100 MG/5ML RECON SUSP, 200 MG/5ML RECON SUSP, 250 MG TAB, 500 MG RECON SOLN, 500 MG TAB	20
<i>zafemy</i>	72	ZOCOR 10 MG TAB, 80 MG TAB	53
<i>zafirlukast</i>	83	ZOLEDRONIC ACID 4 MG/100ML SOLUTION, 4 MG/5ML CONC	77
<i>zaleplon 10 mg cap</i>	84	<i>zoledronic acid 5 mg/100ml solution</i>	77
<i>zaleplon 5 mg cap</i>	84	ZOLINZA	35
ZALTRAP	35	<i>zolmitriptan 2.5 mg solution, 5 mg solution</i>	28
ZANAFLEX	39	<i>zolmitriptan 2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp</i>	28
ZANOSAR	35	ZOLOFT 20 MG/ML CONC	25
<i>zarah</i>	72	<i>zolpidem tartrate 5 mg tab, 10 mg tab</i>	84
ZARONTIN 250 MG CAP, 250 MG/5ML SOLUTION	23	<i>zolpidem tartrate er</i>	84
ZARXIO	48	ZOMIG 2.5 MG SOLUTION, 5 MG SOLUTION	28
<i>zebutal</i>	56	ZOMIG 2.5 MG TAB	28
ZEGERID 20-1100 MG CAP	64	ZOMIG 5 MG TAB	28
ZEJULA	35	ZOMIG ZMT 2.5 MG TAB DISP	28
ZELAPAR	36	ZOMIG ZMT 5 MG TAB DISP	28
ZELBORAF	35	ZONALON	60
ZEMPLAR 1 MCG CAP	77	<i>zonisamide</i>	23
ZEMPLAR 2 MCG CAP	77	ZORBTIVE	67
<i>zenatane</i>	60	ZORTRESS	75
ZENPEP 25000-79000 CP DR PART, 40000-126000 CP DR PART	65	<i>zovia 1/35 (28)</i>	72
ZENPEP 3000-10000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART	65	<i>zovia 1/35e (28)</i>	72
<i>zenzedi 10 mg tab</i>	56	ZOVIRAX 200 MG/5ML SUSPENSION	42
<i>zenzedi 5 mg tab</i>	56	ZOVIRAX 5 % CREAM	60
ZEPZELCA	35	ZULRESSO	25
ZESTORETIC	53	<i>zumandimine</i>	72
ZESTRIL 2.5 MG TAB	53	ZYDELIG	35
		ZYKADIA	35
		ZYLET	79

ZYLOPRIM	27
ZYNLONTA	35
ZYPREXA 10 MG RECON SOLN	39
ZYPREXA RELPREV 210 MG RECON SUSP	39
ZYPREXA RELPREV 300 MG RECON SUSP, 405 MG RECON SUSP	39
ZYVOX 100 MG/5ML RECON SUSP	20
ZYVOX 200 MG/100ML SOLUTION	20
ZYVOX 600 MG/300ML SOLUTION	20

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